

# ANNUAL REPORT 2021–2022



## Open data

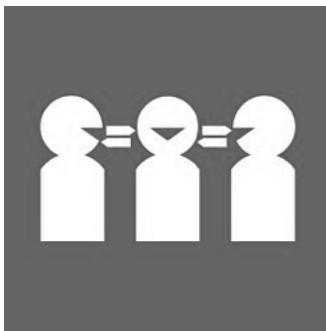
Information about consultancies, overseas travel and the Queensland language services policy is available at the Queensland Government Open Data website (<https://data.qld.gov.au>).

## Public availability statement

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## **Acknowledgement to Traditional Owners**

Jingeri.

We acknowledge the Traditional Custodians of the land in which we work, live, and grow, the Kombumerri, Wangerriburra, Bullongin, Minjungbal and Birinburra peoples, of the Yugambeh Language speaking nation. We also pay our respects to Elders past, present and emerging. We also acknowledge other Aboriginal and Torres Strait Islander people.

## **Recognition of Australian South Sea Islanders**

The Gold Coast Hospital and Health Service formally recognises the Australian South Sea Islanders as a distinct cultural group within our geographical boundaries. We are committed to fulfilling the Queensland Government Recognition Statement for Australian South Sea Islander Community to ensure that present and future generations of Australian South Sea Islanders have equality of opportunity to participate in and contribute to the economic, social, political and cultural life of the state.

# Letter of compliance

8 September 2022

The Honourable Yvette D'Ath MP  
Minister for Health and Ambulance Services  
GPO Box 48  
Brisbane QLD 4001

Dear Minister D'Ath

I am pleased to submit for presentation to the Parliament the Annual Report 2021–2022 and financial statements for Gold Coast Hospital and Health Service.

I certify that this Annual Report complies with:

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

A checklist outlining the annual reporting requirements is provided at page 117 of this annual report.

Yours sincerely



Mr Ian Langdon  
Chair, Gold Coast Hospital and Health Board

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# Statement on Queensland Government objectives for the community

The *Gold Coast Health Strategic Plan 2020–2024* supports Gold Coast Health in contributing to the Queensland Government’s objectives for the community under *Unite and Recover – Queensland’s Economic Recovery Plan* by:

- **Backing our frontline services** by delivering highly reliable, equitable, world-class care – *always*.
- **Safeguarding our health** by maximising our capacity to respond to growing demand and staying pandemic-ready.

Key strategic enablers for contributing to the objectives include fostering a positive work environment; embracing new technology and innovation, research capacity, capability and translation; maximising the use of our infrastructure; partnering with other sectors, agencies, partners and providers; and the effective management and utilisation of data.

This annual report details many of the ways Gold Coast Health has contributed to the Unite & Recover priorities throughout 2021–2022.

# From the Chair and Chief Executive

## From the Board Chair

We've been reminded again this year of the crucial role public health services play in caring for the most vulnerable members of our community, especially in the shadow of a pandemic.

The first significant local outbreak, known as the Omicron surge, occurred over the Christmas period. The reach of Gold Coast Health extended well beyond our regular health services to incorporate management of a range of new facilities, such as testing centres, mass vaccination sites, pop-up clinics, Emergency Department COVID-19 tents, quarantine hotels and more.

Our staff remained flexible and agile, both on the frontline and behind the scenes, working in a rapidly changing environment to keep our community informed and safe.

As my fellow Board members and I travel around Gold Coast Health's facilities, we are continually reminded of the many stresses our staff face daily. We want to express our genuine appreciation for all our staff who truly make a difference.

It is interesting to note that on average, more than 1000 people join the health service every year, and in the past 12 months, that number has climbed to 1800. While it is a challenge to maintain a strong culture at any time, the continuous growth we have experienced over five or six years is quite unusual. There is a sense of vibrancy and optimism about the service, in part because so many of our new staff are young, energetic and so passionate about their work.

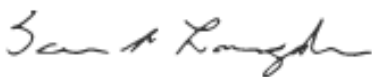
Another aspect that makes Gold Coast Health a truly great place to work is the many opportunities for professional development and training. It is inspiring to reflect upon the expanded leadership programs and career advancement opportunities available to all professional streams this year. More than 450 staff obtained permanent higher roles and a further 129 obtained temporary higher duty roles.

Health equity remains at the forefront, and throughout this year, I've been struck by the progress made across the health service. From our voluntary employee networks created to encourage inclusion among diverse groups to our inaugural First Nations Health Equity strategy; these activities create a strong foundation on which to build in coming years.

Finally, in a nod to innovation and the inevitable impact of COVID-19, the increased telehealth services this year has been a positive outcome from the pandemic. It has provided those who may not otherwise have received care the opportunity to be reviewed and treated using video technology and other tools. The example of remote cardiac monitoring featured in this report is further testament to the health advances being made available through digital advancement.

Thank you to my fellow Board members, in particular my Deputy Chair Professor Judy Searle, and Chief Executive Ron Calvert and his Executive team for their dedication and leadership during these troubling times.

Ian Langdon



Board Chair, Gold Coast Health

## From the Chief Executive

This year, we've rightly had a strong focus on supporting our staff as the COVID-19 pandemic has again dominated public health. We've consistently encouraged our workforce to look after themselves and their colleagues, and we honour our staff who have again gone above and beyond in the course of their work. Our Gold Coast Health philosophy of *Always Care* has never shone brighter.

Whether it was managing the changes brought about by new public health directives or the opening of another vaccination clinic, our staff seized the opportunity to turn a challenge into action. In amongst the clinical and operational demands exacerbated by COVID-19, Team Gold Coast Health successfully navigated a rigorous accreditation process, hosting surveyors both online and in person. Accreditation requires our organisation to be externally assessed to determine whether we've implemented all the requirements of the National Safety and Quality Health Service (NSQHS) Standards. The organisation also progressed a workforce reform program, designed to better position us for the future. Despite various lockdowns and the introduction of mandatory vaccines for staff, we worked hard to keep our communication channels open and provide opportunities for our staff to have their questions answered, increasingly relying on video technology to share information as soon as it became available.

It's important we continue to scan the horizon for external forces that can impact the service. In addition to a pandemic, this year we also had to contend with unprecedented flooding during our summer months. The natural disaster further exacerbated the challenges of delivering testing and vaccination services to our community in addition to providing our regular operational services.

This annual report outlines our performance against key performance indicators, and it is a testament to the professionalism and commitment of our leaders, clinicians and teams that we have managed to deliver so many procedures, diagnoses, and treatments to our community.

I wish to thank Dr Jeremy Wellwood and Ms Paula Duffy, who led our response to COVID-19 throughout this difficult year. Paula was recognised for her COVID-19 management and her ongoing commitment to nursing with a Public Service Medal this year.

I also wish to thank Gold Coast Board Chair Ian Langdon, Deputy Chair Judy Searle, and the rest of the Board for their ongoing leadership and support. While the challenges continue, our values have been lived out every day, and our staff have made us all proud to be a part of Gold Coast Health.

Ron Calvert



Chief Executive, Gold Coast Health



# About us

Gold Coast Hospital and Health Service (Gold Coast Health) was established as a statutory body on 1 July 2012 under the *Hospital and Health Boards Act 2011*. Gold Coast Health is governed by the Gold Coast Hospital and Health Board and delivers a broad range of secondary and tertiary health services from three hospital sites (Gold Coast University Hospital, Robina Hospital and Varsity Lakes Day Hospital), two major allied health precincts (Southport and Robina), and 13 community-located facilities.

