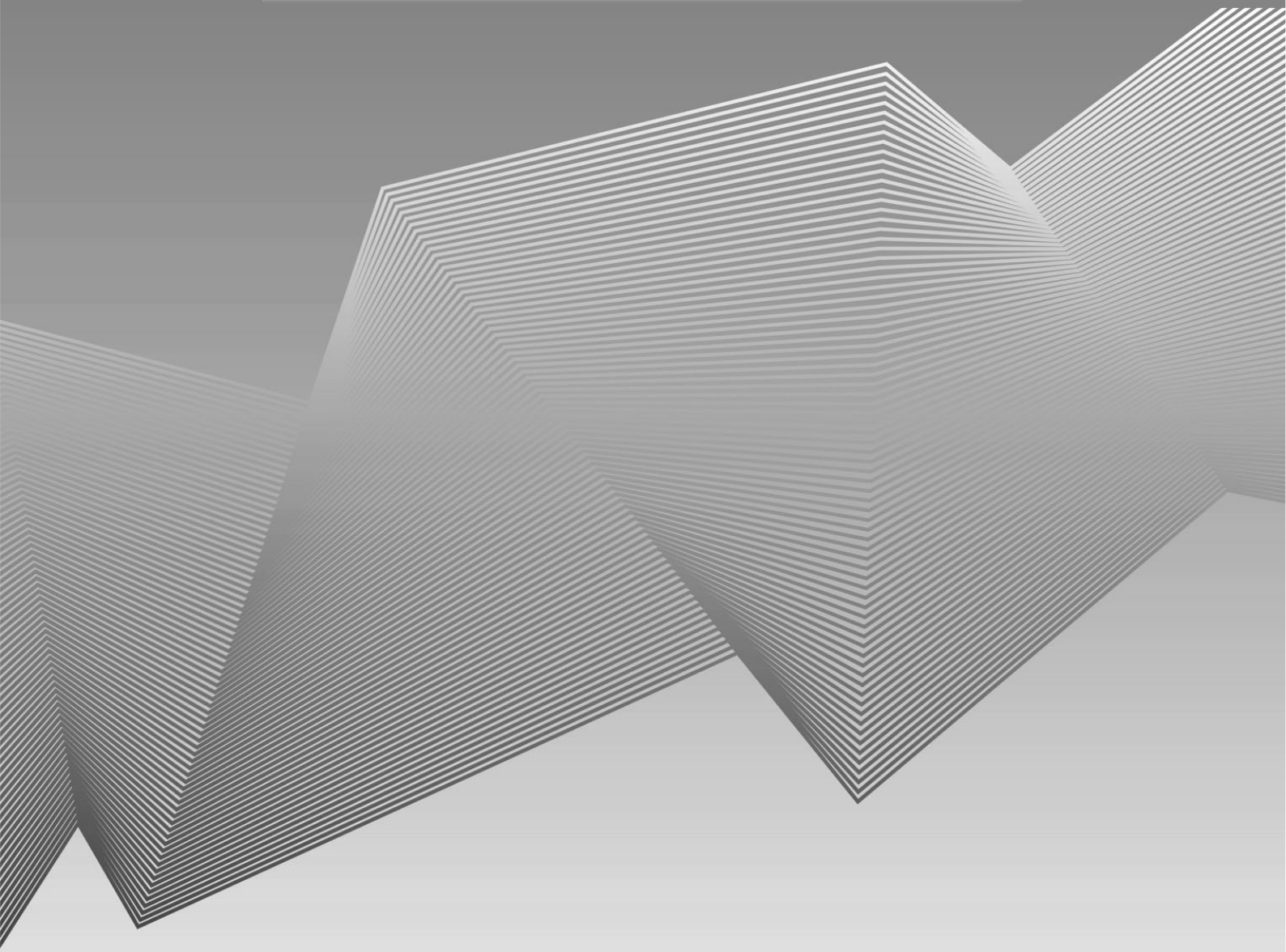
Department of Health

ANNUAL REPORT 2020–2021



Queensland Government

Acknowledgement of Country

The Department of Health acknowledges the traditional custodians of the lands, waters and seas 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 people in Queensland 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 2020-21, It has been prepared in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019, and the Annual report requirements for Queensland Government agencies.

The annual report aligns to the Department of Health Strategic Plan 2019-2023 and the 2020-21 Service Delivery Statements. The report has been prepared for the Minister to submit to Parliament. It has also been prepared to meet the needs of stakeholders, including government agencies, healthcare industry, community groups and staff.

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 https://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 free call 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

28 September 2021

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 2020-21 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 in the Definitions and compliance section of this annual report.

Yours sincerely

Dr John Wakefield PSM

Director-General

Queensland Health

Aboriginal and Torres Strait Islander peoples terminology

Throughout the Annual Report, the terms 'Aboriginal and Torres Strait Islander peoples', 'First Nations peoples' and 'Aboriginal peoples and Torres Strait Islander peoples' are used interchangeably rather than 'Indigenous'. Whilst 'Indigenous' is commonly used in many national and international contexts, Queensland Health's preferred terminology is 'Aboriginal and Torres Strait Islander peoples', 'Aboriginal peoples and Torres Strait Islander peoples' or 'First Nations peoples'.

The terminology 'First Nations peoples' refers to the Aboriginal peoples and Torres Strait Islander peoples, their nations, societies, and language groups that have occupied these lands since time immemorial. The term describes the vast network of independent yet interdependent sovereign First Nations (and affiliated tribal units or confederation of clans) that existed, and continue to exist today, which have distinct geographic boundaries and complex systems of government, laws (lores), languages, cultures and traditions.

The word 'peoples' recognises individual and collective dimensions to their lives as affirmed by the United Nations Declaration on the Rights of Indigenous Peoples (2007). Acknowledging First Nations peoples' right to self-determination, Queensland Health recognises the choice of Aboriginal and Torres Strait Islander peoples to describe their own cultural identity, which may include the terms explained above or particular sovereign First Nations peoples (for example, Mununjali, Yidinji, Turrbal) and traditional place names (for example, Meanjin Brisbane). In all contexts, whether written or verbal, the preferred terminology is the one decided by the peoples being referenced, discussed or described.

Contents

Director-General's foreword

I am pleased to present the 2020-21 Annual Report for the Queensland Department of Health.

This past year we have continued to work at the forefront of Queensland's ongoing public health emergency response to COVID-19, working collaboratively to protect the health of Queenslanders despite the extensive challenges and health resource constraints the pandemic has delivered on a daily basis. Through the persistent displays of teamwork, resilience and solidarity within our divisions and the collaboration with our Hospital and Health Services, local and interstate governments, industry and partners, we have achieved a tremendous amount this year.

Thanks to the extensive effort of our public health response, in addition to the support of our government, and Queenslanders, we have minimised the health impact of COVID-19.

There have been highlights throughout our continued response to the COVID-19 pandemic, which you can read about in further detail within the Our Performance section. Some of the most notable achievements for me include:

- Commencing the statewide rollout of the COVID-19 vaccine, accounting for a total 1,499,607 vaccine administrations. This has been supported through establishing the COVID-19 Vaccination Taskforce and Command Centre, a central project management team informed by various workstreams such as clinical advice, workforce and training, supply chain surety, communications, digital solutions, and performance monitoring. All contributors to this Taskforce have played a major and critical role in ensuring access to the COVID-19 vaccine for all Queenslanders.

- Establishing the Queensland Government Critical Supply Reserve (QGCSR) to support the delivery of frontline services during periods of major public health events and natural disasters while providing protection against supply chain disruption. The QGCSR holds a range of critical supplies which are vital to delivering frontline services, including Personal Protective Equipment (PPE), intensive care equipment and consumables, specialised drugs and pharmaceuticals, sanitisers and cleaning products, medical gases and critical pathology supplies.

- Establishing a whole-of-government Steering Committee to provide program governance of the QGCSR which has been defined and aligned to existing Disaster Management guidelines. Approved Queensland Government agencies will be able to access the reserve of supplies in the event of a public health emergency, natural disaster, or other defined events and non-approved agencies can also request access to the QGCSR.

- Incentivising the health system to support consumers and health professionals through the provision of new tools and uplifting digital foundations across the system from rural and remote facilities to our large metropolitan facilities. These initiatives included expanding the contemporary digital collaboration workplace based on Microsoft's Office 365 and Windows 10 to over 100,000 users, uplifting network connectivity to over 140 facilities to provide more reliable, faster access to information systems and support additional demand on Telehealth services, and delivering over 400 COVID-19 related changes to the state-wide integrated electronic Medical Record (ieMR) solution and introduced SMS support to expediently deliver COVID test results to citizens.

- Maintaining the First Nations COVID-19 response unit to form part of our commitment to protecting the health of our most vulnerable communities and ensuring a culturally supported vaccine delivery. The overall COVID-19 infection rate for First Nations Queenslanders has remained low. As at 30 March 2021 there have been 11 First Nations COVID-19 cases and no deaths reported since the pandemic commenced. $2.6 million was directed to state-wide coordinated responses, including funding to support the First Nations tele-triage team at 13 HEALTH and the development of targeted communications, First Nations vaccination training, vaccination and testing data monitoring and ongoing engagement with internal and external stakeholders.

- Introducing a range of regulatory measures through the Chief Health Officer 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 assisting in contact tracing when cases emerge. In 2020-21, 142

Public Health Directions were issued to respond to the COVID-19 pandemic and a total of 40,167 applications for exemptions were lodged.

- Establishing Nursing and Midwifery Surge Workforce plans and planning to support appropriately skilled and orientated staff to be deployed for continuity of existing services, with a targeted focus on assisting HHSs with the acquisition of sufficient nursing and midwifery workforce to sustain health services during an emergent COVID-19 infection outbreak and the course of the vaccine rollout. This is in addition to a collaboration with Children's Health Queensland to establish a Statewide nursing pandemic surge casual pool in March 2021 to support the vaccine rollout and other emergent workforce needs associated with COVID-19 response strategies.

While COVID-19 has been a major focus, we have continued to make significant progress in many other areas.

To drive the safest and highest quality services possible for Queenslanders, we invested $1.424 billion into the health portfolio capital program. This investment saw essential upgrades made to health facilities supporting infrastructure across Queensland while simultaneously supporting more than 1500 jobs across the state for capital infrastructure projects. This investment included the Surgical, Treatment and Rehabilitation Service (STARS) facility in Herston, Brisbane which commenced new services in line with the phased commissioning timeline. These services offered through STARS are already supporting access to care for our South East Queenslanders.

We continued to improve access to sustainable rural and remote allied health services through investing $0.96m to support the implementation of 35 early-career allied health rural generalist training position across nine HHSs. These rural generalist training positions enhance recruitment and retention within rural services and enhance the provision of quality allied health services for our rural and remote Queenslanders. In addition to this, as part of the 2020-21 Federal Budget announcement, Queensland Health was awarded $75.2 million from the Medical Research Future Fund (MRFF) through the *enabling Infrastructure for Rural, Regional and Remote Clinical Trials'* initiative for *'The Australian Teletrial Program – access to clinical trials closer to home'*. The Department, is leading this five-year national program to improve access to, and participation in clinical trials for rural, regional and remote patients across the country.

We pursued partnerships with consumers, health and education colleagues and other key community stakeholders to successfully deliver new youth mental health services for Queensland including a new statewide service, Jacaranda Place and two new Youth Step Up Step Down services. The successful operational partnerships between health and education for Jacaranda Place and health and Mind Australia for the new Youth Step Up Step Down services, highlights the importance of integrated care leading to enhanced recovery outcomes for Queenslanders.

I would like to personally thank all of our staff for their ongoing dedication and commitment, to those who have worked tirelessly and at all hours throughout a public health emergency to ensure the health and wellbeing of all Queenslanders.

Despite the challenges that lie ahead as we continue to navigate this 'new' approach to healthcare delivery, I look forward to continuing our collaborative efforts next year to sustain our commitment to driving the safest and highest 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 strategic 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 2021-2025*. 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. In 2020-21, the Department has achieved this amidst a COVID-19 global pandemic, with Queensland Health leading the COVID-19 public health response for Queensland.

How the money was spent

The department's expenditure by major service is displayed on page 7 within the financial statements section. The percentage share of these services for 2020-21 is as follows:

- Acute Inpatient Care – 47.1%
- Emergency Care – 9.6%
- Mental Health and Alcohol and Other Drug Services – 10.3%
- Outpatient Care – 11.5%
- Prevention, Primary and Community Care – 14.3%
- Ambulance Services – 3.1%
- Sub and Non-Acute Care – 4.1%.

The department achieved an operating surplus of $5.384 million in 2020-21 after having delivered on all agreed major services.

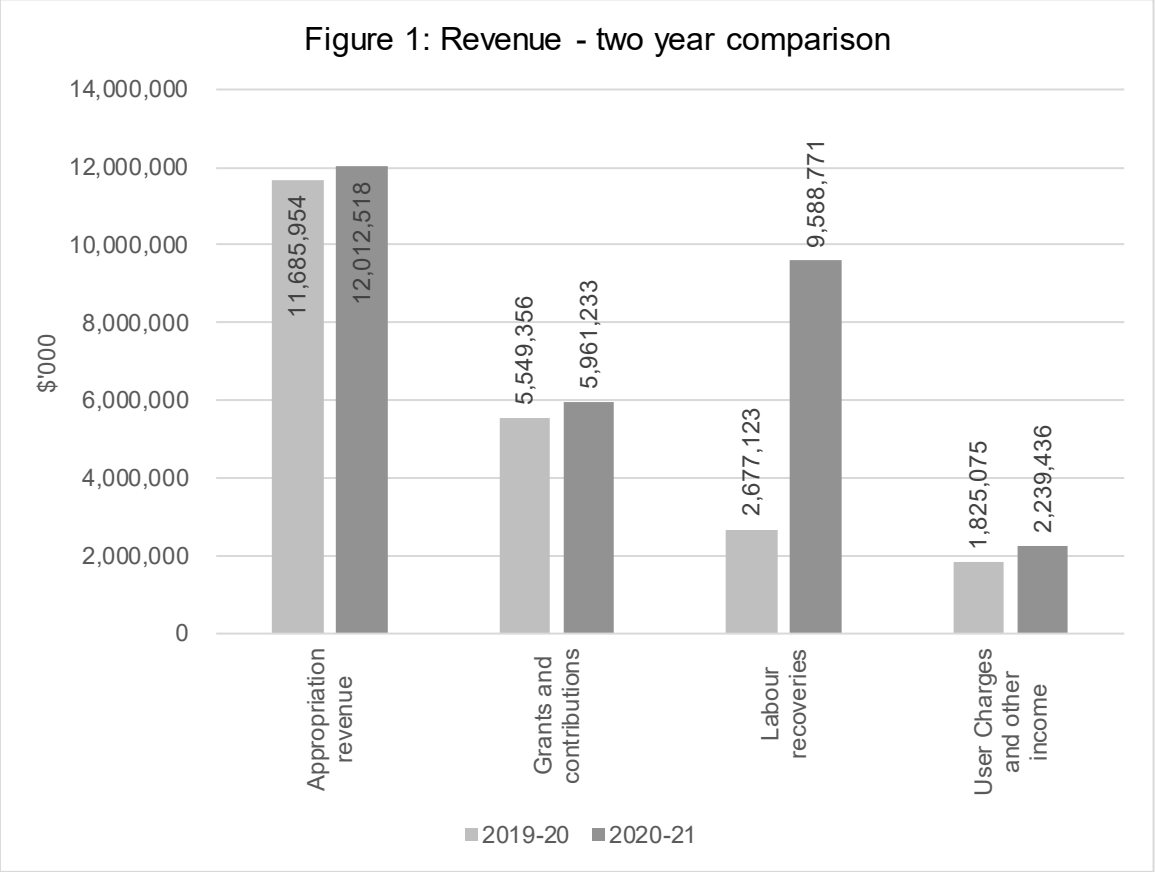
The department, through its risk management framework and financial management policies, is committed to ensuring optimal financial outcomes and delivering sustainability of services. In addition, the department's financial risk of contingent liabilities resulting from health litigations is mitigated 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 2020-21 was $29.802 billion, an increase of $8.064 billion (or 37.1%) from 2019-20. Revenue is sourced from four main areas:

- *Appropriation revenue* of $12.013 billion (or 40.3%), which includes State Appropriation and Commonwealth Appropriation.
- *Grants and Contributions* of $5.961 billion (or 20.0%), which includes National Health Reform Funding (NRHA) from the Australian Government. Additional Commonwealth funding has been provided in 2020-21 due to COVID-19 as part of the National Partnership on COVID-19 Response Agreement (NPCR).
- *Labour recoveries* of $9.589 billion (or 32.2%). The department is the legal employer of the majority of health staff working for HHSs. The cost of these staff is recovered through labour recoveries income, with a corresponding employee expense.
- *User charges and other income* of $2.239 billion (or 7.5%), 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 2019-20 and 2020-21.



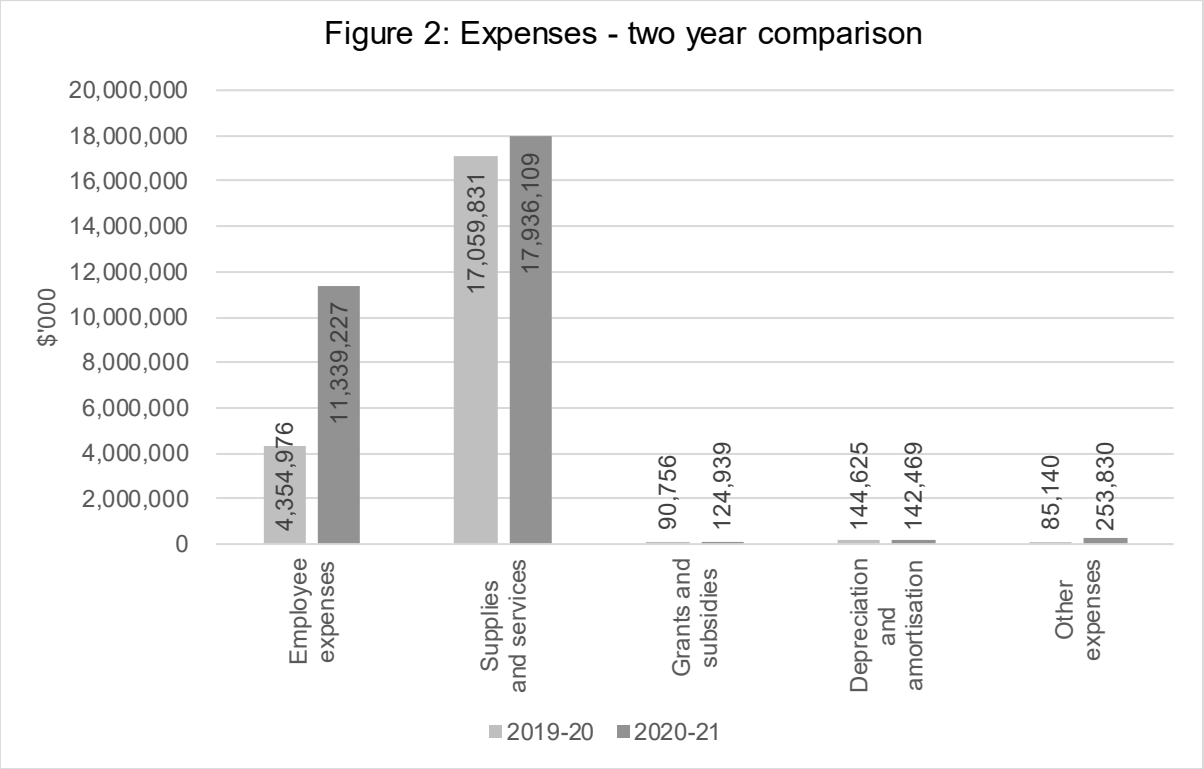
The major movements in revenue earned when compared to 2019-20 includes:

- *Grants and contributions* – the increase of $411.877 million relates largely to increases in funding received under the National Health Reform Agreement (NHRA) due to higher level of health activities provided by HHSs in 2020-21 and additional funding provided for COVID-19 (NPCR).
- *Labour recoveries* – the increase of $6.911 billion largely relates to the cessation of the Prescribed Employer Arrangements, which came into effect on 15 June 2020, and resulted in the majority of labour costs for all sixteen HHSs (previously eight HHSs) being incurred by the Department and recovered from HHSs under a contracting arrangement, along with general FTE growth to meet the increasing demand for services.

Expenses

Total expenses for 2020-21 were $29.797 billion, which is an increase of $8.061 billion (or 37.1%) from 2019-20.

Figure 2 provides a comparison of expenses in 2019-20 and 2020-21.



The major movement in expenses incurred when compared to 2019-20 includes:

- *Employee expenses* – the increase of $6.984 billion reflects the abovementioned changes to Employer Arrangements which came into effect on 15 June 2020, resulting in an increase to the Department's labour costs, in addition to general FTE growth to meet the increasing demand for services. This category includes non-prescribed HHS employee expenses amounting to $9.589 billion in the 2020–21 financial year, recovered through labour recoveries income.
- *Supplies and services* – the increase of $876.278 million 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 2020-21 due to COVID-19 pandemic response.
- *Other expenses* – the increase of $168.690 million in Other expenses is mainly due to payments to Queensland Fire and Emergency Services and Queensland Police Service ($115.899 million) for reimbursement of COVID-19 related expenditure.

Anticipated Maintenance

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

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

As at 30 June 2021, the Department of Health had reported total anticipated maintenance of $13.9 million.

The Department of Health has implemented the following strategies to mitigate risks associated with these items:

- allocated additional funding to support major redevelopment projects in the Strategic Asset Management Plan,
- allocated greater levels of minor capital funding to priority services to address anticipated maintenance and improve service sustainability,
- commenced preventative refurbishment and maintenance to support deteriorating assets and extend their life expectancy, and
- allocated funding to commence Master Planning for several Departmental business areas.

Chief Finance Officer Statement

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

For the financial year ended 30 June 2021, a statement assessing the department's financial internal controls has been provided by the Chief Finance Officer to the Director-General.

The statement was prepared in accordance with Section 54 of the *Financial and Performance Management Standard 2019*. The statement was also provided to the department's Audit and Risk Committee.

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 safety, 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.
- Leading the COVID-19 public health response.

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

From July 2020 to March 2021, the Department 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 were set out in *Our Future State*, a clear plan to advance Queensland into the future. *Our Future State* priorities aligned 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 contained 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.

From March 2021, the Department aligned the strategic plan with five of Queensland Government's Unite and Recover objectives for the community including:

- Safeguarding our health – Safeguard the health of Queenslanders by keeping our health system pandemic-ready and supporting priority vaccinations to our vulnerable populations
- Building Queensland – drive investment in health infrastructure and hospitals that support our recovery and the wellbeing of our diverse communities.
- Growing our regions – Help Queensland's regions grow by attracting clinical expertise and building capacity within our rural and remote health network.
- Investing in skills – ensure we have a skilled and capable workforce to deliver health system leadership, policy and strategy.

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.

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.

Department of Health organisational structure

Executive leadership team

DR JOHN WAKEFIELD PSM

Director-General, Queensland Health since September 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). He and his team led significant reforms in Mental Health, Nursing and Maternity Services.

During his time 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.

John was appointed as the Director-General, Queensland Health in September 2019 supported by an amazing team. John has played a key role in leading the Queensland healthcare response to the COVID-19 pandemic.

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

DR JEANNETTE YOUNG PSM

Chief Health Officer
Deputy Director-General, Prevention Division

MBBS, MBA, DUni (Griffith), DUni (QUT), FRACMA, FFPH, FCHSM (Hon)

Dr Young is the Queensland Chief Health Officer and the Deputy Director-General of the Prevention Division, Department of Health. 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. She is an Adjunct Professor at Griffith University, Queensland University of Technology, and the University of Queensland.

In 2016, Dr Young was awarded a Queensland PSM for outstanding public service to Queensland Health, as part of the Queen's Birthday Honours List.

Dr Young's normal role includes responsibility for health disaster planning and response; aeromedical retrieval services; licensing of private hospitals and schools of anatomy; policy regarding organ and tissue donation, blood, medicines and poisons, cancer screening, communicable diseases, environmental health, preventive health; and medical workforce planning and leadership.

Since January 2020, Dr Young has been the State Health Incident Controller for the management of the COVID-19 Pandemic. While she has concentrated on the pandemic response, Bronwyn Nardi followed by Professor Keith McNeil have been Acting Deputy Director-General for the Prevention Division.

Dr Young is a member of numerous state and national committees and boards including the National Health and Medical Research Council and the Australian Health Protection Principal Committee.

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.

PROF KEITH MCNEIL

Acting Deputy Director-General and Chief Medical Officer, Prevention Division and Chief Clinical and Information Officer.

MBBS FRACP

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.

DAMIAN GREEN

Deputy Director-General, eHealth Queensland
Chief Information Officer, Queensland Health

CMQ, BEc (Hons), BA, FAIDH, AFACHSM

Damian joined the Department of Health executive team in September 2019 and 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 in the public sector.

Damian is an Adjunct Professor in the School of Business Strategy and Innovation, Griffith University. He is also a Board Director, Gold Coast Primary Health Network. He is also a member of the Boards of the CSIRO Australian eHealth Research Centre and Australasian Institute of Digital Health.

Adjunct Professor at the School of Business Strategy and Innovation, Griffith University.

NICK STEELE

Deputy Director-General, Healthcare Purchasing and System Performance Division

BA (Hons) Economics

Nick has held executive positions in the NHS and Queensland for the past 22 years.

As the Deputy Director-General, Nick is responsible for managing a budget of over $17 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. Nick also leads the Office of Rural and Remote Health.

Nick 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.

RUSSELL BOWLES ASM

Commissioner, Queensland Ambulance Service

MBA

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 40 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.

BARBARA PHILLIPS

Deputy Director-General, Corporate Services Division
Deputy Director-General, COVID-19 Supply Chain Surety Division

EMPA

Barbara Phillips was appointed Deputy Director-General, Corporate Services Division in the Department of Health in 2017, and since April 2020 included Deputy Director-General, COVID-19 Supply Chain Surety Division.

She has more than 20 years' experience from Australia and New Zealand in leading people, and large-scale policy and change programs in the public healthcare sector.

Her recent achievements include leading the Queensland Government Critical Supply Reserve to bolster and secure critical items for the Queensland Government during the COVID-19 pandemic and enhancing and expanding supply and distribution networks to build a robust supply chain.

Barbara led the implementation of a new modern statewide finance, business and logistics system to 15,000 users. The $135 million program was a significant and complex change for the Department and revolutionised finance and logistics within the organisation.

Partnering with stakeholders for mutual benefit is a key driver for Barbara. This includes the $1.3 billion capital program, which involves collaborating with Hospital and Health Services 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.

She 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 serves as an ex-officio member of the Queensland Government Domestic and Family Violence Prevention Council and is an advocate for gender equity and supporting people. She is the Sponsor of the Department's Women's Network and Executive Sponsor of the Queensland Health LGBTIQ+ Employee Network. Barbara has a genuine passion for healthcare, a collaborative approach to leadership and a drive for continuous improvement.

Barbara holds an Executive Masters in Public Administration and is currently completing her PhD in leadership.

PHILIP HOOD

Acting Deputy Director- General, Health Support Queensland

BCS

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

Chief Aboriginal and Torres Strait Islander Health Officer
Deputy Director-General, Aboriginal and Torres Strait Islander Health Division

BNSc, MPublicAdmin, MArts, GDip and GCert (Aboriginal Studies)

Haylene is a very proud Yalanji and Tagalaka woman with Italian heritage. Haylene has extensive public sector experience (over 37 years) in both health and Aboriginal and Torres Strait Islander affairs, having held executive positions in the Queensland, New South Wales and Commonwealth Governments. Her career has included positions in service delivery (both administrative and clinical), policy and program development and implementation.

After commencing a career in the Aboriginal and Torres Strait Islander community-controlled health sector at Wuchopperen Aboriginal Medical Service Centre in Cairns in 1982 as Receptionist then Aboriginal Health Worker, Haylene pursued a nursing career as a registered nurse and midwife in Cairns Base Hospital. She has experience in higher education, economic prosperity, languages cultural heritage, land and planning. She is particularly proud of guiding NSW to becoming the first jurisdiction to enact Aboriginal languages legislation, with the passing of the *Aboriginal Languages Act 2017*.

Haylene returned to Queensland and Queensland Health as the inaugural Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General in October 2019. She previously held the position of Senior Director of the Aboriginal and Torres Strait Islander Health Branch in 2010. Haylene is very excited to have the incredible opportunity to partner with the Aboriginal and Torres Strait Islander community-controlled health sector in leading a First Nations health equity reform agenda within the health sector in Queensland.

DR JILLANN FARMER

Deputy Director-General, Clinical Excellence Queensland

MBBS (Hons) FRACGP, GC AppL, MHA, FRACMA

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.

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.

Since 2008, Luan has been involved in the development of the Queensland Budget both at the aggregate level and in his current role with Queensland Health.

JASMINA JOLDIĆ

Executive Director (Head of), Office of the Director-General up to May 2021

BA(Hons), GCertPolicyAnalysis, MPublicAdmin(Policy), Exec.Lead (Stanford)

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, 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.

DAWN SCHOFIELD

A/Executive Director, Office of the Director-General since May 2021

BA (Psychology), GDip (Business Communications)

Dawn has 20 years experience working across State and Commonwealth Health departments in strategy, policy and program implementation roles.

Dawn has worked across a broad range of areas including Aboriginal and Torres Strait Islander health, social policy and access to specialist health services.

Dawn has been in the Office of the Director-General for the last four years supporting the provision of high quality and timely advice and information to executive stakeholders across Queensland Health and across Government, including leading a transformation portfolio office.

Over the last 18 months Dawn has supported system wide and cross government COVID-19 policy, reporting and governance.

Our organisation

Our Services

Queensland Health consists of the Department of Health, the Queensland Ambulance Services (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.

During the initial COVID-19 response and recovery phases and at the commencement of the 2020-21 reporting period, the Department operated under a temporary organisational structure. This annual report reflects the organisation structure as at the end of the reporting period, 30 June 2021.

Office of the Director-General

The Office of the Director-General (ODG) 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 ODG 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 Minister for Health and Minister for Ambulance Services, and Cabinet.
- Overseeing and facilitating the development, interpretation and monitoring of system strategy, policies, plans, and legislation.
- Facilitating, collaborating and partnering to encourage and support quality health service delivery.

As at 30 June 2021 the ODG comprised of:

- Office of the Director-General and Executive Director
- Cabinet and Parliamentary Services
- COVID Response Lead functions
- Ministerial and Executive Services
- Strategic Communications Branch
- Strategic Policy and Legislation Branch
- System Strategy and Governance Branch

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, interfacility ambulance transport, casualty room services, and planning and coordination of multicasualty incidents and disasters.

The QAS delivers ambulance services from 302 response locations through 15 Local Ambulance Service Networks (LASNs) that are geographically aligned with the department's Hospital and Health Service (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 142 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. This is achieved by:

- Supporting 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
- commitment to progression of the delivery of safe, appropriate, and sustainable public oral health services in Queensland.
- Providing strategic workforce leadership and policy advice to support the delivery of health priorities and achievement of government health objectives
- Leading 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.

- Working collaboratively with HHSs to explore and implement new and innovative models of care which improve access to healthcare.
- Partnering with the health workforce and key stakeholders to support Hospital and Health Services to minimise patient harm, reduce unwarranted variations in health care and to achieve high quality patient-centred care.
- Assisting clinicians to develop their leadership style to enhance the performance of clinical teams and support improvement in healthcare culture and service delivery
- Providing clinical leadership of the Clinical Informatics Portfolio.

As at 30 June 2021, CEQ comprised of:

- Office of the Deputy Director-General (ODDG)
- Assistant DDG and Office of the Chief Clinical Information Officer (CCIO)
- Allied Health Professions Office of Queensland (AHPOQ)
- Centre for Leadership Excellence (CLE)
- Healthcare Improvement Unit (HIU)
- Mental Health Alcohol and Other Drugs Branch (MHAODB)
- Office of the Chief Dental Officer (OCDO)
- The Office of the Chief Nursing and Midwifery Officer (OCNMO)
- Patient Safety and Quality Improvement Service (PSQIS)
- Statistical Services

Corporate Services Division

Corporate Services Division (CSD) 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. This is achieved by:

- Collaboratively supporting the state's health system through strategy, expert advice and services related to statewide budgeting and financial management.
- Providing strategic legal services to Queensland Health and working collaboratively with legal teams across the HHSs.
- Supporting Departmental assurance through audit, public records management, privacy, right to information, risk management, governance, and fraud control strategy, service and advice.
- 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.
- Providing 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.
- Engaging with our people and clients, as well as supports the Mental Health Act 2016 through the Mental Health Court Registry.

As at 30 June 2021, CSD comprised of:

- Office of the Deputy Director-General
- Business Partnerships and Improvement
- Capital and Asset Services
- Corporate Enterprise Solutions
- Finance Branch
- Human Resources/Workforce
- Legal
- Risk, Assurance and Information Management Branch

Prevention Division

The Prevention Division delivers 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. The division also has ministerial delegation for declaring Area of Need for Queensland.

This is achieved by:

- 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 blood and other human tissues, clinical services capability framework, medical workforce planning, statewide intern accreditation, medicines, medicinal cannabis, antimicrobial resistance, community pharmacy businesses and private health facilities.
- Coordinating the surveillance, prevention and control of communicable diseases in Queensland.
- Leading, managing, coordinating and policy oversight of Queensland's aeromedical retrieval system, the provision of emergency telehealth systems and leading and coordinating statewide health disaster management policy, planning, preparedness and responses, including custodianship of

the State Health Emergency Coordination Centre (SHECC).
- Using integrated, multi-strategy approaches to create environments which support health and wellbeing and encourage communities and individuals to adopt healthy behaviours.
- Safeguarding the community from potential harm or illness caused by exposure to environmental hazards, diseases and harmful practices.

As of 30 June 2021, Prevention Division comprised of:

- Office of the Chief Health Officer and Deputy-Director General
- Aeromedical Retrieval and Disaster Management Unit
- Chief Medical Officer and Healthcare Regulation
- Communicable Diseases Branch
- Health Innovation, Investment and Research
- Health Protection
- Pathology Queensland and Forensic and Scientific Services
- Preventative Health Unit

The Prevention Division also leads the following programs of work:

- Quarantine Fee Recovery – responsible for data for invoice generation, the quarantine fee waiver scheme and program management to recoup partial costs associated with the government arranged accommodation for people who are required to quarantine when entering Queensland from overseas or a declared COVID-19 hotspot.
- COVID Vaccination Taskforce - responsible for the statewide rollout and delivery of the COVID19 Vaccination program.

eHealth Queensland

eHealth Queensland is advancing healthcare through the use of digital technologies and is responsible for the modernisation of vital information and communication technology (ICT) to enable improved healthcare across Queensland Health. 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.
- 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 Hospital and Health Services 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 Hospital and Health Service needs.

As at 30 June 2021, eHealth Queensland comprised of:

- Office of the Deputy Director-General
- Corporate Services
- Customer Services
- Digital Solutions Delivery
- Digital Strategy and Transformation
- Information and Technology Services
- Technology Services

Healthcare Purchasing and System Performance Division

The Healthcare Purchasing and System Performance (HPSP) Division is responsible for purchasing public health and human 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 across Queensland.

The division comprises of the following branches:

- Collaborating 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 and human services on behalf of government.
- Leads the development and negotiation of service agreements with the 16 HHSs and Mater Health Services to ensure the service agreements foster and support continuous quality improvement, effective health outcomes and an equitable allocation of the state's multi-billion-dollar health service budget.
- Leading 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
- Focusing on 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 best practice models of care.

