Department of Health

2019–2020 ANNUAL REPORT

Queensland Government

Acknowledgement of Country

The Department of Health acknowledges the traditional custodians of the lands across the State of Queensland, and pays our respects to the Elders past, present, and emerging. We value the culture, traditions and contributions that the Aboriginal and Torres Strait Islander people have contributed to our communities, and recognise our collective responsibility as government, communities, and individuals to ensure equality, recognition and advancement of Aboriginal and Torres Strait Islander Queenslanders in every aspect of our society.

Aboriginal and Torres Strait Islander people are advised that this publication may contain the names of deceased people.

Purpose

The annual report provides detailed information about the Department of Health's financial and non-financial performance for 2019–20. It has been prepared in accordance with the Financial Accountability Act 2009, the Financial and Performance Management Standard 2009, and the annual report requirements for Queensland Government agencies.

The annual report aligns to the Department of Health Strategic Plan 2019–2023 and the 2019–20 Service Delivery Statements. The report has been prepared for the Deputy Premier to submit to Parliament. It has also been prepared to meet the needs of stakeholders, including government agencies, healthcare industry, community groups and staff.

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

Open data

Information about consultancies, overseas travel, and the Queensland Language Services Policy is available on the Queensland Government Open Data website at https://www.data.qld.gov.au

Accessibility

This annual report is available on the Department of Health website at http://www.health.qld.gov.au/research-reports/reports/departmental/annual-report in electronic format.

Hard copies of the annual report are available by phoning the strategic Communication Branch, Office of the Director-General, Department of Health on 07 3708 5376. Alternatively, you can request a copy by emailing strategiccommunications@health.qld.gov.au

Interpreter accessibility

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

www.qld.gov.au/languages

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Letter of compliance

1 December 2020

The Honourable Yvette D'Ath MP

Minister for Health and Ambulance Services

Member for Redcliffe

Level 37, 1 William Street

Brisbane QLD 4000

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2019–20 and financial statements for the Department of Health.

I certify this Annual Report complies with:

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

A checklist outlining compliance with the annual reporting requirements can be found at

page 154 of this annual report.

Yours sincerely

Dr John Wakefield PSM

Director-General

Queensland Health

Contents

Director-General's foreword

I am pleased to present the 2019–20 Annual Report for the Queensland Department of Health.

This past year has been one of the most challenging, yet inspirational experiences of my career. Not since the 1918–19 'Spanish' flu pandemic have we faced a public health emergency of this magnitude. From its dramatic emergence into Australia in January 2020, COVID-19 has placed a tremendous strain on our health resources, testing our ability to adapt, adjust and pivot in our pursuit to protect the health of all Queenslanders.

Instinctively, we banded together—working collaboratively to protect and keep Queenslanders safe. This is what has inspired me most. And I don't just refer to the teamwork, resilience, working side-by-side in solidarity within our divisions, but also the engagement and collaboration with our Hospital and Health Services, local and interstate governments, industry and partners. In the space of just a few short months, what we have achieved is no less than extraordinary.

Thanks to our public health response, and with the support of our government and Queenslanders, we have so far been able to minimise the health impact of COVID-19. This great achievement is one which we can all be proud of.

There have been many highlights during our public health response to the COVID-19 pandemic, which you can read about in further detail in the Responding to COVID-19 section. Some of the most notable achievements for me include:

- Establishing the COVID-19 Supply Chain Surety division in May 2020 to address a shortfall in personal protective equipment (PPE) and coordinate Queensland Health's supply of critical health materials. A major challenge was that more than 70 types of our PPE equipment were sourced from China—in response, we secured Queensland manufacturers to supply essential health equipment, consumables and devices, doubling our emergency medical stockpile to more than 90 days' supply.
- Ensuring Queenslanders could continue to access safe and high-quality health services as the COVID-19 pandemic emerged, fast-tracking the roll-out of the state's telehealth virtual clinics, adding an additional 1600 additional remote consultations and increasing virtual clinic sessions 300 per cent across the state by May 2020.
- Transitioning our non-frontline workforce to remote working to allow us to continue to serve our communities, supporting at least 10,000 concurrent connections and allowing 25,000 clinical and corporate applications to be accessed remotely and securely at any one time.
- Communicating extensively through a variety of channels to reach and keep all Queenslanders informed, including 356 media releases and press conferences, 810 social media posts and more than 12,500 advertisement placements. During the pandemic, the Queensland community turned to us as a trusted source of information and we responded—answering more than 139,000 social media comments, 50,000 social media private messages, 15,000 media and email enquiries and 3400 website enquiries.
- Delivering targeted campaigns to protect vulnerable communities as the transmission of COVID-19 spread, including Aboriginal and Torres Strait Islanders, the elderly, the culturally and linguistically diverse, rural and remote communities, pregnant and breastfeeding women and people with a disability. We established a dedicated COVID-19 First Nations response team in March 2020 to prioritise and improve outcomes for Aboriginal and Torres Strait Islanders, who were identified as having an increased risk of adverse outcomes for COVID-19.
- Launching Queensland's first-ever positive mental health and wellbeing campaign—'Dear Mind'— across all major media channels in January 2020, encouraging Queenslanders to prioritise their mental health and wellbeing to help them build long-term resilience and coping mechanisms, and protect against the risk of mental illness. As the COVID-19 pandemic unfolded, we addressed Queenslanders' declining mental health, modifying and expanding the Dear Mind campaign to accommodate the rapidly changing health and economic climate. The campaign successfully encouraged Queenslanders to engage in protective behaviours, with those who saw the campaign reporting higher mental health and wellbeing (31 per cent) than those who hadn't (24 per cent).
- Strengthened the powers of the Chief Health Officer and others, such as the Chief Psychiatrist, to make decisions and enforce Public Health Directions that were reasonably necessary to assist in the containment, or respond to, the spread of COVID-19 in Queensland.

While COVID-19 has dominated our health priorities during 2020, we accomplished much in 2019–20 and have continued to make great strides towards enabling the health system to deliver high-quality services that are safe and responsive for Queenslanders.

During 2019–20, we continued to invest in Queensland Health facilities to drive the safest and highest quality services possible for Queenslanders, investing $802 million in essential upgrades to health facilities and infrastructure across Queensland, while also supporting more than 1,000 construction jobs across the state for capital infrastructure projects.

We established strong frameworks to improve access to health services for disadvantaged Queenslanders in Indigenous and rural and remote communities. In September 2019, we established our first-ever Aboriginal and Torres Strait Islander Health Division to drive efforts to improve health equity outcomes for First Nations Queenslanders. In November 2019, we established the Office of Rural and Remote Health to drive rural and remote health planning, ensure improved access, patient quality and safety, workforce planning and reporting on health outcomes.

On 1 July 2019, Health and Wellbeing Queensland (HWQld) was established as a statutory body under the *Health and Wellbeing Queensland Act 2019*, to drive change to help Queenslanders make healthier choices through reducing risk factors that drive chronic disease and health inequity. The establishment of an independent statutory health promotion agency was a high priority of the *Our Future State: Advancing Queensland's Priorities roadmap for Keeping Queenslanders Healthy*.

We also took action to help support people experiencing a suicidal crisis and mental distress, allocated $61.93 million for the delivery of a statewide framework for crisis service delivery and suicide prevention initiatives over four years from 2019 to 2023 under the *Shifting Minds flagship: Taking action to reduce suicides in Queensland.*

In 2019–20, we invested $3.2 million to further expand the Networked Cardiac Services model of care across the state, providing a central hub of statewide specialist care for cardiac services—improving system-wide service efficiency and sustainability, access to high-quality healthcare for rural and remote communities and offering increased efficiencies through the bulk purchasing of cardiac devices.

Queensland is the first Australian state or territory with human rights legislation that specifically includes a right to health services. On 1 January 2020, we embedded the *Human Rights Act 2019* into Queensland Health's legislative framework to protect and promote the inherent dignity and worth of all human beings, especially those who are most vulnerable.

As you will recall, in late 2019, Queensland endured some of the worst bushfires in history—as bushfires ravaged the state, the department acted quickly to activate an emergency team to coordinate a response, sending frontline health and ambulance services to support affected communities and evacuation centres. It certainly has been a defining year.

In closing, I'd like to personally thank our people for their ongoing dedication and commitment. This year, I have been immensely proud of our Queensland Health employees, who have worked tirelessly and selflessly around the clock through bushfires, floods and a public health emergency to ensure the health and wellbeing of all Queenslanders.

I also want to extend my sincere and special thanks to the Chief Health Officer Dr Jeannette Young who has demonstrated great strength and leadership throughout the COVID-19 pandemic. We are incredibly fortunate to benefit from her expertise and judgement, which has not only protected and saved Queenslanders lives but has positioned Queensland Health as a world leader for its response to the crisis.

No matter what challenges lie ahead, as we embark on our 'new normal' journey, I look forward to continuing our collaborative efforts in 2020–21 to ensure that we drive the highest and safest quality health services for all Queenslanders.

Dr John Wakefield PSM
Director-General

Financial highlights

Financial highlights

The Department of Health's purpose is to provide leadership and direction, and to work collaboratively to enable the health system to deliver quality services that are safe and responsive for Queenslanders. To achieve this, seven major health services are delivered to reflect the department's planning priorities articulated in the Department of Health Strategic Plan 2019-2023 (2019 update). These services are: Acute Inpatient Care; Emergency Care; Integrated Mental Health Services; Outpatient Care; Prevention, Primary and Community Care; Ambulance Services and Sub and Non-Acute Care.

How the money was spent

The department's expenditure by major service is displayed on within the financial statements. The percentage share of these services for 2019-20 is as follows:

- Acute Inpatient Care – 46.6 per cent
- Emergency Care – 9.5 per cent
- Mental Health and Alcohol and Other Drug Services – 9.8 per cent
- Outpatient Care – 12.1 per cent
- Prevention, Primary and Community Care – 13.9 per cent
- Ambulance Services – 4.0 per cent
- Sub and Non-Acute Care – 4.1 per cent.

The department achieved an operating surplus of $2.180 million in 2019-20 after having delivered on all agreed major services.

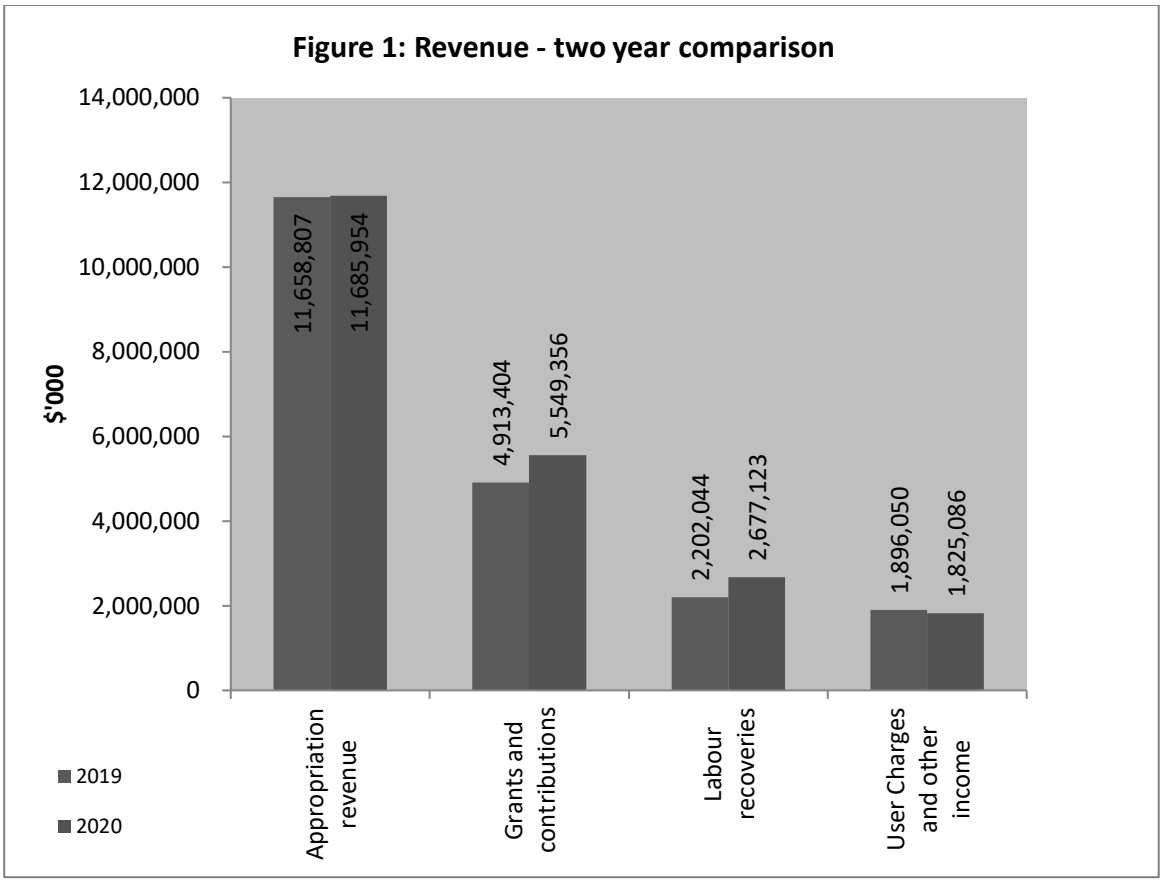
The department, through its risk management framework and financial management policies, is committed to ensuring optimal financial outcomes and delivering sustainability of services. In addition, the department's financial risk of contingent liabilities resulting from health litigations is mitigated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

Income

The department's income includes operating revenue as well as internally generated revenue. The total income from continuing operations for 2019-20 was $21.738 billion, an increase of $1.067 billion (or 5.2 per cent) from 2018-19. Revenue is sourced from four main areas:

- *Appropriation revenue* of $11.686 billion (or 53.8 per cent), which includes State Appropriation and Commonwealth Appropriation.
- *Grants and Contributions* of $5.549 billion (or 25.5 per cent), which includes National Health Reform Funding (NRHA) from the Australian Government. Additional NHRA funding has been provided in 2019-20 due to COVID-19 as part of the National Partnership on COVID-19 Response Agreement (NPCR).
- *Labour recoveries* of $2.677 billion (or 12.3 per cent). The department is the employer of the majority of health staff working for HHSs. The eight HHSs which transitioned to prescribed employer status on 1 July 2014 have reverted to non-prescribed status from 15 June 2020. The cost of these staff is recovered through labour recoveries income, with a corresponding employee expense.
- *User charges and other income* of $1.825 billion (or 8.4 per cent), which mainly includes recoveries from the Hospital and Health Services (HHSs) for items such as drugs, pathology and other fee for service categories. It also includes revenue from other states for cross-border patients, the Department of Veteran Affairs and other revenue.

Figure 1 provides a comparison of revenue in 2018-19 and 2019-20.



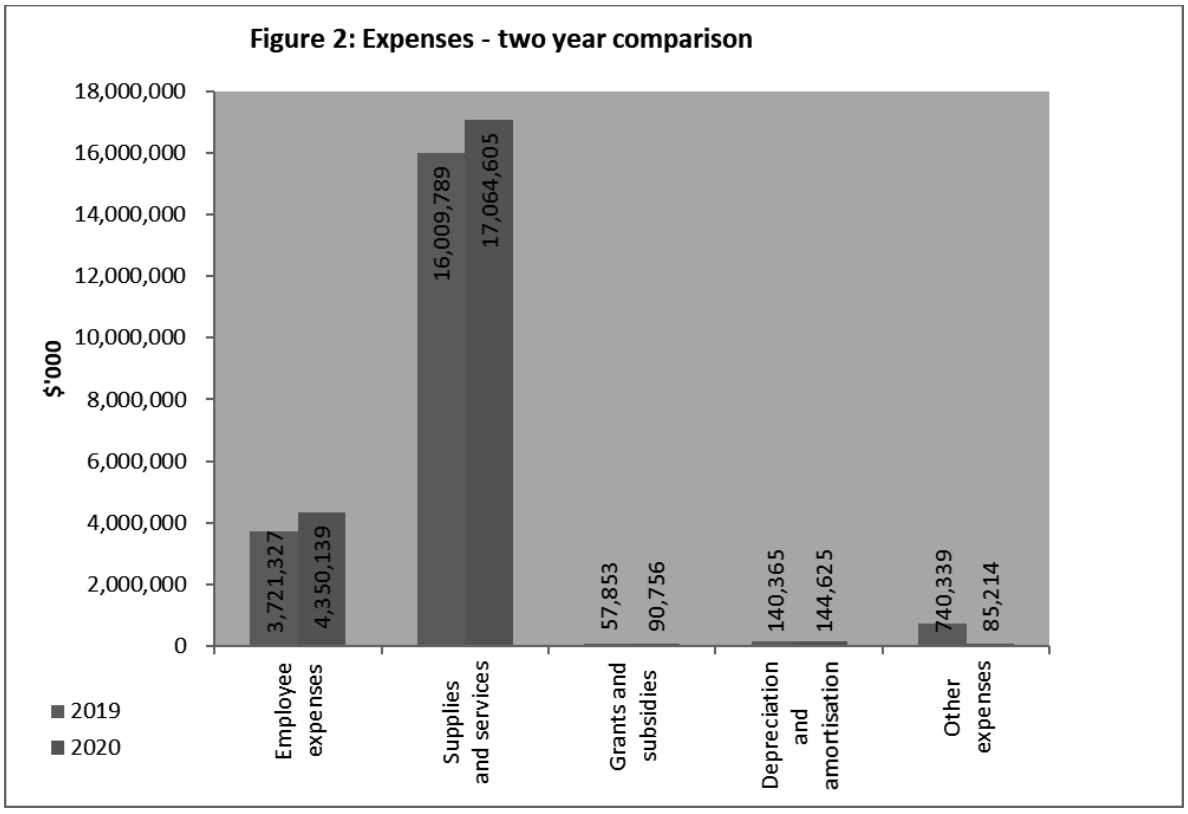
The major movements in revenue earned when compared to 2018-19 includes:

- *Grants and contributions* – the increase of $635.952 million relates largely to back payments from prior financial years and increases in funding received under the National Health Reform Agreement (NHRA) due to higher level of health activities provided by HHSs in 2019-20 and additional funding provided for COVID-19 (NPCR).
- *Labour recoveries* – the increase of $475.079 million reflects changes to Employer Arrangements which came into effect on 15 June 2020 and which resulted in eight HHSs becoming non-prescribed, the demand for services within the non-prescribed HHSs which is reflected through FTE increases, as well as Enterprise Bargaining pay increases.

Expenses

Total expenses for 2019-20 were $21.735 billion, which is an increase of $1.066 billion (or 5.2 per cent) from 2018-19.

Figure 2 provides a comparison of expenses in 2018-19 and 2019-20.



The major movement in expenses incurred when compared to 2018-19 includes:

- *Employee expenses* – the increase of $628.812 million reflects the demand for services within the non-prescribed HHSs and Queensland Ambulance Service (QAS) reflected in increased FTE's, as well as Enterprise Bargaining pay increases. This category includes non-prescribed HHS expenses amounting to $2.677 billion in the 2019–20 financial year, recovered through labour recoveries income.
- *Supplies and services* – the increase of $1.055 billion is predominantly due to additional funding paid to HHSs and Mater Hospital funding the provision of health services. Additional expenditure has also been incurred in 2019-20 due to COVID-19 pandemic response.
- *Other expenses* – the decrease of $655.125 million in Other expenses is mainly due to a change in accounting treatment for Deferred appropriation payable to Queensland Treasury based on the department's service delivery activities in 2019-20.

Anticipated maintenance

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

Anticipated maintenance is defined as maintenance that is necessary to prevent the deterioration of an asset or its function, but which has not been carried out. Some anticipated maintenance activities can be postponed without immediately having a noticeable effect on the functionality of the building. All anticipated maintenance items are risk assessed to identify any potential impact on users and services and are closely managed to ensure all facilities are safe.

Anticipated maintenance items are identified through the completion of triennial condition assessments, and the value and quantum of anticipated maintenance will fluctuate in accordance with the assessment program and completed maintenance works.

As at 3 June 2020, the Department of Health had a reported total anticipated maintenance of $9.9M.

The Department of Health has the following strategies in place to mitigate any risks associated with these anticipated items:

- Allocated additional funding to support major redevelopment projects in the Strategic Asset Management Plan.
- Allocated minor capital funding to priority services to address anticipated maintenance.
- Commenced preventative refurbishment and maintenance to support deteriorating assets and extend their life expectancy.
- Engaged an independent third party to provide detailed condition assessments for remaining infrastructure to inform further investment.
- Reviewed asset lifecycle and future replacement needs in accordance with risk assessment and prioritisation criteria.

Chief Financial Officer statement

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

Accordingly, the Chief Finance Officer Statement was prepared in accordance with Section 54 of the Financial and Performance Management Standard 2019. It was also provided to the department's Audit and Risk Committee and was delivered as per the below.

The Chief Finance Officer Department of Health provided to the Director-General, a statement including the matters described by Queensland Audit Office, acknowledging that processes and controls were being continuously improved following the implementation of S/4HANA, that nothing appeared to suggest that the financial internal controls of the department for the period between 1 July 2019 and 30 June 2020 (financial year) were not generally efficient, effective or economical.

Further:

- The financial records in the department have been properly maintained throughout the financial year in accordance with the financial information management system for the department.
- The risk management and internal compliance and control systems of the department relating to financial management have been operating efficiently and effectively throughout the financial year
- since the last day of the financial year to which the statement relates, other than those already disclosed, there has been no change that may have a material effect on the operation of the internal control structure or a resource management system of the department
- External service providers have given assurance about the provider's controls.

About us

Our role

The Department of Health provides strategic leadership and direction to the public health system in Queensland, as well as promoting and protecting the health of Queenslanders through health promotion campaigns and other disease prevention activities.

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

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

The Department of Health's responsibilities include:

- Providing strategic leadership and direction for health through development and administration of policies and legislation.
- Developing statewide plans for health services, workforce and major capital investment.
- Managing major capital works for public sector health service facilities.
- Purchasing health services.
- Supporting and monitoring the quality, efficiency, effectiveness and timeliness of health service delivery.
- Delivering a range of specialised health services, including prevention, promotion and protection, providing ambulance, aeromedical, health information and communication technology and statewide health support services.

HHSs are independent statutory bodies responsible for their own strategic plans.

Headquartered at 1 William Street, Brisbane, the department includes 10 divisions that work directly with HHSs, stakeholders and governments. The locations of our divisional offices are listed in ‘Our Locations’.

Our vision

Healthier Queenslanders.

Our purpose

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

Our values

To enable this vision, the Queensland Public Sector is transforming from a focus on compliance to a values-led way of working. The following five values underpin behaviours that will support and enable better ways of working and result in better outcomes for Queenslanders.

- Customers first.
- Ideas into action.
- Unleash potential.
- Be courageous.
- Empower people.

Our priorities

1. Promote and protect the health of Queenslanders where they live, work and play.
2. Drive the safest and highest quality services possible.
3. Improve access to health services for disadvantaged Queenslanders.
4. Pursue partnerships with consumers, communities, health and other organisations to help achieve our goals.
5. Empower consumers and health professionals through the availability and use of data and digital innovations.
6. Set the agenda through integrated policy, planning, funding and implementation efforts.
7. Lead a workforce which is excellent and has a vibrant culture and workplace environment.

Our contribution to government

During 2019–20, the Department of Health supported the Queensland Government's objectives for the community:

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

The Queensland Government's objectives for the community are set out in *Our Future State*, a clear plan to advance Queensland into the future.

Our Future State priorities align with *My health, Queensland's future: Advancing health 2026*. Advancing health 2026 is a plan for the public health sector to make real the vision statement—by 2026 Queenslanders will be among the healthiest people in the world. The plan contains 16 headline measures of success, some of which align with priority targets, including:

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

Queensland public service values

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

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

Our opportunities and challenges

To ensure that we are well placed to address our opportunities and challenges in a changing environment, we review and manage our risk management strategies on an ongoing basis.

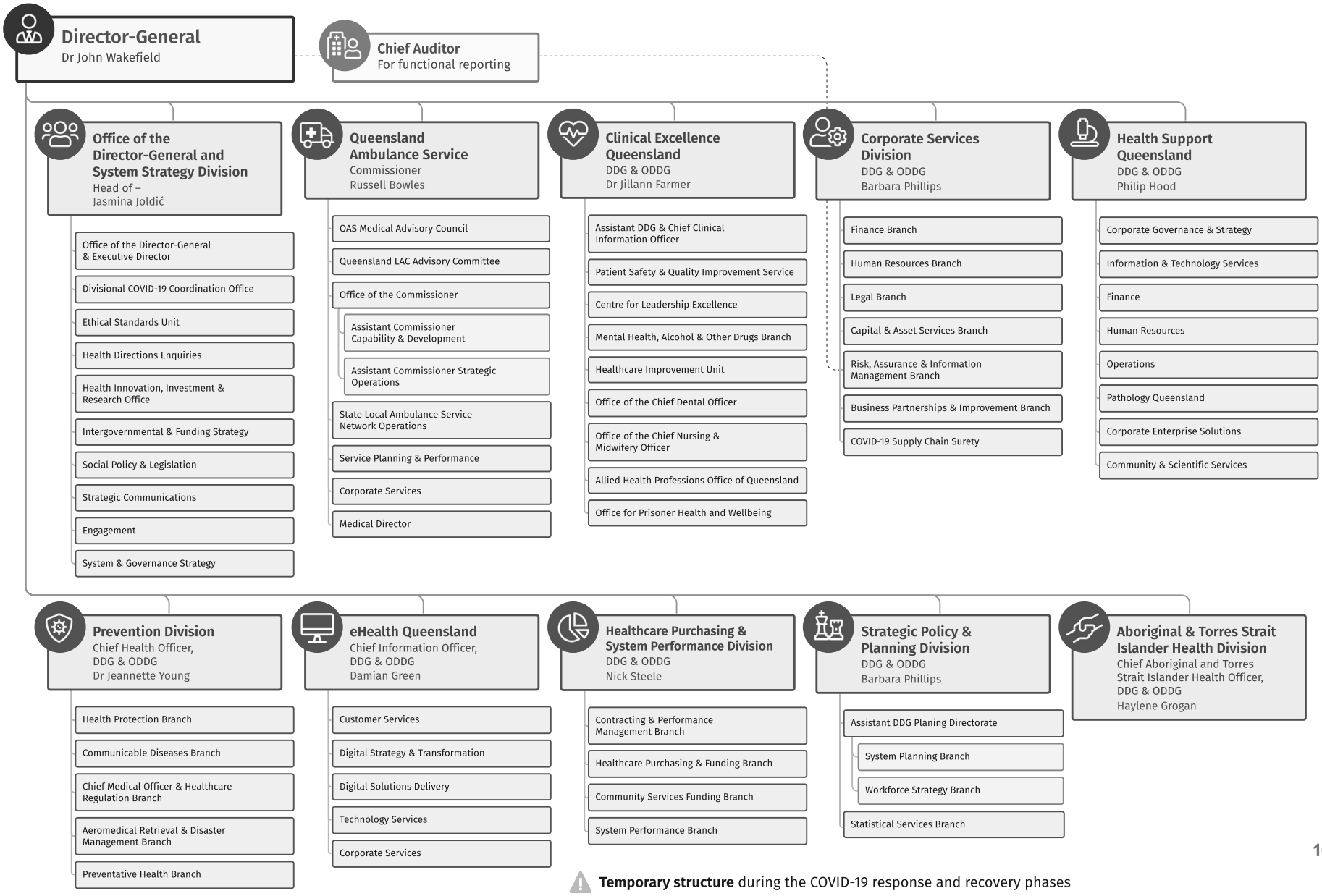
Our key risks relate to:

- Disasters and emerging threats could disrupt or overload the health system.
- Funding constraints or ineffective distribution of resources and infrastructure could reduce the health system's ability to meet Queenslanders' demand for safe and high-quality services.
- Insufficient public involvement in co-managing their health journey could increase demand on the health system and diminish care standards.
- If planning and management of the health system workforce is not effective, efficiency, quality and sustainability of health services could be reduced.
- Failure to protect and integrate data and information communication technology systems may undermine clinical and business performance.

We strive to harness opportunities to drive the safest and highest quality services possible, including:

- Integrating planning and funding models.
- Connecting all areas of the healthcare system in Queensland.
- Engaging the public and driving health literacy throughout Queensland.
- Adopting digital transformation technologies to drive system improvements.
- Maximising the capability of our people.

Our organisational structure



Executive leadership team

DR JOHN WAKEFIELD PSM

Director-General, Queensland Health since September 2019

Deputy Director-General, Clinical Excellence Queensland until August 2019

MB CHB MPH (research) FACRRM FRACMA FRACGP

Dr John Wakefield PSM has 30 years' experience in clinical and management roles in rural, regional and tertiary public sector health services in Queensland.

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

He established a statewide network of patient safety officers and successfully established a legislative framework for incident analysis, ultimately demonstrating measurable reductions in preventable adverse events.

John is actively involved in national efforts to improve patient safety in partnership with the Australian Commission for Safety and Quality in Healthcare.

He chaired the National Open Disclosure Pilot Project and regularly teaches open disclosure and other patient safety curricula. His research interests include patient safety culture, safety performance measurement and open disclosure.

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

John returned to the Department of Health in 2016 to lead the newly formed Clinical Excellence Queensland (CEQ) division. He and his team led significant reforms in mental health, nursing and maternity services and drove continuous improvements in service quality and outcomes for patients across the state through the work of the Clinical Senate and Clinical Networks.

At CEQ John developed a successful leadership development program for clinicians from trainee to executive. Graduating over 1000 participants each year, CEQ set the national benchmark for investment in clinician leaders for the 21st century.

Adjunct Professor, School of Public Health, Queensland University of Technology. Adjunct Professor, School of Medicine, Griffith University.

DR JEANNETTE YOUNG PSM	PROF KEITH MCNEIL	BRONWYN NARDI
Chief Health Officer Deputy Director-General, Prevention Division	Acting Deputy Director-General, Clinical Excellence Queensland until 15 June 2020 Acting Deputy Director-General and Chief Medical Officer, Prevention Division since June 2020	Acting Deputy Director-General, Prevention Division (3 February–14 June 2020)
MBBS, MBA, DUni (Griffith), DUni (QUT), FRACMA, FFPH, FCHSM (Hon)	*MBBS FRACP*	*MBA, GAICD*
Dr Jeannette Young has been the Queensland Chief Health Officer since 2005 and since August 2015, she has also held the role of Deputy Director-General Prevention Division. Previously she worked in a range of senior positions in hospitals in Queensland and Sydney, New South Wales. She has specialist qualifications as a Fellow of the Royal Australasian College of Medical Administrators and as a Fellow by Distinction of the Faculty of Public Health of the Royal College of Physicians of the United Kingdom. Dr Young is a member of numerous committees and boards, including the National Health and Medical Research Council and the Australian Health Protection Principal Committee.	Professor Keith McNeil plays a key role in the clinical leadership of the statewide *Digital Hospital Program.* He works closely with key stakeholders to maximise the clinical and patient safety benefits associated with technology in the healthcare setting, while minimising risk. Prof McNeil has previously worked within Queensland Health as the Head of Transplant Services at The Prince Charles Hospital, Chief Executive Officer at RBWH, and Chief Executive Metro North Hospital and Health Service. More recently, Prof McNeil was Chief Clinical Information Officer, National Health Service, United Kingdom following roles as Chief Executive Officer at Addenbooke's Hospital and Cambridge University Hospital Foundation Trust.	Bronwyn Nardi is a senior executive with extensive clinical experience as a nurse and midwife as well as significant experience as a senior executive manager and leader across a variety of health portfolios. In addition to her nursing and midwifery education, Bronwyn has a Master of Business Administration. The Acting Deputy Director-General, Prevention Division role undertakes the non-statutory requirements of the role and enables the Chief Health Officer who ordinarily covers this portfolio to be dedicated to the COVID-19 pandemic response. In addition to managing the Prevention Division, Bronwyn is also the nominated state lead for the COVID-19 pandemic health response for the National Disability Insurance Scheme (NDIS) and aged care.
Adjunct Professor, Centre for Environment and Population Health, Griffith University. *Adjunct Professor, School of Public Health and Social Work, Queensland University of Technology.* *Adjunct Professor, School of Public Health, University of Queensland.*		*Adjunct Associate Professor, Medical School, Griffith University.*

DAMIAN GREEN	NICK STEELE	RUSSELL BOWLES ASM
Chief Information Officer Queensland Health Deputy Director-General, eHealth Queensland	Deputy Director-General, Healthcare Purchasing and System Performance Division	Commissioner, Queensland Ambulance Service
CMQ, BEc (Hons), BA, AFACHSM, MHISA	*BEcon*	*MBA*
Damian joined the Department of Health executive team in September 2019. Damian is responsible for leading the ongoing transformation of Queensland's public health service through the delivery of an innovative and customer-focused ICT platform and service. Damian initially joined Queensland Health in 2013, with roles at the Gold Coast Hospital and Health Service where he was responsible for leading Gold Coast Health's digital transformation. Prior to joining Queensland Health, Damian spent 16 years in the private sector leading the design and delivery of ICT transformation programs.	Nick Steele holds an economics degree from the University of Leeds, is a member of the Australian Institute of Company Directors and has duel membership with CPA Australia and the Chartered Institute of Public Finance and Accountancy in the United Kingdom. Nick has held executive positions in the NHS and Queensland for the past 21 years. As the current Deputy Director-General, he is responsible for managing a budget of over $15 billion for purchasing health and hospital services and community-based health and social services, to support delivery of improved health outcomes for Queenslanders via contracts with HHSs, non-government organisations and the private sector.	Russell Bowles was appointed as Commissioner in January 2011, continuing his distinguished career with the QAS which began in January 1981. As Commissioner, Russell provides leadership for the QAS in its delivery of timely, quality and appropriate ambulance services for the Queensland community. Drawing on more than 39 years of ambulance experience, Russell has implemented several significant structural, technical and operational reforms, resulting in service delivery improvements across a range of ambulance performance measures. Russell holds a Master of Business Administration and was awarded the Ambulance Service Medal (ASM) in the 2005 Australia Day Honours list.
Adjunct Professor at the School of Business Strategy and Innovation, Griffith University.		

BARBARA PHILLIPS	PHILIP HOOD	HAYLENE GROGAN
Deputy Director-General, Corporate Services Division Acting Deputy Director-General of Strategy, Policy and Planning Division (from 28 October 2019)	Acting Deputy Director-General, Health Support Queensland	Chief Aboriginal and Torres Strait Islander Health Officer Deputy Director-General, Aboriginal and Torres Strait Islander Health Division
EMPA	*BCS*	
Barbara Phillips joined the Department of Health in 2017 as Deputy Director-General, Corporate Services Division. She has more than 20 years of experience from Australia and New Zealand in leading people, and large-scale policy and change programs in the public healthcare sector. This includes the $777 million *capital program*, which involves collaborating with HHSs and industry stakeholders to deliver one of the most diverse and geographically dispersed capital programs in Queensland. Previously, Barbara has held executive level positions with the New Zealand Ministry of Health, including Acting Deputy Director-General for Policy and Deputy Director-General for Corporate Services. Barbara commenced her career in allied health frontline services in New Zealand, where she has led significant health priorities, including the *Prime Minister's Methamphetamine Action plan* (Health), *Alcohol and Drug Policy*, and implementing national screening programs with major ICT initiatives. Barbara is an advocate for gender equity and supporting people. She is the Sponsor of the department's Women's Network and the *Work Able program* for people with vision impairment. Barbara has a genuine passion for healthcare, a collaborative approach to leadership and a drive for continuous improvement. Barbara is currently completing her PhD in leadership.	Philip Hood is the Acting Deputy Director-General of Health Support Queensland and leads a statewide team of 4600 delivering a broad range of highly specialised clinical and support services underpinning the delivery of frontline healthcare in Queensland. Philip has a career in the Queensland Public Service spanning over 45 years and joined Queensland Health in 2012, after eight years in a range of senior executive positions responsible for management and support of the sector's core finance, human resource and payroll solutions. Philip holds a Bachelor of Computer Science from the University of New England and graduate certificates in information technology from the Queensland University of Technology. Philip has a keen interest in corporate governance and organisational improvement and is a member of the Australian Institute of Company Directors and the Australian Computer Society.	Haylene Grogan is a very proud Kuku Yalanji and Tagalaka woman with Italian heritage. Haylene has extensive experience in Aboriginal and Torres Strait Islander policy development, having held executive positions in the Queensland, New South Wales and Commonwealth Governments. Haylene commenced her career in the community-controlled health sector at Wuchopperen Aboriginal Medical Service Centre in Cairns in 1982 as receptionist, Aboriginal Health Worker, then later a registered nurse and midwife. In 2019, she returned to Queensland Health as Queensland's first Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General. Haylene previously held the position of Senior Director of the Aboriginal and Torres Strait Islander Health Branch. Prior to taking up the appointment of Chief Aboriginal and Torres Strait Islander Health Officer she was the Director of Policy and Reform at NSW Aboriginal Affairs, where she led the development of an *Aboriginal Economic Prosperity Framework* and guided NSW to becoming the first jurisdiction in Australia to enact Aboriginal languages legislation, with the introduction of the *Aboriginal Languages Act* 2017 into NSW Parliament in October of that year. Haylene re-joined Queensland Health following almost 10 years outside of 'health' and is very excited to be leading an Aboriginal and Torres Strait Islander health equity reform agenda with the health sector in Queensland.

DR JILLANN FARMER	KATHLEEN FORRESTER	JASMINA JOLDIĆ
Deputy Director-General, Clinical Excellence Queensland since June 2020	Deputy Director-General, Strategy, Policy and Planning Division until October 2019	Executive Director (Head of) Office of the Director-General and System Strategy Division
MBBS (Hons) FRACGP, GC AppL, MHA, FRACMA	*BBM (Econ), BEcon, MC (Econ)*	B*A(Hons), GCertPolicyAnalysis, MPublicAdmin(Policy), Exec.Lead (Stanford)*
Jillann returned to Queensland Health after serving almost eight years as the worldwide Medical Director of the United Nations, based at the headquarters in New York. In this role, she was responsible for the health, safety and wellbeing of all UN and for the standards in healthcare facilities operating under the UN flag. Prior to this, Jillann was the Medical Director of the Patient Safety Centre in Queensland Health, and the inaugural Director of the Clinician Performance Support Service. Jillann worked for the Medical Board of Queensland, building the Health Assessment and Monitoring Program for management of registrants with illnesses that impact on their ability to practice. She has been a GP, SMO in Emergency Medicine, and a Director of Medical Services. She holds fellowships of both the Royal Australian College of General Practitioners and the Royal Australasian College of Medical Administrators. During her tenure as UN Medical Director, she developed and launched the UN system workplace mental health strategy, developed the UN Safety and Quality Standards and implemented reforms of the UN Trauma care system.	Kathleen Forrester was responsible for overseeing the development of strategic health policy; infrastructure, system and workforce planning; future funding strategies; statistics and data analysis; intergovernmental relations and Aboriginal and Torres Strait Islander health. Kathleen has held senior positions within both state and federal government, as well as the private sector where she consulted on social policy reform.	Jasmina Joldić is an accomplished senior executive and policy expert with 15+ years' experience in the state and commonwealth government and higher education sector. Leading the Office of the Director-General and System Strategy Division, Queensland Health, Jasmina supports the daily functions of Queensland's largest organisation. This encompasses an extremely broad range of responsibility including but not limited to; system governance, health expenditure, state funding and analysis, strategic communications and engagement, portfolio management and policy and legislation implementation. As a trusted advisor to senior leaders, Jasmina has implemented and continues to lead and support a sustainable operating model for the COVID-19 pandemic health response. Jasmina is a strong advocate for health equity and plays a pivotal role in coordinating reform of the Queensland health system to promote health integration, prevention and wellbeing, and equity of outcomes for groups experiencing health disadvantage.

LUAN SADIKAJ

Chief Finance Officer,
Corporate Services Division

BBus (Finance), CPA

Since starting with Queensland Health in the role of Chief Finance Officer in 2018, Luan has been responsible for leading a range of financial management system-level products and services to deliver financial excellence in healthcare across 16 Hospital and Health Services and 8 Divisions.

Prior to Queensland Health Luan was appointed Acting Deputy Under Treasurer of the Agency Performance and Investment Group. In this role Luan was responsible for commercial, fiscal and economic advice on the state's economic portfolios and Treasury's investment policy and attraction programs.

Luan has also held senior executive roles within Queensland Treasury's Agency Performance Group, where he worked closely with Queensland Health, Justice and the Attorney-General and public safety agencies to develop, fund and implement public policy.

Luan has been involved in the development of the Queensland Budget since 2008.

Our organisation

Our services

Queensland Health consists of the Department of Health, the Queensland Ambulance Service (QAS) and 16 independent HHSs situated across the state.

The Department of Health is responsible for providing leadership and direction, while working collaboratively to enable the health system to deliver quality services that are safe and responsive for Queenslanders.

Office of the Director-General and System Strategy Division

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

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

- The ODGSSD has a strong commitment and focus on performance, accountability, openness and transparency, and responses delivered within timeframes. This is achieved by:
  - promoting and upholding good governance and accountability
  - providing strategic advice, leadership, direction and support for the health system, the Director-General, the Deputy Premier Services, and Cabinet
  - overseeing and facilitating the development, interpretation and monitoring of policies, plans, and legislation
  - facilitating, collaborating and partnering to encourage and support quality health service delivery.

Our services are delivered by 10 branches:

- Office of the Director-General and Executive Director—provides office management and business services and incorporates the Ministerial and Executive Services Unit (SDLO, DG Correspondence, Executive Support), Departmental Liaison Office (DLO), Cabinet and Parliamentary Services (CAPS), and Response Lead Liaison.
- Health Directions Enquiries Management Service—provides advice on complex enquires related to any of the Public Health Directions to other departments and the general public.
- Coordination Office—the COVID-19 Management Office promotes a portfolio approach for the ODGSSD COVID-19 response and provides support and services to Response Lead streams. The branch undertakes cross agency and cross division priority projects.
- System & Governance Strategy—provides Response Lead Policy and Reporting, COVID-19 strategy and policy coordination, System Governance Strategy, System Strategy and Transformation, and the Office of Health Statutory Agencies (OHSA).
- Intergovernmental and Funding Strategy—incorporates Health Expenditure and Funding Analysis, Intergovernmental Policy, QAHMAC and State Funding. Manages the COVID-19 Health System Reform Plan Working Group.
- Social Policy and Legislation—incorporates the Legislative Policy Unit (including COVID-19 Directions), Aged Care, Palliative Care policy and COVID-19 response support, Disability and Multicultural Health, Strategy, Children and Families.
- Strategic Communications—provides communication of public health advice, and strategic communications including for COVID-19.
- Health Investment, Innovation and Research Office (HIIRO)—manages Research and Public Health Act approvals, Research Ethics Governance and Intellectual Property, Ethics Review Manager (ERM) Development Project and International and Engagement. Incorporates the Research Strategy and Programs Team, and the Queensland Clinical Trials Coordination Unit.
- Ethical Standards Unit—receives, investigates or facilitates investigation into allegations of corrupt conduct, maladministration and public interest disclosures. Provides advice to the department and Hospital and Health Services regarding criminal matters involving or relevant to Queensland Health, its employees or facilities.

- Response Lead Engagement—provides strategic support and advisory services to the department on COVID-19 engagement, serving as the key point of contact for international, interstate and other agencies wishing to connect with QH on COVID-19.

Queensland Ambulance Service (QAS)

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

The QAS delivers ambulance services from 298 response locations through 15 LASNs that are geographically aligned with the department's HHS boundaries. The QAS has an additional LASN comprising eight operations centres located throughout Queensland that manage emergency call-taking, operational deployment and dispatch, and coordination of non-urgent patient transport services.

In addition, the QAS works in partnership with more than 141 active Local Ambulance Committees across the state, whose members volunteer their time supporting their local ambulance service.

Clinical Excellence Queensland

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

- Mental Health Alcohol and Other Drugs Branch (MHAODB) supports the statewide development, delivery and enhancement of safe, quality, evidence-based clinical and non-clinical services in the specialist areas of mental health and alcohol and other drugs treatment. MHAODB undertakes contemporary evidence-based service planning, development and review of models of care, new programs and service delivery initiatives. MHAODB is also responsible for policy development in collaboration with government and non-government partners at state and national level and representing Queensland in progressing national reform agendas.
- Office of the Chief Psychiatrist supports the Chief Psychiatrist to exercise their statutory responsibilities under the Mental Health Act 2016, as well as providing specialist advice regarding the clinical care and treatment of people with mental illness.
- Office of the Chief Dental Officer (OCDO) is committed to progression of the delivery of safe, appropriate and sustainable public oral health services in Queensland. It seeks to achieve this through leadership in the provision of strategic direction for oral health service delivery; high level monitoring of oral health service delivery outputs and oral health outcomes for Queenslanders; and capacity building and sustainability of oral health services.
- Office of the Chief Nursing and Midwifery Officer (OCNMO) is the principal advisor on nursing and midwifery services with a particular authority and expertise in advancing, leading and advising on matters that promote a healthier Queensland. OCNMO provides strategic advice and develops policies and initiatives which support the delivery of health priorities and achievement of government health objectives. OCNMO provides a high-level monitoring and response function relating to key statewide nursing and midwifery indicators and is also responsible for building capacity and sustainability in both professions.
- Allied Health Professions Office of Queensland (AHPOQ) leads the development, implementation and evaluation of strategies to ensure an appropriately skilled allied health workforce meets the current and future health service needs of Queensland. AHPOQ consults with Queensland Health's allied health professionals on workforce and policy matters and is the central source for information and advice on allied health matters across Queensland.
- Healthcare Improvement Unit (HIU) works collaboratively with HHSs to explore and implement new and innovative models of care which improve access to healthcare. HIU is also responsible for funding and evaluating new treatments and technologies for possible statewide implementation. HIU works closely and collaboratively with clinicians and health service managers to improve the capacity and

efficiency of public hospitals in Queensland. HIU also leads clinical engagement on behalf of the Department of Health through its clinical networks and the Queensland Clinical Senate.

- Patient Safety and Quality Improvement Service (PSQIS) is responsible for monitoring and supporting Hospital and Health Services to minimise patient harm, reduce unwarranted variations in health care and to achieve high-quality patient-centred care. PSQIS also partners with consumers, clinicians, managers and executive to support HHS leadership teams to create or improve their patient safety and quality culture.
- Centre for Leadership Excellence (CLE) offers a range of leadership and management development programs, all delivered by facilitators who are experts in leadership development. These programs assist clinicians to develop their leadership style to enhance the performance of clinical teams and support improvement in healthcare culture and service delivery. Clinicians are also encouraged to develop best practice in health services through effectively managing people, performance, finance, resources and service quality. The Project and Client Support Office proactively supports the delivery of Divisional project outcomes and drives the Division's client relationship management strategy.
- Office of the Chief Clinical Information Officer supports the Chief Clinical Information Officer (CCIO) to provide clinical leadership of the Clinical Informatics Portfolio. The CCIO drives continuous improvement, collaboratively working with key stakeholders to maximise the benefits associated with the use of information technology in clinical practice.
- Office for Prisoner Health and Wellbeing (OPHW) within Office of the Deputy Director-General provides statewide leadership and is a coordination point for Queensland Health-provided primary healthcare services for people in Queensland Corrective Services custody.

The work of CEQ focuses on:

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

Corporate Services Division

Corporate Services Division works closely with the Department of Health divisions and our branches partner effectively with HHSs to ensure the department's business outcomes support the delivery of quality health services.

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

- Finance Branch—collaboratively supporting the state's health system through strategy, expert advice and services related to statewide budgeting and financial management.
- Legal Branch—providing strategic legal services to Queensland Health and working collaboratively with legal teams across the HHSs.
- Risk, Assurance and Information Management Branch—supporting Departmental assurance through audit, public records management, privacy, right to information, risk management, governance, and fraud control strategy, service and advice.
- Human Resources Branch—delivering a range of human resource services and support to attract, retain and build workforce capability, develop and maintain statewide employment and arrangements, and monitor and manage workforce performance.
- The Capital and Asset Services (CAS)—provides client focused support to achieve quality built environment solutions for the individual needs of our delivery entities. By partnering with HHSs, CAS delivers the Queensland Health Capital program, provides

expert advice to effectively manage assets and property, as well as monitors and reports on the performance of our statewide capital and asset management programs.

- The Business Partnerships and Improvement Branch—frontline Corporate Services Division team for engagement with our people and clients, as well as supports the *Mental Health Act 2016* through the Mental Health Court Registry. The Branch supports the division to be the visible leader and driver of change to better develop and embed the department's culture program. The Branch explores opportunities to improve productivity and efficiency through enhancing business practices, leveraging technology and embracing innovation, and helps celebrate the way the department and system support the delivery of services to patients.

Health Support Queensland

Health Support Queensland (HSQ) delivers a broad range of highly specialised diagnostic, scientific, clinical support finance, business, logistic and payroll support services to enable the delivery of frontline healthcare in Queensland.

HSQ provides a diverse range of customer-centred services to the health system via:

- Pathology Queensland—diagnostic pathology services to all HHSs across metro, regional and remote Queensland.
- Forensic and Scientific Services—expert forensic analysis and advice and scientific testing for public and environmental health.
- Biomedical Technology Services—comprehensive health technology management services to ensure HHS health technology fleets are safe, effective and appropriate.
- Health Contact Centre—confidential health assessment and information services to Queenslanders 24 hours a day, seven days a week.
- Group Linen Services—specialist healthcare linen hire, sourcing, distribution and laundry services.
- Strategic Procurement—procurement planning and contracting for a range of goods and services provided to Queensland Health.
- Supply Chain Services—purchasing, inventory management, contracts management, warehousing and distribution services for a range of clinical and non-clinical goods and services.
- Central Pharmacy—purchasing, warehousing and distribution services for pharmacy products required by the Queensland public health sector.
- Corporate Enterprise Solutions—supports the largest and most complex workforce management, payroll, business, finance and logistics systems in the Queensland public sector.
- Clinical Information System Support—service strategy, development, transition support and operational services for clinical ICT systems.
- Radiology Informatics Support—direct application support and training, a point of contact for front line users, and coordination of system enhancements to improve business functionality.

Prevention Division

The Prevention Division has five branches and an office which deliver policies, programs, services, licensing and regulatory functions that aim to improve the health of all Queenslanders through the promotion and protection of health and wellbeing, detection and prevention of diseases and injury, and supporting high-quality healthcare service delivery. The division's office manages credentialing and clinical scope of practice for departmental medical administration staff, and statewide BreastScreen and retrieval services medical staff. The division also has ministerial delegation for declaring Area of Need for Queensland.

The division comprises of the following branches:

- Chief Medical Officer and Healthcare Regulation Branch—responsible for providing safe, high-quality, effective and contemporary policy and regulation that meets both community needs and government expectations, and covers the delivery of services, programs and projects relating to body tissues, clinical services capability framework, medical workforce planning, statewide intern accreditation, medicines, medicinal cannabis, antimicrobial resistance, community pharmacy businesses and private health facilities.
- Communicable Diseases Branch—responsible for the surveillance, prevention and control of communicable diseases in Queensland.

- Aeromedical Retrieval and Disaster Management Branch—provides clinical coordination of all aeromedical retrievals and transfers across Queensland, disaster preparedness, major events and emergency incident management, telehealth support to rural and remote clinicians, and patient transport data analysis, aeromedical contract management and policy oversight of HHS owned and/or operated helicopter landing sites.
- Preventive Health Branch—uses integrated, multi-strategy approaches to create environments which support health and wellbeing and encourage and support communities and individuals to adopt healthy behaviours, including regular screening for early detection of cancer, healthy eating, being physically active, being sun safe and not smoking. The branch develops the biennial Chief Health Officer report and monitors risk factors for chronic disease.
- Health Protection Branch—seeks to safeguard the community from potential harm or illness caused by exposure to environmental hazards, diseases and harmful practices. The branch has both a regulatory and health risk assessment focus and works across a range of program areas, including environmental hazards (e.g. asbestos, lead), water quality, fluoridation, food safety and standards, radiation safety and protection, chemical safety, and manages administrative and regulatory practice systems that support the administration of public health legislation.

eHealth Queensland

eHealth Queensland is advancing healthcare through the use of digital technologies. It is responsible for vital information communication technology (ICT) modernisation to enable improved healthcare across the department and 16 HHSs. As one of the largest ICT operations in the state, eHealth Queensland provides:

- Reliable access to Queensland Health's major information systems through a wide variety of digital devices including desktop computers, laptops, personal digital devices and telephony.
- Mechanisms to support, showcase and share local digital innovations with a view to embed and scaleup across the system where practical.
- Leadership and guidance in identifying and implementing digital solutions to drive improvements in the safety, quality and efficiency of healthcare services.
- Accountability for ICT service and performance across the system.
- Partnership with HHSs and the department to ensure their priorities are enabled through the use of digital innovation and technologies.
- Leadership in the development and implementation of information management and digital strategies, policies and standards across Queensland Health.
- A service model that is responsive to the changing context of health service delivery, emerging technologies and models of care, and local HHS needs.

Healthcare Purchasing and System Performance Division

The Healthcare Purchasing and System Performance Division is responsible for purchasing public health and social services and managing the performance associated with those purchasing decisions to optimise health gains, reduce inequalities and maximise the efficiency and effectiveness of the health system.

The division comprises of the following branches:

- Community Services Funding Branch—collaborates with policy and program areas within the department, utilising an end-to-end commissioning framework, to contract non-government, private and academic organisations to deliver community, health or human services on behalf of government.
- Contract and Performance Management Branch—leads the development and negotiation of service agreements with the 16 HHSs and Mater Health Services ensuring the service agreements foster and support continuous quality improvement, effective health outcomes and equitable allocation of the state's multi-billion-dollar health service budget. Using a transparent performance framework, the branch is also responsible for ensuring performance against these service agreements. The Surgery Connect program is also managed within this branch.
- Healthcare Purchasing and Funding Branch—leads the development and application of purchasing and funding methodologies to support delivery of the greatest possible health benefit for the Queensland population

from the resources available. From a healthcare purchasing perspective, this means focusing on the patient health outcomes achieved per dollar spent to ensure resources are focused on high value activities and improved health outcomes, while funding models incentivize the uptake of good practice.

- System Performance Branch—leads the monitoring and reporting on performance of Queensland's health system, producing a range of insights and reports to the Deputy Premier, Director-General, Board Chairs, System Manager, Central Agencies, executives and operational staff across both the department and HHSs. The branch manages the department's SPR platform that provides performance insights to our workforce to understand the performance of their local HHS relative to their peers and to support evidence-based decisions on performance improvement and 'purchasing for performance' strategies.

Strategic, Policy and Planning Division

The Strategic, Policy and Planning Division provides direction for the Queensland health system by developing strategic policy; delivering key legislative reform; undertaking integrated planning (services and workforce) across the health system; managing Queensland Health's state budget submissions; and providing the frameworks and data to support the health information needs of system leadership. The division comprises five branches, which partner effectively with the department's various divisions and business units, and the broader health system, to make a direct and meaningful impact on health services in Queensland.

The division comprises of the following branches:

- Strategic Policy and Legislation Branch creates strategic policy to improve child protection and safety, aged care and disability services, and health services for minority groups and those in rural and remote locations. The branch manages the legislative program for the health portfolio and collaborates with all divisions and business units to develop, monitor and update the Department of Health Strategic Plan.
- System Planning Branch leads health service planning activities of statewide and/or system significance, using medium to long-term statewide health services planning methodologies to support patient-focused, efficient and effective health care. The branch collaborates across the system to understand communities' current and future health needs, so the right services can be planned; and to support resource allocation and investment decisions.
- Workforce Strategy Branch leads system-wide workforce strategy through influencing and collaborating with others to enable a skilled and sustainable health workforce capable of accommodating Queensland's unique challenges. This work is based on analysis of clinical workforce data and evidence-based forecasting, and both informs and is informed by health policy, industry trends, changing models of care and workforce models, and service, infrastructure, eHealth planning and funding arrangements.
- Funding Strategy and Intergovernmental Policy Branch secures funding for our health system by managing Queensland Health's state budget submissions and advancing Queensland's position on national funding and policy matters.
- Statistical Services Branch collects, processes, analyses and disseminates statistics on the health of Queenslanders and their use of health services. The branch provides a data linkage capability and service, develops statistical standards, hosts the Queensland Health Data Dictionary, manages the statewide Clinical Knowledge Network, and plays a role in ensuring data quality in major corporate collections.
- Changes to division structure—On 1 July 2019, the Aboriginal and Torres Strait Islander Health Branch (formerly a branch under the Strategy, Policy and Planning Division) became a new and separate division within the Department of Health. During the 2019–20 financial year, the Infrastructure Strategy and Investment Branch moved to Corporate Services Division.

Aboriginal and Torres Strait Islander Health Division

The *Queensland Health Statement of Action* identified the importance of embedding Aboriginal and Torres Strait Islander representation in Queensland Health leadership, governance and the workforce.

The division came into effect on 1 July 2019 to support the newly established Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General leading health reform to improve health outcomes for Aboriginal people and Torres Strait Islander people.