Our *Always Care* philosophy is central to our strategic direction. We recognise that the simplest acts of compassion can have significant impact – for patients, staff, the Gold Coast community, and our partners in care delivery. This, combined with our existing and developing world-class infrastructure, a highly talented and committed workforce, and strong partnerships with universities, Gold Coast Primary Health Network (GCPHN), Aboriginal and Torres Strait Islander health services, and the private and non-government sector (NGO), creates a culture of innovation in health care delivery.

The Gold Coast Hospital and Health Board comprises of Chair Mr Ian Langdon and nine members. The Board represents local community needs and expectations in addition to its governance role within the wider Queensland Health federated system.

A Consumer Advisory Group of community representatives also works with Gold Coast Health to improve our local health system by providing advice, feedback and guidance in relation to service delivery and quality and helping to ensure our *Always Care* philosophy is embedded into day-to-day operations.

Across our campuses, we have a reputation as one of Australia's leading teaching hospitals, committed to training the next generation of doctors, nurses and allied health professionals. Working under the supervision of senior clinicians, nursing students become nurses, medical students become doctors, and doctors become specialists at Gold Coast Health's facilities.

## Strategic direction

Founded on our *Always Care* philosophy, the *Gold Coast Health Strategic Plan 2020–2024* guides the service's strategic direction with three key priorities:

- deliver world-class care – always
- make the best use of our resources
- drive future-focused change.

The *Gold Coast Health Strategic Plan 2020–2024*:

- recognises the need to grow and develop our infrastructure and workforce to meet the challenges our health service faces in a post-pandemic environment with a rapidly growing population
- welcomes the opportunity to embrace new technology, innovation, and a transformational culture to ensure highly reliable health care that meets community needs and ensures patient safety
- identifies the need to enhance partnerships with a collaborative 'one-system', optimising access for our diverse community and driving equitable and improved health outcomes for our consumers
- sets the goal to attract, retain and invest in a reliable, high-performing, diverse workforce to ensure our capacity and capability to achieve our vision within a safe, responsive, and inclusive work environment
- commits us to embedding research, cultural safety and appropriate pandemic responsiveness and recovery in our journey towards world-class care.

The *Gold Coast Health Strategic Plan 2020–2024* also supports the whole-of-health-service master planning direction, which is being used to drive planning of future new and expanded services to support growth, particularly in the northern Gold Coast.

## **Vision, purpose and values**

### **Our vision**

We will have the best health outcomes in Australia.

### **Our purpose**

To be a leader in compassionate, sustainable, highly reliable healthcare.

### **Our values**

Our work is driven by our six core values:

#### **Integrity**

To be open and accountable to the people we serve.

#### **Community first**

To have the patient's and the community's best interest at heart.

#### **Respect**

To listen, value and acknowledge each other.

#### **Excellence**

To strive for outstanding performance and outcomes.

#### **Compassion**

To treat others with understanding and sensitivity.

#### **Empower**

To take ownership and enable each other to achieve more.

## Priorities

Gold Coast Health strives for a transformational culture that encourages agility, innovation and rapid knowledge translation for high-reliability health care delivery that meets community needs and ensures patient safety.

We prioritise and balance financial resources as health care demand grows, and we respond to emerging or unforeseen local or global challenges so we can provide equitable health care that maintains and improves health outcomes. Our performance aligns with the Queensland Government's objectives under *Unite and Recover – Queensland's Economic Recovery Plan* by:

### Safeguarding our health by maximising our capacity to respond and stay pandemic-ready

In line with Queensland Government's Objective to safeguard our health by maximising our capacity to respond to growing demand and staying pandemic-ready, Gold Coast Health has prioritised recruitment to maintain safe services. Areas of focus include:

#### An agile workforce

To respond rapidly to changes in staffing levels, Gold Coast Health re-implemented the fast-track recruitment and onboarding model (Rapid Recruitment). This model included the establishment of multiple talent pools to attract candidates for COVID-19 vaccination centres, screening desks, fever clinics, quarantine facilities, COVID-19 wards, contact tracing, staff vaccination clinic, emergency departments, adult intensive care unit (ICU), theatre, environmental services, security, mental health services, midwifery, pharmacy, fit testing, and the virtual wards.

*Total number recruited for COVID-19 and critical vacancies From July 2021 – February 2022*

NQN EN	NQN RN	AIN	EN	RN	RM	CN	AO3	OO2	OO3	HP3	Grand Total (Headcount)
19	40	11	53	325	1	6	281	80	21	6	843

Early career doctors were highly agile during the Omicron wave, which coincided with the onboarding of our annual intake of 92 medical interns. Orientation was condensed and the new doctors became an important part of Gold Coast Health's COVID-19 response.

The Medical Workforce Support Unit worked closely with medical directors to adopt a ward-based roster for 100 interns, junior house officers, some senior house officers, and residents across mainly medical and surgical wards. This meant redeployment to clinical areas on a shift-by-shift basis, rather than working alongside one senior clinician for the duration of term one. Teamwork on the frontline was a key to the success and new doctors were adept at knowing their patients on the ward and their individual treatment plans well. Gold Coast Health engaged with the Australian Medical Council and Australian Health Practitioner Regulation Agency to ensure all junior doctor objectives and learning requirements were fulfilled.

The trouble-shooting skills learned, and the proactive approach taken by the medical cohort demonstrated Gold Coast Health's *Always Care* philosophy and values.

When surveyed after Term one, 24 per cent of the junior medical workforce who participated in the ward-based roster indicated that they got to know their patients, experienced wards that they may never have been exposed to and built good relationships with their nursing and allied health colleagues.

### Safeguarding our health by maximising our capacity to respond to growing demand

Gold Coast Health is planning for and providing several infrastructure projects in response to a growing local population and need for additional services in our community. These programs support our strategic plan objectives to develop and deliver adequate health infrastructure solutions to meet the ongoing needs of our population and effectively forecast, plan and act to make the best use of our infrastructure and secure resources for the future. Examples include:

## Emergency Department expansion

Gold Coast University Hospital Emergency Department (ED) was extended with a modular building connected to the main facility. This expansion provides 10 new treatment spaces in a culturally safe environment, helps to improve ambulance offloading, as well as an improved patient experience for presentations which do not require acute care or resuscitation. Funded through the Care4Qld strategy, this space is used to treat minor injuries and illnesses and allows patients to be cleared from the emergency treatment queue efficiently, increasing Gold Coast Health's flexibility for disaster response.

In the first two weeks, 442 patients (an average of 30 patients per day) were treated in Minor Injuries/Illness. The average length of stay for these patients during the two-week period was two hours 40 minutes. Data shows that when compared to the two-week period before the extension opened, a comparable cohort of patients had an average length of stay of five hours 24 mins. This equates to a saving of 1208 hours in ED over the two-week period.

## Crisis Stabilisation Unit

As part of the ongoing redevelopment of Robina Hospital, the new Crisis Stabilisation Unit (CSU) opened in August 2021. The unit supports mental health consumers to access an alternative to EDs during a crisis, transforming their care experience and offering a more suitable environment for treatment. The CSU's name in the local Yugambeh language is *Yalburro' angabah* - which means *a place to become happy*. The name was gifted to Gold Coast Health by the Yugambeh language speaking people.