- Leading the monitoring and reporting on performance of Queensland's health system, producing a range of insights and reports to the Minister for Health and Minister for Ambulance Services, Director-General, Board Chairs, Central Agencies, executives and operational staff across both the department and HHSs.
- Providing 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.
- Collaborating with policy, planning and strategy teams to drive improved access and equity of health outcomes for people living in rural and remote communities.
- Maintaining up-to-date clinical support tools for rural and remote practitioners and ensuring a rural and remote perspective is included in education and training, workforce planning, service planning, funding models and system sustainability initiatives.
- Providing centralised support and coordination of corporate governance, operational and business continuity planning, strategic, risk and audit reporting, business services, and divisional correspondence services

As at 30 June 2021, HPSP comprised of:

- Office of the Deputy Director-General
- Community Services Funding
- Contract and Performance Management
- Funding Strategy and Intergovernmental Policy
- Healthcare Purchasing and Funding
- Health Sustainability Reform (Transformation)
- Office of Rural and Remote Health
- System Performance
- System Planning

COVID-19 Supply Chain Surety Division

The COVID-19 Supply Chain Surety Division (CSCSD) was initially established to bolster and secure critical items for the duration of the pandemic.

Existing teams and functions critical to Queensland Health's supply response were amalgamated, including Supply Chain Services, Strategic Procurement, Central Pharmacy and Finance Transactional Services. More recently, Group Linen Services joined CSCSD given the alignment of functions of this service to the core responsibilities of the Division.

CSCSD provides a full procure to pay supply chain service to support Queensland frontline healthcare workers in delivering effective patient care. This is achieved by:

- Purchasing, inventory management, warehousing and distribution services for a range of clinical and non-clinical goods and services.
- Procurement planning and contracting for a range of goods and services provided to Queensland Health.
- Purchasing and provision of warehousing and distribution services for pharmacy products required by Queensland Health.
- Coordinating specialist healthcare linen hire, sourcing, distribution and laundry services.
- Supporting the state's health system through the provision of essential financial services, including accounts payable and receivable, banking, corporate card, debt management and general ledger support.

As at 30 June 2021, CSCSD comprised of:

- Central Pharmacy
- Finance Transactional Services
- Group Linen Services
- Queensland Government Critical Supply Reserve
- Strategic Procurement
- Supply Chain Services

CSCSD is also leading the development and implementation of the Queensland Government Critical Supply Reserve (QGCSR). The QGCSR is a key response to the experience of global and local supply chain disruption during the COVID-19 pandemic, which impacted the availability of essential supplies to the healthcare sector.

The QGCSR is being created to protect against current and future supply chain disruption. It will ensure Queensland frontline workers can access the critical supplies and equipment needed to protect themselves and care for the community. This includes establishing a statewide reserve with up to 12 months of stock to safeguard critical supplies.

The reserve of supplies will be stored in a network of facilities in key locations across the State that are connected through an efficient and reliant logistics network. This will be achieved by establishing new regional warehouses in Cairns and Rockhampton and expanding Queensland Health's distribution centre footprint in Brisbane and Townsville.

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 Aboriginal and Torres Strait Islander Health Division (A&TSIHD) organisationally established in July 2019, supports the Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General, A&TSIHD leading health reform to improve health outcomes for Aboriginal people and Torres Strait Islander people.

A&TSIHD, supported by the Office of Director-General, comprises the Strategy Branch and Engagement Branch:

- Driving system-wide reform to achieve First Nations Health equity through reliance on the evidence, knowledge, wisdom and experience of First Nations people through contemporary approaches to policy, investment and performance reporting.
- Using research and thought leadership by First Nations organisations and leaders to identify innovations.
- Providing Statewide leadership to enable the Department and HHSs to embed Aboriginal and Torres Strait Islander culturally safe systems, structures and practices and to progress shared priorities for First Nations health in all reform initiatives.
- Implementing policies and strategies, for monitoring funded projects and influencing broader Queensland Health and Queensland Government policies and programs.
- Supporting regional planning and brokering of solutions that reflect the local context across the health system through a strategic purposeful approach to engagement, that reflects and values Aboriginal and Torres Strait Islander knowledge and expertise.
- Partnering with HHSs, Aboriginal and Torres Strait Islander community-controlled health organisations, and other stakeholders, to influence solutions to bring about better integrated patient centred care for First Nations people.
- Identifying and promoting evidence based, best practice, models of care and bringing forward key local and regional health needs.
- Providing system leadership for the First Nations COVID-19 Response.

As at 30 June 2021, A&TSIHD comprised of:

- Office of Deputy Director-General
- Engagement Branch
- Strategy Branch

Our Location

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Brisbane QLD 4000

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GPO Box 48

Brisbane QLD 4001

Queensland Ambulance Service

Emergency Services Complex, Corner of Park & Kedron Park Roads, Kedron QLD 4031

Our performance

Strategic Achievements

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

Developing innovative approaches to administering public health legislation in response to changing external environments and risks.

COVID-19 Response

Throughout the course of the COVID-19 pandemic, the Department has coordinated and published high quality communication assets to inform the public on Queensland Health's COVID-19 response and related measures in place.

In 2020-21, the Chief Health Officer issued 142 Public Health Directions (including amendments) to respond to the COVID-19 pandemic. Of these, 25 separate Directions were in force as at 30 June 2021. A total of 40,167 applications for exemptions to the Public Health Directions were lodged through the online COVID-19 portal and were assessed by the Department.

The Chief Health Officer or delegate approved the following plans under the COVID Safe Framework which supports the *Restrictions on Businesses, Activities and Undertakings Direction:*

- 97 COVID Safe Industry Plans (including updated versions) covering 26 separate industries
- 35 Professional Sporting Code COVID Safe Plans (including updated versions) covering 16 elite sporting codes and teams
- Two quarantine management plans for film and television companies
- An Industry Framework for COVID Safe Events
- 619 COVID Safe Event Plans, including 17 category one plans for events with more than 10,000 people
- 43 COVID Safe Site-Specific Plans.

The COVID-19 Vaccination Taskforce commenced the statewide COVID-19 vaccine rollout, accounting for a total 1,499,607 vaccine administrations as at 30 June 2021.

The Food Pantry

In June 2021, the Department launched the Food Pantry to support Queensland Health's response to managing consumer food safety and reducing the regulatory burden in Queensland.

The Food Pantry is an online initiative which provides a simple and user-friendly way for food businesses and consumers to find information about general food safety, legislative, licensing and training requirements. It comprises new interactive online tools, including an online food complaints form, a label buster step-by-step guide to creating a personalised food label, and a self-assessment guide for food businesses to determine if they are meeting legal requirements and provides pathways to improve food safety.

Addressing priority public health issues for populations across critical life stages.

National cancer screening programs

Following a temporary state-wide suspension of breast screening in 2020 due to the COVID-19 pandemic, the Department designed and delivered collaborative actions to increase participation in the national cancer screening programs for breast, cervical and bowel. In 2020-21, HHSs were supported to resume all BreastScreen Queensland services and subsequently, breast screening activity exceeded the usual monthly average for July and August 2020

The Department also completed consumer focus group research to understand barriers and enablers for participating in breast, bowel and cervical cancer screening programs, with a focus on first time participants, never screened and under screened groups. To better support the education of consumers in cancer screening, the Department also produced a series of animated cancer screening videos. The videos have been utilised by several Queensland Primary Health Networks. Preliminary evaluation data from people who have viewed the videos, suggests that most viewers found the videos helpful and were more likely to undertake cancer screening as a result.

Incentivising the health system to address ageing and population growth pressures, emerging service demands and new service models for complex public health challenges.

Aeromedical retrieval for the Torres Strait and Northern Peninsula

To enhance the Torres Strait emergency helicopter service, the Department agreed to provide 12 months funding for Torres and Cape HHS to establish two retrieval medical officer roles. The contract for emergency helicopter services in the Torres Strait and Northern Peninsula was also extended until June 2024. This extension includes the addition of a dedicated backup helicopter which will ensure service availability.

Quit smoking in pregnancy for First Nations women

The Department partnered with 14 antenatal services across regional and remote Queensland to trial innovative strategies to improve engagement and retention of First Nations women wishing to quit smoking during pregnancy. Early first phase analysis showed an increase in Quitline engagement compared to the previous reporting year. From December 2020 to June 2021, there were 104 referrals made to Quitline for ongoing quit smoking support. First Nations women accounted for 11 per cent of these referrals.

Strategy 2: Drive the safest and highest quality services possible

Delivering quality patient-focused support to all Queenslanders

Queensland Ambulance Service response time performance

The QAS responded on average, 3,845 times per day and an ambulance vehicle and its crew were dispatched the equivalent of every 22 seconds. In addition, ambulance response performance to the most urgent, Code 1A (actual time critical), cases exceeded targets with 50 per cent of Code 1A cases responded to within 8.0 minutes and 90 per cent responded to within 15.8 minutes, which recognises that the QAS prioritises the most critical patients.

The QAS also reviewed and updated the QAS Demand Surge (COVID-19) Concept of Operations Plan to reflect lessons learnt, encompassing intelligence, data and emerging themes in ongoing support of the operational response to the COVID-19 pandemic. The Concept of Operations has facilitated the expansion of response capability and strengthened strategic oversight of ambulance operations through a multi-faceted approach.

Urinary Tract Infection Pharmacy Pilot

To form part of the Government response to the Queensland Parliament Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland, a pilot was established to enable community pharmacists to provide empirical treatment for the management of urinary tract infections, using a hierarchical decision-making protocol to select the most appropriate treatment for women from a choice of three antibiotics. Over 1,800 pharmacists successfully completed the mandatory training. At the conclusion of the financial year, almost 4,600 women had accessed the service and received immediate advice, treatment and/or onward referral, with no adverse events reported.

Ensuring accountability for safe and high-quality health services

Inform My Care

On 18 June 2021, the Department launched an interactive web system called Inform My Care, which allows consumers to compare the quality and safety information relating to Queensland public and private hospitals and residential aged care facilities in one central location. Supported by the *Health Transparency Act (2019)*, Inform My Care consists of a public facing website for public presentation, backend administration and user management modules to manage public and private facility access of general information, patient safety and quality data to be published. Updated patient safety and quality data for Queensland facilities and residential aged care facilities are scheduled to be published every three months.

QuestLink

An online, real-time data collection and reporting solution known as QuestLink was implemented to capture Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) from Queensland Health patients. This supports clinicians to partner with patients to achieve safe, high quality care. The PREMs inpatient survey to capture feedback from recently discharged inpatients was successfully implemented across all 16 HHSs from September 2020 to May 2021. This included the implementation of a paediatric-specific PREMs inpatient survey in Children's Health Queensland. The capture of PROMs from patients with kidney disease was implemented at the Kidney Health Service, Royal Brisbane and Women's Hospital, Metro North Hospital and Health Service from October 2020.

Improving patient safety and outcomes across our Hospital and Health Services

QAS Mental Health Liaison Service

The QAS Mental Health Liaison Service (MHLS) is an integral part of how the QAS responds to people experiencing a mental health crisis. Experienced senior Mental Health Clinicians embedded in the Brisbane Operations Centre provide information, advice and assistance to Emergency Medical Dispatchers and paramedics on scene. This service received on average, up to 20 calls per day from paramedics on scene and on average called up to 30 patients per day to provide clinical advice and assistance before ambulance arrival. These clinicians also provided clinical input to about 80 per cent of the mental health calls received via the Triple Zero (000) system.

QAS Mental Health Co-responder Program

The QAS Mental Health Co-responder Program provides a comprehensive first and health focused response, in a timely manner, undertaking a physical and mental health assessment to patients on scene, while devising individually tailored treatment plans. This program pairs a Senior Mental Health Clinician from a participating HHS, with a Senior Paramedic from the QAS. The Mental Health Co-responder Program operates in six HHSs including Metro North, Metro South, West Moreton, Gold Coast, Sunshine Coast and Cairns. In May 2021, the Queensland Government announced additional funding for the QAS's Mental Health Co-responder Program under the Care4Qld package. This funding will assist the expansion of the Mental Health Co-responder Program by an additional four teams each year over the next three years. Additional sites for the Program will be in Metro North, Metro South, Gold Coast and Rockhampton in the 2021-22 financial year. The roll out of new services will be in areas with the most demand for mental health services by people who call Triple Zero (000) in an emergency.

Supporting Hospital and Health Services to achieve desired performance outcomes, identify system performance improvement opportunities and variation in productivity

Investments towards our future healthcare infrastructure

The Department has continued to improve and invest in Queensland Health facilities to drive the safest and highest quality services possible for Queenslanders. In 2020-21, the Department recorded a total capital expenditure of $1.424 billion (recognising full expenditure of the Surgical Treatment and Rehabilitation Service lease payment) for the health portfolio capital program. This investment saw essential upgrades made to health facilities and supporting infrastructure across Queensland, while simultaneously supporting more than 1500 jobs across the state for capital infrastructure projects.

Significant infrastructure projects progressed during 2020-21 include:

- Logan Hospital Expansion – total estimated investment of $460.9 million.
- Caboolture Hospital Redevelopment Project (Stage 1) – total estimated investment of $352.9 million.
- Gold Coast Secure Mental Health Unit – total estimated investment of $105.5 million.
- Kingaroy Hospital Redevelopment – total estimated investment of $92.5 million.
- Ipswich Hospital Redevelopment Stage 1A Mental Health Unit and Link Bridge – total estimated investment of $87.4 million.
- Nambour General Hospital – total estimated investment of $86.2 million.
- Atherton Hospital Redevelopment – total estimated investment of $74.8 million.

Significant infrastructure projects completed during 2020-21 include:

- Roma Hospital Redevelopment – total estimated investment of $116.60 million.
- Princess Alexandra Hospital Cladding Project – total estimated investment of $45.55 million.
- Redcliffe Hospital Carpark – total estimated investment of $28.67 million.
- Blackall Hospital Redevelopment – total estimated investment of $20.11 million.
- Cairns South Health Precinct – total estimated investment of $14.90 million.
- Boulia Refurbishment and Mechanical upgrade – total estimated investment of $7.39 million
- Adolescent Extended Treatment Facilities (five sites) – total estimated investment of $68.2 million.
- Mossman Hospital Emergency Department Upgrade – total estimated investment of $6.87 million.

*Data is sourced from the Capital Intelligence Portal (CIP) which contains information submitted by each delivery area. Data is current as at 9 August 2021.

The QAS invested approximately $13.7 million towards the ambulance service facilities 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 completed the following projects in 2020-21:

- Drayton New Ambulance Station and District office at a capital cost of $3.1 million.
- Urraween New Ambulance Station at a capital cost of $3.0 million.
- Kirwan Replacement Ambulance Station at a capital cost of $3.1 million.
- Mareeba Replacement Ambulance Station at a capital cost of $2.3 million.
- Munruben New Ambulance Station at a capital cost of $3.5 million.
- Yarrabilba New Ambulance Station total estimated investment of $2.9 million.
- Minor works for various station improvements across Queensland total estimated investment of $5.4 million.

In addition, QAS progressed the planning phase for the refurbishment of the Rockhampton Ambulance Station and Operations Centre; the redevelopment of the Southport Ambulance Station and Gold Coast Operations Centre; and the Cairns Ambulance Station and Operations Centre along with new stations in the high growth corridors of Ormeau and Ripley.

Enhancing patient safety and quality improvement

The Department 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.

Advancing Kidney Care 2026 Plan

On 23 June 2021, the Treasurer and Minister for Investment, The Honourable Cameron Dick, and the Minister for Health and Ambulance Services, The Honourable Yvette D'Ath announced a Kidney Transplant Service will be established in North Queensland with the surgical component of the expanded service to be based at Townsville University Hospital. The service will be supported by a networked service model with other regional and remote hospitals within the five regions, as well as the Kidney Transplant Service that currently operates at the Princess Alexandra Hospital in Brisbane.

In addition, the following actions occurred to support the continued implementation of Queensland Health's Advancing Kidney Care 2026 Plan:

- Partnered with Children's Health Queensland Hospital and Health Service to develop an *Adolescent and Young Adult Kidney Transition Guide* to adult kidney care services.
- Allocated $8.4 million additional recurrent funding from 2020-21 for dialysis services across the state, facilitating the recruitment of over 40 full-time equivalent staff to provide dialysis services for over 100 patients.
- Worked with Hospital and Health Services to progress planning for the establishment of 33 additional haemodialysis spaces across regional and rural Queensland.

Surgical, Treatment and Rehabilitation Service (STARS)

In collaboration with Metro North Hospital and Health Service, the Department commissioned new services for the new Surgical, Treatment and Rehabilitation Service (STARS) facility in Herston, Brisbane. In February 2021, Metro North successfully commenced services in line with the phased commissioning timeline. The services offered through STARS are already supporting access to care for residents in South East Queensland.

COVID-19 grant fund

Following the Premier's announcement in April 2020 of a COVID-19 grant fund, the Department processed 383 grant applications. In the 2020-21 financial year, 212 of these grant projects were funded with $30.33 million allocated to Queensland community healthcare providers to ensure consumers stayed engaged with healthcare during pandemic planning and response. The grants included $12.6 million to support the continuity of mental health care across Queensland and $7.3 million to fund 28 projects to respond to the needs of First Nations people in Queensland.

Better Health North Queensland

The Department continued to partner with Better Health North Queensland. Five North Queensland Hospital and Health Services including North West HHS, Torres and Cape HHS, Cairns and Hinterland HHS, Townsville HHS, Mackay HHS and other key partners worked to improve the health outcomes of northern residents, by undertaking a collective approach to planning, designing, alliancing and commissioning of health services.

Strategy 3: Improve access to health services for disadvantaged Queenslanders

Closing the gap in health outcomes for First Nations people in Queensland by 2033

First Nations Health Equity was reflected as a key priority and requirement for all Queensland Health responses to include strategies to achieve health equity for First Nations people. The Department worked in partnership with HHSs, Queensland Aboriginal and Islander Health Council (QAIHC) the Aboriginal and Torres Strait Islander community-controlled health peak body, First Nations health consumers and community members, to progress the First Nations health equity reform agenda.

In August 2020, the *Hospital and Health Boards Act 2011* (HHB Act 2011) was amended to require all HHSs to have:

- A strategy for achieving health equity with First Nations peoples.
- One or more Aboriginal persons and/or Torres Strait Islander persons as members of the Hospital and Health Board.

In March 2021, the Department co-launched with QAIHC at a Ministerial Roundtable a Health Equity Discussion Paper to socialise health equity more broadly across the health sector. Following the Roundtable, a three-month state-wide health equity consultation commenced, with the results of consultation informing the co-development of a First Nations health equity framework and policy toolkit with QAIHC. The framework and resources will be available to HHSs to guide the co-development and co-implementation of Health Equity Strategies with prescribed partners. The ideas and discussions generated through consultation will continue to inform Queensland Health system planning and reform agenda as the Department continues to work towards achieving health equity with Aboriginal and Torres Strait Islander peoples and communities.

On 30 April 2021, the *Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021* was commenced, providing the instrument to guide development and delivery of the Health Equity Strategies. HHSs will have 12 months from the date of regulation commencement to develop their Health Equity Strategies as prescribed by regulation. For the first time, Queensland Health will have measures, bound in legislation to:

- Actively eliminate racial discrimination and institutional racism.
- Increase access to healthcare services for Aboriginal and Torres Strait Islander peoples.
- Positively influence the social, cultural, and economic determinants of health.
- Deliver sustainable, Aboriginal and Torres Strait Islander culturally safe and responsive healthcare services.
- Work with Aboriginal and Torres Strait Islander peoples, communities and organisations to design, deliver, monitor and review health services.

The First Nations health equity reform will be co-designed, co-owned and co-implemented in partnership with the Department, HHSs, the Aboriginal and Torres Strait Islander community-controlled health (A&TSICCHO) sector, and First Nations peoples in accordance with the purposes and principles from the Queensland Government Tracks to Treaty Statement of Commitment to reframe the relationship (2019), and in alignment with the new National Agreement on Closing the Gap (2020).

First Nations COVID-19 response

The protection of First Nations peoples and communities in Queensland has been achieved by Aboriginal and Torres Strait Islander communities working collaboratively with all levels of Government to implement effective test, trace and isolate strategies and COVID-19 vaccination along with adherence to public health measures of physical distancing and hand hygiene. The strong partnership, engagement and communication between Queensland Health and the Mayors of the discrete and remote Aboriginal and Torres Strait Islander communities has been integral in protecting these communities.

Nationally, First Nations peoples have been identified as a priority group for the COVID-19 vaccination roll out program. Increasing the COVID-19 vaccination uptake has been recognised as an important aspect of providing protection against COVID-19 for Aboriginal and Torres Strait Islander people, their families, and communities in Queensland. The Department is actively working with A&TSICCHOs and Aboriginal Shire and Torres Strait Islander Councils to develop local options to encourage uptake of the COVID-19 vaccine for First Nations people as supply becomes available.

$21.26 million was made available to mitigate the impact of the COVID-19 pandemic on Aboriginal and Torres Strait Islander Queenslanders. As at 30 March 2020, 95 per cent of this funding had been allocated with $17.6 million made available to Hospital and Health Services for region specific responses.

A further $2.6 million has been directed to state-wide coordinated responses including funding to support the First Nations tele-triage team at 13 HEALTH and development of targeted communications, specific First Nations vaccination training, vaccination and testing data monitoring and ongoing engagement with internal and external stakeholders.

The Department established and maintained a First Nations COVID-19 response unit. The overall COVID-19 infection rate for First Nations Queenslanders has been very low. As at 30 March 2021 there have been 11 First Nations COVID-19 cases and no deaths reported since the pandemic commenced. Part of ensuring delivery of a culturally supported vaccine delivery the Cunningham Centre, organised through the Department, delivered training of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners from across the health sector to be an integral role in vaccination delivery and communication to community.

Safe and healthy drinking water

The Department continued 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 program is focused on building the capacity of Indigenous water operators to assure the ongoing safety and quality of water supplied by Indigenous local governments. It includes an intensive support phase followed by an ongoing support phase, tailored for the needs of each participating community. Delivery of the program was interrupted for approximately eight months due to COVID-19 movement restrictions and the redeployment of key Queensland Health staff. Despite this interruption, the intensive support phase of program delivery was able to commence in four mainland communities and ongoing support arrangements were able to recommence in a number of the Torres Strait Island communities. At the end of the reporting period, the intensive support phase of program delivery had been completed or commenced in 18 of the 31 communities participating in the program. Roll out of the program will continue in the 2021-2022 year.

One of the key concerns identified by the program to date is the lack of a culturally appropriate training package for Indigenous water operators. To better understand the extent of this concern, the Department entered into an agreement with the Water Industry Operators Association of Australia to undertake a pilot gap analysis of training and skills competencies in four communities. The pilot project was deemed a success and will be expanded to encompass the remaining 27 communities in 2021-22.

Embedding cultural capability in the planning, design and delivery of health services by enhancing the knowledge, skills and behaviours for culturally responsive care

First Nations Health Improvement Advisory Committee

The First Nations Health Improvement Advisory Committee (FNHIAC) (Tier 2) held its inaugural meeting on 10 September 2020. The FNHIAC convened five meetings, including one face to face meeting. The FNHIAC was

co-chaired by Ms Haylene Grogan, Chief Aboriginal and Torres Strait Islander Health Officer (CA&TSIHO) and Deputy Director-General, and Mr Matthew Cooke, Chairperson, QAIHC representing the A&TSICCHO sector. This co-chair arrangement reinforces the co-design principles being used in the development of Health Equity Strategies and strengthens the relationship between Queensland Health and the sector.

The purpose of the FNHIAC is to review and inform the First Nations health equity reform and supporting priorities with an aim to remove barriers to improve health outcomes and experiences for First Nations people living in Queensland. FNHIAC has supported and promoted a networked governance approach through broad representation internal and external to the Department and members have been orientated and informed of Queensland Health strategic and broader health system priorities.

Health Equity Regulation Subcommittee

In developing the drafting instructions and supporting materials for the Hospital and Health Boards (Health Equity Strategies) Regulation 2020, a time limited Tier 3 sub-committee was convened under the Tier 2 First Nations Health Improvement Advisory Committee. The Health Equity Regulation sub-committee had their initial meeting on 22 October 2020 and met four times subsequently. During its operation, this sub- committee exemplified and modelled the participatory co-design practices desired of HHSs as part of the Regulation.

The Health Equity Regulation underwent extensive consultation, including public consultations from March to June 2020. The Regulation sub-committee co-designed the drafting instructions for the November 2020 draft Regulation which was sent for a second-round of HHS consultations between December 2020 and January 2021 to Health Service Chief Executives (HSCEs), HHB members and HHS Aboriginal and Torres Strait Islander Health Leads.

Using evidence-based workforce planning, contemporary service delivery and workforce models and technology to improve access to health services

Sustainable health services for rural and remote Queenslanders

The Department continued to address sustainable rural and remote allied health services through investing $0.96M to support the implementation of 35 early-career allied health rural generalist training positions across nine hospital and health services in 2020-2021. These rural generalist training positions enhance recruitment and retention within rural services and enhance the provision of quality allied health service for these communities.

The Department continued to oversight the implementation of the 2019 Rural Maternity Taskforce Report's six recommendations and associated commitments. Key achievements include:

- The establishment of the Office of Rural and Remote Health.
- Provision of ALICE, a woman-centred collaborative culture and teamwork program across rural and remote services.
- Launch of the Rural and Remote Maternity Services Planning Framework, a toolkit for collaboration, consultation and co-design.
- Development of a prioritisation process to assist HHSs in the review of rural and remote maternity services.

Enhancing the quality and accessibility of statewide mental health, alcohol and other drugs services for all Queenslanders

Zero Suicide in Healthcare

Since 2017, Queensland Health has invested over $6M to support the implementation of the Zero Suicide in Healthcare framework in Hospital and Health Services across Queensland. A multi-site collaborative to support services to improve the care outcomes of people at risk of suicide in the healthcare system. An evaluation of the Zero Suicide in Healthcare Multi-Site Collaborative completed by Deloitte Access Economics in 2020/21 found enhanced service leadership, greater role clarity amongst the workforce, increased utilisation of standardised, evidence-based approaches to suicide risk assessment, safety planning, treatment and care, greater access to workforce development and increased involvement of people with lived experience of suicide in the design, implementation and improvement of suicide-focused care policies and improvement initiatives. Furthermore, the evaluation supported the use of multi-site collaborative methodology to increase the scale and spread of best practice approaches to suicide-focused care.

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

Developing strategic partnerships with stakeholders to deliver health priorities

The department developed a guideline to promote and encourage the importance of Consumer Engagement in relatable aspects of work practices within the recruitment, induction, coordination and management of:

- Hospital and Health Board (HHB) Chairs' forums.
- HHB Chair and members' orientation.

Actively engaging with the community to develop statewide health services, plans and policies.

'Board Busters' virtual sessions

The Department continued to support new and ongoing Hospital and Health Board members to ensure that they have the tools and understanding to be successful in their role. Between August to November 2020, the department implemented the delivery of the Hospital and Health Board 'Board Busters' virtual sessions. There was strong engagement across divisions to provide presenters and very supportive feedback was provided by Chairs and HHB Members about the new, sharp format.

Hospital Foundations Forum

The Department hosted the annual Hospital Foundations forum on 23 February 2021, with foundation representatives from across Queensland attending in person and virtually via Teams. Subject matter experts provided information on topics including integrity in public office, regulation and compliance requirements and collaboration.

Jacaranda Place – the Queensland Adolescent Extended Treatment Centre/ Youth Step Up, Step Down Services

Partnerships with consumers and carers, health and education colleagues and other key community stakeholders was critical to the successful delivery of new youth mental health service elements for Queensland in 2020, including a new statewide service, Jacaranda Place and two new Youth Step Up Down. Significantly, the successful operational partnerships between health and education for Jacaranda Place, and health and Mind Australia for the new Youth Step Up Step Down services, highlight the importance of integrated care leading to enhanced recovery outcomes for our young consumers. These new service elements are further supported by program governance, established in early 2021, to support the department's commitment to clear governance at both the operational and system manager levels, bringing together combined expertise and advice from members inclusive of consumers and carers to support the effective and efficient delivery of these new service elements.

Strengthening partnerships with primary and community sectors and other agencies to pioneer a more connected healthcare experience for Queenslanders

The Department implemented a highly efficient case management solution to reduce processing time of matters within the Mental Health Court Registry and provided a high level of support to the President of the Court and their relevant stakeholders.

To meet the Minister's objectives under the Portfolio Priorities Statement, the Department contributed to the Government's child and family reform agenda '*Supporting Families Changing Futures – Advancing Queensland's child protection and family support reforms*. This was achieved through the delivery of policy advice and resources related to the Queensland Government response to the Report of the Royal Commission into Intuitional Responses to Child Sexual Abuse.

Engaging with national and international partners to convert Queensland Health's expertise an innovation into commercial opportunities, economic growth and jobs.

As part of the 2020-21 Federal Budget announcement, the Department was awarded $75.2 million from the Medical Research Future Fund (MRFF) through the '*Enabling Infrastructure for Rural, Regional and Remote Clinical Trials*' initiative for '*The Australian Teletrial Program – access to clinical trials closer to home'*. Queensland Health is leading this five-year national Program to improve access to, and participation in, clinical

trials for rural, regional and remote patients in Queensland, Victoria, Tasmania, South Australia, Western Australia and the Northern Territory.

The Department continued to work with Trade and Investment Queensland and partner universities to progress promotional opportunities for international education and training via the Queensland Healthcare Professional Development Consortium including:

- Clinical Research Professional Development training.
- Primary care and GP training.
- Medical and nursing education and services' capabilities.

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

The Department continued to provide access to high quality data collections and linked data to ensure that evidence is available to support the Department, HHSs, other government and non-government agencies and researchers to inform health service policy, planning, management, monitoring, and evaluation.

Promoting and delivering the digital foundations, tools and services to enable all Queenslanders to manage and improve their health and wellbeing.

To support our COVID-19 response, the Department was able to rapidly respond to support consumers and health professionals through the provision of new tools and uplifting digital foundations across the system from rural and remote facilities to our large metropolitan facilities. The Department also significantly expanded systems and tools to support remote working by employees. These initiatives included:

- Expanding the contemporary digital collaboration workplace based on Microsoft's Office 365 and Windows 10 to over 100,000 users including Teams video collaboration tool.
- Uplifted network connectivity to over 140 facilities to provide more reliable, faster access to information systems and support additional demand on Telehealth services.
- Rolled out the Queensland COVID-19 Vaccine Management Solution (QCVMS) to support Queenslanders bookings, vaccination events, vaccine logistics, and reporting to the Commonwealth. This is a key tool in enabling Queensland's ongoing response to COVID-19 as vaccinations increase.
- Delivered over 400 COVID-19 related changes to the state-wide integrated electronic Medical Record ieMR) solution and introduced SMS support to expediently deliver COVID test results to citizens.
- Delivered a solution for monitoring patients' adverse reactions to COVID-19 immunisation and automatic reporting to the Therapeutic Goods Administration and Hospital and Health Service (HHS) Public Health Units (PHUs).
- Integrated electronic Medical Record (ieMR)

In February 2021, the Department successfully delivered the rollout of the Integrated electronic medical record (ieMR) to Surgical, Treatment and Rehabilitation Service (STARS), simultaneously introducing a suite of digital health care services intended to improve safety, efficiency and quality in clinical workflow processes.

Further optimisation projects to support the ieMR were delivered including efficiencies to clinical workflows, the provision of stronger clinical decision support and establishment of Statewide guidelines in areas of clinician data maintenance.

yourQH

yourQH is an app and web-based portal, providing a convenient and secure way for patients and families to view and manage their outpatient and community appointments. In July 2020, CHQ patients and families became the first in the state to use yourQH.

Designing and delivering 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.

The ability to access the right information at the right time is critical in supporting healthcare professionals to deliver the highest standard of healthcare. Key activities to support healthcare providers include:

- Supported the delivery of an Electronic Medical Record for 28 primary healthcare facilities in far north Queensland.
- Enhancing the Viewer application, which provides quick and easy access to comprehensive patient information from more than 15 applications. Improvements were introduced to provide additional capabilities and extended access to additional eligible healthcare providers, including QAS and nurses working in both the public and private aged care sector.
- Enhanced The Viewer to enable healthcare providers access to additional information from CHQ, Queensland Cardiac Outcomes Registry, Alcohol and Other drugs services and STARS Radiology Information System
- Ongoing generation and provision from results of machine-learning based predictive modelling to HHSs to inform management of patient care through the Nurse Navigator program and development of the SCaNNR online tool to enable enhanced dissemination and use of this information in clinical care.

Clinical Knowledge Network

The state-wide Clinical Knowledge Network (CKN) continued to manage a dedicated COVID-19 Information Centre providing curated links to the most current information and research on COVID-19 and vaccines from Queensland, Australian and international sources. The Information Centre was viewed over 6,000 times during and featured in daily Frontline COVID Advices issued by the State-wide Clinical Networks, Clinical Excellence Queensland.

Cyber security

The Department continues to improve its cyber security maturity through the implementation of new security capabilities and uplifting existing operational security services. New capabilities, relating to privileged access management, were delivered to improve security controls and mitigate the potential impact of cyber security incidents. Uplifting firewalls at Queensland Children's Hospital was also completed to improve Queensland Health's foundational network defence. This protected Queensland Health against 9,808 cyber security threats, which is an increase of 95 per cent across the organisation.

Several existing cyber security services were also uplifted including the procurement of new threat intelligence technologies; the development of a Cyber Response Strategy to support safe delivery of the COVID-19 Vaccination Program; increasing our password complexity requirements; delivering the Cyber Security Ambassador Program to build a cyber security community and leverage employees within the HHSs to share knowledge and to help raise cyber security awareness and increase training.

Queensland Master Patient Index

In May 2021 the Queensland Master Patient Index (QMPI), the system that stores patient demographic data, was successfully implemented by eHealth Queensland, replacing the legacy system. Described as the 'technological heart-beat' of the Department, the QMPI ensures confidence in the provision of safe and timely patient care by maintaining all patient demographic information in a single source.

Leveraging and embracing data and information to create insights and drive improvements

Modern digitally enabled healthcare understands the strategic importance of insights driven healthcare to improve decision making, improve patient outcomes, inform research and improve the performance of the health system. This is underpinned with data and information that is collected across the ecosystem of systems and clinical applications. Harnessing this information to develop insights, reports and dashboards to support the system is a key focus and the following initiatives were completed:

- A large number of COVID-19 data reporting and visualisation activities to assist with detecting cases, patient modelling, pathology results, quarantine reporting and hospital capacity. The activities include the implementation of the COVID-19 Vaccines Global Access (COVAX) reporting dashboards.
- Delivered a web based multi-agency solution that securely captures essential information about persons in the community who meet COVID-19 case definition for surveillance.
- Definitions for identifiable, de-identified, re-identifiable, non-identifiable and anonymised data.
- De-identification and anonymisation of data guideline.

The Department also implemented a number of initiatives to enable the use of data analytics to improve health service delivery. Examples include:

- Expansion of data sets and dashboards to support Hospital and Health Services and the Department on the Clinical and Business Intelligence platform.

- Delivery of Medications Management, Anaesthetics & Research Support (MARS) opioid dashboards to the Office of the Chief Clinical Information Officer (OCCIO),
- Successfully completed outpatient referral artificial intelligence (AI) proof of concept, and subsequently secured Commonwealth funding to extend across outpatient specialities and embed into referral triaging workflow.