The division comprises:

- Cultural Capability, Engagement and Relationships—provides strategic leadership, development and implementation of the cultural capability program for the department; provides diverse expertise on Aboriginal and Torres Strait Islander values, cultures, terminology, language and engagement with the community, HHs and other stakeholders; Influences and guides the department to deliver better clinical and community outcomes through developing culturally appropriate facilities and services; builds and sustains meaningful relationships with cultural leaders and communities through respectful communication; collaborates with contracted community providers to embed and monitor compliance with the NGO quality framework.
- Policy, Strategy, Investment and Performance—provides strategic leadership, development and implementation of innovative strategic health policies for First Nations people in Queensland, in collaboration with key stakeholders including the HHSs, Australian Government and State Government agencies and the community-controlled health sector; leads development of strategies that align and integrate funded community programs with the broader strategic priorities of government and for negotiating significant contracts with external providers on behalf of the department, while maintaining strong governance frameworks and procedural controls; leadership, direction and expert advice regarding the capture, analysis, and use of robust, high quality performance data, evidence and business intelligence to design and prepare reports on system performance and future trends which guide and inform purchasing and performance management decisions.

Our locations

HEAD OFFICE

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Aboriginal and Torres Strait Islander Health Division

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Clinical Excellence Queensland

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Healthcare Purchasing and System Performance Division

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Prevention Division

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Strategy Policy and Planning Division

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Our performance

Responding to COVID–19

The Rise

It was 25 January when Australia reported its first case of an unfamiliar virus that was sweeping its way across Wuhan, China. Responding immediately and sensibly to novel coronavirus (COVID-19) having been reported in Victoria, the Queensland Department of Health began preparations under the expert direction of Chief Health Officer Dr Jeannette Young, who had steered Queensland to safety on more than several occasions including navigating the state through six pandemics.

Leadership and governance

Acting early, the Chief Health Officer and Deputy Director-General activated a Health Service Directive for a public health event of statewide significance on 22 January, requiring the Hospital and Health Services to implement the directions of the Chief Health Officer for managing this threat. The Incident Management Team (IMT) was stood up on the same day.

The State Health Emergency Coordination Centre (SHECC) was activated on 25 January 2020 to manage the influx of inevitable clinical, media and public enquiries that would arrive in a flurry to Queensland Health. Shortly after, the Honourable Steven Miles MP, then Minister for Health and Minister for Ambulance Services, declared a public health emergency for all of Queensland, under section 319 of the *Public Health Act 2005* (Public Health Act). Queensland was the first state or territory in Australia to declare a public health emergency.

This declaration activated a range of powers and functions including the establishment of the:

- State Disaster Coordination Centre (SDCC)
- State Disaster Coordination Group (SDCG).

These dedicated teams helped to support and facilitate whole-of-government awareness and coordination in planning the pandemic response.

In addition, Director-General Dr John Wakefield established two internal key governance teams to harness the diverse sets of expertise across the department and HHSs to develop and guide the implementation of the tactical response.

- The Pandemic Health Leadership Response Team (PHLRT) guided the public health response which included the finding, isolating, testing, and treating of cases and contacts, and monitoring and advising on the appropriate response to the pandemic.
- The Pandemic Health Response Implementation Advisory Group (PHRIAG) advised on the health systems capacity to support the public health response and surge planning. Surge planning was necessary in assessing Queensland Health's capacity to treat and manage cases whilst continuing the delivery of essential health services, including emergency care, cancer treatment and obstetric services.

These groups were supported by comprehensive administrative machinery under various streams to support the demanding strategic and operational functions. In particular, the Strategic Communications Branch needed to move swiftly to create consistent and clear-cut messages for the public which were crucial to their understanding and positive response.

The effective coordination and collaboration across all levels of government, Queensland Government portfolios, within the department and HHSs - and the health system more broadly, has been central to Queensland Health's ability to determine strategic priorities and rapidly mobilise resources to take action.

Rapid and scaled-up response

As international COVID-19 transmission events began to unfold, the IMT partnered with Public Health Units (PHUs) across Queensland to bring together expertise from public health and infection control nurses, doctors, epidemiologists, environmental health and public health officers to scale-up the public health response to COVID-19.

It took just seven days for our scientists in the Forensic and Scientific Services (FSS) Public Health Virology team to develop a new

Polymerase Chain Reaction (PCR) diagnostic test to screen for cases of COVID-19.

As the number of confirmed cases grew, health officials saw a need to scale up PCR testing capability to over 600 tests every day. Microbiologists from Pathology Queensland (PQ) ran larger numbers of tests on patients who might be suffering from the virus while FSS continued to provide confirmatory testing, reference laboratory services and epidemiology research—a great collaboration and example of teams coming together in a time of need, which should be carried into the future.

Critical decisions around hospital planning were necessary to ensure pandemic preparedness. With the announcement of $1.2 billion in extra funding, Queensland Health was in a position to increase its COVID-19 response capacity. The funds were allocated across the health system and the Queensland Ambulance Service (QAS), doubling intensive care capacity, tripling hospital emergency department (ED) capacity, expanding fever clinics, increasing hospital wards capacity and increasing the number of paramedics were amongst several key strategies implemented.

Hospital and Intensive Care Units prepared for pandemic surge levels. The Statewide Intensive Care Clinical Network (SICCN) supported and guided the expansion plans of ICUs across Queensland. This included scoping the capacity of ICUs and ICU equipment, reskilling clinical staff, development and implementation of a tiered Surge Plan that provided direction to all HHSs to prioritise care, delivery of vital healthcare services and facilitation of rapid increases to maximise hospital capacity in response to escalating COVID-19 outbreak scenarios.

Fever clinics were set up as specialist clinics for people who may have been infected with COVID-19 and were operated by HHSs across the state. 29 public hospitals established fever clinics, and over the course of the pandemic, as at 30 June, there were a total of 125,071 presentations across Queensland. Testing criteria was initially focused on returned international travellers with symptoms and close contacts of these returned travellers as international flights and cruises had been a key factor in the number of COVID-19 cases in Queensland. Queensland Government COVID-19 statistics reported that as at 19 June 2020, 827 of the 1066 confirmed cases in Queensland were likely acquired overseas. Tracing close contacts of COVID-19 cases who had travelled was critical in preventing and minimising transmission. Testing criteria then gradually increased to include anyone who met clinical or epidemiological criteria as well as anyone who with COVID-19 symptoms.

In February, Queensland Health ramped up its data linkage service to assist in Queensland's COVID-19 response. Prior to the Government establishing airport screening capability, work was undertaken to find contact information for lists of travellers provided by the Australian Border Force which enabled all travellers to be contacted by Queensland Health to reinforce the importance of self-quarantining. Cruise passenger lists were also linked to various administrative datasets to determine whether confirmed cases were overseas acquired or community transmitted. The real-time linkage service supported management of confirmed cases, contact tracing, development and evaluation of testing strategies and identification of risk factors, health service utilisation and health outcomes for confirmed cases. This has enabled reporting, analysis and support for Queensland Health's COVID-19 response and increased the department's understanding of the pandemic's impact on Queenslanders.

Meeting critical workforce requirements during COVID-19 was achieved through several programs. The Public Sector Workforce mobility program, which matched employees from other public sector agencies to essential roles in Queensland Health and the COVID-19 Expressions of Interest (EOI) program quickly built a capable contingent workforce. The EOI attracted more than 33,000 individuals.

Queensland Health worked with the Australian Health Practitioner Regulation Agency to support the formation of the Pandemic Response Sub register for medical practitioners, nurses, midwives, pharmacists, radiographers, physiotherapists and psychologists. The deployment of health practitioners was modelled on the levels of clinical response and optimum skill mix required to deliver services. Options included potential utilisation of capacity within private and not-for-profit sector workforces as clinical activity was scaled down.

In March 2020, the QAS deployed 45 new paramedics across the State to boost frontline resources. In April 2020, a further 60 new paramedics and 15 new emergency medical dispatchers were fast-tracked to assist with the COVID-19 pandemic response. All officers played a role in supporting the broader health response to the COVID-19 pandemic.

At the request of the Chief Health Officer, the Health Contact Centre (HCC) capacity was expanded to manage a number of new capabilities

and services, easing the pressure on emergency departments, fever clinics and HHSs. Of particular note, the HCC commenced delivery of a phone service to individuals who were served orders to self-quarantine under the *Public Health Act 2005* (Queensland), to ensure compliance with the order and identify any emerging symptoms or health concerns. People experiencing symptoms were transferred to a nurse for assessment and discussion of appropriate follow up, and a new process was set up to enable community members to report suspected non-compliance with home isolation.

Staff at the HCC broke record numbers of interactions with Queenslanders for 13 HEALTH and 13 QUIT services, experiencing their highest ever daily call volume for a 24-hour period, on 23 March, with 7084 calls to 13 HEALTH—five times more than their past record of 1406 in August 2015 during flu season.

A dedicated Coronavirus (COVID-19) Information Centre was developed for Queensland Health clinicians by the state-wide Clinical Knowledge Network (CKN) in March 2020, providing ongoing updated information from Queensland Health, the Australian Government, international health organisations, medical colleges and CKN content providers.

In early April, the Forensic and Scientific Services unit was approached by the Department of Foreign Affairs and Trade Australia to temporarily provide COVID-19 diagnostic testing for Papua New Guinea (PNG), using polymerase chain reaction or PCR testing. On behalf of the Government of PNG and their Joint Agency Task Force National Operations Centre 19, Honourable Jelta Wong MP PNG Minister for Health and HIV/AIDS, recognised and thanked Queensland Health for undertaking more than 3000 nasal swap tests and providing a fast turnaround on the results.

Keeping case numbers low

During March 2020, Queensland crossed 1000 cases of COVID-19 and three deaths and it was clear that we had to implement rigorous measures if we were going to attempt to flatten the rising curve.

Strengthened powers of government officials

Early in the piece various changes were made to the *Public Health Act* and other regulations to strengthen the powers of the Chief Health Officer and others, such as the Chief Psychiatrist, to make decisions and enforce Public Health Directions that were reasonably necessary to assist in the containment, or respond to, the spread of COVID-19 in Queensland. Powers were also strengthened for emergency officers and others to support the issuing of quarantine notices and take measures to control the spread of the virus before it became unmanageable.

As Public Health Directions were enacted, Queenslanders needed to be supported in complying with new requirements and adjusting to the significant changes that were impacting their lives. As such, the Directions were accompanied by a number of local initiatives and communications to support the successful uptake of these measures.

Public Health Directions were supported by the approval of COVID-19 safe industry plans and site specific and event plans, which detailed the specific requirements that businesses and community organisations needed to implement to prevent the spread of coronavirus. The department also coordinated a multi-agency group to lead a compliance and enforcement program.

Additional support for vulnerable communities

A hallmark of the Queensland Government's health response to the COVID-19 pandemic is that it met and continues to meet the specific needs of all Queenslanders, including those most vulnerable to the virus. Through extensive interagency and consumer collaboration, the Coronavirus Coordination Hub led the development of specific vulnerable group audience campaigns. Bespoke education and resources were created for Queensland's culturally and linguistically diverse communities, people with a disability or chronic illness, older Queenslanders, pregnant women and our First Nations people. Each group was given a dedicated webpage for consumers to easily access, and digital and print messaging supplemented the education materials.

The *Policy and Action Plan for CALD Communities* continues to focus on developing culturally appropriate COVID-19 messaging and translated material to ensure that people from CALD backgrounds can access important COVID-19 information, screening and treatment. The communication also aims to ensure that people from CALD backgrounds continue to access healthcare for their ongoing needs. To date, COVID-19 information has been translated into 31 priority languages in a combination of written and audio translations.

For Queenslanders with a disability, hospital discharge for long-stay patients who were medically ready to transition to safe and supported accommodation in the community was prioritised in the *COVID-19 Policy and Action Plan for Queenslanders with Disabilit*y. In a COVID-19 environment, this was essential in reducing this vulnerable cohort's exposure to the possibility of infection in a hospital environment. This has also created valuable additional hospital capacity alongside ongoing work to keep the curve flat.

Through a concerted effort by Queensland Health, partnering government agencies, and the National Disability Insurance Agency (NDIA), 321 long-stay patients were discharged between 25 March and 24 June. To support this work, the Queenslanders with Disability Network (QDN) was engaged by Queensland Health to provide independent support and advocacy for patients, their families and guardians, and the Metro North Hospital Hearings Project was expanded to expedite Queensland Civil and Administrative Tribunal (QCAT) guardianship hearings to other HHSs.

Queensland Health continues to work to ensure that older Queenslanders are safe and residential aged care facilities are supported for service continuity. Aligned with the Queensland Government's commitment to healthy ageing and targeted prevention strategies, Queensland Health's person-centred support for older Queenslanders was demonstrated through the development of Rapid Response Plans for COVID-19 outbreaks in aged care facilities, extending the hours of operation of the Residential Acute Support Service program in residential aged care

across the state and the development of a best practice assurance process for Queensland Health residential aged care services.

Though not considered more vulnerable in terms of the health impact of COVID-19, given the sensitive nature of pregnancy and first-time mothers, Queensland Health sought to understand and ensure that if there was impact of the virus on pregnant women, it would be minimal. Working with the Antenatal Clinic team, the Strategic Communications Branch produced content specially for pregnant women, covering a variety of topics that addressed frequently asked questions that came through Queensland Health's web and social media channels.

A First Nations COVID-19 working group was established to ensure appropriate consideration and care was and continues to be given to Aboriginal and Torres Strait Islander people. This collaboration with local community leaders was central to all stages of the pandemic response as careful consideration was given to a holistic approach that prioritised the safety and well-being of individuals, families and communities whilst acknowledging culture, and addressing racism, intergenerational trauma and other social determinants of health.

The working group participated in interagency, cross-sector and community discussions and development of advice on a broad range of issues impacting communities under the Commonwealth Remote Communities Biosecurity Determination 2020. Issues included health service delivery, transportation, quarantine accommodation and specific pathways for individuals exiting prisons and youth detention. Protecting the community and essential workers through preparedness planning included community entry protocols, the First Nations Funeral Exemption protocol, public health messaging and education resources, managing community events and increasing workforce options and training.

Virus suppression

During this period, the department also executed a number of initiatives to assist with the virus suppression. These included:

- The establishment of the COVID-19 Supply Chain Surety division to coordinate the Queensland Health's supply of critical personal protective equipment (PPE), consumables and other equipment.
- The expansion of Queensland's testing capabilities across all pathology labs in Queensland.
- The amendment of Queensland Health's Dear Mind campaign, addressing Queenslanders' declining mental health.
- Introduction of serology testing, making Queensland the first in the country to offer a full diagnostic service using in-house testing.
- Increased public-focused transparent communications, like the 2020 COVID-19 data webpage (updated every 24 hours), FAQ-respondent blog posts, daily press conferences, media releases and the introduction of a chatbot on Facebook.
- The establishment of the COVID-19 Compass App, allowing healthcare information to be shared between acute and community health services.
- Equipping HHSs across Queensland, ensuring they had the biomedical technology required to handle the potential increase of patients.

These actions collaboratively guided Queenslanders through the critical time of the pandemic when every person's individual responsibility played a role in taking the state to its recovery. This was a point in time that defined Queensland as a leader in the COVID-19 response not only in Australia, but across the globe.

Recovery—the new normal

The COVID-19 pandemic continues to be one of the most internationally stressful events in decades. Queensland Health's success with COVID-19 meant that the organisation could quickly resume normal health services, but the disruption also provided the Department of Health with an opportunity that never would have occurred otherwise. In a very short space of time, Queensland Health needed to innovate and implement new models of care so that Queenslanders could continue to access care at, or closer to home. Whilst it is a demanding and challenging period for health professionals, it provides an unexpected and once-in-a-lifetime opportunity to reimagine the way care is provided in Queensland: Cue the 'new normal'.

Telehealth

In January 2020, telehealth was recognised as a major enabler of our system's response to the pandemic. eHealth Queensland, in partnership with CEQ and HHS based telehealth teams, fast tracked the delivery of the state's Telehealth Virtual Clinics, taking them from proof-of-concept into production, allowing expanded capacity for 1600 simultaneous remote consultations.

By May 2020 there had been a 300 per cent increase in the use of virtual clinic sessions across the state. Between February and April 2020 there were notable increases in telehealth non-admitted consultations in multiple specialties, including nutrition and dietetics (523 per cent), speech pathology (1,361 per cent), rehabilitation (513 per cent) and paediatric medicine (307 per cent). For patients in regional and rural areas, as well as those living in high density areas, use of telehealth was critical to ensuring they can receive the right care at the right time.

Workforce mobility

As the future of healthcare continued to rapidly transform in the wake of the COVID-19 pandemic, Queensland Health continued to work to ensure that all Queenslanders had access to a high-quality, responsive and sustainable healthcare system. Central to achieving this outcome was recognising the need to advance health service delivery through a truly mobile and flexible workforce.

eHealth Queensland's role has not only enabled clinicians to deliver quality patient care in unprecedented times, but also allowed our non-clinical staff to continue to support the information technology needs of the state's 16 HHSs as well as the Department of Health.

The use of virtual desktops (by healthcare and corporate staff) had nearly doubled by May 2020, to 4000, including the uplift of Follow Me Desktop, a specific clinical virtual desktop infrastructure, that maximised mobile clinical desktop availability.

Staff also began accessing 25,000 clinical and corporate applications remotely, and securely, with faster internet speeds than we'd ever had before, increasing from 5 to 8 gigabits per second. The uplift of MyApps (based on external Citrix applications) supported at least 10,000 concurrent connections at any one time.

Notably, there was a significant increase in the use of Office 365 across the workforce during the pandemic period, including a 550 per cent increase in use of Microsoft Teams, a 36 per cent increase in email activity, a 37 per cent increase in SharePoint activity and 20 per cent increase in OneDrive activity, highlighting the various ways Queensland Health's workforce was able to take advantage of applications to stay connected, while also becoming more mobile than they ever had been before.

To ensure business continuity throughout the pandemic, eHealth Queensland has maintained the ongoing availability and performance of previously existing critical ICT infrastructure, systems and services and kept patient and clinical data secure while providing the flexibility and access that remote clinicians and workers now required.

Our staff

During the response to COVID-19, over 3000 staff in the Department of Health began working remotely to ensure business continuity, social distancing and compliance with Chief Health Officer directions.

To enable the rapid response and meet service demands, six principles were developed, with the endorsement of industrial partners, to provide clarity and certainty for employees in relation to key aspects of the industrial framework. These principles allowed employees to more easily move to work outside their usual place of work or in a different role during the response to COVID-19.

Hospital and health services were well prepared for an increase in the demand for staff. Relief pools were established with many Queensland Health staff volunteering to support the response should the need arise. Queensland Health also saw overwhelming support from other Queensland Government agencies with offers to release staff to assist in the COVID-19 response.

Launch of digital image prescriptions

As Queenslanders stayed home to reduce the spread of the virus, a solution was required to ensure that people could continue to access their regular medications, without needing to leave the house and sit in a waiting room alongside other patients. On 15 May, Queensland Health launched digital image scripts so that vulnerable people could have their medicines prescribed by their usual doctor during a telehealth consultation, then have their medicines dispensed by their usual pharmacy from a digital image of the prescription and delivered to their home.

The change enabled Queensland Health to better align with the special arrangements announced by the Commonwealth Government, which allowed supply of Pharmaceutical Benefits Scheme (PBS) medicines through a digital image. The changes facilitated the flow of prescriptions between doctors and pharmacists and allowed digital images of prescriptions to be sent and dispensed for PBS or private prescriptions and applied to prescriptions sent by all prescribers.

Prescriptions are now handled by modern technology as the old-school fax and follow-up between doctors and pharmacies was replaced by digital copies of prescriptions sent by a choice of modern communication streams. The old-school prescription process currently remains in place for people who wish to process their prescriptions as they've always done.

Greater clinical collaboration

In May, the Queensland Clinical Senate brought together 200 clinicians, consumers and health executives from across the state for a virtual meeting to discuss 'Innovation and transformation of models of care in response to COVID-19'. The online forum provided an opportunity for clinicians, system leaders and consumers across Queensland to contribute to this incredible reform, to capture successes and decide what needs to be in place at a system level to enable those models to continue post-COVID-19. Delegates were exceptionally engaged and optimistic during discussions, with the consensus being that returning to the pre-COVID-19 normal was not feasible. It was recognised that even though restrictions will eventually lift, COVID-19 has changed the way we deliver care indefinitely, ultimately providing better experiences and outcomes for Queenslanders.

Helping other authorities

Queensland Health nurses and doctors supported a number of national and international COVID-19 responses.

Queensland members of the Australian Medical Assistance Team (AUSMAT), flew into Tasmania's north west region in April 2020 to support the community during the COVID-19 outbreak at the North West Regional Hospital. Similarly, Queensland AUSMAT members prepared in June 2020 to travel to Papa New Guinea to increase testing capacity, strengthen treatment facilities and enhancing the public health response.

As Queensland continued to record low cases of COVID-19 in the community, Queensland Health prepared to deploy 27 nurses to Victoria. The nurses would help Victoria to fight the rising number of patients due to the COVID-19 outbreak in that state.

Epilogue – Dr Jeanette Young, Chief Health Officer

I vividly remember the call to the Premier of Queensland, Ms Palaszczuk, on 22 January 2020. I had hoped that the weariness I was feeling about the unfolding situation was simply a case of me overinterpreting the information. Unfortunately, I was right to be wary.

I remember going into that weekend thinking that this might be the last weekend of normality, and wouldn't you know, on Saturday 25 January, Australia confirmed its first case of COVID-19.

Three days later, the virus entered Queensland and by March, the state recorded dozens of new cases a day. By the end of June, Queensland had sadly recorded six deaths, a total of 1067 cases and completed 364,981 tests. Despite these numbers, at this point, Queensland was on its road to recovery.

Early in the piece my advice to the Premier was that we must throw everything at this, absolutely everything and anything. I lost sleep over the decisions that needed to be made, not knowing where things were going and how seriously people would take it. That was the hard time.

We shut down schools.

We closed the borders.

We said no holidays, no parties and no dancing in nightclubs.

Some weddings had to be postponed.

Funeral attendance was restricted.

People were no longer allowed to gather in large numbers, travel beyond their neighbourhood, have a spontaneous brunch out at their favourite café or have a drink at their local pub.

These were drastic measures, but this was beyond just science and health. We needed a dramatic change in behaviour if we were going to have any chance of fighting this. It's not a dial that you can turn up and down, you've either got to do it, and do it thoroughly, or not do it at all. We were on exactly the same trajectory as the rest of the world, doubling cases every three to four days, no different to New York or London or Italy. We were going exactly the same route that they were going. I knew it would be awful for all, but we just had to do it and I would do it again, if necessary, in order to save lives and prevent the health system being overwhelmed.

Now, it's in a rhythm, and I can see a way forward.

I will be forever grateful to the team around me and all of Queensland for being responsive and responsible during this pandemic. At the end of 2009 swine flu pandemic, I swore to my husband that I would never do another one. I am thankful that he is very forgiving. He has been an enormous support and strength for me during this time, a steadfast sounding board, a comfort and wonderful cook.

Dr Jeannette Young

Chief Health Officer

Strategic Achievements

Supporting Queenslanders to be healthier

Strategy 1: Promote and protect the health of Queenslanders where they live, work and play

Objectives:

In 2019–20, the department committed to:

- Increase the uptake of predictive and flexible analytical tools for surveillance capability and targeted interventions to address public health issues and emerging threats.
- Develop innovative approaches to administering public health legislation in response to changing external environments and risks.
- Address priority public health issues in partnership with Health and Wellbeing Queensland for populations across critical life stages.
- Incentivise the health system to address ageing and population growth pressures, emerging service demands and new service models for complex public health challenges.
- Enhance the quality and accessibility of statewide mental health, alcohol and other drugs services for all Queenslanders.

Establishing Health and Wellbeing Queensland

With two-thirds of adults and one-quarter of children being overweight or obese in Queensland, establishing an independent statutory health promotion agency was a high priority of the *Our Future State: Advancing Queensland's Priorities* roadmap for keeping Queenslanders healthy.

On 2 May 2019 Parliament voted to establish Health and Wellbeing Queensland (HWQld) and passed the *Health and Wellbeing Queensland Act 2019*.

HWQld was established on 1 July 2019 as an independent statutory body within the portfolio of the Minister for Health and Minister for Ambulance Services to improve the health and wellbeing of the Queensland population.

HWQld officially commenced with some existing Queensland Health staff transferred to HWQld to ensure a smooth transition. A *Business Case for Change* released in September 2019 outlined an indicative organisational structure for the new entity and described how functions and staff transition to the new statutory agency would look for the Department of Health.

Dr Robyn Littlewood commenced as Chief Executive Officer on 18 November 2019, saying she wanted Queensland to be a global leader in obesity reduction and shifting the dial would take a coordinated, strong and far-reaching approach involving absolutely everyone working together to create real change.

The *Establishing Health and Wellbeing Queensland* initiative received a highly commended at the 2019 Queensland Health and Department of Health Awards for Excellence.

Dear Mind campaign

On 12 January 2020, the department launched Queensland's first proactive mental health and wellbeing campaign— 'Dear Mind'.

Evidence shows positive mental wellbeing can help prevent behavioural and mental health problems, and act as an important 'buffer' to the risk of mental illness. While many mental wellness campaigns focus on managing issues like anxiety and depression once they arise, the Dear Mind campaign encouraged Queenslanders to make time for themselves and prioritise their mental wellbeing, rather than addressing mental health issues when they arise.

Dear Mind, ran until 31 May 2020, featuring television, cinema, a dedicated website and other major channels. The campaign saw a large number of Queenslanders spending more than two minutes on the dedicated mental wellbeing website, with more than 6500 visitors (out of a total 53,000) returning to the website after their first visit. The campaign has also had more than 1.2

million views on YouTube and more than 2100 newsletter subscribers.

To effectively impact the behaviour of Queenslanders, advertisements employed scenarios that Queenslanders find themselves in regularly—like having limited time to engage in healthy activities due to work, stress or anxiety.

The Dear Mind building blocks are built around evidential frameworks that support a holistic approach to mental wellbeing.

Mental Health Disaster Recovery Programs

During 2019–20, Queensland Health developed two mental health disaster recovery programs in response to the 2018 bushfires of Central Queensland and the 2019 monsoon flooding event in North and Western Queensland. The programs were jointly funded by the Australian and Queensland Governments under the Disaster Recovery Funding Arrangement for a total of $9.4 million over two years. The programs employ a stepped care approach aimed at linking people dealing with mental health issues associated with the natural disaster to the right level of care and support in a timely manner.

Brisbane Pride Fair Day

During 2019–20, Queensland Health became a key sponsor of the Brisbane Pride Fair Day event held on 21 September 2019 at New Farm Park. The $75,000 (ex GST) sponsorship offered an exceptional opportunity to support and recognise the LGBTIQ+ community, who according to the Queensland AIDS Council, suffer poorer mental health outcomes and higher rates of suicidality and self-harm than the general population.

The sponsorship was delivered under the *Mental Wellbeing Partnership program* designed to support the mental health and wellbeing of Queenslanders. As part of the mental wellness partnership, Queensland Health shared a vision to:

- Ultimately decrease the number of Queensland suicides by 50 per cent, by 2026.
- Build a positive perception around mental health and wellbeing to combat societal stigma.
- Identify Queensland Health as an agency that has a strong focus on the mental wellbeing of high-risk audience groups.

On the day, Queensland Health featured two dedicated stalls at the main venue, providing a safe space for participants to engage in mental wellbeing activities. The key message of the campaign, ‘Make time for you’ was widely shared to support Queenslanders’ engagement with mental wellbeing activities to effectively reduce risk of mental illness. Queensland Health also worked in a partnership with Queensland AIDS Council, who offered dedicated reactive support to patrons on the day, as well as professional follow-up care should participants need it.

The sponsorship of Brisbane Pride was largely a proactive mental health event. Key messages were widely shared throughout the festival, and hands-on, mindful activities were enabled for patrons to take time out. One of the most popular activities at Brisbane Pride was the mindfulness colouring board—patrons were invited to colour and write positive messages on a large canvas print that would inevitably indicate the short-term positive impact of mindfulness.

More than 10,000 Queenslanders came together to celebrate Brisbane Pride in 2019. Of those individuals surveyed at the event, more than 50 per cent were able to effectively recall Queensland Health’s key messages and recommended mindful activities.

Since the festival, Queensland Health has seen a significant increase in positive engagement from the LGBTIQ+ community. Many individuals who attended Queensland Health’s ‘Chill Out’ tent shared qualitative feedback on the impact of the activities, offering feedback like, ‘living with mental health issues can be lonely. Seeing it normalised at a community event was comforting. Knowing the tent practitioners did not judge any visitors was a great gift.’

Crisis System Reform project—a suicide prevention initiative

In the 2019–20 State Budget, Queensland Health was allocated $61.93 million over four years to deliver key elements to drive crisis system reform titled the *Shifting Minds flagship: Taking action to reduce suicides in Queensland*.

The Crisis System Reform project will deliver a statewide framework for crisis service delivery, trial two new crisis care options (the Crisis Support Space and the Crisis Stabilisation Service) and expand services such as Beyond Blue’s Way Back Support Service.

Establishment of Crisis Support Spaces has focussed on a statewide codesign consultation process to support development of an integrated model of service where crisis care and support is delivered by a combination of peer support

workers and mental health clinicians for people experiencing mental distress and suicidality. In addition, refurbishment and pre-commissioning for a space located on a hospital campus as an alternative to the emergency department has commenced in Cairns, Mackay, Metro North and Metro South Hospital and Health Services. The first four of eight trial services are anticipated to commence in 2020–21.

The Crisis Stabilisation Service builds on significant work transforming mental health crisis care across the Gold Coast region and aims to manage the demand of people with a mental illness in crisis presenting to the emergency department. This service model consists of 12 crisis chairs (up to 23 hours) and eight crisis beds (up to 72 hours) for short term assessment and stabilisation. The crisis chairs are currently in the design phase for a new modular construction building with the beds to be delivered within the current bed compliment. It is anticipated this trial service will commence operating in 2021.

Contracts supporting Queensland Health's funding for The Way Back Support Service have been finalised in Brisbane North, Northern Queensland, Gold Coast, Brisbane South and Darling Downs/West Moreton PHN regions. The Way Back Support Service is delivered to people who have been admitted to a hospital following a suicide attempt or people experiencing a suicide crisis. Designed and supported by Beyond Blue and delivered by local non-government organisations, the service began accepting referrals from Ipswich and Toowoomba Hospitals from 1 April 2020.

BreastScreen Queensland expansion

BreastScreen Queensland (BSQ) expanded its service to Far North Queensland and the West Moreton HHS in 2019–20, with the debut of mobile-screening vans Desert Rose and Wattle.

The screening vans are pivotal to providing rural and regionally-based women with access to critical, national accredited breast screening services while increasing screening capacity across the state.

In 2020, the BSQ team reached a number of key milestones, including the 5 millionth breast screening milestone since the inception of the service in 1991. On average, the BreastScreen team provide more than 681 mammograms per day across its 11 screening and assessment centres, 22 satellite screening centres and nine mobile vans covering more than 260 locations across the state.

Ultraviolet Sun Safety

Queensland Health's Sun Safety campaign was created in 2019–20 to spread the importance of sun safe behaviours for Queenslanders. Given Queensland's status as the 'skin cancer capital of the world', creating a campaign that visually demonstrated the damage the sun can do was critical.

As part of the campaign, Queensland Health partnered with Surf Life Saving Queensland for a media opportunity in late January 2020, using ultraviolet-sensitive wristbands as a tactic to generate awareness of the immediate impact that sun exposure can have on unprotected skin.

Queensland beach-goers from Brisbane, the Gold Coast and the Sunshine Coast were intrigued by the Queensland Health wristbands, which turn purple when exposed to ultraviolet radiation, providing a visual prompt to use sun safe behaviours: wearing a broad brim hat, clothing that covers as much skin as possible, seeking shade where available, wearing wrap-around sunglasses and applying SPF30 or higher broad spectrum sun screen.

The wristbands were specifically designed with children in mind as their skin is very susceptible to sun damage and practising sun safe behaviours at an early age, supports establishment of lifelong sun safe habits.

Digital Food Safety Hub 'The Food Pantry'

In 2018–19, Queensland Health was successful in obtaining funding from the Commonwealth Government to implement a small business regulatory reform project to develop a digital food safety hub known as the Food Pantry. The goal of the project was to create a digital solution that better facilitates information between Queensland regulatory agencies, small to medium enterprises, and their consumers to improve food safety in Queensland. The project created a single source of information to promote consistency across Queensland and achieve greater stakeholder reach.

The initiative continued to be delivered in 2019–2020 and provides food businesses, such as restaurants, takeaways, mobile food vans and manufacturers, with a streamlined, online experience as part of a one stop shop for legislative, licensing and training requirements. It includes educational materials such as business self-assessment checklists, fact sheets, templates, posters, free online food handler training and a

food safety teaching resources aimed at high school students, community groups, evacuation centres, disability services and not-for-profit and volunteer organisations.

In addition to reducing the time food businesses spend undertaking regulatory functions, the proposal achieved broader community benefits and reduced costs to the health system via the reduction of foodborne illness.

An online portal was launched to support the initiative at www.qld.gov.au/health/staying-healthy/food-pantry providing small businesses with information, guides and advice relating to food safety and hygiene, legislation, food poisoning, allergens, food recalls, training resources, food business fit out, licence applications and food safety programs. These will be key resources for small to medium sized businesses on an ongoing basis and will be a critical support as they recommence operations following COVID-19 related closures.

The project is on track for completion by April 2021, in line with the state's agreement with the Commonwealth.

Genotyping-based *Salmonella* Typhimurium outbreak investigation and tracing

In late January, the department detected a foodborne outbreak of *Salmonella* enterica serovar Typhimurium using whole-genome sequencing (WGS) and multiple-locus variable number tandem repeat analysis (MLVA) to genotype isolates from reported cases.

The department's Forensic and Scientific Services Public Health Microbiology Laboratory molecular epidemiology section identified the specific outbreak genotype (MLVA 5-16-13-11-490) amongst salmonellosis cases.

The discovery was significant, as it enabled early outbreak detection and rapid identification of potentially implicated foods and food service businesses. A case-control study, in which outbreak cases are compared to a control group, was undertaken to more closely identify potential outbreak-associated food(s) for further investigation.

The availability and application of advanced genotyping methods such as WGS, MLVA and Multi-Locus Sequence Typing (MLST) is a critical and valuable resource. These methods allow for sensitive and rapid outbreak detection, as well as monitoring and investigation via genotyping of reported clinical and food isolates.

Other strategic achievements 2019–20

- During 2019–20, the Health Contact Centre:
  - Followed up on 30,078 incidences of children under the age of five who were behind on their immunisations schedule—helping care for Queensland's children.
  - Directed 211,270 callers to the 13 HEALTH triage service to seek non-emergency levels of care—taking pressure off the public health system and keeping emergency services available for real emergencies.
  - Interacted with an average of 100,292 Queenslanders each month prior to COVID-19 pandemic (July–December 2019) in Queensland, and during the pandemic (January–June 2020) averaged 110,559 interactions per month.
  - Assisted 11,191 Queenslanders to quit smoking—involving over 220,000 consumer interactions, resulting in a 59 per cent quit success rate at program completion for clients completing an intensive quit support program.
- Launched targeted actions plans on 1 December 2019 to reduce the transmission and impact of blood borne viruses and sexually transmissible infections among Queenslanders, including the *Queensland Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Action Plan 2019–2022*, *Queensland Hepatitis B Action Plan 2019–2022, Queensland Hepatitis C Action Plan 2019–2022* and the *Queensland HIV Action Plan 2019–2022.*
- Commissioned the *Supporting Teacher-Led Relationships and Sexuality Education in Queensland State Schools project* in partnership with the Department of Education and True Relationships and Reproductive Health as part of the *Queensland Sexual Health Strategy 2016–2021*. The project has the in-principle support of the Queensland Teachers Union, Queensland Secondary Schools Principal's Association, Queensland Association of State Schools Principals, Queensland Association of Special Education Leaders, and Parents and Citizens Queensland and was a key activity identified through the inaugural Sexual Health Ministerial Advisory Committee stakeholder engagement forum focused on youth sexual and reproductive health.

- Reduced newly diagnosed HIV cases in Queensland in 2019 by 13 per cent, with 157 new HIV cases notified compared to the 180 new cases notified in 2018. A decrease in new HIV cases was also observed in Aboriginal and Torres Strait Islander people in 2019 (eight cases), a reduction from 13 cases in 2018, which is also the lowest number in the last five years. Statewide, the number of newly-diagnosed HIV cases in Queenslanders has decreased every year since 2014.
- Provided 12,501 single sessions and 5762 people received intensive quit smoking support programs through Quitline. Clients participating in Quitline's intensive quit support program have achieved quit smoking success rates up to twelve times higher than unassisted quit attempts.
- Commenced a new Quitline *Smoke-free Families program* in February 2020 as a strategy to improve the health and wellbeing of young children. Any parent or primary caregiver who resides with a child three years of age and under is eligible for an intensive quit support program combining telephone counselling and free nicotine replacement therapy (NRT).
- Expanded access to NRT (in combination with telephone counselling) to all Queenslanders to quit smoking from April in direct response to the COVID-19 pandemic, with emerging evidence indicating that individuals who both smoke and contract COVID-19 have an increased risk of health consequences.
- Responded to a large Queensland outbreak of measles in late 2019—the Communicable Diseases Branch (CDB) stood up an incident management team to coordinate and support a complex public health response to successfully interrupt community transmission of this vaccine preventable disease.
- Implemented the Way to Wellness Service, assisting patients on public hospital orthopaedic elective surgery waitlists to make healthy changes before their surgery to improve surgical outcomes and overall wellbeing. During 2019–20, 1420 hospital-based clinical pathways were undertaken, and 485 telehealth wellness assessments and individualised action plans were completed. People receiving the service improved their healthy eating and physical activity.
- Established the *Statewide Arbovirus and Mosquito Management System (SWARMMS) project* to deliver a digital solution to support the management of mosquito-borne diseases and vectors of public health concern by officers from Queensland Health and Local Government. Representatives from both Queensland Health and Local Government were collaborators on this project. SWARMMS is a statewide system that will provide a single source of data to support timely, efficient surveillance and control of mosquitoes of public health concern.

Strategy 2: Drive the safest and highest quality services possible

Objectives:

In 2019–20, the department committed to:

- Deliver quality patient-focused ambulance and statewide clinical support services, that are timely and appropriate to the Queensland community
- Continuously improve clinical governance systems and regulatory frameworks to ensure accountable and safe, high quality health services
- Develop, implement and evaluate statewide service improvement programs that promote efficient and effective use of resources
- Encourage Hospital and Health Services to continually improve patient safety outcomes and patient experience
- Support Hospital and Health Services to achieve desired performance outcomes, identify system performance improvement opportunities and identify variation in performance and productivity
- Complete implementation of the Non-Government Organisation Quality Framework.

Queensland Ambulance Service response time performance

Ambulance response forms the 'core' of ambulance service delivery and is critical to the success of Queensland's broader health system. The QAS aims for continual improvement of response capability, ensuring that the needs of an ever-changing community and environment are met. In 2019–20:

- Performance for acute time critical (Code 1A) incidents was 7.5 minutes at the 50th percentile, and 14.3 minutes at the 90th percentile.
- Emergent time critical (Code 1B) incidents, performance was 9.1 minutes at the 50th percentile, and 17.4 minutes at the 90th percentile.
- Potential time critical (Code 1C) incident performance was 9.7 minutes at the 50th percentile, and 19.0 minutes at the 90th percentile.
- QAS reported 82.5 per cent of non-urgent incidents attended to by the appointment time (Code 3 and 4).
- QAS reported 82.6 per cent of QAS cardiac patients experienced a clinically meaningful pain reduction.
- QAS reported 84.7 per cent of trauma patients experienced a clinically meaningful pain reduction during their treatment from the QAS.

QAS Triple Zero (000) call performance

During 2019–20, the QAS:

- received 919,136 Triple Zero (000) calls
- answered 91.3 per cent within 10 seconds
- maintained the 2019–20 performance target of greater than 90 per cent.

In 2019–20, an additional 53,643 Triple Zero (000) calls were received compared to 2018–19.

Emergency departments initiatives improve value-based care for patients

In 2019–20, the *PROmoting Value-based care in Emergency Departments project* (PROV-ED) was rolled-out to support clinical redesign initiatives to improve value-based care of patients presenting to hospital EDs across Queensland Health (QH).

Following a statewide call for initiatives and subsequent selection process, six value-based Hospital ED initiatives commenced widespread dissemination from July 2019:

- The Blood Clock—Royal Brisbane and Women's Hospital (RBWH), MNHHS: Eliminating O-Negative Blood Wastage in the ED.
- Cannulation Reduction in the ED Intervention Toolkit (CREDIT), RBWH, MNHHS: Reducing unnecessary intravenous cannulation to reduce risk of bloodstream infections, release nursing time and reduce costs.
- Nurse Initiated X-ray (NIX), Logan Hospital, MSHHS. Enabling nurses to work to full scope

of practice to improve patient flow and reduce length of stay.

- Pre-filled Saline Syringe (PreSS), RBWH, MNHHS: A simple and cost-effective way to improve Aseptic Non-touch Technique.
- Standardised and Safe Intubation Package (SSIP), Gladstone Hospital, CQHHS: Providing a consistent approach to a high-risk procedure in order to improve team coherence and reduce cognitive load.
- Transforming EDs Towards Cultural Safety (TECS), Cairns Hospital, CHHHS: A clear approach to guiding hospital EDs towards culturally and medically appropriate care for Aboriginal and Torres Strait Islander patients, reducing instance of 'Did Not Wait'. Assisted clinicians across Queensland to recognise early signs to treat sepsis patients, through introducing Adult and Paediatric ED Sepsis pathways at 115 tertiary, secondary and rural and remote hospitals statewide.

Mental health co-responder program a success

The innovative *Mental health co-responder pilot program* was launched in July 2019 to support people who are experiencing a mental health crisis. The program was piloted at selected Local Ambulance Service Networks (LASN), in collaboration with participating HHSs across south-east Queensland (SEQ), pairing a paramedic and senior mental health clinician together to provide specialist mental health assessments and treatment to people in their own homes.

Since the implementation of the program in the pilot areas in West Moreton, Metro South and Gold Coast HHSs, 65 per cent of patients did not require transportation to hospital EDs. The success of the pilot program in SEQ saw the pilot expand to seven days a week in Metro South and Gold Coast HHSs while continuing 40 hours per week in West Moreton.

The program allows QAS and HHS resources to be used effectively and efficiently, while facilitating optimal assessments and treatments for consumers. Clinicians perform the same assessment and referrals as would be performed in the hospital ED, however, they do this in the patient's home environment, reducing the time required for transportation and waiting/ramp time at the hospital The economic benefits to the broader health system are evident in the reduction of presentations to the hospital ED for low acuity mental health cases, and for the consumers, who can access care in their own environment.

Treatment options offered to consumers can include supportive counselling and community supports via non-government organisations, Primary Health Networks, the Queensland Government 1300 MH CALL (1300 64 2255) service or a follow-up with a phone call from mental health clinicians. Where available, the clinician can also book the patient directly into a HHS's Wellbeing Clinic. These are available during weekdays and provide an alternative pathway (from hospital EDs) for a comprehensive mental health assessment and safety plans with planned follow-up by that team.

While the mental health clinicians are reporting immense benefit to patients, their carers and the health system in general, they also benefit from improved knowledge and confidence in the assessment and treatment of people experiencing a mental health crisis.

Key statistics:

- Mental health clinicians and paramedics have spent 7000 hours on the road.
- Of the calls attended, 76 per cent of cases have avoided EEA (Emergency Evaluation Authority).
- Over 1250 referrals.

Mental health liaison service

Throughout 2019, the QAS developed initiatives to improve how they provide pre-hospital care to people experiencing a mental health/alcohol and other drugs crisis and access services via Triple Zero (000).

These initiatives included the creation of a Statewide Mental Health Program Coordinator, who provides strategic coordination of mental health programs for the QAS, the Mental Health Liaison Service (MHLS) in the Brisbane Operations Centre, and the QAS Mental Health Co-responders in south-east Queensland.

MHLS provides telephone consultation to paramedics on the scene to inform and support their decision-making for people experiencing a mental health crisis. The MHLS also provides telephone support and assistance to patients, carers, referrers and health services, as required. This service operates 16 hours per day, seven days per week. This service includes referral to supports services outside of the hospital ED.

Mental Health co-responders are a collaboration between the QAS and participating HHSs to provide mental health assessment and treatment to people experiencing a mental health crisis, in a

timely and efficient manner. The QAS mental health co-responder service aims to provide a comprehensive health assessment to people in their own homes, utilising their own resources and devising plans which includes appropriate treatments, in most instances outside of the ED of hospitals.

Since the commencement of the service on average, 65 per cent of people seen by the QAS mental health co-responders are offered treatments outside of the hospital ED. Innovative falls' trial increases the safety of elderly people in their homes

In 2019–20 the *Falls referral pathway project* enhanced the lives of elderly people living in their own homes through the implementation of individualised strategies to prevent further falls.

Commencing on 1 July 2019, the six-month QAS trial, delivered in a partnership between Metro North LASN, Queensland Health's Communities and Oral Health (COH) and the Brisbane North Primary Health Network (PHN), enabled Metro North paramedics to refer eligible vulnerable patients aged over 65 who have had an 'unintentional' fall in their home when hospitalisation is not required.

In December 2018 Metro North LASN responded to 1200 falls per month. Data revealed that for 50 per cent of those calls, the patients remained at home and did not get transferred to hospital and many call outs were to a person who fell multiple times. For patients that were not transported, paramedics were primarily helping the patient back into bed.

The Metro North Falls referral pathway prevents repeat cases and gets these patients assessed in the health system, by enabling the paramedic to refer the patient to a nurse navigator. Once referred, the patient can access a range of services including an occupational therapist, physiotherapist or pharmacist to assist with reducing the risk of falling in the future. Other interventions provided by the program partners include referral/visit to general practitioners (GPs), referral to a My Aged Care and Aged Care Assessment Team (ACAT), installation of home modifications and personal alarms, prescription of mobility aids and equipment, and an increase in services provided including hygiene and respite, residential aged care planning access and commencement of activity programs.

For the first three months of the trial there was an average of nine falls per day that QAS responded to in the Metro North LASN. Of these, three to four falls were not transported to the hospital ED. Forty-five people were referred to the service, with the average age of these patients being 84 and having a frailty score of five (this is defined as mildly frail people who are slowing and needing help with higher order activities of daily living).

The average cost of a hospital ED presentation for a frail elderly person is $1036. When an elderly person is referred to the pathway, they reduce their chance of having a further fall, which decreases hospital presentations and reduces the burden on the hospital system.

This project enabled people to get into the health system and receive access to a better level of care that resulted in better outcomes and an improved quality of life. It demonstrated it was able to reduce the workload and overtime for the QAS.

Geriatric Emergency Department Intervention Toolkit

The *Geriatric Emergency Department Intervention program* was developed to more effectively manage older persons who present to emergency departments.

Commonly known as GEDI, the program originated in the emergency department of the Nambour Hospital, Sunshine Coast HHS where nurses in the department saw an opportunity to better communicate with older persons' key contacts to understand and diagnose their condition/s sooner, making for a speedier recovery.

GEDI teams were nurse led, consultant championed and may have included allied health clinicians to provide 'front-loaded' specialised assessment within the ED and to expediate care decisions for the management of frail older persons. The GEDI program nurses aimed to avoid inappropriate hospital admissions of older persons whilst streamlining their care to the right place, right person at the right time.

This program was scaled across Queensland in July 2019 as part of the Frail Older Persons program to improve the quality and safety of care provided to older Queenslanders. To support the implementation of the model resources were developed including an implementation toolkit, a modified comprehensive geriatric assessment framework and an education module on the unique care needs of older persons. This ensured there was a consistent approach to supporting older Queenslanders' to receive quality care at every location they visit across Queensland.

Getting It Right First Time Queensland

During 2019–20, the department delivered *Getting It Right First Time Queensland* (GIRFT)—a clinician-led, data-driven, quality improvement initiative aimed at addressing clinical variation through peer-to-peer review to improve patient outcomes.

The program received strong clinician and executive support with participation across the first 13 site visits including over 100 clinical, executive and senior operational staff.

Over 100 recommendations were derived from site visits for local implementation by the HHSs and benefits of the program were already in sight with some hospitals having commenced implementation of improvement initiatives identified and local teams driving change to improve outcomes of care for patients.

Other strategic achievements 2019–20:

- Continued to embed the *Non-Government Organisation Quality Requirements Framework,* including extending accreditation requirements to HHS activities where HHS are undertaking local commissioning of mental health services are to be delivered by NGOs.
- Developed the codesigned *Telehealth Strategy 2026* between CEQ and eHealth Queensland to ensure alignment of strategic vision and roadmap for telehealth.
- Updated the Queensland Law Reform, including the Termination of Pregnancy to align with new legislation and consensus definitions achieved on gestational age, and what care is included/excluded in a termination procedure (not specified in legislation).
- The *Queensland Clinical Guidelines program* progressed the publication of clinical guidelines supporting high quality health services based on best available evidence and consensus. Provides a standard for HHS to measure performance and variation in care delivery.
- In 2019 a *Paediatric Patient Safety Review Project* (PPSRP) led by Patient Safety and Quality Improvement Service (PSQIS) was undertaken to review adverse events involving critically ill children in Queensland, 2019. This review led to 17 recommendations that were anticipated to lead to improvements in leadership, clinical governance, education in paediatric critical care, partnerships and clinical coordination, retrieval management, the use of early warning tools as well as improved communication with consumers and the sharing of learnings. The implementation of these recommendations continues to be progressed and undertaken by multiple agencies coordinated by PSQIS.
- Delivering on the 2017 State Government Election Commitment 632, the Queensland Government extended minimum nurse-to-patient ratios to adult acute mental health wards at 18 public hospitals. The Department of Health worked in consultation with key stakeholders, including HHSs, the QNMU, DLGRMA, and DATSIP. On 15 November 2019, amendments to the Hospital and Health Boards Regulation 2012 commenced to expand safe minimum nurse-to-patient ratios to all public adult acute mental health wards, across 18 hospitals.
- Developed online training for radiation safety officers on their legislated functions to improve radiation safety culture and decrease non-conformances with the *Radiation Safety Act 1999.*
- Supported HHSs to address wait times, through the implementation of a plan to improve access to breast reconstruction surgery and breast reconstruction services across the state. This plan delivered the establishment of a statewide Breast Care Nurse Network to facilitate coordinated and standardised care across health sectors; publication of a Queensland Health Breast Reconstruction Surgery Policy and Implementation Standard to enable consistency in care and equitable access to services for breast reconstruction surgery and the development of web-based educational resources for pre-mastectomy patients, carers and primary care clinicians to ensure consistent information is communicated to all patients, regardless of their location.
- The Patient Safety and Quality Improvement Service trialled and developed the following early warning and response system (EWARS) tools to assist clinicians to quickly detect when a patient's health is deteriorating and to support a timelier response to improve the patient's outcome including the Emergency Q-MEWT (Queensland Maternity Early Warning Tool) chart for maternity patients presenting to EDs, Youth Detention CEWT (Children's Early Warning Tool), Community Q-ADDS (Queensland Health's Adult Deterioration Detection System).
- Continued to link data in near real-time to support ongoing generation and monitoring of

patient safety and quality improvement indicators, to support clinical registries and to inform evidence-based service planning and provision.

- Launched the Queensland Health Telehealth Virtual Clinic (TVC), an easy to use platform that replicates the flow of an in-person outpatient clinic in a virtual environment. The TVC is available to all HHSs and was developed in partnership with eHealth Queensland and CEQ.
- In 2019–20, the *Care at the End of Life program* conducted monitoring and reporting on the progress of 15 HHSs implementing the statewide strategy for end-of-life care 2015, launched the Care at End of Life: Care Alert Kits: 13,000+ disseminated across Queensland, receiving interest from across Australia, provided support for distribution of 1100 caring@home packages within Queensland and partnered with HCQ, COTA, PCQ and Carers Qld to facilitate a targeted process of engagement and consultation with consumers and carers through 20 kitchen table discussions and 16 focus groups across Queensland, to identify community priorities in relation to ageing, end-of-life care and dying
- Invested in the *2019–20 Winter Bed Strategy* to support HHSs in managing the increased demand for services across the winter period. Investment focused on increasing the capacity of the health system to provide timely access to emergency care and keeping vulnerable Queenslanders well to reduce their risk of being hospitalised during winter.
- Established the SEQ Patient Access Coordination Hub (PACH), which commenced on 23 March 2020 in response to long standing coordination and patient flow challenges across facilities in the south-east corner of the state, including the Code Yellow event of March 2019. It was identified that a system-wide approach would provide visibility of each facility's current occupancy status and enable communication with HHS PACHs and the QAS to intervene early in managing escalations with a unified approach. The SEQ PACH promoted communication and relationship-building between HHSs, and ensured patients are seen in the right place at the right time, mitigating extended delays in both the assessment and admission processes. It also supported the reduction of waiting times at hospital EDs, enabling the QAS to respond to community needs earlier by enhancing communication and coordination service at the PACH. While currently in its development phase, the SEQ PACH proposes an improved way of managing patient flow across the system continuum, particularly in times of heightened demand on the health system due to seasonal and/or pandemic variations such as COVID-19, influenza, or winter.
- Continued implementation of the *Queensland Organ Donation Strategy 2018–2020* to improve organ and tissue donation rates. In 2019, Queensland had 106 donors[1], which was a large increase from the 94 donors[2] achieved in 2018. This resulted in 336 people receiving organ transplants in 2019[1].

[1] Australia and New Zealand Organ Donation Registry – December 2019 – Monthly Report on Deceased Organ Donation in Australia, https://www.anzdata.org.au/wp-content/uploads/2020/02/20200108_ANZODMonthlyReport_2019December.pdf

[2] 2019 ANZOD Annual Report – Overview of Organ Donation Activity in Australia and New Zealand, https://www.anzdata.org.au/wp-content/uploads/2019/07/s02_organ_donation_2018_v1.0_20190730.pdf

Equitable health outcomes

Strategy 3: Improve access to health services for disadvantaged Queenslanders

Objectives:

In 2019–20, the department committed to:

- Plan, purchase and enable a workforce and health services for Aboriginal and Torres Strait Islander people to achieve the outcomes in making tracks towards closing the gap in health outcomes *for First Nations' by 2033: Investment Strategy 2018–2021.*
- Encourage and support Aboriginal and Torres Strait Islander women who are pregnant or planning pregnancy to quit smoking and reduce second-hand smoke exposure.
- Support a cross-agency and inter-sectoral approach to increase access to culturally capable maternity and early childhood health services.
- Embed cultural capability in the planning, design and delivery of health services by enhancing the knowledge, skills and behaviours for culturally responsive care.
- Use evidence-based health service and workforce planning, and contemporary service delivery and workforce models and technology to support access to health services.
- Support establishment of the Office of Rural and Remote Health to improve access, quality and safety, workforce planning and reporting on health outcomes for rural and remote Queenslanders.
- Promote and protect the human rights of Queenslanders in our decision making and our actions.

Queensland's First Chief Aboriginal and Torres Strait Islander Health Officer

In September 2019, Queensland Health historically established its first-ever Aboriginal and Torres Strait Islander Health Division, to drive efforts to improve health equity outcomes for First Nations Queenslanders.

Haylene Grogan, a Kuku Yalanji and Tagalaka woman, was appointed in October 2019 as Queensland's first Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General of the Aboriginal and Torres Strait Islander Health Division.

The division has made a critical impact in reaching equity outcomes for First Nations Queenslanders, who continually face significantly lower life expectancy and health outcomes than other Queenslanders. The division was instrumental in embedding Aboriginal and Torres Strait Islander representation in Queensland Health leadership, governance and workforce and embedding cultural capability in the planning, design and delivery of health services.

Since her appointment, Haylene has travelled to Aboriginal and Torres Strait Islander communities across Queensland to identify the priorities for her division throughout the 2019–20 financial year.

Queensland Health—Making Tracks 2010–2033

The *Making Tracks Aboriginal and Torres Straits Islander Cultural Capability Framework (2010–2033)* is the overarching framework for all future Queensland Health campaigns targeted for Aboriginal and Torres Strait Islander Queenslanders, which aim to improve health equity for First Nations people.

During the 2019–20 financial year, $113.5 million was invested by the Department of Health under the *Making Tracks Investment Strategy*.

Queensland Health made significant progress towards improving health outcomes for Aboriginal and Torres Strait Islander people since the *Making Tracks Framework* was launched in 2010. During the five-year period from 2010–12 to 2015–17, Aboriginal and Torres Strait Islander life expectancy at birth estimates for Australia increased by 2.5 years for males and 1.9 years for females. The largest improvement was in

Queensland (3.3 years for males and 2.0 years for females).

There is still plenty more work to do in reaching equitable health outcomes between Aboriginal and Torres Strait Islander Australians and other Australians. Queensland Health continues working towards the goals outlined in the Making Tracks framework and reassess its impact each year until 2033.

Safe and healthy drinking water in Indigenous communities

The *Safe and Healthy Drinking Water in Indigenous Local Government Areas program* aimed to improve the operation and management of drinking water supplies in Indigenous local government areas to protect public health.

The program commenced in early 2017 with a pilot in the Torres Strait communities of Hammond and Warraber islands. Delivery of intensive training, mentoring and support was extended to Aboriginal and Torres Strait Islander communities across Queensland.

A key achievement of the program was the reduction in the number of drinking water incidents in Indigenous communities in Far North Queensland.