- The CSU has 12 chairs and access to eight short-stay beds with 24/7 crisis support.
- It has a comfortable, home-like environment with clinicians working hand-in-hand with lived experience peer workers to provide the best care for our consumers.
- Since opening, the CSU has helped 1908 people in crisis, with up to 240 patients per month diverted directly from Gold Coast Health EDs to the CSU. This saves time spent in ED by about 14,888 hours, or 60 hours per day.
- Despite increasing mental health demand, the CSU has led to an average length of stay reduction of mental health consumers in ED by 35 per cent.
- The service transforms the consumer's experience and reduces the need for admissions. On average, 81.7 per cent of CSU consumers can be discharged home, with only a small percentage requiring admission.
- The program was one of the Future Focus initiatives managed and monitored under the Transformation agenda.
- The CSU is a key component of the *Gold Coast Crisis Reform Strategy*, which includes:
  - two Queensland Ambulance Service (QAS) co-responder vehicles to support consumers in the community
  - a Queensland Police Service (QPS) co-responder initiative with QPS four days a week
  - 1300 telephone number providing support to the community 24 hours a day, seven days a week
  - a 24-hour-a-day, seven-days-a-week crisis coordination centre that manages referrals and diverts to the CSU, where appropriate
  - two Safe Space initiatives commissioned with the Gold Coast Primary Health Network under the umbrella of the Joint Regional Plan to provide another alternative to ED. The two services operate in the evenings and on weekends.

The unit is complemented by the refurbished Waratah mental health unit, providing eight short-stay pathway beds for consumers requiring a stay for up to 72 hours.

## **Backing our frontline services by delivering highly reliable, equitable, world-class care – Always**

Focus areas included planning for and securing resources for the future, as well as supporting our staff to build a culturally safe, healthy, and inspirational workforce. Examples of our work towards these areas include:

### **23-Hour Surgical Unit**

Robina Hospital expanded its services to include a 23-hour ward for short-stay elective surgery patients. The overnight unit has cared for more than 1330 patients in its first year of operation, using a model of care that adapted to meet community needs. The ward cares for a mix of pre and post-operative elective surgery patients, as well as emergency patients, and can take patients for a night before transferring them to longer stay units.

### **Workplace Health and Safety Ambassador Program**

Gold Coast Health received a grant from Queensland Health in November 2021 to trial the Workplace Health and Safety Ambassador Program in our Mental Health unit. It will be assessed over a 12-month period. The program incorporates a non-traditional security role that provides a customer-focused liaison service and utilises pro-active engagement of patients and visitors to improve the patient experience and to prevent and/or reduce aggressive or disruptive behaviour.

### **Continued investment in Adolescent and Young Adult Services**

Gold Coast Health's Adolescent and Young Adult Services (AYAS) expanded to include a medical lead and additional nursing, allied health and administration staff for a new day program. As medical management for childhood-related conditions and diseases improves, there is an associated increase in the number of children with life-long and often life-limiting chronic diseases surviving into adolescence and adulthood. The health needs in this group are diverse and complex, including mental and behavioural disorders, sexual health concerns, drug and alcohol problems, obesity and eating disorders, and chronic medical conditions. Many adolescent conditions have long hospital stays, require multidisciplinary input, and consume high health costs.

### **Waijungbah Jarjums, caring for First Nations families**

Waijungbah Jarjums is a service co-designed with First Nations families from the local community. It is a continuity of care model which aims to support Aboriginal and Torres Strait Islander families to have equity in access to culturally safe, high-quality care. The service employs 23 staff members, with 83 per cent Identified roles. The Waijungbah Jarjums service is the first of its kind in Australia to incorporate Aboriginal and Torres Strait Islander 'Birthing on Country' and 'First 1000 Days Australia' models of care. The cohort of clients is 63 per cent first-time mothers. New initiatives include educational child health drop-in and play groups, introduction of prescribing for midwives, health worker upskilling with phlebotomy, commencement of social workers, a practice development midwife and acupuncturist.

Waijungbah Jarjums is seeing more women with complexities of pregnancy, diabetes, and mental illness, leading to an increased rate of pre-term births. There has been an increase in spontaneous vaginal births and a decrease in caesarean section and assisted births. Inductions decreased from 40 to 29.5 per cent.

Child Health has had excellent results in increasing breastfeeding rates, with 90 per cent of babies in the service being exclusively breastfed.

Child Health had significantly reduced capacity in 2021 due to COVID-19. The recruitment of an experienced Child Health Clinical Nurse Consultant along with one full-time equivalent (FTE) Clinical Nurse and one FTE Registered Child Health Nurses has greatly improved capacity. Further positions are being recruited as 33 per cent of referrals are currently being waitlisted due to the service reaching capacity.

## **Backing our frontline services by driving future-focused change**

### **Workforce Reform Program**

The Gold Coast Health Workforce Reform Program responds to current and forecasted growth and demand and supports effective models of care while maximising the efficiency of the health service. During the reporting period, a series of workshops and consultation was undertaken about administration workforce reform.

### **Mental Health Service workforce plan**

Work has commenced in each service line on developing a strategic workforce plan and succession plan for Mental Health and Support Services (MHSS). The strategic workplace plan will identify workforce, capability and skill requirements needed for current and future operational models. It will also ensure that we build an inclusive workforce that is representative of our consumers.

We have introduced the use of talent pools to develop a pipeline of applicants for registered and clinical nurses, psychologists, occupational therapists, and social workers. Additionally, Gold Coast Health continues to invest in and support student placements across all disciplines as well as taking an active role in developing partnerships with universities.

### **A supportive environment for staff**

Gold Coast Health's Employee Networks are voluntary groups of staff who come together based on shared identity, interests, and life experiences. These groups provide support, arrange events, discuss issues, raise awareness and advocate for change so that we have a more inclusive work environment. We have established employee networks across the following diversity groups:

- Women's Network (Gender Equality)
- Multicultural Network
- Veterans Network
- Rainbow Alliance Network
- Abilities (Disability) Network.

To provide ongoing support in creating a more diverse and inclusive workplace, Gold Coast Health launched the world-class SBS Inclusion Program to give staff core skills and knowledge around inclusion in general, and more specifically, around different diversity dimensions – gender, age, disability, LGBTIQ+ and cultural diversity. More information can be found on page 44.

### **Promoting Professional Accountability**

Promoting Professional Accountability (PPA) makes it easy for any staff member to flag unprofessional behaviour that may put patient, staff, or visitor safety at risk. If it is not safe, possible, or effective to speak up in the moment, PPA enables staff to submit a report.

Trained peer messengers initiate an informal coffee chat to provide non-judgemental feedback about what has been seen or heard so the person has an opportunity to reflect and modify their behaviour.

In the three years the program has been running at Gold Coast Health, staff have provided 195 pieces of feedback (about five per month). All reporting is anonymous and, in most cases, once the coffee chat occurs, no further reports are made. PPA works in conjunction with our existing HR processes. A total of 70 per cent of health professionals reported a gentle reminder was all they needed to self-correct potentially unsafe behaviour.

## Aboriginal and Torres Strait Islander Health

Gold Coast Health is committed to improving health outcomes to close the gap for Aboriginal and Torres Strait Islander people. We contribute to fulfil statewide reporting requirements by submitting bi-annual reports detailing our progress against key performance indicators and other relevant activities. Our work supports the Queensland Government's *Making Tracks Towards Closing the Gap in Health Outcomes* along with Gold Coast Health's Aboriginal and Torres Strait Islander Cultural Capability Plan and Diversity and Inclusion Action Plan.