COVID Barometer

In collaboration with Queensland Government departments and The Australian E-Health Research Centre (a Joint Venture between the Department and CSIRO), the COVID Barometer was delivered to provide the ability for Queensland to monitor COVID transmission, health services, and socio-economic impacts to Queenslanders and support the system response. It combines epidemiological data with a range of health service and behavioural data to provide visibility of health, mobility, and other information on one platform to draw insights and guide decision-making.

Embedding a digital by design approach to enable the digital transformation of the health system

Radiation Safety Act 1999

The department continued the progression of the online licensing and compliance initiative with the launch of the Radiation Safety Public Register. The Register provides a searchable online register for licence holders under the *Radiation Safety Act 1999*, making it easier and quicker for businesses and consumers to view information at any time.

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

Anticipate and respond to high-level policy and planning issues to inform strategic priorities

Medicines and Poisons

Amendments to Medicines and Poisons regulations were drafted to enable Registered Nurses to supply medicines without the need to hold an endorsement. The new regulation is expected to be introduced in September 2021. The Nursing and Midwifery Board of Australia has advised that the Rural and Isolated Practice Endorsed Nurses (RIPEN) standard will continue until the legislative amendment is finalised.

Climate risk

The Department successfully provided training to 53 per cent of HHSs and QAS staff on the use of the *Climate Adaptation Guideline and Climate Almanac*. These documents provide the HHSs with regional climate predictions and risk planning templates to support development of localised HHS Climate Risk Action Plans. Many of the HHSs have already commenced work on climate risk actions at an operational level. These plans recognise the need to mitigate and reduce our greenhouse emissions, while embedding sustainability and adaptation into the everyday business of the HHS – based on risk.

Progress a value-based health agenda that promotes the right care, in the right place and at the right time

Pathways for back pain management

Utilising a proved, evidence-based methodology, the Department developed a statewide care pathway for back pain with a focus on pain management for patients with Acute Lower Back Pain (ALBP) in emergency and specialist outpatient departments. This was in addition to focus on spine pain referral criteria to better support the identification and selection of patients who are most in need and most likely to benefit from public specialist intervention.

Nursing and Midwifery Surge Workforce

To form part of our COVID-19 response, the Department established Nursing and Midwifery Surge Workforce plans and planning. This supported appropriately skilled and orientated staff to be deployed for continuity of

existing services, with a targeted focus on assisting HHSs with the acquisition of sufficient nursing and midwifery workforce to sustain health services during an emergent COVID-19 infection outbreak and the course of the vaccine rollout. This included:

- Utilising available workforce from Nursing and Midwifery Graduate portal/ Ahpra Sub register / Expression of Interest processes.
- Development of workforce modelling tools.
- Explored recruitment and orientation of Undergraduate Students in Nursing (USIN)s

OCNMO worked collaboratively with CHQ to establish a Statewide nursing pandemic surge casual pool in March 2021 to support the vaccine rollout and other emergent workforce needs associated with COVID-19 response strategies.

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

Health System Sustainability Program

The Health System Sustainability Program was established for the Department to work in partnership with the Queensland Treasury Corporation to improve the sustainability of the health system. The initiative was supported by a $20 million investment by government, split over two financial years 2019-20 and 2020-21. For the period from September 2019 to March 2020, the Queensland Treasury Corporation estimates that the program delivered $28 million in financial savings across the five HHSs which were part of the program during this period.

The program was paused between March and September 2020 to enable the system to focus on the COVID-19 response. When the program recommenced, seven HHSs have been supported by Queensland Treasury Corporation in the delivery of their financial sustainability programs.

Queensland Treasury Corporation estimates that the program has delivered $82.9 million in financial savings in 2020-21.

Illumina® Whole Genome Sequencing (WGS) Partnership

To support the delivery of a quality and sustainable genomic testing service into Queensland Health HHSs, the Department commenced the Metro North HHS – Pathology Queensland – Illumina® Whole Genome Sequencing (WGS) Partnership in January 2021, with a Health Technology Assessment in December 2021. This was in addition to nine QGHA funded genomics research to clinical implementation projects and the development of a sustainable funding model for future genomics testing with key stakeholders.

Integrated Workforce Management Program

To enable enhanced workforce management, the Department initiated the rollout of Stage 3 of the Integrated Workforce Management (IWFM) Program. The IWFM Program is a key strategic initiative for the Department and seeks to enhance the roster-to-pay process, deliver positive outcomes to support enhanced workforce management and drive the delivery of tangible benefits for both HHS and the Department through improved tools, processes, and access to workforce decision-support information where and when it is needed. The IWFM Program will enable greater capacity of the frontline workforce to focus on the provision of patient care by reducing unnecessary and avoidable administrative tasks associated with workforce management.

Queensland Government Critical Supply Reserve

To support the delivery of frontline services during periods of major public health events and natural disasters, the Queensland Government Critical Supply Reserve (QGCSR) was established to protect against supply chain disruption. The Department led the delivery of the QGCSR program to establish the reserve of supplies and transform storage, supply and distribution across the State. Improvements were also made to business as usual procurement and supply practices to help strengthen the resilience of the Department's supply chain network. The QGCSR holds a range of critical supplies that are vital to delivering frontline services, including Personal Protective Equipment (PPE), intensive care equipment and consumables, specialised drugs and pharmaceuticals, sanitisers and cleaning products, medical gases and critical pathology supplies.

A whole-of-government Steering Committee provided program governance of the QGCSR which has been defined and aligned to existing Disaster Management guidelines. Approved Queensland Government agencies will be able to access the reserve of supplies in the event of a public health emergency, natural disaster, or other defined events. Non-approved agencies can also request access to the QGCSR.

Statewide Services Advisory Committee (SSAC)

To optimise equitable access, clinical safety and to ensure service sustainability and an agreed implementation plan with a projected commencement for July 2021, the Department reviewed the approach to statewide and highly specialised services. The System Management Advisory Committee (SMAC) endorsed the Statewide Services Advisory Committee (SSAC) final report and recommendations, including a services definition, proposed governance model and recommendation for further work to be undertaken to address highly specialised services.

SSAC recommendations have been progressed by an implementation working group. Statewide consultation was undertaken on statewide service disruptions. Host HHSs were consulted on service summaries and these were referenced within service level agreements negotiated with HHSs.

Collaborate with health leaders to improve the monitoring and management of all funded organisations across Queensland's public sector health system

Over 230 appointments were made across 54 health statutory agencies. This included appointments to Hospital and Health Boards, Panels of Assessors and Hospital Foundations as well as to the statutory positions of Chief Psychiatrist, Mental Health Commissioner, and the Health Ombudsman. Over 870 applications were received across all the recruitment processes.

On 2 October 2020 the Central Queensland Hospital Foundation was established, and the inaugural board members of the foundation appointed. The new foundation will have a significant role in assisting the Central Queensland HHS.

COVID-19 recovery

In March 2021, the Department developed COVID-19 Vaccination Roll-out plans for vulnerable cohorts including Disability, Homelessness and CALD communities.

Statewide implementation of the CALD Vaccine Roll-out plan has since commenced following COVID System Leadership Forum (CSLF) approval. The CALD COVID-19 Engagement team and Disability working group were operationalised. Sessions with the Chief Health Officer and forums frequently arranged with community stakeholders. Ongoing translated public health directives in 39 languages and Easy English to manage COVID-19 restrictions.

Strategy 7: Lead a workforce which is excellent and has a vibrant culture and workplace environment

Attract, select, retain and empower the right people to create a diverse, inclusive and engaged workforce

The Department delivered 32 state-wide cohorts of clinician leadership and management capability development programs to Queensland Health clinicians, and the provision of leadership and management capability development consultancy services to 12 client HHS.

Diversity and Inclusion Action Plan for the Workforce

The Department delivered the *Department of Heath Diversity and Inclusion Action Plan for the Workforce* for with a focus on:

- Delivering education and raise awareness of flexible working options and management of employees working flexibly.
- In partnership with the Australian Network on Disability, to review the department's recruitment practices and identify and implement recommendations to reduce barriers to employment for people with disability.
- Engage with new employees to communicate the department's commitment to workforce diversity and inclusion.

Inspire the Department's workforce to achieve excellence and drive a vibrant culture and safe workplace environment

Real Time Workforce

To better support work from home practices as part of the Department's COVID-19 response, the Real Time Workforce (RTW) was delivered and implemented in July 2020 providing all departmental line managers visibility of their current and forward look staff rosters for working in the office of remotely.

Health, safety and wellbeing management system

The Health, safety and wellbeing management system was revised in consultation with HHS and union partners and issued for use across the Department. The system supports compliance and consultation and is customised within each Hospital and Health Service.

Ensure the workplace is safe, rewarding, enhances wellbeing and adequately equips the workforce to perform at the highest level.

COVID-19 recovery

The Department supported the workforce during the recovery phase following COVID-19 response and will continue to into the future through the provision of guidance material, communication and resources for employees and line managers to support staff through a transition to a 'new normal' Including:

- Implementing an internal HR communication strategy in response to COVID-19.
- Develop guidance material for staff and line managers in line with new government directions.
- Implement workforce monitoring and reporting tools.

Inspire and provide development opportunities to enable the workforce to continue to demonstrate excellence in the public service and meet the needs of the public

Work for Queensland

In 2020, the Department surpassed the Work for Queensland (WfQ) public sector benchmarks for the first time This reporting period also marked an increase in engagement and greater staff participation, as was evident by over 200 registrations for the DG live Teams event and over 120 manager registrations for the 2020 WfQ Manager sessions.

Service delivery statements

Queensland Health Corporate and Clinical Support

Department of Health	Notes	2020-21 Target	2020-21 Actual
Effectiveness measures			
Percentage of Wide Area Network (WAN) availability across the state	1		
• Metro		99.8%	99.98%
• Regional		95.7%	99.92%
• Remote		92.0%	99.72%
Percentage of high level ICT incidents resolved within specified timeframes	2		
• Priority 1		80%	100%
• Priority 2		80%	80.6%
Efficiency measures			
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5% unfavourable tolerance	3	95%	85%
Percentage of correct, on time pays		98%	99.8%
Percentage of calls to 13 HEALTH answered within 20 seconds		80%	76.9%
Percentage of initiatives with a status reported as "action required" (Red)	4	New measure	New measure
Other measures			
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	5	100%	100%
Discontinued measure			
Percentage of initiatives with a status reported as critical (Red)	6,4	<15%	12%

Notes:

1 The Wide Area Network (WAN) 2020-21 Actual represents average monthly availability across the full Financial Year 2020-21.

2 The high-level ICT incidents figures include downgraded incidents.

3 The percentage of capital infrastructure projects delivered reported as per the June 2021 Capital Intelligence Portal data snapshot.

4 The scope of the initiative reporting has been broadened to include all ICT-enabled initiatives reported by Queensland Health, instead of only eHealth Qld led initiatives. The change will align with reporting provided to the Qld Government Digital Projects Dashboard.

5 The VLAD 2020-21 Actual is based on data for the period 1 July 2020 to 30 April 2021.

6 The eHealth Queensland delivered initiatives 2020-21 Actual is based on the Queensland Government Digital Projects Dashboard March 2021 dataset.

Acute Inpatient Care

Queensland Health	Notes	2020-21 Target	2020-21 Actual
Effectiveness measures			
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days	1	<2	0.8
Percentage of elective surgery patients treated within the clinically recommended times[2]	2,3		
• Category 1 (30 days)		>98%	93.9%
• Category 2 (90 days)[3]		..	84.7%
• Category 3 (365 days)[3]		..	84.4%
Median wait time for elective surgery treatment (days)	2		
• Category 1 (30 days)		..	16
• Category 2 (90 days)		..	63
• Category 3 (365 days)		..	280
• All categories		..	42
Percentage of admitted patients discharged against medical advice	4		
• Non-Aboriginal and Torres Strait Islander patients		0.8%	1.1%
• Aboriginal and Torres Strait Islander patients		1%	3.1%
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities	5	$4,893	$5,108
Other measures			
Number of elective surgery patients treated within clinically recommended times	2.3		
• Category 1 (30 days)		48,555	51,888
• Category 2 (90 days)		..	49,602
• Category 3 (365 days)		..	29,069
Total weighted activity units (WAU) - Acute Inpatients	6	1,436,837	1,394,438

Notes:

1 Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Actual rate is based on data reported between 1 January 2020 and 31 December 2020.

2 In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019-20. This has impacted the treat in time performance and has continued to impact performance during 2020-21 as the system worked to reduce the volume of patients waiting longer than clinically recommended.

3 Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance targets for category 2 and 3 patients are not applicable for 2020-21.

4 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 4 per cent, there has been an improvement. Data reported as at 26 August 2021.

5 The 2020-21 Target varies from the published 2020-21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. Data reported as at 23 August 2021.

6 The 2020-21 Target varies from the published 2020-21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur. Data reported as at 23 August 2021.

Outpatient Care

Queensland Health	Notes	2020-21 Target	2020-21 Actual
Effectiveness measures			
Percentage of specialist outpatients waiting within clinically recommended times	1,2		
• Category 1 (30 days)		65%	69.9%
• Category 2 (90 days)		..	54.4%
• Category 3 (365 days)		..	87.9%
Percentage of specialist outpatients seen within clinically recommended times	2,3		
• Category 1 (30 days)		83%	82.4%
• Category 2 (90 days)		..	60.8%
• Category 3 (365 days)		..	72.5%
Efficiency measure			
Not identified			
Other measures			
Number of Telehealth outpatients service events	4	179,463	238,145
Total weighted activity units (WAU) - Outpatients	5	383,289	376,459

Notes:

1 Waiting within clinically recommended time is a point in time performance measure and was impacted by preparing for COVID-19 in 2019-20. This impact has continued throughout 2020-21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended.

2 Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.

3 As a result of preparing for COVID-19, the seen in time performance was impacted in 2019-20. This impact has continued throughout 2020-21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended.

4 Telehealth data reported as at 23 August 2021.

5 The 2020-21 Target varies from the published 2020-21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur. Data reported as at 23 August 2021.

Emergency Care

Queensland Health	Notes	2020-21 Target	2020-21 Actual
Effectiveness measures			
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	1	>80%	73.8%
Percentage of emergency department patients seen within recommended timeframes	1		
• Category 1 (within 2 minutes)		100%	99.7%
• Category 2 (within 10 minutes)		80%	69.6%
• Category 3 (within 30 minutes)		75%	67.5%
• Category 4 (within 60 minutes)		70%	81.9%
• Category 5 (within 120 minutes)		70%	97.1%
Percentage of patients transferred off stretcher within 30 minutes	2	90%	68.3%
Median wait time for treatment in emergency departments (minutes)	1	..	14
Efficiency measure			
Not identified			
Other measure			
Total weighted activity units (WAU) - Emergency Department	3	285,430	306,798

Notes:

1 During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020-21 Actual includes some fever clinic activity.

2 Patient off stretcher 2020-21 figures reported as at 17 August 2021 are based on hospitals in scope.

3 The 2020-21 Target varies from the published 2020-21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur. Data reported as at 23 August 2021.

Sub and non-acute care

Queensland Health	Notes	2020-21 Target	2020-21 Actual
Total weighted activity units (WAU) - Sub-acute	1	129,541	136,881

Notes:

1. The 2020-21 Target varies from the published 2020-21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur. Data reported as at 23 August 2021.

Mental Health and Alcohol and Other Drug Services

Queensland Health	Notes	2020-21 Target	2020-21 Actual
Effectiveness measures			
Proportion of re-admissions to acute psychiatric care within 28 days of discharge	1		
• Aboriginal and Torres Strait Islander		<12%	15.6%
• Non-Aboriginal and Torres Strait Islander		<12%	11.3%
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit	2,3		
• Aboriginal and Torres Strait Islander		>65%	63.0%
• Non-Aboriginal and Torres Strait Islander		>65%	63.1%
Efficiency measure			
Not identified			
Other measures			
Percentage of the population receiving clinical mental health care	4	>2%	2.2%
Ambulatory mental health service contact duration (hours)	3	>956,988	940,451
Queensland suicide rate (number of deaths by suicide/100,000 population)	5	..	15.6
Total weighted activity units (WAU) - Mental Health	6	158,424	162,600

Notes:

1 Mental Health readmissions 2020-21 Actual is for the period 1 July 2020 to 31 May 2021.

2 Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders.

3 Mental Health measures reported as at 22 August 2021.

4 Percentage of the population receiving clinical mental health care measure 2020-21 full financial year is calculated over the most current resident population (ERP) figures.

5 Queensland suicide rate is the 5-year rolling average for the period 2015-2019. No annual targets for this measure were set as progress is expected over the long-term.

6 The 2020-21 Target varies from the published 2020-21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur. Data reported as at 23 August 2021.

Prevention, Primary and Community Care

Queensland Health	Notes	2020-21 Target	2020-21 Actual
Effectiveness measures			
Percentage of the Queensland population who consume alcohol at risky and high risk levels	1		
• Persons		20.5%	22.5%
• Male		30.7%	33.9%
• Female		10.6%	11.5%
Percentage of the Queensland population who smoke daily	1		
• Persons		11.1%	10.3%
• Male		11.9%	11.8%
• Female		10.2%	8.9%
Percentage of the Queensland population who were sunburnt in the last 12 months	1		
• Persons		54.1%	49.3%
• Male		58.6%	54.6%
• Female		49.9%	44.3%
Annual notification rate of HIV infection	2	<3.1	2.0
Vaccination rates at designed milestones for children 1-5 years			
• all children 1 year		95%	94.6%
• all children 2 years		95%	92.7%
• all children 5 years		95%	94.6%
Percentage of target population screened for	3,4		
• breast cancer		52.4%	55.7%
• cervical cancer		..	..
• bowel cancer		42.9%	42.9%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter	5	57.6%	57.6%
Ratio of potentially preventable hospitalisations (PPH) - rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations	6	1.7	1.8
Percentage of women who, during their pregnancy, were smoking after 20 weeks	7,8		
• Non-Aboriginal and Torres Strait Islander women		7.4%	6.7%
• Aboriginal and Torres Strait Islander women		31.0%	37.8%
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation	7,9		
• Non-Aboriginal and Torres Strait Islander women		96.5%	97.1%
• Aboriginal and Torres Strait Islander women		96.7%	91.5%
Percentage of babies born of low birth weight to	7		
• Non-Aboriginal and Torres Strait Islander women		4.6%	5.0%
• Aboriginal and Torres Strait Islander women		7.3%	10.3%
Percentage of public general dental care patients waiting within the recommended timeframe of two years	10	85%	97.6%

Queensland Health	Notes	2020-21 Target	2020-21 Actual
Percentage of oral health Weighted Occasions of Service which are preventative	10	15%	17.7%
Efficiency measure			
Not identified			
Other measures			
Number of rapid HIV tests performed	11	6,000	4,500
Number of adult oral health Weighted Occasions of Service (ages 16+)	10,12	2,782,000	3,032,803
Number of children and adolescent oral health Weighted Occasions of Service (0-15 years)	10,12	1,200,000	952,555
Total weighted activity units (WAU) - Prevention and Primary Care	13	47,699	48,613

Notes:

1 The survey measures 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.

2 The annual notification rate of HIV infection 2020-21 Actual is based on the coverage during the period 1 January 2020 to 31 December 2020.

3 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 rates are similar to the national average in 2018-19 based on latest published data.

4 Insufficient information is available to supply 2020-21 Actuals for cervical screening participation. Changes to the measure will be considered for future Service Delivery Statement and Annual Report reporting.

5 There is significant random variation in the size of cancer detected from year to year and therefore a three-year average is used to calculate this measure. The 2020-21 Actual is based on the three-year average for financial years 2016/17-2018/19 calculated in March 2021.

6 The 2020-21 Target is based on a trajectory to achieve PPH parity with other Queenslanders by 2033. While the 2020-21 Actual is not meeting the 2020-21 Target, it is only marginally higher and is continuing to trend downwards. The 2020-21 Actual is for the period 1 July 2020 to 31 May 2021, as at 26 August 2021.

7 Antenatal services and low birth weight measures Actuals for 2020-21 are for the period 1 July 2020 to 30 April 2021, as at 26 August 2021.

8 While the 2020-21 Actual is not in line with the 2020-21 Target, 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.

9 While the 2020-21 Actual is not in line with the 2020-21 Target, 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. The 2020-21 Target was in error and should have read Non-Aboriginal and Torres Strait Islander women 97.0% and Aboriginal and Torres Strait Islander women 92.9%.

10 Oral Health measures reported as at 16 August 2021.

11 The HIV rapid test 2020-21 Actual is based on the period 1 January 2020 to 31 December 2020. There was a significant decrease in the number of HIV rapid tests performed in 2020, due to lockdown restrictions implemented during the COVID-19 pandemic.

12 2020-21 Actuals were significantly lower than 2020-21 Targets primarily due to the impact of the COVID-19 pandemic. While national restrictions of dental services imposed by Australian Health Protection Principal Committee eased from 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 for several months.

13 The 2020-21 Target varies from the published 2020-21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur. Data reported as at 23 August 2021.

Queensland Ambulance Service

Queensland Ambulance Service	Notes	2020-21 Target	2020-21 Actual
Effectiveness measures			
Time within which code 1 incidents are attended - 50th percentile response time (minutes)	1		
• Code 1A		8.2	8.0
• Code 1B		8.2	9.9
• Code 1C		8.2	11.0
Time within which code 1 incidents are attended - 90th percentile response time (minutes)	1		
• Code 1A		16.5	15.8
• Code 1B		16.5	19.8
• Code 1C		16.5	22.1
Percentage of Triple Zero (000) calls answered within 10 seconds	1	90%	89.1%
Percentage of non-urgent incidents attended to by the appointment time	1	70%	80.4%
Percentage of patients who report a clinically meaningful pain reduction	1	85%	83.2%
Patient experience	2,3	97%	98.0%
Efficiency measure			
Gross cost per incident	4	$760	$773

Notes:

1 Data reported as at 17 August 2021.

2 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.

3 The 2020-21 Actual figure for the patient experience percentage is based on the 2019-20 figure in the CAA Report released in October 2020.

4 The gross cost per incident measure reports ambulance service expenditure divided by the number of incidents. The increase in the 2020-21 Actual reflect the increased cost of the COVID-19 response.

Public Health Report 2020-21

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.

Aboriginal and Torres Strait Islander Health

Aboriginal and Torres Strait Islander peoples in Queensland 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 peoples in North Queensland. It is currently affecting five Hospital and Health Service (HHS) areas in Queensland: Torres and Cape, North West, Cairns and Hinterland, Townsville and Central Queensland.

There has been a total of 1,699 infectious syphilis cases associated with the outbreak in Aboriginal and Torres Strait Islander peoples in North Queensland between 1 January 2011 and 30 June 2021. The number increased from 94 cases in 2011, to a peak of 318 cases in 2017, followed by a decrease to 252 cases in 2019 and 139 cases in 2020. For the first half of 2021, there were 47 cases notified. The notification rate of infectious syphilis in Aboriginal and Torres Strait Islander peoples in Queensland has increased from 62 cases per 100,000 population per year in 2011 to 92 cases per 100,000 population per year in 2020. 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 16 cases per 100,000 population per year in 2020. There were 217 infectious syphilis cases in Aboriginal and Torres Strait Islander peoples in Queensland in 2020, 138 (64%) of which were from the five outbreak-affected HHS areas.

The Queensland Government has invested $25M over five years to 30 June 2021 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 Department has allocated funding of $5 million in 2021-2022 to ensure the continuation of efforts across North Queensland whilst a co-design process is undertaken to develop a new BBV/STI service model (including HIV) in partnership with the Aboriginal and Torres Strait Islander health sector, Aboriginal and Torres Strait Islander peoples and communities.

The Commonwealth Government is continuing to support 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, including those in Queensland.

A broader *Queensland Aboriginal and Torres Strait Islander BBV/STI Action Plan 2019-2022* was developed in 2019. The action plan aligns with National Blood Borne Virus and Sexually Transmissible Infection strategies and other Queensland action plans and recognises that consultation and codesign with the Aboriginal and Torres Strait Islander health sector and with Aboriginal and Torres Strait Islander peoples and communities will be critical to support the implementation of the plan.

Between 1 January 2011 and 30 June 2021, there were 20 congenital syphilis notifications in Queensland (14 in the Aboriginal and Torres Strait Islander population and 6 in the non-Indigenous population). Nine of these resulted in death (all in the Aboriginal and Torres Strait Islander population).

A Queensland congenital syphilis case review of the 14 cases that occurred between January 2010 and December 2017 was completed to provide recommendations to inform change at clinical, policy and systems levels. An audit of the six cases that occurred between January 2018 and June 2021 will commence in July 2021. A *Queensland Syphilis in Pregnancy Guideline* has also been developed and has been formally implemented in public maternity hospital departments across the state.

The latest HIV data available at time of publication is to 31 December 2020. HIV notification was over-

represented in Aboriginal and Torres Strait Islander peoples, who accounted for 7% of the total HIV notifications in Queensland, despite small numbers of HIV notification counts ranging from 7 to 20 cases per year in this population during 2016-2020. Fifty-seven percent of HIV notifications in Aboriginal and Torres Strait Islander peoples (2016-2020) occurred in North Queensland. Statewide, there was a continuing decrease in HIV notifications, from 195 cases (4.0 per 100,000 population per year) in 2016 to 107 cases (2.1 per 100,000 population per year) in 2020.

From 1 January 2016 to 31 December 2020, 34 new cases of HIV were diagnosed in Aboriginal and Torres Strait Islander peoples in North Queensland. The majority (59%) of these were notified from the Cairns and Hinterland HHS. Thirty-two (32) of these HIV cases are still living in North Queensland, and 30 (94%) have been engaged in ongoing care, with 22 (73%) achieving undetectable viral load, based on their most recent laboratory test results.

Cairns and Hinterland HHS provides ongoing clinical and public health services for HIV across North Queensland.

Environmental health conditions

The health inequalities experienced by Aboriginal and Torres Strait Islander peoples 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 peoples 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% of this health inequality experienced by Aboriginal and Torres Strait Islander peoples can be attributed to poor environmental health.

The *Aboriginal and Torres Strait Islander Environmental Health Plan 2019-2022* (the Plan) is based on 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.

During 2020-21, work has begun on establishing and delivering a 'Healthy Housing' program for indigenous communities and increasing the health management capacity of Aboriginal and Torres Strait Islander local governments through the delivery of formal training and mentoring to Indigenous workforce.

In addition, Queensland Health is 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 peoples 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 program is focused on building the capacity of Indigenous water operators to assure the ongoing safety and quality of water supplied by Indigenous local governments. It includes an intensive support phase followed by an ongoing support phase, tailored for the needs of each participating community. Funding is in place to roll the program out to 31 communities by the end of the 2022-23 financial year.

During 2020-21, delivery of the program was interrupted for a period of approximately eight months due to COVID-19 movement restrictions and the redeployment of key Queensland Health staff. Despite this interruption, delivery of intensive support was able to recommence in early 2021 in the communities of Mapoon, Wujal Wujal, Doomadgee and Woorabinda, and ongoing support recommenced for a number of the Torres Strait Island communities. Roll out also commenced in Cherbourg earlier in the year. However, this was paused in November 2020 to address critical water quality concerns, which resulted in the community remaining subject to a boil water alert for six months. Both Queensland Health and the Department of Regional Development, Manufacturing and Water have worked closely with Cherbourg Aboriginal Shire Council to resolve critical infrastructure failures and operational issues to permit the lifting of the boil water alert. At the very end of the reporting period, the community was able to recommence participation in the program.

One of the key concerns identified by the program to date is the lack of a culturally appropriate training package for Indigenous water operators. To better understand the extent of this concern, at the end of 2020-21 Queensland Health entered into an agreement with the Water Industry Operators Association of Australia to undertake a pilot gap analysis of training and skills competencies in four communities. The pilot project has been deemed a success and will be expanded to a further 27 communities in 2021-22.

Immunisation coverage

Queensland's Aboriginal and Torres Strait Islander childhood immunisation coverage rates for the one-year-old and two-year-old cohorts have been lower than coverage rates for Queensland's non-Indigenous children in these two age cohorts since coverage data were first reported. However, the gap between the coverage rates for Aboriginal and Torres Strait Islander and non-Indigenous children in these two age cohorts has been reducing over time. In the March 2016 quarterly coverage report there was a 6.3% (87.6% v 93.9%) difference between the one-year-old cohorts and a 4.9% (87.4% v 92.3%) difference between the two-year-old cohorts. Five years later, in March 2021, these gaps had been reduced to 1.6% (92.9% v 94.5%) and 0.9% (91.0% v 91.9%) respectively.

Immunisation coverage for five-year-old Aboriginal and Torres Strait Islander children reported in March 2016 was 94.9%, compared with 92.5% for non-Indigenous children. In March 2021, these rates had improved for both Aboriginal and Torres Strait Islander (96.2%) and non-Indigenous (94.4%) children respectively.

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 has led initiatives under the *Queensland Health Immunisation Strategy 2017—2022* including:

- 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 to fund the immunisation follow-up and outreach project *Connecting Our Mob*, delivered through the Cairns and Hinterland HHS Public Health Unit to improve childhood immunisation coverage for Aboriginal and Torres Strait Islander children in the greater Cairns metropolitan area.

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. 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 and increasing screening participation across the population are effective ways of reducing the chronic disease burden.

Use of smoking products

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 2020 is 10% and 7% 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 2020, there were 410,000 adult daily smokers. Furthermore, some groups such as Indigenous Queenslanders and those facing disadvantage or living remotely 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.

E-cigarettes are regulated in Queensland as smoking products. Use has increased, with the latest data showing 13% of Queensland adults had ever tried e-cigarettes in 2018-19, up from 10% in the previous survey (2015-16). In the latest (2017) national school-based survey, 16% of Queensland secondary school students reported that they had used e-cigarettes. There is considerable evidence that e-cigarette use and exposure poses considerable risks for the health of consumers of the products and by-standers. Of particular concern is the interaction with promoting or prolonging tobacco smoking. Given this evidence, Queensland

has restricted where e-cigarettes can be used, sold, displayed, advertised and promoted. This is consistent with other Australian jurisdictions.

In response to this challenge, the Department's Prevention Strategic Framework, sets a multi-strategy approach to help smokers to quit, prevent young people from starting smoking and increase smoke-free environments. In 2020-21, key actions included:

- Investigating options to strengthen Queensland's regulatory controls on the retail supply of smoking products and increasing the availability of smoke-free public places.
- Delivering 37,000 tailored quit support sessions to smokers via Quitline.
- In response to the COVID-19 pandemic, broadening access to intensive quit support for all smokers from April 2020 – April 2021.
- Providing quit smoking support via Quitline, including a 2-week supply of nicotine replacement products to over 600 individuals undergoing hotel quarantine.
- Over $3.3 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 and residents of South East Queensland. Individuals who complete an intensive quit support program achieve a quit rate of 30% at 12 months after program completion.
- Implementing the Healthy Lifestyles Brief Intervention eLearning Toolkit to support health and community workers address chronic disease risk factors, including smoking.
- Providing intensive quit smoking support for community mental health clients.
- Delivering a social media campaign to raise awareness of the quit smoking services available via the QuitHQ website.

Healthy weight

The challenge of reducing overweight and obesity is a global problem. Latest data show that 66% of Queensland adults and 25% of Queensland children are overweight or obese in 2017-18.

Health impacts of overweight and obesity include a higher risk of cancer, cardiovascular disease, type 2 diabetes, high blood pressure, and musculoskeletal conditions. Children who are overweight or obese have higher rates of asthma, bone and joint complaints, sleep disturbances and early onset of diabetes.

Overweight and obesity is driven by an energy imbalance resulting from the complex interplay of many factors, including the social determinants of health, our social and physical environments, diet, physical activity and other diseases, disorders and disabilities.

Healthy weight is a public health priority as overweight and obesity is the second largest cause of total disease burden (second to smoking) 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.

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 be more physically active.

My health, Queensland's future: Advancing health 2026 describes a vision and 10-year strategy for Queensland's health system which includes a target of reducing childhood obesity by 10%. The Department has led initiatives to support reaching this target, including:

- Implementing the Healthy Lifestyles Brief Intervention eLearning Toolkit to support health and community workers to address chronic disease risk factors including nutrition, physical activity, overweight and obesity with their clients.
- Funding the development of an open access online learning package to assist antenatal health care professionals internal and external to Queensland Health in supporting healthy pregnancy weight gain using weight gain charts and brief intervention.
- Increasing the availability of healthy food and drink in public healthcare facilities.
- Guiding what food and drink is promoted on government-owned advertising spaces.

Through the Food Ministers' Meeting, the Department of Health has continued to lead the development of policy guidance for menu labelling in Australia and New Zealand.

Through the Health Ministers Meeting (formerly COAG Health Council), the Department of Health has continued to lead the development of a national obesity strategy that will encourage and enable healthy weight and healthy living for all.

In July 2019, *Health and Wellbeing Queensland,* Queensland's first health promotion agency, was established to lead implementation of policies, programs, initiatives and messaging related to obesity, nutrition and physical activity. The Department continues to partner with the new agency to deliver initiatives that guide and support Queenslanders to make healthier choices where they live, work and play.

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 people in the target age groups 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, 22 satellites and 11 mobile vans covering more than 260 locations across the State. The latest available data identifies that 54.9% of Queensland women aged 50 to 74 years participated in the program for the 24-month period 2018-2019. In the 2020-21 financial year, 259,906 breast screens were performed, which was the largest screening numbers in a year since program inception. Of the approximately 9,000 women who were impacted as a result of a temporary suspension in screening due to COVID-19, 80% of these women have since screened.

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 46.1% of Queensland women participated in the program for the 24-month calendar period 2018-2019. In 2018-2019, 621,748 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 to74 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. In the 2020-21 financial year, there was a total of over 21,000 interactions with over 8,500 program participants. The latest available data identifies that 41.6% of eligible Queenslanders participated in the program for the 24-month calendar period 2018-2019. In 2018-2019, 486,750 Queenslanders aged between 50 and 74 years participated in bowel screening.

Queensland Health recognises the significant impact and benefit of improving participation by Queenslanders in the target age group 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 related factors impacting behaviours. In 2015, it was estimated that 2% 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 from 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

The occurrence of climate related events in Queensland continues to reinforce 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 effects on human health have been compounded by the occurrence of environmental events, drought and bushfires in quick succession.

A Climate Risk Strategy (the Strategy) is being developed to provide high-level strategic guidance on climate risk actions to Queensland Health, as well as the broader health sector. The Strategy contains high level goals and actions to strengthen Queensland Health's management of climate risk, better enabling the Department to continue delivery of health functions and services equitably across Queensland. This includes enabling the community to build resilience against the imminent climate threats. The Strategy will be aligned to the Queensland Climate Action Plan 2020-2030 (QCAP), which builds on actions already taken under the Queensland Climate Transition Strategy and Queensland Climate Adaptation Strategy and marks the next steps towards realisation of Queensland's targets to achieve zero net emissions by 2050. A new Office of Hospital Sustainability (OHS) is expected to drive many of the emission reduction measures under the Strategy. Peak stakeholder groups, including the Australian Medical Association of Queensland and Health Consumers Queensland, were consulted on the draft Strategy and have indicated their support.

During 2020-21, Queensland Health successfully trained staff from many HHSs and the Queensland Ambulance Service on the use of the Climate Adaptation Guideline and Climate Almanac. These documents provide the HHSs with regional climate predictions and risk planning templates to support development of localised HHS Climate Risk Action Plans. Many of the HHSs have already commenced work on climate risk actions at an operational level. These plans recognise the need to mitigate and reduce our greenhouse emissions, while embedding sustainability and adaptation into the everyday business of the HHS– based on risk.

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.