Queensland Health allocated $9.9 million, over four years from 2019–20, to expand the program to all drinking water supplies operated by Indigenous local governments. Queensland Health will also invest $250,000 over the next three years, to develop and deliver a water operator training program that is relevant to Queensland Aboriginal and Torres Strait Island communities.

Growing Deadly Families

While Queensland is one of the safest places in the world to have a baby, a disparity still exists in maternal outcomes for First Nations women and their babies. The *Growing Deadly Families: Aboriginal and Torres Strait Islander Maternity Strategy 2019–2025* was launched by the Minister for Health in November 2019. The strategy supports the delivery of clinically safe services, supported by culturally appropriate models of care and a strong Aboriginal and Torres Strait Islander workforce, including Aboriginal and Torres Strait Islander Health Practitioners for pregnant Aboriginal and Torres Strait Islander women in Queensland.

The strategy was developed in collaboration with First Nations women throughout Queensland, who shared their pregnancy experience with Queensland Health to help identify opportunities for improvement. In response, Queensland Health developed a number of delivery promises that would aim to close the gap, including:

- Maternity services for Aboriginal and Torres Strait Islander families that are codesigned and delivered with the community, in partnership with providers.
- All women in Queensland pregnant with Aboriginal and/or Torres Strait Islander babies have access to woman-centred, comprehensive and culturally capable maternity care.
- A culturally capable workforce meaning more Aboriginal and Torres Strait Islander people across all disciplines of maternity care.

To achieve these, the department identified a number of success indicators that would identify how well the department delivered on its commitments. These include:

- Maternity services provided in partnership between community, primary, secondary and tertiary services.
- Aboriginal and Torres Strait Islander leadership is evident in the delivery of maternity services in Queensland Health facilities.
- More pregnant women reporting continuity of midwifery carer.
- Maternity services are integrated or collocated with wrap-around social support services.
- women’s satisfaction is increased
- Increased social and emotional wellbeing support and referral.
- More Aboriginal and Torres Strait Islander people working in maternity care.
- More Queensland Health maternity staff participating in cultural capability training.

Safer baby bundle improvement project

The *Safer Baby Bundle initiative* was to be introduced in March 2020 into Queensland Health in a direct attempt to achieve an increase in the proportion of babies born healthier in Queensland. However due to COVID-19, this has been postponed until October 2020. As part of the initiative, Australian maternity healthcare professionals will join forces to develop initiatives to reduce the risk of babies being born stillbirth in late pregnancy by 20 per cent by 2023. These include:

- Supporting women to stop smoking during pregnancy.
- Improving detection and management of foetal growth restriction.
- Raising awareness and improving care for women with decreased foetal movements.
- Improving awareness of maternal safe going-to-sleep position in late pregnancy.
- Improving decision-making about timing of birth for women with risks of stillbirth.

Currently, 35 Queensland public antenatal services are enrolled in the project.

The interventions are based on evidence summaries developed in partnership with the Perinatal Society of Australia and New Zealand (PSANZ). Development of the Safer Baby Bundle has drawn from the expertise and experience of international advisors from the United Kingdom's Saving Babies' Lives Care Bundle.

To achieve the goals set out by the initiative, Queensland Health has provided access to clinical resources for clinicians, including an e-learning module for ongoing updates to the education program in an effort to directly intervene with one of the major risk factors leading to increased rates of stillbirths. The project team will also work with HHSs around the state to disseminate posters and educational materials for inhouse dissemination, so mothers-to-be have greater access to conveniently advertised information.

Establishment of the Office of Rural and Remote Health

On 27 November 2019, the Minister for Health and Minister for Ambulance Services officially announced the establishment of the Office of Rural and Remote Health. The Office of Rural and Remote Health will support Queensland Health to improve the health of those living in the bush.

The establishment of the new centralised hub draws on expertise from across the state to improve planning, access and coordination for rural and remote health. Clinicians including doctors, nurses and allied health workers have more support to work in rural and remote Queensland.

Investing in infrastructure and integrated planning to improve healthcare outcomes for those living in rural and remote Queensland is a key strategic priority for Queensland Health.

The establishment of the Office of Rural and Remote Health will have a stronger voice and increased visibility to the issues facing rural and remote staff to better help their patients.

The Office has a reporting line to the Department of Health to ensure a strong rural and remote voice in departmental policy and planning agendas.

Strengthening rural and remote health care for special events and mass gatherings

In rural and remote Queensland, paramedic and hospital resources operate in unique and different environments. Ensuring available resources work together and collaborate is the key to maintaining business as usual activities and having the flexibility to scale up healthcare response for special events and mass gatherings.

The *Rural and remote LASN/HHS interoperability project* was formed in October 2019, to ensure the collaborative chain of survival link between the HHSs and the QAS. While rural and remote HHSs and LASN each have models of services and adaptive delivery models in place in response to community demand, an opportunity existed to share QAS knowledge and processes with rural and remote HHSs.

The project team focused primarily on collaboration to strengthen and support the safety and healthcare of visitors to regional and remote Queensland. Consisting of key rural and remote stakeholders from Torres and Cape, Central West, South West and North West HHSs and LASNs, the team examined what worked best within the existing frameworks, what could be learned and commenced planning for future innovation.

Key aims of the project included:

- The facilitation of emergency management training and exercising.
- Promoting the dual degree paramedic/nursing model in rural and remote Queensland.
- Enhancing rural and remote communications and safety enhancements.
- Contemporising pre-hospital equipment in hospital-based ambulance response sites.
- Formalising hospital-based ambulance training and support.
- Supporting volunteer drivers and volunteer engagements in rural remote Queensland.

Attention to the specifics of the rural and remote environment enabled the team to strengthen and support the safety and healthcare for special events and mass gatherings in regional and remote Queensland. Importantly the chain of

survival is in place for all visitors to regional and remote Queensland whether they are in Birdsville or Weipa.

Other strategic achievements 2019–20

- Implemented the new *Human Rights Act 2019* across Queensland Health, including the protection and promotion of the right to access health services. Consideration of the potential impact on this right is to be given during the development of every policy, framework and decision made by Queensland Health. Queensland is the only jurisdiction in Australia to protect this human right in legislation.
- Launched the *Queensland Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Action Plan 2019–2022* on 1 December 2019 to coincide with World AIDS Day. The plan seeks to reduce the transmission of blood borne viruses and sexually transmissible infections and improve the health outcomes of Aboriginal and Torres Strait Islander people in Queensland.
- Progressed the department's goals as outlined in the *North Queensland STI Action Plan 2016–2021*.
- Appointed Roslyn Wharton-Boland, the first Aboriginal and Torres Strait Islander clinician executive member to the Queensland Clinical Senate in March 2020.
- The Immunisation Program in collaboration with Healthcare Approvals and Regulation Unit facilitated an amendment to the Health (Drugs and Poisons) Regulation 1996 to lower the age for pharmacist administered vaccines from 16 years or more to persons who are 10 years or more and allow trainee pharmacists to administer vaccines and adrenaline. This allows pharmacists and trainee pharmacists to administer influenza vaccine to persons who are 10 years or more and expand the range of low risk vaccines pharmacists and trainee pharmacists can administer to persons who are 16 years or more.
- Improved access to immunisation services for Aboriginal and Torres Strait Islander families in communities with low childhood immunisation coverage in the Cairns, Townsville and Central Queensland HHS catchments through the implementation of targeted campaigns: *Boots on the Ground* (Townsville HHS) and *Connecting Our Mob* (Cairns and Hinterland HHS) provide outreach clinics as well as information and advice to Aboriginal and Torres Strait Islander families.
- Central Queensland HHS used the hospital-based corporate information system data to send a SMS pre-call immunisation message to parents of newborn Aboriginal and Torres Strait Islander children. The project was monitored and evaluated to assess timeliness and coverage.
- Referred over 176 pregnant First Nations women and their partners to the *Quit for You…Quit for Baby program.* The program is provided by Quitline (13 7848) and supports pregnant women and their partners to quit smoking using intensive support that combines multiple support sessions with a 12-week supply of nicotine replacement therapy.
- A paper on the Safe and Healthy Drinking Water in Indigenous Local Government Areas Program was awarded 'best technical paper' by the Australian Water Association—Qwater Conference in November 2019. A fundamental achievement of the program has seen improved drinking water quality evidenced by a reduction in the number or boil water alerts in Far North Queensland communities that have completed the program.
- Increased rural generalist training positions for early career allied health professionals in HHSs from 21 to 35 in 2019–20 to provide supported entry to rural and remote practice with the aim of improving service and workforce sustainability for rural teams. The Allied Health Professions' Office of Queensland worked with HHSs to implement the model.
- Created a Potentially Preventable Hospitalisations (PPH*)* dashboard to identify the top PPH condition and local area, the dashboard can look at First Nations people.
- As part of the Rapid Results Program—a key element of Queensland Health's transformation agenda— developed the first statewide program dedicated to improving the quality of life for frail and elderly people, including our first statewide geriatric emergency department assessment and intervention model.

Engagement with partners

Strategy 4: Pursue partnerships with consumers, communities, health and other organisations to help achieve our goals

Objectives:

In 2019–20, the department committed to:

- Develop strategic partnerships with stakeholders to deliver health priorities.
- Actively engage with the community to develop statewide health services, plans and policies.
- Strengthen partnerships with primary and community sectors and other agencies to pioneer a more connected healthcare experience for Queenslanders.
- Enhance statewide clinical partnerships that support effective engagement with clinicians and consumers to improve service delivery and identification of emergent health issues.
- Engage with national and international partners to convert Queensland's health expertise and innovation into commercial opportunities, economic growth and jobs.
- Drive dynamic and innovative health and medical research and its translation into better health outcomes for Queenslanders.

Young people central to design of new statewide mental health service

In a world of increasingly complex problems, collaboration is essential—this is no more evident than in the codesign of the new statewide 12 bed Queensland Adolescent Extended Treatment Centre (Jacaranda Place).

Along with two new, six bed Youth Step Up Step Down (SUSD) Units and the refurbishment of two Adolescent Day Program spaces, Jacaranda Place is part of the Queensland Health led Youth Mental Health Program that delivers on the government's commitment to extend the range of mental health services available to young people with severe and complex mental health issues in Queensland.

Jacaranda Place is the result of extensive consultation and codesign work with consumers and carers, clinicians, educators and other project partners facilitated by the Mental Health Alcohol and Other Drugs Branch.

Owned and operated by Children's Health Queensland HHS, the centre is located on the campus of The Prince Charles Hospital in Brisbane. It will provide extended treatment and rehabilitation services that integrate mental health and educational/vocational training components for young people.

Young people, carers and consumers were involved in all aspects of developing the new centre with immersive simulation and user experience used to aid the final design of the space to create the best possible environment for staff, families and young people with their treatment and recovery.

The innovative design of Jacaranda Place features nine internal courtyards, offering privacy, safety and a sense of calm for young people, staff and visitors. Each bedroom has an ensuite and there are two family accommodation units onsite for visiting families, as well as a gym, music room, training kitchens and breakout spaces.

The building was designed to host both health and education functions on one side of the building with young people accommodated on the other side. This facilitates a home and school-like environment, where young people are encouraged to participate in daily activities during the day and return to 'home' in the evening.

Carer representative, Aleta Walker was involved in the codesign of Jacaranda Place. Through her work supporting a young person through an admission in an adult clinical mental health setting, she saw firsthand the gap in how young people were treated in the mental health system.

'Young people have their own specific needs, and we want to give hope, Jacaranda Place will offer that hope. From day one I have been part of the codesign process and have seen Jacaranda Place emerge from a concept on paper through to the world class service it is now.'

The name Jacaranda Place is a reflection of the strength and resilience of the jacaranda tree which

represents wisdom, rebirth and good luck. It is a distinctive and purposeful name for the centre, one that is both welcoming and representative of the stories of hope, dignity and recovery the centre will become known for.

The *Youth Mental Health Program* of work has been recognised internationally with a team of consumers, carers and employees from Queensland Health and the Department of Education and building industry health design experts sharing their collaborative codesign processes for the project at conferences in Australia, Singapore and the Netherlands.

Youth Step-Up Step-Down service piloted in South East Queensland

The Youth Step-Up Step-Down (SUSD) model of service supports the early 2020 commencement of services in Caboolture and Logan which also used a co-design process during construction. These services deliver clinical and non-clinical psychosocial support services to young people aged 16–21 years with severe and complex mental health issues. The six bed services are provided in a community rehabilitative and residential setting, including care and recovery planning with the young person and their family, carer and significant others. The Youth SUSD services offer intensive short-term support for young people to 'step up' from the community to reduce the likelihood of admission to hospital care. It also enables timely discharge for young people to 'step down' from hospital care to support transition to their home and community.

The Caboolture Youth SUSD service launched in March 2020, followed by Logan in May 2020. These services followed commencement of the Cairns Youth SUSD in 2019.

Clinical Excellence Showcase 2019 and 2020

In 2019–20 the department's CEQ division delivered two Clinical Excellence Showcase events—Real people, remarkable healthcare (September 2019) and Hindsight is 2020 (March 2020).

Entering its fourth year in 2020, the showcase has become Queensland's must-attend event for clinicians, health service managers and executives, researchers and consumers. The two-day events presented new ways of delivering innovative, high-quality and safe care by engaged, passionate and empowered healthcare professionals.

Each showcase was a unique opportunity for staff from across the state (including Mater Health Services and the QAS) to present their proven and scalable model of care or project. This 'scale and spread' methodology is just one-way CEQ is boosting Queensland's research capability and helping to foster a culture of clinical excellence. To boost this 'scale and spread', projects from every showcase, alongside other improvement projects from across Queensland, are publicly available at www.clinicalexcellence.qld.gov.au/improvement-exchange.

As an annual event that presents the latest Queensland has to offer in healthcare improvement, the showcase expediates the translation of innovative health and medical research into better health outcomes for Queenslanders.

Reflecting the importance of the role other clinical and consumer partners play in the healthcare landscape in Queensland, representatives from primary care, private health and consumer groups also attend the event. It's the only event in Queensland that provides a networking opportunity for Queensland's clinical and consumer groups; breaking down the barriers to collaboration. A platform for the exchange of ideas; the Clinical Excellence Showcase strengthens these partnerships to create a more connected, responsive and inclusive healthcare system.

With registrations and abstract submissions increasing year-on-year, the Clinical Excellence Showcase is clearly helping to meet Queensland's growing appetite for healthcare improvement and collaboration.

Launching the Hearoes app—a game changer

The new Hearoes app, which uses gamification to assist people using hearing assistance devices such as cochlear implants to identify the new words and sounds heard was officially launched in August 2019 and was made available on iTunes and Google Play thanks to an innovative partnership between Elliot Miller and eHealth Queensland.

In 2018 Elliott Miller, who has been deaf his entire life with mid to profound hearing loss in both ears, participated in the Hacking Health Hackathon held in conjunction with the eHealth Expo. Hacking Health is a competitive event hosted by QUT Entrepreneurship and Hacking Health Queensland.

Elliott's early prototype of what is now the Hearoes app was the overall winner at the Hackathon and as a result he was given the opportunity to be supported through eHealth Queensland's digital innovation pathway, with the goal of his prototype being funded as a proof of concept or pilot project in Queensland Health.

A cochlear recipient himself, Elliot undertook the innovation journey with the assistance of fellow hearing assistance device recipients, audiologists, speech therapists and teachers, to develop an app that focuses on hearing and listening retention and ultimately improving wellbeing.

eHealth Queensland's Digital Innovation team assisted Elliot by providing him with a project manager, workspace and funding to develop his prototype further so that it would support clinicians and technicians to monitor the progress of recipients and provide knowledge about the fundamental sounds they require.

Learning how to hear with a new device, such as a cochlear implant and adapting to this unfamiliar way of life with so many sounds to comprehend is challenging. After receiving a new hearing assistance device, the recipient must learn to identify and recognise many different sounds not just once, but each time their device is adjusted during the tuning period, which can take up to a year. The challenge is learning to identify a sound and understand it—where it came from and what it means, multiple times when that sound has never been heard before.

As an example, Elliot was jogging and heard a sound he could not identify. Each time he stopped and tried to figure out what it could be the sound would stop. He later discovered the sound he had heard while jogging were the coins in his pocket.

With sounds all around us, lawn mowers, a car passing, children laughing as they play, birds chirping, wind blowing and trees rustling, some people with a new hearing assistance device will stop using it because they cannot cope with the constant background noise. It's a huge challenge to learn new sounds and what they mean, and people need encouragement to keep going in addition to being educated about each new sound—that's where the use of gamification can assist.

The project used a human centred design approach and Elliot was able to call on fellow recipients and doctors, RBWH audiologists, speech therapists and teachers to progress the development of the app.

Feedback during testing with recipients and clinicians was incredible and very supportive, with most users impressed with the ongoing potential of the Hearoes app.

The Hearoes app is helping recipients and clinicians maximise learning outcomes and helping those with hearing assistance devices to introduce them to new sounds and instil confidence.

Strengthening international connections

In the second half of 2019, the Health Innovation, Investment and Research Office (HIIRO) welcomed fifteen inbound delegations to Queensland and supported and delivered six outbound missions in collaboration with internal and external Queensland Health partners.

In addition to the economic benefit of hosting delegations, international engagement brings a number of benefits to Queensland, including; increased awareness of international practices, peer-to-peer knowledge exchange, clinical and research collaborations, and improved clinical outcomes for our patients. International engagement also allows Queensland Health to stake its claim internationally as a world leader in digital hospitals and professional development training for healthcare workers.

Highlights include:

- In July 2019, a group of 23 delegates from China's Southern Medical University (SMU), and its affiliated hospitals visited Queensland for GP training. The tailored, two-week training program was developed with input from members of the Queensland Healthcare Professional Development Consortium (led by HIIRO, with participation from Queensland's university members, TAFE Queensland, HHSs, and supported by Trade and Investment Queensland's International Education and Training Partnership Fund). The program was designed to share Queensland's knowledge, skills and tools on integrated healthcare delivery with healthcare professionals from China's SMU and its affiliated hospitals.
- In October 2019, a 12-member delegation from the Health Committee of the German Bundestag, the Embassy and Consulate-General of the Federal Republic of Germany visited Brisbane. This visit related to the Joint Declaration of Intent in the area of health which was signed by Queensland and Berlin in 2018. The Joint Declaration provides a starting point to foster collaboration between the health systems, and supports the

exchange of expertise, information and experience. The delegation learnt about Queensland's health capabilities, in particular, translational research, nursing and allied health education, digital health and medical retrieval services.

- In October 2019, eight senior Chinese health executives visited Brisbane, Cairns and the Gold Coast. The purpose of the mission was to profile Queensland's professional development healthcare training capabilities and expertise to target partners. The mission also aimed to understand each other's health and medical services and demands, and map out future opportunities for executive training, joint medical research projects and education programs.

Other strategic achievements 2019–20:

- The Queensland Paediatric Emergency Care (QPEC) website is the result of clinical experts working with Healthcare Improvement Unit (HIU) to improve emergency care for children across Queensland. The Emergency Care of Children Working Group (hosted by Children's Health Queensland) is a multi-disciplinary group established under the Queensland Emergency Department Strategic Advisory Panel (QEDSAP). The QPEC website is a collation of paediatric-specific resources including clinical guidelines, parent factsheets, escalation options which provide consistent and high-quality emergency care for children. This is freely available to anyone with internet access, hosted on the Children's Health Queensland internet site.
- Partnered with Life Sciences Queensland to deliver the Queensland Clinical Trials Consortium, with members participating in ARCs Australia's annual conference promoting Queensland's clinical trial capabilities.
- *Statewide Frail Older Persons program* facilitated a codesign process with consumers, clinicians, and partners across the care continuum resulting in system-wide transformational improvements through the scaling of three models of care across Queensland:
  - Residential Aged Care Facility (RACF) acute care Support Services (RaSS) Cairns and Hinterland, Central Queensland, Darling Downs, West Moreton, Gold Coast, Mackay, Sunshine Coast, Townsville, Wide Bay, Metro North (expansion) Metro South (expansion).
  - Geriatric Emergency Department Intervention (GEDI) Cairns, Rockhampton, Gladstone, Toowoomba, Mackay, RBWH, The Prince Charles Hospital, Redcliffe, Caboolture, PAH, QEII Jubilee Hospital, Logan, Redland, Mount Isa, Townsville, Maryborough, Hervey Bay, Bundaberg.
  - Inpatient Geriatric Model—expanding the *Eat Walk Engage* Robina, The Prince Charles Hospital, Redcliffe, Caboolture, QEII Jubilee Hospital, Redland, Nambour, Hervey Bay, Bundaberg, Mater (20 wards).
- Collaborated with the Australian Institute for Health and Welfare (AIHW) and health departments across all jurisdictions to support development of the national Integrated Health Service Information Analysis Asset. This data repository combines information from all national, state and territory health services data sources with collated information being used to support health services policy and planning.
- The Healthcare Improvement Community of Practice (HICOP) was launched in 2019 to provide a mechanism to connect and support frontline improvement. The community has swelled to close almost 400 members and the past twelve months have provided many opportunities for statewide improvers to meet, learn and share their innovations with Queensland peers.
- Established the COVID-19: Immediate Support Measures Grant Fund which supported non-government organisations delivering public health services to rapidly respond to COVID-19. Additional investment of $30.33 million in community-based services funded 212 projects supporting continued delivery of vital health care services during the pandemic. This investment boosted community mental health, community palliative care, First Nation's and other vital consumer health service supports ensuring vulnerable Queenslanders stayed connected to the health system.
- Hosted the 13th National Allied Health Conference on 5—8 August 2019 at the Brisbane Convention and Exhibition Centre. The conference had a strong consumer focus and included plenary sessions from national experts in allied health research and value-based healthcare. The conference was a success with over 600 attendees from across Australia and New Zealand.

- Facilitated Statewide Clinical networks, providing a peak body of expertise in Queensland, with over 6000 clinicians participating and providing an independent point of reference for clinicians, HHSs and the Department of Health. The statewide clinical networks guide quality improvement reform and support clinical policy development, emphasising evidence-based practice and clinical consensus to guide implementation.
- Contributed to and influenced national policy through the national mechanisms of the:
  - Jurisdictional Blood Committee that provides advice on national blood supply, and the safety and quality of the blood sector to Health Ministers at the Council of Australian Governments (COAG) Health Council.
  - Jurisdictional Advisory Group to advise the Australian Organ and Tissue Authority on the national reform agenda for organ and tissue donation for transplantation.
  - Jurisdictional Eye and Tissue Steering Committee to advise on the strategic policy matters for the Australian Eye and Tissue sector.
  - Jurisdictional Haemopoietic Progenitor Cell (HPC) Committee to advise the Australian Health Ministers' Advisory Council on strategic policy matters for the HPC sector in Australia.
- 14 Queensland Health clinician-researchers were awarded $3.9 million in funding through Round one of the *Queensland Advancing Clinical Research Fellowship program*, to tackle a diverse range of health challenges through research. These include predicting melanoma reoccurrence, delivering better diabetes care in rural areas and preventing the spread of infectious diseases.
- 11 clinical fellows successfully graduated from the *Healthcare Improvement Fellowship program t*his year and are now leading change across Queensland Health Services. Thirteen clinicians joined CEQ for the third cohort of the CEQ *Healthcare Improvement Fellowship program* in 2020 with imminent resumption after a pause during the peak of the COVID-19 pandemic in Queensland. The fellowship faculty has been recognised for expertise locally and internationally, having presented on the fellowship program at the ISQUA conference in Cape Town in October 2019 and then by invitation at the Saudi Patient Safety Centre International Conference in December 2019 followed by the G20 Health Roundtable Patient Safety meeting in Riyadh.
- Strengthened cooperation on the investigation of breaches relating to the use of and access to controlled drugs and restricted drugs of dependency under the Health (Drugs and Poisons) Regulation 1996, through the Schedule 8 Health Liaison Group with coregulators, the Office of the Health Ombudsman and the Australian Health Practitioner Regulation Authority.
- Developed a consumer resource on opioids, available across all Queensland Health facilities. The new resource delivers on the recommendation from the Senate's 'managing the pain of opioids' meeting to partner with 'Choosing Wisely' to champion a consumer-focused 'Opioid Wisely' campaign and was developed on behalf of the Queensland Clinical Senate and RBWH with Choosing Wisely Australia.

Data and digital innovation

Strategy 5: Empower consumers and health professionals through the availability and use of data and digital innovations.

Objectives

In 2019–20, the department committed to:

- Embed a digital by design approach to enable the digital transformation of the health system.
- Promote and deliver the digital foundations, tools and services to enable all Queenslanders to manage and improve their health and wellbeing.
- Design and deliver solutions for health information to be captured digitally, integrated and shared easily and securely to assist healthcare providers to have access to it, when and where they need it.
- Leverage and embrace data and information to create insights and drive improvements.

Tele-cardiac service rollout improves access for rural Queenslanders

Cardiovascular disease is the number one cause of death globally, and remote areas of Queensland have statistically higher rates of mortality from coronary heart disease than the state average, by about 25 per cent.

Now thanks to the rollout of the new *Tele-cardiac investigations program*, 93 per cent of patients in these areas can access tele-cardiac investigations locally, the same or next day, with reports immediately signed off by a cardiology specialist remotely.

During 2019–20, the *Tele-cardiac investigations program* was expanded to include new sites in rural and remote areas. The award-winning program was delivered through telehealth services and was implemented in 18 hospital and health facilities across the state to improve patient safety and access to healthcare.

The new program aimed to improve patient access to health care, reduce travel cost and inconvenience for patients, families, carers and health professionals, and provide health professionals with access to peer support and education through the use of digital technology. Diagnostic quality exercise stress test results are available within a few minutes of the test completion and reports are sent to the referring doctor within minutes.

The program enables the local treating team at the rural facility to access the specialist results they require to enable rapid, informed decisions about further treatment for their patient, which is on par with a metropolitan facility. The health care model could be replicated across other disciplines to help address the challenges often faced when delivering healthcare services in rural areas.

The service was established by CEQ in partnership with the RBWH Tele-cardiac Investigations Unit.

ieMR digital platform goes live in Townsville University Hospital

The Townsville University Hospital went live in July 2019 with the advanced integrated electronic Medical Record (ieMR), giving doctors, nurses and healthcare teams faster and easier access to patient information through the digital platform.

The site is Queensland's fourteenth to receive the advanced ieMR, which replaces paper charts and records, allowing healthcare workers to see all medical information instantly in one place, including doctors' orders, medication changes, blood results, care plans, appointments and other information.

Townsville health staff realised immediate benefits with pharmacists gaining improved visibility of medication profiles and clinicians being able to the view medical records in real-time from across Queensland's public digital hospital system.

The rollout is a key Queensland Health strategic priority to deliver digital solutions that increase patient safety, efficiency and quality in clinical workflow processes across the state, aligning with Queensland Health's 10-year strategy for improving the health of Queenslanders—*My health, Queensland's future: Advancing health*

2026 (Advancing health 2026) and the *Digital Health Strategic Vision for Queensland 2026.*

Technology bridges geographical health divide for rural Queenslanders

Queensland's vast and remote landscape means that patients often have to travel hours and at times, days to access to safe and high-quality health services. Overcoming this geographical divide is a key Queensland Health strategic priority, driving the implementation of contemporary solutions to improve health service access in these remote locations.

In 2019–20, key initiatives to improve access included:

- Delivering new IT infrastructure at Charleville hospital—including extensive new networking, voice and cabling links and connections at Charleville Hospital has made a positive difference to patients and staff.
- Rolling out new technologies to assist QAS single service officers in rural and remote Queensland to better do their work, including satellite push to talk radios, location tracking and duress tracking connect officers to Comms seamlessly and provide extra level of safety and support to officers.

Other strategic achievements 2019–20:

- Invested in the development of data visualisations to improve data quality and decrease timeframes for deciding licensing and approval applications for the *Radiation Safety Act 1999*, the *Pest Management Act 2001*, and the Health (Drugs and Poisons) Regulation 1996 by capturing total turnaround time.
- Enhanced the Mental Health and Addiction Portal (MHAP) to deliver business and clinical intelligence via a digital solution that enables the department and HHS clinical reform, evaluation and planning activities, including visual analytics focused on use of restrictive practices, resourcing and service activity.
- Conducted a detailed analysis and research into community mental health episodes of care, providing insights on the consumer cohort, the quantum, frequency and types of services provided and the outcomes of care. This work will inform future model of service development, workforce planning and underpin local and statewide improvement initiatives, as well as prototyping reports to be built into the Mental Health and Addiction Portal business intelligence platform for direct access by HHS mental health, alcohol and other services.
- The *Health Transparency Act 2019* was passed by the Queensland Parliament on 28 November 2019 and received Royal Assent on 5 December 2019. The Act commenced on 1 March 2020 and establishes a legislative framework for collecting and publishing information about public and private hospitals and residential aged cared facilities.
- Building and testing of a new public web system to support the *Health Transparency Act 2019* is underway. The purpose of the web system is to allow consumers to view and compare information about public and private hospitals and public and private residential aged care facilities in Queensland.
- HealthPathways is a web-based portal with evidence-based information on the assessment and management of common clinical conditions and referral guidance. The pathways are written by GPs with support from local GPs, hospital-based specialists and other subject matter experts. CEQ is working with HHSs and PHNs across Queensland to implement HealthPathways, with the initiative rolled out across the Western Queensland corridor during 2019–20. 4843 pathways are now live, with website analytics reporting more than 1.5 million page-views since going live in 2016.
- The Office of the Chief Dental Officer (OCDO) has developed a business intelligence platform that enables HHSs to better understand the outcomes of dental procedures provided by public oral health services. The online interactive dashboard using Qlik Sense software publishes through the System Performance Reporting (SPR) website and reports on a suite of nationally recognised oral health clinical indicators. HHS Executive, Safety and Quality units, oral health service managers and dental practitioners can investigate the rates of unplanned returns for dental procedures such as fillings, extractions, dentures, root canal treatments and fissure sealants. One version of the dashboard allows high-level benchmarking between HHSs and over time, a more detailed version enables clinical managers and practitioners to identify local variations in clinical outcomes between clinics, providers and patients. The findings identified by the dashboard inform evidence-based quality improvement activities over time and

are used to evaluate whether these activities are having a positive impact on the treatment outcomes of public dental patients.

- Submitted relevant health sector national minimum datasets to the Australian Institute of Health and Welfare (AIHW) and worked cohesively to check and approve the release of a suite of standardised hospital and health outcomes data that allowed benchmarking of our performance against other states and territories, along with comparison against peer public hospitals.
- Commenced the *Radiation Health Data Driven Compliance project* to increase compliance monitoring capability, including policy options through partnership opportunities and the use of data and analytics.
- Deployed the Queensland Health *Integrated Data System (QHIDS) project*, which enables highly efficient and customisable reports. The new system automatically generates suggested candidates for the Nurse Navigation recruitment system, a Queensland Health initiative which provides nurses to help support a patient's journey through an increasingly complex health system. QHIDS is based on a metadata driven and governed approach to support compliance with state and national data standards and quality requirements.

Dynamic policy and planning leadership

Strategy 6: Set the agenda thorough integrated policy, planning, funding and implementation efforts.

Objectives:

In 2019–20, the department committed to:

- Anticipate and respond to high-level policy and planning issues to inform strategic priorities.
- Ensure health portfolio legislation and its regulation supports excellence in system performance and optimal health outcomes.
- Deliver procurement and supply reform to improve value in healthcare expenditure.
- Progress a value-based health agenda that promotes the right care, in the right place and at the right time.
- Develop, implement and evaluate system wide improvement programs and models to enhance system sustainability, optimise service efficiency and enable innovative and best practice models of care.
- Collaborate with health leaders to improve the monitoring and management of all funded organisations across Queensland's public sector health system.
- Identify opportunities to reform funding models to align with best practice models of care.
- Promote high performance and stewardship through effective risk management and strong governance.

Investing towards our future healthcare infrastructure

Queensland Health is focused on delivering a contemporary, high-quality and safe healthcare system to meet the changing needs of Queenslanders and their needs to stay healthy. In 2019–20, the Department invested $802 million towards the health portfolio capital program providing vital funding to deliver essential upgrades to health facilities and supporting infrastructure across Queensland, while also supporting greater than 1000 construction jobs across the state for capital infrastructure projects.

In 2019–20, the department improved and invested in Queensland Health facilities to drive the safest and highest quality services possible for Queenslanders.

Important upgrades to hospital and healthcare infrastructure were delivered, including:

- Refurbishing the Bundaberg Hospital Pathology—total estimated investment $3.9 million.
- Installing CCTV in Health Service Queensland (HSQ) Forensic and Scientific Services Coopers Plains—total estimated investment $1.3 million.

Investments in significant hospital and healthcare infrastructure builds, redevelopments and upgrade projects across the state, included:

- Roma Hospital Redevelopment—total estimated investment of $98.1 million.
- Gladstone Hospital emergency department—total estimated investment of $42.0 million.
- Atherton District Memorial Hospital Redevelopment—total estimated investment of $70 million.
- Cairns South Precinct—total estimated investment of $14.9 million.
- Blackall Hospital Redevelopment—total estimated investment of $17.9 million.
- Adolescent Extended Treatment Facilities (five sites) —total estimated investment of $68.2 million.
- Bowen Hospital and Proserpine Hospital Refurbishment project—total estimated investment of $9.2 million.
- Boulia Primary Health Care Centre Refurbishment and Mechanical upgrade total estimated investment of $7.2 million.
- PAH Pathology upgrade—total estimated investment of $4.6 million.

In 2019–20, the QAS invested approximately $16 million towards the ambulance portfolio capital program, providing vital funding to deliver essential upgrades to existing ambulance facilities and

provide new infrastructure while supporting local jobs across the state.

The QAS improved, planned and progressed construction on a number of major capital projects in the form of new, refurbished or redeveloped facilities including:

- Drayton New Ambulance Station and LASN office—total estimated investment of $3.3 million.
- Urraween New Ambulance Station total estimated investment of $3.5 million.
- Kirwan Replacement Ambulance Station total estimated investment of $3.3 million.
- Mareeba Replacement Ambulance Station total estimated investment of $2.5 million.
- Munruben New Ambulance Station total estimated investment of $3.5 million.
- Yarrabilba New Ambulance Station total estimated investment of $3.2 million.
- minor works for various station improvements across Queensland total estimated investment of $5 million.

South Queensland Networked Cardiac Services model of care

In Queensland, one in three deaths occur as a result of cardiovascular disease, with rural and remote populations and Aboriginal and Torres Strait Islander people representing two to three times those admitted compared to the broader Queensland population.

To address this health concern, $3,191,442 was invested in 2019–20 to support the roll out of the Networked Cardiac Services model of care.

The first stage of the Networked Cardiac Care program, funded via the Ministerial Rapid Results Program, was implemented in Far North Queensland to improve access to cardiac care to communities and improve cardiac outcomes. A key element is that local health care teams provide coordinated care to their surrounding communities, closer to home.

Following the success of stage one, the program was expanded to Metro South, West Moreton, South West and Darling Downs HHSs.

The model integrated cardiac services to provide a centralised and networked hub of specialist care for patients. This includes statewide access to cardiac investigational reports, monitoring and information collection—improving outcomes and access for urban, rural and remote services within these regions.

As a result of the new model, cardiac specialists in Queensland are able to access cardiac investigational reports, and cardiac imaging. The new process decreases repeat testing, improving quality and timeliness of care.

Its implementation facilitated increased efficiencies through the bulk purchasing of cardiac devices by Queensland Health, delivering a more coordinated and efficient approach to procurement and enabling savings of over $7 million per annum. These savings will ultimately be reinvested into frontline service delivery.

The networks serve as a peak body engaging frontline clinicians, consumers and leaders from across the health system to inform, develop, drive and implement clinical quality standards, ensure statewide equity and plan for sustainable improvements in healthcare. The networks have a broad membership of more than 10,000 clinicians, consumers and health partners across the state who participated in more than 20 forums and planning workshops across the year to drive improvements and reform.

The model is planned for a statewide roll-out in 2021–22 (dependant on funding and project outcomes). It is anticipated that the integrated model will reduce overall cardiac procurement costs and provide:

- Better cardiac health outcomes for Queenslanders.
- Improved access to specialist cardiac care closer to home for residents in these catchments.
- An improved patient experience.
- Better access to specialist outpatient care within clinically recommended timeframes.
- Increase continuity of care across the care continuum.
- Provide statewide access to cardiac investigational reports, and appropriate access to cardiac imaging, thereby decreasing repeat testing and improving quality and timeliness of care.

The model will be accessible by all patients, and with dedicated Aboriginal and Torres Strait Islander health workers, is culturally safe for Aboriginal and Torres Strait Islander patients who are likely to be a large proportion of patients accessing the service.

Townsville and North West HHSs are currently planning for their program to begin in July 2020.

Other strategic achievements 2019–20:

- On 2 March 2020, an update of the *Keep Queenslanders Healthy Roadmap* (KQH) was endorsed to include overarching program logic and a *KQH Evaluation Framework*. The framework provides guidance on how government will assess the overall impact of government investment, intervention and collaboration in addressing issues of overweight, obesity and suicide, and how these efforts have cumulatively contributed to the two KQH priority targets of increasing the number of Queenslanders with a healthy body weight by 10 per cent by 2026 and reducing the suicide rate by 50 per cent by 2026.
- The Medicines and Poisons Bill 2019 and the Therapeutic Goods Bill 2019, which were prepared by the department, passed through the Parliament (now *Medicines and Poisons Act 2019* and *Therapeutic Goods Act (Queensland) 2019* on 17 September 2019 and received Royal Assent on 26 September 2019. The new Acts effectively repealed the dated *Health Act 1937*, the Health Regulation 1996 and the Health (Drugs and Poisons) Regulation 1996, as well as the *Pest Management Act 2001* and the Pest Management Regulation 2003, and extend the *Therapeutic Goods Act (Commonwealth) 1989* to those persons not already regulated by the Commonwealth. The new legislative framework modernised and streamlined regulatory measures for poisons; reduce regulatory burden on government and businesses; and improve national consistency. The new Act introduced a number of new concepts, such as real time reporting for prescriptions; the recognition of Commonwealth licences for the manufacture of medicines and some poisons; the ability to include multiple sites under a single licence under the new Act; and the regulation of some pest management activities in primary production.
- In October 2019, an agreement was signed between Queensland Health, the Commonwealth Department of Health, and pharmacy IT solution provider Fred IT Group Pty Ltd for development of Queensland's real-time prescription monitoring system. The system—to be known as 'QScript'—will integrate with the Commonwealth Department of Health's National Data Exchange, which may facilitate the sharing of prescription information across borders as part of a national real-time prescription monitoring solution.
- On 1 May 2020 the Medicines and Poisons (Monitored Medicines Database Testing) Regulation 2020 was introduced to facilitate the development of QScript in advance of the commencement of the *Medicines and Poisons Act 2019*.
- Developed the *Health Transparency Act 2019* with CEQ. The legislation was assented to in December 2019 and commenced on 1 March 2020. The Act established a legislative framework for collecting and publishing information about public and private hospitals and residential aged care facilities. The public reporting of this information will drive system-wide improvements to health care.
- Released *Healthy ageing: A strategy for older Queenslanders*. The objectives of the strategy are to support healthy ageing and drive health service effectiveness through identifying priorities for service improvement and innovation in the delivery of health care for older people.
- Developed the *Queensland Health System Outlook to 2026 for a sustainable health service* (System Outlook 2026). The aim of the System Outlook 2026 was to help achieve the government's commitment that Queenslanders will be among the healthiest people in the world by 2026, as outlined in *My Health, Queensland's future: Advancing Health 2026 (Advancing Health 2026)*. The System Outlook 2026 was built upon extensive planning and consultation across Queensland Health and provides a coordinated, system-wide approach to:
  - Manage the growing demand for health services.
  - Improve health outcomes for Queenslanders.
  - Prioritise investment to build a sustainable health service for future generations.
- Developed the *Queensland Health Service Capability Service Matrix Outlook to 2026* (Matrix 2026). The Matrix 2026 provided a whole of system view outlining the strategic intent for changes to clinical services at each Queensland public hospital to 2026. The department, HHSs and Clinical Networks worked together to develop the Matrix 2026 to provide a system wide approach to guide planning for the future delivery of safe and

sustainable health services for Queenslanders and to inform investment decisions.

Strategy 7: Inspire the department's workforce to achieve excellence and drive a vibrant culture and safe workplace environment.

Objectives:

In 2019–20, the department committed to:

- Increase the uptake of predictive and flexible analytical tools for surveillance capability and targeted interventions to address public health issues and emerging threats.
- Develop innovative approaches to administering public health legislation in response to changing external environments and risks.
- Address priority public health issues in partnership with Health and Wellbeing Queensland for populations across critical life stages.
- Incentivise the health system to address ageing and population growth pressures, emerging service demands and new service models for complex public health challenges.
- Enhance the quality and accessibility of statewide mental health, alcohol and other drugs services for all Queenslanders.

Cultural Capability Action Plan 2019–2020

In 2019, the QAS launched its second *Cultural Capability Action Plan 2019–2020* (CCAP). The CCAP set out initiatives and actions to increase employment of Aboriginal and Torres Strait Islanders within the QAS, build the cultural capability of employees, and improve the patient care outcomes of Indigenous communities and people.

Over recent years, the QAS has implemented many actions to improve outcomes for Aboriginal and Torres Strait Islander employees and patients. The QAS actions include, but are not limited to:

- Establishment of the QAS Indigenous Network comprising Indigenous Liaison Officers and Cultural Capability Champions, who work collaboratively to drive and support the progression of local and statewide cultural capability initiatives across the organisation.
- Launch of the *QAS Indigenous Scholarship program* in Townsville in November 2019, consisting of school based and tertiary scholarships and the Jamie Jackway Paramedic Scholarship.
- Continued recruitment and implementation of the *Indigenous Paramedic program* across the state in Indigenous communities. Since July 2019, the QAS has recruited three Indigenous cadets to the Wide Bay, Cairns and Hinterland and North West LASNs.
- Introduction of mandatory cultural capability training for employees and supervisors.
- Embedding accountability for cultural capability into Senior Leaders Performance and Development Plans and deployed local CCAPs across the state.

The QAS will continue to implement actions from the CCAP.

New QAS Indigenous Scholarship Program

The new *QAS Indigenous Scholarship program* was launched in November 2019 to increase Aboriginal and Torres Strait Islander representation within the workforce. The program includes three scholarships that are offered to school and university students to minimise the financial barriers that Aboriginal and Torres Strait Islander school or university students face throughout their education period.

In partnership with Queensland Aboriginal and Torres Strait Islander Foundation, the QAS School Based Scholarship supports Aboriginal and Torres Strait Islander students to eliminate barriers to the completion of studies at school, increase student retention in Years 11 and 12, and assist with the transition from school to work and/or tertiary education.

In partnership with the Queensland University of Technology, two new tertiary scholarships were made available annually.

The Jamie Jackway Paramedic Scholarship financially supports Indigenous students to complete their Bachelor of Paramedic Science degree and provide a direct opportunity to transition into the QAS workforce through the *QAS Graduate Paramedic program*. Jamie Jackway was an Advanced Care Paramedic, a proud Indigenous Australian and a valued member of the QAS family. The scholarship acknowledges Jamie's contributions to the QAS and his support of the *QAS Indigenous Paramedic program* and broader cultural capability networks.

The QAS Tertiary Scholarship aims to financially support Indigenous students undertaking an undergraduate degree in Business and/or Health and Community in their first year of studying at university and to build professional capabilities and experience to help with the transition to the workforce.

These new scholarships will give Indigenous students a helping hand to realise their dreams.

Awards for Excellence—Outstanding projects and people recognised at annual awards ceremony

Queensland Health and QAS employees gathered at Brisbane City Hall on 11 December 2019 to celebrate the finalists and winners of the Queensland Health and Department of Health Awards for Excellence.

The Queensland Health and Department of Health Awards for Excellence recognised initiatives and teams who have demonstrated a commitment to excellence when supporting or delivering health services to Queenslanders. The awards provided an opportunity of recognition for the entire department and HHS network, acknowledging the significant work developed and delivered across Queensland Health services.

In 2019 a new award, the Consumer Engagement Award was introduced. The new award recognised when exceptional consumer engagement has featured in projects and was awarded in both the Department of Health and broader Queensland Health Awards.

The Office of the Deputy Director-General team, CEQ took out the Department of Health Award for Consumer Engagement for their work on the *Offender Health Governance Improvement project*. This project established and nurtured multi-lateral partnerships between consumers, HHSs, the Department of Health and Queensland Corrective Services. The project saw prisoners given a first-time opportunity to provide direct feedback on the planning and delivery of health services. The project highlighted the benefits of engaging with consumers, particularly those that are economically and social disadvantaged, and the importance of partnerships with other human service agencies.

The winner of the Queensland Health Consumer Engagement Award was the Queensland Pelvic Mesh Service, jointly planned by the Clinical Excellence Division, Health Consumers Queensland and Gold Coast Health. The Queensland Pelvic Mesh Service is a multidisciplinary service—a 'one stop shop' of medical, nursing and allied health specialists assisting women affected by pelvic mesh with managing complications and treatment. Prior to the service opening, support and services for affected women were fragmented and difficult to access. A research working group has now been established to oversee the development of a research strategy to investigate the care and treatment of affected women and will seek to understand biopsychosocial effects on women as a result of complications.

Aspiring Women Leaders' Summit

On 4 March 2020, Queensland Health recognised International Women's Day and Queensland Women's Week with a full-day summit designed to empower women to reach their full career potential.

In its sixth year, the 2020 Aspiring Women Leaders' Summit looked closely at the value of strong partnerships as momentum is built towards greater diversity and inclusion outcomes and wellbeing.

With a theme of 'Alone we can do little, together we can do more: the power of partnerships and positive effect of inclusion on our wellbeing' the 2020 Summit saw over 1000 women and men from across government and Queensland Health attend the day. Dynamic leaders including Lisa Wilkinson, Peter Fitzsimons, Ian Healy, Adrian Richardson and Rosie Mansfield, as well as some of Queensland Health's own, including Barbara Phillips, Deputy Director-General Strategy, Policy and Planning Division shared insights into their own careers and their learnings with participants, leaving attendees motivated and inspired.

The Summit was a coordinated effort from members of the Women's Network, the QAS and the Business Partnerships and Improvement Branch, as well as the broader department.

Putting the spotlight on health, safety and injury management

The QAS held its second Annual Health, Safety and Injury Management Forum from 21 to 23 November 2019 in Brisbane.

The forum is specifically designed for the Health and Safety Advisors (HSAs) who work and operate within each LASN and Operations Centre. The event enables all members of the Health and Safety Advisor Network to gather face-to-face to strengthen their network through building capability, codesigning innovative, evidence-informed practices and establishing strong relationships across QAS, leading the way in safety leadership.

In 2019, the forum was titled 'Looking toward the future with 2020 vision'. The QAS Commissioner Russell Bowles opened the forum confirming the commitment that the QAS has to health, safety and wellbeing of all staff, particularly through the release of the *QAS Health and Safety Strategy and Plan 2019–2023*.

The Deputy Commissioner Service Planning and Performance and the Deputy Commissioner, Corporate Services both reaffirmed the Commissioner's commitment, providing insight into the QAS's current and future proactive focus on health and safety risks, such as musculoskeletal health, psychological wellbeing, occupational violence, vehicle operation and driving as well as how the QAS continues to explore the role technology will have on both patient and staff safety in the future.

Two sessions of the forum were designed to look at building effective partnerships with stakeholders. WorkCover Queensland attended the forum to provide specialist advice on changes to the legislation and potential impacts on the QAS, and the Queensland Ambulance Service Education Centre (QASEC), Office of the Medical Director and Fleet and Equipment participated in a Panel Q&A session that was enlightening and informative.

As well as formal presentations, the network also participated in technical workshops on health, safety and wellbeing leadership, governance, hazard and risk management, incident management and communication and performance.

Fair and Inclusive Practice Network

Changed work arrangements are likely to affect almost every employee at some point in their working career, despite circumstances like transitioning to retirement, flexible work arrangements and parental leave often considered unique.

To support every employee in reaching fair work practices across the department, the Fair and Inclusive Practice Network (FIPN) was established as part of the *QAS Diversity and Inclusion Strategy and Action Plan 2019–20 22*.

In December 2020, the Commissioner invited QAS employees to join the FIPN). A total of 72 applications were received from across the state for the roles of Fair and Inclusive Practice Network Officers across each of the 16 LASNs and Central Office. Further to this, a role was also established for a coordinator who sits within the Office of the Commissioner.

In January 2020, the first cohort of 18 QAS employees attended the inaugural Induction Program of FIPN Officers.

The role of the FIPN officers is to assist the QAS in reforming the area of fair and inclusive practice by providing an additional channel for feedback and concerns and by contributing to a 'brains trust' to guide changes at a state level.

Each of the new FIPN officers were provided contemporary education of organisational policy, procedures and strategy related to the area, thereby allowing them to operate an extra avenue of support and advice for managers, supervisors and operational/administrative staff. This approach particularly supports staff who would rather have an informal discussion in the first instance with someone they know.

Other strategic achievements 2019–20:

- Responding swiftly to the emerging COVID-19 pandemic, the Office of the Chief Nursing Officer (OCNMO) supported the Queensland Health Surge Workforce Planning for nursing and midwifery by coordinating a Statewide Nursing and Midwifery Talent Pool, establishing a database for HHSs to engage with unplaced graduates interested in working during pandemic, supported recruitment for 13Health including new staff commencement and induction and identified suitable graduates to support nurse navigator roles for care in community (Hospital Avoidance).
- To further specific clinical workforce capacities across the Queensland Hospital and Health Services, including the utilisation of the Pandemic response sub-register formed with Ahpra, scenario-based, scalable options

analyses were produced for consideration in responses:
  - Nursing and Midwifery surge workforce options.
  - Pharmacy, Physiotherapy and Diagnostic Imaging surge workforce options.
  - Medical surge workforce options.
  - Aboriginal and Torres Strait Islander Health workforce options.
  - ICU nursing specific workforce surge options.
  - Aged Care nursing specific workforce modelling.
- Reports also modelled the impact of vulnerable workers (for example Aboriginal and Torres Strait Islander person who is 50 years and older with one or more chronic medical conditions – as per the Queensland Health guideline) and potential to lose skilled clinical workforce due to sickness from contracting COVID-19 and isolation requirements such as when awaiting testing results.
- Delivered the Choose Your Own Health Career (CYO) online resource, launched by the Minister for Health and Minister for Ambulance Services in Parliament on 28 August 2019. This online resource highlights the many jobs and career opportunities that are available in the health sector via VET pathways. It is available at atwww.cyohealthcareer.com.au.
- Partnered with the Department of Employment, Small Business and Training to form the new *Health Industry Skills Advisor and Gateway to Industry Schools program*.
- Incentivised ten employment pathways within hospital and health services and supported 24 Aboriginal and Torres Strait Islander Health Practitioners practice preparation program participants.
- Moved closer to the 3 per cent workforce target for Aboriginal and Torres Strait Islander employees under the *Moving Ahead Strategy*, Queensland Health is tracking at 2.12 per cent as at 30 June 2020.
- Undertook the annual Intern and RMO e-recruit campaign whereby the department functions as a central coordination point for over 7000 junior doctor applications.
- Continued a partnership with the Australian Medical Association of Queensland to provide Wellbeing at Work session to all interns.
- Established the Medi-Nav website, a career website for junior doctors that affords single source information on choosing a career pathway in medicine in Queensland Health.
- Established the Prevocational Medical Accreditation Queensland service. Approved as Queensland's intern accreditation authority. Commenced services in January 2019
- Developed leadership and management capabilities for Queensland clinicians through a range of innovative statewide leadership and management development programs delivered to 922 Queensland Health clinicians to support innovative and sustainable healthcare services and develop leadership skills and business acumen of the next generation. Programs included the *High Impact Leadership program*, *Manage4Improvement program*, *Step Up program*, *Take the Lead program*, and the *Learn2Lead Junior Doctors program*. Queensland Health also partnered with Metro South HHS to deliver the *Clinician and Medical Managers Orientation program*.
- Delivered 1670 customised leadership and management development training days to 1310 Queensland Health staff across 10 individual HHSs to support local employee development and culture improvement priorities.
- The Preceptor Training Program supported nurses and midwives across QH to assume the role of preceptor and effectively transition new or transferred employees (preceptees) into the workplace to meet the required performance expectations of their role. The Office of the Chief Nursing and Midwifery Officer funded Metro North HHS to coordinate and deliver the Preceptor Train the Trainer Workshops.

Service delivery statements

Queensland Health Corporate and Clinical Support	Notes	2019-20 Target/Est.	2019-20 Actual
Percentage of Wide Area Network (WAN) availability across the state	1		
Metro		99.8%	100%
Regional		95.7%	99.9%
Remote		92.0%	99.7%
Percentage of high-level ICT incidents resolved within specified timeframes	2,3		
Priority 1		80%	N/A
Priority 2		80%	90.48%
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5% unfavourable tolerance	4	95%	87.0%
Percentage of correct, on time pays	5	98%	99.6%
Percentage of calls to 13 HEALTH answered within 20 ‘seconds	6	80%	83.67%
Percentage of initiatives with a status reported as critical (Red)	7	<15%	0.0%
Percentage of formal reviews undertaken on Hospital and Health Service responses to significant negative variance in Variable Life Adjusted Displays (VLAD) and other National Safety and Quality indicators	8	100%	100.0%

Notes:

1. This is a measure of the availability and access of Information and Communication Technology (ICT) services via Queensland Health’s Wide Area Network (WAN) service across the state. The 2019-20 Actual WAN represents average monthly availability across the period from July 2019 to January 2020.
2. This measure provides an indication only of the level and variety of support provided to Queensland Health through this Service Area within required timeframes. Priority 1 definition: An enterprise application or infrastructure is inaccessible to all users at a tertiary referral hospital or multiple primary hospitals, e.g., 'Email system is down'. Priority 2 definition: An enterprise application or infrastructure is inaccessible to multiple business units at a tertiary referral hospital or to all users at a secondary referral hospital.
3. The 2019-20 Actual representing incident resolution within agreed timeframes is the number of incidents of each priority resolved within Service Level Agreement timeframes divided by the total resolved, across the period 1 July 2019 to 30 June 2020. Calculations are based on the time parameters of the Service Level Agreement, with allowances for time waiting for customer input and an assurance period after initial resolution to ensure no reoccurrence of the event. On this basis, 133 out of 147 Priority 2 incidents were resolved within agreed timeframes. There were no Priority 1 incidents.
4. This measure shows the percentage of construction projects delivered within scope, budget and time allocations as at 30 June 2020.

5. The measure is calculated by the number of forms processed on time which were submitted prior to the advertised deadline for the relevant period as a proportion of all forms submitted prior to the advertised deadline for the relevant period. The measure allows for an accurate representation of the Department of Health's performance in processing payments to employees, after allowing for impacts which are outside its direct and effective control, such as the quality and timeliness of form submission. The data is captured for the period 1 July 2019 to 30 June 2020.
6. The performance indicator of 80 per cent of calls answered in 20 seconds as this is internationally recognised as a suitable target/grade of service for health call centres. 13 HEALTH is above the Key Performance Indicator target of 80 per cent.
7. This measure is calculated as the number of eHealth Queensland delivered initiatives reporting a 'red' Portfolio status, divided by the total count of eHealth Queensland initiatives reported. The 2019-20 Actual measure is based on the QG Digital Projects Dashboard published June 2020 dataset. An initiative typically reports a 'red' portfolio status where it is forecast to exceed its baseline budget by 10 per cent or more, the end date of the project is forecast to be delayed by 30 days or more, or deliverables associated with the project have been found to be not fit-for-purpose. Other factors are also considered when determining whether an initiative should report a red portfolio performance status.
8. Formal reviews by statewide clinical experts are undertaken on HHS responses to significant negative variance in VLADs and other National Safety and Quality indicators to independently assess the adequacy of the response and action plans and to escalate areas of concern if required.

Acute Inpatient care

Queensland Health consolidated	Notes	2019-20 Target/Est.	2019-20 Actual
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days	1	<2	0.7
Percentage of elective surgery patients treated within clinically recommended times:	2		
Category 1 (30 days)		>98%	96.4%
Category 2 (90 days)		>95%	87.5%
Category 3 (365 days)		>95%	91.1%
Median wait time for elective surgery treatment (days)	3		
Category 1 (30 days)		..	15
Category 2 (90 days)		..	63
Category 3 (365 days)		..	244
All categories		..	40
Percentage of admitted patients discharged against medical advice	4		
Non-Aboriginal and Torres Strait Islander patients		0.8%	1.0%
Aboriginal and Torres Strait Islander patients		1%	3.0%

Average cost per weighted activity unit for Activity Based Funding facilities	5	$4,827	$5,103
Number of elective surgery patients treated within clinically recommended times:	6		
Category 1 (30 days)		48,555	47,411
Category 2 (90 days)		54,242	47,380
Category 3 (365 days)		36,325	27,144
Total weighted activity units (WAU's) - Acute Inpatient	7	1,347,667	1,307,908

Notes:

1. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days. Actuals for 2019-20 are based on actual performance from 1 July 2019 to 31 March 2020.
2. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Note consistent with the National Cabinet decision, Queensland Health temporarily suspended non urgent elective surgery in preparation for COVID-19, this has impacted the seen in time performance.
3. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. Performance was impacted by the temporary suspension of non-urgent elective surgery in preparation for COVID-19.
4. This service standard is a proxy measure for Aboriginal and Torres Strait Islander cultural appropriateness of inpatient services. Current performance for Aboriginal and Torres Strait Islander patients is not meeting the target and is likely to take longer than initially projected to achieve. However, given statewide rates have historically been above 3.5 per cent and approaching four per cent, the 2019-20 Actual is encouraging. Actuals for 2019-20 are based on the period 1 July 2019 to 30 June 2020.
5. Actual data for 2019-20 is financial year to date to March 2020. Cost per WAU excludes Prevention and Primary Care, Specified Grants, and Clinical Education and Training. The introduction of a revised Australian Coding Standard '0002 Additional diagnoses' from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same case mix of 2018-19 year. Furthermore, the additional costs of the COVID-19 pandemic costs and the temporary suspension of non-urgent planned care services which reduced the volume of patient activity, which contributed to the difference in Cost per WAU.
6. 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. Consistent with the National Cabinet decision, Queensland Health temporary suspended non urgent elective surgery in preparation for COVID-19, this has impacted the volume of elective surgery performed.
7. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard '0002

Additional diagnoses' from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same case mix of 2018-19 year and COVID-19 preparation and the temporary suspension of non-urgent planned care services reduced the volume of patient activity.