Gold Coast Health's commitment to increase the number of Aboriginal and Torres Strait Islander employees to 3.5 per cent by 2022 continued to be supported by the Waijungbah Jarjums maternity and child health service. This service increased and now employs 18 Aboriginal and Torres Strait Islander midwives, student midwives, nurses, health workers, social workers and administrative staff (an increase from 13 in 2021). During 2021–2022, Gold Coast Health made advances towards improving Aboriginal and Torres Strait Islander health outcomes with the exemplary efforts of the Waijungbah Jarjums service, which supplied care to 129 Aboriginal and Torres Strait Islander mothers. More information can be found on page 14.

### First Nations Health Equity Strategy

To meet the legislated requirements outlined in the *Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021*, Gold Coast Health partnered with Kalwun Development Corporation (as the relevant Aboriginal and Torres Strait Islander community-controlled health organisation) to co-design the *Gold Coast Health First Nations Health Equity Strategy 2022-2025*. The strategy details local activities and key performance indicators to improve First Nations health and wellbeing and the collaborative actions to be taken to achieve First Nations health parity by 2031. The strategy complements the *South East Queensland (SEQ) Health Equity Strategy First Nations Health Equity Strategy: A regional and systems-focused approach to closing the health gap by 2031* of which Gold Coast Health is a member and signatory to. The Gold Coast Primary Health Network is partnering with Gold Coast Health and Kalwun to develop and implement plans and deliver the strategy.

### Reconciliation

Consultation and collaboration are key to reconciliation. Gold Coast Health is committed to a new way of working together with the local First Nations community, delivering real outcomes and lasting change through a genuine partnership approach of co-design, co-ownership, and co-implementation. The voices, leadership and lived experiences of First Nations peoples are driving the health equity and reconciliation agendas.

The *Gold Coast Health Reconciliation Statement* was launched on 31 May 2022, following significant co-design, collaboration, and Board support. Since that time, there have been substantial actions and outcomes that support each of the eight commitments in the statement. Work continues, in the spirit of reconciliation, in accordance with each aspect of the statement. This work is complemented by the *Gold Coast Health First Nations Health Equity Strategy 2022-2025* (due for publication by 30 September 2022).

Gold Coast Health engaged Riki Salam (We Are 27 Creative) to capture the organisation's cultural aspirations in a bespoke artwork. Unveiled at the launch of Gold Coast Health's Reconciliation Statement, elements from the *Yanbalehla karulbo yuwanu*, which means *walking together in kindness/compassion*, appear at the entrance of our major facilities, along reception areas, and on the new Aboriginal and Torres Strait Islander health and wellbeing website. The specific elements are widely used to represent our corporate values.

The *Yanbalehla karulbo yuwanu* artwork has been warmly welcomed by the Gold Coast Aboriginal and Torres Strait Islander Community. The artwork symbolises that this place is a welcoming environment, a place where Aboriginal and Torres Strait Islander people can feel safe, comfortable, accepted, and confident that they will be respected, listened to, and well cared for.



## Our community-based and hospital-based services

The Gold Coast Health catchment area takes in one of Australia's most iconic holiday destinations. Like our beautiful city, our community is also diverse in culture, age, race, socio-economic status, and health care needs. We care for 665,515 people who live in the Gold Coast region and northern New South Wales, as well as approximately 11.1 million (pre-COVID-19) visitors each year.

Gold Coast Health delivers a broad range of secondary and tertiary health services across our three hospital sites at Gold Coast University Hospital, Robina Hospital and Varsity Lakes Day Hospital. Services include surgery, trauma, paediatric, general and specialist medicine, maternity and intensive neonatal care, aged and dementia care, emergency medicine, intensive care, cardiology, mental health, oral health, outpatients, environmental health, public health services, and more.

We also deliver a wide range of services in diverse community settings – in our health precincts, community centres, schools, residential aged-care facilities, correctional centres, and in the home. These services include post-birth midwifery visits, home-based palliative care, hospital in the home programs, and school dental health appointments. Gold Coast University Hospital is the city's premier tertiary-level facility providing world-class tertiary hospital care, with more than 70 per cent of private rooms. It is located in the Gold Coast Health and Knowledge Precinct together with Griffith University and Gold Coast Private Hospital.

Robina Hospital is a major regional health facility and serves as a patient base for emergency, medical, palliative care, and mental health. It is also home to the Clinical Education and Research Centre, a joint project between Queensland Health and Bond University's Faculty of Health Sciences and Medicine.

Varsity Lakes Day Hospital features six theatres for endoscopy, plastics, orthopaedic and other surgery, and women's health clinics.

### Community service redesign

Community services redesign initiatives have helped to manage costs and deliver patient, system and staff benefits. Emergency Department (ED) presentations have been avoided and the quality of outpatient referrals has been improved resulting in a smoother process for patients, a simpler system, and better communication with our partners in general practice which has been reflected in increased GP and staff satisfaction measures this year.

Benefits include:

- **Single point of entry**  
This initiative consolidated six possible referral points into one, simplifying the process for patients and bringing in-scope community programs together. Key outcomes included a single point of entry for seven community programs resulting in a 10 per cent reduction in declined referrals to community services, and improved GP communication due to the introduction of a simplified referral pathway.
- **Discharge support**  
A seven-day service, known as Multi-disciplinary Avoidance and Post-acute services (MAPS) was launched in September 2021, and realised approximately \$943,000 in avoided costs in its first three months of operation.
- **Telehealth**  
Telehealth use doubled this financial year with 32 per cent of services delivered via virtual technology (video and telephone).
- **GP advice line**  
The introduction of a GP advice line resulted in over half of the calls received during the pilot avoiding an ED presentation or an outpatient referral. All GP calls were responded to within 48 hours and 85 per cent of GPs were satisfied or very satisfied with the service.

## **Car parking concessions**

Car parking concessions at Queensland Health hospital facilities improve access and affordability of car parking spaces to eligible patients and their carers.

In 2021–2022, Gold Coast Health issued 33,347 one-day concession passes and 29 five-day concession passes. The cost of concessions incurred by Gold Coast Health was \$161,315.

## **Gold Coast Hospital Foundation partners with Gold Coast Health**

Gold Coast Hospital Foundation (the Foundation) is a community-minded health charity committed to helping children and adults across the Gold Coast receive the best health care when it's needed most. As a purpose-based not-for-profit organisation, the Foundation relies on community and corporate donations to fund the delivery of vital extras that would not otherwise be available across Gold Coast Health.

These vital support programs include the Cancer Patient Transport Service, Renal Patient Transport Service, Emergency Accommodation Service, the purchase of medical equipment, funding hospital-led health research, improving hospital facilities and patient spaces, and providing scholarships for Gold Coast Health staff.

An aligned approach and close partnership with Gold Coast Health helps support the sickest and most vulnerable in the community through better patient care, early diagnosis, enhanced treatment options and family support.

Despite the challenges of operating in a pandemic, the Foundation continued to grow its positive impact in the community during the reporting period by raising more than \$2.4 million to support approximately 100,000 patients, families, and Gold Coast Health staff.

The significant initiatives and projects delivered by the Foundation were made possible thanks to the overwhelming generosity and commitment of its valued supporters, corporate partners, sponsors, community groups and individuals in the local community.