There were 18 foodborne illness outbreaks investigated during the 2020-21 period, with ten outbreaks due to Salmonella. The largest of these outbreaks was a multijurisdictional *Salmonella* Saintpaul outbreak that was investigated between January and May 2021. There were 220 Queensland cases among the 582 outbreak cases in total. Epidemiological, microbiological and traceback evidence implicated a horticultural product as the source of infection. The investigation included 208 Queensland case interviews and 343 food and environmental samples collected for laboratory testing. Whole genome sequencing was conducted on human isolates from 484 cases of *Salmonella* Saintpaul notified during the investigation period, of which 220 were confirmed with the outbreak strain. The Department of Health, the Department of Agriculture and Fisheries and Safe Food Production Queensland have commenced discussion on implementing a broader industry strategy to improve food safety practices in the Queensland horticulture industry and will explore national mechanisms to improve the safety of horticultural produce.

As part of the Queensland strategy to improve engagement with stakeholders, promote food safety culture and reduce regulatory burden, the Department of Health delivered an online initiative known as the Food Pantry[1]. The Food Pantry went live in June 2021 and provides a simple and user-friendly way for food businesses and consumers to find information about general food safety, legislative, licensing and training requirements. It comprises new interactive online tools, including an online food complaints form, a label buster step-by-step guide to creating a personalised food label, and a self-assessment guide for food businesses to determine if they are meeting legal requirements, and provides pathways to improve food safety. The Food Pantry also has links to free training regarding safe food handling, as well as information to help businesses make food safe for customers with allergies.

Air Quality

Queensland's air quality was significantly impacted by bushfires during recent years, particularly the 2019-2020 bushfire season. During bushfire seasons, the air quality levels across Queensland fluctuate extensively due to weather conditions, fire intensity and fire locations. During bushfire events, such as those seen on Fraser Island in October 2020, Queensland Health provided health advice to

[1] Food Pantry

the public, including sensitive groups, such as those with pre-existing respiratory conditions, pregnant women and the elderly.

Queensland Health has developed public health messaging that aligns with other state and national jurisdictions, consistent with PM2.5 and PM10 levels for 'short term' bushfire smoke events. This public health messaging can be found with monitoring data on the Department of Environment and Science website[2]. To ensure consistent bushfire smoke - public health advice for 'longer duration' events, Queensland Health is continuing to work collaboratively with other state health and environment agencies in preparedness for the upcoming bushfire season.

Water Quality

Drinking water incidents

During 2020-21, there were 175 drinking water incidents reported to Queensland Health by Water Supply Regulation within the Department of Regional Development, Manufacturing and Water. These included 50 incidents where E. coli, an indicator of microbial contamination, was detected in a water supply and 45 incidents where a chemical parameter failed to comply with Australian Drinking Water Guideline health-based guideline values.

Of the 175 incidents, 35 resulted in the issue of a boil water alert, the longest of which remained in place for just over six months in the community of Cherbourg. A number of other communities also had to resort to trucking water from elsewhere to address loss of supply and water contamination issues. In addition to the prolonged boil water alert in Cherbourg, other incidents of note included the detection of uranium in the water supply at Dajarra and week-long emergency water use only incident impacting Townsville and Magnetic Island following an infrastructure failure. The HHS PHUs with the most incidents in their areas were Townsville (n=45) – serving Townsville and North West HHSs; Tropical (n=30) – serving Cairns and Hinterland and Torres and Cape HHSs; and Darling Downs (n=29) – serving Darling Downs and South West HHSs.

Occupational Dust Lung Disease

On 30 September 2020, the Minister for Health and Minister for Ambulance Services (the Minister) tabled the *Queensland Health, Notifiable Dust Lung Disease Register inaugural annual report 2019-2020*[3] in the Queensland Parliament. This annual report was provided to meet the requirements of the *Public Health Act 2005* and includes:

- The number of notifications and reports of notifiable dust lung disease given to the Notifiable Dust Lung Disease Register (NDLD Register) during the 2019-20 financial year.
- A description of the types of notifiable dust lung diseases recorded in the NDLD Register during the financial year.
- Other actions undertaken by Queensland Health to implement the purposes of the NDLD Register.

Since 1 July 2019, Queensland occupational and respiratory medicine specialists must notify cases of notifiable dust lung disease to the NDLD Register. 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 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.

During its second year of operations in the 2020-21 financial year, the NDLD Register has provided ongoing support to the National Dust Disease Taskforce, in particular support and advice in relation to the design and development of a national occupational respiratory disease registry. Preparations are underway for the NDLD Register's second annual report, which must be provided to the Minister by no later than 30 September 2021 and tabled as soon as practicable in the Queensland Parliament. Once tabled, the 2020-21 annual report will be published on the NDLD Register website. [4]

[2] Live air data

[3] Notifiable Dust Lung Disease Register inaugural annual report 2019 - 2020

[4] NDLD Register website

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.

Despite the COVID-19 global pandemic, lead health management strategies in Mount Isa continue to be strengthened. The Mount Isa Lead Health Management Committee continues to support the point of care testing (PoCT) program undertaken by the North West HHS Child Health Services. The PoCT program continues to be supported by the Mount Isa community, as the preferred method to measure a child's blood lead level. The impact of the COVID-19 pandemic was minimal on the PoCT program, with the total of 284 tests being undertaken during the 2020-21 year. This represents 239 individual children being tested, with some children having multiple tests during this period. This allows 'at risk' children to be more readily identified at an early stage and referred to their general practitioner for follow up and case management if necessary.

Per- and polyfluoroalkyl substances (PFAS)

PFAS are environmentally persistent chemicals that tend to accumulate in the food chain and human tissue. The effects of PFAS on human health are currently unknown, but the potential for adverse health effects cannot be excluded. It takes years for levels of PFAS to reduce in humans so there is a risk that continued exposure to some PFAS could result in adverse health effects due to the accumulation of chemicals in the body over time.

A number of PFAS-contaminated sites have been identified in Queensland, mostly as a result of the use of and inadequate containment of firefighting foams containing PFAS before their use in Queensland was banned in 2019. These include defence bases, airports, ports, mines and fuel facilities. PFAS has also been detected in some drinking water supplies.

Some fish stocks in recreational fishing impoundments, freshwater streams and seafood in coastal areas have also been identified as contaminated with PFAS. Queensland Health had current alerts to limit consumption of fish from the following areas: Ipswich waterways; Gowrie Creek, Toowoomba; Lakes in Idalia, Townsville; Shellgrit Creek next to Mackay Airport; and Ship Creek at Port Central, Gladstone.

During the 2020-21-year, Queensland Health continued to review investigation data and provided advice on assessing human health risks to inform the government response for contamination sites, including the Callide Power Station near Biloela and Elanora sewage treatment plant on the Gold Coast.

Pharmacy inquiry response

There has been continued progress in the delivery of the Government Response to the Inquiry into the establishment of a pharmacy council and transfers of pharmacy ownership in Queensland.

The Urinary Tract Infections Pilot - Queensland (UTIPP-Q), led by the Queensland University of Technology (QUT), has seen strong participation by community pharmacies, with 814 pharmacies electing to participate in the Pilot. As at 30 June 2021, over 1,800 pharmacists have successfully completed the mandatory training and almost 4,600 women have accessed the service, with no adverse events reported. The Pilot is expected to be completed in December 2021.

The Community Pharmacy Compliance Survey (CPCS) commenced as an online survey in March 2021 and has been well received by participating pharmacies. The CPCS seeks to review a pharmacy's compliance with key focus areas of the Health (Drugs and Poisons) Regulation 1996 (HDPR) and also to assist pharmacies in preparing for the upcoming commencement of the *Medicines and Poisons Act 2019* (MPA) later this year, through raising awareness and providing guidance. Response rates have been excellent, with up to 90% participation by pharmacies. To date, the survey has identified that compliance with key focus areas of the HDPR has generally been good. The most common areas of non-compliance are not ensuring that the keys to controlled drug receptacles are stored after hours in a way that restricts access by unauthorised persons, and not entering controlled drug transactions into the controlled records register on the day of transaction. In July 2020, a Consultation Regulatory Impact Statement (RIS) was published, inviting submissions from interested parties. The Consultation RIS closed in November 2020 and 43 submissions were received. A Decision RIS is being drafted to respond to the Consultation RIS. Queensland Health is seeking to progress the legislative change necessary to establish the Queensland Pharmacy Council and implement the significant regulatory reform outlined in the Government Response to the Inquiry and the Decision RIS.

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 67,156 episodes of communicable diseases notified to Queensland Health during the 2020-21 financial year, representing about one notification per 75 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

Between 1 July 2020 and 30 June 2021, 621 people were diagnosed with COVID-19 (based on date of onset of symptoms, or if not available, first positive specimen collection date). Most cases (511 people or 82%) acquired their infection overseas, and typically identified as returned travellers from international flights or as mariners aboard cargo ships. There were 106 cases (17%) who acquired the infection locally (within Queensland) from a direct link with another confirmed case or cluster of cases. The remaining 4 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 minimising transmission. Testing of symptomatic people was an essential component of case finding whilst physical distancing remained a major focus for minimising transmission.

Compliance

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.

Industry and Quarantine Plans

Queensland Health worked in partnership with all agencies and their stakeholders to implement COVID safe Industry Plans which outline the specific measures that businesses and community organisations are required to comply with. A multi-agency enforcement program was established to ensure compliance with these measures. Queensland Police Service have primarily led the operational management of quarantine and border controls, while all regulatory agencies have taken on ensuring compliance with COVID-safe requirements in the industries they regulate.

Alternative Quarantine Arrangements

International and domestic border restrictions and associated quarantine requirements, have been critical to Queensland's COVID-19 success. Queensland Health has facilitated and permitted some cohorts of people to be quarantined in premises other than government-nominated hotels. Alternative arrangements for specific cohorts, such as sporting teams and Australian Defence Force exercises, have been approved to minimise disruption to an essential activity or industry. These cohorts still need to quarantine, but where the risk to the community is sufficiently low and the industry has put in place strong measures to protect against the spread of COVID-19, the cohorts were allowed to quarantine in a different location and work, train, complete or perform within the quarantine bubble. Typically, these specific cohorts arrange their own accommodation, health support and security arrangements, and supply detailed planning documents to Queensland Health as part of their request. They operate at a very high quarantine and security standard.

Pacific Labour Scheme (PLS) and Seasonal Worker Programme (SWP)

A pilot program commenced on 29 October 2020 and saw over 600 workers arrive from overseas to take up positions in farms across Queensland and to work while quarantining in accommodation 'on farm'. This arrangement has assisted the agricultural industry to address labour shortages that resulted from COVID-19 health protection measures and provided longer term certainty for business and the community. In February 2021, Cabinet supported the continuation of on-farm quarantine arrangements and for quarantining workers from low risk Pacific countries to be accommodated at industry-led and funded regional worker facilities. On 16 April 2021, the Chief Health Officer approved guidelines for quarantine of specific groups in an industry-led regional facility in Queensland, the *Guidelines for 'hotel' quarantine of*

PLS and SWP workers in Queensland[5]. During 2020-21, Queensland Health supported the arrival of 2,750 workers from low risk counties to support the agricultural industry.

Check-in QLD App

The Check In Qld app has been a key feature of our COVID-19 response since being released on 28 February 2021. It provides secure, easy and consistent collection of contact tracing information across a wide range of venues in Queensland. The app has reached over 79.5 million check-ins by customers across 97,000 approved businesses and locations. The information collected by the Check In Qld app is securely stored by the Queensland Government and used by Queensland Health, should the need for contact tracing arise.

Oversight of access to medicines

Queensland Health also implemented regulatory measures to increase and streamline access (and reduce inappropriate access) to essential medicines during the COVID-19 pandemic. In line with social distancing and to support telehealth consultation between the prescriber and patient during the COVID-19 pandemic, an amendment was made to the Health (Drugs and Poisons) Regulation 1996 to allow supply of medicine on a digital image of a paper prescription. The amendment temporarily provides an alternative to posting prescriptions to pharmacies in line with the Commonwealth Pharmaceutical Benefits Scheme Special Arrangements. In August 2020, further revisions were made to the Health (Drugs and Poisons) Regulation 1996, to support telehealth services during the COVID-19 response by enabling the use of electronic prescriptions generated in systems listed by the Australian Digital Health Agency on the Electronic Prescribing Register of Conformance.

Sewer surveillance program

During 2020-21, the Queensland Health Water Unit led the design and implementation of a SARS-CoV-2 sewer surveillance program for Queensland. The program has been contributing to our understanding of the presence of SARS-CoV-2 in Queensland communities.
The program commenced with a pilot in July 2020 and is being delivered in collaboration with the University of Queensland and CSIRO. During 2020-21, it has encompassed the analysis and reporting of over 2,600 wastewater samples from over 60 locations in 20 local government areas, covering 66 per cent of the state's population.

The results of the wastewater analysis are published on the Queensland Government website[6]. In addition, Queensland has been sharing learnings in this space with equivalent programs in other Australian states and territories and New Zealand, through participation in the Collaboration for Sewage Surveillance of SARS-CoV-2 (ColoSSoS). During the year, the Department of Health has also contributed to the drafting of the National SARS-CoV-2 Wastewater Testing and Reporting Framework, which has been endorsed by enHealth and is planned to be attached to the Series of National Guidelines (SoNG).

COVID-19 vaccination program

Queensland Health began planning for the roll-out of a COVID-19 vaccination program across Queensland in late 2020. This involved the establishment of a COVID-19 Vaccination Taskforce, which includes a central project management team informed by various workstreams such as clinical advice, workforce and training, supply chain surety, communications, digital solutions, and performance monitoring.

The *Australian COVID-19 Vaccination Policy* (the Policy) was endorsed by National Cabinet on 13 November 2020 and provided the framework for implementing a COVID-19 vaccination program and outlined in broad terms, the roles and responsibilities of the Australian and State and Territory Governments. Under the Policy:

- the Australian Government is responsible for the selection, procurement and regulatory approval for COVID-19 vaccines, and for distribution of vaccines from point-of-arrival to point-of-administration across the country
- State and Territory governments are responsible for ensuring administration of the vaccine is undertaken by an appropriately qualified and trained workforce, and at suitable vaccination sites, where they are the responsibility of the Queensland Government.

The Australian Government has made agreements for the supply of COVID-19 vaccines, including Pfizer-BioNTech, University of Oxford-AstraZeneca, Moderna and Novavax. On 25 January 2021, the Pfizer-BioNTech COVID-19 vaccine was approved by the Therapeutic Goods Administration (TGA) for use in Australia in people aged 16 years and older. On 16 February 2021, the Oxford-AstraZeneca COVID-19 vaccine was approved by the TGA for use in Australia in people aged 18 years and older.

Priority groups for vaccination were determined by the Australian Technical Advisory Group on Immunisation (ATAGI), based on highest risk of exposure to and serious disease from COVID-19.

[5] Guidelines for 'hotel' quarantine of PLS and SWP workers in Queensland

[6] Wastewater surveillance program results

Announced on 7 January 2021, Australia's *COVID-19 vaccine national roll-out strategy* identified five phases for the roll-out based on the ATAGI advice on prioritisation. The first phase of the roll-out included the highest priority groups, being healthcare workers with contact with COVID-19 patients, quarantine and border workers, and residential aged care and disability care staff and residents. Phasing of priority groups has been adjusted as required to reflect new levels of risk identified through the ongoing COVID-19 response but continues to prioritise those most at risk.

In order to provide the relevant workforce authorisations and operationalise the vaccine roll-out in Queensland, Queensland Health prepared an amendment to the Health (Drugs and Poisons) Regulation 1996. The amendment was approved through Governor-In-Council on 27 January 2021. The amendment required the preparation of a COVID-19 Vaccination Code to specify requirements for workers in COVID-19 vaccination services and recording and reporting of information related to the provision of services. The Code also details the process by which an immunisation provider may be approved to be a declared provider under the Regulation.

A surge workforce was identified to assist in the preparation and administration of the COVID-19 vaccine, and clerical support for the program. This involved expanding the workforce beyond professions usually authorised to administer and prepare vaccines to include others such as Aboriginal and Torres Strait Islander health practitioners, ambulance officers and registered nurses. Students in clinical fields, as well as recently retired clinicians, have also been identified as a suitable surge workforce. A casual workforce pool and a panel of providers was established, which HHSs can draw upon to fill workforce gaps.

The resources at Queensland Health's Health Contact Centre (HCC) have also been expanded to assist consumers with enquiries about COVID-19 vaccination. To 30 June 2021, approximately 150,000 calls have been received by the HCC in relation to COVID-19 vaccination.

Queensland Health established a Vaccination Command Centre (VCC) – a statewide operations centre responsible for coordinating the delivery of the program across Queensland Health sites. This includes managing queries, logistics and supply chain requirements, information and communications, reporting requirements, and addressing safety concerns including the reporting of adverse events following immunisation (AEFI). Queensland Health has also developed the Queensland COVID-19 Vaccine Management System (QCVMS) which is an end-to-end ICT solution to meet all data recording and reporting needs of the vaccination program.

Before any state-run vaccination service is permitted to commence operation in Queensland, it must undergo a thorough readiness assurance process to assure safety and quality. This includes assessment against Queensland and Australian Government requirements for COVID-19 vaccination services to ensure facilities are adequate, all necessary equipment is available, all mandatory training has been undertaken, and standard operating procedures are in place. This process is also managed through the VCC.

On Monday 22 February 2021, the COVID-19 vaccination program commenced in Queensland at the Gold Coast University Hospital Pfizer hub. Five other Pfizer hubs were established over the following fortnight at Cairns Hospital, Princess Alexandra Hospital, Surgical Treatment and Rehabilitation Service (at the Royal Brisbane and Women's Hospital), Sunshine Coast University Hospital and Townsville University Hospital.

These Pfizer hubs were strategically positioned at points of international arrivals and hotel quarantine. AstraZeneca hospital hubs commenced operations from 8 March 2021, and by mid- to late- March there was at least one hospital-based vaccination hub in every HHS.

On 22 April 2021, the ATAGI issued a change in advice on the use of AstraZeneca vaccine, recommending it only be used in adults aged 50 years and older. The change in advice was in response to several rare but serious blood clotting disorders (thrombosis with thrombocytopenia syndrome) following immunisation with the AstraZeneca vaccine. This required a recalibration of the program at a national level and resulted in Queensland Health establishing at least one Pfizer hub in every HHS. Pfizer was also made available through outreach services. Further ATAGI advice was released on 17 June 2021, again adjusting the recommended age for use of AstraZeneca vaccine to adults aged 60 years and older.

At 30 June 2021, there were more than 160 Queensland Health vaccination locations in operation across Queensland, including outreach services. This also includes community-based vaccination locations (CBVLs) that aim to improve access to vaccination for Queenslanders while freeing up capacity in public hospitals for business as usual services. At least 14 CBVLs are planned throughout Queensland, some of which will be designed to scale up to mass vaccination if required, once vaccine supply increases.

On 7 June 2021, 49 regional, rural and remote pharmacies in Queensland were also brought forward to assist in covering gaps in access. At 30 June 2021, approximately 4000 AstraZeneca doses had been administered through these pharmacies. Additional community pharmacies are planned to be bought online by August 2021.

Throughout the roll-out, there has been a particular focus on vaccinating rural and remote communities. In these areas, due to the small populations and significant distances between towns, a whole-of-community approach to vaccination has been taken,

rather than focusing on vaccinating priority groups first. Some areas, such as the outer islands of the Torres Strait, also had a high risk of exposure to COVID-19 as a result of their proximity to Papua New Guinea, making it a key priority to vaccinate all residents as soon as possible. At 30 June 2021, approximately 34.5 per cent of the adult population of the Torres Strait Islands had received at least one dose of COVID-19 vaccine, and 43.2 per cent in Central West HHS.
On 3 June 2021, the Queensland Disaster Coordination Centre was officially brought on board to assist the Taskforce in planning, logistics and operations for vaccination locations throughout Queensland.

Vaccination data

From the commencement of the program on 22 February 2021 to 30 June 2021, a total of approximately 1.5 million COVID-19 vaccine doses had been administered in Queensland, including approximately 554,300 of the Pfizer vaccine and 943,300 of the AstraZeneca vaccine. More than 322,500 of these have been second doses. This equates to more than 25.5 per cent of the eligible population having received at least one dose and more than seven per cent being fully vaccinated by 30 June 2021. Queensland Health administered more than 570,000 of these COVID-19 vaccine doses through Queensland Health operated vaccination locations.

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, these mosquitoes can also transmit Zika and chikungunya viruses.

There were nine detections of exotic mosquitoes at International First Points of Entry or Approved Arrangement sites in Queensland in the 2020-2021 financial year. Of these, seven were associated with the detection of *Aedes aegypti* or *Aedes albopictus*. A mosquito control response was deployed for each of the nine detections. Routine surveillance continues, and there is currently no evidence that these exotic mosquitoes have established at the detection locations.

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 PHUs investigating complaints in relation to breaches of infection control standards, as requested.

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 – 2020 season

The influenza season in Queensland usually occurs annually in the southern and central areas of the State, typically between May and October. In the tropical region, the pattern can be more variable and may include clusters outside this period. In 2020, the Queensland season reached a peak in week 11 (week beginning 09 March) with a total of 859 notifications and a percentage positive of 5.2%.From 1 January 2020 to 31 December 2020, there were 6,047 notifications, which was 16% of the previous five-year mean. There were

- 5,327 (88%) influenza A and
- 720 (12%) influenza B notifications.

Influenza A was subtyped for 361 notifications, with 319 (88%) A/H1N1 and 42 (12%) A/H3N2. Subtype was unavailable for 4,966 influenza A cases.

From 1 January to 31 December 2020, there were 309 influenza-associated public hospital admissions, including 28 intensive care unit admissions. The number of hospitalisations in 2020 was 90% less than the five-year mean (3,209). Public hospital admissions peaked in the week beginning 02 March (39 influenza-associated public hospital admissions).The number of notifications from 1 January 2021 to 30 June 2021 was 199, which is 98% lower than the previous five year mean for the same period (8,623). Seventy five per cent (150) of notifications during this period were unsubtyped influenza A. People aged 40 years and over accounted for 71% (142) of the influenza notifications during this period. The hospitalisation and percentage positive data for 1 January – 30 June 2021 were unavailable at the time of reporting. The Department of Health distributes vaccines funded under the National Immunisation Program (NIP) for individuals considered high risk for influenza disease. In 2020, more than 1.5 million doses of NIP influenza vaccine were distributed to immunisation providers throughout Queensland. Queensland Health developed and implemented the statewide *Call to Arms* campaign to raise awareness of the importance and safety of the annual influenza vaccine. The campaign was initiated in 2019 and based on positive evaluation results, it was re-run in 2020. Healthcare providers and parents of children aged between six months and under five years were the primary target audience, as influenza is one of the leading causes

of hospitalisation for children of this age. The campaign 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 broader influenza prevention communication activities included parents of children aged six months to under five years, school aged children and those in residential care facilities. Due to the increased risk of influenza transmission in these settings, Queensland Health actively promoted vaccination and hygiene messages during the influenza season to staff, parents and carers, children and residents. The re-designed Queensland Health *Vaccination Matters* website provided easy to navigate information on all age appropriate vaccines, including influenza.

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 3-4 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 2020-21 financial year, including one case of laboratory confirmed MDR-TB. The demographics of TB cases in the 2020-21 financial year were similar to previous years, where the majority were born overseas (88%), mostly from countries with a high incidence of TB (85%). TB amongst Aboriginal and Torres Strait Islander peoples occurs at significantly higher rates (4.2 per 100,000 in 2020-21) than in Australian born, non-Indigenous Queenslanders (0.2 per 100,000 in 2021-21).

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% protection against severe disseminated forms of TB, including miliary TB and TB meningitis. BCG vaccine is not generally recommended for adults.

There have been interruptions in supply of Therapeutic Goods Administration approved BCG vaccine since January 2016, which has resulted in eligible children being unable to access vaccine. In August 2019, a supply of BCG suitable for use in nurse led clinics became available. While BCG vaccine is now available in Queensland, It has been advised that the availability of BCG vaccination clinics vary across the state due to 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

In the *Global Action Plan on Antimicrobial Resistance* in 2015, the World Health Organization recognised that antimicrobial resistance (AMR) "poses a profound threat to human health" and threatens the "very core of modern medicine and the sustainability of an effective, global public health response to the enduring threat from infectious diseases".

AMR occurs when, over time, microorganisms (such as bacteria, fungi, viruses and parasites) become resistant to antimicrobials (antibiotics, antifungals, antivirals, antiparasitics). This can occur through a process of genetic selection, or through the sharing of genetic material by microorganisms. AMR results in antimicrobials becoming less effective in treating infections. In other words, the drugs don't kill the bugs. Misuse and overuse of antimicrobials has resulted in a rapid increase in AMR in recent times. In the first decades following the introduction of antimicrobials, the problem of resistance was mitigated by the ongoing discovery of new antimicrobials. However, such discovery has slowed dramatically in recent decades, meaning that resistance is developing and spreading at a much faster pace than the development of new therapies.

Queensland's Antimicrobial Resistance Strategy 2020 – 2025 has been developed with the input of a range of experts across human and animal health. The strategy provides a pathway for the coordinated cross-sector response required to ensure we can continue to improve the health of all Queenslanders.

Implementation of the strategy was paused in March 2020 until December 2020 due to the reallocation of staff resources to assist with the COVID-19 response in Queensland. It is now being resumed.

Australian Medical Assistance Teams (AUSMAT)

AUSMAT are multi-disciplinary health teams incorporating doctors, nurses, paramedics, fire-fighters (logisticians) and allied health staff such as

environmental health officers, radiographers and pharmacists. They are designed to be self-sufficient, experienced teams that can rapidly respond to a disaster zone to provide life-saving treatment to casualties, in support of a health response at a local level. In response to requests for assistance, in recent years AUSMAT Queensland have deployed Queensland Health staff to support numerous domestic and international deployments, including the Measles outbreak in Samoa in December 2019 and the response to the NSW bushfires in January 2020.On 29 January 2020, a public health emergency was declared in Queensland in response to the COVID-19 outbreak. As at 30 June 2021, AUSMAT Queensland have deployed Queensland Health staff to support domestic and international public health responses to the COVID-19 pandemic, including Tasmania, Victoria, the Howard Springs Quarantine Facility in Darwin, Christmas Island, Japan and Papua New Guinea.

In response to PNG's call for Emergency Medical Teams on 23 July 2020, Australia deployed Australian Medical Assistance Teams (AUSMAT) to work alongside PNG health officials and frontline workers to support and strengthen the PNG-led response. The Australian medical specialists included epidemiologists, emergency medicine and intensive care specialists, radiographers, anaesthetists, emergency and critical care nurse practitioners, midwives, occupational therapists, medical laboratory scientists, public health experts and logisticians.

AUSMAT Queensland will continue to advocate for the recruitment, selection and training of individuals from professional groups typically under-represented in AUSMAT deployment teams, including public health, allied health and pathology specialities.

Prevention Division (Queensland Health) Regulatory Performance Report 2020-21

About this report

This report is prepared and published in accordance with the *Queensland Government's Regulatory Performance Framework*[7] 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 (the Division) is responsible for developing and administering a range of public health legislation (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.

Table 1. Public health (portfolio) legislation

Act	Subordinate legislation
Food Act 2006	Food Regulation 2016
Health Act 1937[8]	Health Regulation 1996[2] Health (Drugs and Poisons) Regulation 1996
Medicines and Poisons Act 2019[2]	Medicines and Poisons (Medicines) Regulation 2019[2]
Pest Management Act 2001[2]	Pest Management Regulation 2003[2]
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

7 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

8 On 26 September 2019, the *Medicines and Poisons Act 2019* and the *Therapeutic Goods Act 2019* (Qld) became law in Queensland and is expected to commence in September 2021. 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.

	Public Health (Further extension of Declared Public Health Emergency – COVID-19) Regulation (No. 2) 2021[9]
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

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, shipmasters, medical and dental practitioners, and veterinary surgeons). Regulatory activities include education and guidance, granting approvals and licences, complaints management, investigations, compliance monitoring and enforcement under the various pieces of public health legislation.

A number of program areas within the Prevention Division administer this suite of public health legislation, either solely, or in collaboration with HHS PHUs, local government, and in co-operation with other regulators. These include the Department of Resources, Department of Regional Development, Manufacturing and Water, Department of Agriculture and Fisheries, Queensland Police Service, Safe Food Production Queensland and Workplace Health and Safety Queensland.

As a regulator, the Prevention Division strives to ensure 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, or indirectly on the broader community.

This report outlines the Prevention Division's regulatory performance during 2020-21 against the five regulatory model practices and supporting principles included in the Queensland Government's Regulatory Performance Framework[10]

The five model practices are:

1. Ensure regulatory activity is proportionate to risk and minimises unnecessary burden.
2. Consult and engage meaningfully with stakeholders.
3. Provide appropriate information and support to assist compliance.
4. Commit to continuous improvement.
5. Be transparent and accountable in actions.

This report outlines the extent to which the five model practices and supporting principles included in the Framework have been implemented during 2020-21 and outlines plans for future improvements of regulatory practices in line with these model practices. The report focuses on regulatory activities that directly impact on business, in particular, small businesses.

During the year some adjustments to the Division's planned regulatory work were required, in order to continue providing an effective response to the COVID-19 pandemic.

[9] This regulation further extends the declared public health emergency, made under section 323(1) of the *Public Health Act 2005*, until 27 September 2021.

[10] 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

Regulatory model practices (RMP)

Ensure regulatory activity is proportionate to risk and minimises unnecessary burden

Supporting principles

- A proportionate approach is applied to compliance activities, engagement and regulatory enforcement actions.
- Regulations do not unnecessarily impose on regulated entities.
- Regulatory approaches are updated and informed by intelligence gathering so that effort is focused towards risk.

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 and education as well as proactive compliance 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 complaints about alleged breaches of the legislation and subsequent findings of non-compliance, is guided by a risk-based, escalating decision tool (enforcement matrix). A mix of compliance and enforcement tools is used, ranging from education, advice or warnings, to more serious punitive actions such as issuing of orders, prescribed infringement notices or prosecutions which may result in a significant fine or penalty.

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 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) and to not impose unnecessary costs on individuals, business and government agencies through reforming (including repealing and or amending) public health legislation.

Licensing and approvals

Licences and approvals are granted under public health legislation and Table 2 indicates the number of licences, approvals and certificates granted during the 2020-21 financial year.

The number and type of public health licences granted in 2020 (excluding Food Auditors under the *Food Act 2006*) was published on the Open Data Portal at https://www.data.qld.gov.au/dataset/health-protection-licences/resource/37455db7-136a-4148-8877-3837b18b1a3a

Table 2. Licences and approvals granted during 2020-21

Act	Number
*Radiation Safety Act 1999**	16,498
*Pest Management Act 2001**	2836
Health (Drugs and Poisons) Regulation 1996*	1782

Food Act 2006	76
Private Health Facilities Act 1999	64
Grand Total	20,227192

Source: *Management of Applications, Permits, Licenses and Events (MAPLE)*

Note: Excludes Licences/approvals under the *Transplantation and Anatomy Act 1979 or appointments under the Public Health Act 2005.*

Compliance activities

During the 2020-21 financial year, authorised officers appointed under public health legislation received and responded to 1736 complaints and 1380 enquiries. They also undertook 1636 investigations and 2091 inspections/audits to assess compliance under the legislation.

When non-compliances with public health legislation are identified, authorised officers undertake the most appropriate and proportionate enforcement activity to rectify them. Table 3 shows the range of enforcement actions undertaken during 2020-21.

Table 3. Public health legislation enforcement actions 2020-21

Public Health Legislation (Act)	Written advice or warning	Compliance, Remedial, Improvement Notice or Public Health Order	Prescribed Infringement Notices (PINs)	Legal proceedings (prosecutions)	Total
Food Act 2006	14	3	9	6	32
Health (Drugs and Poisons) Regulation 1996	14	15	0	2	31
Pest Management Act 2001	3	0	3	0	6
Public Health Act 2005	238	4	65	2	309
Radiation Safety Act 1999	1	93	0	0	94
Tobacco and Other Smoking Products Act 1998	16	3	21	3	43
Total	286	118	98	13	515

Source: *Management of Applications, Permits, Licenses and Events (MAPLE)* and Chief Medical Officer & Healthcare Regulation Branch

Examples and case studies

Examples which demonstrate how regulatory activities align with, or how practices are being improved to align with, this model practice are provided below.

- Made significant progress towards the development of an on-line portal (the Queensland Health Public Health online portal) where radiation safety and pest management applications for licence renewal can be submitted, making it easier and quicker for businesses to renew a licence.
- Completed risk-based assessment of all applications for licences and approvals under the Health (Drugs and Poisons) Regulation 1996 (HDPR). Consideration of the potential risks involved include the type of regulated activity (e.g. selling, prescribing, administration of medicines), the level of skills and qualifications of persons involved, and the schedule of the medicines (a national uniform standard based on level of risk of a medicine/poison).
- Developed a new medicines and poisons scheme in readiness for implementation of the new *Medicines and Poisons Act 2019*. The new *Medicines and Poisons Act 2019* will consolidate a number of pieces of legislation including the HDPR and the *Pest Management Act 2001*. The new scheme will modernise and streamline processes and minimise regulatory burden. Benefits include removal of duplication with national licensing, permitting multi-site licences and approvals, and removing overly prescriptive and inflexible requirements for storage, record keeping and prescriptions.
- Continued to implement the recommendations of the Parliamentary committee report[11] and Queensland Audit Office (QAO) report[12] that the department review pharmacy business ownership arrangements in Queensland to promote compliance with relevant provisions of the *Pharmacy Business Ownership Act 2021.*
- Corresponded with pharmacy business owners taking part in the Queensland Health pharmacy business ownership compliance review. As at 30 June 2021, all invitations to participate in the review have been sent. The department continues to evaluate the supplied information and documents in relation to the compliance review. These contain details related to the operation and structure of the pharmacy business, including, franchise agreements, service agreements, leases and licenses.
- Modified the compliance auditing information requirements for private health facilities licensed under the *Private Health Facilities Act 1999* during the declared public health COVID-19 emergency. This allowed all 119 licenced private hospitals in Queensland to direct their resources to supporting the healthcare response to COVID-19.
- Launched an online Register of licensees under the *Radiation Safety Act 1999*, making it easier for licensees, business and the community to check if a person or corporation is licenced and the conditions of the licence.
- Progressed the remake of the Tobacco and Other Smoking Products Regulation 2010 which is due to expire on 31 August 2021, in order to maintain an effective legislative framework to support the regulation of smoking products in Queensland and the creation of environments that protect the health and wellbeing of Queenslanders through smoke-free areas. Targeted consultation was undertaken with relevant Queensland Government departments, including HHS PHUs, public health organisations, peak retailer and licensed venue associations, the Local Government Association of Queensland and local governments across Queensland.
- Facilitated the Transplantation and Anatomy (Tissue Banks) Amendment Regulation 2020 (Amendment Regulation) which amended the existing regulation to prescribe the Queensland Tissue Bank as a tissue bank under the *Transplantation and Anatomy Act 1979*. This amendment enables the Queensland Tissue Bank to recover reasonable (direct and indirect) costs associated with retrieval, evaluation, storage, processing and distribution of donated tissue under section 42A of the Act.
- Reviewed the clarity of wording and structure of the annual compliance self-assessment tool to assist stakeholders assess and support their compliance under the *Transplantation and Anatomy Act 1979*. Also reviewed and updated the list of relevant stakeholders (including licensed private health facilities, Assisted Reproductive Technology providers and pathology providers) to receive the annual compliance self-assessment tool. The annual tool is used as an educational tool as well as a

[11] The Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's (Parliamentary Committee) *Report No. 12, 56th Parliament – Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland* (Committee's Report).