Outpatient care

Queensland Health consolidated	Notes	2019-20 Target/Est.	2019-20 Actual
Percentage of specialist outpatients waiting within clinically recommended times:	1		
Category 1 (30 days)		65%	75.6%
Category 2 (90 days)		55%	48.9%
Category 3 (365 days)		75%	81.0%
Percentage of specialist outpatients seen within clinically recommended times:	2		
Category 1 (30 days)		83%	83.0%
Category 2 (90 days)		69%	63.4%
Category 3 (365 days)		84%	84.8%
Number of Telehealth outpatient occasions of service events	3	108,945	182,025
Total weighted activity units (WAU's) - Outpatients	4	393,277	355,218

Notes:

1. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. Actuals for 2019-20 are as at 30 June 2020. Specialist Outpatient volumes of waiting and seen are based on care provided/waiting at a Queensland Public Hospital and do not include activity undertaken by non-Queensland Health facilities. In preparation for COVID-19, Queensland Health temporarily suspended non urgent specialist outpatient services, this has impacted the percentage of patients waiting within the clinically recommended time.
2. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. In preparation for COVID-19, Queensland Health temporarily suspended non urgent specialist outpatient services, this has impacted the seen in time performance.
3. This measure tracks the growth in non-admitted patient (outpatient) telehealth service events. Rapid uptake in telemedicine occurred as a result of preparing for COVID-19.
4. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. The service agreement category 'Total WAUs—Interventions and procedures' has been reallocated between 'Total WAUs—Acute Inpatient Care' and 'Total WAUs—Outpatient Care' based on individual HHS Inpatient vs Outpatient proportions. Delivery of activity and weighted activity units was impacted by COVID-19 preparation and the temporary suspension of non-urgent planned care services reduced the volume of patient activity.

Emergency care

Queensland Health consolidated	Notes	2019-20 Target/Est.	2019-20 Actual
Percentage of emergency department attendances who depart within four hours of their arrival in the department	1	>80%	75.7%
Percentage of patients attending emergency departments seen within recommended timeframes:	2		
Category 1 (within 2 minutes)		100%	99.6%
Category 2 (within 10 minutes)		80%	75.6%
Category 3 (within 30 minutes)		75%	73.3%
Category 4 (within 60 minutes)		70%	83.8%
Category 5 (within 120 minutes)		70%	97.0%
Percentage of Patients transferred off stretcher within 30 minutes	3	90%	76.1%
Median wait time for treatment in emergency departments (minutes)	4	..	13
Total weighted activity units (WAU's) - Emergency Department	5	280,187	273,203

Notes:

1. This is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs. The measure reflects the performance of the 105 performance reporting facilities across the State. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations.
2. This is a measure of the access and timeliness of ED services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from HHSs.
3. This is an indicator of the effectiveness of HHSs' processes to accept the transfer of patients from the Queensland Ambulance Service (QAS) to ED in public hospitals. It reports the percentage of patients transferred off stretcher within 30 minutes, and data is sourced from QAS.
4. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The target for this measure was removed from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
5. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. Delivery of activity and weighted activity units was impacted by COVID-19 preparation and changes to service models as a result.

Sub and non-acute care

Queensland Health consolidated	Notes	2019-20 Target/Est.	2019-20 Actual
Total weighted activity units (WAU's) - Sub-acute	1	131,089	132,944

Notes:

1. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary. Delivery of activity and weighted activity units was impacted by COVID-19 preparation and changes to service models as a result.

Mental health and alcohol and other drug services

Queensland Health consolidated	Notes	2019-20 Target/Est.	2019-20 Actual
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	1		
Aboriginal and Torres Strait Islander patients		<12%	15.9%
Non-Aboriginal and Torres Strait Islander patients		<12%	13.1%
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	2		
Aboriginal and Torres Strait Islander patients		>65%	59.2%
Non-Aboriginal and Torres Strait Islander patients		>65%	60.4%
Percentage of the population receiving clinical mental health care	3	>2%	2.1%
Ambulatory mental health service contact duration (hours)	4	>956,988	926,958
Queensland suicide rate (number of deaths by suicide/100,000 population)	5	…	15.3
Total weighted activity units (WAU's) - Mental Health	6	156,894	158,647

Notes:

1. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. 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. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021 and previous analysis has shown that there are statistically similar rates of follow up for Indigenous and non-Indigenous Queenslanders. Actuals for 2019-20 are for the period 1 July 2019 to 31 May2020 and are preliminary.

2. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslander's are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Actuals for 2019-20 are for the period 1 July 2019 to 30 June 2020.
3. This measure provides a mechanism for monitoring population access and treatment rates and assessing these against what is known about the distribution of mental health disorder in the community. It is the estimated proportion of the Queensland population accessing a public mental health service over the period.
4. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician resources. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.
5. This measure aligns with the Government's target under Our Future State: Advancing Queensland's Priorities, to reduce the State's suicide rate by 50 per cent by 2026. No annual targets for this measure were set as progress is expected over the long-term. Progress (+/-) towards the 10-year target is reported annually: from 5-year rolling average of 15 deaths per 100,000 population (2013-2017) to a target of 7.5 deaths per 100,000 population (2022-2026).
6. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual data for 2019-20 is preliminary.

Prevention, primary and community care

Queensland Health consolidated	Notes	2019-20 Target/Est.	2019-20 Actual
Percentage of the Queensland population who consume recommended amounts of	1		
Fruits		53.7%	52.5%
Vegetables		8.9%	8.0%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit	1		
Persons		61.5%	57.8%
Male		64.8%	60.1%
Female		58.3%	55.4%
Percentage of adults and children with a body mass index (BMI) in the normal weight category	1,2		
Adults		33.3%	32.3%
Children		67.5%	65.5%
Percentage of the Queensland population who consume alcohol at risky and high risk levels:	1,3		
Persons		21.6%	21.1%

Male		32.2%	31.7%
Female		11.5%	10.9%
Percentage of the Queensland population who smoke daily:			
Persons		10.8%	11.4%
Male		11.8%	12.3%
Female		9.7%	10.5%
Percentage of the Queensland population who were sunburnt in the last 12 months:	1		
Persons		52.7%	55.8%
Male		56.2%	60.4%
Female		49.4%	51.4%
Annual notification rate of HIV infection	4	3.7	3.2
Vaccination rates at designated milestones for:	5		
all children 1 year		95%	94.4%
all children 2 years		95%	92.0%
all children 5 years		95%	94.4%
Percentage of target population screened for:	6,7,8,9		
breast cancer		53.1%	53.1%
cervical cancer		…	…
bowel cancer		41.6%	42.3%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter	6,9	56.9%	57.0%
Ratio of potentially preventable hospitalisations (PPH) - rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations	10	1.7	1.8
Percentage of women who, during their pregnancy, were smoking after 20 weeks:	11,12		
Non-Aboriginal and Torres Strait Islander women		7.4%	7.0%
Aboriginal and Torres Strait Islander women	13	31.0%	37.9%
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation:	11,12		
Non-Aboriginal and Torres Strait Islander women		96.5%	96.9%
Aboriginal and Torres Strait Islander women	14	96.7%	90.9%

Percentage of babies born of low birth weight to:	11,12		
Non-Aboriginal and Torres Strait Islander women		4.6%	5.0%
Aboriginal and Torres Strait Islander women	15	7.3%	9.4%
Percentage of public general dental care patients waiting within the recommended timeframe of two years	16	85%	98.6%
Percentage of oral health Weighted Occasions of Service which are preventative	16,17	15%	18.1%
Number of rapid HIV tests performed	18	6000	6,612
Number of adult oral health Weighted Occasions of Service (ages 16+)	17,19	2,842,000	2,454,693
Number of children and adolescent oral health Weighted Occasions of Service (0-15 years)	17,19	1,200,000	882,724
Total weighted activity units (WAU's) - Prevention and Primary Care	20	42,849	43,597

Notes:

1. This is a measure of effectiveness of Queensland Government investment in prevention, with a broad range of actions described in the Health and Wellbeing Strategic Framework 2017 to 2026.
2. This service standard measures the percentage of adults and children in Queensland with a body mass index in the healthy weight category based on measured height and weight from the National Health Survey. It aligns with the Government's target under Our Future State: Advancing Queensland's Priorities, to increase the proportion of adults and children in the State with a healthy body weight by 10 per cent by 2026. This measure has replaced the previously reported: Percentage of the Queensland population who are overweight or obese, which will continue to be reported in the biennial Chief Health Officer report.
3. These are population measures from a representative survey sample, and as such there is a year to year variation. Point estimates such as these are not indicative of statistical trends.
4. The annual notification rate of HIV infection shows the rate of new diagnoses of HIV infection per 100,000 population per year. The 2019–20 actual is based on the period 1 January 2019 to 31 December 2019.
5. This is a measure of the effectiveness of the provision of funded vaccine for specific targeted programs. High immunisation rates are important to protect the health of the community. This measure aligns with the Government's target under Our Future State: Advancing Queensland's Priorities, for 95 per cent of Queensland children aged one, two and five years to be fully immunised by 2022. The 2019-20 Actuals cover the period 1 July 2019 to 30 June 2020.
6. This is a measure of the effectiveness of the participation strategies in place for cancer screening services (e.g. BreastScreen Queensland). A high screening rate or increasing proportion of the population being tested increases the possibility of cancer being detected.
7. Participation rates in BreastScreen Queensland program have been falling since 2008–09. The decline is greatest in women aged 50–54 years. This has long term consequences as clients are more likely to screen in the future if they have screened in the past. However, Queensland continues to be above the national average in 2017-18 based on latest published data.
8. On 1 December 2017 the national cervical cancer screening program changed in terms of the test, age eligibility and interval of screening and the Commonwealth Government took over responsibility for the national register. Insufficient information is available to derive an Actual for 2019-20. Changes to the measure will be considered for future Service Delivery Statement reporting.

9. The proportion of small cancers detected by the programme is an important indicator of the quality of the programme. A high proportion of small cancers detected indicates more disease being detected early. This is associated with improved morbidity and mortality outcomes. Early detection allows a wider range of treatment options—including less invasive procedures—and a higher likelihood of survival.

10. Potentially Preventable Hospitalisations (PPHs) are hospitalisations that could potentially have been avoided with 'better' care or access to care outside the hospital inpatient setting. While the 2019-20 Actual is not meeting the 2019-20 Target/Estimate, it is only marginally higher and is continuing to trend downwards. The 2019-20 Actual is based on the period 1 July 2019 to 30 June 2020.

11. This is an effectiveness measure as it provides support and evidence on the Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033, Investment Strategy 2018–2021. Actuals for 2019-20 are based on the period 1 July 2019 to 31 March 2020.

12. This measure reports on the effectiveness of antenatal care services to help positive health outcomes for mothers and babies. The measure aligns with the Government's target under Our Future State: Advancing Queensland's Priorities, to increase the number of babies born healthier by five percentage points by 2025.

13. While the 2019-20 Actual is not in line with the 2019-20 Target/Estimate, rates of smoking in pregnant Aboriginal and Torres Strait Islander women post 20 weeks gestation have been decreasing since 2005–06 when the rate was 51.8 per cent, representing an average decrease of approximately one per cent per annum. If the current rate of decline continues, the target rate will be achieved in the mid 2020s. Reducing rates of smoking during pregnancy remains a challenge due to high rates of smoking in the broader Aboriginal and Torres Strait Islander population. Initiatives underway to accelerate the rate of change include the Smoking Cessation Quality Improvement Payment (QIP) and Making Tracks smoking cessation investment. The positive impact of the QIP should be realised in early to mid-2020.

14. While the 2019-20 Actual is not in line with the 2019-20 Target/Estimate, a number of the HHSs have reached the target and overtime there has been sustained long term improvement in the proportion of Aboriginal and Torres Strait Islander women attending five or more antenatal appointments since 2002–03 when the rate was 76.7 per cent. To improve the statewide rate of access to antenatal care, there will be a renewed focus on those HHSs which are currently not meeting the target through existing Making Tracks investment in maternal health services. A QIP Initiative is underway to accelerate the proportion of Aboriginal and Torres Strait Islander women attending five or more antenatal appointments.

15. Low birth weight of babies born to Aboriginal and Torres Strait Islander mothers remains a significant challenge. To achieve sustainable gains in birth weight outcomes a focus must remain on supporting women and communities to addressing risk factors before and during pregnancy, including maternal smoking, infections and hypertension. As smoking rates in Aboriginal and Torres Strait Islander women who are pregnant are declining, it is likely this will have a positive impact on the percentage of babies born of low birth weight.

16. This is a measure of effectiveness for improving and maintaining the health of teeth, gums and soft tissues within the mouth, which has general health benefits. A higher rate suggests effective strategies are in place for ensuring access to preventive oral health.

17. An oral health Weighted Occasion of Service (WOoS) is a measure of activity and weights occasions of service based on their complexity to provide a common unit of comparison for oral health services.

18. The rapid test is used for screening for HIV and produces a result in 30 minutes or less. The 2019-20 actual is based on the period 1 January 2019 to 31 December 2019.

19. Actuals for 2019-20 are based on actual performance from 1 July 2019 to 30 June 2020. 2019-20 Actual were significantly lower than 2019-20 Targets/Estimates primarily due to the impact of the COVID-19 pandemic from late March 2020. The Australian Health Protection Principal Committee issued a number of national restrictions of dental services from 25 March 2020. Even with easing of restrictions from 11 May 2020, additional patient screening. social distancing, infection control and other COVID-19-related measures continued to impact on the delivery of oral health services.

20. A WAU is a measure of complexity and volume (i.e. activity) and provides a common unit of comparison so that fairer comparisons can be made across differing clinical services. Service Agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Actual for 2019-20 is preliminary.

Ambulance Services

Queensland Health consolidated		Notes	2019-20 Target/Est.	2019-20 Actual
Time within which code 1 incidents are attended		1,2,3,4,5,6	8.2	7.5
50th percentile response time (minutes)	Code 1A		8.2	9.1
	Code 1B		8.2	9.7
	Code 1C		16.5	14.3
90th percentile response time (minutes)	Code 1A		16.5	17.4
	Code 1B		16.5	19.0
	Code 1C		90%	91.3%
Percentage of Triple Zero (000) calls answered within 10 seconds		7	70%	82.5%
Percentage of non-urgent incidents attended to by the appointment time		8	85%	84.5%
Percentage of patients who report a clinically meaningful pain reduction		9	97%	96.0%
Gross cost per incident		10,11	$744	$760
Patient experience		12	8.2	7.5

Notes:

1. Code 1 incidents are potentially life threatening necessitating the use of ambulance vehicle warning devices (lights and/or siren) en-route. Code 1 incidents are prioritised as:
   1A—Acute time critical, where a patient presents with abnormal or absent vital signs; or
   1B—Emergent time critical, where a patient has a pattern of injury or significant illness that has a high probability of deterioration; or
   1C—Potential time critical, where a patient does not present with a pattern of injury or significant illness but has a significant mechanism of injury or history that indicates a high potential for deterioration.
2. An incident is an event that results in one or more responses by the ambulance service.
3. The time within which Code 1 incidents are attended is referred to as the ‘Response time’. Response time is defined as the time taken between the initial receipt of the call for an emergency ambulance at the communications centre and the arrival of the first responding ambulance resource at the scene of an emergency. Short or reducing response times are desirable as it suggests a reduction in the adverse effects on patients and the community, of those emergencies requiring ambulance services.

4. In 2019–20, the QAS responded to 417,677 Code 1 incidents, representing a 4.2 per cent increase from 2018–19. This increased demand for service has affected the ability of the QAS to meet response time targets in some areas. Code 1B response times are outside the Service Delivery Statement response times targets at the 50th and 90th percentiles due to an increase of 6.9 per cent to a 2019–20 total of 129,463 and Code 1C response times are outside the response times targets at the 50th and 90th percentiles due to a 2.6 per cent increase in Code 1C incidents to a 2019-20 total of 275,515 incidents.
5. This measure reports the time within which 50 per cent of the first responding ambulance resources arrive at the scene of an emergency in Code 1 (1A, 1B, 1C) situations.
6. This measure reports the time within which 90 per cent of the first responding ambulance resources arrive at the scene of an emergency in Code 1 (1A, 1B, 1C) situations.
7. This measure reports the percentage of Triple Zero (000) calls answered by QAS operations centre staff in a time equal to or less than ten seconds.
8. This measure reports the proportion of medically authorised road transports (Code 3) (excluding Queensland Health and aero-medical transports) which arrive on time for designated appointment or are met for returned transport within two hours of notification of completion of an appointment (Code 4). 2019–20 Actual data as at 30 June 2020.
9. Clinically meaningful pain reduction is defined as a minimum two-point reduction in pain score from first to final recorded measurement. Includes patients aged 16 years and over who received care from the ambulance service which included the administration of pain medication (analgesia). Includes patients where at least two pain scores (pre- and post-treatment) were recorded and, on a numeric rating scale of one to 10, the initial pain score was at least seven.
10. Prior reporting periods have utilised ‘Patient Satisfaction’ as the service standard, which was amended to ‘Patient Experience’ in 2018–19 reporting period to better clarify what is being measured. This is a change to wording only, the calculation methodology remains unchanged.
11. Overall satisfaction score is reported as ‘Patient Satisfaction’ from one single question from the Council of Ambulance Authorities National Patient Satisfaction Survey Questionnaire (Q10. How satisfied were you overall with your last experience using the Ambulance Service?). This is the total number of patients who were either 'satisfied' or 'very satisfied' with ambulance services they had received, divided by the total number of patients that responded to the National Patient Satisfaction Survey of the Council of Ambulance Authorities. However, it should be noted that internal reporting of satisfaction is undertaken across multiple separate components of the patient’s experience to indicate the factors impacting on the overall satisfaction score on a year-by-year basis. The 2019–20 Actual figure was obtained from the CAA Report released in November 2019.
12. This measure reports ambulance service expenditure divided by the number of incidents. The increase in the 2019-20 actual for cost per incident relates to additional costs incurred due to Covid-19 resourcing and preparations coupled with reduced overall demand in the period March to June 2020.

Public Health Report 2019–20

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

Indigenous Health

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

Sexually transmissible infections (STIs) and Blood-Borne Viruses (BBVs)—infectious syphilis (less than 2 years duration) and HIV

Since January 2011, there has been an ongoing outbreak of infectious syphilis in Aboriginal and Torres Strait Islander people in North Queensland. It is currently affecting five Hospital and Health Service (HHS) areas: Torres and Cape, North West, Cairns and Hinterland and Townsville and Central Queensland.

As at 30 June 2020, there has been a total of 1580 infectious syphilis cases associated with the outbreak in Aboriginal and Torres Strait Islander people in North Queensland. The number increased from 94 cases in 2011, to a peak of 318 cases in 2017, followed by a decrease to 249 cases in 2019. For the first half of 2020, there were 71 cases notified. The notification rate of infectious syphilis in Aboriginal and Torres Strait Islander people in Queensland has increased from 65 cases per 100,000 population per year in 2011 to 146 cases per 100,000 population per year in 2019. There has also been an increase in the notification rate of infectious syphilis in the non-Indigenous population, from five cases per 100,000 population per year in 2011 to 17 cases per 100,000 population per year in 2019. There were 321 infectious syphilis cases in Aboriginal and Torres Strait Islander people in Queensland in 2019, 247 (77 per cent) of which were from the five outbreak-affected HHS areas.

The Queensland Government has invested $20M over five years to implement the *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021*, including health promotion initiatives and enhanced STI testing, treatment and management activities. The Commonwealth Government is supporting the enhanced response to syphilis in Northern Australia through implementation of a syphilis test and treat model using Point of Care Testing (POCT) in affected communities.

A *Queensland Aboriginal and Torres Strait Islander Action Plan 2019–2022* within the framework of the *Queensland Sexual Health Strategy 2016–2021* was added in 2019. The action plan aligns with national strategies and other Queensland action plans and recognises that engagement with the Aboriginal and Torres Strait Islander health sector and with Aboriginal and Torres Strait Islander people themselves will be critical to support the implementation of the plan.

Between 1 January 2011 and 30 June 2020, there were 17 congenital syphilis notifications in Queensland (12 in the Aboriginal and Torres Strait Islander population and 5 in the non-Indigenous population), eight of which resulted in death (all in the Aboriginal and Torres Strait Islander population).

A Queensland congenital syphilis case review has been completed to provide recommendations to inform change at clinical, policy and systems levels. A *Queensland Syphilis in Pregnancy Guideline* has also been developed and is being formally implemented in public maternity hospital departments across the state.

Despite small numbers of HIV notifications in Aboriginal and Torres Strait Islander people (ranging from 8 to 20 cases per year during 2015–2019), HIV was overrepresented in Aboriginal and Torres Strait Islander people who accounted for seven per cent of statewide HIV notifications. Nearly two-thirds of HIV notifications in Aboriginal and Torres Strait Islander people (2015–19) occurred in North Queensland. In comparison, there was a continuing decrease in HIV notifications in Queensland, from 201 cases (4.1 per 100,000 population per year) in 2015 to 157 cases (3.1 per 100,000 population per year) in 2019.

From 1 January 2015 to 31 December 2019, 42 new cases of HIV were diagnosed in Aboriginal and Torres Strait Islander people in North Queensland.

The majority (64 per cent) of these were notified from the Cairns and Hinterland region. Thirty-nine of these HIV cases are still living in North Queensland, and 36 (92 per cent) have been engaged in ongoing care, with 29 (81 per cent) achieving undetectable viral load, based on their most recent laboratory test results.

An HIV response team was established in the Cairns Sexual Health Service (CSHS) in January 2018 as part of the enhanced response to the cluster of HIV cases in North Queensland. Cairns and Hinterland HHS has received some recurrent funding for an ongoing clinical and public health response to HIV across North Queensland. An overarching *North Queensland HIV Framework* has been developed and a supporting *North Queensland HIV Action Plan* has been finalised to guide the ongoing clinical and public health responses.

Environmental health conditions

The health inequalities experienced by Aboriginal and Torres Strait Islander people can be attributed in part to poor environmental health conditions, including inadequate environmental health infrastructure, water supply, housing, sewerage, waste management and food safety and supply.

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

Over the last 15 years, Queensland Health has concentrated its efforts on increasing the health management capacity of Aboriginal and Torres Strait Islander local governments through the establishment of an environmental health workforce. A key challenge is to maintain and build capacity of the Indigenous Environmental Health Workforce and provide training opportunities to support these workers in delivering health services to their communities. Currently, Queensland Health is working with training providers to ensure that a nationally accredited training course will be available to all Indigenous Environmental Health Workers.

The *Aboriginal and Torres Strait Islander Environmental Health Plan 2019–22* takes a multi-strategy approach to improving environmental health conditions in Aboriginal and Torres Strait Islander local government areas. Work under the Plan is focused on supporting healthy living environments, developing partnerships between environmental health and clinical care and providing advocacy across government. It seeks to influence partners to ensure environmental health considerations are embedded in planning and delivery of services that influence healthy environments.

In addition, Queensland Health is also working collaboratively with other jurisdictions to progress actions under the *National Action Plan for Aboriginal and Torres Strait Islander Environmental Health* which seeks to improve access of Aboriginal and Torres Strait Islander People to healthy environments.

Water quality

Queensland Health continues to work in partnership with Aboriginal and Torres Strait Islander councils and other state government agencies to deliver the *Safe and Healthy drinking water in Indigenous local government areas program*. The aim of the program is to improve the operation and management of drinking water supplies in Indigenous communities to ensure public health is protected. Program delivery involves building the capacity of Indigenous water treatment plant operators to assure the ongoing safety, quality and quantity of water being supplied by each Indigenous local government.

This approach includes an intensive six-month mentoring program, where Queensland Health environmental health staff are placed week on/week off in community, followed by an ongoing support phase. Although the delivery of the program in 2019–20 was interrupted by Queensland Health's response to COVID-19, intensive support was able to be provided to Mer Island, Mapoon and Palm Island. Cherbourg had intended to participate in the program this year, but they had to suspend their involvement due to internal capacity issues. Once their internal issues have been resolved, program delivery can be reinvigorated.

Following lifting of the biosecurity measures for Indigenous communities, that had been implemented nationally during the COVID-19 response, the safe and healthy drinking water program recommenced and will continue to expand to all 31 drinking water supplies managed by Indigenous local governments across the state over the next few years.

Immunisation coverage

Queensland's childhood immunisation coverage rates are comparable to national rates for children at one, two and five years of age. In 2019–20, coverage rates for Indigenous children at one, two and five years of age improved from 2017–18, although there remains a gap between Indigenous and non-Indigenous childhood immunisation rates for children at both one and two years of age.

Data from the first three quarters of 2019–20 indicate that the coverage rate for Indigenous children (93.2 per cent) at one year of age is 1.1 per cent lower than for non-Indigenous children (94.3 per cent), compared with 2.4 per cent in 2018–19. The coverage rate for Indigenous children (89.6 per cent) at two years of age is 2.4 per cent lower than for non-Indigenous children (92.0 per cent), compared with 2018–19 (2.2 per cent). At five years of age the gap is reversed, with the rate for Aboriginal and Torres Strait Islander children (96.6 per cent) 2.5 per cent higher than for non-Indigenous children (94.1 per cent).

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

To address this issue, the Department of Health:

- Continued the *Bubba Jabs on Time* initiative delivered through the Health Contact Centre to follow up Aboriginal and Torres Strait Islander children up to five years of age overdue for immunisations.
- Continued to fund a project located within the Queensland Aboriginal and Islander Health Council (QAIHC) to support Aboriginal and Torres Strait Islander Community Controlled Health Services to improve immunisation data quality and to provide strategic leadership, information and advice.
- Continued funding for immunisation follow-up and outreach projects, *Boots on the Ground*, developed by Townsville HHS and *Connecting Our Mob*, developed by Cairns and Hinterland HHS, to address low coverage childhood immunisation rates for Aboriginal and Torres Strait Islander children.

Chronic disease and cancer

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

Chronic diseases impact on the health system, the health and wellbeing of the community, and the economy. Reducing unhealthy behaviours and increasing healthy habits across the population is an effective way of reducing the chronic disease burden.

Tobacco smoking

Queensland is increasingly becoming smoke-free. The adult daily smoking rate has halved since 1998 and youth smoking is at its lowest recorded level. The adult daily smoking rate in 2019 is 11 per cent and seven per cent of Queensland school students aged 14–19 years smoked in the previous week in 2017.

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

While there has been a substantial reduction in smoking rates over recent years, significant challenges remain. The number of people who smoke is still too high — in 2019, there were 445,000 adult daily smokers. Furthermore, some groups such as Indigenous Queenslanders continue to have much higher smoking rates than the whole population. For the improved health and wellbeing of all Queenslanders, the smoke-free cultural change needs to be strengthened and sustained.

In response to this challenge, the department's *Smoking Prevention Strategy 2017 to 2020*, under the *Health and Wellbeing Strategic Framework*, sets priority actions to help smokers to quit, prevent young people from starting smoking and increase smoke-free environments. In 2019–20, key actions included:

- Delivering 33,000 tailored quit support sessions to smokers via Quitline.
- More than $2.75 million allocated to Quitline for the provision of intensive quit smoking support, including a 12-week supply of nicotine replacement therapy, for groups with high smoking rates or at high risk of harm, including disadvantaged groups, Indigenous people, those from regional, rural and remote areas, pregnant women, their partners and parents and guardians of children aged three and under. Individuals who complete an intensive quit support program achieve a quit rate of 27 per cent at 12 months post program completion.
- Strengthening primary healthcare services for Indigenous smokers by increasing brief intervention skills of health professionals and access to culturally effective resources.
- Strengthening the capacity of Aboriginal and Torres Strait Islander Councils to create local smoke-free environments and events.
- Providing quit smoking support and advice to public hospital inpatients, and dental and community mental health clients.
- Encouraging and supporting workplaces to establish smoke-free policies and access to quit smoking programs.
- Delivering a social media campaign to raise awareness of the quit smoking services available via the Quit HQ website.

Healthy weight

The challenge of reducing overweight and obesity is a global problem. Latest data show that 68 per cent of Queensland adults and 25 per cent of Queensland children are overweight or obese in 2017–18.

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

Many factors increase the likelihood of people gaining and retaining too much weight. Our sedentary environments and modern lifestyles have contributed to inactivity and high consumption of high-energy foods. Encouragingly, in recent years there has been gradual societal change. This includes a greater awareness of overweight and obesity than a decade ago, although as yet there has been no reduction in the population prevalence.

Healthy weight is a public health priority as overweight and obesity is the second largest cause of total disease burden (second to tobacco) and the largest contributor to the disability burden in Australia. Overweight and obesity has substantial human and financial costs and compromises the potential of affected individuals, families and communities.

Unhealthy weight gain results from the complex interplay between food (energy in), physical activity (energy out), genetic and environmental factors favouring the consumption of more energy than needed. Cheap, energy-dense and nutrient-poor foods and drinks are highly marketed and readily available in many of the settings where Queenslanders live, work, learn and play, while work and leisure are largely sedentary. Given this environmental profile, it is not surprising that only 43 per cent of Queensland adults described their lifestyle as very healthy. Increasing the number of Queenslanders with a healthy weight requires a blend of actions that empower individuals and adjust environments to make it easier for Queenslanders to eat a healthier diet and move more.

The *Keep Queenslanders healthy* priority within *Our Future State: Advancing Queensland's Priorities (2018)* aims to increase the proportion of adults and children with a healthy body weight by 10 per cent by 2026. The Department of Health is leading this priority, which includes:

- In July 2019, *Health and Wellbeing Queensland* was established to provide an additional focus on poor nutrition, low physical activity and obesity.
- Increasing the availability of healthy food and drink in public healthcare facilities.
- Guiding what food and drink is promoted on government-owned advertising spaces.
- Improving the accessibility, affordability and acceptability of healthy food in remote Aboriginal and Torres Strait Islander communities using a community-led approach.

In addition, under the *Healthy Weight Strategy 2017 to 2020*, the department is driving 30 actions: 11 targeting people at higher risk of unhealthy weight; and 19 designed to nudge all Queenslanders towards healthier choices. Programs associated with some of these actions include:

- In May 2020, *My health for life*, a risk assessment and lifestyle modification program achieved its primary target to support 10,000 Queenslanders to complete the program since its commencement in 2017.
- Increasing physical activity and healthy eating by continuing community programs including *Heart Foundation Walking*, *10,000 Steps*, *Jamie's Ministry of Food* and the *Queensland Country Women's Association Country Kitchens.*
- Supporting schools and amateur community sporting clubs to promote healthy behaviours and provide healthy food and drink options through the *Healthy Tuckshop Support*, *Good Sports Healthy Eating* and the *Life Education* programs.
- Implementing the *Patient Wellness Clinical Pathway* in orthopaedic specialist outpatient departments to improve health and wellbeing prior to surgery.
- Collaborating with Workplace Health and Safety Queensland to embed a health and wellbeing culture across industry and employer groups in the public and private sectors.

Since 1 January 2020, Health and Wellbeing Queensland has overseen management of 10 of the programs on behalf of the Department of Health. In response to COVID-19, access to programs online has been extended.

Through the Council of Australian Government's Health Council, the Queensland Department of Health is leading:

- The development of Australia's first national obesity strategy (to guide coordinated action to increase healthy weight for all Australians).
- The *National Childhood Obesity Prevention Project* (to develop resources and approaches to limit the effects of unhealthy food and drinks on children, e.g. the *National Interim Guide to Reduce Children's Exposure to Unhealthy Food and Drink Promotion).*

Cancer Screening

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

For over 25 years, Queensland Health has been providing breast screening services to reduce deaths from breast cancer targeting women aged 50–74 years. The program is delivered through BreastScreen Queensland screening and assessment services, including 11 main sites, 21 satellites and 11 mobile vans covering more than 260 locations across the state. The latest available data identifies that 55.1 per cent of Queensland women aged 50 to 74 years participated in the program for the 24-month period 2017–18. In the 2019–20 financial year, 213,606 breast screens were performed. This number was less than usual due to breast screen being temporarily suspended due to the COVID-19 pandemic on 1 April 2020. This temporary service suspension allowed for the completion of screening pathways for existing clients, protection of the health and safety of clients and staff, and release of the Hospital and Health Services' staff and facilities to respond to COVID-19 healthcare surge demand. At 30 June 2020, 10 of 11 BreastScreen Queensland services have resumed.

Queensland Health also supports the National Cervical Screening Program (NCSP). The Program aims to reduce the number of women who develop or die from cervical cancer through screening, which currently detects early changes in the cervix before cervical cancer develops. Approximately 54.4 per cent of Queensland women participated in the program for the 12-month calendar period 2018. In 2019, 383,305 Queensland women aged between 25 to 74 years undertook a Cervical Screening Test.

The National Bowel Cancer Screening Program (NBCSP) invites eligible Queenslanders aged 50 to 74 years to screen every two years for bowel cancer using a free, simple test at home. Queensland Health supports the NBCSP through the delivery of the Participant Follow Up Function (PFUF) for participants who received a positive faecal occult blood test and were not recorded on the NBCSP Register as having attended a consultation with a relevant health professional. The total number of follow-up interactions in Queensland that were delivered for the 2019–20 financial year was over 6,800. This number was less than usual, due to data only being available for the period 1 July 2019 to 15 November 2019 rather than the whole financial year, due to a transition to the National Cancer Screening Register. The latest available data identifies that 40.8 per cent of eligible Queenslanders participated in the program for the 24-month calendar period 2017–18.

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

Environmental Health

Impacts on human health from environmental risks arise from a range of sources, including physical, chemical and biological factors and the related factors impacting behaviours. In 2015, it was estimated that two per cent of the total burden of disease in Australia was due to occupational exposures and hazards, including injuries, loud noise, carcinogens, particulate matter, gas and fumes, asthmagens and ergonomic factors (Australian Institute of Health and Welfare, 2019).

The natural environment can influence physical and mental health through factors such as the quality of air and water, soil in which food is grown, positive and negative effects of exposure to ultraviolet radiation (adequate exposure protecting against Vitamin D deficiency and excessive exposure being linked to skin cancer) and the potential impact of extreme weather events (Australian Institute of Health and Welfare, 2018). The built environment also encompasses several determinants of health, including housing, neighbourhood conditions and transport routes, which shape the social, economic and environmental conditions that are needed for good health (Glasgow Centre for Population Health, 2013).

Pressures on the natural environment, including more frequent, adverse weather events, climate change and population growth, and design of the built environment can contribute to an unhealthy environment and negatively influence people's physical and mental health and wellbeing (Australian Institute of Health and Welfare, 2018). The ability to effectively identify, assess and respond to threats from environmental sources is a critical part of a proactive and integrated health protection response to safeguard and improve the health of Queenslanders.

Climate adaptation and health system sustainability

Numerous climate related events in Queensland since 2018 have reinforced the concerns of the World Health Organization, which identified earlier this millennium that changing climate is the biggest global health threat of the 21st century. In Queensland, recent notable climatic events have included dust storms, drought, flood, wildfires and cyclones. The cumulative impacts of multiple short-term environmental impacts, drought and bushfires in quick succession has flow-on impacts to human health. Examples include the effect of smoke and dust on respiratory systems and the potential loss of arable lands with flow on effects to food security. In 2018 and 2019, Queensland experienced its fifth and sixth warmest years on record for mean annual temperature, as well as the warmest January and December on record. Average temperatures are predicted to further increase by one to two degrees, while fire risk is expected to double, by 2100. In addition, if the current trend continues, a one metre rise in sea level is predicted by the end of this century, potentially displacing millions of Queenslanders by 2100.

In response to these climate threats, Queensland Health is developing a Climate Risk Strategy and Guidelines for the development of Climate Risk Action Plans, both of which recognise the need to mitigate and reduce our greenhouse emissions, while embedding sustainability and adaptation into our day to day business. This ranges from how we plan for and provide future health services, through to how we manage our waste, energy and water use, and support and train our staff. The strategy sets high level goals and identifies actions to strengthen Queensland Health's management of climate risk to better enable the department to continue to deliver health functions and services equitably across Queensland. This includes building community resilience against the imminent climate threats. The strategy will be aligned to the Queensland Government's Climate Change Response (QCCR) released in 2017.

The Department of Health and a number of Hospital and Health Services including West Morton, Metro South, Darling Downs and Children's Health are now members of the Global Green and Healthy Hospitals (GGHH), a global alliance of 43,000 hospitals and health centres dedicated to reducing their environmental footprint and promoting public and environmental health. Membership will help support and inform future actions on sustainability and will allow improved sharing of both resources and knowledge on what works best in responding to climate risks in health systems.

In late 2019, Queensland Health completed a development of a Climate Adaptation 'Toolbox' for use by Hospital and Health Services, Queensland

Ambulance Service and the Department of Health. The Toolbox consists of a Climate Adaptation Guideline, a Climate Almanac inclusive of regional climate predictions, and risk planning templates to support development of an adaption plan by users. The Toolbox is expected to be released in 2020 and will be supported by a rollout of training workshops across Queensland Health.

Foodborne illness—Salmonella and Campylobacter

It has been estimated that there are approximately 4.1 million cases of foodborne illness in Australia each year, with contaminated food causing approximately 30,800 hospitalisations and 80 deaths every year. Among the notifiable pathogens, Campylobacter is the major cause of human gastrointestinal illness in Australia, while Salmonella is the leading cause of foodborne illness outbreaks in Australia.

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

In Queensland, the reduction of foodborne illness is a priority and is achieved through a legislative framework focused on through-chain, risk-based principles. The framework is comprised of several complementary pieces of legislation, each addressing food safety at different stages of the food supply chain from primary production through manufacturing and food services.

The Queensland coregulatory approach aims to reduce the number of food-related human cases of *campylobacteriosis* and *salmonellosis* in Queensland, while aligning with and supporting the national approach.

Key components of the Queensland coregulatory approach include:

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

The largest recorded foodborne *Salmonella Typhimurium* outbreak in Australia occurred from late-January to mid-March 2020. There were 687 Queensland cases, and 376 cases across all other Australian jurisdictions. The investigation included 411 Queensland case interviews, 550 Queensland laboratory tests of implicated food items, and advanced genotyping enabling early outbreak detection. The epidemiological investigation was unable to confirm a food source though a produce item is suspected. Analysis of data collected from a case-control study that was conducted as part of this investigation is currently in progress.

As part of the Queensland strategy to improve engagement with stakeholders, promote food safety culture and reduce regulatory burden, the Department of Health commenced an online initiative known as the Food Pantry. The Food Pantry will provide food businesses with a streamlined, across government web-based experience. It will be a ‘one-stop-shop’ for food businesses, providing information on legislative, licensing and training requirements and will also include educational materials such as self-assessment checklists, fact sheets, templates and posters.

The initiative seeks to create increased efficiency for businesses in accessing clear, consistent and user-friendly food safety information and requirements, and reduce the cost for business owners to transact with regulators. The project is scheduled for completion in April 2021.

Air Quality

Queensland’s air quality was significantly impacted by bushfires during the 2019–20 bushfire season, this included bushfire smoke from New South Wales. Air quality levels across Queensland fluctuated extensively during this period, due to weather conditions and fire intensity. Queensland Health provided daily health advice to the public, including sensitive groups, such as those with pre-existing respiratory conditions as well pregnant women and the elderly. To ensure consistent bushfire smoke—public health advice, Queensland

Health is working collaboratively with other state health and environment agencies in preparedness for the upcoming bushfire season.

Water Quality

Swimming pools and other public aquatic facilities

Public aquatic facilities are vital for maintaining and promoting active lifestyles for improved health and wellbeing, but the safe operation of these facilities requires constant effort to suppress the risk of waterborne disease outbreaks. To assist with the management of these facilities, Queensland Health's new Water Quality Guidelines for Public Aquatic Facilities were released in December 2019. These guidelines were developed in consultation with the Victorian Department of Health and Human Services to promote consistency of practice between facility operators across jurisdictions. The guidelines address areas such as risk management, treatment processes, bather loads, monitoring and incident response, and are available to support facility operators from the Queensland Health website.

Drinking water incident—Tangalooma Island Resort

Drinking water is an essential element in the maintenance of good health and the management of a water supply requires appropriate skills and knowledge to ensure that the supply is safe. In late October 2019, an outbreak of gastroenteritis at Tangalooma Island Resort occurred resulting in 105 confirmed cases of illness. Initial investigations confirmed that a broken sewerage pipe had led to the contamination of the shallow sand aquifer from which the resort sourced its drinking water.

Tangalooma Island Resort invested considerable time and effort to resolve the issues and to ensure the future safety and security of their drinking water supply. The water is now treated with disinfectant prior to its supply and managed under a new drinking water management plan.

The incident highlighted the need for improved oversight by local government on private drinking water suppliers. Partly in response to this incident, a guideline for private drinking water supplies has been developed and will be distributed for consultation with relevant stakeholders in the near future.

Recycled water

The supply and use of recycled water can provide many benefits for Queensland communities. However, if the hazards associated with the supply and use of recycled water are not managed appropriately, the health of the public can be put at risk. Queensland Health is the primary regulator of so-called 'low exposure' recycled water schemes in Queensland. These are schemes that supply recycled water for uses such as open space irrigation, the irrigation of heavily processed food crops and non-food crops, the irrigation of pasture and fodder crops, and dust suppression. In late October 2019, Queensland Health's Water Unit published the Guideline for low exposure recycled water schemes, in conjunction with a Model recycled water user agreement, to help prevent the supply of recycled water for these uses giving rise to public health risks.

Occupational Dust Lung Disease

As part of the Queensland Government's response to the re-emergence of occupational dust lung diseases, such as coal workers' pneumoconiosis and silicosis, amendments were made to the *Public Health Act 2005* and associated regulations for the establishment of a Notifiable Dust Lung Disease (NDLD) Register, which commenced on 1 July 2019.

Since 1 July 2019, occupational and respiratory medicine specialists must notify cases of notifiable dust lung disease to Queensland Health via the NDLD Register. A notifiable dust lung disease is any of the following respiratory diseases when caused by occupational exposure to inorganic dust:

- cancer (e.g. mesothelioma)
- chronic obtrusive pulmonary disease, including chronic bronchitis and emphysema
- pneumoconiosis, including:
  - asbestosis
  - coal workers' pneumoconiosis
  - mixed-dust pneumoconiosis
  - silicosis.

Examples of inorganic dust include dust from silica, coal, asbestos, natural stone, tungsten, cobalt, aluminium and beryllium.

On request, Resources Safety and Health Queensland and the Office of Industrial Relations must also report information that their organisations hold on cases of notifiable dust lung disease to the NDLD Register.

A report on the number and types of notifiable dust lung diseases recorded in the NDLD Register during the financial year, and other activities the department has undertaken to achieve the

purposes of the NDLD Register, must be provided to the Minister for Health and Minister for Ambulance Services by 30 September each year. The Minister must as soon as practicable after receiving the report, table the report in Parliament. Once tabled in Parliament, the 2019–20 annual report will be published on the NDLD Register website: https://www.health.qld.gov.au/public-health/industry-environment/dust-lung-disease-register

Lead

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

The Mount Isa Lead Health Management Committee continues to support the Point of Care Testing (PoCT) program undertaken by the NWHHS Child Health Services. This program utilises a simple finger prick blood lead test, which is less painful than the more invasive venous blood test, at the same time as their scheduled immunisations—at age 6 months, 12 months, 18 months and 3 ½ years. There has been a strong community uptake of the PoCT program, with approximately 364 tests being undertaken during the 2019–20 year. Therefore, 'at risk', children are being more readily identified through this program and referred to their 'GP' for a more accurate venous test and follow up case management if necessary.

Clandestine Drug Laboratories

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

Contamination of domestic premises used in the production of illegal drugs is a public health risk and is a local government responsibility under the *Public Health Act 2005*. The guideline 'Clandestine Drug Laboratories—A management guideline for public health regulators', as well as online training and other supporting materials has been made available to local governments. Queensland Health continues to assist local governments to resolve public health risks associated with former clandestine laboratory sites.

PFAS

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

Radiation Safety—Consumer Risk and Safety Information: Light-based cosmetic services webpages

In response to increased enquiries about the safety of light-based cosmetic services (e.g. lasers and intense-light sources, such as intense pulsed light devices) and potential under reporting of harm, webpages were developed to provide authoritative guidance for consumers on understanding the risks of light-based cosmetic services and how to minimise them, and other safety information https://www.qld.gov.au/health/conditions/all/prevention/beauty-therapy/light-based-cosmetic-services/risks

In Queensland, technicians using 'class 4' laser devices are required to undergo training and be licensed under the *Radiation Safety Act 1999*. The business they operate out of must also be licensed to deliver the services. However, intense pulsed light (IPL) devices are not regulated. Lasers emit one wavelength of light, so the skin penetration level can be controlled and target a more specific area, whist intense light sources (e.g. IPL) emit a range of wavelengths of light so the skin penetration levels will vary—light will spread as it travels so the devices target a more general area.

Lasers and intense light sources, such as intense pulsed light (IPL) devices are used for a range of

cosmetic services to make changes to the skin's appearance including hair reduction, skin rejuvenation, capillary reduction and tattoo removal. Light-based cosmetic services have the potential to cause serious injury and adverse outcomes if performed incorrectly and not used for their intended purpose, including burns, infection, eye damage, blistering, skin pigmentation changes, and permanent scarring. It is important that the right device is used for the service as a single device is not able to perform every type of service, for instance, IPL devices are not suitable for tattoo removal.

Queensland Health enhanced its public information on the risks associated with use of radiation sources in cosmetic services cosmetic industry, to assist consumers make safe decisions regarding their risk.

Pharmacy inquiry response

Queensland Health has implemented a range of regulatory measures to streamline timely access to, and continued supply of, essential medicines as part of the delivery of the government response to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's (Committee) inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland. The amendment to the Health (Drugs and Poisons) Regulation 1996 on 19 June 2020 provided the authorising environment for pharmacists participating in the Queensland University of Technology (QUT) Urinary Tract Infections (UTI) trial, to supply medicines for the treatment of uncomplicated UTIs. Additionally, the Deputy Premier approved an amendment to the Health (Drugs and Poisons) Regulation 1996 to allow women who have an immediate need for an oral contraceptive to access a full pack of any oral contraceptive, whether or not covered by the PBS Continued Dispensing Determination, from a pharmacist. These changes will allow women to obtain an interim supply of any contraceptive pill once within a 12-month period if their prescription has expired. Previous provisions only included oral contraception listed on the Pharmaceutical Benefits Scheme (PBS) and these changes offer greater options and flexibility, regardless of what type of contraceptive pill women are taking.

While a number of work projects developed to deliver the government's response were suspended as a result of the COVID-19 pandemic, the Pharmacy Inquiry Response team continue to work through a number of key deliverables as part of the government's response to the Committee's recommendations and provide regular Progress Reports (to the Committee) on implementation outcomes.

Communicable disease prevention and control

Over the last century, considerable progress has been made in reducing communicable disease related morbidity and mortality. However, communicable diseases remain relatively common and are a significant public health priority in Queensland. There were more than 130,000 communicable diseases reported in Queensland during the 2019–20 financial year, representing about one notification per 37 Queenslanders.

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

COVID-19 public health response

In December 2019, a new coronavirus (SARS-CoV-2) emerged in Wuhan City in the Hubei Province of China. The disease caused by the new virus was later named COVID-19. Queensland acted early and decisively to respond to the threat of COVID-19. On 22 January 2020, the Chief Health Officer and Deputy Director General declared a public health event of statewide significance and stood up the Public Health Incident Management Team (COVID-19 IMT), led by experienced staff from the Communicable Diseases Branch of the Prevention Division. The declaration enabled the Chief Health Officer to manage the resources across the state to prepare for a significant event and to mitigate the impact on Queensland.

The State Health Emergency Coordination Centre (SHECC) was activated on 25 January 2020 to respond to the COVID-19 pandemic and embedded Liaison Officers from several other government agencies. The State Disaster Coordination Centre was activated to coordinate the whole-of-government response in support of Queensland Health as the lead agency for the pandemic.

On 29 January 2020, the Honourable Steven Miles MP, then Minister for Health and Minister for

Ambulance Services, declared a public health emergency for all of Queensland under Section 319 of the *Public Health Act 2005*. Queensland was the first State or Territory in Australia to declare this public health emergency. The declared public health emergency was subsequently extended to 17 August 2020 under several legislative amendments. Several regulations were also made to prescribe police officers, fire service officers and harbour masters as additional categories of persons who may be appointed as emergency officers (general) under Section 333 of the *Public Health Act 2005*.

On 30 January 2020, the Public Health (Coronavirus (2019–nCoV)) Amendment Regulation 2020 was made to prescribe COVID-19 as a controlled notifiable condition and a condition requiring immediate notification.

The *Public Health and Other Legislation (Public Health Emergency) Amendment Act 2020* (Public Health Emergency Act) was passed by Parliament on 18 March 2020 to amend the *Public Health Act 2005* to strengthen powers of the Chief Health Officer and emergency officers to implement social distancing measures, including regulating mass gatherings, isolating or quarantining people suspected or known to have been exposed to COVID-19 and protecting vulnerable populations, such as the elderly and First Nations communities.

The COVID-19 IMT has worked collaboratively with a multitude of stakeholders within the Department of Health, with Hospital and Health Services, across other jurisdictions and with primary care, industry and the community sector to implement a coordinated public health response to the pandemic. This included detailed investigation of confirmed cases and tracing of close contacts as well as advice on evidence-based infection prevention and control measures to healthcare settings and providers, industry, community, policy makers and other state government departments. This advice has been crucial for appropriately managing COVID-19 cases and preventing transmission in healthcare and community settings.

There were 1068 people who were diagnosed with COVID-19 and had onset of symptoms or a specimen collection date on or before 30 June 2020. Most (830 people or 78 per cent) acquired the infection overseas, typically identified as returned travellers from international flights and/or from cruise ships. There were 179 cases (17 per cent) who acquired the infection locally (within Australia) from a direct link with another confirmed case or cluster of cases. The remaining 59 cases were considered locally acquired but did not have an identified source of infection. Rapid isolation of all infectious cases and quarantining of all close contacts who were identified as being at risk of being infected was critical in preventing and/or minimising transmission. Testing of symptomatic people was an essential component of case finding whilst physical distancing remained a major focus for minimising transmission.

Queensland Health introduced a range of regulatory measures through the use of Chief Health Officer directions under the *Public Health Act 2005* to mitigate the risk of spread of disease within the community. These directions give effect to the long-established public health disease control regulatory measures of utilising border and quarantine controls, promoting hygienic practices in households, the community and businesses, specifying social distancing requirements and enhanced record keeping to assist in contact tracing when cases emerge. Queensland Health worked in partnership with all agencies and their stakeholders to implement COVID-19 safe Industry Plans which outline the specific measures that businesses and community organisations are required to comply with. A multi-agency enforcement program has been established to ensure compliance with these measures. Queensland Police, in particular, has led the management of quarantine and border controls, while all regulatory agencies have taken on ensuring compliance with COVID-19-Safe requirements in the industries they regulate.

Queensland Health also implemented regulatory measures to increase and streamline access (and reduce inappropriate access) to essential medicines during the COVID-19 pandemic. Amendments were made to the Communicable Diseases Program Drug Therapy Protocol to enable pharmacists, registered nurses, Aboriginal and Torres Strait Islander health practitioners, indigenous health workers and ambulance officers to supply or administer certain vaccines and essential medicines under specified conditions. The Pharmacist Vaccination Program Drug Therapy Protocol was amended to provide pharmacists with the authority to administer certain vaccines to reduce the respiratory disease burden during the COVID-19 pandemic. In addition, the Queensland Pharmacist Vaccination Standard was amended to reduce regulatory burden and enable more streamlined administration of vaccines by pharmacists. On 7 April 2020, a Chief Health Officer Public Health Direction was made to limit inappropriate prescribing and dispensing of hydroxychloroquine, a medicine reported in the

media to have claims of possible effectiveness against COVID-19, to prevent medicines shortages affecting people who take the medicine for a chronic health condition.

On April 7, the Queensland Health paused work on the Medicines and Poisons regulatory framework to free up resources and to reduce disruption for medicines and poisons stakeholders who were responding to COVID-19 with no capacity to implement a new regulatory scheme.

Exotic mosquitos

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

There was one detection of *Ae. aegypti* or *Ae. albopictus* at international first points of entry or approved arrangements in Queensland in the 2019–20 financial year. This was detected at an approved arrangement facility located at Pinkenba, Brisbane on 18 September 2019. The detection was successfully treated at the facility, with no further incursions detected. Routine surveillance continues, and there is currently no evidence that the mosquito has established at the location where it was previously detected.

Infection control

Following amendments made to the *Public Health Act 2005* in 2017 that strengthened the existing infection control regulatory framework for health care facilities, the Department of Health has continued to provide advice and guidance to HHS Public Health Units investigating complaints in relation to breaches of infection control standards, as requested.

In the 2019–20 financial year, there were 248 inspections or audits of healthcare facilities, and 75 investigations were conducted. The Department of Health continues to provide leadership and evidence-based policy and guidance for the prevention and control of infections in Queensland's healthcare facilities.

Influenza—2019 season

The influenza season in Queensland usually occurs annually in the southern and central areas, typically between May and October. In the tropical region, the pattern can be more variable and may include clusters outside this period. In 2019, the Queensland season reached its peak in week 33 (week beginning 12 August) with a total of 4491 notifications and a percentage positive of 29.3 per cent.

From 1 January to 31 December 2019, there were 68,152 notifications. The number of 2019 notifications were 2.4 times higher than the previous five-year mean. The notifications by type were:

- 55,202 (81 per cent) were typed as influenza A
- 12,950 (19 per cent) were typed as influenza B
- 4035 influenza A were subtyped: 2,982 (73.9 per cent) were A/H3N2 and 1,053 (26.1 per cent) were A/H1N1
- Subtype was unavailable for 51,167 influenza A cases.

From 1 January to 31 December 2019, there were 3,155 influenza-associated public hospital admissions, including 339 Intensive Care Unit admissions. The number of hospitalisations in 2019 was 4.3 per cent higher than the five-year mean (3,025). The 3,155 admissions to public hospitals included Queensland residents (3,054), interstate residents (62), and overseas visitors (39). Public hospital admissions peaked in the week beginning 12 August (145 influenza-associated public hospital admissions).

The number of notifications from 1 January to 30 June 2020 was 5,864, which is 28.8 per cent lower than the previous five year mean for the same period (8,240). 89 per cent (5,199) notifications during this period were typed as influenza A. Of the subtyped Influenza A notifications, 307 (88 per cent) were H1N1, while the remaining 42 (12 per cent) were H3N2. There have been 305 influenza-associated public hospital admissions to 30 June 2020, including 28 that required intensive care. Almost half (49 per cent) of the influenza notifications this year have been reported in people aged 40 and above. The percentage of positive influenza pathology results from the public laboratories have been below 1 per cent since the end of March this year.

The Department of Health distributes vaccine funded under the National Immunisation Program for individuals considered high risk for influenza disease. Given the increased risk of complications in young children from influenza, in 2018 the Department of Health commenced providing funded influenza vaccine for all Queensland children aged six months to less than five years.

Queensland Health developed and implemented the statewide *Call to Arms campaign* in 2019 to raise awareness of the importance and safety of the annual influenza vaccine. Healthcare providers and parents of children aged between six months and under five years were the primary target audience, as influenza is the leading cause of hospitalisation for children of this age. The campaign ran before and during Queensland's typical influenza season and was supported by traditional and social media communication activities, raising awareness amongst all Queenslanders of the benefits of being vaccinated annually, as well as respiratory hygiene and other prevention messages.

Key audiences addressed in this year's influenza prevention communication activities included parents of children aged six months to under five years, healthcare and immunisation providers, Queensland adults, pregnant women and Aboriginal and Torres Strait Islander people. Due to the increased risk of influenza transmission in residential aged care facilities, schools and childcare facilities, Queensland Health actively promoted vaccination and hygiene messages during the influenza season to staff, parents and carers, children and residents.

For the first two months of 2020, the Queensland influenza numbers were higher than the previous five-year-mean but these numbers dropped significantly around mid-March. This could reasonably be attributed to national and international border restrictions, quarantine measures, reductions in mass gatherings, social distancing and good hygiene practices put in place as part of the COVID-19 response.

Residents of nursing homes are at particular risk of influenza transmission. In response to this, the Department of Health has made antiviral medication available to HHSs for use in nursing homes to support influenza outbreak management.