- The Cancer Patient Transport Service made more than 5400 trips across the Gold Coast to support patients undergoing cancer treatment by providing stress-free, comfortable transport to and from their home to hospital.
- A dedicated transport service supporting the most at-risk renal patients provided transport to and from Gold Coast public renal treatment facilities. The Renal Patient Transport Service helped more than 95 local renal patients in the reporting period.
- The Emergency Accommodation Service continued to support families of patients receiving lifesaving treatment in all critical care units at Gold Coast Health with 318 nights of emergency accommodation provided close to the hospital.
- The Foundation successfully secured funding for 39 wish list projects to benefit the care of newborns, children and adults in hospital. Donations from the community made it possible to purchase medical equipment, including an ECMO Trainer, Bladder Scanner and a Giraffe Omnibed Carestation.
- Five hospital facilities were improved, including a full upgrade of the Children's Outpatients waiting room including interactive and educational play zones, toys and resources, new wall art and furniture. This was the largest ever refurbishment project undertaken by the Foundation.
- Twelve Gold Coast Health staff were awarded nursing and midwifery scholarships thanks to the Foundation's partnership with Professor Ged Williams.
- There are 1195 Gold Coast Health employees signed up to Gold Coast Hospital Foundation's Workplace Giving program to give regular donations through their fortnightly pay. The Foundation was also recognised in the top six most outstanding workplace giving programs in Australia and

received Highly Commended in the Most Innovative Charity and Employer Partnership category at the 2021 Workplace Giving Excellence Awards.

- Gold Coast Hospital Foundation raised a record \$181,139 in just 12 hours at its annual Giving Day in May 2022. The Foundation's biggest fundraiser was made possible thanks to 696 community donations, 20 matched donors and 70 volunteers.
- The Foundation introduced a new golf day fundraiser named Mindful on the Green, which saw nearly 90 participants and eight corporate sponsors tee off for mental health and raise more than \$17,000 for vital mental health facilities, equipment, and services.

Gold Coast Hospital Foundation works in close partnership with Gold Coast Health to align with the Queensland Government's objectives for the community, to better support vulnerable people in the community and safeguard the health system to deliver the best possible outcomes for patients and their families. By funding research, support programs, equipment, facility improvements, and scholarships for health professionals, and through the Foundation's strategic themes of impact, sustainability, investment, culture, engagement, and trust, the Foundation supports the focus of safeguarding health and backing frontline services.

## Non-financial performance

### Targets and challenges

#### Target:

Drive future-focused change 3.4 - Continue to attract, train and export world-class professionals who seek to enhance local, national, and international service delivery and drive our future-focused agenda.

#### Challenge:

Population growth, ongoing effects of the pandemic, border closures and staff shortages continued to impact recruitment of staff to critical roles.

#### Outcome:

##### International recruitment

Gold Coast Health led the state-wide United Kingdom (UK) nursing recruitment drive for base-grade registered nurses and midwives with a minimum of two years' experience in a specialty. Delegates from Gold Coast Health joined seven HHS and travelled to the UK to attend the Nursing Times Career Fair and promote living and working in Queensland. More than 600 applications were received from registered nurses from the UK, Turkey, Spain, New Zealand and every state and territory in Australia.

##### Infection Control Traineeships

The Gold Coast Health Infection Control department introduced a six-month traineeship program for two cohorts of trainees. Two nurses per cohort successfully completed the six-month traineeship in 2021 and 2022, with the third cohort currently underway. The post-graduate level program was developed in consultation with Griffith University and combines theory-based learning along with the practical experience of working in the Infection Control Department.

#### Target:

Make the best use of our resources 2.1 - Continue to grow, develop, and reward a capable, culturally safe, healthy, and inspirational workforce who aspire to be the best health service in Australia.

#### Challenge:

Develop staff education, compassion, and cultural awareness to reflect an environment of inclusivity and cultural awareness for Aboriginal and Torres Strait Islander staff and consumers.

#### Outcome:

Gold Coast Health provides cultural safety specialist training and strategies, research, and expert advice that centres and elevates Indigenous people's strength, experience, capability, and humanity as the oldest continuous culture in the world. The focus of cultural safety and anti-racism training is to achieve health equity and provide culturally safe care for Aboriginal and Torres Strait Islander peoples that is patient-centred, free from racism, discrimination, and bias. Achievements include:

- 1459 Gold Coast Health staff received cultural safety and anti-racism training. COVID-19 restrictions affected the delivery of some sessions during the reporting period.
- The Yanbalehla Karulbo Aboriginal and Torres Strait Islander Cultural Practice Program (CPP) team trained 1,336 staff. 29 sessions were held, including eight requested sessions for clinical areas such as medical interns, the Coomera vaccination clinic and newly qualified nurses.
- Award-winning Courageous Conversations About Race (CCAR) training has been delivered to 101 staff and community members over 10 sessions. 19 staff attended the Courageous Conversations About Race Beyond Diversity II training; the first session ever held in Australia.
- Gold Coast Health was identified as an exemplar model of care in the *Making Tracks towards health equity with Aboriginal and Torres Strait Islander peoples SEQ Consultation Report* as well

as the Discussion Paper. We were also acknowledged by the Diversity Council of Australia *Racism at Work Report* as a leading practice example of how an organisation can build racial literacy.

- Gold Coast Health is represented on the Tier 3 First Nations Health Workforce Committee which is working to co-design a *Queensland First Nations Health Workforce Strategy for Action* for Queensland's health system. We are working in partnership with the Queensland Aboriginal and Islander Health Council (QAIHC), HHSs and Queensland Health's Clinical Chiefs, with support from other health, education, and training stakeholders.

#### **Target:**

Deliver world-class care – *always* 1.2 - Deliver health care services and a work environment that is safe, responsive, inclusive, and culturally appropriate for all diverse groups.

#### **Challenge:**

Continue to build a culturally safe health care service that meets the needs of the local community and works to close the gap on health care inequality for Aboriginal and Torres Strait Islander consumers.

#### **Outcome:**

Gold Coast Health is working with Aboriginal and Torres Strait Islander consumers, carers, families, and businesses to improve the health outcomes and cultural safety of our service. Achievements include:

- Development of the Gold Coast Mental Health and Specialist Services (GCMHSS) Aboriginal and Torres Strait Islander Advisory Committee, in partnership with the GCMHSS, a first of its kind.
- Development of the *Binangma Gulgan for the Cultural Care of Aboriginal and Torres Strait Islanders* publication, for staff in the Robina Hospital Crisis Stabilisation Unit.
- Creation of the Aboriginal and Torres Strait Islander consultation committee to assist the CSU and advise our greater mental health service.
- Production and installation of 55 Aboriginal artwork decals and three canvas prints at Gold Coast Health facilities in response to consumer feedback received from Community focus groups.
- Co-design of the *Gold Coast Health First Nations Health Equity Strategy 2022-2025* with consumers and Aboriginal and Torres Strait Islander health care providers.
- Completion of 16 Community consultations with 458 unique participants (aged 18 or over) and a total reach of 2400 consumers.

#### **Target:**

Deliver world-class care – *always* 1.4 - Co-design compassionate, person-centred services in collaboration with our people, patients, partners, and stakeholders.

#### **Challenge:**

Sustain a person-centred approach to health care and include key stakeholders on strategic and planning committees and working groups.

#### **Outcome:**

#### **Consumer Advisory Group**

Health consumer representation is facilitated by the Gold Coast Health Consumer Advisory Group (CAG). The CAG has 17 members who sit on 28 Gold Coast Health strategic, planning, operational and clinical committees. The CAG provide consumer insight into areas such as Clinical Governance, Health Literacy, Diversity and Inclusion, Voluntary Assisted Dying, and Infrastructure and Planning.