[12] The Queensland Audit Office's report – *Managing transfers in pharmacy ownership report* (Report 4:2018-19).

compliance tool to assist stakeholders in maintaining compliance with the Act.
- Commenced a review of the Water Fluoridation Code of Practice to replace the current version (dated 2013). The Water Fluoridation Code of Practice is the key technical specification document governing fluoridation practices in Queensland. Key changes included a new simplified layout, amendments to encompass changes introduced by the Water Fluoridation Regulation 2020 (most notably the requirement for batch analysis certificates required for each batch of fluoride prior to any of the batch being added to a water supply, to be issued only by an Australian laboratory, accredited by the National Association of Testing Authorities Australia (NATA)) and updates to reference documents.

Consult and engage meaningfully with stakeholders

Supporting principles

- Formal and informal consultation mechanisms are in place to allow for the full range of stakeholder input and Government decision-making circumstances.
- Engagement is undertaken in ways that helps regulators develop a genuine understanding of the operating environment of regulated entities.
- Cooperative and collaborative relationships are established with stakeholders, including other regulators, to promote trust and improve the efficiency and effectiveness of the regulatory framework.

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 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 inter-state regulators).

Open and active engagement and communication occurs internally across Queensland Health, with co-regulators, 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.

Examples and case studies

Examples which demonstrate how regulatory activities align with, or how practices are being improved to align with, this model practice are provided below.

- Completed stakeholder engagement to review a suite of guidelines and documents under the *Food Act 2006*. The stakeholders who were invited to provide comments and feedback included the Local Government Association of Queensland, Local Governments, HHS PHUs and Food Safety Auditors. Key guidelines and documents reviewed included: Food safety supervisors, Local government assessment of a licence under the Food Act 2006, Code of conduct for approved auditors, Management of food safety programs and Food audit verification framework.
- Engaged and consulted with external stakeholders, including endorsement holders, in revising guidelines and application forms for approvals and notices under the HDPR. Those consulted included nurses, doctors, pharmacists and other health professionals; hospitals, aged care facilities, schools, child-care providers and industry stakeholders such as medicines and poisons manufacturers and wholesalers, veterinary surgeons and users of veterinary medicines and other specialist interest organisations. Feedback was sought and incorporated into documents to enhance end-user experience and promote compliance under the HDPR.
- Provided ongoing education to prescribing and pharmacy stakeholders about legislative changes to the HDPR which commenced on 1 July 2019, including the repeal of the *Public Health (Medicinal Cannabis) Act 2016*.
- Presented to local and state government environmental health officers at the Environmental Health Australia Gladstone Professional Development & Networking Event (October 2020) on how COVID-19 had impacted activities relating to the *Public Health (Infection Control for Personal Appearance Services) Act 2003* (the Act), including delays to the revision of the Infection Control Guidelines and changes to the licensing provisions of the Act. The presentation also included information about Botox and other injectables and emerging trends in the beauty industry.
- Consulted with peak bodies and major stakeholders regarding the new *Medicines and Poisons Act 2019*. Consultation was aimed at providing clarification on the obligations under the new legislative framework and advice on

implementation materials, once the new Act comes into effect.

- Participated in teleconferences and videoconferences with relevant stakeholders, including prospective private hospital and health service providers on matters such as building new facilities, applying for a licence to operate, transferring existing licences and to build or renovate existing facilities in compliance with the *Private Health Facilities Act 1999*.
- Commenced public consultation on the draft Radiation Safety Regulation and draft radiation safety standards, relevant to the *Radiation Safety Act 1999*. The consultation drafts of the documents were published on the Queensland Health webpages and the Queensland Government's 'Get Involved' site. Act Instrument holders and a number of stakeholders were also directly invited to provide comment.
- Consulted broadly with regulated entities, their agents and peak body representatives, including various community pharmacies, the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and the Interim Pharmacy Roundtable, regarding pharmacy business ownership requirements, proposed regulatory reform measures for the *Pharmacy Business Ownership Act 2001* and the implementation of the Parliamentary committee[13] and Queensland Audit Office[14] recommendations. For example, a workshop was held to provide an opportunity for industry representatives and future users of the Pharmacy Business Ownership Administration System (PBOAS), to give feedback on the usability of the relevant aspects of the PBOAS portal. The PBOAS portal is a new ICT solution aimed at transitioning the paper-based model of submitting pharmacy business ownership notifications to Queensland Health, to a more streamlined and efficient on-line model for notifications.
- Briefed Queensland wastewater service providers on COVID-19 wastewater sampling program being undertaken by Queensland Health in collaboration with the University of Queensland and CSIRO. Wastewater service providers (primarily Queensland local governments) have been encouraged to participate by assisting with sample collection. The program has expanded to encompass the collection of wastewater samples from over 60 locations in more than 20 local government areas. The Water Unit, which plays a key role regulating water quality under the *Public Health Act 2005*, ensures that results from the Queensland wastewater sampling program for COVID-19 are published to the Queensland Government webpage and facilitates associated stakeholder notifications, including input to media releases.
- Worked with the eHealth working group to develop nationally consistent public health messaging for air quality during bush fire events to be reported under the Queensland Government's air quality website. This work was a result of recommendations made from the 'Bushfire Royal Commission'. Consistent with the health protection objectives of the *Public Health Act 2005*, there are five health action levels presented in a colour indicator scale, to provide advice on what activities you can do, based on the hourly average concentrations of PM2.5 in the air. This information is now available on the Queensland Government website (https://apps.des.qld.gov.au/air-quality/#health_levels_info).
- Published the Smoke-free Healthcare Toolkit on the Queensland Health Intranet to promote compliance under the *Tobacco and Other Smoking Products Act 1998*. The Toolkit was developed in collaboration with HHSs and provides a process and strategies to help HHSs to achieve a balance of smoke-free education, enforcement and quit smoking support.
- Conducted targeted stakeholder consultations with licenced private health facilities, Assisted Reproductive Technology providers and pathology providers to determine their ongoing intersection with the *Transplantation and Anatomy Act 1979*. Each year, the division seeks advice from stakeholders on their compliance with the Act and through this process provides advice and education on their responsibilities under the Act to support them in meeting their legislative obligations.
- Engaged with key stakeholders to commence a review of the Water Fluoridation Code of Practice, the key technical specification document governing fluoridation practices in Queensland.

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[13] The Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's (Parliamentary Committee) *Report No. 12, 56th Parliament – Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland* (Committee's Report).

[14] The Queensland Audit Office's report – *Managing transfers in pharmacy ownership report* (Report 4:2018-19).

- Continued to participate as a committee member on the Queensland Chapter of the National Regulatory Community of Practice, an active network of public sector regulators, regulatory policy makers and others with a professional or scholarly interest in regulation, keen to learn from and with each other to deliver better regulation and better community outcomes.

Provide appropriate information and support to assist compliance

Supporting principles

- Clear and timely guidance and support is accessible to stakeholders and tailored to meet the needs of the target audience.
- Advice is consistent and, where appropriate, decisions are communicated in a manner that clearly articulates what is required to achieve compliance.
- Where appropriate, regulatory approaches are tailored to ensure compliance activities do not disproportionately burden particular stakeholders (e.g. small business) or require specialist advice.

Overview

The Division branches and units have an important role to support stakeholders and regulated entities achieve compliance through the provision of useful, accurate and timely information.

The 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 on-line 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.

Providing appropriate information and support to the stakeholders is essential to assist compliance with the legislation, particularly this financial year 2020-21, to ensure coordination of efforts across the regulatory system, in response to the COVID-19 outbreak.

Examples and case studies

Examples which demonstrate how regulatory activities align with, or how practices are being improved to align with, model practice 3 are provided below.

- Provided timely information and advice and guidance to food business owners and members of the public on interpretation of the *Food Act 2006* and the Australia and New Zealand Food Standards Code. Specific support was provided to promote compliance with Chief Health Officer COVID-19 directions related to restricted business operations and roadmap for reopening and easing of restrictions for food business, restaurants and cafes. Information and support was provided via email, updated fact sheets, updated guidelines, COVID complaint reporting and direction to the latest State and Federal government website information.
- Developed stakeholder-oriented guidelines and factsheets to assist endorsement holders with information on their compliance obligations under the HDPR. The revised guidelines are available on the department's website and more clearly outline the obligations of stakeholders and the department's expectations. Guidelines and factsheets are also available for prospective and current licence and approval holders to support their applications, and, if granted an authority, their compliance under the HDPR.
- Launched an on-line public register of Act Instrument holders, as required under the *Radiation Safety Act 1999*. This information will assist people who wish to check the radiation license status of themselves or others.
- Developed new Radiation Health webpages that provide industry-based information (across 12 industry types), to assist people unfamiliar with the radiation regulatory system. It is envisaged this streamlined information will improve the quality of radiation licence applications and thus expedite the application process.
- Published on-line enquiry forms on the department's Radiation Health web pages to streamline both internal and external requests and facilitate communications with stakeholders and regulated entities.
- Providing ongoing advice to Queensland private hospitals about their legislative compliance obligations and applicable standards under the *Private Health Facilities Act 1999*. The Private Health Regulation Unit also reviewed and provided feedback to all 119 licensed private health facilities on their processes and procedures for the management and investigation of staff and visiting healthcare workers who show signs or symptoms of

COVID-19 or who have contracted COVID-19. Also responded to numerous requests for clarification regarding applicability of Commonwealth and State public health directions issued in relation to COVID-19.

- Streamlined and finalised the Pharmacy Business Ownership Forms (1a through 1e) and published these on the Queensland Health website. These forms, along with other published guidelines, set out the required information and documents that pharmacy business owners must provide to ensure compliance with the *Pharmacy Business Ownership Act 2001*. Additionally, the Pharmacy Business Ownership Administration System (PBOAS), a new ICT solution, will transition the paper-based model of submitting pharmacy business ownership notifications to Queensland Health, to a more streamlined and efficient on-line model for notifications. The PBOAS provides business efficiencies and will reduce the regulatory burden on pharmacy business owners.
- Supported the delivery of the Safe and healthy drinking water in Indigenous local government areas program. The program is focused on building the capacity of Indigenous water operators to assure the ongoing safety and quality of water supplied by Indigenous local governments. It also aims to improve compliance with the water quality requirements under the *Public Health Act 2005*, and to deliver safe drinking water to their communities. Program delivery relies on extensive Queensland Health information, advice, support and presence in participating communities, including a strong partnership between the relevant HHS Public Health Units (PHUs) and Queensland Aboriginal and Torres Strait Islander Local Governments.
- In consultation with key stakeholders, including TAFE Queensland, Local Government and the personal appearances industry, developed a COVID-safe training module for personal appearance industry entitled*: COVID Safe for Personal Services (Beauty, nail salons, massage, tanning, tattoo parlours, spas, saunas and bathhouses)*. The training incorporated obligations under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, which require business proprietors and operators providing personal appearance services to take all reasonable precautions to minimise infection risks, which includes the spread of COVID-19. The training package was reviewed and significantly updated to incorporate infection control principles to prevent the spread of COVID-19 and other contagious diseases and will assist personal appearance services and businesses comply with legislative requirements.
- 13 QGOV continued to provide information about the Queensland smoking laws and free signage required by the legislation to support retailers, liquor licensed venues, facilities and community organisations to comply with the *Tobacco and Other Smoking Products Act 1998*.
- Published a revised guideline on the disposal of human remains (Best Practice Guidelines for schools of anatomy in the disposal of human remains) on the Queensland Health website to assist schools of anatomy in meeting legislative requirements and maintaining compliance in relation to this activity under the *Transplantation and Anatomy Act 1979* and other relevant Queensland legislation. In addition, continued to provide timely advice to key stakeholders including HHSs, Assisted Reproductive Technology providers, schools of anatomy and Queensland licensed private health facilities on various matters such as the process for applying for a permit to buy human tissue, appropriateness of advertising applications, and general queries in relation to regulatory requirements under the *Transplantation and Anatomy Act 1979*.
- In response to amendments to the Water Fluoridation Regulation 2020, encouraged and supported HHS PHUs to use routine audits and discussions with water service providers as an opportunity to impart information to promote compliance with the revised regulatory framework (i.e. ensure fluoride chemicals were supplied with a batch analysis certificate by an Australian-based NATA accredited laboratory.

Commit to continuous improvement

Supporting principles

- Regular review of the approach to regulatory activities, collaboration with stakeholders and other regulators, to ensure it is appropriately risk based, leverages technological innovation and remains the best approach to achieving outcomes.
- To the extent possible, reform of regulatory activities is prioritised on the basis of impact on stakeholders and the community.
- Staff have the necessary training and support to effectively, efficiently and consistently perform their duties.

Overview

The 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 and case studies

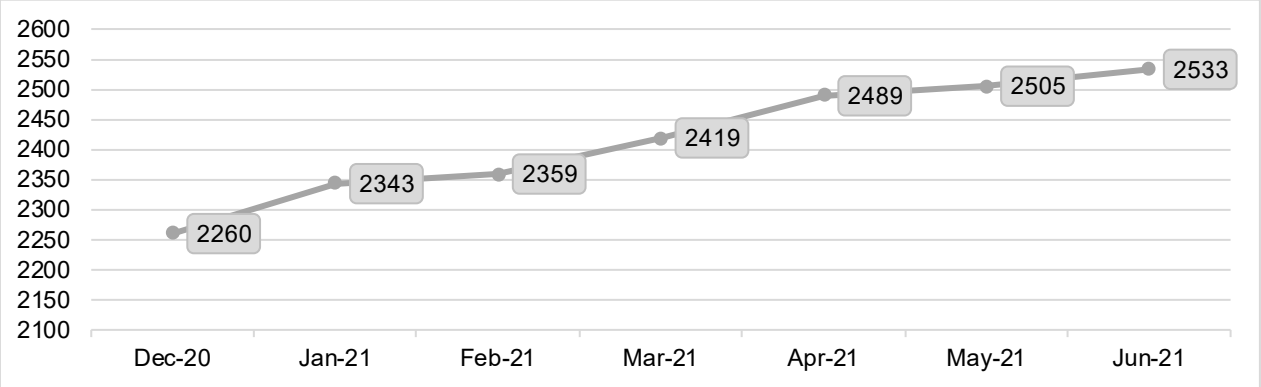
Examples which demonstrate how regulatory activities align with, or how practices are being improved to align with, model practice 4 are provided below.

- Finalised the development of, and launched, The Food Pantry, a digital food safety hub that includes an online portal providing a one stop shop for legislative, licensing and training requirements, plus educational materials such as self-assessment checklists, fact sheets, templates and posters. Includes an online self-assessment tool based on the existing "Know your food business resource", an online complaint form, and an interactive tool for the development of food labels based on the document Label Buster and free online training systems. Members of the public, food business owners and operators, and local and state government agencies supporting compliance with food safety standards will benefit from this information platform.
- Identified and addressed a gap in the HDPR regarding inability to grant labelling exemptions for circumstances that required such consideration. Following consultation with the department's Legal Branch and the Legislative Policy Unit, an amendment to the HDPR was made to allow the chief executive (or delegate) to grant such exemptions. This aligns with practices in other jurisdictions and reduces regulatory burden on relevant stakeholders. The Queensland Health website was updated on the topic to include a factsheet, application form and the publishing of exemptions granted.
- Expanded the terms of reference of the Medicines Approvals and Regulation Advisory Panel (MARAP) to assist the department make informed and consistent decisions regarding regulatory compliance and policy for the HDPR. The Panel has been successfully engaged on an ongoing basis to provide wider consultation on such compliance and policy matters. Referrals to the panel have also resulted in decisions resolving long-term complex applications for approvals under the HDPR.
- Revised the clinical indicator information requested from private hospitals licenced under the *Private Health Facilities Act 1999* in order to streamline reporting requirements and reduce regulatory burden.
- Progressed the development of a new ICT solution as part of the PBOAS project to support compliance under the *Pharmacy Business Ownership Act 2001*. The PBOAS solution is replacing the current legacy system and will introduce the ability for pharmacy business owners and their legal representatives to submit relevant notifications and documents to Queensland Health on-line via the PBOAS portal.
- Reviewed and updated the department's schools of anatomy application and variations forms, and compliance self-assessment documentation to capture the current COVID-19 situation and requirements and enhance compliance with the *Transplantation and Anatomy Act 1979*. In addition, internal work instructions were reviewed to improve knowledge of processes and improve consistency of departmental consideration of applications for permits and advertising, compliance responses, and school of anatomy assessments.
- Extended the Queensland Alliance for Environmental Health Sciences (QAEHS) for a further two years to 30 June 2023. QAEHS is a partnership between the University of Queensland and Queensland Health that is committed to undertaking environmental health science themed research and to transforming research into policy and practice. The Alliance also delivers professional development opportunities to Queensland Health environmental health science staff and supports continuous improvement in professional and regulatory practice.
- Developed a new, online Radiation Safety Officer Legislation Training course to provide instruction on the operation of the *Radiation Safety Act 1999*. The course is available free of charge on Queensland Health's webpages and has been developed to train persons appointed as Radiation Safety Officers about their role under the *Radiation Safety Act 1999* to support those holding possession licences.
- Continued to implement the enhanced Authorised Officer training program by providing access to Certificate IV Government Investigations and Regulatory Compliance

(PSP-40416) training for Queensland Health authorised officers appointed under public health legislation. This year, two Certificate IV Government Investigations courses were provided for over 20 authorised officers from around the state, using a combined face-to-face and on-line course delivery model.

- Fully transitioned to an electronic data management system for processing appointments under public health legislation. This improvement enabled the department to more efficiently process and track appointments under public health legislation, including enhanced reporting capability on the number and type of appointments. This enhanced capability was timely in the face of increased demand for appointments, for example as a Contact Tracing Officer or Emergency Officer (General) under the *Public Health Act 2005* to support the COVID-19 response. Figure 1 illustrates the total number of current appointments under public health legislation for each month during the period December 2020 to June 2021 and Table 4 presents the total number and type of current appointments under public health legislation as at 29 June 2021.

Figure 1. Total number of current appointments under public health legislation from December 2020 to June 2021, by month (Cumulative)



Source: *Management of Applications, Permits, Licenses and Events (MAPLE)*

Table 4. Number and type of appointments as at 29 June 2021

Type of Appointment	Number of Appointment
Contact Tracing Officer	1480
Emergency Officer (Medical) and Contact Tracing Officer	36
Contact Tracing Officer and Emergency Officer (General)	189
Emergency Officer (Gen) only and Authorised person	86
Emergency Officer	696
Other*	46
Total	**2533**

* Other appointments include: Vector Control Officers; Inspectors (Corporate Office) and Authorised officers (Corporate Office) appointed under various public health acts

Source: *Management of Applications, Permits, Licenses and Events (MAPLE)*

Be transparent and accountable in actions

Supporting principles

- Where appropriate, regulatory frameworks and timeframes for making regulatory decisions are published to provide certainty to stakeholders.
- Decisions are provided in a timely manner, clearly articulating expectations and the underlying reasons for decisions.
- Indicators of regulator performance are publicly available.

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 internet) 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 our regulatory performance through this annual report and other relevant, public platforms. The Division plans to continue increasing the amount of information that is publicly available on-line about its regulatory framework, policies, and procedures.

Examples and case studies

Examples which demonstrate how regulatory activities align with, or how practices are being improved to align with, model practice 5 are provided below.

- Published the 2019-20 Local Government report in relation to food safety on the Queensland Health website. Also published food safety documents in relation to food courts, buffets and self-service foods and a lead compliance agencies list. These are available to provide greater transparency and accountability for state government, local government and the general public on food safety matters.
- Published guidelines and factsheets which detail how applications for licence and approvals under the HDPR will be assessed, the supporting documentation required, and minimum standards to be met (e.g. for training or qualifications). All applications for licence and approvals under the HDPR that are refused or rejected are given detailed explanation of the reasons for the decision and the applicant is given an avenue to appeal the decision. For all endorsements that are granted with conditions, justification is provided for imposing the conditions.
- Facilitated occupational lead exposure notifications with Workplace Health and Safety Queensland and the Department of Natural Resources Mines and Energy, in accordance with Public Health Regulations 2019 Schedule 3, Division 2 Agreements. This information exchange provides greater transparency and allows respective departments to take any necessary action on workplaces that expose workers to excess levels of lead and helps protect workers health and well-being.
- Developed audit tools for water risk management and low-exposure recycled water schemes to promote consistent, transparent approaches to audit activities under the water related provisions under the *Public Health Act 2005* across the state.
- Conducted monthly teleconferences with Queensland Health Infection Control Practitioners, Public Health and Tuberculosis stakeholders, with over 80 attendees across Queensland. These state-wide stakeholder forums promote transparency and consistency of regulatory practices under the *Public Health Act 2005* for communicable disease management.
- Publication of resources applicable to schools of anatomy on the Queensland Health website to provide increased transparency and promote compliance with the *Transplantation and Anatomy Act 1979*. These include the school of anatomy audit checklist, evaluation tool, application forms for authorisation to establish a school of anatomy, and notification form of variation to establish, a school of anatomy, as well as *Best Practice Guidelines for schools of anatomy in the disposal of human remains.*
- Completed the third annual regulator performance report (2020-21), outlining how the Division aligns with, or plans to improve its regulatory practices to align with, the five model practices. Pus regulator performance reports (2019-20 and 2018-19) are available at https://www.qpc.qld.gov.au/regulator-performance-framework-2021/

Our people

Workforce profile

Queensland Health employed 96,207 FTE staff at the end of 2020-21. Of these, 12,821 FTE staff were employed by and worked in the department, including 5,000 FTE in the QAS, 3,694 FTE in Health Support Queensland and 1,325 FTE in eHealth Queensland.

The remaining 83,386 FTE staff were either:

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

Approximately 38.27 per cent of staff working in the department are managerial and clerical employees and 34.72 per cent are ambulance operatives.

During 2020-21, 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 hosted the State Health Emergency Coordination Centre and provided additional staffing for our hospitals, including additional support for HHS PHUs and support services such as cleaning, security and visitor screening.

The QAS COVID-19 Demand Surge response included the streamlined onboarding of staff, addition of COVID-19 surge response vehicles, implementation of enhanced staff safety measures including health screening within QAS Operations Centres and real-time oversight and management of PPE stock. Additionally, the QAS stood up the State Incident Management Room (SIMR) to increase coordination and statewide oversight. The SIMR consists of functional cells including intelligence, public information, logistics, operations, planning, administration and safety cells as well as a medical services cell offering staff information and advice regarding PPE, 24 hours a day, seven days a week.

In 2020-21, the average fortnightly earnings for staff working in the department was $4,129 for females, $5,309 for males and $4,167 for non-binary.

The department's separation rate for 2020-21 was 3.33 per cent. This reflects the number of full-time equivalent permanent employees who separated during the year as a percentage of full-time equivalent permanent employees.

Strategic workforce planning and performance

During 2020-21, Queensland Health workforce mobilised rapidly to respond to the COVID-19 global pandemic. This was supported through accelerated recruitment of a surge workforce to support unprecedented demand on frontline services, whilst managing growth in non-frontline roles to support Queensland's economic recovery.

The pandemic response required adaptive capacity and capabilities to respond with agility to changing circumstances, the ability to manage hybrid (office and non-office based) workforces and innovative solutions for these new and emerging challenges. The department provided a dedicated COVID-19 response and wellbeing initiatives in 2020 to support leaders and staff during the pandemic. This included staff resources and guidance material, including a manager's pack to help managers support their employees, and safe working support.

Developed in partnership with CheckUp, the Choose Your Own Health Career (CYO) and Grow Your Own Health Workforce (GYO) websites continued to be enhanced and grow, reaching over 18,000 users (compared to 14,000 in 2019-20) across Australia, United States of America, United Kingdom and China, with keen interest in career pathways, case studies and funding support for recruitment.

GYO is designed for employers, providing access to a range of practical information, tools and resources to support the implementation of sustainable, place-based workforce solutions. CYO is an online resource designed to provide guidance to those that may be considering a career in health but are not sure where to start, or whether they have the right skills, capabilities and qualifications. CYO highlights the many career pathways students can take to achieve a job in the health sector via VET pathways

To support continuous workforce planning under the *Department of Health Workforce Plan 2019–2022*, a workforce planning dashboard was implemented in early 2021. The dashboard supports a focus on local planning to ensure that the department's non-clinical workforce is equipped to 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.

Early retirement, redundancy and retrenchment

There were 3 redundancy, early retirement or retrenchment packages paid by the Department of Health in 2020-21.

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

	Permanent	Temporary	Casual	Contract	Total
Female	6168	657	62	139	**7025**
Male	5193	377	57	167	**5794**
Non-Binary	0	2	0	0	**2**
Total	**11,361**	**1 035**	**119**	**306**	**12,821**

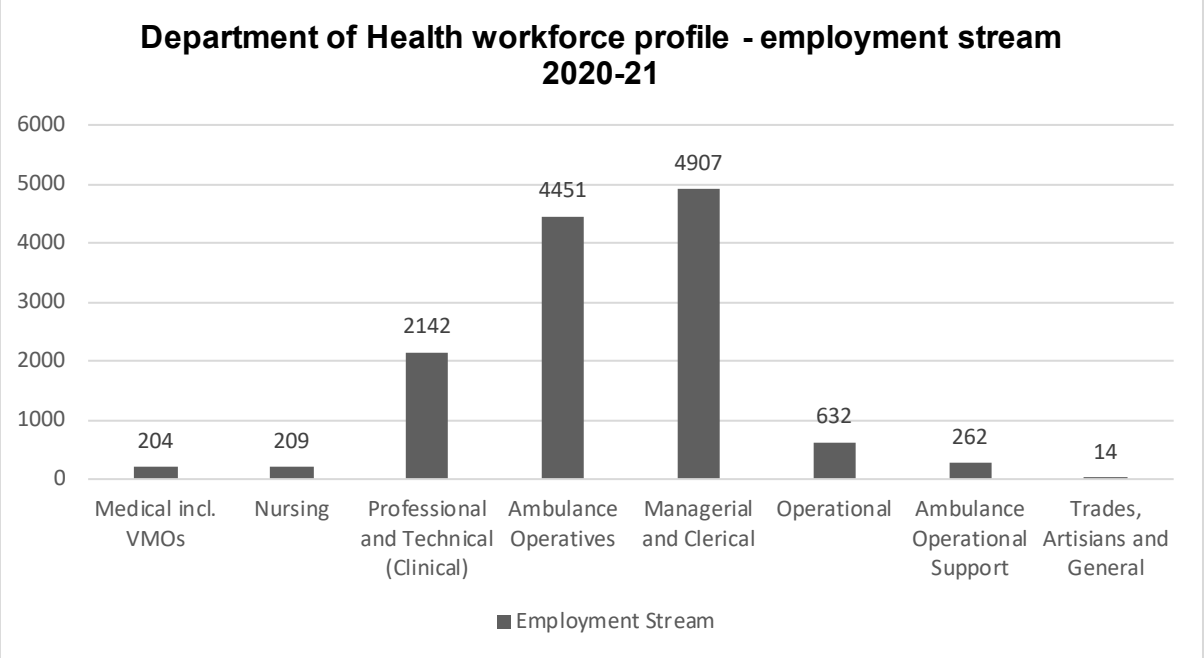


Figure X: Department of Health workforce profile – employment stream 2020-21

Employee performance management framework

Embedding a performance of culture in the Department of Health continued through 2020-21.

In July 2020, the Learning Gateway was launched to support the evolution of our workforce and leadership development at all levels. The Learning Gateway enables employees to drive their own development and build their knowledge and skills by accessing a curated library of resources.

As the Department of Health adjusted to a 'new normal' way of working, the department relaunched learning and development programs to be delivered virtually. These programs included:

- The Performance Practice program, a tailored program designed to build the leadership skills of our line managers and delivered in partnership with the Australian Institute of Management (AIM). The program is aligned to the Public Service Commission's Leadership competencies for Queensland to enhance the leadership journey and help teams perform at

their best. During 2020 - 2021 more than 200 employees have attended this training.
- The Next Generation leadership program delivered in partnership with the Queensland University of Technology (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 for staff across Queensland Health.

In response to the introduction of the positive performance management principles under section 25A of the Public Service Act 2008 and the new Public Service Commission Directive 15/20 - Positive performance management, the department has reviewed existing resources and developed further resources to assist employees and managers when undertaking performance management activities. These resources also assist in ensuring that performance management activities comply with the principles under the Act and aligns with a public service that works together to build a future focused, high performing public service, delivering priority government services to the community.

Employment relations

In 2020–21, Queensland Health continued implementation of certified agreements, resulting in the completion of many commitments under the Nurses and Midwives' (Queensland Health and Department of Education) Certified Agreement 2018 and the Medical Officers' (Queensland Health) Certified Agreement (No. 5) 2018.

In addition, the following agreements were certified in the Queensland Industrial Relations Commission:

- 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 Workforce (Queensland Health) Certified Agreement (No.1) 2019
- Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 3) 2019 (HPDO3).

Queensland Health continues to provide statewide guidance and support on employment arrangements including advice, reports and public service appeal advocacy in relation to new Public Service Commission Directives 13/20 - *Appointing a public service employee to a higher classification level,* 09/20 - *Fixed term temporary employment and* 08/20 - *Casual employment*.

The Department of Health managed a range of workforce matters emerging from the COVID-19 response.

In April 2020, the Director-General launched six industrial relations principles to supplement the existing industrial framework during Queensland Health's COVID-19 response. The principles were developed in consultation with Queensland Health's industrial partners to enable Queensland Health to respond rapidly to the potential demand of the COVID-19 pandemic. The principles have continued to apply during the COVID-19 vaccine rollout. The principles are as follows:

- The health and safety of our workforce is paramount;
- Employees will be asked to work only within their scope of practice;
- Flexibility is vital to our response;
- Respectful and rapid consultation about temporary changes is required;
- Existing industrial entitlements will be maintained; and
- All changes are temporary.

Employee wellbeing and inclusion

Mental health and wellbeing

The department continued to run accredited Mental Health First Aid training for staff and leaders, with 65 staff completing the training in 2020-21. Mental health first aid encourages early help-seeking and promotes mentally healthy workplaces. It is evidence-based training that gives employees the skills and confidence to have supportive conversations with their co-workers to help guide them to professional help if needed. Evaluation by staff completing the training demonstrated an expansion of mental health literacy and enabled staff to respond to colleagues positively with awareness, knowledge and confidence when faced with mental health issues.

Queensland Health implemented dedicated COVID-19 response and wellbeing initiatives in 2020 to support leaders and staff during the pandemic. This included staff resources and guidance material, pandemic response updates, safe working support and PPE, remote and flexible working, and transitioning back to the workplace. A dedicated staff wellbeing page outlined a tiered model of support and included topical wellbeing fact sheets, resources, and links to further information and support, inclusive of the Queensland Government's Dear Mind resources.

The department ran a series of wellbeing webinars for leaders and staff through the Employee Assistance Program and supported with tailored

team mental health and wellbeing responses. 1021 departmental staff registered for the program of 4 webinars (greater than 50% uptake), with staff evaluation feedback being very positive across all measures.

The department rolled out its annual staff influenza vaccination program again in 2020-21 with a significant increase in uptake on previous years, and 3104 staff vaccinated.

HR capability

The department delivered the HR in Practice program to human resource practitioners across Queensland Health. Eight cohorts were run during 2020-21 with 31 participants from nine HHSs and the department, attending.

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 included 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 HHSs and the department.

Employee inclusion

The Executive Leadership Team endorsed the Workforce Diversity and Inclusion Action Plan 2020–2022 which will further drive the department's ongoing commitment to building a diverse and inclusive workplace. The actions are aligned to the Queensland Health Workforce Diversity and Inclusion Strategy 2017–2022.

Key achievements included:

- Growth of the Queensland Health statewide LGBTIQ+ employee network (for initiatives relating to lesbian, gay, bisexual, transgender, intersex and queer or questioning employees) to over1600 members.
- The delivery of manager and all staff information sessions about flexible working arrangements, disability awareness sessions, and LGBTIQ+ awareness sessions.
- Submission to the Australian Workplace Equality Index, a national benchmark that measures LGBTIQ+ workplace inclusion – and the achievement of Bronze Tier status.
- Submission for re-accreditation as a White Ribbon accredited workplace.
- Over 200 Queensland Health employees joined the 'Queensland Health Team' to participate in the Darkness to Daylight Challenge, a run to raise awareness of the impact of domestic and family violence and fundraising over $24,000 for Australia's CEO Challenge.
- Ongoing flexible work for business continuity during the response to COVID-19 pandemic and a move to formalise flexible working arrangements as part of the new normal.
- Changes to diversity data definitions and questions to be more inclusive and contemporary. This includes two new groups — South Sea Islander people and LGBTIQ+ people — and a new gender option of 'X'.
- Ongoing support for employees affected by domestic and family violence

Public Sector Ethics Act 1994

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

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

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

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 2020–21, 5,709 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 Queensland Public Service. 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 2020-21 included:

- System Leadership Forum
- Executive Leadership Team
- Queensland Health Leadership Advisory Board
- COVID System Leadership Forum (CSLF)

Leadership teams amalgamated in 2020-21 to form the CSLF included:

- Pandemic Health Response Leadership team
- HSCE and Pandemic Health Response Leadership Team

Boards, Councils and Committees

- Hospital and Health Boards (HHBs)
- The Department of Health Audit and Risk Committee (ARC)
- Sexual Health Ministerial Advisory Committee
- Mount Isa Lead Health Management Committee (MLHMC)
- eHealth Executive Committee (eHEC) (retired 18 January 2021)
- Queensland Government Critical Supply Reserve (QGCSR) Whole of Government Steering Committee

Statutory bodies

- Hospital and Health Services (HHSs) (16)
- Hospital Foundations (16)
- 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

Leadership teams

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 Deputy Director-General, COVID-19 Supply Chain Surety Division • Chief Health Officer • Acting Deputy Director-General, Prevention Division and Chief Medical Officer	Fortnightly

			• Chief Aboriginal and Torres Strait Island Health Officer and Deputy Director-General, Aboriginal and Torres Strait Islander Health Division • Chief Finance Officer • Executive Director, Office of the Director-General and System Strategy Division	
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.	From August 2020	• Director-General (Chair) • Chief Executive Officer, Health Consumers Queensland • Chair, e 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-Chairs, Health Service Chief Executive Forum • Chair, Queensland Clinical Senate • Deputy Director-General, Corporate Services Division and Acting Deputy Director-General, COVID-19 Supply Chain Surety Division • Deputy Director-General, Healthcare	Monthly

			Purchasing and System Performance	
COVID System Leadership Forum (CSLF)	To address the COVD-19 pandemic, the department has established the COVID System Leadership Forum (CSLF). Members of the CSLF have specific areas of responsibility for the pandemic response. The CSLF replaced the Health Service Chief Executives (HSCE) and Pandemic Health Response Leadership Team (PHRLT+) which operated from 23 March 2020.	From 23 July 2020	This group consists of the Executive Leadership Team of the department, with the addition of: • Chief Executive of the Office for Rural and Remote Health • Health Service Chief Executives • Chief Executive, Mater Health Services • Chair, Queensland Clinical Senate • Chair, Queensland Clinicals Network's Executive • Chief Executive Officer, Health Consumers QLD • Assistant DDG; Aged Care and NDIS, Prevention • Deputy Chief Health Officer • Senior Director, Health Disaster Management Unit	Weekly with extraordinary meetings called on a needs basis

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 advice and assurance in relation to the department's risk, internal control, audit, governance, performance management 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 2020–21 include: • Endorsement of the annual internal audit plan for 2021–22 prior to approval by the Director-General and monitored the ongoing delivery of the internal audit program for 2020–21. • Endorsement of the annual financial statements for 2019–20 prior to sign-off by the accountable officer. • Endorsement of the Information Standard 18 (IS18:2018) annual return prior to sign-off by the Director-General. • 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 an external peer review.
Financial Reporting	Expenditure related to the Committee totalled $45,505 (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	11	$8,400.00 p.a. (ex GST)	Nil	$8,400.00 (ex GST)
Deputy Chair	Chris Johnson	11	$8,400.00 p.a. (ex GST)	Nil	$6,600 (ex GST)

Member	Barbara Phillips	3*	Nil	Nil	Nil	
Member	David Sinclair	8	Nil	Nil	Nil	
Member	Darren Hall	11	Nil	Nil	Nil	
Member	Alister Whitta	8	Nil	Nil	Nil	

*Limited due to COVID-19 pandemic response.