Tuberculosis

Tuberculosis (TB) is a notifiable condition in Queensland and throughout Australia. Despite TB being well controlled in Queensland, new cases are regularly diagnosed. The majority of these cases contracted their infection in countries other than Australia. In Queensland, the risk to the general public of developing any kind of TB is very low, with around 4.0 cases of TB diagnosed per 100,000 people each year. Multi-drug resistant TB (MDR-TB) can be caused by poor treatment compliance or transmission from another case of MDR-TB.

There have been 174 cases of TB notified in Queensland in the 2019–20 financial year, including three cases of laboratory confirmed multi-drug resistant tuberculosis TB (MDR-TB). The demographics of TB cases in the 2019–20 financial year were similar to previous years, where the majority were born overseas (88 per cent), mostly from countries with a high incidence of TB (81 per cent). TB amongst Aboriginal and Torres Strait Islander persons occurs at significantly higher rates (3.8 per 100,000 in 2018) than in Australian born, non-Indigenous Queenslanders (0.5 per 100,000 in 2018).

The vaccine recommended for children at high risk of TB infection is bacille Calmette-Guérin (BCG) vaccine. There is strong evidence that BCG vaccination in infancy provides over 70 per cent protection against severe disseminated forms of TB, including miliary TB and TB meningitis. BCG vaccine is not recommended for adults.

There has been short supply of BCG vaccine approved by the Therapeutic Goods Administration since January 2016, which has resulted in eligible children being unable to access vaccine. In August 2019, supply of BCG suitable for use in nurse led clinics became available. Routine BCG vaccination services have not yet been fully re-established in Queensland. It has been advised that the availability of BCG vaccination clinics across the state is currently significantly reduced due to Hospital and Health Service (HHS) based resource prioritisation

Services for the clinical diagnosis, management and public health follow-up of people with TB, and BCG vaccination services are provided by HHSs through a network of TB Control Units (TBCUs) in Metro South, Cairns, Torres and Cape, Townsville, Mackay, Rockhampton and Toowoomba.

Antimicrobial resistance

Antimicrobial resistance is a growing public health problem that threatens the effectiveness of our existing antimicrobials, making it very difficult to treat patients with infections. If not addressed, even infections which are currently easily managed may present an increased risk of morbidity and mortality in the future. Queensland Health, in consultation with key stakeholders from across human health, animal health, agriculture and industry, had developed a five-year Queensland Antimicrobial Resistance Strategy to counter the threat of antimicrobial resistance. A formal launch of the strategy and implementation activities were put on hold to focus on the COVID-19 response. It is anticipated that implementation activities will resume in 2020–21.

Prevention Division (Queensland Health) Regulatory Performance Report 2019–20

About this report

This report is prepared and published in accordance with the *Queensland Government's Regulatory Performance Framework*[3] which requires annual reporting by regulators of their performance against five model practices, with a particular focus on achieving the policy objectives of regulation as well as reducing the regulatory burden on business, including small business and the community.

Introduction

The Prevention Division within the Department of Health (the department) is responsible for developing and administering a range of public health legislation (see Table 1) and plays a key regulatory role in Queensland. The primary purpose of this legislation is to protect and promote public health and to safeguard the community from potential harm or illness caused by exposure to hazardous substances and harmful practices. Regulated entities include individuals, organisations and businesses operating across a broad spectrum of the Queensland community such as: public and private hospitals, large and small businesses (e.g. food businesses, dental and veterinary practices, pharmacies, pathology services, retail shops, pest management services and research organisations) and individuals (e.g. fumigators, shipmaster, medical and dental practitioners and veterinary surgeons). Regulatory activities include education and guidance, granting approvals and licences, investigations, compliance monitoring and enforcement under the various pieces of public health legislation.

Table 1. Public health (portfolio) legislation

Act	Subordinate legislation
Food Act 2006	Food Regulation 2016
Health Act 1937[4]	Health Regulation 1996[4]
Health (Drugs and Poisons) Regulation 1996[4]	
Pest Management Act 2001[4]	Pest Management Regulation 2003[4]

[3] See Section 5, p27, *Regulatory Performance Framework* at: https://qpc.blob.core.windows.net/wordpress/2019/06/Queensland-Government-Guide-to-Better-Regulation-May-2019.pdf

[4] On 26 September 2019, the *Medicines and Poisons Act 2019* and the *Therapeutic Goods Act 2019* (Qld) became law in Queensland but will not commence until a later date. On its commencement, the *Medicines and Poisons Act 2019* will repeal the *Health Act 1937* and *Pest Management Act 2001*. The Health (Drugs and Poisons) Regulation 1996, Health Regulation 1996 and Pest Management Regulation 2003 will also be repealed and replaced, with the making of new regulations to support the Act. It is expected that the new regulatory framework will commence in the second half of 2020.

Act	Subordinate legislation
Pharmacy Business Ownership Act 2001	
Private Health Facilities Act 1999	Private Health Facilities Regulation 2016
Private Health Facilities (Standards) Notice 2016	
Public Health Act 2005	Public Health Regulation 2018
Public Health (Infection Control for Personal Appearance Services) Act 2003	Public Health (Infection Control for Personal Appearance Services) Regulation 2016
Radiation Safety Act 1999	Radiation Safety Regulation 2010
Radiation Safety (Radiation Safety Standards) Notice 2010	
Tobacco and Other Smoking Products Act 1998	Tobacco and Other Smoking Products Regulation 2010
Transplantation and Anatomy Act 1979	Transplantation and Anatomy Regulation 2017
Water Fluoridation Act 2008	Water Fluoridation Regulation 2020

The Prevention Division administers this suite of public health legislation across a number of program areas. It is administered either solely, or in collaboration with Hospital and Health Service (HHS) Public Health Units (PHUs), local government, and in cooperation with other regulators (including Department of Natural Resources, Mines and Energy, Department of Agriculture and Fisheries, Safe Food Production Queensland and Workplace Health and Safety Queensland).

As a regulator, the Prevention Division ensures regulatory actions achieve a balance between the obligation to manage public health risks and protect the community from potential harm, whilst not imposing unnecessary regulatory burden or costs on those regulated entities, or indirectly on the broader community.

This report outlines the Prevention Division's regulatory performance during 2019–20 against the five regulatory model practices and principles outlined in the *Queensland Government Regulatory Performance Framework*. The report outlines the extent to which the five model practices included in the framework have been implemented and outlines plans for future improvements of regulatory practices in line with these model practices. The report specifically focuses on regulatory activities that directly impact on business, in particular, small businesses.

During the second part of this financial year, some adjustments to the division's planned regulatory work were required, in order to provide an effective response to COVID-19.

Regulatory model practices (RMP)

Ensure regulatory activity is proportionate to risk and minimises unnecessary burden

Overview

The Prevention Division has a clearly documented regulatory framework for administering public health legislation. The framework comprises an overarching policy, implementation standard and set of guidelines for monitoring and enforcing compliance with public health legislation. The framework provides clarity and consistency in relation to public health regulatory approaches and practices. It specifically promotes risk-based, intelligence driven and proportionate approaches and practices across the various program areas responsible for administering, monitoring and enforcing compliance with public health legislation.

For example, each year, Prevention Division program areas, in consultation with HHS PHUs, develop risk-based, intelligence driven compliance plans for each Act. These plans include compliance promotion, education, surveys, audits and inspections, that support harm minimisation,

without unnecessarily placing a compliance burden on industry or regulated entities.

In addition, the regulatory action taken in response to alleged non-compliance with public health legislation, is guided by a risk-based, escalating decision tool (enforcement matrix). Compliance and scalable enforcement tools are used as deterrents ranging from education, advice or warnings (prevention), to more serious punitive actions such as seizure of items, issuing of orders, prescribed infringement notices or prosecutions which may result in a significant fine, criminal action and loss of reputation (deterrence). The chosen regulatory action depends on an assessment of, and is proportionate to, the relative severity and likelihood of harm and the history of non-compliance. The more serious the actual or potential harm or consequence is and the greater the likelihood of the alleged non-compliance being repeated by the offender, the greater the intervention level and enforcement action. A standardised enforcement matrix is used by authorised officers to assess risk and decide on appropriate action and this ensures consistent and proportionate enforcement action is taken across public health legislation.

A key focus for the Prevention Division is on identifying opportunities to streamline various regulatory processes (such as licencing arrangements), reduce unnecessary red tape and not to impose unnecessary costs on individuals, business and government agencies through reforming (including repealing and or amending) public health legislation.

Examples/case studies

Specific examples which demonstrate how the division's regulatory activities throughout 2019–20 align with this model practice are provided below.

- Responded to a public notification, which originated interstate, relating to a suspected intentional contamination of food (September 2019). This type of public notification has the potential to place sectors of the food industry at risk as it may deter customers from purchasing items if it was determined that a public health risk was present. Before issuing public notification, the department met with Queensland Police regarding the incidences of complaints. There was an ongoing dialogue between senior Queensland Police Service officers and the department to determine if a pattern of events would initiate further investigation. All complaints were investigated to determine whether an isolated event had occurred intentionally in the complainant's home, in the retail setting or if the incident was a systemic failure of manufacturing or processing. The investigation did not find any credible information regarding suspected intentional contamination of that food, and therefore no public notification was issued.
- Responded to a *Salmonella Typhimurium* food borne illness outbreak which occurred in Queensland (November 2019). Initial investigations indicated that eggs were determined to be the source of the outbreak. Epidemiological and microbiological evidence was collected to link cases with venues and farm source. Safe Food Production Queensland was made aware of the issue so they could inspect the originating farm. Queensland Health and local government investigated handling practices at the associated food businesses. The investigation and associated outbreak control procedures narrowed down the source, without implicating other venues or egg producers.
- Conducted a review into the introduction of Penalty Infringement Notices (PINs) for infection control offences associated with the provision of declared health services. This work commenced in response to a broader Government review into the use of PINs to create efficiencies for Queensland's Court system. The proposed benefits of PINs for infection control matters are offenders have the potential for a fixed, discounted penalty with no admission of guilt for the purpose of civil claims and an alternative to prosecution through the court system, providing a cost-effective, risk-based and proportionate method of enforcement.
- Updated the Infection Control Guidelines for Personal Appearance Services 2019 (the Guidelines). The Guidelines were updated to reflect current practices and appropriate action by service providers to minimise the risk of infection for personal appearance services. The updated Guidelines do not introduce new requirements; rather, they provide additional clarification to operators on how to meet their obligations under the Act. The clarifications to the Guidelines are unlikely to increase or place any undue or onerous burden on the industry or regulators in the long term. However, by clarifying the existing Guidelines, it will assist in improving the standards of operation by further protecting staff and clients from infection risks.

When non-compliances with public health legislation are identified, authorised officers

undertake the most appropriate and proportionate enforcement activity to rectify them. Table 2 shows public health legislation enforcement actions undertaken in 2019–20.

Table 2. Public health legislation enforcement actions 2019–2020

Public Health legislation (Act)	Written advice or warning	Compliance, Remedial, Improvement Notice or Public Health Order	Prescribed Infringement Notices (PINs)	Seizure	Legal proceedings (prosecutions)	Total
Food Act 2006	43	18	9	0	4	74
Public Health Act 2005	29	4	0	0	0	33
Health Act 1937 - (Drugs and Poisons) Regulation 1996	94	18	0	5	0	117
Pest Management Act 2001	1	3	14	0	0	18
Radiation Safety Act 1999	18	36	0	2	0	56
Tobacco and Other Smoking Products Act 1998	114	50	43	0	0	207
Water Fluoridation Act 2008	0	0	0	0	0	0
Total	**299**	**129**	**66**	**7**	**4**	**505**

Consult and engage meaningfully with stakeholders

Overview

In undertaking its regulatory role, the Prevention Division interacts with a broad range of stakeholders and recognises the importance of consulting and engaging with these stakeholders to achieve desired regulatory outcomes and community health benefits. The Prevention Division administers public health legislation, largely in collaboration with HHS PHUs and also works closely with regulators in local government, other Queensland Government departments, independent state regulators within Queensland and with national bodies (such as commonwealth and interstate regulators).

Open and active engagement and communication occurs internally across Queensland Health, with coregulators, industry stakeholders, statutory agencies, regulated entities and the public, through a range of formal and informal consultation mechanisms and regular or ad-hoc information and feedback forums.

Consultation and engagement with all the division's stakeholders was particularly relevant during the second half of this financial year, to ensure coordination of efforts across the regulatory system, in response to the COVID-19 outbreak.

Examples/case studies

Specific examples which demonstrate how the division's regulatory activities throughout 2019–20 align with this model practice are provided below.

- Led in-depth consultation and engagement with key food regulation authorities in Australia and New Zealand to ensure food standards are implemented and enforced consistently. This work is done through the Implementation Subcommittee for Food

Regulation (ISFR). ISFR established the Surveillance Evidence and Analysis Working Group (SEAWG) group. This group assists with the identification, planning, implementation and reporting on key coordinated surveillance, monitoring and data generation and analysis activities across the food regulatory system. With the onset of COVID-19, this meeting was important to make sure that decision making was consistent across the jurisdictions.

- Continuously engaged with the external stakeholders during a review of the guidelines and application forms for approvals and notices under the Health (Drugs and Poisons) Regulation 1996. The main objective of consultations was to understand the ways endorsement holders operate and to understand any difficulties they face in meeting their regulatory requirements. In undertaking this review, information from the consultation was taken into consideration and feedback from consumers and health professionals was sought on draft documents, including information documents on cosmetic injections and scheduled medicines; revised approval guidelines for mine sites and island resorts dealing with scheduled medicines. These revised guidelines provide applicants with a more streamlined application process for approvals under the Health (Drugs and Poisons) Regulation 1996 and clear and unambiguous information about the application process and what is permitted under an approval.
- Completed a post implementation review on the water risk management plan provisions of the *Public Health Act 2005* to determine the actual impacts of the regulation. The post implementation review process involved two phases of consultation with stakeholders. Stakeholders included public sector hospitals and state aged care facilities, private facilities licensed under the *Private Health Facilities Act 1999*, laboratories, consultants, government agencies and relevant peak bodies. Stakeholders advised that risks are better managed because of the regulation and no changes to the provisions were recommended. The post implementation review concluded in March 2020 and all papers are publicly available on the Queensland Productivity Commission website at https://www.qpc.qld.gov.au/regulatory-reviews/completed-ris/
- Completed the review and remake of the former Water Fluoridation Regulation 2008, now the Water Fluoridation Regulation 2020. The review process included undertaking targeted consultation with stakeholders, including drinking water service providers, Queensland Water Directorate, Australian fluoride compound suppliers and the National Association of Testing Authorities. The introduction of the new Regulation has required a review of the *Queensland Water Fluoridation Code of Practice*. The aim of the Code is to help public potable water suppliers meet regulatory requirements and to help them achieve best practice in the design, installation and operation of fluoride dosing facilities in Queensland.
- Published the new Water Quality Guidelines for Public Aquatic Facilities (e.g. public swimming pools) in late 2019, following a two-year engagement process. In addition to extensive consultation with local government and the aquatics industry, Queensland Health also worked closely with the Victorian Department of Health and Human Services which was also updating their aquatic facility guidelines. Close collaboration between Australian jurisdictional regulators has proven extremely beneficial both to regulators and the aquatics industry.
- Responded to increased enquiries about the safety of light-based cosmetic services (e.g. lasers and intense-light sources, such as intense pulsed light devices) and potential under-reporting of harm (e.g. burns). Due to the stigma associated with accessing these types of services, new webpages were developed to provide guidance for consumers on risks and safety information https://www.qld.gov.au/health/conditions/all/prevention/beauty-therapy/light-based-cosmetic-services/risks
- Key messages include:
  - A low-risk cosmetic service doesn't just rely on the technical skill of the laser or intense-light source operator.
  - The skin and personal susceptibility of the consumer to the radiation used will affect the equipment settings, recovery time, and the outcome of a service.
  - Some light-based cosmetic services are not suitable for all types of services, such as intense pulsed light sources not being suitable for tattoo removal.

Provide appropriate information and support to assist compliance

Overview

In undertaking its regulatory role, the Prevention Division recognises the importance of supporting stakeholders and regulated entities to achieve compliance through the provision of useful, accurate and timely information.

The Prevention Division recognises the value of compliance tools at the lower level of regulatory intervention, including education campaigns, engagement and advice and guidance material. The publication of online information and dissemination of relevant information through modern technologies assist with enabling and encouraging compliance, as they help ensure that regulated entities are aware of their legislative obligations and what they are required to do to comply with these obligations. Other information and support tools, in response to identified non-compliance, include issuing notices, warning letters and other information and advice necessary to change the behaviour and achieve a return to compliance.

Examples/case studies

Specific examples which demonstrate how the division's regulatory activities throughout 2019–20 align with this model practice are provided below.

- Developed additional stakeholder-oriented guidelines and factsheets in relation to drugs and poisons to assist compliance. These guidelines provide clarity about the obligations of the stakeholders and the department's expectations. The department has also published templates and support tools for stakeholders to aid them in meeting their regulatory obligations. These documents are routinely reviewed. For instance, the 'Licence to sell poisons by retail – your obligations' provides retailers with easy to read information about their responsibilities and obligations under the Health (Drugs and Poisons) Regulation 1996. This document has supported compliance and reduced the need to have many conditions attached to individual licences as compliance with the document is now the only condition.
- Provided support to health practitioners through 13S8INFO telephone enquiry service, which is operated by the Health Contact Centre, in conjunction with the Monitored Medicines Unit. The service informs health practitioners of controlled (Schedule 8) medicine prescription histories of patients and provides advice to prescribers about their legislative obligations. The service currently receives over 2000 calls each month.
- Conducted a statewide survey to determine the microbiological quality of Queensland horticultural produce following a number of national incidences of foodborne illness outbreaks. Officers met with industry in relation to compliance with the *Food Act 2006* and to develop guidance material on responsibilities and compliance requirements for the sale of safe high-risk horticulture statewide. Businesses across the state were inspected to provide appropriate information and support to assist legislative compliance.
- Produced factsheets and other documents for the department's website on key matters or areas where there is uncertainty to provide endorsement holders with information on their obligations under the Drugs and Poisons Regulation 1996. Guidelines and factsheets are also provided for prospective and current licence and approval holders to support their applications and, if granted an authority, their compliance. In most circumstances, where an applicant submits an application or supporting materials that are incomplete or deficient, the department works with the applicant to help address the issues. The department also responds to phone calls and emails with regulatory advice and has developed a log of frequently asked questions that is used by staff to provide consistent information and advice. To assess compliance with regulation, the PHUs undertake a large volume of routine and reactive (complaint based) inspections and audits of various regulated entities. These audits provide useful information and feedback to a number of stakeholders which then help inform their compliance with the regulations.
- Commenced the implementation of the Safe and Healthy Drinking Water in Indigenous Local Government Areas Program in the communities of Palm Island and Cherbourg. The project aim is to build the capacity of Indigenous drinking water operators to ensure the safe and continuous supply of drinking water in Indigenous communities to better protect public health. Another aim of the program is to improve compliance with Queensland's drinking water regulatory framework. Work is progressing on the development of options for a culturally appropriate training program for Indigenous water operators.

- Established the Notifiable Dust Lung Disease Register (the NDLD Register), which commenced on 1 July 2019. The focus of the first year of operations was on communication with all identified stakeholders to provide information about the operations of the NDLD Register and mandatory notification requirements. This communication occurred through relevant specialist colleges (for example via e-newsletters and e-blasts), including the Royal Australasian College of Physicians (RACP) and the Thoracic Society of Australia and New Zealand (TSANZ). It also involved regular meetings and communication with the Office of Industrial Relations (OIR) and Resources Safety and Health Queensland (RSHQ) (previously a division of the Department of Natural Resources, Mines and Energy). The first annual report of the NDLD Register will include the number and nature of notifications and reports of notifiable dust lung diseases received during the 2019–20 financial year. The annual report will be provided to the Minister by 30 September 2020.

Commit to continuous improvement

Overview

The Prevention Division is committed to best practice and continuous improvement of regulatory activities, approaches and practices. It is committed to ensuring all staff (including authorised officers appointed under public health legislation) have the necessary training and support to effectively, efficiently and consistently perform their administrative, clinical and regulatory duties. This is achieved through leveraging technological innovation to improve efficiency and effectiveness of the division's regulatory functions, reduce the regulatory burden, and to maximise public health outcomes for the community.

Examples/case studies

Specific examples which demonstrate how the division's regulatory activities throughout 2019–20 align with this model practice are provided below.

- Commenced development and publication of Food Safety Matters, an extensive web-based education resource package that has been developed to promote the safe handling of food and reducing foodborne illness, especially as it relates to the home environment. Once complete, it can be accessed digitally for use online or for downloading from the Food Pantry site. It is designed mainly for the school curriculum for years 7–10 teachers and students of food safety in classes such as home economics, food studies, food technology and health. However, many of the resources are also appropriate for older students in years 11 and 12, or at Technical and Further Education colleges and for training adult food handlers in community and not-for-profit settings. Fourteen sets of materials have been created, with each set addressing a different topic on food safety. Content provides what teachers are expected to teach and describes the knowledge, understanding and skills that students should demonstrate.
- Reviewed the way in which scheduled medicines are regulated in Queensland, seeking to remove or combine licences and approvals where possible, facilitate the adoption of technologically innovative solutions such as electronic medicine management and review branch performance to identify areas for improvement. e-Health has been engaged to map processes with a view to simplifying the licensing and approvals application and assessment functions.
- Continued to use a new internal monitoring and reporting system to track the progress of pending drugs and poisons applications. The reporting framework provides a dashboard overview to easily monitor regulatory performance.
- Reviewed online training and other materials such as factsheets and statutory documents relating to the remediation of former clandestine laboratory sites, which have been made available to local governments via the Queensland Health Local Government web portal. This improved content is intended to support the uniform delivery of compliance with the Public Health Act 2005 (and associated regulations) in relation to the public health risk associated with places used in unlawfully producing dangerous drugs.
- Commenced an enhanced Authorised Officer training program providing access to Certificate IV Government Investigations and Regulatory Compliance (PSP-40416) training for authorised officers appointed under public health legislation.
- Developed an enhanced appointment management system to process and manage authorised officer and contact tracing appointments under public health legislation. This included transitioning to an electronic data management system for processing and

tracking appointments. It also included launch of an online training package for local, state and Queensland Health officers seeking appointment as an Emergency Officer-General to support the COVID-19 response.

Be transparent and accountable in actions

Overview

The Prevention Division's regulatory framework for administering public health legislation includes and promotes the principles of being a transparent and accountable regulator. Divisional procedures require all regulatory compliance decisions, along with the reasons and the evidence relied upon in reaching the decisions made under public health legislation to be clearly documented.

Efforts are made to ensure robust and transparent regulatory procedures, standards and timeframes for making regulatory decisions (such as granting licences and approvals) are provided in accessible formats (e.g. in written advices, published on the web) to provide clarity and certainty to stakeholders and regulated entities. The Division strives to ensure decisions in administering regulation are objective, made in an unbiased manner and that any conflicts of interest are appropriately managed in the respective decision-making process.

Increased efforts are being made to ensure public reporting on the division's regulatory performance through this annual report and other relevant, public platforms, such as the department's website. The division plans to increase the amount of information that is publicly available online about its regulatory framework, policies, and procedures.

Examples/case studies

Specific examples which demonstrate how the division's regulatory activities throughout 2019–20 align with this model practice are provided below.

- Commenced development of a digital food safety online portal, *The Food Safety Pantry*. The goal of the project is to create a digital solution that better facilitates information between Queensland regulatory agencies, small to medium enterprises, and their consumers to improve food safety in Queensland. The project will create a single source of information, promoting consistency across Queensland and a greater ability to reach key stakeholders. The initiative provides food businesses, such as restaurants, take-aways, mobile food vans and manufacturers, with a streamlined, across government online experience as part of a one stop shop for legislative, licensing and training requirements. It includes educational materials such as business self-assessment checklist, fact sheets, templates, posters, free online food handler training and a food safety teaching resource aimed at high school students, community groups, evacuation centres, disability services and not-for profit and volunteer organisations.
- Finalised and published the low-exposure recycled water guidelines on the Queensland Health website. The document assists providers and users of recycled water to comply with their regulatory obligations and implement best practice in their operations.
- Published drugs and poisons related guidelines and factsheets which outline how applications for licences and approvals will be assessed, identify the supporting documentation required, and minimum standards to be met (e.g. for training or qualifications). All decisions made by delegates of the chief executive were clearly communicated to stakeholders, with reasons for any decisions made, including the applications for licences and approvals that are refused or rejected, detailed explanation of the reasons for the decision and an avenue for appealing the decision. For all endorsements that are granted with conditions, justification is provided for imposing the conditions.

Our people

Workforce profile

Queensland Health employed 94,201 FTE staff at the end of 2019–20. Of these, 12,805[5] FTE staff were employed by and worked in the department, including 4,890 FTE staff in the QAS, 4550 FTE in Health Support Queensland and 1470 FTE in eHealth Queensland.

The remaining 81,396 FTE staff were either:

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

Approximately 39.15 per cent of staff working in the department are managerial and clerical employees and 33.91 per cent are ambulance operatives.

In the later part of 2019–20 additional staff were mobilised to support the COVID-19 pandemic response, resulting in slightly higher than anticipated FTE growth. As the lead agency, Queensland Health established the State Health Emergency Coordination Centre, provided additional staffing for our hospitals, including additional support for public health units and support services such as cleaning, security and visitor screening.

In 2019–20, the average fortnightly earnings for staff working in the department was $4,022 for females and $5,207 for males.

The department's separation rate for 2019–20 was 3.56 per cent. This reflects the number of FTE permanent employees who separated during the year as a percentage of FTE permanent employees.

Strategic workforce planning and performance

During 2019–20, the *Department of Health Workforce Plan 2019–2022* was developed and delivered which recognises that our workforce supports and enables the delivery of high-quality health care services to the Queensland community. The plan focuses creating a non-clinical workforce for the department that will meet the demands of the future, as outlined in the *My health, Queensland's future: Advancing health 2026 (Advancing health 2026)* and the *Queensland Public Service Commission's 10-year Human Capital Outlook* and three year strategic roadmap.

Queensland Health is undertaking work to strengthen how we collaborate as a system to deliver better health outcomes for Queenslanders. Changes to employer arrangements came into effect from 15 June 2020, whereby all non-executive health services employees in HHSs are employed by the Director-General as system manager of Queensland Health. This reflects the fact that we all work for the health of all Queenslanders, regardless of the hospital or HHS in which our people are based. The legislative, policy and system HR and finance changes resulted from effective partnering and collaboration between the department's Human Resources and Finance Branches, Health Support Queensland, HHSs and union representatives

[5] Staff FTE figures reported for the department in the audited Financial Statements differ from those reported in the Workforce Profile as they reflect two different reporting periods. Staff FTE reported in the audited financial statements is 12,817 as at 14 June 2020 and relates to the last payment transacted in the 2019-2020 financial year. The total staff FTE reported in the Workforce Profile section is 12,805 at as 28 June 2020 and relates to the last pay period of year, with payment made in the 2020-2021 financial year.

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

	Permanent	Temporary	Casual	Contract	Total
Female	5867	844	55	140	**6906**
Male	5095	584	48	172	**5899**
Total	10,962	1428	103	312	**12,805**

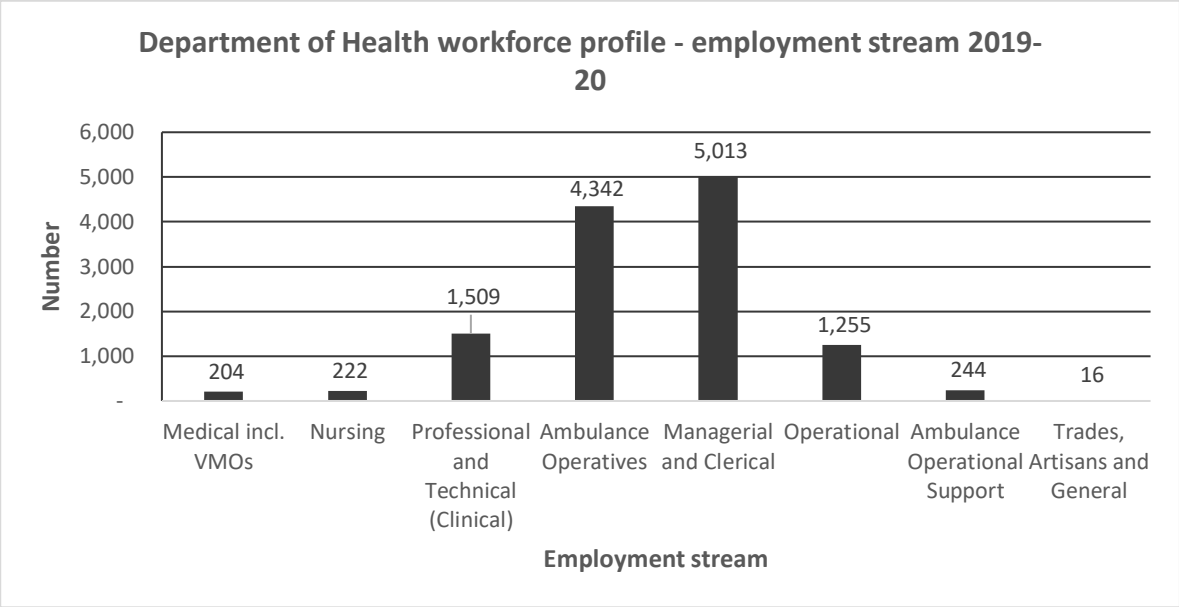

Figure 3: Department of Health workforce profile–employment stream 2019–20

Early retirement, redundancy and retrenchment

There were no redundancy, early retirement or retrenchment packages paid by the Department of Health in 2019–20.

Employee performance management framework

Embedding a performance culture in the Department of Health continued through 2019–20.

Supporting executive level performance is key to leading this cultural change. The Human Resources Branch established a specialised executive performance management function. Executives across the Department of Health are required to develop performance agreements; demonstrating how their performance objectives contribute to the work of the department and the sector. Regular reporting to the Public Service Commission on executive performance continues.

The Public Service Commission's Leadership competencies for Queensland provides the foundation of the LEAD4QLD capability assessment process. As at 30 June 2020, more than 60 Department of Health executives have participated in the program, with more than 80 per cent having completed the assessment.

In 2019–2020, the Next Generation leadership program was re-designed in collaboration with the QUT Graduate Executive Education unit. This 10-month workshop and coaching program aims to develop personal leadership and impact, vision, innovation and leading in complexity.

The department has partnered with the Australian Institute of Management (AIM) to develop the Performance Practice program, a tailored program designed to build the leadership skills of our line managers. Through action learning, and by exploring contemporary strategies to engage and manage employees, the program focuses on sharpening management skills that will facilitate confident and productive performance conversations. The program also aligns with the Public Service Commission's Leadership competencies for Queensland to enhance the leadership journey and help teams perform at their best. Following the program launch in July 2019 more than 400 employees have attended this training. The department delivers the HR in Practice Program to Human Resource practitioners across the state, to increase capability in the area of complex case management of employees. Five cohorts were run during 2019-20 with 20 participants from 11 HHSs and the department, attending in the past 12 months.

The program consists of a structured series of activities designed to increase knowledge and capability in complex case management including:

- discipline processes
- health management (including independent medical examinations)
- investigations
- performance management
- suspensions.

Other topics covered during the program include corrupt conduct, diversity and inclusion, industrial relations, organisational change and policy and employment frameworks. The program allows HR practitioners to develop networks within the specialised teams of Human Resources Branch and across the HHSs and Divisions. The 2020 year is full and there is a current waiting list of 21, including a number of attendees who were postponed in 2020 due to COVID-19. This waitlist will roll over into 2021 if a place is not offered due to participants withdrawing at the last minute.

Employment relations

In 2019–20, Queensland Health implemented enterprise bargaining commitments, resulting in the completion of twenty-one commitments under the Nurses and Midwives' (Queensland Health and Department of Education) Certified Agreement 2018. In addition to this Queensland Health commenced implementation of the Medical Officers' (Queensland Health) Certified Agreement (No. 5) 2018.

Throughout the year Queensland Health has also negotiated the following replacement agreements, which the Government has approved to proceed to certification:

- Queensland Public Health Sector Certified Agreement (No. 10) 2019 (EB10)
- Queensland Health Building, Engineering & Maintenance Services Certified Agreement (No. 7) 2019 (BEMS7)
- Aboriginal and Torres Strait Islander Health Workforces Certified Agreement (No.1) 2019
- Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 3) 2019 (HPDO3).

In accordance with amendments made to the *Industrial Relations Act 2016* in 2020, these proposed agreements will be certified by 14 September 2020.

The year also saw Queensland Health provide statewide guidance and support on employment arrangements including providing advice, reports and public service appeal advocacy in relation to the *Public Service Commission (PSC) Directive 08/17 Temporary Employment and PSC Directive 01/17 Conversion of Casual Employees to Permanent Employment*.

Employee wellbeing and inclusion

The actions progressed as part of the *Department of Health Workforce Diversity and Inclusion Action Plan 2018–2019* supported Queensland Health's ongoing commitment to building a diverse and inclusive workplace and aligned to the *Queensland Health Workforce Diversity and Inclusion Strategy 2017–2022*.

Key achievements included:

- The establishment of new and the continuation of existing partnerships with external stakeholders and peak bodies (Diversity Council Australia, Australian Network on Disability and Pride in Diversity).
- An ongoing review of Queensland Health human resource policies to support and demonstrate commitment to a diverse and inclusive workplace.

- The delivery of manager and supervisor information sessions about flexible working arrangements.
- Launch of the Queensland Health statewide LGBTIQ+ employee network (for initiatives relating to lesbian, gay, bisexual, transgender, intersex and queer or questioning employees) and participation of over one hundred employees in the Brisbane Pride march and festival behind the 'It's okay to be you at Queensland Health' banner.
- Continued delivery of manager and supervisor training about domestic and family violence in locations across the state, contracting expert trainers from Australia's CEO Challenge.
- Participation by over 200 employees in the Darkness to Daylight Challenge in 2019, a run to raise awareness of the impact of domestic and family violence.
- Completion of a third round of the Work Able program in a partnership with disability employment service providers to offer people with disability temporary placement opportunities to enhance their skills and build confidence for future employment.

Working for Queensland Survey

The Working for Queensland (WfQ) Employee Opinion Survey was conducted between 2 to 30 September 2019. 5278 employee opinions were received (62 per cent). The department was equal to or ahead of the sector on all measured factors, with the exception of Agency Engagement, which was one percentage point behind the sector average.

In 2019–20, the department elected to maintain its focus in the areas of performance, engagement and respect.

The Director-General commissioned each of his Deputy Directors-General to undertake specific actions in their respective divisions to address underperforming areas. Divisional plans are progressing and will have been reviewed prior to the commencement of the 2020 survey.

The substantial impacts of the COVID-19 pandemic substantially reduced the capacity of the department to respond to the outcomes of the 2019 WfQ survey. At the time of writing, work is being undertaken to leverage the learnings from this period to enhance employee experiences.

Public Sector Ethics Act 1994

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

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

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

In September 2019, a new Code of Conduct training course was implemented which includes bullying, sexual harassment and discrimination, and ethics, integrity and accountability.

Education and training are provided through the online Code of Conduct training which focuses on the four ethics principles, ethical decision-making, competencies relating to fraud, corruption, misconduct and public interest disclosures, bullying, sexual harassment and discrimination. In 2019–20, 4991 employees completed this training.

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

Our governance

Governance framework

Leadership teams

New and continuing leadership teams in 2019–20 included:

- System Leadership Forum (continuing)
- Executive Leadership Team (new–commenced 28 January 2020)
- Queensland Health Leadership Advisory Board (new–commenced 31 January 2020)
- Pandemic Health Response Leadership Team (new–commenced 23 Mar 2020)
- HSCE and Pandemic Health Response Leadership Team (new–commenced 23 Mar 2020).

Leadership teams concluded in 2019–20 included:

- Departmental Leadership Team (concluded 20 December 2019)
- System Leadership Team (concluded 2 December 2019).

Boards, Councils and Committees

- Hospital and Health Boards (HHBs)
- The Department of Health Audit and Risk Committee (ARC)
- Advancing Health 2026 Oversight Committee
- Sexual Health Ministerial Advisory Committee (SHMAC)
- Mount Isa Lead Health Management Committee (MLHMC)
- Medical Category Council (MCC)
- Queensland Maternal and Perinatal Quality Council (QMPQC)

Statutory bodies

- Hospital and Health Services (HHSs) (16)
- Hospital Foundations (12)
- QIMR Berghofer Medical Research Institute (QIMR)
- Office of the Health Ombudsman
- Health and Wellbeing Queensland
- Mental Health Court
- Mental Health Review Tribunal
- Queensland Mental Health Commission
- Radiation Advisory Council
- Queensland Mental Health and Drug Advisory Council

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Leadership team

Team Name	Role, function and responsibilities	Date	Membership	No. scheduled meetings/sessions
System Leadership Forum (SLF)	Provides a collaborative forum in which the department leadership team and public health service chief executives can openly and robustly discuss the overall leadership, strategy, direction, challenges and opportunities facing Queensland's public health system.	Continuing	• Executive Leadership Team • Health Service Chief Executives • Chief Executive, Mater Health Services	Monthly
Executive Leadership Team (ELT)	The Executive Leadership Team (ELT) supports the Director-General to provide leadership, direction and guidance to the Department of Health and oversee its strategic function, capabilities and effective operation.	From 28 January 2020	• Director-General (Chair) • Commissioner, Queensland Ambulance Service • Deputy Director-General, Health Support Queensland • Deputy Director-General, Clinical Excellence Queensland • Deputy Director-General, Healthcare Purchasing and System Performance Division • Chief Information Officer Queensland Health and Deputy Director-General, eHealth Queensland • Deputy Director-General, Corporate Services Division and Acting Deputy Director-General, Strategy, Policy and Planning Division • Chief Health Officer and Deputy Director-General, Prevention Division • Chief Aboriginal and Torres Strait Island Health Officer and Deputy Director-General, Aboriginal and Torres Strait Islander Health Division • Executive Director, Office of the Director-General • Chief Finance Officer	Fortnightly

Team Name	Role, function and responsibilities	Date	Membership	No. scheduled meetings/sessions
Queensland Health Leadership Advisory Board (QHLB)	The Queensland Health Leadership Advisory Board (QHLB) is to provide advice to the Director-General, as system manager of Queensland Health, on system strategy and system performance.	Inaugural meeting scheduled for 31 January 2020 but cancelled due to COVID-19. Later rescheduled to 21 February 2020.	• Director-General (Chair) • Chief Executive Officer, Health Consumers Queensland • Chair of Network Chairs, Queensland Clinical Networks' Executive • Chair, Queensland Clinical Senate • Queensland Chief Nursing and Midwifery Officer • Queensland Chief Allied Health Officer • Queensland Chief Aboriginal and Torres Strait Islander Health Officer • Queensland Chief Health Officer • Commissioner, Queensland Ambulance Service • Chair, Queensland Hospital and Health Board Chairs' • Co-Chair, Health Service Chief Executive Forum • Co-Chair, Queensland Clinical Senate • Deputy Director-General, Corporate Services Division and Acting Deputy Director-General, Strategy Policy and Planning Division • Deputy Director-General, Healthcare Purchasing and System Performance Division	Monthly
Pandemic Health Response Leadership Team (PHRLT)	To address the COVD-19 pandemic, the department has established the Pandemic Health Response Leadership Team (PHRLT). Members of the PHRLT have specific areas of responsibility for the pandemic response.	From 23 March 2020	This group consists of the Executive Leadership Team of the department, with the addition of; • Minister for Health and Minister for Ambulance Services • Chief Executive of the Office for Rural and Remote Health • Chair, Pandemic Health Implementation Advisory Group	23 March 2020—22 April 2020: every weekday 22 April to 14 May: Tuesday, Wednesday, Friday 15 May to current: Monday and Thursday

Team Name	Role, function and responsibilities	Date	Membership	No. scheduled meetings/sessions
Health Service Chief Executives (HSCE) and Pandemic Health Response Leadership Team (PHRLT+)	To address the COVD-19 pandemic, the department has established the HSCE and Pandemic Health Response Leadership Team (PHRLT+).	From 23 Mar 2020	This group consists of the Executive Leadership Team of the department, the Chief Executive Officers of the HHSs, with the addition of: • Minister for Health and Minister for Ambulance Services • Chief Executive of the Office for Rural and Remote Health • Chair, Pandemic Health Implementation Advisory Group	23 March 2020—22 April 2020: every weekday 22 April to 14 May: Monday and Thursday 15 May to current: Thursday
Departmental Leadership Team (DLT)	Supports the Director-General to oversee the strategic function, capabilities and effective operation of Queensland Health within the purview of members.	Concluded 20 December 2019	• Director-General (Chair) • Commissioner, Queensland Ambulance Service • Deputy Director-General, Health Support Queensland • Deputy Director-General, Clinical Excellence Queensland • Deputy Director-General, Healthcare Purchasing and System Performance Division • Chief Executive Officer, eHealth Queensland • Deputy Director-General, Corporate Services Division • Deputy Director-General, Strategy, Policy and Planning Division (till September 2019) • Chief Health Officer and Deputy Director-General, Prevention Division • Chief Aboriginal and Torres Strait Island Health Officer and Deputy Director-General, Aboriginal and Torres Strait Islander Health Division (from October 2019)	Week 3, 4 and 5 each month
System Leadership Team (SLT)	Supports the Director-General to oversee the strategic function, capabilities and effective operation of the	Concluded 2 December 2019	• Director-General (Chair) • Commissioner, Queensland Ambulance Service	Monthly

Team Name	Role, function and responsibilities	Date	Membership	No. scheduled meetings/sessions
	Queensland public health system within the purview of members.		• Deputy Director-General, Health Support Queensland • Deputy Director-General, Clinical Excellence Queensland • Deputy Director-General, Healthcare Purchasing and System Performance Division • Chief Executive, eHealth Queensland • Deputy Director-General, Corporate Services Division • Deputy Director-General, Strategy, Policy and Planning Division (till September 2019) • Chief Health Officer and Deputy Director-General, Prevention Division • Chief Aboriginal and Torres Strait Island Health Officer and Deputy Director-General, Aboriginal and Torres Strait Islander Health Division (from Oct 2019 • Chair, Hospital and Health Service Board Chairs • Chair, Health Service Chief Executive Forum & Chief Executive Metro South Hospital and Health Service • Chair, Queensland Clinical Senate • Chair, Clinical Networks' Executive • Chair, Sunshine Coast Hospital and Health Board • Chief Executive West Moreton Hospital and Health Service • Chief Executive, Health Consumers Queensland • Consumer representative	

Boards, Committees and Councils

The Department of Health Audit and Risk Committee						
Act or instrument	*Financial Accountability Act 2009* and the Financial and Performance Management Standard 2019.					
Functions	The Department of Health Audit and Risk Committee (ARC) operates in accordance with its charter, having due regard for Queensland Treasury's Audit Committee Guidelines: Improving Accountability and Performance (the Guidelines). The ARC provides the Director-General with independent audit and risk management advice in relation to the department's risk, audit, internal control, and governance and compliance frameworks. In addition, the ARC assists in the discharge of annual financial management responsibilities as required under the *Financial Accountability Act 2009* and the Financial and Performance Management Standard 2019.					
Achievements	Key achievements for 2019–20 include: • Endorsement of the annual internal audit plan for 2020–21 prior to approval by the Director-General and monitored the ongoing delivery of the internal audit program for 2019–20. • Endorsement of the annual financial statements for 2018–19 prior to sign-off by the accountable officer. • Provision of direction on departmental business matters relating to business performance. • Improvement activities, internal control structures, strategic and corporate risk issues, project governance and accountability matters. • Oversight of implementation of agreed actions in relation to recommendations from both internal audit and external audit activities • Oversight of large departmental projects. • Completion of a comprehensive review of the committee's work plan and charter.					
Financial reporting	Expenditure related to the Committee totalled $21,810.94 (ex GST). Transactions of the entity are accounted for in the financial statements.					
Remuneration	Position	Name	Meetings/sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
	Chair	Paul Cooper	8	$8,400.00 p.a. (ex GST)	Nil	$8,400.00 (ex GST)
	Deputy Chair	Chris Johnson	7	$7,260.00 p.a. (ex GST) + $150 (ex GST) for the month if acting Chair for full meeting	Ni	$6,600.00 (ex GST)
	Internal Member	Darren Hall	6	Nil	Nil	Nil

The Department of Health Audit and Risk Committee						
	Internal Member	Barbara Philips	8	Nil	Nil	Nil
	Internal Member	Alister Whitta	8	Nil	Nil	Nil
	In addition to the committee members, several standing invitees regularly attend meetings, including the Director-General, Chief Finance Officer, Chief Audit Officer and representatives from the Queensland Audit Office (QAO), and Executive Director, Risk, Assurance and Information Management.					
No. scheduled meetings/sessions	The ARC schedules eleven meetings of which three are extraordinary meetings held specifically to address the department's Annual Internal Audit Plan and Financial Statements. Two of the eleven scheduled meetings were cancelled. The Audit and Risk Committee has discharged its responsibilities as set out in the charter, in line with Queensland Treasury's Guidelines.					
Total out of pocket expenses	Nil					

Advancing Health 2026 Oversight Committee	
Act or instrument	The Committee is governed by Terms of Reference.
Functions	The Advancing Health 2026 Oversight Committee monitors actions under Advancing Health 2026. It advised the Minister for Health and Minister for Ambulance Services on collaborative opportunities between Queensland's health system sectors and on progress made to achieve the Advancing Health 2026 vision to make Queenslanders among the healthiest people in the world by 2026.
Achievements	The Advancing Health 2026 Oversight Committee did not meet in the 2019–2020 year and will be dissolved in December 2020. The monitoring of measures in Advancing Health 2026 has been taken on by the Rapid Results program within the Department of Health.
Financial reporting	Transactions of the entity are accounted for in the Financial Statements
Remuneration	Members will be reimbursed for reasonable travel and accommodation expenses incurred as specified in the Remuneration Procedures for Part-time Chairs and Members of Queensland Government Bodies
Members and positions	• Steven Miles, Deputy Premier, Minister for Health and Minister for Ambulance Services (Chair) • Mr Michael Walsh, Director-General, Department of Health (Deputy Chair) • Merrilyn Strohfeldt, Primary health care representative (Chief Executive Officer, Darling Downs and West Moreton Primary Health Network) • Ms Jenny Hill, Local Government Association of Queensland representative (Mayor of Townsville) • Ms Daniele Doyle, Private health sector representative (Chief Executive Officer, Holy Spirit Northside Private Hospital; Vice President, Private Hospitals Association of Queensland) • Professor Frank Gannon, Research sector representative (Director and CEO, Queensland Institute of Medical Research; Member, Advance Queensland Expert Panel) • Professor Paul Bertsch, Queensland Chief Scientist (as Interim Chief Scientist) • Emeritus Professor Cindy Shannon, Indigenous health representative (University of Queensland) • Dr Erin Evans, Health consumers representative (Chair, Health Consumers Queensland) • Dr Alexandra Markwell, Clinical workforce representative (Chair, Queensland Clinical Senate—peak forum for public and private sector medical, nursing and allied health clinicians) • Professor Mary-Lou Fleming, Health promotion expert (Head, School of Public Health and Social Work, Queensland University of Technology) • Mr Michael Willis, Chair, Hospital and Health Service Board Chairs' Forum (Chair West Moreton Hospital and Health Board).
No. scheduled meetings/sessions	No meetings were held in the 2019–2020 year
Total out of pocket expenses	Nil

Sexual Health Ministerial Advisory Committee (SHMAC)	
Act or instrument	Terms of Reference
Functions	The Sexual Health Ministerial Advisory Committee (SHMAC) provides advice to the Minister for Health and Minister for Ambulance Services on sexual and reproductive health-related matters in the context of the Queensland Sexual Health Strategy 2016–2021 and associated action plans (human immunodeficiency viruses (HIV), Hepatitis B, Hepatitis C, Sexually Transmitted Infections (STIs), Aboriginal and Torres Strait Islander (A&TSI) Blood Borne Viruses and STIs, North Queensland AT&SI STIs).
Achievements	• Hosted the Facilitating Primary Care in the Prevention, Treatment and Management of BBV and STIs Forum in Brisbane in October 2019. • Research sub-committee set research priorities and assessed and recommended applications for funding under the Sexual Health Research Fund, with seven research projects funded. • Establishment of a youth advisory group and the commissioning of a project to support educators in the delivery of relationships and sexuality education in Queensland schools.
Financial reporting	Nil
Remuneration	Non-remunerated
Members and positions	• Emeritus Professor Cindy Shannon AM (Chair) • Associate Professor Ignacio Correa-Velez • Associate Professor Anthony Allworth • Phillip Carswell OAM • Associate Professor Rebecca Kimble • Dr Stephen Stathis • Dr Graham Neilsen • Candi Forrest • Hayley Stevenson • Barbara Shaw • Sue Andrews
No. scheduled meetings/sessions	Quarterly
Total out of pocket expenses	Nil

Mount Isa Lead Health Management Committee (MLHMC)	
Act or instrument	Terms of Reference
Functions	The Mount Isa Lead Health Management Committee (MLHMC) is chaired by the Chief Health Officer and comprises representatives from Queensland Government agencies, Glencore Mount Isa Mines, State and Commonwealth Members of Parliament, Mount Isa City Council and Mount Isa HHS. The primary function of the MLHMC is to provide strategic management of environmental health risks arising from lead to the residents of Mount Isa. In 2015, the scope of the MLHMC was expanded to include other airborne contaminants such as sulphur dioxide and arsenic.
Achievements	Lead health management strategies in Mount Isa continue to be strengthened, including the Point of Care Testing program. This program involves finger-prick testing (capillary testing) to measure the blood lead levels of children under five years of age and continues to be successful, with much community support. A total of 331 tests have been taken on Mount Isa children from 1 July 2019 to 31 March 2020. This represents 302 individual children being tested, with some children having multiple tests during this period. From these results, approximately: • 223 children had blood lead levels <5µg/dL • 70 children had blood lead levels ≥5µg/dL but <10 µg/dL • 9 children had blood lead levels ≥10 µg/dL. Whilst most testing has been undertaken at the Maternal Child Youth Health Centre during 2019–20, a small number of tests have been undertaken at Brilla Brilla (Community Support Service Centre) and the Gidgee Healing primary health service centre. This will help to improve the identification of local at-risk Indigenous children. The POCT program continues to enable the early identification of lead exposure and mitigation to prevent ongoing harm to the health of young children in Mount Isa. The Committee has also been supporting the Lead Alliance sub-committee in achieving local health risk protection strategies. A recent workshop at Broken Hill was attended by the Lead Alliance Project Officer. At this workshop representatives from Broken Hill, Port Pirie and Mount Isa exchanged ideas that could improve their respective operations.
Financial reporting	Nil
Remuneration	Non renumerated
Members and positions	Dr Jeannette Young, Chief Health Officer and Deputy Director General Prevention Division, Department of Health – Chair Joyce McCulloch, Mayor, Mount Isa City Council Honourable Bob Katter MP, Federal Member for Kennedy Rob Katter MP, State Member for Traeger. Paul Woodhouse, Chair, North West Hospital and Health Service Katherine du Preez, Commissioner, Mine Safety and Health, Department of Natural Resources and Mines (T) Maryann Wipaki, General Manager, Health, Safety, Environment & Community, Glencore North Queensland Phillip Brooks, Commissioner, Queensland Family and Child Commission Dean Ellwood, Deputy Director-General, Department of Environment and Science Lisa Davies-Jones, Chief Executive Officer, North West Hospital and Health Service

No. scheduled meetings/sessions	Yearly
Total out of pocket expenses	Nil

Medical Category Council	
Act or instrument	Terms of Reference
Functions	The Medical Category Council (MCC) functions as part of the whole-of-government procurement category council system providing oversight for medical goods and services procurement for the Queensland Government sector.
Achievements	The MCC key achievements for 2019–20 include: • Endorsement of the Forward Procurement Pipeline (FPP); representing Queensland Health's planned procurement activity for 2019–20. The project activity included in the FPP are projects with an estimated annual spend greater than $100,000. The FPP was published 26 November 2019. The enabled savings target for 2019–20 is $53.4 million, enabled benefits achieved YTD (April 2020) are $49.3 million. • Endorsement of the new Terms of Reference following the remodelling of the Council. • The commencement of a review of the MCC to drive greater collaboration across Queensland Health to achieve better value for procurement across the health system. The MCC Industry Reference Group, formed in March 2019, continues to support the development of a close working relationship between government and industry by providing coordinated industry input into medical related strategic procurement initiatives.
Financial reporting	NA
Remuneration	NA
Members and positions	Each HHS and division of the department including Queensland Ambulance Service (QAS) and eHealth Queensland (eHQ) is invited to provide a member of the Council. The Deputy Director-General, General Manager Operations and Chief Procurement Officer are members on behalf of Health Support Queensland (HSQ). The current membership list includes: • Philip Hood, A/Deputy Director-General, HSQ • Craig Russell, General Manager Operations, HSQ • Victoria Frewin, Chief Procurement Officer, Strategic Procurement, HSQ • Steve Thacker, Chief Finance Officer, Cairns and Hinterland HHS • Colin Weeks, Chief Finance Officer, Central Queensland HHS • Jane Hancock, Chief Executive, Central West HHS • Alan Fletcher, Chief Finance Officer, Children's Health Queensland HHS • Jane Ranger, Chief Finance Officer, Darling Downs HHS • Ian Moody, Chief Finance Officer, Gold Coast HHS and Chair, CFO Forum, Gold Coast HHS • Marc Warner, Executive Director, Corporate Services, Mackay HHS • Greg Colledge, General Manager, Business Advisory Services, Metro North HHS • Steven Jennings, Senior Director, Procurement and Supply Unit, Metro South HHS • Dr Karen Murphy, A/Chief Executive, North West HHS • Dr Ross Duncan, A/Executive Director Medical Services and Clinical Governance, South West HHS • Loretta Seamer, Chief Finance Officer, Sunshine Coast HHS • Danielle Hoins, Chief Finance Officer, Torres and Cape HHS

Medical Category Council	
	• Dean Davidson, Executive Director Asset Management, Torres and Cape HHS • Matthew Rooney, Chief Finance Officer, Townsville HHS • Andrew Potter, Senior Manager, Procurement and Contracts • Alistair Luckas, A/Chief Finance Officer, West Moreton HHS • Scott McConnel, Chief Finance Officer, Wide Bay HHS • Valerie King, Executive Director, Risk Assurance and Information Management Branch, Corporate Services Division • Jacqui Heywood, Senior Director, Community Services Funding Branch • David Sinclair, Executive Director, Capital and Asset Services • Sharon Bailey, A/Deputy Director-General and Chief Advisor Queensland Government Procurement, Portfolio Strategy Division, Department of Housing and Public Works • Deb Davis, Director, Contracts and Procurement, eHealth Queensland • Michael Meuer, Senior Director, Sustainable Operations, Corporate Services Division • Anthony Mathas, Executive Director Finance, Queensland Ambulance Service
No. scheduled meetings/sessions	Quarterly
Total out of pocket expenses	Nil

Queensland Maternal and Perinatal Quality Council	
Act or instrument	*Hospital and Health Boards Act 2011*
Functions	Queensland Maternal and Perinatal Quality Council (QMPQC) collect and analyse clinical information regarding maternal and perinatal mortality and morbidity in Queensland to identify statewide and facility-specific trends. Make recommendations to the Minister for Health and Minister for Ambulance Services on standards and quality indicators of maternal and perinatal clinical care to enable health providers in Queensland to improve safety and quality. Assist with the adoption of such standards in both public and private sectors by initiating and/or contributing to the development of strategies, guidance documents, alerts and directives, in consultation with the Queensland Health Patient Safety and Quality Improvement Service, Population Health Queensland, the Statewide Maternity and Neonatal Clinical Network and with reference to Queensland Clinical Guidelines.
Achievements	The QMPQC has completed a confidential review of maternal and perinatal deaths for the two-year period 2016–2017 to determine avoidable factors, good practice points and recommendations which have been incorporated in the QMPQC 2019 Report released on 1 June 2020.
Financial reporting	Not Applicable
Remuneration	Not Applicable
Members and positions	• Anne Bousfield, Clinical Midwife Consultant, South West Hospital and Health Service • Dr Diane Payton, Perinatal Pathologist, Pathology Queensland • Joanne Ellerington, Manager, Perinatal Data Collection, Statistical Services Branch, Queensland Department of Health • Professor Leonie Callaway, Specialist, General and Obstetric Medicine and Director of Research, Women's and Newborn Services, Royal Brisbane Hospital • Dr Nikki Whelan, Private practice Obstetrician and Gynaecologist • Associate Professor Ted Weaver, Senior Medical Officer, Obstetrics and Gynaecology, Sunshine Coast Hospital University Hospital • Christopher Junge, Private Hospitals Association of Queensland representative • Assoc. Professor Tim Donovan, Neonatal Consultant Paediatrician, Royal Brisbane and Women's Hospital • Trisha Johnston, Director, Statistical Analysis and Data Linkage, Statistical Services Branch, Queensland Department of Health • Dr Jessica Gaughan, Rural Generalist (O & G)/Senior Medical Officer, Emerald Hospital • Dr John Clift, Senior Medical Officer, Anaesthesia, Rockhampton Hospital • Marcia Morris, Assistant Nursing and Midwifery Director, ieMR implementation Lead - Maternity • Pauline McGrath, Senior Counsellor, Genetics, Royal Brisbane and Women's Hospital • Dr Johanna Laporte, Maternal Foetal Medicine specialist, Royal Brisbane and Women's Hospital • Libby Morton Manager, Queensland Centre for Perinatal and Infant Mental Health • Dr Meg Cairns, General Practitioner/GP Liaison Officer, Metro North Hospital and Health Services and Brisbane North Primary Health Network • Dr Lucy Cooke, Neonatologist and Medical Director, Neonatal Retrieval Service—Southern and Central Queensland and northern New South Wales

Queensland Maternal and Perinatal Quality Council	
	• Sherry Holzapfel, Indigenous midwife and Director, Aboriginal and Torres Strait Islander Health Unit, Metro North Hospital and Health Service • Tionie Newth, Maternal Fetal Medicine, Clinical Midwife Consultant/Midwifery Navigator • Dr Bruce Maybloom, General Practitioner/perinatal epidemiologist • Marce Green, Consumer representation • Rebecca Jenkinson, Consumer representation • Dr Benjamin Bopp, Director of Obstetrics and Gynaecology, Gold Coast University Hospital • Dr Fiona Britten, Endocrinologist and Obstetric Physician, Royal Brisbane and Women's Hospital • Dr Shahida Rehman, Specialist, Obstetrics and Gynaecology, Caboolture Hospital Ex-officio members • Assoc. Professor Rebecca Kimble, Chair, Statewide Maternity and Neonatal Clinical Network • Assoc. Professor Julie McEniery, Chair, Qld Paediatric Quality Council • Dr Jocelyn Toohill, Director, Office of the Chief Nursing and Midwifery Officer
No. scheduled meetings/sessions	Bi-monthly
Total out of pocket expenses	NIL

Statutory bodies

The following statutory bodies and authorities prepare separate annual reports that are provided to the Minister for Health and Minister for Ambulance Services and tabled in the Queensland Parliament.