Consumer engagement at Gold Coast Health continues to shape service delivery to better meet consumer and community needs and adds value to patient, carer, family, clinician, and community experiences of health care. CAG members actively collaborate with staff on initiatives including refining the Food Services menu, medical intern health literacy training, local area needs assessment, and telehealth. Consumer-led projects include:

- **Hidden disability lanyards**

Advocated for by the CAG, hidden disability sunflower lanyards have been implemented at Gold Coast University Hospital to help identify consumers and their carers who require additional support due to a hidden disability. In collaboration with the Gold Coast Hospital Foundation, a grant was received to fund this initiative and the pilot program commenced in May 2022, with positive feedback received. The lanyards are in use in the Children's Emergency Department and Paediatric Department, with the intention to extend their use throughout Gold Coast Health following success of the initial pilot program.

- **Health Literacy**

Health literacy is one of four strategic priorities highlighted in the *Gold Coast Health Consumer and Community Engagement Strategy 2020-2023*. Consumers have worked alongside the Health Literacy committee from conceptualisation, with CAG members contributing to the orientation agenda for junior doctors each year. The CAG initiated the 'Ask Me' campaign which supports a person, or substitute decision-maker, to make informed decisions about treatment options and prompts care providers to invite questions.

#### **Target:**

Deliver world-class care – *always* 1.4 - Co-design compassionate, person-centred services in collaboration with our people, patients, partners, and stakeholders.

#### **Challenge:**

Support continuous improvement to birth outcomes, increasing choice for consumers and capacity of GPs.

#### **Outcome:**

##### **Partnering with consumers for respectful maternity care**

Gold Coast Health launched a Respectful Maternity Care program where midwives, obstetricians and consumers engage in working groups on topics including induction of labour, prevention of serious perineal tears and appropriate oxytocin management, water birth, and vaginal birth after caesarean (VBAC). Outcomes include:

- enhanced client education and information around induction of labour and VBAC
- health Informatics assisting with the development of an online induction of labour booking-in program
- evidence-based guidelines around warm water immersion incorporating audit and reporting tools.

##### **Partnering with our GPs**

The Gold Coast Health GP Maternity Alignment Program (GCGPMAP) is a partnership between Gold Coast University Hospital and Gold Coast Primary Health Network to support local GPs in providing antenatal care to women within the primary care setting. The program supports women who choose to have their pregnancy managed by their local GP and allows GPs to work within a supportive shared care framework with obstetric and midwifery teams. This program has been developed with the support of Mater, Metro North and Metro South health services.

**Target:**

Deliver world-class care – *a/ways* 1.3 - Implement innovative service delivery models that maximise our capacity to respond to health care demand – including hospital, community, home, and virtual care.

**Challenge:**

Continue to provide world-class care working to reduce hospitalisations and length of stay.

**Outcome:****Hospital in the Home service expands treatable conditions**

Hospital in the Home (HITH) treats patients in their permanent or temporary residence for acute conditions requiring clinical governance, monitoring and/or input that would otherwise be managed in a traditional inpatient hospital bed. HITH can provide patients with greater choice in their care, improve access to health services, and equal or better patient care outcomes while minimising hospital admissions.

In 2021-2022, the HITH service expanded the number of conditions and kinds of care it provides. This included the addition of wound care, drain management, diuretic titration, and methylprednisolone management. In the past six months, HITH has treated over 491 patients. This equates to a total of 4419 bed days saved in hospital.

**Improving access to specialist palliative care services in aged care facilities**

In Queensland, the Gold Coast has the largest population of people aged over 65 years. There is a growing need for palliative care in Australian Residential Aged Care Facilities (RACF) due to an aging population with complex care needs and high mortality. In response, Gold Coast Health formed a Specialist Palliative Care in Aged Care (SPACE) team to initiative palliative care needs rounds in RACF. Needs Rounds combine triaging, anticipatory patient-centred care, and case-based education. Pilot studies have been shown to improve symptoms at end of life and reduce length of hospital stay for aged care residents.

By July 2021, the SPACE service was operative, partnering with 59 RACF to increase the capacity of RACF staff and general practitioners through training, education, and support programs. By improving equitable access to specialist palliative care support, the SPACE program has reduced hospitalisations, length-of-stay for RACF residents at end of life and increased the number of residents who receive end of life care in their place of choice. The sustainable model of care also allows for advance care planning conversations and documentation, leading to better safety and quality end-of-life care for residents.

**Remote patient monitoring**

Remote patient monitoring of cardiac patients has been implemented to help clinicians at Gold Coast Health manage their patient's health conditions proactively and call patients in for treatment if issues are detected. Multiple patients have cardiac implantable electronic devices, such as loop recorders, pacemakers, defibrillators, and cardiac synchronisation devices. Clinicians can treat patients in the home instead of admitting them to hospital. It allows clinicians to predict when there's going to be a problem, using devices before the patient ends up in the ED or needs to be admitted. Up to 500 patients are expected to be implanted with remote monitoring-compatible devices this year.

**Target:**

Deliver world-class care – *a/ways* 1.3 - Implement innovative service delivery models that maximise our capacity to respond to health care demand – including hospital, community, home, and virtual care.

**Challenge:**

In June 2021, the Department of Children, Youth Justice and Multicultural Affairs (DCYMA) formally notified Gold Coast Health of the intention to cease funding for the Home Visiting Program (HVP), which targets vulnerable families within the Gold Coast community.

**Outcome:**

Gold Coast Health and the Department of Health recognised the potential for significant clinical risk associated with cessation of this service providing early identification, early intervention, and parental education for vulnerable families of children < 2 years of age. Funding was provided to continue the program after a comprehensive review.

- service provided to 743 individual children (724 families)
- 3302 appointments completed, including 2813 home visits and 494 clinic-based or other community child health services that encourage families engagement in wider health services to build parental capacity
- the average active patient load was 314, aligning with the target of 30 active clients per 1.0 FTE recommended for sustainable safe clinical practice service (historically 50-70 clients)
- the most significant vulnerability risk identified was parental mental health, present in 49% of families
- common vulnerability risk factors present in families included domestic violence 18%, financial hardship 15%, parental alcohol or drug use 11.6%
- 45% of families had 3 or more active vulnerability risk factors, supporting the significant complexity of this cohort
- service delivery in the period was impacted by the uncertainty of ongoing permanent funding, resulting in difficulty maintaining full staffing resources.

**Target:**

Deliver world-class care – *always* 1.3 - Implement innovative service delivery models that maximise our capacity to respond to health care demand – including hospital, community, home, and virtual care.

**Challenge:**

Increase access to orthopaedic specialists to those who need them most and provide a quality service to those who may not require surgical intervention.

**Outcome:**

Primary Contact Hand Therapy (PCHT) is an initiative developed in response to increasing demand in Orthopaedics. It aims to address the elective waitlist by commencing conservative management on patients where clinically appropriate. The treatment is delivered by Allied Health primary contact hand therapists instead of an orthopaedic surgeon. Since its implementation in 2018, patient recorded experience measures (PREMs) have recognised a high satisfaction rate among patients in therapists' knowledge and the treatment they receive from therapists rather than from a doctor. Results include:

- 52 per cent reduction in long waits for hand and upper limb conditions
- 32 per cent of patients seen have been discharged to their GP without requiring orthopaedic input
- 54 additional new orthopaedic occasions of service per month have been created because of the post-operative and fracture clinic streams of PCHT.

**Target:**

Deliver world-class care – *always* 1.5 - Embed research, research translation and evidenced-based practice to deliver optimal health outcomes for patients.



**Challenge:**

Increase the number of health service and clinical research projects, and the number of staff engaged in research and education using evidence-based practice.