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 scheduled eleven meetings during the 2020-21 financial year of which four were extraordinary meetings held specifically to address the department's Annual Internal Audit Plan, Financial Statements and Information Standard 18 (IS18:2018) compliance. 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

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 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 Virus (HIV), Hepatitis B, Hepatitis C, Sexually Transmissible Infections (STIs), Aboriginal and Torres Strait Islander (A&TSI) Blood Borne Viruses and STIs and North Queensland A&TSI STIs).
Achievements	• Research sub-committee set research priorities and assessed and recommended applications for funding under the Sexual Health Research Fund with four projects funded in FY 2020-21. • Provided professional advice on COVID Safe Industry Plans for Queensland Sex on Premises Venues and Adult Parties, and Queensland Sex Industry. • Continued implementation of 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 adapted to meet COVID-19 directions.
Financial Reporting	Nil
Remuneration	Regulation, Administration and Advice Category, Level 3 of the Remuneration Procedures for Part-time Chairs and Members of Queensland Government Bodies.
Members and positions	• Emeritus Professor Cindy Shannon AM (Chair) • Dr Anthony Allworth • Associate Professor Ignacio Correa-Valez • Phillip Carswell OAM • Professor Rebecca Kimble • Dr Stephen Stathis • Dr Graham Neilsen • Candi Forrest • Hayley Stevenson • Barbara Shaw • Dallas Leon
No. scheduled meetings/sessions	Sexual Health Ministerial Advisory Committee met three times over 2020-21. Research Sub-Committee met once for a duration of less than four hours. Forum Sub-Committee met three times over 2020-21 with the duration of each meeting of less than four hours.
Total out of pocket expenses	Nil

eHealth Executive Committee (eHEC)	
Act or Instrument	Terms of Reference
Functions	The purpose of the eHealth Executive Committee (eHEC) as the peak digital governance body, is to support the Director-General by providing strategic impartial advice to govern the planning, prioritisation, implementation and benefit realisation of the Digital Health Strategic Vision for Queensland for the public health system in Queensland. The Director-General released a new Queensland Health System Governance structure in 2020 as part of the COVID-19 Pandemic public health system response. As a result, the requirement for a system-wide strategic digital portfolio committee has been reassessed and the eHealth Executive Committee has been retired as of 18 January 2021.
Achievements	Key achievements for 2020–21 include: • Providing leadership on digital strategic initiatives. • Setting and monitoring the 'eco-system wide' digital investment strategy, maximising value within contextual priorities and making updates when appropriate.
Financial Reporting	Nil
Remuneration	Nil
Members and positions	• Damien Green • Narelle Doss • Professor Andrew Johnson • Kent Grayson • David Muller • Cameron Ballentine • Dr David Hansen • Shaun Nesbitt • Dorothy Vicenzino • Dr Jason Brown • Professor Keith McNeil • Michael Campbell • Chris Fechner • Toni Cunningham • Jane Hancock • Frank Tracey • Michelle Parker
No. scheduled meetings/sessions	The eHEC scheduled three meetings during the 2020-21 financial year.
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	Despite the COVID-19 global pandemic, lead health management strategies in Mount Isa continue to be strengthened. The Point of Care Testing (PoCT) program (finger-prick blood testing) continues to be supported by the Mount Isa community, as the preferred method to measure a child's (<5 years of age) blood lead level. The impact of the pandemic was only minimal on the PoCT program, with the total of 284 tests being undertaken on children less than 5 years of age, from 1 July 2020 to 30 June 2021. This represents 239 individual children being tested, with some children having multiple tests during this period. From these results, approximately: • 139 children had blood lead levels <5 μ g/dL • 78 children had blood lead levels ≥5 μ g/dL but <10 μ g/dL • 22 children had blood lead levels ≥10 μ g/dL. Most testing has been undertaken at the Maternal Child Youth Health Centre during 2019-20. However, a larger number of tests have been undertaken at Gidgee Healing primary health service centre, compared to previous years. This helps improve the identification of local at-risk Indigenous children, with approximately 19% of all children tested, identifying as indigenous. Although this is a step in the right direction, the Committee is committed to further increasing the participation of indigenous children in the program. 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 continues to support the Lead Alliance sub-committee in achieving local health risk protection strategies, to further educating and promoting safe lead health practises in the community.
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) • Danielle Slade, Mayor, Mount Isa City Council

	• The Hon Bob Katter MP, Federal Member for Kennedy • Rob Katter MP, State Member for Traeger • Paul Woodhouse, Chair, North West HHS* (* Currently vacant as of 30 June 2021) • Katherine du Preez, Commissioner, Mine Safety and Health, Department of Resources • Maryann Wipaki, General Manager, Health, Safety, Environment & Community, Glencore North Queensland • Phillip Brooks, Commissioner, Queensland Family and Child Commission • Rob Lawrence, Deputy Director-General, Department of Environment and Science • Dr Karen Murphy, A/Chief Executive Officer, North West HHS
No. scheduled meetings/sessions	Yearly
Total out of pocket expenses	Nil

Queensland Government Critical Supply Reserve Whole of Government Steering Committee	
Act or Instrument	Terms of Reference
Functions	Responsible for overseeing the strategy, design, implementation, benefits, realisation, government risk and issue management, and investment made to establish the QGCSR and its operating procedures.
Achievements	Key achievements for 2020–21 include: • Acceptance of Terms of Reference • Endorsement of benefits framework and approach • Endorsement of interim Operational Governance Model for the QGCSR
Financial Reporting	Nil
Remuneration	Nil
Members and positions	• Deputy Director-General Supply Chain Surety Division and Corporate Services Division | QGCSR Program Senior Responsible Owner, Queensland Health • Deputy Director-General, Manufacturing and Regional Development, Department of Regional Development, Manufacturing and Water • A/Director-General, Department of Regional Development, Manufacturing and Water • Director-General, Queensland Health • Assistant Commissioner, Queensland Fire and Emergency Services • Acting Deputy Director-General and Chief Advisor Queensland Government Procurement, Department of Energy and Public Works • Deputy Under Treasurer, Queensland Treasury (QT) • Deputy Director-General, State Development Group, Department of State Development, Infrastructure, Local Government and Planning • Assistant Commissioner, Queensland Police • Chief Procurement Officer, Queensland Health
No. scheduled meetings/sessions	The QGCSR scheduled two meeting for the 2020-21 reporting period in March 2021 and May 2021.
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 of 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 and Ambulance Services.	HHSs are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the HHS's respective annual reports for 2020–21.
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 • Townsville HHB • West Moreton HHB • Wide Bay HHB	As per the HHS annual reporting arrangements.
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	Hospital Foundations are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the Hospital

		of communities. They are administered by voluntary boards appointed by the Governor in Council on recommendation of the Minister for Health and Ambulance Services. There are 13 Queensland Hospital Foundations: • Bundaberg Health Services Foundation • Children's Hospital Foundation Queensland • Central Queensland Hospital Foundation • 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	Foundations' respective annual reports for 2020-21.
QIMR Berghofer Medical Research Institute (QIMR)	*Queensland Institute of Medical Research Act 1945*	The QIMR 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 2020-21.
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 led by the Health Ombudsman, which is a statutory appointment under the Act. Amongst other things, the Health Ombudsman's functions are to receive and take relevant action on health service complaints and identify, investigate, and deal with health service issues and report on systemic issues.	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 2020-21.

Health and Wellbeing Queensland	*Health and Wellbeing Queensland Act 2019*	Health and Wellbeing Queensland (HWQld) was established to improve the health and wellbeing of the Queensland population. HWQld has a focus on reducing the burden of chronic diseases through targeting risk factors for those diseases such as poor nutrition, low physical activity and obesity, and reduce health inequity.	HWQ is required to prepare its own annual report, including independently audited financial statements. Details can be found in HWQ's Annual Report 2020-21.
Mental Health Court	*Mental Health Act 2016*	The Mental Health Court is constituted by judges of the Supreme Court of Queensland. The Court is assisted by one or two assisting clinicians. The primary function of the Court is to determine questions of unsoundness of mind, fitness for trial and diminished responsibility in relation to persons charged with criminal offences. The Court is also the appeal body to 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 annual report. Details can be found in the Mental Health Court's Annual Report 2020-21. Financial transactions are included in the Department of Health's Annual Report 2020-21.
Mental Health Review Tribunal	*Mental Health Act 2016*	The primary role of the Mental Health Review Tribunal is to provide independent review of treatment authorities, forensic orders, treatment support orders, fitness for trial and the detention of minors in high security units. The tribunal also hears applications for examination authorities, the approval of regulated treatments and the transfer of particular patients into and out of Queensland. The Tribunal is also the appeal body against particular decisions of the Chief Psychiatrist and administrators of an Authorised Mental Health Service	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 2020-21. Financial transactions are included in the Department of Health's Annual Report 2020-21.
Queensland Mental Health Commission	*Queensland Mental Health*	The primary function of the Queensland Mental Health Commission is to drive ongoing reform towards a more integrated, evidence-based, recovery	The Queensland Mental Health Commission is required to prepare its own annual report, including independently audited financial statements. Details can be found in

	Commission Act 2013	orientated mental health, alcohol and other drug system in Queensland.	the Queensland Mental Health Commission's Annual Report 2020-21.
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 2020-21.

Independent statutory bodies and authorities

The following health statutory bodies do not prepare annual reports to be provided to the Minister for Health and Ambulance Services for tabling in the Queensland Parliament.

Name of body as described in the constituting Act	Act of 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 Islander 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 • 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	Details can be found in *QCAT's Annual Report 2020-21*.

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 2020-21.*
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 Pracitioner Regulation Agency's (Ahpra's) Annual Report 2020-21.*
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 2020-21.*
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 2020-21*. Financial transactions are included in the Department of Health's Annual Report 2020-21.

Risk management and accountability

Risk management

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

External scrutiny

During 2020-21, Queensland Audit Office (QAO) published the following reports directly impacting the Department of Health:

Tabled Date	Audit Date	Objective and Department of Health/Queensland Health response
Report 16 (2020-21)		
25 March 2021	Planning for sustainable health services	This audit assessed how effectively the Department of Health (the department) and the hospital and health services (HHSs)—work together to plan for a sustainable health system.
Report 12 (2020-21)		
9 February 2021	Health 2020	This report discussed the audit results of Queensland health entities, which include the Department of Health (the department) and 16 hospital and health services (HHSs). The report also summarised the audit results for 12 hospital foundations and four other statutory entities.
Report 4 (2020-21)		
23 September 2020	Queensland Health's new finance and supply chain management system	This report aimed to identify facts relating to Queensland Health's implementation of SAP S/4HANA, the new finance and supply chain management system, and the subsequent actions the Department of Health has undertaken.
Report 3 (2020-21)		
22 September 2020	Queensland Government response to COVID-19	This report provided a broad outline of government's activities in response to COVID-19, including estimated costs of those activities.

Internal audits

Queensland Health's Internal Audit Unit (Unit) provides risk-based assurance and advisory services to the Director-General, the Audit and Risk Committee (ARC) and senior management. During the 2020-2021 financial year, the Unit operated under a co-sourced service delivery model endorsed by the ARC.

All internal audit work is performed in line with the department's Internal Audit 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 Chartered Accountant (Australia and New Zealand) and a 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 did not have direct authority or responsibility for the activities it reviewed in the 2020-2021 financial year.

During 2020-2021, the Internal Audit Unit:

- 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,
- monitored and reported on the status of implementation of internal audit recommendations, together with QAO recommendations associated with their financial and performance audits, and provided reports resulting from internal audits to the ARC and the Director-General

Information systems and recordkeeping

The Department of Health continues its commitment towards improving information maturity and compliance with the Public Records Act 2002.

During 2020-21 the Department further expanded the electronic Document and Records Management (eDRMS) user base by a further 300 users (18%) increase on the previous financial year.

The Department has approved and published the Health Sector (Corporate Records) Retention and Disposal Schedule enabling all public authorities to have access to information to dispose of records in line with requirements covered by these schedules. The Forensic and Scientific Services Retention and Disposal Schedule was approved during the financial year. All previously authorised retention and disposal schedules covering records classes described in previous schedules have been revoked and removed from use.

The department has completed its baseline maturity assessment against the QSA record keeping maturity assessment tools and has developed actions for enable the department to progress with continuous improvements.

Information Security attestation

During the mandatory annual Information Security reporting process, the Director-General ensured that appropriate assurance activities were undertaken to inform the appropriateness of the information security risk management within the Department. Outcomes of assurance support attestation being provided to the Queensland Government Chief Information Security Officer within approved timeframes.

Human Rights Act 2019

The department is committed to protecting and promoting the human rights of all Queenslanders and to a culture that places respect for human rights at the centre of everything we do. The department actively applies the *Human Rights Act 2019* (HRA) and acknowledges we must consider the impact of our decisions and actions on the human rights of Queenslanders and how the HRA applies to our work, particularly when dealing with public entities, the general public and each other.

It is recognised across Government that the implementation and development of a culture in the public sector that respects and promotes human right is an ongoing process that will be progressively realised over time. For example, as the right to access health services is unique to Queensland as opposed to any other Australian jurisdiction with a HRA, the Department of Health will continue to support the health system to understand the specific obligations around this right, and continue to incorporate practices for its progressive realisation over time. This also means continual improvements and refinements will be made to processes to fulfil obligations under the HRA as more information and case law becomes available.

Over the reporting period the Department's functions were significantly impacted by the COVID-19 pandemic. However, management continued to progress the objectives of the HRA by improvement and awareness activities. The highlights include:

- staff completion of tailored HRA training for the department
- distribution of the Queensland Government's Human Rights Managers Toolkit to all departmental leadership teams to guide Managers to support staff to consider human rights in all actions and decision-making
- establishment of the First Nations Health Improvement Advisory Committee to drive the First Nations Health Equity agenda and to develop a Health Equity Regulation to operationalise the newly legislated health equity strategies to support the protection and promotion of human rights, particularly the right to access health services
- amendment of the Hospital and Health Boards Act 2011 to require Hospital and Health Service to have a strategy for achieving health equity with First Nations peoples; and that each Hospital and Health Board have one or more Aboriginal persons and/or Torres Strait Islander persons as members
- update of the mental health website to provide information about the HRA, the compatibility with the *Mental Health Act 2016* and general guidance and examples for clinicians regarding consideration of human rights when administering the Mental Health Act
- the Mental Health Act training modules for authorised doctors and authorised mental health practitioners review commenced. The reviewed modules will identify what human rights clinicians must consider when administering Mental Health Act
- the quarantine fee waiver scheme included the assessment of all 23 human rights for each individual applicant in determining a decision about his/her application. Information about quarantine fee recovery activities was made available in five languages and interpreter services were made available on request to support the achievement of cultural rights, that is, people can use their own language
- extensive consultation on human rights was undertaken with clinicians at vaccination sites by the COVID-19 Vaccination Taskforce
- Information and guidance was provided to stakeholders about the impact on Human Rights obligations when participants are unable to provide consent to research
- COVID Health Directions Enquiry Service developed a specific human rights assessment template and guide to assess and record human rights impacts for all health direction exemption requests

Total number of complaints received 2020-21	• 206 human rights complaints
Outcomes of complaints	• 169 complaints were resolved by the department • 12 complaints remain open/ongoing • 4 complaints were withdrawn • 2 complaints were referred to the QIRC for conciliation • 19 complaints were unresolved (including closed or lapsed complaints by the QHRC)

The Department received 206 human rights complaints, either directly or from referrals from the Queensland Human Rights Commission. All complaints were managed in accordance with the department's customer complaint management framework in addition to other relevant departmental policies and procedures. Action taken to deal with and resolve these complaints included, giving an explanation, apology, changes to practices or processes, overturning an original decision, conciliation, further training and disciplinary action.

A significant number of human rights complaints received (88%) relate to the department's response to the COVID-19 pandemic restrictions and exemptions under the *Public Health Act*. The majority were resolved with subsequent changes made to COVID-19 restrictions that reflect an appropriate balance of impacts on individuals' human rights and the risk of exposure to the public and the spread of COVID-19.

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 for the study *An initial investigation of the Emergency Department treatment and outcomes of the drowning patient*.
Section 50P(2)(c)	Disclosed confidential patient information for the study *An audit of outcomes and patient characteristics in patients with ST-elevation myocardial infarction (STEMI) receiving in-field thrombolysis administered by QAS personnel*.
Section 50P(2)(c)	Disclosed confidential patient information for the study *Association between Time to Amiodarone Administration and Survival Outcomes in Refractory Ventricular Fibrillation.*
Section 50P(2)(c)	Disclosed confidential patient information for the study *The Epidemiology of Tourist Injuries in Queensland, Australia*.
Section 50P(2)(c)	Disclosed confidential patient information for the study *Heat and its impact on Ambulance Services.*
Section 50P(2)(c)	Disclosed confidential patient information for the study *Evaluation of a paediatric inter-facility transfer initiative for acutely unwell children in regional Queensland: Standardised workflow for Inter-Facility Transfer oWIFTKids.*
Section 50P(2)(c)	Disclosed confidential patient information to support the Queensland Family & Child Commission *Red Flags for Children Report.*
Public Health Act 2005	
Section 81 (2) Notifiable Conditions Register	Confidential health data (including name, date of birth, sex, address, contact details) from the Notifiable Conditions Register about diagnosed COVID-19 patients in Queensland was provided to Hinterland Health Pty Ltd for the ATHENA COVID-19 Study. The ATHENA COVID-19 Study (the Project) aims to describe the health outcomes of all persons diagnosed with COVID-19 in Queensland, over time and in relation to patient characteristics. The project is being led and funded by Queensland Health and being undertaken in partnership with Australian National University and Hinterland Health Pty Ltd. The Project will measure the impact of COVID-19 on the population and will advance the scientific knowledge of the health effects of COVID-19 infections in Queensland. It will contribute to the improvement of models to

	predict outcomes and lead to better clinical treatment and in turn better patient outcomes.
Section 81 (2) Notifiable Conditions Register	Confidential information from the Notifiable Conditions Register about persons (including their name, date of birth, status of matched record in relation to hepatis B, hepatitis C, and human immunodeficiency virus (HIV) notified with a blood borne virus (hepatitis B, hepatitis C or HIV)) was disclosed to the Victorian Department of Health and Human Services. The Victorian Department of Health and Human Services are conducting an urgent investigation into potential community transmission of bloodborne viruses. This investigation requires the Victorian Department of Health and Human Services to check the names of a list of their records against the notifiable diseases database in each jurisdiction to determine if any of the people have been notified with a blood borne virus (hepatitis B, hepatitis C or HIV). This information enables the Victorian Department of Health and Human Services to investigate the potential community transmission of bloodborne viruses in their jurisdiction.
Section 81 (2) Notifiable Conditions Register	Confidential Information from the Notifiable Conditions Register 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. This information was disclosed to the project officer to develop an enhanced follow up of Hepatitis C (HCV) notifications for the purposes of improving hepatitis C treatment uptake. This project remains active, hence the disclosure continues.
Section 81 (2) Notifiable Conditions Register	Identifiable confidential health information from the Notifiable Conditions Register was disclosed to the Therapeutic Goods Administration (TGA), relating to Adverse Events Following Immunisation (AEFI) (excluding the COVID-19 vaccines). Currently the AEFI data is provided to TGA through emailing AEFI details on individual PDF forms that have been redacted of identifiable information by the department's Communicable Diseases Branch. The future state will require bulk upload of identifiable AEFI data by electronic transfer. The TGA have developed functionality to allow receipt of AEFI data through the secure transmission of a data file extracted from the Notifiable Conditions Register. Queensland Health staff will access the TGA secure website and upload the file with a line list of AEFI case data directly to the site. The TGA will not have direct access to the Notifiable Conditions Register. This system will facilitate the timely electronic transmission of data from Queensland Health to the TGA.
Section 223(2) Perinatal statistics	During 2020-2021, there was one disclosure of confidential information under Section 223(2) of the Public Health Act 2005. The following confidential information was released from the perinatal statistics collection in the public interest:

	Perinatal statistics collection data (comprising mother's date of birth, baby's Indigenous status and the Queensland Registry for Births, Deaths and Marriages (RBDM) record number/ID) for all Queensland birth registrations from 2012 to current (2021) was disclosed to the RBDM. The initial data supplied totalled 551,794 birth notifications. RBDM has a statutory responsibility to maintain its birth registry pursuant to the Births, Deaths and Marriages Registrations Act 2003. RBDM requested matching data from the Perinatal statistics collection for incorporation into the RBDM's births registrations data to assist with the completeness and quality of birth registrations, to address issues with under-registration and identification of Aboriginal and Torres Strait Islander people for Queensland.
Section 228L(2) Maternal death statistics	During 2020-21 there were no disclosures of confidential information in the public interest under this section of the legislation.
Section 241(2) Queensland Cancer Register	During 2020-2021, there was one disclosure of confidential information under Section 241 (2) of the *Public Health Act 2005*. The following confidential information was released from the Queensland Cancer Register in the public interest: 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). The information was disclosed to the Chief Executive Officer, Cancer Council Queensland and persons employed by Cancer Council Queensland for the specific purpose of enabling continued epidemiological research to understand patterns and trends in cancer incidence, prevalence, mortality and survival, with a view to identifying areas or improvement or need, and to investigate factors that impact on diagnosis, clinical management, health services delivery and cancer outcomes.
Section 280	The Director, Office of Director-General, Systems Strategy Division, authorised release of digital data from all Queensland Health ieMR sites (with the exception of Cairns Hospital) to Townsville University Hospital on 25 January 2021 for the purpose of conducting research into the effectiveness of a digital algorithm in the detection of sepsis.
Hospital and Health Boards Act 2011 and Public Health Act 2005	
Sections 81 and 109 of the *Public Health Act 2005* And Section 160 of the *Hospital and Health Boards Act 2011*	An outbreak of COVID-19 was identified at the Grand Chancellor Hotel, Brisbane. Consequently, the investigation team was established to review the circumstances leading to the COVID-19 cluster at the Grand Chancellor Hotel. To successfully undertake the investigation, members of the Investigation Review Team required access to the confidential information contained on the Notifiable Condition Register database, concerning persons quarantined, employed by, or working at, or other relevant persons at the Grand Chancellor Hotel who have contracted COVID-19, who have been tested for COVID-19 or who are close contacts of a confirmed case of COVID-19. Information disclosed included: name, date of birth, gender, postcode, occupation, date of diagnosis or provisional diagnosis, details of the potential exposure to COVID-19, quarantine requirements and other information relevant to the scope of the investigation.

	The information was disclosed in the public interest for the purposes of conducting and completing the Investigation.
Sections 81 and 109 of the *Public Health Act 2005* And Section 160 of the *Hospital and Health Boards Act 2011*	Confidential information from the Notifiable Conditions Register about Queensland Health employees who had or may have contracted COVID-19 through the carrying out of work within the public sector health system was released to the Department of Health Human Resources Branch. The information included age, gender, postcode, diagnosis or provisional diagnosis, date of diagnosis or provisional diagnosis, onset date, name of the public health unit and hospital and health service, source of infection, clearance outcomes, occupation, place of employment and case's movements while infectious. The confidential information was disclosed to the Department of Health Human Resources Branch to support the discharge of relevant duties under the Work Health and Safety Act 2011 (Qld), including notification of notifiable incidents.
Sections 81 and 109 of the *Public Health Act 2005* And Section 160 of the *Hospital and Health Boards Act 2011*	Confidential information from the Notifiable Conditions Register about maritime crew members or other relevant persons who have contracted COVID-19, who have been tested for COVID-19, or are close contacts of a confirmed case of COVID-19, was disclosed to Maritime Safety Queensland. The information included: name, date of birth, gender, postcode, occupation, employer, place of employment, name of vessel, diagnosis or provisional diagnosis, date of diagnosis or provisional diagnosis, onset date, name of the public health unit and the hospital and health service, source of infection, date of testing, clearance outcomes, cases movements while infectious, date of potential exposure to COVID-19, details of the potential exposure to COVID-19 and quarantine requirements. The confidential information was disclosed to Maritime Safety Queensland so necessary action could be taken to assist in containing, or responding to, the spread of COVID-19 on a vessel.
Sections 81 of the *Public Health Act 2005* And Section 160 of the *Hospital and Health Boards Act 2011*	Confidential information from the Notifiable Conditions System was disclosed to Queensland Police Service, regarding persons required to quarantine under Chapter 8 of the Act, in relation to COVID-19. The information included: name, date of birth, gender, address of place of quarantine, name of hotel/accommodation and room number, telephone number, email address, diagnosis or provisional diagnosis, date of diagnosis or provisional diagnosis, onset date, infectious period, name of the public health unit and the hospital and health service, date of testing, negative diagnosis, and clearance outcomes. The purpose of the discloser to the Queensland Police Service was that necessary action could be taken to safeguard the safety and wellbeing of its employees and others involved in the management of government nominated quarantine facilities.
Sections 81 of the *Public Health Act 2005* And Section 160 of the *Hospital and Health Boards Act 2011*	Confidential information from the Notifiable Conditions System was disclosed to The Department of Health Strategic Communications Branch about persons in relation to COVID-19. The information included: date of birth, age, gender, postcode. notification decision, name of public health unit and hospital and health services, 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 instill confidence and to ensure those who are non COVID patients and who require care, continue to access health care services • to continue the national response for COVID-19 of the public health emergency • to support the public sector health system and agency response to local outbreaks otherwise inform the public and the media about the incidence and management of COVID-19 within the state of Queensland.
Sections 81 of the *Public Health Act 2005* And Section 160 of the *Hospital and Health Boards Act 2011*	Confidential information from the Notifiable Conditions System was disclosed to Queensland Police Service regarding COVID-19, including: name, address, date of birth, contact details, telephone and email, any other identifying information, whether the person is in hospital, isolation or otherwise, and clearance outcomes. The confidential information was disclosed to the Queensland Police Service to support compliance and enforcement activities. The disclosure also allowed the Queensland Police Service to record confidential information in the Service's database (Q-Prime).
Sections 81 of the Public Health Act 2005 and And Section 160 of the *Hospital and Health Boards Act 2011*	Confidential information from the Notifiable Conditions System dataset in relation to COVID-19 was released to eHealth Queensland and the Statistical Services Branch to enable data matching with other Queensland Government datasets. The purpose of the data matching was to ensure that information for individuals subject to quarantine and isolation directions under the Act were valid, the individual was not currently in hospital and a compliance check was required. Information from this dataset was not disclosed to other Government Departments. The compliance check was undertaken by a call centre operated by the Department of Justice and Attorney General and Department of Communities, Housing and Digital Economy.
Sections 81 and 109 of the *Public Health Act 2005* And Section 160 of the *Hospital and Health Boards Act 2011*	An outbreak of COVID-19 was identified at the Grand Chancellor Hotel, Brisbane. Consequently, the investigation team was established to review the circumstances leading to the COVID-19 cluster at the Grand Chancellor Hotel. To successfully undertake the investigation, members of the Investigation Review Team required access to the confidential information contained on the Notifiable Condition Register database, concerning persons quarantined, employed by, or working at, or other relevant persons at the Grand Chancellor Hotel who have contracted COVID-19, who have been tested for COVID-19 or who are close contacts of a confirmed case of COVID-19. Information disclosed included: name, date of birth, gender, postcode, occupation, date of diagnosis or provisional diagnosis, details of the potential exposure to COVID-19, quarantine requirements and other information relevant to the scope of the investigation. The information was disclosed in the public interest for the purposes of conducting and completing the Investigation.

Sections 81 and 109 of the *Public Health Act 2005* And Section 160 of the *Hospital and Health Boards Act 2011*	Confidential information from the Notifiable Conditions Register about Queensland Health employees who had or may have contracted COVID-19 through the carrying out of work within the public sector health system was released to the Department of Health Human Resources Branch. The information included age, gender, postcode, diagnosis or provisional diagnosis, date of diagnosis or provisional diagnosis, onset date, name of the public health unit and hospital and health service, source of infection, clearance outcomes, occupation, place of employment and case's movements while infectious. The confidential information was disclosed to the Department of Health Human Resources Branch to support the discharge of relevant duties under the Work Health and Safety Act 2011 (Qld), including notification of notifiable incidents.
Hospital and Health Boards Act 2011	
Under section 142,160 and section 161 *Hospital and Health Board Act 2011*	Disclosure of confidential information to the HCC for the Way to Wellness (WTW) service. The information disclosed is information from the elective surgery waiting list to nominated persons in the HCC, Health Support Queensland, for the purpose of actively engaging patients awaiting orthopaedic elective surgery to offer them the opportunity to participate in the WTW service.
Private Health Facilities Act 1999	
Section 147 and 147(6)	During 2020-21 there were no disclosures of confidential information in the public interest under Section 147 or 147(6) of *the Private Health Facilities Act 1999*.
Section 147(6)	Disclosure of confidential information to the HCC for COVID-19 Proactive Education of Aboriginal and Torres Strait Islanders living in Queensland. The information disclosed is information from the QHAPDC, QHNAPDC and EDC and contains directly identifying contact information and (where relevant) flags for presence of certain high-risk medical conditions. This information for the purpose of an education program aims to support Aboriginal and Torres Strait Islander communities during the COVID-19 pandemic, providing the HCC the means to contact these communities and provide evidence-based information, advice, dispel myths and answer questions and support a timely approach to COVID-19 vaccination.

Government agreements and legislation

Australian Government agencies

The table below provides a summary of key achievements delivered in 2020-21 by Queensland Health andHHSs 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 2020-21
Adult Public Dental Services	Queensland has met the activity targets under this NPA on Public Dental Services for Adults which funded around 151,720 courses of treatment from January 2017 to March 2021. 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 HHS PHUs and annual training of the HBOs on their responsibilities under the Biosecurity Act 2014. Dr Sonya Bennett is 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 2020-21 in the management of the COVID-19 pandemic, a listed disease. Additional HBOs have been appointed to support the COVID-19 pandemic response. In 2020-2021 there were 11 detections of exotic mosquitoes at international first ports or imported cargo. Queensland Health works with Department of Agriculture, Water and the Environment, local governments, and key industry in surveillance and response to detect and intervene to prevent incursions of exotic mosquitoes that may introduce significant human disease risks.
CHHP	A new agreement commenced in 2020-21 and supports Queensland in tackling local health service gaps and funding new and existing facilities across the State. The projects/initiatives funded under this agreement are: • Planning and early work to redevelop the Redland Hospital • Contribute to construction of a multi-story carpark at Redland Hospital • Construction of a Logan Urgent and Specialist Care Centre to deliver specialist outpatient services • Redesign of Redcliffe Hospital Emergency Department to separate paediatric and adult patients

	• Expansion of the bed capacity by 33 beds at the Townsville University Hospital through a new fit out of existing facilities • Establish an eight chair chemotherapy unit at Caboolture Hospital • Establishment of clinical service pilots to improve Health Services for People with Brain and Spinal Cord Injuries across Queensland • Redevelopment of the Emerald Hospital Emergency Department
Comprehensive palliative care in aged care	This new agreement that commenced in 2020-21 supports the delivery of projects that expand existing models of care or new approaches to the way care is delivered or commissioned, to improve palliative and end-of-life care coordination for older Australians living in residential aged care facilities. The Queensland Specialist Palliative Care in Residential Aged Care Facilities Project will build the capacity and capability of residential aged care facilities to provide high quality palliative care to residents.
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. Working with the Commonwealth and the States and Territories, Queensland has contributed to the development of teletrials standard operating procedures.
Expansion of BreastScreen Australia Program	From 1 May 2020 to 30 April 2021, Queensland delivered 35,127 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 target of 23,176 screens for this period.
Health Innovation Fund	A new agreement commenced in 2020-21. The Health Innovation Fund was established to provide incentive and support for reform principles outlined in the National Health Reform Agreement 2020-25. Projects funded under this initiative: • Torres and Cape Health Care Commissioning Fund • A Clinical and Business Intelligence Artificial Intelligence project • Stimulating and enabling system innovation for greater precision in prevention project • Interactive Obesity prevention program • Mental health, alcohol and other drugs healthcare integrated journey board • Research to improve outcomes for people from culturally and linguistically diverse communities

Hummingbird House Children's Hospice	A new agreement commenced in 2020-21 continuing the previous work program. The agreement provides a Commonwealth financial contribution, matched by Queensland, toward 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. Operational funding is also provided by the Queensland Government. The operation of this specialist paediatric facility continues to progress well, with close to full occupancy during 2020-21.
Improving trachoma control services for Indigenous Australians	Queensland met all of the performance indicators for 2019-2020 and onward funding for 2020-2021 was awarded. Over 90% of all children aged 5–9 years (target population) were screened for trachoma in at-risk communities in north-west Queensland.
Lymphoedema Compression Garment Scheme	The Lymphoedema Compression Garment Scheme supports a nationally consistent approach for access to specialised compression garments needed by people with lymphoedema. Queensland has a well-established program across Hospital and Health Services for the supply of compression garments for people with lymphoedema.
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 Addendum to the current Agreement finalised in May 2020 to operate from 1 July 2020 to 30 June 2025. The Agreement provides annual funding to Queensland of more than $5 billion and is fundamental to the operations of Queensland Health's hospital network, as well as setting out priorities for long-term national health reform.
National Partnership on COVID-19 Response	A National Partnership on COVID-19 Response was signed in March 2020 to provide for a Commonwealth financial contribution for costs incurred in responding to the COVID-19 pandemic, including as a result of the diagnosis and treatment of patients with COVID-19 or suspected of having COVID-19, and efforts to minimise the spread of COVID-19 in the community. This was extended in April 2020 to provide viability payments to contracted private hospitals.
National Partnership on Essential Vaccines (NPEV)	Queensland was one of two states which met all four of the performance benchmarks assessed in 2019-2020. This achievement delivered over $3.4 million in reward funding from the Australian Government in 2020–21.
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 10,129 cases of illness due to foodborne pathogens notified to Queensland Health between 1 July 2020 and 31 March 2021. 18 foodborne

	outbreaks and 1 zoonotic 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 2005. 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 RHD, through key action areas, including improving clinical care, education and training, data collection and reporting and maintaining an electronic register.
Schedule D - Addressing Blood Borne Viruses and Sexually Transmissible Infections in the Torres Strait	A new agreement commenced in 2020-21 continuing the previous work program. 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.
Schedule E - Managing Torres Strait/Papua New Guinea Cross Border Health Issues	A new agreement commenced in 2020-21 continuing the previous work program. 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. 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 in PNG.
Schedule F - Mosquito control and cross border liaison in the Torres Strait Protected Zone	A new agreement commenced in 2020-21 continuing the previous work program. Mosquito control and cross border liaison in the Torres Strait Protected Zone supports the surveillance, control and possible elimination of Aedes albopictus (Asian Tiger) mosquito within the Torres Strait and prevention of the spread of Aedes albopictus from the Torres Strait to 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.
Specialist Dementia Care Program	The Specialist Dementia Care Program is a Commonwealth program that funds specialist dementia care units in private residential aged care homes. There are currently three units in Queensland. During 2020-21, in-reach clinical advice and support has been provided by three Hospital and Health Services for Specialist Dementia Care Program Clients residing in Specialist

	Dementia Care Units delivered by three private residential aged care services.
Stillbirth autopsies and investigations	A new agreement commenced in 2020-21 to support Queensland Health to meet its obligations under the National Stillbirth Action and Implementation Plan. Funding from the Agreement will be used to deliver the Improving Perinatal Review and Outcomes Via Education (IMPROVE) workshops
The National Bowel Cancer Screening Program – participant follow-up function	From 1 April 2020 to 31 March 2021 Queensland delivered 7,370 participant follow up services.
Vaccine Preventable Diseases Surveillance National Partnership Agreement	The Vaccine Preventable Diseases Surveillance National Partnership 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.