Name of body as described in the constituting Act	Act or instrument	Functions	Annual Reporting Arrangements
Hospital and Health Services (16)	*Hospital and Health Boards Act 2011*	Sixteen HHSs are accountable for the delivery of public HHSs in Queensland. They operate and manage a network of public HHSs within a defined geographic or specialist area. HHSs are statutory bodies with expertise-based Hospital and Health Boards, accountable to the local community and the Queensland Parliament via the Minister for Health.	HHSs are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the HHSs respective annual reports 2019–20.
Hospital and Health Boards (HHBs)	*Hospital and Health Boards Act 2011*	HHBs govern and control the HHSs for which the Board has been established. HHSs are the principal providers of public health services. There are 16 HHBs: • Cairns and Hinterland HHB • Central Queensland HHB • Central West HHB • Children's Health Queensland HHB • Darling Downs HHB • Gold Coast HHB • Mackay HHB • Metro North HHB • Metro South HHB • North West HHB • South West HHB • Sunshine Coast HHB • Torres and Cape HHB • Townsville HHB • West Moreton HHB • Wide Bay HHB	Not applicable
Hospital Foundations (12)	*Hospital Foundations Act 2018*	Hospital foundations help their associated hospitals provide improved facilities, education opportunities for staff, research funding and opportunities, and support the health and wellbeing of communities. They are administered by voluntary boards appointed by	Hospital Foundations are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the Hospital Foundations' respective annual report 2019–20.

Name of body as described in the constituting Act	Act or instrument	Functions	Annual Reporting Arrangements
		the Governor in Council on recommendation of the Minister for Health and Minister for Ambulance Services. There are 12 Queensland Hospital Foundations: • Bundaberg Health Services Foundation • Children's Hospital Foundation Queensland • Far North Queensland Hospital Foundation • Gold Coast Hospital Foundation • Ipswich Hospital Foundation • Mackay Hospital Foundation • The PA Research Foundation • The Prince Charles Hospital Foundation • Royal Brisbane and Women's Hospital Foundation • Sunshine Coast Health Foundation • Toowoomba Hospital Foundation • Townsville Hospital Foundation	
QIMR Berghofer Medical Research Institute (QIMR)	*Queensland Institute of Medical Research Act 1945*	The Queensland Institute of Medical Research was established to ensure the proper control and management of the Institute established for the purpose of carrying out research into any branch or branches of medical science.	QIMR is required to prepare its own annual report, including independently audited financial statements. Details can be found in the QIMR's Annual Report 2019–20.
Office of the Health Ombudsman	*Health Ombudsman Act 2013*	The Office of the Health Ombudsman is Queensland's health service complaints agency. The office is the one place for all Queenslanders to go should they have a complaint about a health service provider, or any aspect of a health service provided to themselves, a family member of someone in their care. The service is independent, impartial and free.	The Office of the Health Ombudsman is required to prepare its own annual report, including independently audited financial statements. Details can be found in the *Office of the Health Ombudsman's Annual Report 2019–20*.

Name of body as described in the constituting Act	Act or instrument	Functions	Annual Reporting Arrangements
Health and Wellbeing Queensland	*Health and Wellbeing Queensland Act 2019*	Health and Wellbeing Queensland was established to improve the health and wellbeing of the Queensland population by, for example, reducing the burden of chronic diseases through targeting risk factors for those diseases and reducing health inequity.	Health and Wellbeing Queensland is required to prepare its own annual report, including independently audited financial statements. Details can be found in *Health and Wellbeing Queensland's Annual Report 2019–20*.
Mental Health Court	*Mental Health Act 2016*	The Mental Health Court is constituted by judges of the Supreme Court of Queensland. The Court is advised by two assisting clinicians. The role of the Court is to decide the state of mind of people charged with criminal offences and whether they are fit for trial. Matters are referred to the Court if it is believed that an alleged offender is, or was, mentally ill or has an intellectual disability. The Court also hears appeals from the Mental Health Review Tribunal, another statutory body established under the Act. In addition, the Court has special powers of inquiry into the lawfulness of the detention of persons in authorised mental health facilities.	The President, Mental Health Court is required to prepare its own report. Details can be found in the Mental Health Court's Annual Report 2019-20. Financial transactions are included in the Department of Health's Annual Report 2019–20.
Mental Health Review Tribunal	*Mental Health Act 2016*	The primary role of the Mental Health Review Tribunal is to review the involuntary status of persons subject to the provisions of the *Mental Health Act 2016* and includes reviews of forensic disability clients who are subject to an order under the *Forensic Disability Act 2011*.	The President, Mental Health Review Tribunal is required to prepare its own annual report. Details can be found in the *Mental Health Review Tribunal's Annual Report 2019–20*. Financial transactions are included in the *Department of Health's Annual Report 2019–20*.
Queensland Mental Health Commission	*Queensland Mental Health Commission Act 2013*	The primary function of the Queensland Mental Health Commission is to drive ongoing reform towards a more integrated, evidence-based, recovery orientated mental health, alcohol and other drug system in Queensland.	The Queensland Mental Health Commission is required to prepare its own annual report, including independently audited financial statements. Details can be found in the *Queensland Mental Health Commission's Annual Report 2019–20.*
Radiation Advisory Council	*Radiation Safety Act 1999*	The Radiation Advisory Council advises the Minister on the administration of the *Radiation Safety Act 1999* (the Act) and makes recommendations for the prevention or minimisation of dangers arising from radioactive substances and associated machinery.	The Radiation Advisory Council is required to prepare its own annual report. Details can be found in the *Radiation Advisory Council's Annual Report 2019–20*. Financial transactions are included in the *Department of Health's Annual Report 2019–20.*

Name of body as described in the constituting Act	Act or instrument	Functions	Annual Reporting Arrangements
Queensland Mental Health and Drug Advisory Council	*Queensland Mental Health Commission Act 2013*	The Queensland Mental Health and Drug Advisory Council provides advice to the Queensland Mental Health Commission on mental health or substance misuse issues either on its own initiative or at the Commission's request and can make recommendations to the Commission regarding its functions.	Details of the Queensland Mental Health and Drug Advisory Council's activities and any recommendations made to the Queensland Mental Health Commission can be found in the *Queensland Mental Health Commission's Annual Report 2019–20.*

Independent statutory bodies and authorities

The following statutory bodies and authorities prepare separate annual reports that are not provided to the Minister for Health and Minister for Ambulance Services for tabling in the Queensland Parliament.

Name of body as described in the constituting Act	Act or instrument	Functions	Annual Reporting Arrangements
Panels of Assessors	*Health Ombudsman Act 2013*	Panels of Assessors are established to assist the Queensland Civil and Administrative Tribunal (QCAT), by providing expert advice to judicial members hearing disciplinary matters relating to health care practitioners. There are 19 Queensland Panels of Assessors: • Aboriginal and Torres Strait Island Health Practitioners Panel of Assessors • Chinese Medicine Practitioners Panel of Assessors • Chiropractors Panel of Assessors • Dental Hygienists, Dental Therapists and Oral Health Therapist Panel of Assessors • Dentists Panel of Assessors • Dental Prosthetists Panel of Assessors • Medical Practitioners Panel of Assessors • Medical Radiation Practitioners Panel of Assessors • Midwifery Panel of Assessors	Details can be found in *QCAT's Annual Report 2019–2020*.

Name of body as described in the constituting Act	Act or instrument	Functions	Annual Reporting Arrangements
		• Nursing Panel of Assessors • Occupational Therapists Panel of Assessors • Optometrists Panel of Assessors • Osteopaths Panel of Assessors • Paramedics Panel of Assessors • Pharmacists Panel of Assessors • Physiotherapists Panel of Assessors • Podiatrists Panel of Assessors • Psychologists Panel of Assessors • Public Panel of Assessors	
Queensland Board of the Medical Board of Australia	*Health Practitioner Regulation National Law Act 2009*	The Queensland Board of the Medical Board of Australia is responsible for making registration and notification decisions about individual medical practitioners, based on national policies and standards, on behalf of the Medical Board of Australia.	Details can be found in the *Australian Health Practitioner Regulation Agency's (Ahpra's) Annual Report 2019–2020*.
Queensland Board of the Nursing & Midwifery Board of Australia	*Health Practitioner Regulation National Law Act 2009*	The Queensland Board of the Nursing and Midwifery Board of Australia makes decisions about nurses, midwives and students regarding registration, endorsement and notation, as well as compliance (registration standards, conditions), based on national policies and standards, on behalf of the Nursing and Midwifery Board of Australia.	Details can be found in the *Australian Health Practitioner Regulation Agency's (Ahpra's) Annual Report 2019–2020*.
Queensland Board of the Psychology Board of Australia	*Health Practitioner Regulation National Law Act 2009*	The functions of the Queensland Board of the Psychology Board of Australia include making individual registration and notification decisions of practitioners, based on national policies and standards, on behalf of the Psychology Board of Australia.	Details can be found in the *Australian Health Practitioner Regulation Agency's (Ahpra's) Annual Report 2019–2020*.

Risk management and accountability

Risk management

Queensland Health's Executive Leadership Team (ELT) oversees risk management and received quarterly risk reports compiled in line with Queensland Health's Risk management framework (the framework), which aligns with the AS/NZS ISO 31000:2018 Risk Management—Principles and Guidelines. The framework aims to streamline and embed risk management to support Queensland Health in achieving its strategic and operational objectives.

External scrutiny

During 2019–20, the Queensland Audit Office (QAO) published the following reports impacting the Department of Health:

Tabled Date	Audit Name	Objective and Department of Health/Queensland Health response
Report 9 (2019–20)		
5 December 2019	Addressing mine dust lung disease.	This audit assessed how effectively public sector entities have implemented recommendations from the Monash review and reports two and four from the Coal Workers Pneumoconiosis Select Committee. The review confirmed that the department had fully implemented the recommendations it was responsible for.
Report 7 (2019–20)		
26 November 2019	Health: 2018–19 results of financial audits.	This report summarised the financial audit results for the Department of Health, 16 HHSs, 12 hospital foundations and three statutory entities.
Report 3 (2019–20)		
1 October 2019	Managing cyber security risks.	This audit examined whether entities effectively manage their cyber security risks. The QAO selected three entities for their audit and made 17 recommendations for all entities to consider according to the entities' risk appetite and exposure. The department has considered the report and performed a self-assessment against the recommendations. Action plans have been developed to strengthen existing processes where appropriate.

Risk management

Queensland Health's ELT oversees risk management and received quarterly risk reports compiled in line with Queensland Health's Risk management framework (the framework), which aligns with the AS/NZS ISO 31000:2018 Risk Management—Principles and Guidelines. The framework aims to streamline and embed risk management to support Queensland Health in achieving its strategic and operational objectives.

Internal audits

Queensland Health's Internal Audit Unit (IAU) provides risk-based assurance and advisory services to the Director-General, the Audit and Risk Committee (ARC) and senior management across the department focused on improving departmental business operations. During 2019–20, the unit operated under a co-sourced service delivery model endorsed by the ARC.

All internal audit work is performed in accordance with the charter, developed in accordance with the Financial and Performance Management Standard 2019, the Institute of Internal Auditor's (IIA) International Professional Practices Framework (IPPF) and Queensland Treasury's Guidelines. The unit's annual plan is endorsed by the ARC and approved by the Director-General. The Chief Audit Officer, as head of the unit is appropriately qualified as a Professional Member of the Institute of Internal Auditors Australia. The function is monitored by the ARC to ensure it operates efficiently, effectively and economically. Objectivity is essential to the effectiveness of the internal audit function. Accordingly, the unit has not had any direct authority or responsibility for the activities it has reviewed throughout in the 2019–20 financial year.

During 2019–20, the IAU:

- Developed and delivered an annual audit plan based on strategic and operational risks, business objectives and client needs.
- Supported management by providing advice on a range of significant business initiatives, corporate governance and related issues, including accountability, risk and best practice issues.
- Monitored and reported on the status of implementation of internal audit recommendations, together with QAO recommendations associated with their financial and performance audits.
- Provided reports on results of internal audits and assurance reviews to the ARC and the Director-General.

The *Internal Audit Plan for 2019–20* was reviewed in quarter three due to the department's emerging priorities in responding to the COVID-19 pandemic. A number of planned audits were deferred for consideration as part of future annual audit plans and audit resources redeployed to provide ongoing support and advice regarding the department's response.

Ethical Standards Unit

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

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

The ESU managed 71 complaints of corrupt conduct comprising of 157 allegations and reviewed and advised the department's executives and work units on a further 121 matters. A further seven complaints were received and reviewed by the ESU relating to HHS staff or were not within the department's jurisdiction. These were referred to the CCC for consideration and necessary action.

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

In addition to managing investigations for the department, the ESU provided 331 instances of advice to HHSs, the department's executives and work units regarding corrupt conduct and public interest disclosures.

455 staff completed face-to-face ethical awareness, managing corrupt conduct and managing Public Interest Disclosure (PID) training as part of the ESU's focus on misconduct prevention by raising ethical awareness and promoting integrity.

The ESU development and release of comprehensive PID online training allows all employees, including those who work shift work or those who are remotely located, to complete the required mandatory training. 3404 HHS staff and 3481 Department of Health staff completed the PID online training.

Information systems and recordkeeping

The Department of Health has a strong commitment to improving information management maturity and compliance with the *Public Records Act 2002.*

During 2019–20, the department expanded the electronic Document and Records Management System (eDRMS) user base by 54 per cent (572 users) as part of an enterprise content management push to improving compliance. Coinciding with the eDRMS rollout is the decommission of former recordkeeping system, RecFind with records and data being migrated into the eDRMS.

A range of Corporate Records Management Policy and other artefacts which embrace Digital1st records and information management have been approved. This includes policy, guideline and resources related to the management of records associated with the COVID-19 pandemic in Queensland. In addition, the department is progressing development of a Health Sector (Corporate Records) Retention and Disposal Schedule which, once approved, will complement the existing Health Sector (Clinical Records) Retention and Disposal Schedule and enable appropriate retention and disposal principles to be consistently applied across Queensland Health.

As a lead agency for the former Standing Offer Arrangement (SOA) QGCPO747-08—Records Storage, Retrieval and Destruction, which expired on 25 January 2020, the department, through Health Support Queensland, has negotiated and established a new statewide, whole-of-government SOA available to all Queensland Government departments and agencies. The new HSQ97042 Records Storage, Retrieval and Destruction Services SOA commenced on 26 January 2020.

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Human Rights Act 2019 disclosures

Scope

Queensland Health acknowledge that we must include details in our annual report about actions we have taken to further the objects of the *Human Rights Act 2019* (the Act), complaints received, and reviews undertaken. It is acknowledged that this information will also inform annual reporting by the Human Rights Commissioner about the operation of the Act.

Actions to further the objects of the Act

Section 97(2)(a) of the Act

At a strategic level:

- A commitment to promote and protect the human rights of Queensland in our decision making and actions has been incorporated in the *Queensland Health Strategic Plan 2019-2023.*
- Awareness raising was conducted including screensavers, posters, newsletters and Chief Human Resources Officer (CHRO) employee broadcasts.
- Human rights have been incorporated into executive performance agreements and all Queensland Health role descriptions

At an operational level:

- Commitment to human rights has been incorporated into the operational plan for 2020-2021.
- Policy units will now need to consider human rights and include the assessment of any implications on human rights by a proposal. Any possible limitation of a human right by the proposal must be reasonable and demonstrably justified under section 13 of the Act.
- The review of all Queensland Health portfolio legislation has been finalised. Opportunities have been identified to demonstrate Queensland Health's commitment to the protection and promotion of human rights. Into the future, consideration of human rights at the development stage for legislation has been included in the legislation process.
- Adding human rights discussion topic on localised meeting agendas.
- Training of staff has been undertaken and will continue.
- Awareness raising activities have been undertaken for staff and clients.

Human rights complaints and outcomes

Section 97(2)(b) of the Act

Number of complaints	Outcome of complaints
3	Explanation
3	Change of original decision
0	Apology
0	Business improvement (e.g. review or development of policy or procedure, staff training or education, service improvement, modifications to improve accessibility)
0	Disciplinary action

It is acknowledged that Queensland Health is making attempts to improve the assessment of complaints to more accurately identify human rights complaints.

Reviews undertaken for compatibility

Section 97(2)(c) of the Act

Reporting requirements	Examples of actions undertaken
Review of policies for human rights compatibility	• Review or development of strategic or operational policies. Human rights were considered and acknowledged in the development of the *Queensland Health COVID-19 Policy and Action Plan for Queenslanders with Disability and Queensland Health COVID-19 Policy and Action Plan for Culturally and Linguistically Diverse Communities.* • Incorporating human rights into complaint handling policies. Queensland Health's complaints management processes for employee and consumers has been updated to include human rights consideration.
Review of programs for human rights compatibility	• Review of eligibility criteria for programs. The *Oral Health Services Eligibility Guideline* has been strengthened to improve compliance with the Act and thereby ensuring prisoners are entitled to an equivalent level of public dental care compared to the community. • Review of who accesses programs to identify potential access issues – Amendments have been made to gender-specific language to be all inclusive; and removing age-specific language to remove outdated age-related criteria.
Review of procedures for human rights compatibility	• Incorporating human rights issues into decision-making frameworks. We have established tools to assist decision-makers in considering human rights in complaints. • Incorporating human rights into complaint handling procedures. Clinical Incident Management and Open Disclosure templates, fact sheets, incident analysis tools and training materials have been updated to include human rights considerations.
Review of services for human rights compatibility	• Consulting with community to identify human rights issues and expectations. Correspondence has been sent to suppliers identified as possible public entities, advising of their responsibilities under the Act.

Mandatory Reporting of Confidential Information disclosed in the public interest

Section	Details of disclosure
Ambulance Service Act 1991	
Section 50P(2)(c)	Disclosed confidential patient information of acute stroke patients for the study *Investigation of the pre-hospital clinical and system* factors *that* impact *the initiation of reperfusion therapies in acute stroke*.
Section 50P(2)(c)	Disclosed confidential patient information for the purposes of a national surveillance project to identify prevalence of alcohol, drugs and mental health (suicide) in ambulance presentations.
Section 50P(2)(c)	Disclosed confidential patient information for adult patients on the Gold Coast who received an intravenous cannulation for the study *Investigating clinical decision making in peripheral intravenous cannulation in emergency settings*.
Section 50P(2)(c)	Disclosed confidential patient information for cardiac arrest patients for entry into the Australian Resuscitation Outcomes Consortium (Aus-ROC) registry.
Section 50P(2)(c)	Disclosed confidential patient information for a project on behalf of the Motor Accident Insurance Commission, titled *Feasibility, requirements, and value of linkage of motor vehicle accident compensation, workers compensation and health data in Queensland*.
Public Health Act 2005	
Section 81(2) Notifiable Conditions Register	Confidential information relating to notification of legionellosis data, namely details of a spa suspected to be linked to two cases of legionellosis, were disclosed to local government. This confidential information was disclosed so that the local government could take enforcement action under the *Public Health Act 2005*.
Section 81(2) Notifiable Conditions Register	Confidential Information including a case's name, date of birth, address, contact details, the notified condition, risk and environmental exposures, movements whilst exposed and infectious, as well as details of their contacts and potential contacts and other individuals involved in the follow up of such cases, was disclosed to a student (Master of Philosophy in Applied Epidemiology) working within the department and their academic supervisors from the Australian National University. The information was disclosed to support disease control and outbreak response for Queensland Health to the student or a relevant person performing functions under the Act, for the student's study and providing a public-sector health service to the person.
Section 81(2) Notifiable Conditions Register	Confidential Information relating to the Notification of Hepatitis C (HCV) including a case's name, date of birth, address, contact details, the notified condition, risk and contacts or potential contacts, was disclosed to a project officer working within the department who is from the University of Queensland. The information that was held on the Notifiable Conditions Register for the purposes of improving hepatitis C treatment uptake was disclosed to the project officer to develop an enhanced follow up Notification of Hepatitis C (HCV) notifications.

Section	Details of disclosure
Section 81(2) Notifiable Conditions Register	Information (case address coordinates) was disclosed to specific users of the new statewide Arbovirus Response and Mosquito Management System (SWARMMS). The purpose of disclosure was to assist local government and public health officers in the surveillance and control of mosquitoes that can transmit pathogenic organisms to humans.
Section 81(2) Notifiable Conditions Register and Section 109(2) Contact Tracing	Disclosure of confidential information, including a case's name, date of birth, address, contact details, the notified conditions, risk and contacts or potential contacts from the Notifiable Conditions Register (NoCS) and Notifiable Conditions System, to the vendor for the replacement Notifiable Conditions System. The purpose of the disclosure was to provide access to the vendor for the NoCS replacement system, to confidential information held in the Notifiable Conditions Register and NoCS in order to transition information; implement the replacement system and provide ongoing technical and operational support and maintenance of the replacement system.
Section 81(2) Notifiable Conditions Register COVID-19	During 2019–20 there were three disclosures of confidential information in the public interest under this section of the legislation in relation to COVID-19. These are summarised below (1) Information about persons kept in the Notifiable Conditions Register (NoCS) in relation to COVID-19, including name, address, date of birth, contact details, whether the person is in hospital, isolation or otherwise and clearance outcomes. The disclosure was to enable the Queensland Police Service (QPS) to support Queensland Health's response to the public health emergency declared under section 319 of the *Public Health act 2005* in relation to COVID-19 by undertaking compliance and enforcement activities. The disclosure also allowed the QPS to record confidential information in Q-Prime. (2) Information about persons kept in NoCS in relation to COVID-19, including date of birth, gender, post code, notification decision, name of Public Health Unit, name of hospital and health service, source of infection, clearance outcomes and negative diagnosis. The confidential information was disclosed to Strategic Communications Branch, members of the media and the public at large: – to ensure public confidence that Queensland Health is actively managing the COVID-19 pandemic – to instil confidence and to ensure non COVID-19 patients who require care continue to access health care services – in response to the public health emergency declared under section 319 of the *Public Health Act 2005* in relation to COVID-19. (3) Information about persons kept in NoCS in relation to COVID-19, including name, address, date of birth, contact details, any other identifying information, whether the person is in hospital, isolation or otherwise and clearance outcomes. The confidential information was disclosed to enable the Director, Clinical and Business Intelligence, Digital Strategy Transformation Branch, eHealth Queensland and the Director, Statistical Analysis and Linkage Unit, Statistical Services Branch to undertake data matching and validation activities prior to disclosure to the Department of Housing and Public Works and the Department of Justice and Attorney General. The disclosure to the Department of Housing and Public Works and the Department of Justice and Attorney General has been authorised under a separate authority.

Section	Details of disclosure
Section 109(2) Contact Tracing – COVID-19	During 2019–20 there were five disclosures of confidential information in the public interest under this section of the legislation in relation to COVID-19. Below is a summary of the disclosures under Contact Tracing – COVID-19: (1) Names of eight persons who were contact traced in relation to COVID-19. (2) Names of two persons who were contact traced in relation to COVID-19. The information was used to book accommodation. The information was also disclosed to ensure that staff at the hotel could undertake adequate infection control measures to prevent disease transmission. (3) Information regarding Tigerair Flight TT566 - The information was disclosed to allow the Department of Education to identify and contact students or staff and also to ensure infection control measures and processes were implemented at education facilities where students or staff who travelled on the Tigerair Flight TT566 study or work. (4) Names, addresses, dates of birth and other contact details of individuals who have become known to a relevant person in the course of the relevant person's functions under Chapter 3, Part 3 of the *Public Health Act 2005*. The disclosure of confidential information to the QPS and the Australian Federal Police for purposes associated with: – the Public Health Emergency Order in relation to COVID-19 – requiring returning travellers to self-isolate because they had been in a high-risk area for the transmission of COVID-19 – to assist Queensland Health in responding to the declared public health emergency arising from the COVID-19 outbreak. (5) Personal information relating to travellers who have been or may be subject to public health notices and orders under the emergency provisions of the *Public Health Act 2005*. The disclosure of confidential information was to allow the QPS to assist Queensland Health in responding to a declared public health emergency arising from an outbreak of COVID-19. The disclosure also allowed the QPS to record the traveller's details in Q-Prime
Section 223(2) Perinatal statistics	During 2019–20 there was one disclosure of confidential information in the public interest under this section of the legislation. The following confidential information was released from the perinatal statistics collection in the public interest: • Aggregate level data, including data on the following: financial year, financial year quarter, hospital sector, HHS of the hospital, HHS of mother's usual residence, SA26 of mother's usual residence, mother's age groups, mother's indigenous status, mother's smoking status, low birth weight flag and a count of babies and mothers for all these

[6] Statistical Areas Level 2 (SA2) are medium-sized general-purpose areas built up from whole Statistical Areas Level 1. Their purpose is to represent a community that interacts together socially and economically. SA2s generally have a population range of 3000 to 25,000 persons. *Australian Bureau of Statistics*, *http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1270.0.55.001~July%202016~Main%20Features~Statistical%20Area%20Level%202%20(SA2)~10014*

Section	Details of disclosure
	variables. In total, the data was for 59,911 mothers and 60,585 babies over the period. The data was supplied to the Queensland Primary Health Network (QPHN) Planning and Data Collaborative, an independent, not-for-profit organisation funded by the Australian Government, to assist with their service planning at the SA2 geographical level across Queensland for the 2018-19 financial year.
Section 228L(2) Maternal death statistics	During 2019–20 there were no disclosures of confidential information in the public interest under this section of the legislation.
Section 241(2) Queensland Cancer Register	During 2019–20 there was one disclosure of confidential information in the public interest under this section of the legislation. Queensland Cancer Register incidence and mortality data, including unique person number, unique cancer number, month and year of death and cause of death (if person deceased), site for each cancer the person has and details of breast or melanoma tumour (if applicable) was disclosed to the Chief Executive Officer, Cancer Council Queensland and persons employed by Cancer Council Queensland. The disclosure was for the purposes of enabling epidemiological research to understand patterns and trends in cancer incidence, prevalence, mortality and survival, with a view to identifying areas of improvement or need and to investigate factors that impact on diagnosis, clinical management, health services delivery, and cancer outcomes.
Hospital and Health Boards Act and Public Health Act 2005	
Under section 160 *Hospital and Health Boards Act 2011* And Section 81(2) Notifiable Conditions Register, *Public Health Act 2005*	Confidential Information including a case's name, date of birth, address, contact details, the notified condition, risk and environmental exposures, movements whilst exposed and infectious, as well as details of their contacts and potential contacts and other individuals involved in the follow up of such cases was disclosed to a student (Master of Philosophy in Applied Epidemiology) working within the department and their academic supervisors from the Australian National University. The information was disclosed to support disease control and outbreak response for Queensland Health to the student or a relevant person performing functions under the Act, for the student's study and providing a public-sector health service to the person.
Under section 160 *Hospital and Health Boards Act 2011* And Section 81(2) Notifiable Conditions Register, *Public Health Act 2005*	Confidential Information relating to the Notification of Hepatitis C (HCV) including a case's name, date of birth, address, contact details, the notified condition, risk and contacts or potential contacts was disclosed to a project officer working within the department who is from the University of Queensland. The information that was held on the Notifiable Conditions Register for the purposes of improving hepatitis C treatment uptake was disclosed to the project officer to develop an enhanced follow up Notification of Hepatitis C (HCV) notifications.
Under section 161 (A) *Hospital and Health Boards Act 2011* And Section 81(2) Notifiable Conditions Register, *Public Health Act 2005*	Disclosure of confidential information, including a case's name, date of birth, address, contact details, the notified conditions, risk and contacts or potential contacts from the Notifiable Conditions Register (NoCS) and Notifiable Conditions System to the vendor for the replacement Notifiable Conditions System. The purpose of the disclosure was to provide access to the vendor for the NoCS replacement system, to confidential information held in the Notifiable Conditions Register and NoCS in order to transition information; implement the replacement system; and provide ongoing technical and operational support and maintenance of the replacement system.

Section	Details of disclosure
Under section 147(a)(ii) *Hospital and Health Boards Act 2011* And Section 109(2) Contact Tracing *Public Health Act 2005*	The names and information held by Queensland Health regarding the self-isolation request relating to four foreign nationals was disclosed. The disclosure of confidential information was to allow the Consulate to have appropriate information to support their citizens and to seek support from the Consulate to ensure the individuals identified comply with the requirement to self-isolate.
Under section 147(a)(ii) *Hospital and Health Boards Act 2011* And Section 109(2) Contact Tracing *Public Health Act 2005*	Disclosure of the names and addresses, dates of birth and other contact details (including telephone and email) of individuals who are receiving or who have received a public sector health service. The disclosure of confidential information to the QPS and the Australian Federal Police for purposes associated with the Public Health Emergency Order in relation to COVID-19; requiring returning travellers to self-isolate because they have been in a high-risk area for the transmission of COVID-19 and to assist Queensland Health in responding to the declared public health emergency arising from the COVID-19 outbreak.
Under section 147(a)(ii) *Hospital and Health Boards Act 2011* And Section 109(2) Contact Tracing *Public Health Act 2005*	Disclosure of any personal information relating to travellers from a high-risk area who have been or may be subject to public health notices and orders under the emergency provisions of the *Public Health Act 2005.* The disclosure of confidential information was to allow the QPS to assist Queensland Health in responding to a declared public health emergency arising from an outbreak of COVID-19. This included assistance in Queensland Health's actions to require returning travellers from a high-risk area to self-isolate for preventing the transmission of COVID-19. The disclosure also allowed the QPS to record a traveller's details in Q-Prime.
Under section 147(a)(ii) *Hospital and Health Boards Act 2011* *And* Section 109(2) Contact Tracing *Public Health Act 2005*	Disclosure of the name, date of birth, address, occupation, place of business (including business name and address) and any other information which may identify a person who was infected with COVID-19 The confidential information about the case was disclosed to the members of the media and the public at large for purposes associated with the Public Health Emergency Order declared by the Minister for Health on 29 January 2020 in relation to COVID-19.
Under section 147(a)(ii) *Hospital and Health Boards Act 2011* *And* Section 109(2) Contact Tracing *Public Health Act 2005*	Disclosure of the names, addresses, dates of birth, contact details (including telephone and email) and other identifying information of persons who have received notices, or have been requested to self-isolate or self-quarantine in relation to COVID-19. The disclosure of confidential information to the QPS was to enable the making, management and keeping of records to support Queensland Health's response to the public health emergency declared under section 319 of the *Public Health Act 2005* in relation to COVID-19.
Under section 147(a)(ii) *Hospital and Health Boards Act 2011* *And* Section 109(2) Contact Tracing *Public Health Act 2005*	Disclosure of the names, addresses, dates of birth, contact details (including telephone and email) and other identifying information of persons who: • have received voluntary self-quarantine or self-isolation notices; or • have been requested to self-isolate or self-quarantine; or • are subject to a direction issued under Part 7A, Chapter 8 of the *Public Health Act 2005*, and where those persons have been diagnosed as having contracted COVID-19 or have been tested for COVID-19.

Section	Details of disclosure
	The disclosure of confidential information was to enable the QPS to support Queensland Health's response to the public health emergency declared under section 319 of the *Public Health Act 2005* in relation to COVID-19 by undertaking compliance and enforcement activities. The QPS is authorised to record confidential information in Q-Prime for this purpose
Under section 160 (1) *Hospital and Health Boards Act 2011* *And* Section 109(2) Contact Tracing *Public Health Act 2005*	Discloser of information about public sector health services provided to persons who are confirmed cases or are suspected cases of COVID-19, including date of birth, gender, post code, notification decision, name of Public Health Unit, name of hospital and health service, source of infection, clearance outcomes, negative diagnosis. The confidential information was disclosed to Strategic Communications Branch, members of the media and the public at large to: • Ensure public confidence that Queensland Health is actively managing the COVID-19 pandemic. • Instil confidence and to ensure non COVID-19 patients who require care continue to access health care services. • Inform the public and the media about the incidence and management of COVID-19 within the state of Queensland in response to the public health emergency declared under section 319 of the *Public Health Act 2005* in relation to COVID-19.
Under section 147(a)(ii) *Hospital and Health Boards Act 2011* *And* Section 109(2) Contact Tracing *Public Health Act 2005*	Disclosure of the names, address, dates of birth, contact details (including telephone and email) and other identifying information of persons who: • have received voluntary self-quarantine or self-isolation notices; or • have been requested to self-isolate or self-quarantine; or • are subject to a direction issued under Part 7A, Chapter 8 of the *Public Health Act 2005,* and where those persons have been diagnosed as having contracted CovID-19 or have been tested for COVID-19. The confidential information was disclosed to enable the Department of Housing and Public Works and the Department of Justice and Attorney-General to support Queensland Health's response to the public health emergency declared under section 319 of the *Public Health Act 2005* in relation to COVID-19 by undertaking compliance and enforcement activities.
Under section 147(a)(ii) *Hospital and Health Boards Act 2011* *And* Section 109(2) Contact Tracing *Public Health Act 2005*	Disclosure of the names, addresses, dates of birth, contact details (including telephone and email) and other identifying information of persons who: • have received voluntary self-quarantine or self-isolation notices; or • have been requested to self-isolate or self-quarantine; or • are subject to a direction issued under Part 7A, Chapter 8 of the *Public Health Act 2005*, and where those persons have been diagnosed as having contracted COVID-19 or have been tested for COVID-19. The confidential information was disclosed to enable the Director, Clinical and Business Intelligence, Digital Strategy Transformation Branch, eHealth Queensland and the Director, Statistical Analysis and Linkage Unit, Statistical Services Branch to undertake data matching and validation activities prior to disclosure to the Department of Housing and Public Works and the Department of Justice and Attorney General.
Hospital and Health Boards Act and Private Health Facilities Act 1999	
Section 160 of the *Hospital and Health Boards Act* And	During 2019–20, the Service and Workforce Alignment Project provided information to Deloitte and Queensland Treasury Corporation. The information covered the fiscal period 2014 to year to date 2019 and included patient level hospital activity data, nursing hours per patient day,

Section	Details of disclosure
Section 147(4)(g) and 147(6) *Private Health Facilities Act 1999*	staff cost centre and classification, proportion of ABF vs non-ABF expenditure by cost centre, staff attrition by month.
Under section 160 of the *Hospital and Health Boards Act* And Under section 147(4)(g) and 147(6) *Private Health Facilities Act 1999*	Further information provided to Deloitte and Queensland Treasury Corporation for the Service and Workforce Alignment Project. This included staff roster data as well as payroll information.
Under section 160 the *Hospital and Health Boards Act*	Hospital activity data provided to Deloitte for the review of drivers influencing increased demand for public health services in Queensland.
Under section 160 of the *Hospital and Health Boards Act* And Under section 147(4)(g) and 147(6) *Private Health Facilities Act 1999*	Hospital activity and costs for the period July to December 2019 provided to Deloitte for the development of the Integrated Service Costing Model that synthesises data from multiple sources to provide an overview of the systemwide impacts of changes to capacity (infrastructure) and capability (CSCF) at a single hospital, Hospital and Health Service or system-wide.
Under section 151(1)(a) of the *Hospital and Health Boards Act* And Under section 147(4)(c) and 147B *Private Health Facilities Act 1999*	Hospital activity and costing information for 2018-19 and 2019-20 provided to the Independent Hospital Pricing Authority (IHPA), the Administrator of the National Health Funding Pool (NHFP), the Administrator's National Health Funding Body (NHFB) and the Department of Human Services (DHS). Disclosure for funding arrangements and public health monitoring, in accordance with the *National Health Reform Agreement and National Health Reform Act 2011*.
Under section 160 of the *Hospital and Health Boards Act* And Under section 147(4)(g) and 147(6) *Private Health Facilities Act 1999*	Information provided to Queensland Treasury Corporation (QTC) for the Health System Sustainability Program. This program is a partnership between Queensland Health and QTC, who are working collaboratively with Hospital and Health Services to codesign a plan for ensuring a sustainable healthcare system in Queensland.
Under section 160 of the *Hospital and Health Boards Act* And Under section 147(4)(g) & 147(6) *Private Health Facilities Act 1999*	Release of patient level activity and costing data, for the six months to December 2019, provided to Dr Paul Tridgell, Paul Tridgell Pty Ltd to commence a review for the Health System Sustainability, Revenue Optimisation Program. Data utilised for HHSs analysis on revenue variation. Dr Tridgell conducted all work on site for this engagement for Queensland Health.
Under section 160 of the *Hospital and Health Boards Act* and 147 (6) of the *Private Health Facilities Act 1999*	Provided to Health Policy Analysis Pty Ltd for the planning and purchasing of health services. Activity Data, at patient level for all HHSs: Queensland Non-Admitted Patient Activity (QNAPDC)—Fiscal years 2014 to year to date 2020.

Section	Details of disclosure
	• Queensland Hospital Admitted Patient Data Collection (QHAPDC)—Fiscal years 2011 to year to date 2020.
Under section 160 of the Hospital and Health Board Act And Under section 147(6) of the *Private Health Facilities Act 1999*	Disclosed potentially identifiable health information for the financial year 2018–19 to Maritime Safety Queensland (MSQ) for hospital admitted patient data relating to water transport injuries. MSQ is a division of the Department of Transport and Main Roads and is responsible for protecting Queensland's waterways and the people who use them. The ongoing annual data supply to the Safety Standard Branch within MSQ provides a marine safety data intelligence, advice and support role for the agency and its stakeholders.
Under section 160 of the *Hospital and Health Board Act 2011* And Under section 147(6) of the *Private Health Facilities Act 1999* and s223(1) of the *Public Health Act 2005*	Disclosed potentially identifiable health information to the Queensland Primary Health Network (QPHN) Planning and Data Collaborative, an independent, not-for-profit organisation funded by the Australian Government, to assist with their health service planning and health needs assessments at the SA2 geographical level across Queensland for financial year 2018-2019.

Government agreements and legislation

Australian Government agreements

The table below provides a summary of key achievements delivered in 2019–20 by Queensland Health and HHSs under National Partnership Agreements (NPA) and Project Agreements (PAs) with the Australian Government. This is not an exhaustive list of all past and present agreements. For detailed information, visit http://www.federalfinancialrelations.gov.au/content/npa/health.aspx

Agreement	Key achievements in 2019–20
Adult Public Dental Services	Queensland has met the activity targets under this NPA on Public Dental Services for Adults which funded around 116,026 courses of treatment from January 2017 to March 2020. The Queensland Government has accepted an extension of the existing NPA on Public Dental Services for Adults to 30 June 2021 from the Australian Government
Adult Public Dental Services	Queensland has met the activity targets under this NPA on Public Dental Services for Adults which funded around 116,026 courses of treatment from January 2017 to March 2020. The Queensland Government has accepted an extension of the existing NPA on Public Dental Services for Adults to 30 June 2021 from the Australian Government
Agreement with the states and territories for the provision of Human Quarantine Services	The Communicable Diseases Branch coordinates the appointment of Human Biosecurity Officers (HBO) in Queensland Health's Public Health Units and annual training of the HBOs on their responsibilities under the *Biosecurity Act 2014.* Dr Sonya Bennett and Dr Jeannette Young (CHO) are appointed as Chief Human Biosecurity Officer for Queensland and provide direction on the management of listed diseases and the incursions of exotic mosquitoes through international first points of entry to reduce the risk of disease transmission to the Queensland population. These authorities were utilised in 2019–20 to provide direction on the management of seven detections of exotic mosquitoes at first points of entry and in the management of the COVID-19 pandemic, a listed disease. Additional HBOs have been appointed to support the COVID-19 pandemic response.
COVID-19	Signed a new agreement on 6 April 2020. The Commonwealth will provide a 50 per cent contribution for costs incurred by states, through monthly payments, for the diagnosis and treatment of COVID-19 including suspected cases. The Commonwealth will provide a 50 per cent contribution for costs incurred by states, through monthly payments, for other COVID-19 activity undertaken by state public health systems for the management of the outbreak.
Encouraging more clinical trials in Australia	Queensland has established a statewide Queensland Clinical Trials Coordination Unit to attract new clinical trials to Queensland, implement new and enhanced clinical trial data collection, establish and maintain new networks and partnerships, and to embed clinical trial processes into practice
Expansion of *BreastScreen Australia Program*	From 1 May 2019 to 30 April 2020, Queensland delivered 29,496 breast screens in the 70–74 age group, in line with national BreastScreen Australia policy and the requirements of the BreastScreen Australia national accreditation standards. This exceeded the baseline target of 23,176 screens for this period.

Agreement	Key achievements in 2019–20
Healthcare and Disease Prevention in the Torres Strait Islands	This agreement has three schedules: 1. Addressing blood borne viruses and sexually transmissible infections in the Torres Strait—to enhance detection and reporting and expand the delivery of communicable and chronic disease testing, treatment, prevention and education activities to the entire Torres Strait region, with high priority given to at-risk Torres Strait Island residents. 2. Managing Torres Strait/Papua New Guinea (PNG) cross border health issues—supports delivery of health services to PNG nationals who travel through the Torres Strait Treaty Zone and access Queensland Health Facilities. Queensland Health has continued to provide health services to PNG nationals who have travelled through the Torres Strait Treaty Zone and presented at Queensland Health facilities. 3. Mosquito control and cross border liaison in the Torres Strait Protected Zone—surveillance, control and possible elimination of Aedes albopictus (Asian Tiger) mosquito within the Torres Strait and prevention of the spread of Aedes albopictus from the Torres Strait to the mainland Australia. Queensland Health conducted regular surveillance and control activities for Aedes albopictus throughout the dry and wet seasons and implemented immediate control measures where isolated detections were recorded. Queensland Health also facilitated the exchange of clinical and surveillance data and other relevant health information associated with movement of traditional inhabitants in the Torres Strait Protected Zone. The Communications Officer spent time in Torres Strait health facilities providing communication and liaison services for PNG nationals, improving PNG data collection and timely and safe referrals of PNG nationals back to Daru General Hospital.
Hummingbird House Children's Hospice	The agreement provides a Commonwealth financial contribution, matched by Queensland, for the operation of a 24 hours-per-day, seven days-per week, eight bed freestanding children's respite care and hospice facility at Wheller Gardens in Chermside, Brisbane. The operation of this specialist paediatric facility continues to progress well, with close to full occupancy during 2019–2020.
Improving trachoma control services for Indigenous Australians	Queensland undertook the following actions under the NPA in 2019: Further mapping exercises were undertaken in two communities in north-west Queensland and three communities in the Torres Strait Islands identified as being potentially at risk of trachoma. 92 per cent of the 5–9-year-old children in the three Torres Strait Island communities were screened, with no evidence of active trachoma at the time of screening. In the two communities in north-west Queensland 100 per cent of the 5–9-year-old children were screened in community 1 while 62 per cent were available to be screened in community 2. Community 2 was revisited in February 2020 and 96 per cent of the children age 5–9 years were screened. In north-west Queensland in 2019, nine children aged 5–9 years met the WHO simplified grading system for Trachomatous Inflammation (TF). However only one child had Chlamydia trachomatis detected by polymerase chain reaction (PCR) testing. Children and household contacts were treated in line with national guidelines. Repeat screening for the two communities in north-west Queensland is planned for early 2020. No further screening in 2020 is possible due to the current movement restrictions in place due to COVID-19.

Agreement	Key achievements in 2019–20
National Health Reform Agreement	The National Health Reform Agreement outlines the conditions under which Commonwealth funding for public hospitals is provided. It is generally renegotiated in three to five-year intervals, with the next Addendum to the Agreement finalised in May 2020 to operate from 1 July 2020 to 30 June 2025. The Agreement provides annual funding to Queensland of around $5 billion and is fundamental to the operations of Queensland Health's hospital network.
National Partnership on Essential Vaccines (NPEV)	The NPEV outlines the arrangements for the funding and delivery of the National Immunisation Program (NIP). The Agreement also provides reward funding for achieving performance benchmarks, primarily related to improving immunisation rates and minimising vaccine wastage. From 1 July 2019 to 30 June 2020, Queensland distributed more than three million doses of vaccine to approximately 1800 Queensland immunisation providers. Queensland also met the performance benchmarks (and will receive the associated reward payments) contained in the NPEV for the 2019–20 period.
OzFoodnet program	The OzFoodNet program provides enhanced surveillance functions and epidemiological capacity to enable the early detection and investigation of outbreaks of foodborne disease in Queensland. Program activities provide intelligence on the causes and risk factors for foodborne disease which contribute to policy initiatives designed to improve food safety in Queensland and Australia. There were 13,102 cases of illness due to foodborne pathogens notified to Queensland Health between 1 July 2019 and 31 March 2020. 11 foodborne outbreaks and one waterborne outbreak were investigated by OzFoodNet during this period.
Rheumatic Fever Strategy	As of 1 September 2018, Rheumatic Heart Disease (RHD) became a notifiable condition, which means both Acute Renal Failure and RHD are now notifiable under the Public Health Act. This resulted in an increase in clinical notifications on the register. Queensland improved the detection, monitoring and management of the infectious condition, acute rheumatic fever and the resultant rheumatic heart disease, through key action areas, including improving clinical care, education and training, and data collection and reporting and maintaining an electronic register.
Specialist Dementia Care program—Phase one	Signed a new agreement on 5 March 2020 for the delivery of in-reach clinical advice and support for Specialist Dementia Care Program Clients residing in Specialist Dementia Care Units.
The National Bowel Cancer Screening program—participant follow-up function	From 1 April 2019 to the date of transition to the National Cancer Screening Register 15 November 2019, Queensland delivered 6,426 participant follow up services.
Vaccine Preventable Diseases Surveillance program	The Vaccine Preventable Diseases Surveillance National Project Agreement is part of the Intergovernmental Agreement on Federal Financial Relations and supports the delivery of surveillance reporting of nationally notifiable vaccine preventable diseases, as outlined in the National Health Security Agreement's National Notifiable Disease List and covered by the National Immunisation Program. Queensland Health reports notifications of these diseases electronically on a daily and annual basis according to agreed standards. Queensland Health collaborates with the Australian Government Department of Health to produce annual reports on disease surveillance;

Agreement	Key achievements in 2019–20
	provides the Commonwealth with enhanced data as agreed by the Communicable Diseases Network of Australia; works with the National Surveillance Committee to improve data quality, including improved reporting of Indigenous status and conducting data quality assurance activities.

Other whole-of-government plans and specific initiatives

Act	Subordinate legislation
Transplantation and Anatomy Act 1979	Transplantation and Anatomy Regulation 2017
Private health facilities Act 1999	Private Health Facilities (Standards) 2019
Pharmacy Business Ownership Act 2001	N/A
Health Act 1937	Health Drugs and Poisons Regulation 1996 Health Regulation 1996
Medicines and Poisons Act 2019	Medicines and Poisons (Monitored Medicines Database Testing) Regulation 2020
Therapeutic Goods Act 2019	N/A
Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Act 2003	Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Regulation 2015

Health portfolio legislation

Legislation	Details	Number of breaches
Health Portfolio Legislation (including Monitored Agency Legislation)	The department led the development of new legislation including the *Health and Wellbeing Queensland Act 2019* and continues to effectively maintain existing legislation such as the *Hospital and Health Boards Act 2011*. The department is committed to meeting all legislative compliance obligations under health portfolio legislation and applies effective strategies to administer it including: • providing oversight of statutory appointments made under health portfolio legislation • supporting good board governance and compliance including annual reporting requirements. The chief executive has the power to request and publish information under the legislation is discretionary. For example, the Act does not prescribe specific timeframes for the department to request and publish information. Until the department issues the Health Service Chief Executives, Licensees and Approved Providers with a Notice (in line with the Act), there is no requirement for those entities to provide information.	During 2019–20 there were no actual breaches of the department's legislative compliance obligations under monitored agency legislation.
Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Act 2003	The National Health and Medical Research Council's Embryo Research Licensing Committee (NHMRC ERLC) is responsible for monitoring compliance with this legislation and license conditions. Office of the Director-General policy documents include the requirement to comply with the legislation (e.g. Research Management Standard).	No breaches of this legislation have been identified.
Mental Health Act 2016	The *Mental Health Act 2016* establishes statutory roles and appointments for the effective administration of the Act and sets out legislative requirements for HHSs, clinicians, statutory bodies and other persons including members of the public in fulfilling their functions and rights under the Act. Non-compliance with the *Mental Health Act 2016* is monitored by the Chief Psychiatrist and reported in the Annual Report of the Chief Psychiatrist.	There were no breaches of the department's legislative compliance obligations during the reporting period.
Termination of Pregnancy Act 2018	The *Termination of Pregnancy Act 2018* provides clarity for women, health practitioners and the community about the circumstances in which a termination is lawfully permitted. The Act: • Ensures termination of pregnancy is treated as a health issue rather than a criminal issue. • Enables reasonable and safe access by women to terminations of pregnancy and to regulate the conduct of registered health practitioners in relation to terminations. • Supports a woman's right to health, including reproductive health and autonomy	There were no breaches of the department's legislative compliance obligations during the reporting period.

Legislation	Details	Number of breaches
	• Provides clarity and safety for health practitioners providing terminations of pregnancy brings Queensland legislation in line with other Australian jurisdictions.	
Health Transparency Act 2019	The *Health Transparency Act 2019* enables the collection and publication of particular types of information about public sector health service facilities, private health facilities, State aged care facilities and private residential aged care facilities. The purpose of the collection and publication of this information is to improve the transparency of the quality and safety of health services provided in Queensland, and help people make better-informed decisions about health care.	There were no breaches of the department's legislative compliance obligations during the reporting period.
Hospital and Health Boards Act 2011 and *Mater Public Health Services Act 2008*	The *Hospital and Health Boards Act 2011* establishes a public sector health system that delivers high quality hospital and other health services to persons in Queensland having regard to the principles and objectives of the national health system. The *Mater Public Health Services Act 2008* provides a statutory framework for the department and the Mater to enter into arrangements about the delivery of public patient health services by the Mater hospitals and their funding.	No breaches of this legislation have been identified.

List of Acts and subordinate legislation administered by Department of Health schedules

The Prevention Division administers a suite of public health portfolio legislation on behalf of the department and is committed to ensuring the department meets all legislative compliance obligations under this legislation. Strategies to ensure the department's compliance obligations under Public Health Portfolio Legislation are being met include the requirement for each program area to:

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

In 2019–20 there were no significant breaches of the department's legislative compliance obligations under Public Health Portfolio legislation.

There was one instance of a failure of internal controls identified in the administration of the licensing function under the *Private Health Facilities Act 1999*. This matter was fully investigated, and additional controls have subsequently been implemented to ensure non-recurrence and improved legislative compliance in future.

Department compliance obligations met under public health legislation

Act	Subordinate legislation	Achieved
Food Act 2006	• Food Regulation 2016	☑
Health Act 1937	• Health Regulation 1996 • Health (Drugs and Poisons) Regulation 1996	☑
Pest Management Act 2001	• Pest Management Regulation 2003	☑
Pharmacy Business Ownership Act 2001		☑
Private Health Facilities Act 1999	• Private Health Facilities Regulation 2016 • Private Health Facilities (Standards) Notice 2019	☑
Public Health Act 2005	• Public Health Regulation 2018	☑
Public Health (Infection Control for Personal Appearance Services) Act 2003	• Public Health (Infection Control for Personal Appearance Services Regulation 2016 • Public Health (Infection Control for Personal Appearance Services) (Infection Control Guideline) Notice 2013	☑
Radiation Safety Act 1999	• Radiation Safety Regulation 2010 • Radiation Safety (Radiation Safety Standards) Notice 2010	☑
Tobacco and Other Smoking Products Act 1998	• Tobacco and Other Smoking Products Regulation 2010	☑
Transplantation and Anatomy Act 1979	• Transplantation and Anatomy Regulation 2017	☑
Water Fluoridation Act 2008	• Water Fluoridation Regulation 2020	☑

A summary of key activities related to the administration of Public Health Portfolio legislation is provided below.

Licensing and approvals

Completed 19,337 licence, approvals and certificates, comprising:

- 14,679 (76 per cent under the *Radiation Safety Act 1999*
- 2688 (14 per cent under the *Pest Management Act 2001*
- 1971 (10 per cent under the Health (Drugs and Poisons) Regulation 1996.

Total revenue raised by these licensing activities was approximately $5.8 million. The Public Health Licensing Unit receives over 25,000 enquiries via email and telephone per year. The number and type of public health licences granted was published on the Open Data Portal at https://data.qld.gov.au/dataset/health-protection-licences

Complaints management

In 2019–20 the public health authorised officers received 1650 complaints and 1077 enquiries. They undertook 1428 investigations and 977 inspections/audits.

Further information

For further information about the administration of public health legislation, see the *Queensland Health (Public Health) Regulatory Performance Report 2019–20*, located in the Performance section.

List of Acts and subordinate legislation administered by Department of Health schedules

Act	Subordinate legislation
Schedule 1A—Portfolio Legislation	
Food Act 2006	• Food Regulation 2016
Health Act 1937	• Health Regulation 1996 • Health (Drugs and Poisons) Regulation 1996
Pest Management Act 2001	• Pest Management Regulation 2003
Pharmacy Business Ownership Act 2001	
Private Health Facilities Act 2019	• Private Health Facilities Regulation 2016 • Private Health Facilities (Standards) Notice 2019
Public Health Act 2005	• Public Health Regulation 2018
Public Health (Infection Control for Personal Appearance Services) Act 2003	• Public Health (Infection Control for Personal Appearance Services) Regulation 2016 • Public Health (Infection Control for Personal Appearance Services) (Infection Control Guideline) Notice 2013
Radiation Safety Act 1999	• Radiation Safety Regulation 2010 • Radiation Safety (Radiation Safety Standards) Notice 2010
Tobacco and Other Smoking Products Act 1998	• Tobacco and Other Smoking Products Regulation 2010
Transplantation and Anatomy Act 1979	• Transplantation and Anatomy Regulation 2017
Water Fluoridation Act 2008	• Water Fluoridation Regulation 2020
Medicines and Poisons Act 2019[7]	
Schedule 1B—Portfolio Legislation—Monitored Agencies	
Major Events Act 2014	• Division 5—visiting health practitioner exemptions for exempt events

[7] On 26 September 2019, the *Medicines and Poisons Act 2019* and the *Therapeutic Goods Act 2019 (Qld)* became law in Queensland but will not commence until a later date. On its commencement, the *Medicines and Poisons Act 2019* will repeal the *Health Act 1937* and *Pest Management Act 2001*. The Health (Drugs and Poisons) Regulation 1996, Health Regulation 1996 and Pest Management Regulation 2003 will also be repealed and replaced, with the making of new regulations to support the Act. It is anticipated that the new regulatory framework will commence mid 2021.