**Outcome**

A total of 67 new research projects started during the period, with \$2.69 million awarded (\$1.7 million from commercial partners and \$1 million from government, not-for-profit organisations, and universities). This is a reduction from the previous period. Most research activities were supported by new and existing partnerships, including 11 commercial companies, nine universities, four not-for-profit organisations, and six government (including other hospital and health services).

In addition, 11 collaborative research groups are active within Gold Coast Health, covering a diverse range of research areas, including cancer, infectious diseases, mental health, orthopaedics, emergency care, pharmacy, allied health, maternity and children's health, and patient and family-centred care. This is an increase of one from the previous reporting period. There are approximately 16 research joint appointments in place across Gold Coast Health with Griffith University or Bond University (excluding dual appointments).

The Clinical Trials Service continued to provide support to 30 principal investigators across 17 departments with 58 active clinical trials. The number of departments active in clinical trials has grown by four, and the number of active trials has grown by 10, in comparison to the previous reporting period. Of the active trials, 53 per cent are commercial trials.

Our Collaborative Research Grant scheme, supported by the Gold Coast Hospital Foundation and Bond, Griffith, and Southern Cross universities, provided funding towards seven high-quality collaborative research projects totalling \$537,800.

Reflecting the high-quality research being undertaken at Gold Coast Health, there have been 399 publications from July 2021 to June 2022, an increase of 13 per cent compared to the previous year. These publications included research studies that described implementing or evaluating new interventions or changes in practice that led to improved health outcomes.

**Target:**

Drive future-focused change 3.2 - Lead and develop a Gold Coast 'one-system' for health care by partnering with, and enabling, other sectors, agencies, partners and providers.

**Challenge:**

There is a need to prioritise access to emergency services for those who need it most and so community health needs are being met.

**Outcome:**

An innovative approach to procuring services was introduced between our health service and private hospital operators to address ongoing challenges around service provision. The Interactive Competitive Dialogue (ICD) process includes structured workshops to detail challenges, so private operators can hear the problems and propose solutions to prioritise and manage growing demand.

The first trial involved Emergency Department Load Share (EDLS), to address unprecedented presentations to public emergency departments. Rather than patients coming to the public hospital for assessment before being transferred elsewhere, they are now diverted to a private emergency department, when clinically appropriate. It involves a detailed decision-making process between the hospitals and the Queensland Ambulance Service before a patient is deemed suitable for the scheme.

EDLS began as a trial in October 2021 with Gold Coast Private Hospital and ten patients per day and expanded to John Flynn and Pindara Private Hospitals in January 2022. Up to 30 patients a day are now

diverted to and treated by one of the three private hospitals as a public patient. They can be admitted if required and receive end-to-end care.

**Target:**

Drive future-focused change 3.6 - Implement a Gold Coast Digital Transformation agenda which embraces new technology and innovations to meet the needs of our community.

**Challenge:**

The concepts and ideas to transform the organisation outstrips our capacity to deliver so a robust process is required to consistently develop, monitor, deliver and evaluate initiatives.

**Outcome:**

This year features the fifth Future Focus Showcase, designed to shine a spotlight on Transformation initiatives funded by the health service to address specific health care challenges. Showcases give the entire workforce an opportunity to engage by encouraging them to provide feedback and input into initiatives.

Future Focus initiatives, collectively known as the Transformation Program, are designed and tested through a rigorous and disciplined process. The Transformation Program has four core ambitions to guide transformational change:

**1. Best in class clinical demand management**

Lead the way in customising and integrating our service delivery to the unique needs of our patients and community.

**2. Clinical teaming and innovation**

Deliver the best value health care through innovative care models and new ways of teaming.

**3. Value added corporate functions**

Re-position our corporate functions as value-adding services.

**4. A digitally enabled health service**

Leverage digital and data to transform the way we work.

Transformation Delivery advises and oversees the design, delivery, transition and sustainability of transformational activities and digital projects. This year, the program has overseen more than 20 initiatives introduced into the program with 10 currently in delivery. Examples of completed initiatives include Primary Contact Hand Therapy, Crisis Stabilisation Unit and the Refer Your Patient website.

**Target:**

Drive future-focused change 3.6 - Implement a Gold Coast Digital Transformation agenda which embraces new technology and innovations to meet the needs of our community.

**Challenge:**

The delivery of the *Gold Coast Health Strategic Plan 2020–2024* required a comprehensive complementary digital plan to drive transformation, manage demand and improve performance.

**Outcome:**

The *Gold Coast Health Digital Strategic Plan and Roadmap 2021-2024 (D24)* communicates a vision and defines areas of focus to guide our strategic thinking and seek out partnerships to complete the program of work required to meet the needs of our organisation.

The focus of D24 is to deliver digital transformation that will improve patient care, patient experience, staff experience, and increase overall health system efficiency and productivity. D24 is aligned to and drives the objectives of the *Gold Coast Health Strategic Plan 2020-2024*.

Five focus areas have been identified as the program of work for the next three years:

### **1. Advanced Insights**

Enabling clinical practice improvement, research, and innovation through the use of our rich data assets.

Building on existing investments in data management, this focus area will modernise our existing data platform to leverage cloud capabilities and services, build enriched data sets and models to support workflow automation and machine learning efforts.

### **2. Digital Liberation**

Using digital solutions to replace or enhance manual workflows.

Gold Coast Health has a significant number of manual workflows, managing both clinical and non-clinical processes. Digital Liberation seeks to streamline manual workflows, optimise clinical and non-clinical administrative tasks and provide single points of interaction for staff and patients in accessing information.

### **3. Digital Literacy and Design**

Making systems intuitive to use and providing the right education to staff and patients.

Human-centred design and support will increase digital literacy and realise the full potential of our digital investment. Digital Literacy and Design will deliver platforms using good design to enhance a high-quality user interface experience across devices and incorporate education opportunities to further improve digital literacy for consumers and staff.

### **4. Virtual Health care**

Using technology to create more options in how health services are delivered.

The complexity and cost of health care is increasing, and patients are demanding more tailored and personalised care. Virtual health care reconsiders the traditional delivery models and provides innovative patient care modalities which provide alternative options for interacting with their care team.

### **5. Digital Foundations**

Leveraging digital capacity and improving digital infrastructure.

Gold Coast Health maintains a complex technical environment. A solid but agile approach to digital infrastructure and platforms is required to enable transformative digital delivery. Digital Foundations aims to deliver platforms and technologies for the long term to provide a solid technology core to leverage future opportunities.

## **Managing strategic risks**

With the rapid growth of our local population and extreme growth in our northern suburbs, Gold Coast Health continues to experience an increasing demand for public health services on the Gold Coast.

We continue to adopt a transformational culture that encourages agility, innovation, and rapid knowledge translation to ensure health care delivery that meets community needs and ensures patient safety. This includes prioritising and balancing financial resources as health care demand grows and to respond to emerging or unforeseen local or global challenges. We must also optimise and grow our infrastructure to meet growing demand so that we can provide equitable and reliable access to health care.

We continue to develop our strategic opportunities including optimising governance, systems, processes, and models of care to underpin organisational resilience, sustainability, and reputation. We maintain a focus on accessing, attracting, retaining, and investing in a high-performing, diverse workforce to ensure our capacity and capability to provide world-class health care.

We also continue to maximise collaborative 'one-system' partnerships (across sectors, agencies, partners, and providers) that optimise access for our diverse community to drive equitable and improved health outcomes for the Gold Coast population.

# Governance

## Our people

### Board membership

The Gold Coast Hospital and Health Board is appointed by the Governor-in-Council on the recommendation of the Minister and derives its authority from the *Hospital and Health Boards Act 2011* and the *Hospital and Health Boards Regulation 2012*.