Other whole-of-government plans and specific initiatives

Queensland Sexual Health Strategy 2016-2021

The *Queensland Sexual Health Strategy 2016–2021* was launched on 1 December 2016 and is supported by Action Plans addressing HIV, Hepatitis B, Hepatitis C, Sexually Transmissible Infections and the *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016-2021*.

During 2021 the Sexual Health Strategy will be transitioned from a time-limited strategy to become an enduring framework. Existing Action Plans will be updated and will continue to articulate how the framework will be operationalised in the future.

Health portfolio legislation

The department administers a suite of heath portfolio legislation and is committed to ensuring all legislative compliance obligations under this legislation are met.

Legislation	Details	Number of breaches
Ambulance Service Act 1991	The *Ambulance Service Act 1991* and the *Ambulance Service Regulation 2015* are the primary pieces of enabling legislation for the Queensland Ambulance Service. This legislation serves to: • establish the QAS; • establish membership of the QAS; • enable and regulate the functions and powers of the AS and its officers; regulates fees payable for ambulance services.	No breaches of this legislation have been identified.
Food Act 2006	The main purposes of the *Food Act 2006* are as follows: (a) to ensure food for sale is safe and suitable for human consumption; (b) to prevent misleading conduct relating to the sale of food; to apply the food standards code.	No breaches of this legislation have been identified.
Health Act 1937 *Health (Drugs and Poisons) Regulation 1996*	The *Health Act 1937* and *Health (Drugs and Poisons) Regulation 1996* are the primary legislation for medicines and poisons control in Queensland. The legislation promotes and protects public health and safety by restricting access to certain medicines and poisons to authorised persons, specifying minimum requirements for access, use packaging, labelling, storage, advertising, sale and disposal of medicines and poisons and maintaining the traceability of medicines and poisons throughout the supply chain.	No breaches of this legislation have been identified.
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.	No breaches of this legislation have been identified.

Hospital and Health Boards Act 2011 and *Mater Public Health Services Act 2008*	The *Hospital and Health Boards Act 2011* establishes a public health 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 Act provides for a wide range of functions and obligations including appointment of members to Hospital and Health Boards, management and funding of the health system, disclosure of confidential information, appointment of the Chief Health Officer and Deputy Chief Health Officer, conduct on health service land, and clinical reviews.	No breaches of this legislation have been identified.
	The *Mater Public Health Services Act 2008* provides for the Department of Health and the Mater to enter into arrangements about the funding and delivery of public health services by Mater hospitals, providing additional public health service capacity to the benefit of Queenslanders.	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.	Reporting on breaches of this legislation will be reported in the *2020-21 Chief Psychiatrist Annual Report*.
Pest Management Act 2001	The main object of the *Pest Management Act 2001* is to protect the public from: (a) health risks associated with pest control activities and fumigation activities and; the adverse results of the ineffective control of pests.	No breaches of this legislation have been identified.
Pharmacy Business Ownership Act 2001	The objects of the *Pharmacy Business Ownership Act 2001* are: (a) to promote the professional, safe and competent provision of pharmacy services; and to maintain public confidence in the pharmacy profession.	No breaches of this legislation have been identified.

Private Health Facilities Act 1999	The main object of this *Private Health Facilities Act 1999* is to provide a framework for protecting the health and wellbeing of patients receiving health services at private health facilities.	No breaches of this legislation have been identified.
Public Health Act 2005	The *Public Health Act 2005* protects and promotes the health of the Queensland public.	No breaches of this legislation have been identified.
Public Health (Infection Control for Personal Appearance Services) Act 2003	The purpose of the *Public Health (Infection Control for Personal Appearance Services) Act 2003* is to minimise the risk of infection that may result from the provision of personal appearance services.	No breaches of this legislation have been identified.
Radiation Safety Act 1999	The main object of the *Radiation Safety Act 1999* is to protect persons and the environment from the harmful effects of sources of ionising radiation and harmful non-ionising radiation.	No breaches of this legislation have been identified.
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 the legislation and licence conditions. The Office of the Director-General and System Strategy Division liaises with ERLC regarding Queensland Health compliance. Compliance with the legislation is required under the department's Research Ethics and Government Health Service Directive as well as research funding agreements.	No breaches of this legislation have been identified.
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 Provides clarity and safety for health practitioners providing terminations of pregnancy brings Queensland legislation in line with other Australian jurisdictions	No breaches of this legislation have been identified.

Tobacco and Other Smoking Products Act 1998	The object of the *Tobacco and Other Smoking Products Act 1998* is to improve the health of members of the public by reducing their exposure to tobacco and other smoking products.	No breaches of this legislation have been identified.
Transplantation and Anatomy Act 1979	The *Transplantation and Anatomy Act 1979* provides for the removal of human tissues for transplantation and other medical and scientific purposes, for post-mortem examinations, for the definition of death, for the regulation of schools of anatomy, and for related purposes.	No breaches of this legislation have been identified.
Water Fluoridation Act 2008	The *Water Fluoridation Act 2008* promotes good oral health in Queensland by the safe fluoridation of public potable water supplies.	No breaches of this legislation have been identified.

Monitored Agency Legislation

Legislation	Details	Number of breaches
Health and Wellbeing Queensland Act 2019 *Health Ombudsman Act 2013* *Health Practitioner Regulation National Law Act 2009, Health Practitioner Regulation National Law (Queensland)* *Hospital Foundations Act 2018* *Mental Health Act 2016 (to the extent of administering provisions relevant to the Mental Health Review Tribunal)* *Queensland Institute of Medical Research Act 1945* *Queensland Mental Health Commission Act 2013*	The department is committed to meeting all legislative compliance obligations 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.	During 2020-21 there were no breaches of the department's legislative compliance obligations under monitored agency legislation.

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
AKC2026	Advancing Kidney Care 2026
BCS	Bachelor of Computer Science
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
CHQ	Children's Health Queensland
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
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
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
LAN	Local Ambulance Service Network
LGBTIQ+	Lesbian, gay, bisexual, transgender/gender diverse, intersex and queer

Acronym	Definition
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
NHMRCELC	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
OHSA	Office of Health Statutory Agencies
OpCen	Operations Centre
PAH	Princess Alexander Hospital
PHNs	Primary Health Networks
PHRLT	Pandemic Health Response Leadership Team
PID	Public Interest disclosure
Prevention	Prevention Division
QAS	Queensland Ambulance Services
QHIDS	
QHLB	Queensland Health Leadership Board
QIWAG	Queensland Insights Website Advisory
QMPQC	Queensland Maternity and Perinatal Quality Council
QWAC	Queensland Website Advisory Committee
RACFs	Residential Aged Care Facilities
RBWH	Royal Brisbane and Women's Hospital
RRP	Rapid Results Program
SDLO	System and Department Liaison Officer
SHECC	State Health Emergency Coordination Centre
SUSD	Stand Up Stand Down
STARS	Surgical, Treatment and Rehabilitation Service
UTI	Urinary Tract Infection

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; page 3
Accessibility	• Table of contents • Glossary	ARRs – section 9.1	Contents; page 5 Definitions and compliance; page 125
	• Public availability	ARRs – section 9.2	Accessibility; page 2
	• Interpreter service statement	*Queensland Government Language Services Policy* ARRs – section 9.3	Interpreter accessibility; page 2
	• Copyright notice	*Copyright Act 1968* ARRs – section 9.4	Copyright; page 2
	• Information Licensing	*QGEA – Information Licensing* ARRs – section 9.5	License summary statement; page 2
General information	• Introductory Information	ARRs – section 10	About us; page 14
Non-financial performance	• Government's objectives for the community and whole-of-government plans/specific initiatives	ARRs – section 11.1	Our contributions to government; page 16
	• Agency objectives and performance indicators	ARRs – section 11.2	Our performance; Strategic Achievements; page 33
	• Agency service areas and service standards	ARRs – section 11.3	Our performance; Service delivery statements; page 48
Financial performance	• Summary of financial performance	ARRs – section 12.1	Financial highlights; page 9

Governance – management and structure	• Organisational structure	ARRs – section 13.1	About us; Our organisational structure; page 17
	• Executive management	ARRs – section 13.2	About us; Executive leadership team; page 18
	• Government bodies (statutory bodies and other entities)	ARRs – section 13.3	Our governance; Statutory bodies; page 88
	• Public Sector Ethics	*Public Sector Ethics Act 1994* ARRs – section 13.4	Our people; *Public Sector Ethics Act 1994*; page 86
	• Human Rights	*Human Rights Act 2019* ARRs – section 13.5	Our governance; *Human Rights Act*; page 107
	• Queensland public service values	ARRs – section 13.6	About us; Queensland public service values; page 17
Governance – risk management and accountability	• Risk management	ARRs – section 14.1	Our governance; Risk management and accountability; page 105
	• Audit committee	ARRs – section 14.2	Our governance; Boards, Committees and Councils; page 92
	• Internal audit	ARRs – section 14.3	Our governance; Internal audits; page 106
	• External scrutiny	ARRs – section 14.4	Our governance; External scrutiny; page 105
	• Information systems and recordkeeping	ARRs – section 14.5	Our governance; Information systems and recordkeeping; page 106
	• Information Security attestation	ARRs – section 14.6	Our governance; Information Security attestation; page 106

Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	Our people; Strategic workforce planning and performance; page 83
	• 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; page 83
Open Data	• Statement advising publication of information	ARRs – section 16	Open Data; page 2
	• 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 2021; page 128
	• Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	Financial Statements 30 June 2021; page 129

FAA *Financial Accountability Act 2009*

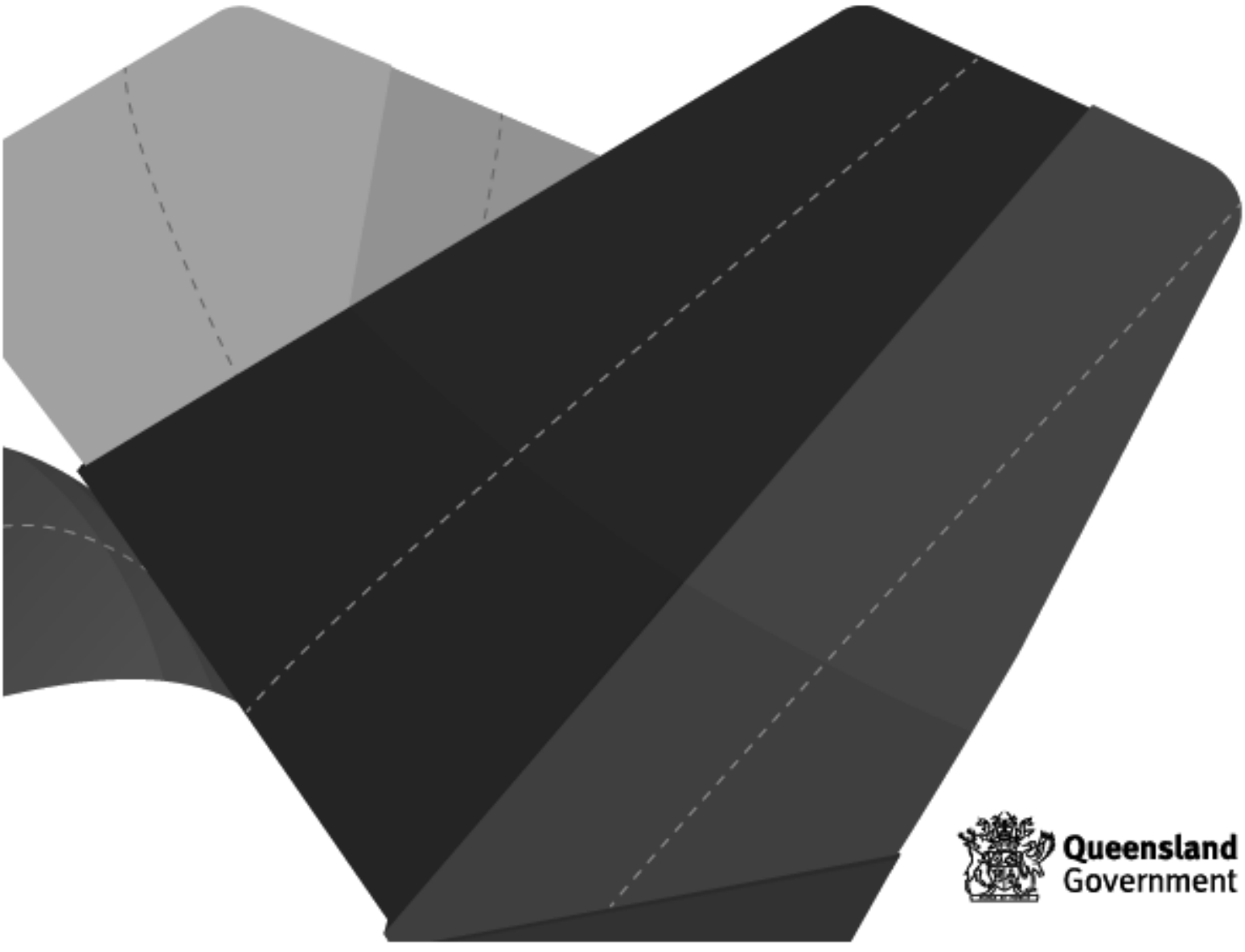
FPMS *Financial and Performance Management Standard 2019*

ARRs *Annual report requirements for Queensland Government agencies*

Financial Statements
30 June 2021

Department of Health

Financial Statements - 30 June 2021



Queensland Government

Department of Health
Contents and General Information

For the year ended 30 June 2021

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 2021

	Note	2021 $'000	Original Budget 2021 $'000	2020 $'000	Ref*	Actual vs budget variance $'000
REVENUE						
Appropriation revenue	2	**12,012,518**	**12,638,659**	11,685,954	i.	(626,141)
User charges	3	**1,995,957**	**1,860,427**	1,765,411	ii.	135,530
Labour recoveries	3	**9,588,771**	**9,418,037**	2,677,123	iii.	170,734
Grants and other contributions	3	**5,961,233**	**5,645,020**	5,549,356	iv.	316,213
Other revenue	3	**240,183**	**31,984**	57,083	v.	208,199
Share of gain from associates	22	**386**	**-**	-		386
Interest revenue		**2,910**	**617**	2,581		2,293
TOTAL REVENUE		**29,801,958**	**29,594,744**	21,737,508		207,214
EXPENSES						
Employee expenses	4	**(11,339,227)**	**(11,146,252)**	(4,354,976)	vi.	(192,975)
Supplies and services	7	**(1,879,517)**	**(2,685,554)**	(1,676,085)	vii.	806,037
Health services	8	**(16,056,592)**	**(15,382,001)**	(15,383,746)	viii.	(674,591)
Grants and subsidies	9	**(124,939)**	**(62,621)**	(90,756)	ix.	(62,318)
Depreciation and amortisation	16, 17, 18	**(142,469)**	**(170,434)**	(144,625)	x.	27,965
Net impairment losses on financial and contract assets		**(54,813)**	**(1,344)**	(632)	xi.	(53,469)
Share of loss from associates	22	**-**	**-**	(2,355)		-
Other expenses	10	**(199,017)**	**(141,538)**	(82,153)	xii.	(57,479)
TOTAL EXPENSES		**(29,796,574)**	**(29,589,744)**	(21,735,328)		(206,830)
SURPLUS/(DEFICIT) FOR THE YEAR		**5,384**	**5,000**	2,180		384
OTHER COMPREHENSIVE INCOME						
Items that will not be reclassified subsequently to profit or loss						
Increase/(decrease) in asset revaluation surplus		**12,395**	**-**	18,345		12,395
OTHER COMPREHENSIVE INCOME FOR THE YEAR		**12,395**	**-**	18,345		12,395
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**17,779**	**5,000**	20,525		12,779

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

Department of Health
Statement of financial position
As at 30 June 2021

	Note	2021 $'000	2020 $'000
ASSETS			
Current Assets			
Cash and cash equivalents	12	**413,725**	932,591
Loans and receivables	14	**2,309,179**	1,344,816
Inventories	15	**231,436**	169,186
Prepayments		**66,128**	87,168
Other assets		**13**	8,663
TOTAL CURRENT ASSETS		**3,020,481**	2,542,424
Non-current Assets			
Loans and receivables	14	**106,557**	99,597
Property, plant and equipment	16	**1,001,661**	1,091,420
Right-of-use assets	17	**20,726**	19,572
Intangibles	18	**321,354**	334,903
Interests in associates	22	**73,072**	72,686
Other assets		**6,675**	5,748
TOTAL NON-CURRENT ASSETS		**1,530,045**	1,623,926
TOTAL ASSETS		**4,550,526**	4,166,350
LIABILITIES			
Current Liabilities			
Payables	19	**2,010,130**	1,474,285
Accrued employee benefits	20	**660,808**	913,226
Lease liabilities	17	**3,239**	4,065
Other liabilities		**1,106**	1,068
TOTAL CURRENT LIABILITIES		**2,675,283**	2,392,644
Non-current Liabilities			
Lease liabilities	17	**83,499**	73,773
Other liabilities		**553**	1,587
TOTAL NON-CURRENT LIABILITIES		**84,052**	75,360
TOTAL LIABILITIES		**2,759,335**	2,468,004
NET ASSETS		**1,791,191**	1,698,346
EQUITY			
Contributed equity		**211,918**	136,846
Asset revaluation surplus	21	**243,383**	245,025
Retained surpluses		**1,335,890**	1,316,475
TOTAL EQUITY		**1,791,191**	1,698,346

The accompanying notes form part of these statements.

Department of Health
Statement of changes in equity
For the year ended 30 June 2021

	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**

	Contributed equity $'000	Asset revaluation surplus $'000	Retained surpluses $'000	Total equity $'000
BALANCE AT 1 JULY 2020	**136,846**	**245,025**	**1,316,475**	**1,698,346**
Surplus for the year	-	-	5,384	5,384
Increase/(decrease) in asset revaluation surplus	-	12,395	-	12,395
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	**-**	**12,395**	**5,384**	**17,779**
Transactions with owners in their capacity as owners:				
Equity injections	772,991	-	-	772,991
Equity withdrawals	(790,418)	-	-	(790,418)
HHS equity transfers*	290,522	-	-	290,522
Reclassification between equity classes	-	(14,037)	14,037	-
Net assets transferred to HHSs	(198,023)	-	-	(198,023)
Other equity adjustments	-	-	(6)	(6)
BALANCE AT 30 JUNE 2021	**211,918**	**243,383**	**1,335,890**	**1,791,191**

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.*

Department of Health
Statement of cash flows
For the year ended 30 June 2021

	Note	2021 $'000	2020 $'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows			
Appropriation revenue receipts		**12,332,464**	11,638,476
User charges		**1,577,304**	1,636,646
Labour recoveries		**9,882,790**	2,366,934
Grants and other contributions		**5,880,091**	5,504,965
GST collected from customers		**10,451**	11,056
GST input tax credits		**292,406**	249,846
Other revenue		**239,647**	58,771
Payroll loans and advances		**4,934**	3,041
Outflows			
Employee expenses		**(11,588,877)**	(3,889,167)
Supplies and services		**(1,655,959)**	(1,536,714)
Health services		**(15,445,625)**	(14,714,850)
Grants and subsidies		**(124,939)**	(90,756)
GST paid to suppliers		**(276,957)**	(257,964)
GST remitted		**(26,387)**	(1,056)
Other expenses		**(204,981)**	(24,182)
Cash recoupment from HHSs/(payments made on behalf of HHSs)		**(403,575)**	(86,248)
NET CASH FROM/(USED BY) OPERATING ACTIVITIES	11	**492,787**	868,798
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows			
Proceeds from sale of property, plant and equipment		**4,130**	22,000
Outflows			
Payments for property, plant and equipment		**(206,600)**	(247,645)
Payments for intangibles		**(20,543)**	(34,238)
NET CASH FROM/(USED BY) INVESTING ACTIVITIES		**(223,013)**	(259,883)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows			
Equity injections*		**540,503**	480,057
Outflows			
Equity withdrawals*		**(1,320,337)**	(1,142,799)
Lease payments		**(8,806)**	(6,402)
NET CASH FROM/(USED BY) FINANCING ACTIVITIES		**(788,640)**	(669,144)
NET INCREASE/(DECREASE) IN CASH HELD		**(518,866)**	(60,229)
Cash and cash equivalents at the beginning of the financial year		**932,591**	992,820
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	**12**	**413,725**	932,591

** 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 $626.1M variance in Appropriation revenue is mainly due to deferrals ($554.6M) of funding appropriation received. The remainder of the variance is predominantly related to funding swaps of $146.2M as approved by Queensland Treasury throughout the year, offset by additional state funded COVID-19 receipts ($78.4M).

ii. The $135.5M variance in User charges is mainly due to both Sale of goods and Services and Hospital fees being higher than budget. The Sale of Goods and Services variance ($124.6M) is largely owing to an increase ($45.4M) in clinical supplies revenue from HHSs, which is driven by higher consumption levels due to COVID-19; growth ($33.4M) in telecommunications and computer related Fee for Service revenue and Pathology revenue recoveries from HHSs ($32.8M). The $29.7M variance in hospital fees is largely driven by Cross border fees, affected by multiple years' interstate reconciliations and a resolution to the funding agreement between Queensland and New South Wales.

iii. The $170.7M variance in Labour recoveries is mainly due to changes in HHS FTEs over the course of the year. HHS FTEs increased by 1,989 predominantly due to changes in activities at these HHSs.

iv. The $316.2M variance in Grants and contributions is mostly owing to the recognition of an additional $314.0M COVID-19 funding from the Commonwealth National Partnership Agreement. This was not known at the time of the budget.

v. The $208.2M variance in Other revenue is largely due to the recognition of COVID-19 Quarantine fees revenue ($179.4M) not known at the time of budget. The remainder of the variance is due to higher than anticipated Non-Government Organisation (NGO) funding recalls from prior years due to COVID-19 impacts on funded projects and programs ($25.2M) and Other recoveries and reimbursements ($12.3M).

vi. The $193.0M variance in Employee expenses is largely owing to increased Salaries and wages ($176.1M), fully offset by labour recoveries, which is largely driven by an increase (1,989) in HHS FTEs during the year. Also contributing to the variance was the $54.2M impact of a $1,250 one-off payment made across various streams, which was not known at the time of the budget.

vii. The $806.0M 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 $674.6M variance in Health services is mainly due to increased funding for COVID-19 expenditure ($473.5M) that was not known at the time of the budget, and also additional funding ($62.0M) provided to HHSs through in-year Service Agreement amendments to deliver additional activity, in order to meet increased Hospital and Health Services demand. The remainder of the variance is largely due to higher than budgeted depreciation funding ($57.4M) in part owing to depreciation incurred on right of use assets recognised under AASB 16 Leases.

ix. The $62.3M variance in grants and subsidies expense is mainly due to COVID-19 related payments ($32.0M) made to other state government departments, and additional Home community and rural health services payments ($21.1M), which were not known at the time of the budget.

x. The $28.0M variance in Depreciation and amortisation is mainly owing to an overestimate in budgeted amortisation on computer software ($19.0M) and a higher budgeted building depreciation amount of $8.9M.

xi. The $53.5M variance in Impairment losses is largely due to the recognition of a provision ($54.5M) for doubtful debts relating to hotel quarantine fees recognised during 2020-21.

xii. The $57.5M variance in Other expenses largely relates to an increase ($44.4M) in inventory obsolescence expense, with other movements relating to additional special payments and sundry expenses which were not known at the time of the budget.

Department of Health

Statement of profit or loss and other comprehensive income by major departmental services

For the year ended 30 June 2021

	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	
	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
REVENUE																		
Appropriation revenue	**5,411,973**	5,270,821	**1,098,282**	1,068,739	**1,180,678**	1,106,901	**1,325,555**	1,364,680	**473,562**	464,203	**1,644,103**	1,576,596	**878,365**	834,014	**-**	-	**12,012,518**	11,685,954
User charges	**954,960**	838,624	**193,795**	170,044	**208,334**	176,115	**233,898**	217,131	**83,562**	73,858	**290,107**	250,845	**54,804**	56,441	**(23,503)**	(17,647)	**1,995,957**	1,765,411
Labour recoveries	**4,660,808**	1,300,287	**945,844**	263,653	**1,016,804**	273,067	**1,141,573**	336,660	**407,834**	114,517	**1,415,908**	388,939	**-**	-	**-**	-	**9,588,771**	2,677,123
Grants and other contributions	**2,847,672**	2,648,593	**577,894**	537,042	**621,249**	556,219	**697,480**	685,754	**249,180**	233,262	**953,667**	875,261	**14,091**	13,225	**-**	-	**5,961,233**	5,549,356
Other revenue	**115,815**	26,915	**23,503**	5,457	**25,266**	5,652	**28,366**	6,968	**10,134**	2,370	**35,183**	8,050	**1,916**	1,671	**-**	-	**240,183**	57,083
Share of gain from associates	**180**	-	**27**	-	**35**		**33**	-	**12**	-	**99**	-	**-**		**-**		**386**	-
Interest revenue	**1,414**	1,254	**287**	254	**309**	263	**346**	325	**124**	110	**430**	375	**-**	-	**-**	-	**2,910**	2,581
TOTAL REVENUE	**13,992,822**	10,086,494	**2,839,632**	2,045,189	**3,052,675**	2,118,217	**3,427,251**	2,611,518	**1,224,408**	888,320	**4,339,497**	3,100,066	**949,176**	905,351	**(23,503)**	(17,647)	**29,801,958**	21,737,508
EXPENSES																		
Employee expenses	**5,209,658**	1,793,547	**1,051,439**	346,327	**1,120,962**	367,836	**1,269,020**	438,176	**453,425**	148,867	**1,491,919**	558,367	**742,804**	701,856	**-**	-	**11,339,227**	4,354,976
Supplies and services	**844,724**	753,877	**158,057**	138,084	**177,354**	152,328	**190,764**	172,867	**68,289**	58,649	**311,624**	269,942	**152,208**	147,985	**(23,503)**	(17,647)	**1,879,517**	1,676,085
Health services	**7,796,810**	7,474,119	**1,610,423**	1,553,101	**1,690,693**	1,566,359	**1,943,678**	1,991,950	**694,101**	677,961	**2,319,201**	2,115,058	**1,686**	5,198	**-**	-	**16,056,592**	15,383,746
Grants and subsidies	**22,964**	18,542	**3,532**	2,803	**41,000**	23,501	**4,262**	3,357	**1,534**	1,132	**51,632**	41,383	**15**	38	**-**	-	**124,939**	90,756
Depreciation and amortisation	**47,503**	50,077	**7,306**	7,573	**9,413**	9,631	**8,817**	9,067	**3,174**	3,057	**26,404**	25,460	**39,852**	39,760	**-**	-	**142,469**	144,625
Net impairment losses on financial and contract assets	**24,231**	(605)	**3,727**	(92)	**4,802**	(117)	**4,498**	(110)	**1,619**	(37)	**13,470**	(308)	**2,466**	1,901	**-**	-	**54,813**	632
Share of loss from associates	**-**	1,124	**-**	170	**-**	216	**-**	204	**-**	69	**-**	572	**-**	-	**-**	-	**-**	2,355
Other expenses	**89,803**	37,274	**13,858**	5,637	**17,810**	7,169	**16,726**	6,749	**6,020**	2,276	**49,655**	18,951	**5,145**	4,097	**-**	-	**199,017**	82,153
TOTAL EXPENSES	**14,035,693**	10,127,955	**2,848,342**	2,053,603	**3,062,034**	2,126,923	**3,437,765**	2,622,260	**1,228,162**	891,974	**4,263,905**	3,029,425	**944,176**	900,835	**(23,503)**	(17,647)	**29,796,574**	21,735,328
(DEFICIT)/SURPLUS FOR THE YEAR	**(42,871)**	(41,461)	**(8,710)**	(8,414)	**(9,359)**	(8,706)	**(10,514)**	(10,742)	**(3,754)**	(3,654)	**75,592**	70,641	**5,000**	4,516	**-**	-	**5,384**	2,180
ITEMS THAT WILL NOT BE RECLASSIFIED SUBSEQUENTLY TO PROFIT OR LOSS																		
Increase/(decrease) in asset revaluation surplus	**5,913**	2,944	**909**	445	**1,172**	566	**1,098**	533	**395**	180	**3,287**	1,497	**(379)**	12,180	**-**	-	**12,395**	18,345
OTHER COMPREHENSIVE INCOME	**5,913**	2,944	**909**	445	**1,172**	566	**1,098**	533	**395**	180	**3,287**	1,497	**(379)**	12,180	**-**	-	**12,395**	18,345
TOTAL COMPREHENSIVE INCOME	**(36,958)**	(38,517)	**(7,801)**	(7,969)	**(8,187)**	(8,140)	**(9,416)**	(10,209)	**(3,359)**	(3,474)	**78,879**	72,138	**4,621**	16,696	**-**	-	**17,779**	20,525

The accompanying notes form part of these statements.

Department of Health

Statement of assets and liabilities by major departmental services

As at 30 June 2021

	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	
	2021 $'000	2020 $'000	2021 $'000	2020 $'000	2021 $'000	2020 $'000	2021 $'000	2020 $'000	2021 $'000	2020 $'000	2021 $'000	2020 $'000	2021 $'000	2020 $'000	2021 $'000	2020 $'000	2021 $'000	2020 $'000
CURRENT ASSETS																		
Cash and cash equivalents	**173,671**	423,408	**35,244**	85,852	**37,888**	88,918	**42,537**	109,626	**15,197**	37,290	**52,760**	126,649	**56,428**	60,848	**-**	-	**413,725**	932,591
Loans and receivables	**1,110,048**	640,754	**225,268**	129,922	**242,169**	134,562	**271,884**	165,899	**97,132**	56,431	**337,222**	191,661	**29,975**	28,981	**(4,519)**	(3,394)	**2,309,179**	1,344,816
Inventories	**112,493**	82,174	**22,829**	16,662	**24,542**	17,257	**27,553**	21,276	**9,844**	7,237	**34,175**	24,580	**-**	-	**-**	-	**231,436**	169,186
Prepayments	**27,415**	40,953	**5,564**	8,304	**5,981**	8,600	**6,715**	10,603	**2,399**	3,607	**8,329**	12,250	**9,725**	2,851	**-**	-	**66,128**	87,168
Other assets	**6**	4,207	**1**	853	**1**	884	**2**	1,089	**1**	371	**2**	1,259	**-**	-	**-**	-	**13**	8,663
TOTAL CURRENT ASSETS	**1,423,633**	1,191,496	**288,906**	241,593	**310,581**	250,221	**348,691**	308,493	**124,573**	104,936	**432,488**	356,399	**96,128**	92,680	**(4,519)**	(3,394)	**3,020,481**	2,542,424
NON-CURRENT ASSETS																		
Loans and receivables	**51,794**	48,374	**10,511**	9,809	**11,299**	10,159	**12,686**	12,525	**4,532**	4,260	**15,735**	14,470	**-**	-	**-**	-	**106,557**	99,597
Interests in associates	**35,518**	35,304	**7,208**	7,158	**7,749**	7,414	**8,699**	9,141	**3,108**	3,109	**10,790**	10,560	**-**	-	**-**	-	**73,072**	72,686
Property, plant and equipment	**236,365**	278,302	**47,967**	56,430	**51,566**	58,445	**57,893**	72,056	**20,683**	24,510	**71,806**	83,245	**515,381**	518,432	**-**	-	**1,001,661**	1,091,420
Right-of-use-assets	**10,075**	8,840	**2,044**	1,793	**2,198**	1,857	**2,467**	2,289	**882**	779	**3,060**	2,644	**-**	1,370	**-**	-	**20,726**	19,572
Intangibles	**151,016**	157,817	**30,646**	32,000	**32,946**	33,142	**36,988**	40,861	**13,214**	13,899	**45,877**	47,206	**10,667**	9,978	**-**	-	**321,354**	334,903
Other assets	**3,244**	2,792	**658**	566	**708**	586	**795**	723	**284**	246	**986**	835	**-**	-	**-**	-	**6,675**	5,748
TOTAL NON-CURRENT ASSETS	**488,012**	531,429	**99,034**	107,756	**106,466**	111,603	**119,528**	137,595	**42,703**	46,803	**148,254**	158,960	**526,048**	529,780	**-**	-	**1,530,045**	1,623,926
TOTAL ASSETS	**1,911,645**	1,722,925	**387,940**	349,349	**417,047**	361,824	**468,219**	446,088	**167,276**	151,739	**580,742**	515,359	**622,176**	622,460	**(4,519)**	(3,394)	**4,550,526**	4,166,350
CURRENT LIABILITIES																		
Payables	**967,410**	704,320	**196,322**	142,812	**211,051**	147,911	**236,948**	182,357	**84,651**	62,030	**293,890**	210,675	**24,377**	27,574	**(4,519)**	(3,394)	**2,010,130**	1,474,285
Accrued employee benefits	**304,261**	422,769	**61,745**	85,723	**66,378**	88,784	**74,523**	109,460	**26,624**	37,233	**92,431**	126,457	**34,846**	42,800	**-**	-	**660,808**	913,226
Lease liabilities	**1,575**	1,299	**319**	264	**343**	273	**386**	337	**138**	115	**478**	389	**-**	1,388	**-**	-	**3,239**	4,065
Other liabilities	**534**	503	**109**	102	**117**	105	**131**	130	**47**	44	**163**	150	**5**	34	**-**	-	**1,106**	1,068
TOTAL CURRENT LIABILITIES	**1,273,780**	1,128,891	**258,495**	228,901	**277,889**	237,073	**311,988**	292,284	**111,460**	99,422	**386,962**	337,671	**59,228**	71,796	**(4,519)**	(3,394)	**2,675,283**	2,392,644
NON-CURRENT LIABILITIES																		
Lease liabilities	**40,587**	35,832	**8,236**	7,265	**8,854**	7,525	**9,941**	9,277	**3,551**	3,156	**12,330**	10,718	**-**	-	**-**	-	**83,499**	73,773
Other liabilities	**267**	770	**55**	156	**59**	162	**66**	200	**24**	68	**82**	231	**-**	-	**-**	-	**553**	1,587
TOTAL NON-CURRENT LIABILITIES	**40,854**	36,602	**8,291**	7,421	**8,913**	7,687	**10,007**	9,477	**3,575**	3,224	**12,412**	10,949	**-**	-	**-**	-	**84,052**	75,360
TOTAL LIABILITIES	**1,314,634**	1,165,493	**266,786**	236,322	**286,802**	244,760	**321,995**	301,761	**115,035**	102,646	**399,374**	348,620	**59,228**	71,796	**(4,519)**	(3,394)	**2,759,335**	2,468,004
NET ASSETS	**597,011**	557,432	**121,154**	113,027	**130,245**	117,064	**146,224**	144,327	**52,241**	49,093	**181,368**	166,739	**562,948**	550,664	**-**	-	**1,791,191**	1,698,346

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 2021-2025 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 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 2020-21 fair value of these services is estimated to be $129.0M ($119.3M for 2019-20) for payroll and $8.2M ($8.2M for 2019-20) 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 *A 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 as 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 16 Property, plant and equipment;
- Estimated useful life of intangible assets - Note 18 Intangible assets; and
- Estimation uncertainties and judgements related to lease accounting – Note 17 Leases.