Definitions and compliance

Acronyms and glossary

Acronym	Definition
A&TSIHD	Aboriginal and Torres Strait Islander Health Division
PSC	Public Service Commission
HR	Human Resources
ELT	Executive Leadership Team
QPS	Queensland Public Service
QAO	Queensland Audit Office
AIHW	Australian Institute of Health and Welfare
AIHW	Australian Institute of Health and Welfare
AKC2026	Advancing Kidney Care 2026
BCS	Bachelor of Computer Science
BIA-ALCL	Breast implant-associated anaplastic large cell lymphoma
BSQ	BreastScreen Queensland
CAA	Council of Ambulance Authorities
CCAP	Cultural Capability Action Plan
CCPDP	Critical Care Paramedic Development Program
CEQ	Clinical Excellence Queensland
CEWT	Children's Early Warning Tool
COAG	Council of Australian Governments
CODP	Classified Officer Development Program
CSCF	Clinical Services Capability Framework
CSD	Corporate Services Division
DoH	Department of Health
DCGIIP	Directors of Clinical Governance Improvement and Implementation Partnership
ELT	Executive Leadership Team

Acronym	Definition
ESU	Ethical Standards Unit
EWARS	Early Warning and Response System
G&E	Governance and Engagement Unit
GP	General practitioner
HHB	Hospital and Health Board
HHS	Hospital and Health Service
HPC	Haemopoietic Progenitor Cell
HPSP	Healthcare Purchasing and System Performance Division
HIIRO	Health Innovation, Investment and Research Office
HSQ	Health Support Queensland
HWQld	Health and Wellbeing Queensland
ieMR	Integrated electronic Medical Record
LASN	Local Ambulance Service Network
LGBTIQ+	Lesbian, gay, bisexual, transgender/gender diverse, intersex and queer
MESU	Ministerial and Executive Services Unit
MHAP	Mental Health and Addiction Portal
MHLS	Mental Health Liaison Service
MSQ	Maritime Safety Queensland
NDIS	National Disability Insurance Scheme
NGO	Non-government organisations
NHMRC ERLC	National Health and Medical Research Council's Embryo Research Licensing Committee
NRT	Nicotine replacement therapy
NSW	New South Wales
ODGSSD	The Office of the Director-General and System Strategy Division

Acronym	Definition
OHSA	Office of Health Statutory Agencies
OpCen	Operations Centre
PAH	Princess Alexandra Hospital
PHNs	Primary Health Networks
PHRLT	Pandemic Health Response Leadership Team
PHRLT+	Health Service Chief Executives and Pandemic Health Response Leadership Team
PID	Public interest disclosure
PPSRP	Paediatric Patient Safety Review Project
Prevention	Prevention Division
PSM	Preventative and Social Medicine
Q-ADDS	Queensland Adult Deterioration Detection System
QAS	Queensland Ambulance Service
QHIDS	Queensland Health Integrated Data System
QHLB	Queensland Health Leadership Board
QIWAG	Queensland Insights Website Advisory Group
Q-MEWT	Queensland Maternity Early Warning Tool
QMPQC	Queensland Maternal and Perinatal Quality Council
QPMS	Queensland Pelvic Mesh Service
QWAC	Queensland Website Advisory Committee
RACFs	Residential Aged Care Facilities
RBWH	Royal Brisbane and Women's Hospital
RRP	Rapid Results Program
SBB	Safer Baby Bundle
SDLO	System and Departmental Liaison Office
SHECC	State Health Emergency Coordination Centre
SPPD	Strategy, Policy and Planning Division
SUSD	Step Up Step Down

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	Letter of compliance
Accessibility	Table of contents	ARRs—section 9.1	Contents
	Glossary (and acronyms)		Definitions > Acronyms and glossary
	Public availability	ARRs—section 9.2	Accessibility page
	Interpreter service statement	Queensland Government Language Services Policy ARRs—section 9.3	Accessibility page
	Copyright notice	*Copyright Act 1968* ARRs—section 9.4	Accessibility page
	Information Licensing	QGEA—Information Licensing ARRs—section 9.5	Accessibility page
General information	Introductory Information	ARRs—section 10.1	Director-General's foreword
	Machinery of Government changes	ARRs—section 10.2, 31 and 32	(not applicable)
	Agency role and main functions	ARRs—section 10.2	About us > Our role
	Operating environment	ARRs—section 10.3	About us > Our opportunities and challenges
Non-financial performance	Government's objectives for the community	ARRs—section 11.1	About us > Our contribution to government
	Other whole-of-government plans / specific initiatives	ARRs—section 11.2	Our governance > Government agreements and legislation
	Agency objectives and performance indicators	ARRs—section 11.3	About us > Our priorities Our performance >

Summary of requirement		Basis for requirement	Annual report reference
			Strategic achievements
	Agency service areas and service standards	ARRs—section 11.4	Our performance > Service delivery statements
Financial performance	Summary of financial performance	ARRs—section 12.1	Finance > Financial highlights Finance > Financial statements
Governance—management and structure	Organisational structure	ARRs—section 13.1	About us > Our organisational structure
	Executive management	ARRs—section 13.2	About us > Our executive leadership team
	Government bodies (statutory bodies and other entities)	ARRs—section 13.3	Our governance > Governance framework
	Public Sector Ethics	*Public Sector Ethics Act 1994* ARRs—section 13.4	Our People > *Public Sector Ethics Act 1994*
	Human Rights	*Human Rights Act 2019* ARRs—section 13.5	Our Risk Management and Accountability
	Queensland public service values	ARRs—section 13.6	About us > Queensland public service values
Governance—risk management and accountability	Risk management	ARRs—section 14.1	Our governance > Risk management and accountability
	Audit committee	ARRs—section 14.2	Our governance > Risk management and accountability
	Internal audit	ARRs—section 14.3	Our governance > Risk management and accountability
	External scrutiny	ARRs—section 14.4	Our governance > Risk management and accountability
	Information systems and recordkeeping	ARRs—section 14.5	Our governance > Risk management and accountability
Governance—human resources	Strategic workforce planning and performance	ARRs—section 15.1	Our People > Strategic workforce

Summary of requirement		Basis for requirement	Annual report reference
			planning and performance
	Early retirement, redundancy and retrenchment	Directive No.04/18 Early Retirement, Redundancy and Retrenchment ARRs—section 15.2	Our People > Early retirement, redundancy and retrenchment
Open Data	Statement advising publication of information	ARRs—section 16	Accessibility page
	Consultancies	ARRs—section 33.1	https://data.qld.gov.au
	Overseas travel	ARRs—section 33.2	https://data.qld.gov.au
	Queensland Language Services Policy	ARRs—section 33.3	https://data.qld.gov.au
Financial statements	Certification of financial statements	FAA—section 62 FPMS—sections 38, 39 and 46 ARRs—section 17.1	Financial statements 30 June 2020
	Independent Auditor's Report	FAA—section 62 FPMS—section 46 ARRs—section 17.2	Financial statements 30 June 2020

Acronyms

FAA *Financial Accountability Act 2009*

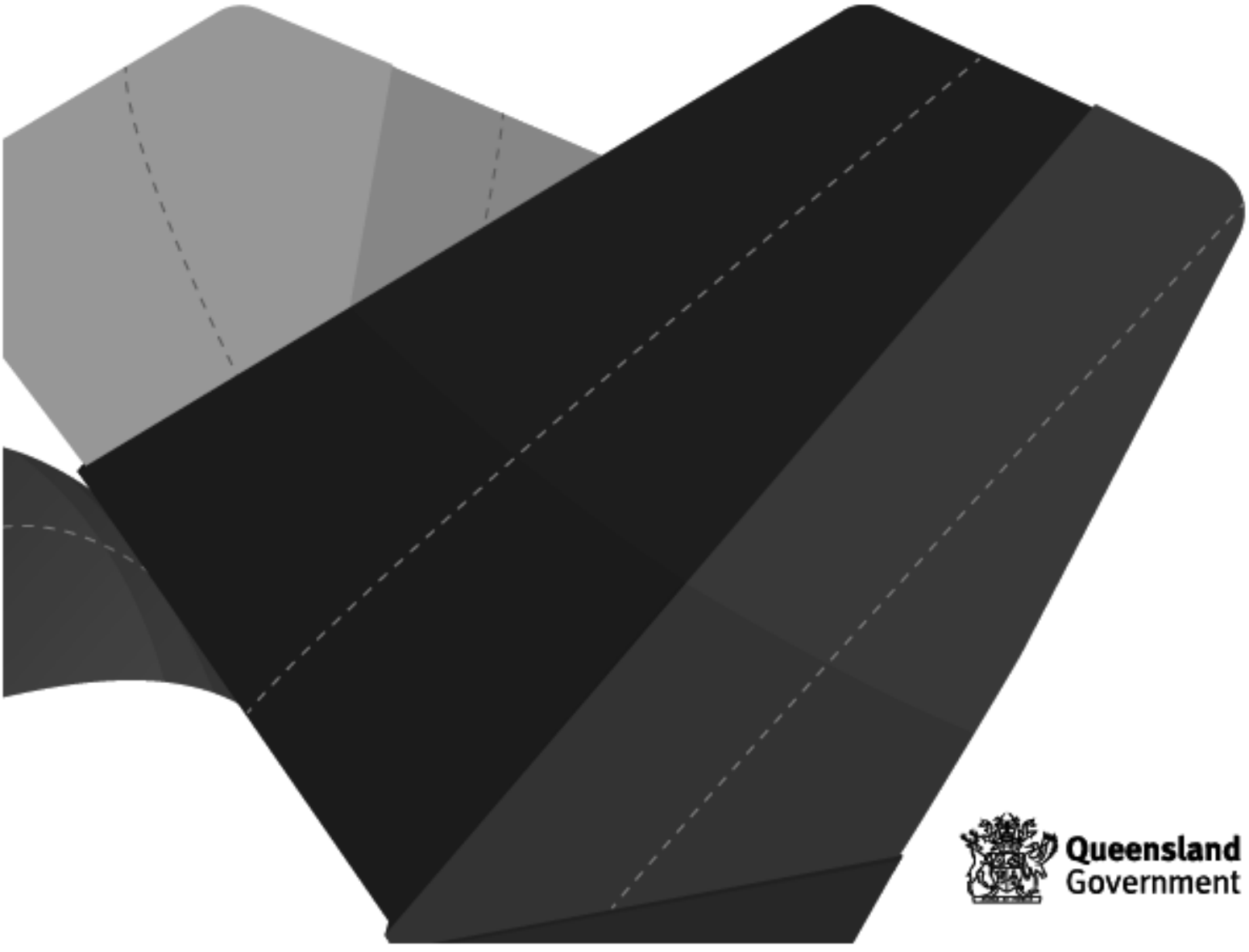
FPMS Financial and Performance Management Standard 2019

ARRs Annual report requirements for Queensland Government agencies

Financial statements
30 June 2020

Department of Health

Financial Statements - 30 June 2020



Queensland Government

Department of Health
Contents and General Information
For the year ended 30 June 2020

Contents

General Information

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

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

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

1 William Street

Brisbane

Queensland 4000

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

Department of Health

Statement of profit or loss and other comprehensive income

For the year ended 30 June 2020

	Note	2020 $'000	Original Budget 2020 $'000	2019 $'000	Ref*	Actual vs budget variance $'000
REVENUE						
Appropriation revenue	2	**11,685,954**	**11,629,810**	11,658,807	i.	56,144
User charges	3	**1,765,422**	**1,789,927**	1,869,712	ii.	(24,505)
Labour recoveries	3	**2,677,123**	**2,295,284**	2,202,044	iii.	381,839
Grants and other contributions	3	**5,549,356**	**5,091,116**	4,913,404	iv.	458,240
Other revenue	3	**57,083**	**20,968**	23,453	v.	36,115
Interest revenue		**2,581**	**659**	2,885		1,922
TOTAL REVENUE		**21,737,519**	**20,827,764**	20,670,305		909,755
EXPENSES						
Employee expenses	4	**(4,350,139)**	**(3,927,437)**	(3,721,327)	vi.	(422,702)
Supplies and services	7	**(1,680,859)**	**(2,046,141)**	(1,718,739)	vii.	365,282
Health services	8	**(15,383,746)**	**(14,582,537)**	(14,291,050)	viii.	(801,209)
Grants and subsidies	9	**(90,756)**	**(61,331)**	(57,853)	ix.	(29,425)
Depreciation and amortisation	17, 18, 19	**(144,625)**	**(163,347)**	(140,365)	x.	18,722
Impairment losses		**(632)**	**(950)**	(3,272)		318
Share of loss from associates	23	**(2,355)**	**-**	(1,417)		(2,355)
Other expenses	10	**(82,227)**	**(41,521)**	(735,650)	xi.	(40,706)
TOTAL EXPENSES		**(21,735,339)**	**(20,823,264)**	(20,669,673)		(912,075)
SURPLUS/(DEFICIT) FOR THE YEAR		**2,180**	**4,500**	632		(2,320)
OTHER COMPREHENSIVE INCOME						
Items that will not be reclassified subsequently to profit or loss						
Increase/(decrease) in asset revaluation surplus		**18,345**	**-**	22,611		18,345
OTHER COMPREHENSIVE INCOME FOR THE YEAR		**18,345**	**-**	22,611		18,345
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**20,525**	**4,500**	23,243		16,025

** This relates to Actual vs budget comparison commentary section (page 6).*

Department of Health
Statement of financial position
As at 30 June 2020

	Note	2020 $'000	Original Budget 2020 $'000	2019 $'000	Ref*	Actual vs budget variance $'000
ASSETS						
Current Assets						
Cash and cash equivalents	12	**932,591**	**390,785**	992,820	xii.	541,806
Loans and receivables	14	**1,344,719**	**683,278**	846,017	xiii.	661,441
Inventories	15	**169,186**	**63,236**	67,884	xiv.	105,950
Assets held for sale	16	**-**	**9,023**	8,000	xv.	(9,023)
Prepayments		**87,265**	**63,303**	77,331		23,962
Other assets		**8,663**	**-**	-	xvi.	8,663
TOTAL CURRENT ASSETS		**2,542,424**	**1,209,625**	1,992,052		1,332,799
Non-current Assets						
Loans and receivables	14	**99,597**	**48,288**	51,288	xvii.	51,309
Interests in associates	23	**72,686**	**76,458**	75,041		(3,772)
Property, plant and equipment	17	**1,091,420**	**1,029,280**	1,011,225	xviii.	62,140
Right-of-use assets	18	**19,572**	**-**	-	xix.	19,572
Intangibles	19	**334,903**	**302,581**	340,929	xx.	32,322
Other assets		**5,748**	**2,966**	3,288		2,782
TOTAL NON-CURRENT ASSETS		**1,623,926**	**1,459,573**	1,481,771		164,353
TOTAL ASSETS		**4,166,350**	**2,669,198**	3,473,823		1,497,152
LIABILITIES						
Current Liabilities						
Payables	20	**1,474,285**	**494,348**	1,342,648	xxi.	979,937
Accrued employee benefits	21	**913,226**	**636,542**	499,348	xxii.	276,684
Lease liabilities	18	**4,065**	**-**	-	xxiii.	4,065
Other liabilities		**1,068**	**3,073**	2,670		(2,005)
TOTAL CURRENT LIABILITIES		**2,392,644**	**1,133,963**	1,844,666		1,258,681
Non-current Liabilities						
Lease liabilities	18	**73,773**	**-**	-	xxiv.	73,773
Other liabilities		**1,587**	**2,739**	2,622		(1,152)
TOTAL NON-CURRENT LIABILITIES		**75,360**	**2,739**	2,622		72,621
TOTAL LIABILITIES		**2,468,004**	**1,136,702**	1,847,288		1,331,302
NET ASSETS		**1,698,346**	**1,532,496**	1,626,535		165,850
EQUITY						
Contributed equity		**136,846**	**-**	85,559		-
Asset revaluation surplus	22	**245,025**	**-**	225,804		-
Retained surpluses		**1,316,475**	**-**	1,315,172		-
TOTAL EQUITY		**1,698,346**	**1,532,496**	1,626,535	xxv.	165,850

** This relates to Actual vs budget comparison commentary section (page 6).*

The accompanying notes form part of these statements.

Department of Health
Statement of changes in equity
For the year ended 30 June 2020

	Contributed equity $'000	Asset revaluation surplus $'000	Retained surpluses $'000	Total equity $'000
BALANCE AT 1 JULY 2018	**73,604**	**206,925**	**1,302,137**	**1,582,666**
Surplus for the year	-	-	632	632
Increase/(decrease) in asset revaluation surplus	-	22,611	-	22,611
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	**-**	**22,611**	**632**	**23,243**
Transactions with owners in their capacity as owners:				
Equity injections	378,258	-	-	378,258
Equity withdrawals	(708,053)	-	-	(708,053)
HHS equity transfers*	389,250	-	-	389,250
Reclassification between equity classes	-	(3,732)	3,732	-
Net assets transferred to HHSs	(47,500)	-	-	(47,500)
Other equity adjustments**	-	-	8,671	8,671
BALANCE AT 30 JUNE 2019	**85,559**	**225,804**	**1,315,172**	**1,626,535**

	Contributed equity $'000	Asset revaluation surplus $'000	Retained surpluses $'000	Total equity $'000
BALANCE AT 1 JULY 2019	**85,559**	**225,804**	**1,315,172**	**1,626,535**
Surplus for the year	-	-	2,180	2,180
Increase/(decrease) in asset revaluation surplus	-	18,345	-	18,345
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	**-**	**18,345**	**2,180**	**20,525**
Transactions with owners in their capacity as owners:				
Equity injections	458,793	-	-	458,793
Equity withdrawals	(747,777)	-	-	(747,777)
HHS equity transfers*	411,545	-	-	411,545
Reclassification between equity classes	-	876	(876)	-
Net assets transferred to HHSs	(68,861)	-	-	(68,861)
Net assets transferred to Department of Transport and Main Roads	(2,412)	-	-	(2,412)
Other equity adjustments	(1)	-	(1)	(2)
BALANCE AT 30 JUNE 2020	**136,846**	**245,025**	**1,316,475**	**1,698,346**

Significant accounting policies

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

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

*** Other equity adjustments ($8.7M) represents a transaction related to an agreement with the Department of State Development, Manufacturing, Infrastructure and Planning and Queensland Treasury, regarding demolition works carried out on the former Gold Coast Hospital site.*

Department of Health
Statement of cash flows
For the year ended 30 June 2020

	Note	2020 $'000	Original Budget 2020 $'000	2019 $'000	Ref*	Actual vs budget variance $'000
CASH FLOWS FROM OPERATING ACTIVITIES						
Inflows						
Appropriation revenue receipts		**11,638,476**	**11,461,210**	11,169,940	xxvi.	177,266
User charges		**1,636,657**	**1,913,092**	1,652,367	xxvii.	(276,435)
Labour recoveries		**2,366,934**	**2,295,284**	2,193,354	xxviii.	71,650
Grants and other contributions		**5,504,965**	**5,012,877**	5,338,931	xxix.	492,088
GST collected from customers		**11,056**	**15,044**	26,219		(3,988)
GST input tax credits		**249,846**	**165,050**	234,658		84,796
Other revenue		**58,771**	**15,854**	24,289	xxx.	42,917
Payroll loans and advances		**3,041**	**-**	5,766		3,041
Outflows						
Employee expenses		**(3,884,330)**	**(3,878,151)**	(3,657,500)		(6,179)
Supplies and services		**(1,541,488)**	**(2,337,339)**	(1,378,722)	xxxi.	795,851
Health services		**(14,714,850)**	**(14,202,781)**	(13,616,731)	xxxii.	(512,069)
Grants and subsidies		**(90,756)**	**(61,331)**	(57,853)	xxxiii.	(29,425)
GST paid to suppliers		**(257,964)**	**(165,720)**	(232,794)		(92,244)
GST remitted		**(1,056)**	**(15,044)**	(25,732)		13,988
Other expenses		**(24,256)**	**(163,192)**	(29,944)	xxxiv.	138,936
Cash recoupment from HHSs/(payments made on behalf of HHSs)		**(86,248)**	**-**	(26,345)	xxxv.	(86,248)
NET CASH FROM/(USED BY) OPERATING ACTIVITIES	11	**868,798**	**54,853**	1,619,903		813,945
CASH FLOWS FROM INVESTING ACTIVITIES						
Inflows						
Proceeds from sale of property, plant and equipment		**22,000**	**2,022**	9,848		19,978
Loans and advances		**-**	**7,500**	-		(7,500)
Outflows						
Payments for property, plant and equipment		**(247,645)**	**(581,862)**	(146,691)	xxxvi.	334,217
Payments for intangibles		**(34,238)**	**(24,745)**	(68,892)		(9,493)
NET CASH FROM/(USED BY) INVESTING ACTIVITIES		**(259,883)**	**(597,085)**	(205,735)		337,202
CASH FLOWS FROM FINANCING ACTIVITIES						
Inflows						
Equity injections		**480,057**	**1,259,958**	327,810	xxxvii.	(779,901)
*Outflows***						
Equity withdrawals		**(1,142,799)**	**(843,595)**	(1,044,639)	xxxviii.	(299,204)
Lease payments		**(6,402)**	**-**	-		(6,402)
NET CASH FROM/(USED BY) FINANCING ACTIVITIES		**(669,144)**	**416,363**	(716,829)		(1,085,507)
NET INCREASE/(DECREASE) IN CASH HELD		**(60,229)**	**(125,869)**	697,339		65,640
Cash and cash equivalents at the beginning of the financial year		**992,820**	**516,654**	295,481		476,166
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	**12**	**932,591**	**390,785**	992,820		541,806

** This relates to Actual vs budget comparison commentary section (page 6)*

*** Details of the Department's change in liability for equity withdrawals payable/receivable is outlined in Note 2.*

The accompanying notes form part of these statements.

Actual vs budget comparison

i. The $56.1M variance in Appropriation revenue is mainly due to an additional State appropriation received for COVID-19 of $139.0M offset by a change in unearned appropriation returned to Treasury of $155.2M, which were not known at the time of the budget. The remainder of the variance is predominantly related to funding swaps of $32.5M as approved by Queensland Treasury throughout the year, including Herston Bio-Fabrication Institute ($6.6M), ED Short Stay Unit ($4.8M), Surgical Treatment and Rehabilitation Service STARS ($4.5M) and ICT ($4.3M).

ii. The $24.5M decrease in User charges is mainly due to Hospital fees being $92.8M lower than budget and Sale of Goods and Services being $74.1M higher than budget. The decrease in hospital fees is largely owing to a variance in Cross border hospital fees of $102.4M due to multiple years' interstate reconciliations. This was partially offset by an increase ($14.6M) in the Motor Accident Insurance Levy that was not known at the time of the budget. The Sale of Goods and Services variance ($74.1M) is largely owing to the growth ($33.5M) in telecommunications, computer related and other Fee for Service revenue recoveries from HHSs. This growth included $10.5M of additional HHS workstations outside of the replacement programme. The Sale of Goods and Services variance has also been affected by COVID-19 which has resulted in higher than expected Pathology revenue ($10.5M), Pharmacy revenue ($29.9M) and lower than expected Clinical supplies ($16.7M) owing to a reduction in elective surgery. Other variable fee for service charges increases that have also affected the variance include $21.5M in outsourced service deliveries, that was not known at the time of the budget.

iii. The $381.8M variance in Labour recoveries is mainly due to changes in Employer Arrangements which came into effect on 15 June 2020. This change resulted in previously prescribed HHSs becoming non-prescribed which led to an increase ($286.0M) in labour recoveries. The overall increase in the non-prescribed HHS related FTEs was 57,476, with 905 FTEs related to previously non-prescribed HHSs and changes in activities at these HHSs since June 2019.

iv. The $458.2M variance in Grants and contributions is mostly owing to the receipt of $344.5M COVID-19 funding from the Commonwealth National Partnership Agreement. The balance of $113.7M is mainly due to the increased Commonwealth National Health Reform Agreement funding of $116.1M that was not known at the time of the budget.

v. The $36.1M variance in Other revenue is largely due to the unbudgeted receipt of $10.0M funding from Torres and Cape received as a contribution towards the construction of the Thursday Island Primary Healthcare Clinic as well as the unbudgeted recall of $12.8M related to the under spend of grants given from multiple prior years.

vi. The $422.7M in Employee expenses is largely owing to the changes in Employer Arrangements leading to an increase of $226.7M in salaries and wages, fully offset by labour recoveries. The salaries and wages have also increased by $14.M due to the one-off payment of $1,250 in December 2019, which was paid to medical and nursing streams staff and which were not known at the time of the budget.

vii. The $365.3M variance in Supplies and services is mainly due to funding being re-directed throughout the year from Supplies and services to purchase health services from the HHSs.

viii. The $801.2M variance in Health services is mainly due to the additional funding of $597.0M provided to HHSs through in-year Service Agreement amendments to deliver activity not known at the time of budget. The remainder of the variance is due to COVID-19 expenses $274.9M that were not known at the time of the budget and increased HHS depreciation funding of $61.4M partially due to recognition of right of use assets under the adoption of AASB 16 by the HHSs.

ix. The $29.4M variance in grants and subsidies expense is mainly due to a $24.5M increase in general grants and a $7.0M increase in mental health related grant funding. This funding was provided to multiple non-government organisations (NGOs) to support additional expenditure incurred due to COVID-19.

x. The $18.7M variance in Depreciation and amortisation is mainly owing to a $20.3M overestimate in budgeted building depreciation and the recognition of right-of-use assets' depreciation of $5.0M on adoption of AASB 16 Leases.

xi. The $40.7M variance in Other expenses relates to the recognition of a provision of $57.2M, related to National Partnership Agreement (NPA) COVID-19 funding received, on the adoption of AASB 1058.

xii. The variance of $541.8M in Cash and cash equivalents is mainly attributable to unspent appropriations, consisting of a net State appropriation payable of $574.4M and a net State equity payable of $53.2M, which are to be returned to Treasury. Also contributing to the variance is $84.0M of unspent Commonwealth COVID-19 funding and the additional intercompany cash settlement in the month of June which resulted in $36.6M received from the HHSs to settle fee for service charges.

xiii. The $661.4M variance in Loans and receivables is largely owing to receivables from HHSs of $349.4M and appropriations of $181.2M which were not known at the time of budget. Also affecting the variance was the adoption of AASB 1058 which recognised a Grant receivable of $46.8M and the adoption of AASB 16 which recognised a current TRI sub-lease receivable of $2.0M.

xiv. The $106.0M variance in inventory reflects significant stock increase for Supply to have up to six-month stock availability in distribution centres and regional warehouses across the state to mitigate potential supply chain interruptions from COVID-19.

xv. The $9.0M variance in Assets held for sale is due to the sale of the Biomedical Technology Services site. This transaction was finalised in 2020. There are no other assets held for sale as at 30 June 2020.

xvi. The $8.7M variance in Other assets relates to the down payment for COVID-19 personal-protective-equipment. This was not known at the time of the budget.

xvii. The $51.3M variance in non-current Loans and receivables is largely due to the recognition of the TRI sub-

lease receivable of $56.1M arising from the adoption of AASB 16. This was not known at the time of the budget.

xviii. The $62.1M variance in Property, plant and equipment is mainly due to higher amounts related to budget assumptions around projects delivered at the Department and transferred out to the HHSs which did not eventuate in the current financial year as well as $22.8M worth of equipment, such as ventilators and lab equipment, purchased as a result of COVID-19.

xix. The $19.6M variance in non-current Right-of-use assets is due to the recognition of the TRI lease on the adoption of AASB 16, not known at the time of the budget.

xx. The $32.3M variance in Intangibles is largely due to the $35.0M worth of ieMR enhancements at eHealth.

xxi. The $980.0M variance in Payables is mainly due to appropriations payable of $686.0M, equity swaps of $103.1M and HHS payables of $108.1M, which were not known at the time of the budget. The variance is also due to the adoption of AASB 15 with a recognition of a contract liability of $47.6M for unspent Commonwealth COVID-19 ABF funding received and the adoption of AASB 1058 with the recognition of a provision of $57.2M related to COVID-19 Private Hospitals Viability funding.

xxii. The variance of $276.7M in Accrued employee benefits is mostly due to the change in Employer Arrangements that resulted in staff of the 8 additional non-prescribed HHSs being now accounted for by the Department. That led on to the increases in accrued RDO of $39.8M and accrued salaries and wages of $243.5M.

xxiii. The $4.1M variance in Lease liabilities is due to the recognition of lease liabilities on the adoption of AASB 16 Leases related to TRI. This was not known at the time of the budget.

xxiv. The $73.8M variance in non-current Lease liabilities is due to the recognition of lease liabilities on the adoption of AASB 16 Leases related to TRI. This was not known at the time of the budget.

xxv. The $165.9M variance in Total equity is mainly due to changes in the timing and nature of funding related to capital programs and operating expenses.

xxvi. The $177.3M variance in Appropriation revenue receipts is mainly due to lapsed appropriation revenue of $256.2M offset by equity appropriation swaps and prior year's deferrals impact of $433.5M.

xxvii. The $253.4M variance in User charges is mainly due to a variance in Cross border hospital fees of $102.4M and COVID-19 pandemic which has resulted in $16.7M lower than expected Clinical supplies revenue due to delays in and a reduction in a volume of elective surgeries (refer to the User charges revenue comment ii. above).

xxviii. The $71.7M increase in Labour recoveries is mainly due to the changes to Employer Arrangements which came into effect on 15 June 2020 and increase in non-prescribed HHS FTEs over the course of the year (refer to Labour recoveries revenue comment iii. above).

xxix. The $492.1M variance in Grants and other contributions is mostly owing to the receipt of $344.5M COVID-19 funding from the Commonwealth NPA and to the increased Commonwealth National Health Reform Agreement funding of $116.1M that was not known at the time of the budget (refer to the Grants and contributions revenue comment iv. above).

xxx. The $42.9M variance in Other revenue is largely due to the unbudgeted receipt of $10.0M from Torres and Cape HHS towards a contribution of the Thursday Island Primary Healthcare Clinic as well as an unbudgeted recall of prior years' unspent grants of $12.8M. The remainder of the variance is related to reimbursement from AHPRA for OHO related activity.

xxxi. The $773.4M variance in Supplies and services is largely related to the re-direction of funding from Supplies and services to procure health services from the HHSs which is typically pending in-year decisions yet to be made ($365.3M), reduced spend on consultants and contractors ($59.7M), reduction in transport levy ($76.6M), reduction in other supplies and services ($121.4M) and lower actual expenditure on drugs ($19.2M).

xxxii. The $512.1M variance in Health services is mainly due to additional funding of $665.9M provided to HHSs through in-year Service Agreement amendments to deliver additional activity in order to meet increased demand in hospital and health services.

xxxiii. The $29.4M variance in grants and subsidies expense is mainly due to a $24.5M increase in general grants and a $7.0M increase in mental health related grant funding. This funding was provided to multiple non-government organisations (NGOs) to support additional expenditure incurred due to COVID-19.

xxxiv. The $138.9M variance in Other expenses is mainly due to one-off expenses included in the budget that did not occur in the current year.

xxxv. The $86.2M variance in Cash recoupment from HHSs is due to this amount not being known at the time of the budget.

xxxvi. The majority of the $334.2M variance in Property, plant and equipment is due to changes in the timing (deferrals) and the nature of funding (swaps) provided for the Department's Capital Program, with the remainder related to ED Department at Gladstone ($10.4M), Roma Hospital redevelopment ($25.6M), PA cladding project ($2.5M), Boulia Primary Health Care Centre ($2.1M) and a number of smaller projects.

xxxvii. The $779.9M variance in Equity injections is mainly due to the difference in treatment of depreciation funding between budget and actuals. For the budget that treatment resulted in equity injection to the Department of $792.8M, which offsets revenue in HHSs.

xxxviii. The $299.2M variance in Equity withdrawals is mainly due to HHSs non-appropriated equity transfers relating to capital reimbursement programs of $385.4M offset by lower than expected equity withdrawal of $86.1M.

Department of Health

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

For the year ended 30 June 2020

	Acute Inpatient Care		Emergency Care		Mental Health Alcohol and Other Drug Services		Outpatient Care		Sub and Non-Acute Care		Prevention, Primary and Community Care		Ambulance Services		Inter Service/Unit Eliminations		Total Major Departmental Services	
	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
REVENUE																		
Appropriation revenue	**5,270,821**	5,258,039	**1,068,739**	1,102,943	**1,106,901**	1,097,174	**1,364,680**	1,467,480	**464,203**	453,989	**1,576,596**	1,605,342	**834,014**	673,840	**-**	-	**11,685,954**	11,658,807
User charges	**838,628**	877,306	**170,045**	184,026	**176,117**	183,064	**217,131**	244,850	**73,858**	75,748	**250,849**	267,852	**56,441**	122,566	**(17,647)**	(85,700)	**1,765,422**	1,869,712
Labour recoveries	**1,300,287**	1,054,025	**263,653**	221,096	**273,067**	219,939	**336,660**	294,171	**114,517**	91,006	**388,939**	321,807	**-**	-	**-**	-	**2,677,123**	2,202,044
Grants and other contributions	**2,648,593**	2,311,500	**537,042**	484,867	**556,219**	482,332	**685,754**	645,123	**233,262**	199,580	**875,261**	774,895	**13,225**	15,107	**-**	-	**5,549,356**	4,913,404
Other revenue	**26,915**	10,947	**5,457**	2,296	**5,652**	2,284	**6,968**	3,055	**2,370**	945	**8,050**	3,342	**1,671**	583	**-**	-	**57,083**	23,453
Interest revenue	**1,254**	1,381	**254**	290	**263**	288	**325**	385	**110**	119	**375**	422	**-**	-	**-**	-	**2,581**	2,885
TOTAL REVENUE	**10,086,498**	9,513,198	**2,045,190**	1,995,519	**2,118,219**	1,985,081	**2,611,518**	2,655,064	**888,320**	821,387	**3,100,070**	2,973,660	**905,351**	812,095	**(17,647)**	(85,700)	**21,737,519**	20,670,304
EXPENSES																		
Employee expenses	**1,791,238**	1,538,214	**345,977**	327,543	**367,392**	292,962	**437,758**	386,377	**148,726**	114,633	**557,192**	449,886	**701,856**	611,712	**-**	-	**4,350,139**	3,721,327
Supplies and services	**756,151**	758,567	**138,422**	159,119	**152,767**	158,287	**173,271**	211,711	**58,786**	65,496	**271,124**	231,600	**147,985**	150,112	**(17,647)**	(16,153)	**1,680,859**	1,718,739
Health services	**7,474,119**	6,872,400	**1,553,101**	1,441,576	**1,566,359**	1,434,036	**1,991,950**	1,918,036	**677,961**	593,375	**2,115,058**	2,098,226	**5,198**	2,948	**-**	(69,547)	**15,383,746**	14,291,050
Grants and subsidies	**18,542**	14,528	**2,803**	3,240	**23,501**	3,280	**3,357**	2,357	**1,132**	535	**41,383**	33,911	**38**	2	**-**	-	**90,756**	57,853
Depreciation and amortisation	**50,077**	54,152	**7,573**	12,079	**9,631**	7,196	**9,067**	8,787	**3,057**	1,997	**25,460**	17,916	**39,760**	38,238	**-**	-	**144,625**	140,365
Impairment losses	**(605)**	1,405	**(92)**	313	**(117)**	187	**(110)**	228	**(37)**	52	**(308)**	465	**1,901**	622	**-**	-	**632**	3,272
Share of loss from associates	**1,124**	678	**170**	142	**216**	142	**204**	189	**69**	59	**572**	207	**-**	-	**-**	-	**2,355**	1,417
Other expenses	**37,310**	349,038	**5,642**	73,215	**7,176**	72,832	**6,755**	97,414	**2,278**	30,137	**18,969**	106,566	**4,097**	6,448	**-**	-	**82,227**	735,650
TOTAL EXPENSES	**10,127,956**	9,588,982	**2,053,596**	2,017,228	**2,126,925**	1,968,922	**2,622,252**	2,625,099	**891,972**	806,284	**3,029,450**	2,938,776	**900,835**	810,082	**(17,647)**	(85,700)	**21,735,339**	20,669,673
(DEFICIT)/SURPLUS FOR THE YEAR	**(41,458)**	(75,784)	**(8,406)**	(21,709)	**(8,706)**	16,159	**(10,734)**	29,965	**(3,652)**	15,103	**70,620**	34,884	**4,516**	2,013	**-**	-	**2,180**	632
ITEMS THAT WILL NOT BE RECLASSIFIED SUBSEQUENTLY TO PROFIT OR LOSS																		
Increase/(decrease) in asset revaluation surplus	**2,944**	1,110	**445**	248	**566**	148	**533**	180	**180**	41	**1,497**	367	**12,180**	20,517	**-**	-	**18,345**	22,611
OTHER COMPREHENSIVE INCOME	**2,944**	1,110	**445**	248	**566**	148	**533**	180	**180**	41	**1,497**	367	**12,180**	20,517	**-**	-	**18,345**	22,611
TOTAL COMPREHENSIVE INCOME	**(38,514)**	(74,674)	**(7,961)**	(21,461)	**(8,140)**	16,307	**(10,201)**	30,145	**(3,472)**	15,144	**72,117**	35,251	**16,696**	22,530	**-**	-	**20,525**	23,243

The accompanying notes form part of these statements.

Department of Health

Statement of assets and liabilities by major departmental services

As at 30 June 2020

	Acute Inpatient Care		Emergency Care		Mental Health and Alcohol and Other Drug Services		Outpatient Care		Sub and Non-Acute Care		Prevention, Primary and Community Care		Ambulance Services		Inter Service/Unit Eliminations		Total Major Departmental Services	
	2020 $'000	2019 $'000	2020 $'000	2019 $'000	2020 $'000	2019 $'000	2020 $'000	2019 $'000	2020 $'000	2019 $'000	2020 $'000	2019 $'000	2020 $'000	2019 $'000	2020 $'000	2019 $'000	2020 $'000	2019 $'000
CURRENT ASSETS																		
Cash and cash equivalents	**423,408**	444,590	**85,852**	93,259	**88,918**	92,771	**109,626**	124,082	**37,290**	38,387	**126,649**	135,739	**60,848**	63,992	**-**	-	**932,591**	992,820
Loans and receivables	**640,706**	396,750	**129,913**	83,223	**134,552**	82,788	**165,887**	110,730	**56,427**	34,256	**191,647**	121,132	**28,981**	32,404	**(3,394)**	(15,266)	**1,344,719**	846,017
Inventories	**82,174**	32,484	**16,662**	6,814	**17,257**	6,778	**21,276**	9,066	**7,237**	2,805	**24,580**	9,918	**-**	19	**-**	-	**169,186**	67,884
Assets held for sale	**-**	3,829	**-**	803	**-**	799	**-**	1,069	**-**	331	**-**	1,169	**-**	-	**-**	-	**-**	8,000
Prepayments	**41,001**	35,981	**8,313**	7,548	**8,610**	7,508	**10,615**	10,042	**3,611**	3,107	**12,264**	10,986	**2,851**	2,159	**-**	-	**87,265**	77,331
Other assets	**4,207**	-	**853**	-	**884**	-	**1,089**	-	**371**	-	**1,259**	-	**-**	-	**-**	-	**8,663**	-
TOTAL CURRENT ASSETS	**1,191,496**	913,634	**241,593**	191,647	**250,221**	190,644	**308,493**	254,989	**104,936**	78,886	**356,399**	278,944	**92,680**	98,574	**(3,394)**	(15,266)	**2,542,424**	1,992,052
NON-CURRENT ASSETS																		
Loans and receivables	**48,374**	24,548	**9,809**	5,150	**10,159**	5,123	**12,525**	6,852	**4,260**	2,120	**14,470**	7,495	**-**	-	**-**	-	**99,597**	51,288
Interests in associates	**35,304**	35,920	**7,158**	7,534	**7,414**	7,495	**9,141**	10,025	**3,109**	3,101	**10,560**	10,966	**-**	-	**-**	-	**72,686**	75,041
Property, plant and equipment	**278,302**	248,350	**56,430**	52,094	**58,445**	51,822	**72,056**	69,312	**24,510**	21,443	**83,245**	75,824	**518,432**	492,380	**-**	-	**1,091,420**	1,011,225
Intangibles	**157,817**	159,006	**32,000**	33,353	**33,142**	33,179	**40,861**	44,377	**13,899**	13,729	**47,206**	48,546	**9,978**	8,739	**-**	-	**334,903**	**340,929**
Right-of-use assets	**8,840**	-	**1,793**	-	**1,857**	-	**2,289**	-	**779**	-	**2,644**	-	**1,370**	-	**-**	-	**19,572**	-
Other assets	**2,792**	1,564	**566**	328	**586**	327	**723**	437	**246**	135	**835**	478	**-**	19	**-**	-	**5,748**	3,288
TOTAL NON-CURRENT ASSETS	**531,429**	469,388	**107,756**	98,459	**111,603**	97,946	**137,595**	131,003	**46,803**	40,528	**158,960**	143,309	**529,780**	501,138	**-**	-	**1,623,926**	1,481,771
TOTAL ASSETS	**1,722,925**	1,383,022	**349,349**	290,106	**361,824**	288,590	**446,088**	385,992	**151,739**	119,414	**515,359**	422,253	**622,460**	599,712	**(3,394)**	(15,266)	**4,166,350**	3,473,823
CURRENT LIABILITIES																		
Payables	**704,320**	631,751	**142,812**	132,518	**147,911**	131,825	**182,357**	176,317	**62,030**	54,547	**210,675**	192,881	**27,574**	38,075	**(3,394)**	(15,266)	**1,474,285**	1,342,648
Accrued employee benefits	**422,769**	223,014	**85,723**	46,780	**88,784**	46,535	**109,460**	62,241	**37,233**	19,255	**126,457**	68,089	**42,800**	33,434	**-**	-	**913,226**	499,348
Lease liabilities	**1,299**	-	**264**	-	**273**	-	**337**	-	**115**	-	**389**	-	**1,388**	-	**-**	-	**4,065**	-
Other liabilities	**503**	1,243	**102**	261	**105**	259	**130**	347	**44**	107	**150**	379	**34**	74	**-**	-	**1,068**	2,670
TOTAL CURRENT LIABILITIES	**1,128,891**	856,008	**228,901**	179,559	**237,073**	178,619	**292,284**	238,905	**99,422**	73,909	**337,671**	261,349	**71,796**	71,583	**(3,394)**	(15,266)	**2,392,644**	1,844,666
NON-CURRENT LIABILITIES																		
Lease liabilities	**35,832**	-	**7,265**	-	**7,525**	-	**9,277**	-	**3,156**	-	**10,718**	-	**-**	-	**-**	-	**73,773**	-
Other liabilities	**770**	1,256	**156**	263	**162**	262	**200**	350	**68**	108	**231**	383	**-**	-	**-**	-	**1,587**	2,622
TOTAL NON-CURRENT LIABILITIES	**36,602**	1,256	**7,421**	263	**7,687**	262	**9,477**	350	**3,224**	108	**10,949**	383	**-**	-	**-**	-	**75,360**	2,622
TOTAL LIABILITIES	**1,165,493**	857,264	**236,322**	179,822	**244,760**	178,881	**301,761**	239,255	**102,646**	74,017	**348,620**	261,732	**71,796**	71,583	**(3,394)**	(15,266)	**2,468,004**	1,847,288
NET ASSETS	**557,432**	525,758	**113,027**	110,284	**117,064**	109,709	**144,327**	146,737	**49,093**	45,397	**166,739**	160,521	**550,664**	528,129	**-**	-	**1,698,346**	1,626,535

The accompanying notes form part of these statements.

Major services

Significant accounting policies

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

There were seven major health services delivered by the Department of Health. These reflect the Department's planning priorities as articulated in the Department of Health Strategic Plan 2019-2023 and support investment decision making based on the health continuum. The identity and purpose of each service is summarised as follows:

Acute Inpatient Care

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

Emergency Care

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

Mental Health and Alcohol and Other Drug Services

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

Outpatient Care

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

Sub and Non-Acute Care

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

Prevention, Primary and Community Care

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

Ambulance Services

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

Note 1. Significant accounting policies

This note provides a list of the significant accounting policies adopted in the preparation of these financial statements to the extent they are not disclosed in any of the specific notes that follow this note. These policies have been consistently applied to all the years presented, unless otherwise stated.

Statement of compliance

These general-purpose financial statements have been prepared in compliance with section 38 of the Financial and Performance Management Standard 2019 and in accordance with Australian Accounting Standards and Interpretations applicable to the Department's not-for-profit entity status. The financial statements comply with Queensland Treasury's reporting requirements and authoritative pronouncements.

Services provided free of charge or for a nominal value

The Department provides free corporate services to Hospital and Health Services (HHS). These services include payroll, accounts payable and banking.

The 2019-20 fair value of these services is estimated to be $119.3M (2018-19: $111.6M) for payroll and $8.2M (2018-19: $7.5M) for banking and accounts payable.

Goods and Services Tax and other similar taxes

Department of Health is a state body, as defined under the Income Tax Assessment Act 1936, and is exempt from Commonwealth taxation, with the exception of Fringe Benefits Tax and Goods and Services Tax. The Department satisfies section 149-25(e) of the New Tax System (Goods and Services) Act 1999 and together with all Hospital and Health Services, forms a "group" for GST purposes.

Historical cost convention

The financial statements have been prepared on a historical cost basis, except land and buildings which are measured at fair value and assets held for sale which are measured at fair value less costs to sell.

Financial Instruments

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

Financial instruments are classified and measured as follows:
• Receivables - held at amortised cost; and
• Payables - held at amortised cost.
The Department does not enter into transactions for speculative purposes, or for hedging.

Note 1. Significant accounting policies (continued)

Critical accounting judgement and key sources of estimation uncertainty

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

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

- Impairment of financial assets - Note 14 Loans and receivables;
- Estimation of fair values for land and buildings - Note 17 Property, plant and equipment;
- Estimated useful life of intangible assets - Note 19 Intangible assets; and
- Estimation uncertainties and judgements related to lease accounting – Note 18 Leases.

New and amended standards adopted

- AASB 1058 Income of Not-for-Profit Entities;
- AASB 15 Revenue from Contracts with Customers; and
- AASB 16 Leases.

The Department's accounting policies have been changed as a result of adopting these new Standards.

AASB 16

The Australian Accounting Standards Board (AASB) introduced AASB 16 Leases (AASB 16 or the Standard), which replaced AASB 117 Leases. AASB 16 introduces a single lessee accounting model and requires a lessee to recognise a right of use asset and liability for all leases with a term of more than 12 months, unless the underlying asset is of low value.

The accounting by lessors under the Standard is substantially unchanged and lessors will continue to classify all leases using existing principles in distinguishing between operating and finance leases.

The Department has performed a review of the impact of AASB 16 application and the results of this review are summarised below. The majority of lease contracts are held with the Department of Housing and Public Works (DHPW) for non-specialised, commercial office accommodation through the Queensland Government Accommodation Office (QGAO) and residential accommodation through the Government Employee Housing (GEH) program.

Effective 1 July 2019, amendments to the framework agreements that govern QGAO and GEH result in the above arrangements being exempt from lease accounting under AASB 16. This is due to DHPW having substantive substitution rights over the non-specialised, commercial office accommodation, and residential premises assets used within these arrangements. From 2019-20 onwards, costs for these services continue to be expensed as supplies and services expenditure when incurred.

Effective 1 July 2019, motor vehicles provided under QFleet program are exempt from lease accounting under AASB 16. This is due to DHPW holding substantive substitution rights for vehicles provided under the scheme. From 2019-20 onward, costs for these services continue to be expensed as supplies and services expenditure when incurred.

The review highlighted occupancy leases with an associated entity. The Department acts as a lessor by sub-leasing a portion of the leased property. The head lease is not a short-term lease. The Department has assessed that the sub-lease is a finance lease after considering the indicators of a finance lease in AASB 16. The appropriate portions of the head lease have been recognised, at net present value, as a right-of-use asset and a rent receivable while the net present value of the remaining head lease payables have been recognised as a lease liability.

The Department has applied the modified retrospective transition approach and has not restated comparative amounts for the year prior to first adoption. The relevant policies are disclosed in Note 18.

On adoption of AASB 16, the Department recognised lease liabilities in relation to leases which had previously been classified as 'operating leases' under the principles of AASB 117 Leases. These liabilities were measured at the present value of the remaining lease payments, discounted using the lessee's incremental borrowing rate. Queensland Treasury (QT) have mandated that unless an implicit rate is stated in the lease, that agencies are to use incremental borrowing rates. QT have mandated that Queensland Treasury Corporations Fixed Rate Loan rates are to be used as the incremental borrowing rate.

The Department has also elected not to reassess whether a contract is or contains a lease at the date of initial application. Instead, for contracts entered into before the transition date the Department relied on its assessment made applying AASB 117 and Interpretation 4 Determining whether an Arrangement contains a Lease.

Note 1. Significant accounting policies (continued)

The following table is a reconciliation of the financial statement line items transitioning from AASB 117 to AASB 16:

	Carrying amount at 30 June 2019 $'000	Remeasurement $'000	AASB 16 carrying amount at 1 July 2019 $'000
Right of Use Asset	-	23,554	23,554
Lease liabilities	-	(79,940)	(79,940)
Loans and receivables	897,305	56,385	953,690

The following table is a reconciliation of total operating lease commitments, disclosed in the financial statements at 30 June 2019, to the lease liabilities recognised as at 1 July 2019:

	Value $'000
Operating lease commitments disclosed as at 30 June 2019	315,733
Add: Commitment opening balance reassessment	41,696
(Less): prepayment relating to Translational Research Institute attributable to period Q1 2019-20	(993)
(Less): exemptions resultant from Qld Treasury AASB 16 mandates	(254,468)
(Less): short term/low value leases	(1,446)
Lease liability recognised as at 1 July 2019 (before discounting)	100,522
Discounted using the lessee's incremental borrowing rate at the date of initial application	(20,582)
Lease liability recognised as at 1 July 2019 (after discounting)	79,940
Current lease liability	2,486
Non-current lease liability	77,453
	79,940

AASB 15 and AASB 1058

The Department has adopted AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not-for-Profit Entities from 1 July 2019 which resulted in changes in accounting policies.

These two standards supersede most of the current income recognition requirements for public sector Not-for-Profit entities (NFPs) currently contained in AASB 1004 Contributions. Under AASB 1004 all non-exchange transfers of assets (including cash) are recognised as income for a Not-for-Profit (NFP) entity. This does not take account of any obligations that may arise for the NFP entity to provide specific goods or services in exchange for that transfer.

AASB 1058 replaces most of the NFP provisions of AASB 1004 by clarifying and simplifying income recognition requirements for these entities. The remaining limited scope of AASB 1004 is mainly applicable to parliamentary appropriations, administrative arrangements and contributions by owners.

AASB 15 replaces AASB 118 Revenue and AASB 111 Construction Contracts. Under AASB 15, revenue should be recognised when an entity transfers control of goods/services to a customer, at the amount to which the entity expects to be entitled. Depending on specific contractual terms, the new model may result in a change in the timing and/or amount of revenue to be recognised. For example, some revenue may be recognised at a point in time (e.g. when control is transferred to the customer) and other revenue may be recognised over the term of the contract (e.g. when the entity satisfies its performance obligations progressively over a period of time).

Key to assessing the correct accounting treatment of grants revenue is the consideration of whether the contract is enforceable and if the performance obligations are sufficiently specific. Where there is no enforceable contract grants revenue is not recognised under AASB 15 but is recognised under AASB 1058.

A key feature of AASB 1058 is that it is necessary to first determine whether each transaction, or part of that transaction, falls in the scope of AASB 15. Only if AASB 15 does not apply, should AASB 1058 be considered. Under AASB 1058 revenue is recognised immediately on receipt of the funds.

Note 1. Significant accounting policies (continued)

Impact

The Department has performed a review of the impact of the application of AASB 15 and AASB 1058 and the results of this review are summarised below.

Step 1 - Identify the contract with the customer	Grant funding that the Department receives may contain a contract with a customer and thus fall within the scope of AASB 15. This is the case where the funding agreement requires the Department to transfer goods or services to third parties on behalf of the grantor, it is enforceable, and it contains sufficiently specific performance obligations.
Step 2 - Identify the performance obligations in the contract	This step involves firstly identifying all the activities the Department is required to perform under the contract, and determining which activities transfer goods or services to the customer. Where there are multiple goods or services transferred, the Department must assess whether each good or service is a distinct performance obligation or should be combined with other goods or services to form a single performance obligation. To be within the scope of AASB 15, the performance obligations must be sufficiently specific, such that the Department is able to measure how far along it is in meeting the performance obligations.
Step 3 - Determine the transaction price	When the consideration in the contract includes a variable amount, the Department needs to estimate the variable consideration to which it is entitled and only recognise revenue to the extent that it is highly probably a significant reversal of the revenue will not occur. This includes sales with a right of return, where the amount expected to be refunded is estimated and recognised as a refund liability instead of revenue.
Step 4 - Allocate the transaction price to the performance obligations	When there is more than one performance obligation in a contract, the transaction price must be allocated to each performance obligation, generally this needs to be done on a relative stand-alone selling price basis.
Step 5 - Recognise revenue when or as the Department satisfies performance obligations	Revenue is recognised when the Department transfers control of the goods or services to the customer. A key judgement is whether a performance obligation is satisfied over time or at a point in time. And where it is satisfied over time, the Department must also develop a method for measuring progress towards satisfying the obligation.

The Department assessed grant revenue, including:

The National Health Reform Agreement (NHRA), against the requirements of AASB 15 and AASB 1058. The assessment concluded that there are no changes to the current accounting treatment of grant revenue, with the Public Health Funding and Block Funding falling under AASB 1058. Activity Based Funding is measured under AASB 15, however there is no change to the current accounting treatment for it, with the fund received in-year.

The Commonwealth's Contribution for Multi-Purpose Services is recognised and measure under AASB 1058.

The National Housing and Homelessness Agreement was assessed to fall under AASB 1058.

The Evolve Therapeutic Services revenue was also assessed and falls under the scope of AASB 1058.

The Aged Care Assessment Program was assessed to fall under AASB 1058.

Own source revenue category was reviewed separately. The Motor Accident Insurance Commission (MAIC) and National Injury Insurance Scheme Queensland (NIISQ) were assessed to fall under AASB 1058. The Department of Veteran Affairs (DVA) revenue is measured under AASB 15. The Cross Border revenue was assessed to fall under AASB15. The effect of the adoption of AASB 15 and AASB 1058 on own source revenue is insignificant as the current accounting treatment meets the requirement of the relevant standards.

The Department has reviewed Licence Fee revenue separately from other revenue. Under the replaced Standard, AASB 118 Revenue, licence revenue was recognised as received in advance and then recognised in revenue over the life of the licence. Under AASB 15 the performance obligation is satisfied when the licence is issued. The change in the accounting treatment does not have a material impact on revenue recognition.

COVID-19 funding from the Commonwealth under the National Partnership Agreement has been assessed under both standards, AASB 15 for the Activity Based Funding portion and AASB 1058 for Hospital Service Payments and Private Hospitals Viability Payment components.

The Department is obliged to apply the standard using a modified retrospective approach with the cumulative effect of initial application recognised as an adjustment to the opening balance of accumulated surplus at 1 July 2019, with no restatement of comparative information, however no material accounting differences have arisen as a result of new standards application.

Note 1. Significant accounting policies (continued)

New standards and interpretations not yet adopted

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

The Department has not early adopted any new accounting standards or interpretations that have been published, and that are not mandatory for 30 June 2020 reporting period.

Other presentation matters

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

Note 2. Appropriation revenue

	2020 $'000	2019 $'000
RECONCILIATION OF PAYMENTS FROM CONSOLIDATED FUND TO APPROPRIATED REVENUE RECOGNISED IN OPERATING RESULT		
Original budgeted appropriation	**11,461,210**	10,934,749
Treasurer's Advance	**437,000**	-
Transfers from/to other headings	**(3,518)**	235,191
Lapsed appropriation revenue for other services	**(256,216)**	-
TOTAL APPROPRIATION RECEIPTS (CASH)	**11,638,476**	11,169,940
Less: Opening balance appropriation revenue receivable	**(77,084)**	(96,542)
Add: Closing balance appropriation revenue receivable	**111,728**	77,084
Add: Opening balance appropriation revenue payable	**698,840**	508,325
Less: Closing balance appropriation revenue payable	**(686,006)**	(698,840)
Net appropriation revenue	**11,685,954**	10,959,967
Add: Deferred appropriation payable to Consolidated Fund (expense)	**-**	698,840
APPROPRIATION REVENUE FOR SERVICES RECOGNISED IN THE STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME	**11,685,954**	11,658,807

	2020 $'000	2019 $'000
RECONCILIATION OF PAYMENTS FROM CONSOLIDATED FUND TO EQUITY ADJUSTMENT		
Budgeted equity adjustment appropriation	**(187,381)**	77,157
Transfers (to)/from other headings	**-**	(247,395)
Treasurer's Advance	**40,300**	-
Lapsed appropriation	**(130,313)**	(216,352)
Less: Opening balance appropriated equity injection receivable	**(39,823)**	(29,200)
Add: Closing balance appropriated equity injection receivable	**70,086**	39,823
Add: Opening balance appropriated equity withdrawal payable	**61,240**	107,412
Less: Closing balance appropriated equity withdrawal payable	**(103,093)**	(61,240)
EQUITY ADJUSTMENT RECOGNISED IN CONTRIBUTED EQUITY*	**(288,984)**	(329,795)

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

Significant accounting policies

Appropriations provided under the Appropriation Act 2019 and Appropriation (COVID-19) Act 2020 are recognised as revenue when received, or as a receivable when approved by Queensland Treasury.

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

Unspent appropriation for 2019-20 amounted to $155.2M ($411.0M in 2018-19). Revenue appropriations are received on the basis of budget estimates and various activity-specific agreements.

Note 3. Revenue

2020	User charges $'000	Labour recoveries $'000	Grants and other contributions $'000	Other revenue $'000	Total $'000
CONTRACT WITH CUSTOMERS					
Sale of goods and services	**1,517,966**	**-**	**-**	**-**	**1,517,966**
Hospital fees	**160,060**	**-**	**-**	**-**	**160,060**
Labour recoveries from non-prescribed HHSs	**-**	**2,677,123**	**-**	**-**	**2,677,123**
Australian Government - National Health Funding Pool - Activity based funding*	**-**	**-**	**4,433,780**	**-**	**4,433,780**
Licence charges	**-**	**-**	**-**	**6,089**	**6,089**
TOTAL	**1,678,026**	**2,677,123**	**4,433,780**	**6,089**	**8,795,018**

* Contract revenue includes $9.9M of COVID-19 related funding.

2019	User charges $'000	Labour recoveries $'000	Grants and other contributions $'000	Other revenue $'000	Total $'000
CONTRACT WITH CUSTOMERS					
Sale of goods and services	1,550,458	-	-	-	1,550,458
Hospital fees	223,881	-	-	-	223,881
Labour recoveries from non-prescribed HHSs	-	2,202,044	-	-	2,202,044
Australian Government - National Health Funding Pool - Activity based funding	-	-	4,196,596	-	4,196,596
Licence charges	-	-	-	5,053	5,053
TOTAL	1,774,339	2,202,044	4,196,596	5,053	8,178,032

2020	User charges $'000	Grants and other contributions $'000	Other revenue $'000	Total $'000
NON-CONTRACT REVENUE				
Hospital fees	**81,323**	**-**	**-**	**81,323**
Rental income	**6,073**	**-**	**-**	**6,073**
Australian Government - National Health Funding Pool - Other funding*	**-**	**958,095**	**-**	**958,095**
Other grants and donations	**-**	**157,481**	**-**	**157,481**
Recoveries and reimbursements	**-**	**-**	**13,654**	**13,654**
Grants returned	**-**	**-**	**17,827**	**17,827**
Sale proceeds of non-capitalised assets	**-**	**-**	**1,879**	**1,879**
Net gains from disposal/transfer of non-current assets	**-**	**-**	**90**	**90**
Other	**-**	**-**	**17,544**	**17,544**
TOTAL	**87,396**	**1,115,576**	**50,994**	**1,253,966**

*Non-contract revenue includes $334.6M of COVID-19 related funding.

Note 3. Revenue (continued)

2019	User charges $'000	Grants and other contributions $'000	Other revenue $'000	Total $'000
NON-CONTRACT REVENUE				
Hospital fees	86,474	-	-	86,474
Rental income	8,899	-	-	8,899
Australian Government - National Health Funding Pool - Other funding	-	575,972	-	575,972
Other grants and donations	-	140,836	-	140,836
Recoveries and reimbursements	-	-	6,984	6,984
Grants returned	-	-	6,594	6,594
Sale proceeds of non-capitalised assets	-	-	1,333	1,333
Net gains from disposal/transfer of non-current assets	-	-	1,824	1,824
Other	-	-	1,665	1,665
TOTAL	95,373	716,808	18,400	830,581

Significant accounting policies

User charges and fees are recognised by the Department when delivery of the goods or services in full or part has occurred. The sale of goods and services includes drugs, medical supplies, linen, pathology and other services provided to HHSs. Hospital fees mainly comprise interstate patient revenue, Department of Veterans' Affairs revenue and Motor Accident Insurance Commission revenue.

The Department provides employees to non-prescribed HHSs (HHSs not prescribed as employers under the Hospital and Health Boards Act 2011) to work for the HHSs under a service agreement. The employees for non-prescribed employer HHSs remain the employees of the Department and in substance are contracted to the HHS. The Department recovers all employee expenses and associated on-costs from HHSs. As at 15 June 2020 all prescribed HHSs became non-prescribed HHSs (refer to Note 4).

Grants, contributions and donations revenue arise from non-exchange transactions where the Department does not directly give approximately equal value to the grantor. Where the grant agreement is enforceable and contains sufficiently specific performance obligations, the transaction is accounted for under *AASB 15 Revenue from Contracts with Customers*. If these criteria are not met, the grant is accounted for under *AASB 1058 Income for Not-for-Profit Entities*, whereby revenue is recognised upon receipt of the grant funding.

Note 4. Employee expenses

	2020 $'000	2019 $'000
Wages and salaries*	**3,454,586**	2,940,372
Employer superannuation contributions	**386,519**	319,354
Annual leave levy	**379,285**	354,108
Long service leave levy	**82,779**	62,987
Termination payments	**2,846**	2,578
Workers' compensation premium	**10,373**	9,790
Other employee related expenses	**33,751**	32,138
	4,350,139	3,721,327

Significant accounting policies

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

Changes to Employer Arrangements came into effect on 15 June 2020. These changes mean that HHSs no longer have power to directly employ non-executive staff. The removal of this power revokes an HHS from being a prescribed employer under section 20(4) of *Hospital and Health Boards Act 2011*. With consequent changes in legislation a prescribed HHS has effectively become a non-prescribed employer where employees are employed directly by the Director-General in the Department of Health and contracted to the HHS.

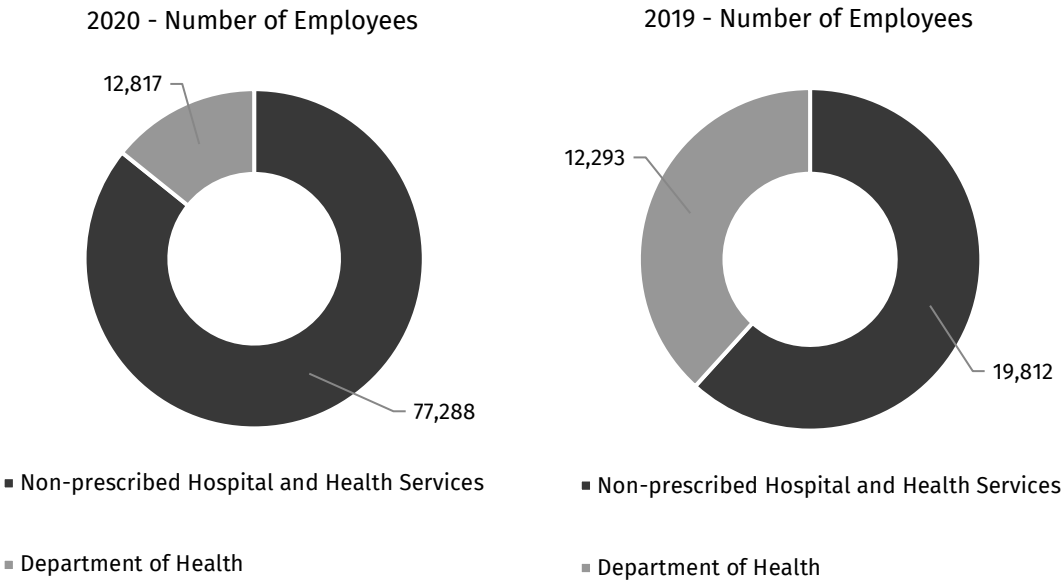
* Wages and salaries include $14.1M one-off, pro-rata payments for 11,262 full-time equivalent employees (paid in December 2019).

Note 4. Employee expenses (continued)

Significant accounting policies

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

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



The number of employees includes full-time employees and part-time employees measured on a full-time equivalent basis as at 30 June 2020. Hospital and Health Service employees are those of the non-prescribed employer HHSs where the employees remain employees of the Department and are effectively contracted to the HHS. The changes to Employer Arrangements which came into effect on 15 June 2020, have resulted in the number of Non-prescribed Hospital and Health Services employees to be 57,476 higher than last year.

Note 5. Key management personnel disclosures

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

Remuneration policy for the Department's key management personnel is set by the Queensland Public Service Commission as provided for under the *Public Service Act 2008,* the *Hospital and Health Boards Act 2011* and the *Ambulance Service Act 1991*. The remuneration and other terms of employment for the key management personnel are specified in employment contracts. The contracts may provide for other benefits including a motor vehicle allowance. For 2019-2020, the remuneration of most key management personnel did not increase and none of the key management personnel has a remuneration package that includes potential performance payments. Remuneration packages for key management personnel comprise of the following:

Short-term employee benefits

- Base salary, allowances and leave entitlements expensed for the period during which the employee occupied the specified position.
- Non-monetary benefits consisting of the provision of car parking and fringe benefit taxes applicable to other benefits.

Other employee benefits

- Long term employee benefits including long service leave accrued.
- Post-employment benefits including superannuation benefits.
- Termination benefits. Employment contracts only provide for notice periods or payment in lieu on termination, regardless of the reason.

Note 5. Key management personnel disclosures (continued)

Position title / Position holder	Short-term benefits				Other employee benefits						Total Benefits $'000	
	Monetary benefits $'000		Non-monetary benefits $'000		Long term benefits $'000		Post-employment benefits $'000		Termination benefits $'000			
	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019
Director-General, Queensland Health												
Current: Dr John Wakefield (acting from 7 to 18 September 2019, appointed from 19 September 2019 to current)	**455**	-	**4**	-	**10**	-	**43**	-	**-**	-	**512**	-
Former: Michael Walsh (6 July 2015 to 6 September 2019) Responsible for the overall management of the public sector health system. Responsibilities include State-wide planning, managing industrial relations, major capital works, monitoring service performance and issuing binding health service directives to Services.	**121**	603	**5**	15	**1**	12	**(3)**	23	**2**	-	**126**	653
Deputy Director-General, Corporate Services Division												
Current: Barbara Phillips (6 March 2017 to current) Responsible for providing strategic leadership to deliver corporate and operational services, capital works, business enhancement and legal services both within the Department and, in certain circumstances, to the broader Queensland public health system. Further responsibilities include leading the Department's financial and human resource services, knowledge management, industrial relations and major capital infrastructure activities.	**348**	334	**5**	11	**7**	6	**30**	29	**-**	-	**390**	380
Deputy Director-General, Clinical Excellence Queensland												
Current: Dr Jillann Farmer (from 01 June 2020 to current)	**44**	-	**-**	-	**1**	-	**5**	-	**-**	-	**50**	-
Former: Prof. Keith McNeil* (acting from 9 September 2019 to 31 May 2020)	**343**	-	**3**	-	**7**	-	**39**	-	**-**	-	**392**	-
Former: Dr John Wakefield (4 January 2016 to 6 September 2019) Responsible for providing strategic leadership to the patient safety and service quality, clinical improvement and innovation, and research and professional clinical leadership activities of the Department.	**97**	467	**2**	11	**2**	9	**11**	49	**-**	-	**112**	536
Deputy Director-General, Healthcare Purchasing and System Performance Division												
Current: Nicholas Steele (31 August 2015 to current) Responsibilities include purchasing of clinical activity from service providers and managing the performance of those service providers to achieve whole-of-system outcomes.	**329**	311	**6**	8	**7**	6	**35**	33	**-**	-	**377**	358
Queensland Chief Health Officer and Deputy Director-General, Prevention Division												
Current: Dr Jeannette Young (6 July 2015 to current)	**510**	500	**8**	27	**11**	10	**53**	52	**-**	-	**582**	589
Interim: Prof. Keith McNeil* (acting from 15 June 2020 while Dr Young is handling the COVID pandemic)	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-
Interim: Bronwyn Nardi (acting from 3 February to 31 May 2020 while Dr Young is handling the COVID pandemic) Responsible for providing leadership to the public health, population health, health protection and other major regulatory activities of the State's health system. Further responsibilities include leading the health information campaigns, disaster coordination, emergency response and emergency preparedness activities for Queensland, overseeing and maintaining the State's capacity to identify and respond to communicable diseases and other health threats.	**114**	-	**1**	-	**2**	-	**11**	-	**-**	-	**128**	-

Note 5. Key management personnel disclosures (continued)

Position title / Position holder	Short-term benefits				Other employee benefits						Total Benefits $'000	
	Monetary benefits $'000		Non-monetary benefits $'000		Long term benefits $'000		Post-employment benefits $'000		Termination benefits $'000			
	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019
Deputy Director-General, Strategy, Policy and Planning Division												
Current: Barbara Phillips (holding dual role from 2 October 2019 to current)	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-
Former: Kathleen Forrester (2 November 2015 to 28 October 2019) Responsible for providing strategic leadership and direction to the activities of Queensland's health system through establishing the high-level policy agendas, overseeing system-wide planning processes and facilitating strategic reform initiatives.	**105**	278	**4**	7	**2**	5	**10**	29	**141**	-	**262**	319
Commissioner, Queensland Ambulance Services												
Current: Russell Bowles (3 June 2011 to current) Responsible and accountable for the strategic direction and overall operations of the Queensland Ambulance Service.	**429**	426	**-**	-	**9**	8	**44**	43	**-**	-	**482**	478
Chief Executive Officer, Health Support Queensland												
Current: Philip Hood (acting from 20 January 2020 to current)	**145**	-	**1**	-	**3**	-	**14**	-	**-**	-	**163**	-
Former: Dr Peter Bristow (acting from 13 November 2017, appointed from 19 March 2018 to 19 January 2020) Responsible for managing the strategic functions relating to the Clinical and State-wide Service, Pathology, Medication, Radiology, Biomedical Technology and Forensic and Scientific Services and Queensland Blood Management.	**268**	509	**13**	9	**6**	10	**27**	51	**-**	-	**314**	579
Chief Executive Officer, eHealth Qld												
Current: Damian Green (23 September 2019 to current)	**234**	-	**4**	-	**5**	-	**17**	-	**-**	-	**260**	-
Former: Bruce Linaker (acting from 1 February 2019 to 22 September 2019)	**66**	100	**4**	7	**1**	2	**5**	9	**-**	-	**76**	118
Former: Dr Richard Ashby (20 February 2017 to 31 January 2019) Responsible for providing leadership to all aspects of developing, implementing and maintaining technology initiatives, assuring high performance, consistency, reliability and scalability of all technology offerings.	**-**	333	**-**	5	**-**	3	**-**	16	**-**	11	**-**	368
Chief Aboriginal and Torres Strait Islander Health Officer & Deputy Director-General												
Current: Haylene Grogan (25 September 2019 to current) Responsible for providing the strategy and direction for improving health outcomes for Aboriginal and Torres Strait Islander Queenslanders and empowering the Aboriginal and Torres Strait Islander health workforce.	**231**	-	**4**	-	**5**	-	**24**	-	**-**	-	**264**	-
Chief Finance Officer - ***new position included for Key Management Personnel from FY2020***												
Current: Luan Sadikaj (10 September 2018 to current) Responsible for providing both strategic and operational leadership related to all financial management issues within the Department. The CFO supervises the finance unit and provides leadership to all finance related personnel. The CFO has statutory accountabilities as outlined in the Financial Accountability Act 2009.	**227**	-	**5**	-	**5**	-	**23**	-	**-**	-	**260**	-

Note 5. Key management personnel disclosures (continued)

Position title Position holder	Short-term benefits				Other employee benefits							
	Monetary benefits $'000		Non-monetary benefits $'000		Long term benefits $'000		Post-employment benefits $'000		Termination benefits $'000		Total Benefits $'000	
	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019
Executive Director, Office of the Director-General - *new position included for Key Management Personnel from FY2020*												
Current: Jasmina Joldic (7 March 2018 to current) Responsible for leadership of the Office of the Director-General in the provision of an extensive range of time sensitive, confidential, strategically significant initiatives for the Director-General and Office of the Minister for Health and Minister for Ambulance Services.	**240**	-	**5**	-	**5**	-	**25**	-	**-**	-	**275**	-
Deputy Premier and Minister for Health and Minister for Ambulance Services**												
Current: Hon Dr Steven Miles (12 December 2017 to current) The Department's responsible Minister is identified as part of the department's KMP, consistent with additional guidance included in the revised version of AASB 124 *Related Party Disclosures*.	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-

** Prof Keith McNeil assisted by acting in two roles during the current financial year and his remuneration for each has been apportioned accordingly while occupying each role. There is no value showing for the acting CHO and DDG PD position as the payment whilst acting in this position falls into the first pay period of the following financial year.*

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

Note 6. Related Party Transactions

Transactions with other Queensland Government-controlled entities

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

Entity Nature of Significant Transactions	Value $'000 2020	2019
Consolidated Fund administered by Queensland Treasury on behalf of the Queensland Government		
The Department receives appropriation revenue and equity injections as the primary ongoing sources of funding from Government for its services. As at 30 June 2020, there were outstanding balances for receivables and payables relating to these transactions.	Refer Note 2	
Queensland Government Insurance Fund (QGIF)		
The Department pays an annual insurance premium for a policy that covers property loss or damage, general liability, professional indemnity, health litigation and personal accident and illness.	Refer Note 10	
WorkCover Queensland		
The Department pays an annual premium for all Divisions which covers all employees of the Department in case of sustaining a work-related injury or illness.	Refer Note 4	
Hospital and Health Services		
The Department procures health services from the HHSs. As at 30 June 2020, there were outstanding balances for receivables and payables relating to these transactions (refer Notes 14 and 20).		
Cairns and Hinterland HHS	**$876,520**	$881,853
Central Queensland HHS	**$549,861**	$550,029
Central West HHS	**$69,329**	$76,086
Children's Health Queensland HHS	**$709,500**	$740,647
Darling Downs HHS	**$735,545**	$716,457
Gold Coast HHS	**$1,457,658**	$1,435,419
Mackay HHS	**$406,908**	$405,815
Metro North HHS	**$2,674,803**	$2,624,875
Metro South HHS	**$2,292,208**	$2,245,460
North West HHS	**$181,864**	$181,265
South West HHS	**$131,671**	$138,078
Sunshine Coast HHS	**$1,030,532**	$1,140,795
Torres and Cape HHS	**$193,938**	$203,218
Townsville HHS	**$908,732**	$925,487
West Moreton HHS	**$616,764**	$608,424
Wide Bay HHS	**$589,959**	$567,946

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

a) Charges for central services provided to HHSs such as pathology, ICT support, procurement and linen (refer Note 3).

b) Services provided below fair value (refer Note 1).

c) Labour recoveries related to non-prescribed HHSs (refer Note 3).

The Department receives services from the Department of Housing and Public Works (DHPW) and its commercialised business units. These mainly relate to office accommodation and facilities (leases), QFleet, shared services, repairs and maintenance and capital works. The value of these transactions during 2019-20 was $132.2M ($114.2M in 2018-19).

Note 7. Supplies and services

	2020 $'000	2019 $'000
Drugs	**525,602**	473,023
Clinical supplies and services	**319,210**	436,378
Consultants and contractors	**194,682**	173,862
Expenses relating to capital works	**15,508**	23,372
Repairs and maintenance	**187,001**	166,498
Rental expenses*	**47,435**	47,014
Lease expenses	**6,058**	12,973
Computer services	**172,646**	150,514
Communications	**49,220**	45,253
Advertising	**12,745**	15,674
Catering and domestic supplies	**4,662**	13,253
Utilities	**9,907**	10,320
Motor vehicles and travel	**22,085**	28,583
Building services	**9,226**	8,216
Interstate transport levy	**5,435**	5,656
Freight and office supplies	**19,256**	17,809
Other	**80,181**	90,341
	1,680,859	1,718,739

Significant accounting policies
Lease expenses include lease rentals for short-term leases, leases of low value assets and variable lease payments.

**Rental expenses include building rental.*

Note 8. Health services

	2020 $'000	2019 $'000
Hospital and Health Services*	**14,392,690**	13,377,709
Mater Hospitals*	**490,406**	480,311
National Blood Authority	**53,024**	54,929
Aeromedical services	**137,052**	123,768
Mental health service providers	**64,117**	59,962
Other health service providers	**246,457**	194,371
	15,383,746	14,291,050

**Inclusive of a specific COVID funding component for Hospital and Health Services ($116.6M in 2019-20) and Mater Hospitals ($0.5M in 2019-20).*

Note 9. Grants and subsidies

	2020 $'000	2019 $'000
Medical research programs	**31,957**	29,105
Public hospital support services	**38,863**	15,261
Mental health and other support services	**19,936**	13,487
	90,756	57,853

Note 10. Other expenses

	2020 $'000	2019 $'000
Deferred appropriation payable	**-**	698,840
Insurance QGIF	**2,662**	6,716
Insurance other	**2,663**	2,496
Journals and subscriptions	**10,648**	11,310
Other legal costs	**1,825**	3,329
Audit fees*	**1,650**	1,480
Special payments	**626**	1,040
Interest - lease liabilities	**735**	-
Funding payable - Commonwealth	**57,179**	-
Other	**4,239**	10,439
	82,227	735,650

Significant accounting policies
Property losses and liability claim settlement amounts payable to third parties above the $10,000 insurance deductible and associated legal fees are insured through the Queensland Government Insurance Fund (QGIF). For medical indemnity claims, settlement amounts above the $20,000 insurance deductible and associated legal fees, are also insured through QGIF. Premiums are calculated by QGIF on a risk basis.

**Queensland Audit Office audit fees for 2019-20 include $0.8M for financial statements audit ($0.7M in 2018-19) and $0.7M for the assurance engagement and other audits ($0.6M in 2018-19).*
***In 2019-20, there were three special payments exceeding $5,000 (7 payments in 2018-19). These related to patient and other ex-gratia payments.*

Note 11. Reconciliation of surplus to net cash from operating activities

	2020 $'000	2019 $'000
Surplus/(deficit) for the year	**2,180**	632
Adjustments for:		
Depreciation and amortisation	**144,625**	140,365
Write off of non-current and other assets	**1,252**	6,639
Net (gain)/loss on disposal of non-current assets	**(1,023)**	(1,824)
Share of loss - associates	**2,355**	1,417
Impairment losses	**632**	3,272
Donated non-cash assets	**(90,277)**	(77,969)
Non-cash depreciation funding expense	**792,765**	731,322
Other non-cash items	**53,526**	4,079
Changes in assets and liabilities:		
(Increase)/decrease in loans and receivables	**(510,308)**	500,704
(Increase)/decrease in inventories	**(11,025)**	65,966
(Increase)/decrease in prepayments	**(12,394)**	6,481
(Increase)/Decrease in other financial assets	**(8,663)**	-
Increase/(decrease) in payables	**93,912**	179,865
Increase/(decrease) in accrued employee benefits	**413,878**	59,474
Increase/(decrease) in unearned revenue	**(2,637)**	(520)
Net cash from operating activities	**868,798**	1,619,903

Note 12. Cash and cash equivalents

	2020 $'000	2019 $'000
Cash at bank	**903,598**	963,491
24-hour call deposits	**8,993**	9,329
Fixed rate deposit	**20,000**	20,000
	932,591	992,820

Significant accounting policies

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

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

The 24-hour call deposit includes the Department's General Trust balance. This balance is currently invested with Queensland Treasury Corporation with approval from the Treasurer, which acknowledges the Department's obligations to maintain sound cash management and investment processes regarding General Trust Funds. For 2019-20 the annual effective interest rate on the 24-hour call deposit was 0.86 per cent per annum (2.39 per cent per annum in 2018-19).

The fixed rate deposit is held with Queensland Treasury Corporation. The Department has the ability and intention to continue to hold the deposit until maturity as the interest earned contributes towards the Queensland Government's objective of promoting high quality health research. During 2019-20 the weighted average interest rate on this deposit was 1.20 per cent per annum (2.08 per cent per annum in 2018-19).

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

- Liquidity risk - this risk is minimal as the Department has an approved overdraft facility of $420.0M under whole-of-government banking arrangements to manage any cash shortfalls.
- Market risk (interest rate risk) - the Department has interest rate exposure on its 24-hour call deposits and fixed rate deposits. Changes in interest rates have a minimal effect on the operating results of the Department.
- Credit risk - the credit risk relating to deposits is minimal as all Department deposits are held by the State through Queensland Treasury Corporation and the Commonwealth Bank of Australia. The Department's maximum exposure to credit risk on receivables is their total carrying amount (refer note 14).

Note 13. Restricted assets

	2020 $'000	2019 $'000
General trust	**10,597**	10,610
Clinical drug trials	**531**	442
	11,128	11,052

The Department's General trust fund balance primarily relates to cash contributions received from Pathology Queensland and from external entities to provide for education, study and research in clinical areas. Contributions are also received from benefactors in the form of gifts, donations and bequests and are demarcated for stipulated purposes.

Note 14. Loans and receivables

	Current 2020 $'000	Non-Current 2020 $'000	Total 2020 $'000	Current 2019 $'000	Non-Current 2019 $'000	Total 2019 $'000
TRADE AND OTHER RECEIVABLES						
Trade Receivables	**122,728**	**-**	**122,728**	200,778	-	200,778
Less: Allowance for impairment of receivables	**(8,255)**	**-**	**(8,255)**	(7,815)	-	(7,815)
Receivables from HHSs	**739,501**	**-**	**739,501**	244,076	-	244,076
Appropriation Receivable	**181,814**	**-**	**181,814**	116,907	-	116,907
Grants receivable	**46,820**	**-**	**46,820**	-	-	-
Annual leave reimbursements	**170,781**	**-**	**170,781**	210,006	-	210,006
Long service leave reimbursements	**31,965**	**-**	**31,965**	34,419	-	34,419
Right of use asset lease receivable	**2,034**	**56,068**	**58,102**	-	-	-
Other Receivables	**284**	**-**	**284**	315	-	315
	1,287,672	**56,068**	**1,343,740**	798,686	-	798,686
PAYROLL LOANS						
Payroll Overpayments	**26,779**	**20,196**	**46,975**	18,090	27,719	45,809
Less: Overpayments impairment	**-**	**(16,029)**	**(16,029)**		(18,175)	(18,175)
Payroll Cash Advances	**2,380**	**-**	**2,380**	2,580	-	2,580
Payroll Pay Date Loan	**4,038**	**49,238**	**53,276**	4,852	52,431	57,283
Less: Pay date loan fair value adjustment	**(1,309)**	**(8,404)**	**(9,713)**	(1,469)	(8,603)	(10,072)
Less: Pay date loan impairment	**-**	**(1,472)**	**(1,472)**	-	(2,084)	(2,084)
	31,888	**43,529**	**75,417**	24,053	51,288	75,341
GST						
GST input tax credits receivable	**27,814**	**-**	**27,814**	24,327	-	24,327
Less: GST payable	**(2,655)**	**-**	**(2,655)**	(1,049)	-	(1,049)
	25,159	**-**	**25,159**	23,278	-	23,278
	1,344,719	**99,597**	**1,444,316**	846,017	51,288	897,305

Significant accounting policies

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

The pay date transitional loan was to provide a transitional loan equal to two weeks' net pay, and was measured at fair value on initial recognition, calculated as the present value of the expected future cash flows over the estimated life of the loan, discounted using a risk-free effective interest rate of 3.05 per cent. The loan is considered to be low risk of non-repayment as it is legislatively recoverable from recipients upon termination of their employment with the Department. The loan is expected to be fully recovered as individuals leave the Department and the majority of the balance remaining is expected to be recovered over the next 13 years. The Department is undertaking a process to recover these debts by working with the individuals affected. The non-current portion of payroll overpayments has not been discounted to present value as this could not be reliably estimated, due to the uncertainty of the timing of future cash receipts.

Credit risk exposure of receivables
There are no other credit enhancements relating to the Department's receivables. The Department has not experienced any significant delays in receiving payments from debtors during this COVID-19 pandemic to 30 June 2020, as the majority of the debt is with other government agencies.

The closing balance of receivables arising from contracts with customers at 30 June 2020 is $253.2M.

Note 14. Loans and receivables (continued)

The Department uses a provision matrix to measure the expected credit losses on trade receivables. The calculations reflect historical observed default rates calculated using impairments (credit losses) experienced on past sales transactions during the last 5 years preceding 31 March 2020. This data is consolidated, and a probability rate is calculated based on receivables moving into the next aging bracket. Based on average rates for the 5-year period, an expected credit loss calculation matrix is prepared.

Historical default rates are adjusted by reasonable and supportable forward-looking information for expected changes in macroeconomic indicators that affect the future recovery of those receivables. To reflect the expected future changes the following relevant economic factors were considered: Australian GDP Annual Growth Rate; Unemployment Rate; and Government Debt to GDP percentage. Based on the expected change in Australia's economic forecast a conservative adjustment of 5.40% has been calculated. This is determined to be the most relevant forward-looking indicator for receivables. The credit loss rate is reviewed on an annual basis.

The total adjusted credit loss rate has been applied to the aged debtors (excluding any government, scholarship and payroll customers) to derive the expected credit loss value as at 30 June 2020. Set out below is the Department's credit risk exposure with trade and other debtors broken down by aging band.

Credit risk exposure of loans and receivables

	Gross receivables 2020 $'000	*Loss rate 2020 %	Expected credit losses 2020 $'000	Gross receivables 2019 $'000	*Loss rate 2019 %	Expected credit losses 2019 $'000
Ageing						
Not Due	**2,164**	**6.16%**	**(133)**	1,338	3.94%	(53)
0 to 30 days	**2,284**	**6.38%**	**(146)**	1,912	3.63%	(69)
31 to 60 days	**803**	**9.04%**	**(73)**	684	8.12%	(56)
61 to 90 days	**660**	**12.52%**	**(83)**	324	13.44%	(44)
91 to 120 days	**397**	**18.86%**	**(75)**	328	33.34%	(109)
More than 120 days	**2,084**	**100.00%**	**(2,084)**	2,190	88.76%	(1,944)
	8,393		**(2,593)**	6,776		(2,274)

**Loss rate percentage is derived by combining both the Department and QAS.*

Impairment of financial assets

At the end of each reporting period, the Department assesses whether there is objective evidence that a financial asset, or group of financial assets, is impaired. Objective evidence may include the financial difficulties of the debtor, changes in debtor credit ratings and current outstanding account balances. The loss allowance for trade receivables reflects the lifetime expected credit losses and incorporates reasonable and supportable forward-looking information as at 30 June 2020.

An allowance for impairment of $25.8M ($28.1M in 2018-19) has been recognised in relation to payroll overpayments, pay date transitional loan, and other receivables. Allowance for other non-government receivables, being subject to AASB 9, are assessed based on their value, quantity and age of the amounts. An impairment matrix for this portion of receivables is prepared annually.

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

Ageing of loans and receivables

	Past Due but Not impaired 2020 $'000	Past Due but Not impaired 2019 $'000	Impaired 2020 $'000	Impaired 2019 $'000
0 to 30 days	**4,594**	23,619	**10,422**	11,028
31 to 60 days	**1,057**	817	**73**	70
61 to 90 days	**974**	513	**83**	55
More than 90 days	**1,314**	1,931	**15,179**	16,922
	7,938	26,880	**25,756**	28,074

Movement in the allowance for impairment

	2020 $'000	2019 $'000
Opening balance	**28,074**	23,256
Increase/(Decrease) in impairment recognised	**(2,318)**	4,818
Closing balance	**25,756**	28,074

Note 15. Inventories

	2020 $'000	2019 $'000
Medical supplies and drugs*	**130,662**	37,460
Less: Allowance for loss of service potential	**(521)**	(99)
	130,141	37,361
Non-medical, engineering and other	**35,733**	28,959
Catering and domestic	**3,312**	1,564
	169,186	67,884

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

Inventories consist mainly of pharmacy and general medical supplies held for sale to HHSs.

*Significant increase in medical supplies and drugs reflects the planned stock increase to mitigate potential supply chain interruptions from COVID-19.

Note 16. Assets held for sale

	2020 $'000	2019 $'000
Land	**-**	8,000
	-	8,000

Significant accounting policies
Non-current assets are classified as held for sale when their carrying amount is to be recovered principally through a sale transaction and a sale is highly probable. In compliance with AASB 5 Land and buildings held for sale are recorded at fair value less costs to sell.

Biomedical Technology Services site $8.0M, was acquired by the Cross-River Rail Delivery Authority and settled in late 2019.

Note 17. Property, plant and equipment

2020	Land $'000	Buildings $'000	Plant and equipment $'000	Capital works in progress $'000	Total $'000
Gross	180,710	930,585	871,483	178,004	2,160,782
Less: Accumulated depreciation	-	(481,425)	(587,937)	-	(1,069,362)
Carrying amount at end of period	**180,710**	**449,160**	**283,546**	**178,004**	**1,091,420**
Categorisation of fair value hierarchy	*Level 2*	*Level 2 & 3**			
Movement					
Carrying amount at start of period	193,304	460,889	249,989	107,043	1,011,225
Additions	1,324	15	68,010	178,296	247,645
Donations received	-	-	333	-	333
Donations made	-	-	(10)	-	(10)
Disposals	(13,441)	(65,359)	(1,131)	-	(79,931)
Revaluation increments/(decrements)	1,103	14,117	-	-	15,220
Transfers (to)/from HHSs	(1,530)	-	210	-	(1,320)
Transfers to Department of Transport and Main Roads	-	(2,412)	-	-	(2,412)
Transfers between classes	(50)	69,368	38,017	(107,335)	-
Depreciation expense	-	(27,458)	(71,872)	-	(99,330)
Carrying amount at end of period	**180,710**	**449,160**	**283,546**	**178,004**	**1,091,420**

** Carrying amount of level 2 buildings $0.3M as at 30 June 2020 ($0.5M in 2018-19).*

Note 17. Property, plant and equipment (continued)

2019	Land $'000	Buildings $'000	Plant and equipment $'000	Capital works in progress $'000	Total $'000
Gross	193,304	908,631	816,422	107,043	2,025,400
Less: Accumulated depreciation	-	(447,742)	(566,433)	-	(1,014,175)
Carrying amount at end of period	193,304	460,889	249,989	107,043	1,011,225
Categorisation of fair value hierarchy	*Level 2*	*Level 2 & 3*			
Movement					
Carrying amount at start of period	202,000	435,337	268,535	95,079	1,000,951
Additions	1,791	96	40,057	104,747	146,691
Donations received	1,250	-	171	-	1,421
Donations made	-	-	(19)	-	(19)
Disposals	(110)	(17)	(776)	-	(903)
Revaluation increments/(decrements)	(11,230)	33,841	-	-	22,611
Transfers (to)/from HHSs	6,655	(42,578)	25	(13,353)	(49,251)
Transfers to assets held for sale	(8,000)	-	-	-	(8,000)
Stocktake adjustments	-	-	27	-	27
Transfers between classes	948	56,324	22,158	(79,430)	-
Depreciation expense	-	(22,114)	(80,189)	-	(102,303)
Carrying amount at end of period	193,304	460,889	249,989	107,043	1,011,225

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

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

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

- $10,000 for Buildings (including land improvement)
- $1 for Land
- $5,000 for Plant and equipment

Depreciation (representing a consumption of an asset over time) is calculated on a straight-line basis (equal amount of depreciation charged each year). The residual (or scrap) value is assumed to be zero, with the exception of ambulances. Annual depreciation is based on the cost or the fair value of the asset and the Department's assessments of the remaining useful life of individual assets. Land is not depreciated as it has an unlimited useful life. Assets under construction (work in progress) are not depreciated until they are ready for use.

The Department's buildings have total useful lives ranging from 2 to 65 years, with exceptions up to 100 years; for plant and equipment the total useful life is between 1 and 30 years, with exceptions up to 52 years:

- 1 to 20 years for Computer, Office furniture & equipment, with exceptions up to 42 years
- 1 to 25 years for Medical equipment, with exceptions up to 42 years
- 3 to 30 years for Engineering equipment, with exceptions up to 52 years
- 3 to 15 years for Vehicles, with exceptions up to 22 years

Fair Value Measurement

Land and buildings are measured at fair value, which are reviewed each year to ensure they are materially correct. Land and buildings are comprehensively revalued once every five years, or whenever volatility is detected, with values adjusted for indexation in the interim years. Fair value measurement of a non-current asset is determined by taking into account its highest and best use (the highest value regardless of current use). All assets of the Department for which fair value is measured in line with the fair value hierarchy, take into account observable and unobservable data inputs.

Note 17. Property, plant and equipment (continued)

Observable inputs, which are used in Level 2 ratings, are publicly available data relevant to the characteristics of the assets being valued, such as published sales data for land and residential dwellings. Unobservable inputs are data, assumptions and judgements not available publicly, but relevant to the characteristics of the assets being valued and are used in Level 3 ratings. Significant unobservable inputs used by the Department include subjective adjustments made to observable data to take account of any specialised nature of the buildings (i.e. laboratories, stations, heritage listed), including historical and current construction contracts (and/or estimates of such costs), and assessments of technological and external obsolescence and physical deterioration as well as remaining useful life. Unobservable inputs are used to the extent that sufficient relevant and reliable observable inputs are not available for similar assets.

Reflecting the specialised nature of health service buildings, fair value is determined using current replacement cost methodology. Current replacement cost represents the price that would be received for the asset, based on the estimated cost to construct a substitute asset of comparable utility, adjusted for obsolescence. This requires identification of the full cost of a replacement asset, adjusted to take account of the age and obsolescence of the existing asset. The cost of a replacement asset is determined by reference to a current day equivalent asset, built to current standards and with current materials.

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

Any revaluation increment arising on the revaluation of an asset is credited to the asset revaluation surplus of the appropriate class, except to the extent it reverses a revaluation decrement for the class previously recognised as an expense. A decrease in the carrying amount on revaluation is expensed to the extent it exceeds the balance, if any, of the revaluation surplus. On revaluation, accumulated depreciation is restated proportionately with the change in the carrying amount of the asset and any change in the estimate of remaining useful life.

Impairment of non-current assets

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

Land

The fair value of land was based on publicly available data including recent sales of similar land in nearby localities. In determining the values, adjustments were made to the sales data to take into account the land's size, street/road frontage and access and any significant factors such as land zoning and easements. Land zonings and easements indicate the permissible use and potential development of the land.

The revaluation program resulted in a $2.1M increment ($11.6M decrement in 2018-19) to the carrying amount of land. For land not subject to comprehensive valuations, indices of between 0.652 to 1.225 were applied, which were sourced from the State Valuation Services.

The Department recognises land valued at $0.04M ($0.04M in 2018-19) which is owned by third parties and leased to the Department under various agreements. The Department has restricted use of this land.

Buildings

The Department recognises five heritage buildings held at gross value of $3.9M (five buildings at gross value of $3.9M in 2018-19). An independent revaluation of 368 buildings and site improvements was performed during 2019-20. For buildings not subject to independent revaluations during 2019-20, indices of between 1.02 and 1.03 were applied, which were sourced from AECOM.

Indices are based on inflation (rises in labour, plant and material prices) across the industry and take into account regional variances due to specific market conditions. The building valuations for 2019-20 resulted in a net increment to the building portfolio of $17.5M ($36.7M increment in 2018-2019).

Capital work in progress

The Department is responsible for managing major health infrastructure projects for the HHSs. During the construction phase these projects remain on the Department's Statement of financial position as a work in progress asset. Significant, newly commissioned assets are firstly transferred to the Department's building class, revalued to fair value and then transferred to the respective HHS. Other commissioned assets are transferred from the Department's work in progress to the respective HHS which recognises assets in their relevant asset class.

Note 18. Leases

a) Lessee

This note provides information for leases where the Department is a lessee. For leases where the Department is a lessor, see note 18(b).

(i) The statement of financial position shows the following amounts relating to leases:

Right-of-use assets

	2020 $'000	2019 $'000
Buildings	**18,854**	-
Less: Accumulated depreciation	**(652)**	-
Equipment	**5,087**	-
Less: Accumulated depreciation	**(3,717)**	-
Other	**-**	-
	19,572	-

Additions to the right-of-use assets during the 2020 financial year were $23.6M.

Lease liabilities

	2020 $'000	2019 $'000
Current	**4,065**	-
Non-current	**73,773**	-
	77,838	-

(ii) Amounts recognised in the statement of profit or loss

Depreciation charge of right-of-use assets

	2020 $'000	2019 $'000
Buildings	**652**	-
Equipment	**4,379**	-
	5,031	-

Significant accounting policies

Accounting policy applicable from 1 July 2019

The Department as lessee

For any new contracts entered into on or after 1 July 2019, the Department considers whether a contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'. To apply this definition the Department assesses whether the contract meets three key evaluations which are whether:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to the Department
- the Department has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract
- the Department has the right to direct the use of the identified asset throughout the period of use. The Department also assesses whether it has the right to direct 'how and for what purpose' the asset is used throughout the period of use.

Measurement and recognition of leases as a lessee

At lease commencement date, the Department recognises a right-of-use asset and a lease liability on the balance sheet. The right-of-use asset is measured at cost, which is made up of the initial measurement of the lease liability, any initial direct costs incurred by the Department, an estimate of any costs to dismantle and remove the asset at the end of the lease, and any lease payments made in advance of the lease commencement date (net of any incentives received).

The Department depreciates the right-of-use assets on a straight-line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The Department also assesses the right-of-use asset for impairment when such indicators exist.

Note 18. Leases (continued)

At the commencement date, the Department measures the lease liability at the present value of the lease payments unpaid at that date, discounted using the interest rate implicit in the lease if that rate is readily available or the Department's incremental borrowing rate. Queensland Treasury (QT) have mandated that unless an implicit rate is stated in the lease, that agencies are to use incremental borrowing rates. QT have mandated that Queensland Treasury Corporations Fixed Rate Loan rates are to be used as the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are made up of fixed payments (including in substance fixed), variable payments based on an index or rate, amounts expected to be payable under a residual value guarantee and payments arising from options reasonably certain to be exercised.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in in-substance fixed payments. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right-of-use asset is already reduced to zero.

The Department has elected to account for short-term leases and leases of low-value assets using the practical expedients. Instead of recognising a right-of-use asset and lease liability, the payments in relation to these are recognised as an expense in profit or loss on a straight-line basis over the lease term.

Accounting policy applicable before 1 July 2019

The Department as a lessee

Finance leases

Management applies judgment in considering the substance of a lease agreement and whether it transfers substantially all the risks and rewards incidental to ownership of the leased asset. Key factors considered include the length of the lease term in relation to the economic life of the asset, the present value of the minimum lease payments in relation to the asset's fair value, and whether the Department obtains ownership of the asset at the end of the lease term.

Operating leases

All other leases are treated as operating leases. Where the Department is a lessee, payments on operating lease agreements are recognised as an expense on a straight-line basis over the lease term. Associated costs, such as maintenance and insurance, are expensed as incurred.

Critical judgements in determining the lease term

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term if the lease is reasonably certain to be extended (or not terminated).

The lease term is reassessed if an option is actually exercised (or not exercised) or the Department becomes obliged to exercise (or not exercise) it. The assessment of reasonable certainty is only revised if a significant event or a significant change in circumstances occurs, which affects this assessment, and that is within the control of the lessee.

The total cash outflow for leases in 2020 was $6.4M.

The Department holds an occupancy lease with Translational Research Institute Pty Ltd (TRI). The Department acts as a lessor by sub-leasing a portion of the leased property (See 18 (b)). Under AASB 16 the Department recognises transactions as both lessee and lessor.

The Department also holds an equipment lease for the supply of defibrillators used by the Ambulance services.

Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. The lease agreements do not impose any covenants other than the security interests in the leased assets that are held by the lessor. Leased assets may not be used as security for borrowing purposes.

As described in Note 1, the Department has applied AASB 16 using the modified retrospective approach and therefore comparative information has not been restated. This means comparative information is still reported under AASB 117 and Interpretation 4.

Note 18. Leases (continued)

b) Lessor

The Department acts as a lessor by sub-leasing floor space in the TRI building to the University of Queensland. The sub-lease with the lessor is for the same term as that for the Department on the head lease. The sub-lease expires in 2043.

(i) The statement of financial position shows the following amounts relating to lessors:

Lease receivable

	2020 $'000	2019 $'000
Current	**2,034**	**-**
Non-current	**56,068**	**-**
	58,102	-

***(ii)* Amounts recognised in the statement of profit or loss**

The statement of profit or loss shows the following amounts relating to lessors:

	2020 $'000	2019 $'000
Rentals received from operating leases (included in other revenue)	**5,090**	-
Interest received (Included in interest revenue)	**494**	-
	5,584	-

Minimum lease cash payments to be received on the sub-lease are as follows:

	2020 $'000	2019 $'000
In year 1	**3,125**	-
In year 2	**3,125**	-
In year 3	**3,125**	-
In year 4	**3,125**	-
In year 5	**3,125**	-
Later than 5 years	**56,246**	-
	71,871	-

The Department has assessed that the sub-lease is a finance lease after considering the indicators of a finance lease in AASB 16. Accordingly, as a sub-lessor the Department has applied the following accounting policy as from 1 July 2019:

- derecognises a portion of the right-of-use asset relating to the head lease that it transfers to the sub-lessee, and
- recognises during the term of the lease the finance income on the sublease; and
- recognises the net investment in the sublease as a receivable;
- retains the total lease liability relating to the head lease in its statement of financial position, which represents the lease payments owed to the head lessor;
- The Department also assesses the receivable for impairment.

Note 19. Intangibles

	Software purchased		Software generated		Software work in progress		Total	
	2020 $'000	2019 $'000	2020 $'000	2019 $'000	2020 $'000	2019 $'000	2020 $'000	2019 $'000
Gross	**124,523**	121,889	**557,092**	456,258	**69,086**	151,537	**750,701**	729,684
Less: Accumulated amortisation	**(102,245)**	(97,252)	**(313,553)**	(291,503)	**-**	-	**(415,798)**	(388,755)
Carrying amount at end of period	**22,278**	24,637	**243,539**	164,755	**69,086**	151,537	**334,903**	340,929
Represented by movements in carrying amount:								
Carrying value at 1 July	**24,637**	30,060	**164,755**	170,999	**151,537**	107,411	**340,929**	308,470
Additions	**2,752**	316	**116**	340	**31,370**	68,236	**34,238**	68,892
Disposals	**-**	(120)	**-**	(1)	**-**	-	**-**	(121)
Transfers (to)/from HHSs	**-**	-	**-**	1,822	**-**	(72)	**-**	1,750
Transfers between classes	**254**	599	**113,567**	23,439	**(113,821)**	(24,038)	**-**	-
Amortisation expense	**(5,365)**	(6,218)	**(34,899)**	(31,844)	**-**	-	**(40,264)**	(38,062)
Carrying amount at end of period	**22,278**	24,637	**243,539**	164,755	**69,086**	151,537	**334,903**	340,929

Significant accounting policies

Intangible assets are only recognised if their cost is equal to or greater than $100,000. Intangible assets are recorded at cost, which is purchase price plus costs directly attributable to the acquisition, less accumulated amortisation and impairment losses. Internally generated software includes all direct costs associated with development of that software. All other costs are expensed as incurred. Intangible assets are amortised on a straight-line basis over their estimated useful life with a residual value of zero. The estimated useful life and amortisation method are reviewed periodically, with the effect of any changes in estimate being accounted for on a prospective basis.

The total useful life for the Department's software ranges from 3 to 30 years. The Department controls both registered intellectual property, in the form of patents, designs and trademarks, and other unregistered intellectual property, in the form of copyright. At the reporting dates these intellectual property assets do not meet the recognition criteria as their values cannot be measured reliably.

Note 20. Payables

	2020 $'000	2019 $'000
Trade payables	**339,083**	388,050
Appropriations payable	**789,099**	760,080
Contract Liability - Commonwealth	**47,581**	-
Non-contract liability - Commonwealth	**57,179**	-
Hospital and Health Service payables	**108,109**	69,777
PAYG withholdings	**129,671**	119,414
Other payables	**3,563**	5,327
	1,474,285	1,342,648

Significant accounting policies

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

Note 21. Accrued employee benefits

	2020 $'000	2019 $'000
Salaries and wages accrued	**507,803**	146,324
Annual leave levy payable	**315,672**	287,438
Long service leave levy payable	**65,479**	55,973
Other employee entitlements payable	**24,272**	9,613
	913,226	499,348

Significant accounting policies

Wages and salaries due but unpaid at reporting date are recognised at current salary rates and are expected to be fully settled within 12 months of reporting date. These liabilities are recognised at undiscounted values. Provisions for annual leave, long service leave and superannuation are reported on a whole-of-government basis pursuant to AASB 1049. For changes to employer arrangements refer to Note 4.

Note 22. Asset revaluation surplus

	Land 2020 $'000	Land 2019 $'000	Buildings 2020 $'000	Buildings 2019 $'000	Total 2020 $'000	Total 2019 $'000
Carrying amount at start of period	**62,494**	73,761	**163,310**	133,164	**225,804**	206,925
Asset revaluation increment/(decrement)	**1,103**	(11,230)	**14,117**	33,841	**15,220**	22,611
Asset revaluation - Other adjustments	**(319)**	-	**3,444**	-	**3,125**	-
Asset revaluation transferred to retained surplus	**-**	(37)	**876**	(3,695)	**876**	(3,732)
Carrying amount at end of period	**63,278**	62,494	**181,747**	163,310	**245,025**	225,804

Note 23. Interests in associates

The Department is a partner to the Australian e-Health Research Centre (AEHRC) joint operation. The current agreement runs to 2022. The Department has no rights to the net assets or liabilities of the AEHRC, except return of cash contributions in limited circumstances. The Department makes a cash contribution of $1.5M per annum.

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

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

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

TRI has a 31 December year end. TRI's financial statements for the 12 months 1 July 2019 to 30 June 2020, endorsed by the TRI Board, have been used to apply the equity method. There have been no changes to accounting policies or any changes to any agreements with TRI since 31 December 2019. The information disclosed reflects the amounts presented in the financial statements of TRI and not the Department's share of those amounts. Where necessary, they have been amended to reflect adjustments made by the Department, including fair value adjustments and modifications for differences in accounting policy.

Comparative reclassifications in the June 2020 financial statements relate to the reclassification of the investments in the Managed Investment Fund from current to non-current. This reclassification to non-current aligns the Fund to the Trustee's long-term investment strategy.

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

	2020 $'000	2019 $'000
SUMMARISED STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME		
Revenue	**27,387**	29,695
Expenses	**(36,807)**	(35,365)
SURPLUS/(DEFICIT)	**(9,420)**	(5,670)
Other comprehensive income	**-**	-
TOTAL COMPREHENSIVE INCOME	**(9,420)**	(5,670)
THE DEPARTMENT'S SHARE OF TOTAL COMPREHENSIVE INCOME	**(2,355)**	(1,417)

Note 23. Interests in associates (continued)

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

	2020 $'000	2019 $'000
SUMMARISED STATEMENT OF FINANCIAL POSITION		
Current assets	**32,001**	30,262
Non-current assets	**286,878**	299,243
TOTAL ASSETS	**318,879**	329,505
Current liabilities	**8,940**	9,312
Non-current liabilities	**19,191**	20,024
TOTAL LIABILITIES	**28,131**	29,336
NET ASSETS	**290,748**	300,169
THE DEPARTMENT'S SHARE OF NET ASSETS	**72,686**	75,041

Note 24. Contingencies

Guarantees

As at 30 June 2020 the Department held guarantees of $8.6M ($6.8M in 2018-19) from third parties which are related to capital projects. These amounts have not been recognised as assets in the financial statements.

Litigation in progress

At 30 June 2020, the Department had 8 litigation cases before the courts. As civil litigation is underwritten by the QGIF, the Department's liability in this area is limited up to $20,000 per insurance event. The Department's legal advisers and management believe it would be misleading to estimate the final amount payable (if any) in respect of litigation before the courts at this time. Queensland's Human Rights Act 2019 (the Act) protects 23 human rights and commenced from 1 January 2020. Under section 97 of the Act, public entities are required to include the number of human rights complaints received. As at 30 June 2020 Queensland Health received six human rights complaints with five of those having been resolved.

At 30 June 2020, the Department had 1 litigation case due to go before the court in late 2020. This is related to Queensland Industrial Relations Commission applications on the applicability of specialty allowances in certain regions, with a determination still to be reached on the scope of the application at time of reporting.

Note 25. Commitments to expenditure

	Capital 2020 $'000	Capital 2019 $'000	Lease - operating 2020 $'000	Lease - operating 2019 $'000
Committed at reporting date but not recognised as liabilities, payable:				
within 1 year	**128,799**	133,205	**44,770**	60,369
1 year to 5 years	**38,650**	4,955	**119,332**	152,828
more than 5 years	**-**	-	**51,873**	102,536
	167,449	138,160	**215,975**	315,733

Significant leases are entered into by the Department as a way of acquiring access to office accommodation facilities. Lease terms, for these leases, extend over a period of 2 to 11 years. The Department has no options to purchase any of the leased spaces at the conclusion of the lease. Some leases do provide the option for a right of renewal at which time the lease terms are renegotiated. Lease payments are generally fixed but do contain annual inflation escalation clauses upon which future year rentals are determined, with rates ranging between 2 to 4 per cent.

Note 26. Administered transactions and balances

Significant accounting policies

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

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

Administered transactions and balances are comprised primarily of the movement of funds to the Queensland Office of the Health Ombudsman, the Queensland Mental Health Commission and Health and Wellbeing Queensland.

	2020 $'000	Original Budget 2020 $'000	2019 $'000	Ref	Actual vs budget variance $'000
Administered revenues					
Administered item appropriation	**34,473**	**30,955**	30,948	i.	3,518
Taxes, fees and fines	**14**	**4**	73		10
Total administered revenues	**34,487**	**30,959**	31,021		3,528
Administered expenses					
Grants	**34,473**	**30,959**	30,948	i.	3,514
Other expenses	**14**	**-**	73		14
Total administered expenses	**34,487**	**30,959**	31,021		3,528
Administered assets					
Current					
Cash	**4**	**8**	3		(4)
Total administered assets	**4**	**8**	3		(4)
Administered liabilities					
Current					
Payables	**4**	**8**	3		(4)
Total administered liabilities	**4**	**8**	3		(4)

Actual vs budget comparison

i. The $3.5M variance for Administered appropriation and Grants relates to unbudgeted funding for Health and Wellbeing Queensland.

Note 27. Reconciliation of payments from Consolidated Fund to administered revenue

	2020 $'000	2019 $'000
Budgeted appropriation	**30,955**	18,744
Transfers from (to)/from other headings	**3,518**	12,204
Administered revenue recognised in Note 26	**34,473**	30,948

Note 28. Activities and other events

There was a one-off, pro-rata payment of $55.4M made to 51,363 employees of administrative streams across the Department, made in July 2020 (this included the relevant non-prescribed employee groups across the 16 HHSs).

There were no other material events after the reporting date of 30 June 2020 that have a bearing on the Department's operations, the results of those operations or these financial statements.

The Department's financial statements are expected to be impacted by the COVID-19 programs beyond 30 June 2020, although the actual impacts cannot be reliably estimated at the reporting date.

On 1 August 2019, the Department of Health implemented S/4 HANA, a new state-wide enterprise resource planning (ERP) system, which replaced FAMMIS ERP. The system is used to prepare the general purpose financial statements, and it interfaces with other software that manages revenue, payroll and certain expenditure streams. Its modules are used for inventory and accounts payable management.
IT and application level controls were required to be redesigned and new workflows implemented. Extensive reconciliations were completed on implementation to ensure the accuracy of the data migrated.

Notes to and forming part of the financial statements

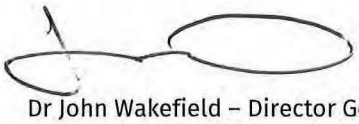
For the year ended 30 June 2020

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

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

b) the statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Department of Health (the Department) for the financial year ended 30 June 2020 and of the financial position of the Department at the end of that year; and

The Director-General, as the Accountable Officer of the Department, acknowledges responsibility under s.7 and s.11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.



Dr John Wakefield – Director General
Queensland Health

Date 26 / 8 /2020

Luan Sadikaj CPA – Chief Finance Officer
Department of Health

Date 26 / 8 /2020

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INDEPENDENT AUDITOR'S REPORT

To the Accountable Officer of the Department of Health

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of the Department of Health.

In my opinion, the financial report:

a) gives a true and fair view of the department's financial position as at 30 June 2020, and its financial performance and cash flows for the year then ended

b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

The financial report comprises the statement of financial position and statement of assets and liabilities by major departmental service as at 30 June 2020, the statement of comprehensive income, statement of changes in equity, statement of cash flows and statement of comprehensive income by major departmental service for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

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

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

Refer to *Note 28: Activities and other matters*

Key audit matter	How our audit procedures addressed this key audit matter
Implementation of new finance system The Department of Health (the department) replaced its primary financial management information system on 1 August 2019. The financial management system is used to prepare the general-purpose financial statements. It is also the general ledger and it interfaces with other software that manages revenue, payroll, and certain expenditure streams. Its modules are used for inventory and accounts payable management. The replacement of the financial management system increased the risk of error in the control environment of the Department. The implementation of the financial management system was a significant business and IT project for the Department. It included: • designing and implementing IT general controls and application controls • cleansing and migrating of vendor and open purchase order master data • ensuring accuracy and completeness of closing balances transferred from the old system to the new system • establishing system interfaces with other key software programs • establishing and implementing new workflow processes.	I have reported issues relating to internal control weaknesses identified during the course of my audit to those charged with governance of the Department of Health. My procedures included, but were not limited to: • assessing the appropriateness of the IT general and application level controls including system configuration of the financial management system by: – reviewing the access profiles of users with system wide access – reviewing the delegations and segregation of duties – reviewing the design, implementation, and effectiveness of the key general information technology controls • validating account balances from the old system to the new system to verify the accuracy and completeness of data migrated • documenting and understanding the change in process and controls for how material transactions are processed, and balances are recorded • assessing and reviewing controls temporarily put in place due to changing system and procedural updates • undertaking significant volume of sample testing to obtain sufficient appropriate audit evidence, including: – verifying the validity of journals processed pre and post go-live – verifying the accuracy and occurrence of changes to bank account details – comparing vendor and payroll bank account details – verifying the completeness and accuracy of vendor payments, including testing for potential duplicate payments. • Assessing the reasonableness of: – the inventory stocktakes for completeness and accuracy – the mapping of the general ledger to the financial statement line items.

Responsibilities of the department for the financial report

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

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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

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

Report on other legal and regulatory requirements

Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2020:

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

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

Prescribed requirements scope

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

28 August 2020

Brendan Worrall
Auditor-General

Queensland Audit Office
Brisbane

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Department of Health
www.health.qld.gov.au