New and amended standards adopted

The Department has applied the following standards and amendments for the first time for the annual reporting period commencing 1 July 2020:

- *AASB 1059 Service Concession Arrangements: Grantors* – This standard applies to entities that are grantors in a service concession arrangement. These are arrangements that involve an operator providing public services related to a service concession asset on behalf of a public sector entity for a specified period of time and managing at least some of those services. The Department has reviewed its contracts and assessed that there are no service concession arrangements requiring recognition under this standard.

A number of other amendments and interpretations apply for the first time for the year ended 30 June 2021, but do not have an impact on the Department's financial statements.

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 the 30 June 2021 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

	2021 $'000	2020 $'000
RECONCILIATION OF PAYMENTS FROM CONSOLIDATED FUND TO APPROPRIATED REVENUE RECOGNISED IN OPERATING RESULT		
Original budgeted appropriation	**12,283,406**	11,461,210
Transfers (to)/from other departments	**-**	437,000
Transfers (to)/from other headings	**49,058**	(3,518)
Lapsed appropriation revenue for other services	**-**	(256,216)
TOTAL APPROPRIATION RECEIPTS (CASH)	**12,332,464**	11,638,476
Less: Opening balance appropriation revenue receivable	**(111,728)**	(77,084)
Add: Closing balance appropriation revenue receivable	**214,197**	111,728
Add: Opening balance appropriation revenue payable	**686,006**	698,840
Less: Closing balance appropriation revenue payable	**(1,108,421)**	(686,006)
APPROPRIATION REVENUE FOR SERVICES RECOGNISED IN THE STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME	**12,012,518**	11,685,954

	2021 $'000	2020 $'000
RECONCILIATION OF PAYMENTS FROM CONSOLIDATED FUND TO EQUITY ADJUSTMENT		
Budgeted equity adjustment appropriation	**(98,740)**	(187,381)
Transfers (to)/from other headings	**(49,532)**	-
Treasurer's Advance	**-**	40,300
Lapsed appropriation	**(90,355)**	(130,313)
EQUITY ADJUSTMENT RECEIPTS (CASH)	**(238,627)**	(277,394)
Less: Opening balance appropriated equity injection receivable	**(70,086)**	(39,823)
Add: Closing balance appropriated equity injection receivable	**305,548**	70,086
Add: Opening balance appropriated equity withdrawal payable	**103,093**	61,240
Less: Closing balance appropriated equity withdrawal payable	**(117,355)**	(103,093)
EQUITY ADJUSTMENT RECOGNISED IN CONTRIBUTED EQUITY*	**(17,427)**	(288,984)

**This is net of equity injections and equity withdrawals.*

Significant accounting policies

Appropriations provided under the 2020-21 Appropriation Bill 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 2020-21 amounted to $179.2M ($155.2M in 2019-20). Revenue appropriations are received on the basis of budget estimates and various activity-specific agreements.

Note 3. Revenue

2021	User charges $'000	Labour recoveries $'000	Grants and other contributions $'000	Other revenue $'000	Total $'000
CONTRACTS WITH CUSTOMERS					
Sale of goods and services	**1,629,543**	**-**	**-**	**-**	**1,629,543**
Hospital fees	**268,048**	**-**	**-**	**-**	**268,048**
Labour recoveries from non-prescribed HHSs	**-**	**9,588,771**	**-**	**-**	**9,588,771**
Australian Government - National Health Funding Pool - Activity based funding*	**-**	**-**	**4,666,983**	**-**	**4,666,983**
Quarantine Fees				**179,419**	**179,419**
Licence charges	**-**	**-**	**-**	**5,123**	**5,123**
	1,897,591	**9,588,771**	**4,666,983**	**184,542**	**16,337,887**
NON-CONTRACT REVENUE					
Hospital fees	**91,869**	**-**	**-**	**-**	**91,869**
Rental income	**6,497**	**-**	**-**	**-**	**6,497**
Australian Government - National Health Funding Pool - Other funding**	**-**	**-**	**1,124,470**	**-**	**1,124,470**
Other grants and donations	**-**	**-**	**169,780**	**-**	**169,780**
Recoveries and reimbursements	**-**	**-**	**-**	**12,441**	**12,441**
Grants returned	**-**	**-**	**-**	**25,166**	**25,166**
Sale proceeds of non-capitalised assets	**-**	**-**	**-**	**924**	**924**
Net gains from disposal/transfer of non-current assets	**-**	**-**	**-**	**1,661**	**1,661**
Other	**-**	**-**	**-**	**15,449**	**15,449**
	98,366	**-**	**1,294,250**	**55,641**	**1,448,257**
TOTAL	**1,995,957**	**9,588,771**	**5,961,233**	**240,183**	**17,786,144**

*Contract revenue includes $258.6M of COVID-19 related funding.

**Non-contract revenue includes $455.2M of COVID-19 related funding.

2020	User charges $'000	Labour recoveries $'000	Grants and other contributions $'000	Other revenue $'000	Total $'000
CONTRACTS WITH CUSTOMERS					
Sale of goods and services	1,495,763	-	-	-	1,495,763
Hospital fees	182,252	-	-	-	182,252
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
	1,678,015	2,677,123	4,433,780	6,089	8,795,007
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
	87,396	-	1,115,576	50,994	1,253,966
TOTAL	1,765,411	2,677,123	5,549,356	57,083	10,048,973

*Contract revenue includes $9.9M of COVID-19 related funding.

**Non-contract revenue includes $334.6M of COVID-19 related funding.

Note 3. Revenue (continued)

Significant accounting policies

Under AASB 15 *Revenue from Contracts with Customers*, revenue is 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, 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).

In assessing the correct accounting treatment of grants revenue, consideration is given as to 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 *Income for Not-for-Profit Entities*.

AASB 1058 guidance 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.

User charges and fees are recognised by the Department when delivery of the goods or services in full or in 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. If these criteria are not met, the grant is accounted for under AASB 1058, whereby revenue is recognised upon receipt of the grant funding.

Note 4. Employee expenses

	2021 $'000	2020 $'000
Wages and salaries*	**9,028,582**	3,459,586
Employer superannuation contributions	**955,020**	386,519
Annual leave levy	**1,061,737**	379,285
Long service leave levy	**209,588**	82,779
Termination payments	**6,209**	2,846
Workers' compensation premium	**5,599**	10,373
Other employee related expenses	**72,492**	33,588
	11,339,227	4,354,976

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 resulted in HHSs no longer having power to directly employ non-executive staff. The removal of this power revoked a 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 effectively became a non-prescribed employer where employees are employed directly by the Director-General in the Department of Health and contracted to the HHS.

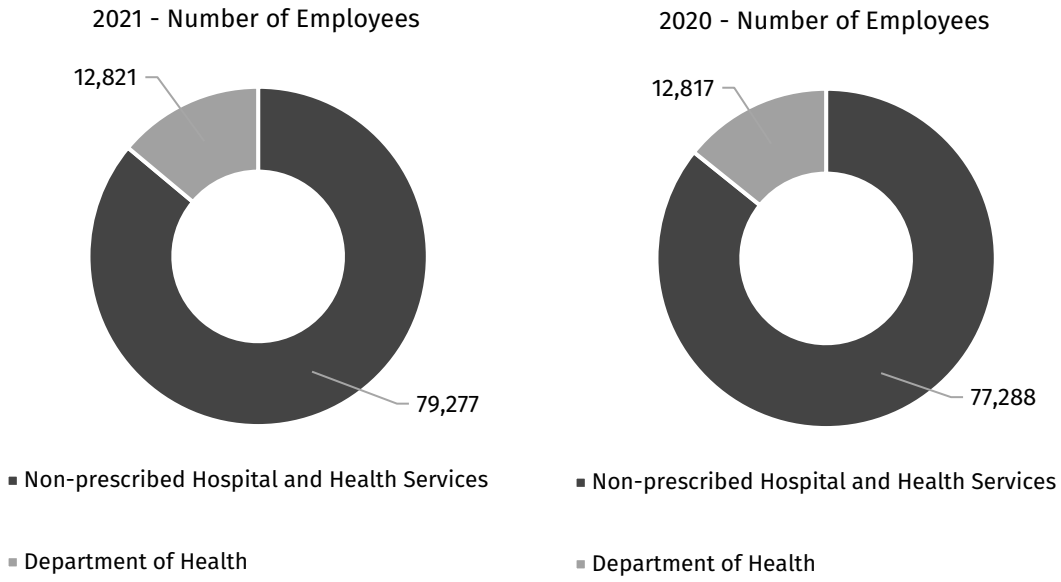
* Wages and salaries include $55.4M ($14.1M for 2019-20) one-off, pro-rata payments for 51,101 (11,262 for 2019-20) full-time equivalent employees.

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 (refer to Note 20). 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.

Note 4. Employee expenses (continued)

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 2021. 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.

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 2020-2021, 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 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			
	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020
Director-General, Department of Health												
Current: Dr John Wakefield (acting from 7 to 18 September 2019, appointed from 19 September 2019 to current)	**532**	455	**8**	4	**11**	10	**60**	43	**-**	-	**611**	512
Former: Michael Walsh (6 July 2015 to 6 September 2019)	**-**	121	**-**	5	**-**	1	**-**	(3)	**-**	2	**-**	126
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.												
Deputy Director-General, Corporate Services Division												
Current: Barbara Phillips (6 March 2017 to current)	**357**	348	**6**	5	**8**	7	**31**	30	**-**	-	**402**	390
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.												
Deputy Director-General, Clinical Excellence Queensland												
Current: Dr Jillann Farmer (01 June 2020 to current)	**511**	44	**5**	-	**11**	1	**56**	5	**-**	-	**583**	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)	**-**	97	**-**	2	**-**	2	**-**	11	**-**	-	**-**	112
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.												
Deputy Director-General, Healthcare Purchasing and System Performance Division												
Current: Nicholas Steele (31 August 2015 to current)	**326**	329	**6**	6	**7**	7	**34**	35	**-**	-	**373**	377
Responsibilities include purchasing of clinical activity from service providers and managing the performance of those service providers to achieve whole-of-system outcomes.												
Queensland Chief Health Officer and Deputy Director-General, Prevention Division												
Current: Dr Jeannette Young (6 July 2015 to current)	**521**	510	**9**	8	**11**	11	**54**	53	**-**	-	**595**	582
Interim: Prof. Keith McNeil* (acting from 15 June 2020 while Dr Young is handling the COVID pandemic)	**496**	-	**5**	-	**11**	-	**54**	-	**-**	-	**566**	-
Interim: Bronwyn Nardi (acting from 3 February to 31 May 2020 while Dr Young is handling the COVID pandemic)	**-**	114	**-**	1	**-**	2	**-**	11	**-**	-	**-**	128
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.												

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	
	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020
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	**-**	4	**-**	2	**-**	10	**-**	141	**-**	262
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**	429	**-**	-	**9**	9	**44**	44	**-**	-	**482**	482
Chief Executive Officer, Health Support Queensland												
Current: Philip Hood (acting from 20 January 2020 to 30 June 2021)	**249**	145	**6**	1	**5**	3	**25**	14	**-**	-	**285**	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	**-**	13	**-**	6	**-**	27	**-**	-	**-**	314
Chief Executive Officer, eHealth Qld												
Current: Damian Green (23 September 2019 to current)	**284**	234	**5**	4	**6**	5	**22**	17	**-**	-	**317**	260
Former: Bruce Linaker (acting from 1 February 2019 to 22 September 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.	**-**	66	**-**	4	**-**	1	**-**	5	**-**	-	**-**	76
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.	**289**	231	**5**	4	**6**	5	**30**	24	**-**	-	**330**	264
Chief Finance Officer												
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*.	**229**	227	**5**	5	**5**	5	**23**	23	**-**	-	**262**	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	
	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020
Executive Director, Office of the Director-General												
Current: Dawn Schofield (10 May 2021 to current)	**42**	-	**1**	-	**1**	-	**4**	-	**-**	-	**48**	-
Former: Jasmina Joldic (7 March 2018 to 8 May 2021) 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.	**206**	240	**5**	5	**4**	5	**21**	25	**-**	-	**236**	275
Minister for Health and Ambulance Services**												
Current: Hon Yvette D'Ath (12 November 2020 to current)	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-
Deputy Premier and Minister for Health and Minister for Ambulance Services**												
Former: Hon Dr Steven Miles (12 December 2017 to 11 November 2020) 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 2019-20 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 for 2019-20 as the payment whilst acting in this position falls into the first pay period of the 2020-21 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	$'000 2021	2020
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 2021, 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 2021, there were outstanding balances for receivables and payables relating to these transactions (refer Notes 14 and 19).		
Cairns and Hinterland HHS	**928,327**	876,520
Central Queensland HHS	**587,628**	549,861
Central West HHS	**73,277**	69,329
Children's Health Queensland HHS	**721,236**	709,500
Darling Downs HHS	**781,732**	735,545
Gold Coast HHS	**1,574,907**	1,457,658
Mackay HHS	**431,292**	406,908
Metro North HHS	**2,852,276**	2,674,803
Metro South HHS	**2,398,762**	2,292,208
North West HHS	**186,051**	181,864
South West HHS	**145,374**	131,671
Sunshine Coast HHS	**1,110,484**	1,030,532
Torres and Cape HHS	**213,758**	193,938
Townsville HHS	**946,661**	908,732
West Moreton HHS	**673,264**	616,764
Wide Bay HHS	**615,128**	589,959

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 Energy and Public Works (DEPW), formerly Department of Housing and Public Works (DHPW), and its commercialised business units. These mainly relate to office accommodation and facilities (leases), QFleet, repairs and maintenance and capital works. The value of these transactions during 2020-21 was $153.4M ($132.2M in 2019-20).

The Department receives shared services from the Department of Communities, Housing and the Digital Economy (DCHDE). The value of these transactions during 2020-21 was $4.8M. These services were previously provided through DEPW.

Note 7. Supplies and services

	2021 $'000	2020 $'000
Drugs	**541,058**	525,602
Clinical supplies and services*	**533,584**	319,407
Consultants and contractors	**178,891**	197,162
Expenses relating to capital works	**6,643**	15,513
Repairs and maintenance	**192,048**	186,556
Rental expenses**	**50,104**	47,459
Lease expenses	**9,747**	6,058
Computer services	**156,656**	165,401
Communications	**50,250**	49,220
Advertising	**16,433**	12,745
Catering and domestic supplies	**4,351**	4,811
Utilities	**9,242**	9,878
Motor vehicles and travel	**18,806**	22,061
Building services	**13,845**	9,678
Interstate transport levy	**2,967**	5,435
Freight and office supplies	**18,151**	19,258
Other***	**76,741**	79,841
	1,879,517	1,676,085

Significant accounting policies
Lease expenses include lease rentals for short-term leases, leases of low value assets and variable lease payments.

**Includes a June 2021 $32.7M write down of inventory to net realisable value.*

***Rental expenses include building rental.*

****The Department receives free information technology services from the Department of Communities, Housing & Digital Economy, for service access by Queensland Ambulance Service to the Government Wireless Network.*

The fair value of these services for 2020-21 is estimated to be $7.3M.

Note 8. Health services

	2021 $'000	2020 $'000
Hospital and Health Services*	**15,053,581**	14,392,690
Mater Hospitals*	**516,278**	490,406
National Blood Authority	**59,214**	53,024
Aeromedical services	**132,937**	137,052
Mental health service providers	**76,888**	64,117
Other health service providers	**217,694**	246,457
	16,056,592	15,383,746

**Inclusive of a specific COVID funding component for Hospital and Health Services of $521.0M ($116.6M in 2019-20) and Mater Hospitals of $12.3M ($0.5M in 2019-20).*

Note 9. Grants and subsidies

	2021 $'000	2020 $'000
Medical research programs	**38,868**	31,957
Public hospital support services*	**49,606**	38,863
Mental health and other support services	**36,465**	19,936
	124,939	90,756

**2021 includes $32.0M COVID-19 grants to other government departments.*

Note 10. Other expenses

	2021 $'000	2020 $'000
Insurance QGIF	**3,362**	2,662
Insurance other	**2,802**	2,663
Journals and subscriptions	**11,035**	10,648
Other legal costs	**5,447**	1,825
Audit fees*	**1,512**	1,650
Special payments**	**250**	626
Interest - lease liabilities	**1,531**	735
Funding payable - Commonwealth	**-**	57,179
Net increase in allowance for loss of service potential	**44,420**	446
Quarantine Fees	**118,709**	-
Other	**9,949**	3,719
	199,017	82,153

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 2020-21 include $0.8M for financial statements audit ($0.8M in 2019-20) and $0.6M for the assurance engagement and other audits ($0.7M in 2019-20).*
***In 2020-21, there were eight special payments exceeding $5,000 (three payments in 2019-20). These related to patient and other ex-gratia payments.*

Note 11. Reconciliation of surplus to net cash from operating activities

	2021 $'000	2020 $'000
Surplus/(deficit) for the year	**5,384**	2,180
Adjustments for:		
Depreciation and amortisation	**142,469**	144,625
Impairment of non-current and other assets	**47,242**	1,252
Net (gain)/loss on disposal of non-current assets	**(2,227)**	(1,023)
Share of (gain)/loss - associates	**(386)**	2,355
Net impairment losses on financial and contract assets	**54,813**	632
Donated non-cash assets	**(96,583)**	(90,277)
Non-cash depreciation funding expense	**850,154**	792,765
Other non-cash items	**(37,058)**	53,526
Changes in assets and liabilities:		
(Increase)/decrease in loans and receivables	**(783,861)**	(510,308)
(Increase)/decrease in inventories	**34,333**	(11,025)
(Increase)/decrease in prepayments	**20,113**	(12,394)
(Increase)/decrease in other financial assets	**8,650**	(8,663)
Increase/(decrease) in payables	**503,158**	93,912
Increase/(decrease) in accrued employee benefits	**(252,418)**	413,878
Increase/(decrease) in unearned revenue	**(996)**	(2,637)
Net cash from operating activities	**492,787**	868,798

Note 12. Cash and cash equivalents

	2021 $'000	2020 $'000
Cash at bank	**385,503**	903,598
24-hour call deposits	**8,222**	8,993
Fixed rate deposit	**20,000**	20,000
	413,725	932,591

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 2020-21 the annual effective interest rate on the 24-hour call deposit was 0.51 per cent per annum (0.86 per cent per annum in 2019-20).

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 2020-21 the weighted average interest rate on this deposit was 0.46 per cent per annum (1.20 per cent per annum in 2019-20).

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

	2021 $'000	2020 $'000
General trust	**9,867**	10,597
Clinical drug trials	**2,017**	531
	11,884	11,128

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 2021 $'000	Non-Current 2021 $'000	Total 2021 $'000	Current 2020 $'000	Non-Current 2020 $'000	Total 2020 $'000
TRADE AND OTHER RECEIVABLES						
Trade Receivables	**253,978**	**-**	**253,978**	122,728	-	122,728
Less: Allowance for impairment of receivables	**(58,646)**	**-**	**(58,646)**	(8,255)	-	(8,255)
Receivables from HHSs	**1,022,241**	**-**	**1,022,241**	739,501	-	739,501
Appropriation Receivable	**519,745**	**-**	**519,745**	181,814	-	181,814
Grants receivable	**202,182**	**-**	**202,182**	46,820	-	46,820
Annual leave reimbursements	**265,510**	**-**	**265,510**	170,781	-	170,781
Long service leave reimbursements	**45,913**	**-**	**45,913**	31,965	-	31,965
Right of use asset lease receivable	**2,462**	**63,460**	**65,922**	2,034	56,068	58,102
Other Receivables	**371**	**-**	**371**	381	-	381
	2,253,756	**63,460**	**2,317,216**	1,287,769	56,068	1,343,837
PAYROLL LOANS						
Payroll Overpayments	**25,155**	**20,942**	**46,097**	26,779	20,196	46,975
Less: Overpayments impairment	**-**	**(13,948)**	**(13,948)**	-	(16,029)	(16,029)
Payroll Cash Advances	**2,187**	**-**	**2,187**	2,380	-	2,380
Payroll Pay Date Loan	**4,288**	**45,125**	**49,413**	4,038	49,238	53,276
Less: Pay date loan fair value adjustment	**(879)**	**(8,022)**	**(8,901)**	(1,309)	(8,404)	(9,713)
Less: Pay date loan impairment	**-**	**(1,000)**	**(1,000)**	-	(1,472)	(1,472)
	30,751	**43,097**	**73,848**	31,888	43,529	75,417
GST						
GST input tax credits receivable	**25,649**	**-**	**25,649**	27,814	-	27,814
Less: GST payable	**(977)**	**-**	**(977)**	(2,655)	-	(2,655)
	24,672	**-**	**24,672**	25,159	-	25,159
	2,309,179	**106,557**	**2,415,736**	1,344,816	99,597	1,444,413

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 12 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 2021, as the majority of the debt is with other government agencies.

The closing balance of receivables arising from contracts with customers at 30 June 2021 is $359.0M ($253.2M in 2019-20).

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 30 June 2021. 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 8.5% has been calculated. This is determined to be the most relevant forward-looking indicator for receivables. The credit loss rate is reviewed twice a year.

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 2021. 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 2021 $'000	*Loss rate 2021 %	Expected credit losses 2021 $'000	Gross receivables 2020 $'000	*Loss rate 2020 %	Expected credit losses 2020 $'000
Ageing						
Not Due	**10,557**	**8.85%**	**(935)**	2,164	6.16%	(133)
0 to 30 days	**5,870**	**9.03%**	**(530)**	2,284	6.38%	(146)
31 to 60 days	**5,556**	**9.64%**	**(535)**	803	9.04%	(73)
61 to 90 days	**4,400**	**10.76%**	**(474)**	660	12.52%	(83)
91 to 120 days	**3,892**	**13.84%**	**(539)**	397	18.86%	(75)
More than 120 days	**22,034**	**100.00%**	**(22,034)**	2,084	100.00%	(2,084)
	52,309		**(25,046)**	8,393		(2,593)

**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 2021.

An allowance for impairment of $52.2M ($25.8M in 2019-20) has been recognised in relation to payroll overpayments, pay date transitional loan and other receivables. In addition, an allowance for impairment of $21.4M has been recognised in relation to Quarantine fee revenue accrued ($82.5M).The total allowance for impairment relating to invoices raised and revenue accrued is $73.6M. 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 reviewed twice a year.

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 2021 $'000	Past Due but Not impaired 2020 $'000	Impaired 2021 $'000	Impaired 2020 $'000
0 to 30 days	**16,083**	4,594	**13,733**	10,422
31 to 60 days	**5,720**	1,057	**1,588**	73
61 to 90 days	**3,992**	974	**1,366**	83
More than 90 days	**2,397**	1,314	**35,463**	15,179
	28,193	7,939	**52,150**	25,756

Movement in the allowance for impairment

	2021 $'000	2020 $'000
Opening balance	**25,756**	28,074
Increase/(Decrease) in impairment recognised on aged receivables	**26,394**	(2,318)
	52,150	25,756
Increase/(Decrease) in impairment recognised on accrued revenue - quarantine fees	**21,445**	-
Closing balance	**73,594**	25,756

Note 15. Inventories

	2021 $'000	2020 $'000
Medical supplies and drugs*	**220,675**	130,662
Less: Allowance for loss of service potential	**(44,904)**	(521)
	175,771	130,141
Non-medical, engineering and other	**50,638**	35,733
Catering and domestic	**5,027**	3,312
	231,436	169,186

Significant accounting policies

Inventories are measured at weighted average cost, adjusted for obsolescence, other than general 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. Property, plant and equipment

2021	Land $'000	Buildings $'000	Plant and equipment $'000	Capital works in progress $'000	Total $'000
Gross	169,283	963,176	901,315	93,824	2,127,598
Less: Accumulated depreciation	-	(511,438)	(614,499)	-	(1,125,937)
Carrying amount at end of period	**169,283**	**451,738**	**286,816**	**93,824**	**1,001,661**
Categorisation of fair value hierarchy	*Level 2*	*Level 2 & 3**			
Movement					
Carrying amount at start of period	180,710	449,160	283,546	178,004	1,091,420
Additions	799	4,393	63,350	138,058	206,600
Donations received	-	-	118	-	118
Disposals	(1,855)	(1,581)	(1,247)	-	(4,683)
Revaluation increments/(decrements)	(7,133)	19,537	-	-	12,404
Transfers (to)/from HHSs	(3,858)	(186,072)	(8,093)	-	(198,023)
Transfers (to)/from intangibles	-	-	763	-	763
Stocktake adjustments	-	-	(34)	-	(34)
Transfers between classes	620	189,905	31,713	(222,238)	-
Depreciation expense	-	(23,604)	(83,300)	-	(106,904)
Carrying amount at end of period	**169,283**	**451,738**	**286,816**	**93,824**	**1,001,661**

** Carrying amount of level 2 buildings $0.0M as at 30 June 2021 ($0.3M in 2019-20)*

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

Note 16. Property, plant and equipment (continued)

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 3 to 65 years, with exceptions up to 100 years; for plant and equipment the total useful life is between 1 and 26 years, with exceptions up to 52 years:

- 1 to 22 years for Computer, Office furniture & equipment, with exceptions up to 42 years
- 2 to 18 years for Medical equipment, with exceptions up to 42 years
- 3 to 26 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.

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 and 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.

Note 16. Property, plant and equipment (continued)

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 $4.1M decrement ($2.1M increment in 2019-20) to the carrying amount of land. For land not subject to comprehensive valuations, indices of between 0.4 to 1.5 were applied, which were sourced from the State Valuation Services.

The Department recognises land at Tangalooma valued at $0.08M ($0.04M in 2019-20) 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 $3.5M (five buildings at gross value of $3.9M in 2019-20). An independent revaluation of 177 buildings and site improvements was performed during 2020-21. For buildings not subject to independent revaluations during 2020-21, indices of 1.0 were applied across the board, 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, including being assessed for the impact of the COVID-19 pandemic. The building valuations for 2020-21 resulted in a net increment to the building portfolio of $3.5M ($17.5M increment in 2019-2020).

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 17. 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 17(b).

(i) The statement of financial position shows the following amounts relating to leases:

Right-of-use assets

	2021 $'000	2020 $'000
Buildings	**22,189**	18,854
Less: Accumulated depreciation	***(1,463)***	*(652)*
Equipment	**-**	5,087
Less: Accumulated depreciation	**-**	*(3,717)*
	20,726	19,572

Additions to the right-of-use assets during the 2020-21 financial year were $0.0M (2019-20 $23.6M).

Disposals to the right-of-use assets during the 2020-21 financial year were $5.1M (2019-20 $0.0M).

Lease liabilities

	2021 $'000	2020 $'000
Current	**3,239**	4,065
Non-current	**83,499**	73,773
	86,738	77,838

(ii) Amounts recognised in the statement of profit or loss

Depreciation charge of right-of-use assets

	2021 $'000	2020 $'000
Buildings	**875**	652
Equipment	**1,370**	4,379
	2,245	5,031

Note 17. Leases (continued)

Significant accounting policies

The Department as lessee

For any new contracts entered into, 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; and
- 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.

The majority of lease contracts are held with the Department of Energy and Public Works (DEPW) 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 DEPW 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 DEPW 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.

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.

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 payments), 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 is 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.

The total cash outflow for leases in 2020-21 was $8.8M ($6.4M in 2019-20).

Refer to Note 10 for the lease liability interest expense.

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 17 (b)). Under AASB 16 the Department recognises transactions as both lessee and lessor.

In 2019-20 the Department also held 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.

Note 17. 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

	2021 $'000	2020 $'000
Current	**2,462**	**2,034**
Non-current	**63,460**	**56,068**
	65,922	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:

	2021 $'000	2020 $'000
Rentals received from operating leases (included in other revenue)	**6,497**	5,090
Interest received (Included in interest revenue)	**1,281**	494
	7,778	5,584

Minimum lease cash payments to be received on the sub-lease are as follows:

	2021 $'000	2020 $'000
In year 1	**3,641**	3,125
In year 2	**3,641**	3,125
In year 3	**3,641**	3,125
In year 4	**3,641**	3,125
In year 5	**3,641**	3,125
Later than 5 years	**61,892**	56,246
	80,097	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:

- 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; and
- The Department also assesses the receivable for impairment.

Note 18. Intangibles

	Software purchased		Software generated		Software work in progress		Total	
	2021 $'000	2020 $'000	2021 $'000	2020 $'000	2021 $'000	2020 $'000	2021 $'000	2020 $'000
Gross	**125,121**	124,523	**579,581**	557,092	**65,395**	69,086	**770,097**	750,701
Less: Accumulated amortisation	**(107,155)**	(102,245)	**(341,588)**	(313,553)	**-**	-	**(448,743)**	(415,798)
Carrying amount at end of period	**17,966**	22,278	**237,993**	243,539	**65,395**	69,086	**321,354**	334,903
Represented by movements in carrying amount:								
Carrying value at 1 July	**22,278**	24,637	**243,539**	164,755	**69,086**	151,537	**334,903**	340,929
Additions	**781**	2,752	**1,066**	116	**18,696**	31,370	**20,543**	34,238
Disposals	-	**-**	**(9)**	**-**	-	**-**	**(9)**	**-**
Transfers (to)/from property, plant & equipment	**-**	-	**-**	-	**(763)**	-	**(763)**	-
Transfers between classes	**-**	254	**21,624**	113,567	**(21,624)**	(113,821)	**-**	-
Amortisation expense	**(5,093)**	(5,365)	**(28,227)**	(34,899)	**-**	**-**	**(33,320)**	(40,264)
Carrying amount at end of period	**17,966**	22,278	**237,993**	243,539	**65,395**	69,086	**321,354**	334,903

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 28 years, with exceptions up 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 19. Payables

	2021 $'000	2020 $'000
Trade payables	**264,921**	339,083
Appropriations payable	**1,225,776**	789,099
Contract Liability - Commonwealth	**58,053**	47,581
Non-contract liability - Commonwealth	**-**	57,179
Hospital and Health Service payables	**211,492**	108,109
PAYG withholdings	**241,113**	129,671
Other payables	**8,775**	3,563
	2,010,130	1,474,285

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 20. Accrued employee benefits

	2021 $'000	2020 $'000
Salaries and wages accrued	**178,186**	514,553
Annual leave levy payable	**301,660**	315,672
Long service leave levy payable	**69,603**	65,479
Other employee entitlements payable	**111,359**	17,522
	660,808	913,226

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 21. Asset revaluation surplus

	Land 2021 $'000	Land 2020 $'000	Buildings 2021 $'000	Buildings 2020 $'000	Total 2021 $'000	Total 2020 $'000
Carrying amount at start of period	**63,278**	62,494	**181,747**	163,310	**245,025**	225,804
Asset revaluation increment/(decrement)	**(7,143)**	1,103	**19,538**	14,117	**12,395**	15,220
Asset revaluation - Other adjustments	**-**	(319)	**-**	3,444	**-**	3,125
Asset revaluation transferred to retained surplus	**2,500**	-	**(16,537)**	876	**(14,037)**	876
Carrying amount at end of period	**58,635**	63,278	**184,748**	181,747	**243,383**	245,025

Note 22. 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 to 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 2020 to 30 June 2021, 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 2020. 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.

Minor comparative reclassifications have been made between income and expenses and current assets and liabilities. These reclassifications provide a consistent presentation with the current year.

Note 22. Interests in associates (continued)

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)

	2021 $'000	2020 $'000
SUMMARISED STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME		
Revenue	**38,337**	27,940
Expenses	**(36,791)**	(37,360)
SURPLUS/(DEFICIT)	**1,546**	(9,420)
Other comprehensive income	**-**	-
TOTAL COMPREHENSIVE INCOME	**1,546**	(9,420)
THE DEPARTMENT'S SHARE OF TOTAL COMPREHENSIVE INCOME	**386**	(2,355)

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

	2021 $'000	2020 $'000
SUMMARISED STATEMENT OF FINANCIAL POSITION		
Current assets	**61,468**	32,199
Non-current assets	**260,802**	286,878
TOTAL ASSETS	**322,270**	319,077
Current liabilities	**11,621**	9,201
Non-current liabilities	**18,364**	19,128
TOTAL LIABILITIES	**29,985**	28,329
NET ASSETS	**292,285**	290,748
THE DEPARTMENT'S SHARE OF NET ASSETS	**73,072**	72,686

Note 23. Contingencies

Guarantees
As at 30 June 2021 the Department held guarantees of $8.3M ($8.6M in 2019-20) 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 2021, the Department had 16 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. For the year ended 30 June 2021, Queensland Health received 44 human rights complaints, of which there were four related cases open as at 30 June 2021.

At 30 June 2020 the Department reported on a litigation case that has not been resolved as at 30 June 2021. This is related to Queensland Industrial Relations Commission applications on the applicability of specialty allowances in certain regions. A further hearing of this case is expected in September 2021. The outcome of this litigation remains uncertain.

Note 24. Commitments to expenditure

	Capital 2021 $'000	Capital 2020 $'000	Lease - operating 2021 $'000	Lease - operating 2020 $'000
Committed at reporting date but not recognised as liabilities, payable:				
within 1 year	**171,133**	128,799	**44,291**	44,770
1 year to 5 years	**3,475**	38,650	**125,646**	119,332
more than 5 years	**-**	-	**20,115**	51,873
	174,609	167,449	**190,052**	215,975

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 1 to 10 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 25. 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.

	2021 $'000	Original Budget 2021 $'000	2020 $'000	Ref	Actual vs budget variance $'000
Administered revenues					
Administered item appropriation	**69,770**	**69,296**	34,473	i.	474
Taxes, fees and fines	**87**	**4**	14		83
Total administered revenues	**69,857**	**69,300**	34,487		557
Administered expenses					
Grants	**69,770**	**69,300**	34,473	i.	470
Other expenses	**87**	**-**	14		87
Total administered expenses	**69,857**	**69,300**	34,487		557
Administered assets					
Current					
Cash	**5**		4		
Total administered assets	**5**		4		
Administered liabilities					
Current					
Payables	**5**		4		
Total administered liabilities	**5**		4		

Actual vs budget comparison

i. The $0.5M variance for Administered appropriation and Grants relates to unbudgeted funding for Health and Wellbeing Queensland.

Note 26. Reconciliation of payments from Consolidated Fund to administered revenue

	2021 $'000	2020 $'000
Budgeted appropriation	**69,296**	30,955
Transfers from (to)/from other headings	**474**	3,518
Administered revenue recognised in Note 25	**69,770**	34,473

Note 27. Activities and other events

There were no other material events after the reporting date of 30 June 2021 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 2021, although the actual impacts cannot be reliably estimated at the reporting date.

Department of Health

Management Certificate

For the year ended 30 June 2021

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 2021 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 PSM – Director General
Department of Health

Date 30/08/2021

Luan Sadikaj CPA – Chief Finance Officer
Department of Health

Date 30/08/2021

Queensland Audit Office
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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 2021, and its financial performance and cash flows for the year then ended

b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

The financial report comprises the statement of financial position and statement of assets and liabilities by major departmental service as at 30 June 2021, 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.

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.

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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.

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Report on other legal and regulatory requirements

Statement

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

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

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

Prescribed requirements scope

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

31 August 2021

Brendan Worrall
Auditor-General

Queensland Audit Office
Brisbane

ANNUAL REPORT 2020–2021
Department of Health
www.health.qld.gov.au