The Board governs Gold Coast Health and is responsible for its quality of health care services, strategic direction, financial performance and strengthening community partnerships.

The Board has a range of functions including:

- setting the strategic direction and priorities for the operation of Gold Coast Health
- monitoring compliance and performance
- ensuring safety and quality systems are in place which are focused on the patient experience, quality outcomes, evidence-based practice, education and research
- developing targets, goals and standardised care plans to use public resources wisely
- ensuring risk management systems are in place and overseeing the operation of systems for compliance and risk management reporting to stakeholders
- establishing and maintaining effective systems to ensure that the health services meet the needs of the community within the resource envelope.

Gold Coast Health Board members bring to the table a wealth of experience and knowledge in public, private and not-for-profit sectors, as well as a range of clinical, health and business experience.

#### **Mr Ian Langdon – Board Chair MBA, BComm, Dip Ed (Melb Uni), FCPA**

Appointed as Chair on 18 May 2012. Current term 18 May 2020 to 31 March 2024.

Ian Langdon has extensive Board experience, encompassing roles such as Chair, Audit Committee Chair and Non-Executive Director with a wide range of companies in banking, agribusiness, food production, marketing, and health. Ian has held various academic positions including Associate Professor and Dean of Business at Griffith University (Gold Coast campus).

#### **Professor Judy Searle – BMBS, FRANZCOG(ret), GDPH, MD, GCTE, PCM, GAICD**

Appointed 18 May 2016. Appointed on 10 June 2021 as Deputy Chair. Current term 10 June 2021 to 31 March 2024.

Judy Searle started her career as a medical specialist before moving into leadership and senior management positions in academe, government, and professional advocacy. As a Non-Executive Director with skills in governance, risk management and safety and quality she now provides independent expertise in the health and aged care sector, including the provision of advice on health system performance and medical practitioner regulation at a state government level.

#### **Professor Cindy Shannon AM, BA (Economics and History), Grad Dip Ed, MBA, DrSocSc (Pol Sci), GAICD, FQAAS (FQA)**

Appointed 18 May 2020. Current term 18 May 2020 to 31 March 2024.

Professor Cindy Shannon is a Ngugi woman and descendant of the Quandamooka people. She is an Emeritus Professor with the University of Queensland, among many other roles. Cindy was the Pro-Vice-Chancellor (Indigenous Engagement) at The University of Queensland from 2011-2017, and inaugural Director of its Poche Centre for Indigenous Health. Cindy led the development and implementation of

Australia's first degree-level program for Aboriginal and Torres Strait Islander health workers and played a key role in supporting the establishment of the Institute for Urban Indigenous Health in South-East Queensland. Cindy has contributed to Indigenous health policy in Queensland and nationally.

**Ms Colette McCool PSM, MIM, BA, FAICD**

Appointed 29 June 2012. Current term 18 May 2021 to 31 March 2024.

Ms Colette McCool PSM has more than 25 years' experience as a senior executive in large and complex public sector organisations. She has held senior leadership positions across economic, environmental, and social portfolios in Territory and Local Governments, in diverse functional areas such as community services and health, waste management and transport. Ms McCool has highly developed skills and extensive experience in community consultation, engagement, and capacity building, coupled with a deep knowledge of the diverse Gold Coast community and its needs. In recognition of her contribution to public service, in particular the community of the Gold Coast, Ms McCool was awarded a Public Service Medal (PSM).

**Mr Michael Kinnane ESM, FAICD, FAIM**

Appointed 18 May 2018. Current term 1 April 2022 to 31 March 2026.

Michael Kinnane has extensive Board and Chair experience across not-for-profit, statutory, and public company spheres. He is a Fellow of the Australian Institute of Company Directors and has had an accomplished career as Director-General of several Queensland government departments, including emergency services for more than 12 years. He was CEO of the Queensland Ambulance Service for five years. Michael is a strategic change leader who is community and outcomes-focused with a record of achievements resulting in positive patient outcomes for the community. Michael is also a Director of the Gold Coast Hospital Foundation.

**Ms Teresa Dyson LLB(Hons), BA, MTax, MAppFin, GAICD**

Appointed 18 May 2016. Current term 1 April 2022 to 31 March 2026.

Teresa Dyson is a Non-Executive Director, with a portfolio of directorships across listed companies, government entities and not-for-profit entities. She sits on Boards in the media, energy and finance sectors. She is also a member of the Foreign Investment Review Board and the Takeovers Panel. Teresa has previously been a Partner of a global law firm and a global accounting firm. Teresa is a former Chair of the Board of Taxation.

**Mr Lucas Patchett OAM GAICD**

Appointed 18 May 2021. Current term 1 April 2022 to 31 March 2026.

Lucas Patchett is the Co-Founder and CEO of Orange Sky, a not for profit with a mission of positively connecting communities through a free mobile laundry and shower service for people experiencing homelessness. Started in 2014, Orange Sky has expanded to more than 50 services across Australia and New Zealand with a team of 3,000+ volunteers providing a range of services across a variety of different communities. Lucas is passionate about serving the community, innovation and how to create and maintain an organisational culture. He was awarded the Young Australian of the Year award in 2016 and an Order of Australia Medal in 2020.

**Professor Nicholas Zwar MBBS, MPH, PhD**

Appointed 18 May 2021. Current term 18 May 2021 to 31 March 2024.

Professor Nicholas (Nick) Zwar has extensive experience as a general practitioner and primary health care teacher and researcher. He has a national and international reputation in health services research on prevention and management of chronic illness, with a focus on respiratory and cardiovascular diseases. Nick has led and contributed to several sets of Australian and international clinical practice

guidelines and has more than 200 peer-reviewed publications. He is Executive Dean of the Faculty of Health Sciences and Medicine at Bond University, while working part time in a local general practice.

**Mr Peter Dowling AM, BA (Acc.) Canberra, FCPA, FAICD**

Appointed 10 June 2021. Current term 10 June 2021 to 31 March 2024.

Peter Dowling is an accountant and company director. He is a Fellow of CPA Australia and a Fellow of the Australian Institute of Company Directors. He was formerly a partner with international accounting firm Ernst & Young. He is a Centenary of Federation Medal recipient and was made a Member of the Order of Australia in 2007 for services to accountancy and the community. Peter's other Board and audit and risk committee appointments include State Government Department Audit Committees. He is also the Queensland Honorary Consul for Botswana.

**Ms Karen Murphy Dip AppSc MIT, DMU, MBA with distinction, FAIM, Cert AppFin, GAICD**

Appointed 1 April 2022. Current term 1 April 2022 to 31 March 2024.

Karen is an experienced CEO and Non-Executive Director who is highly strategic and has consistently delivered high impact results in executive roles that span multiple sectors, including law, health, biomedical engineering, legal, financial services and community services across the listed, government and not-for-profit sectors. Karen has also held multiple Board positions, including the Emergency Medicine Foundation, the Spinal Injuries Association, the Queensland Symphony Orchestra and the Real Estate Institute of Queensland. Her tertiary qualifications are in business administration, governance and health care. Karen graduated as the top MBA graduate in her accelerated year at Bond University. She is a member and graduate of the Australian Institute of Company Directors.

**Board Professional Development**

Gold Coast Hospital and Health Service is committed to the continual learning and development of Board members to be able to contribute to high standards of governance and leadership of Gold Coast Health.

The *Board Professional Development Policy* (POL1550) is intended to ensure that Board members are equipped with the knowledge and skills to discharge their roles and responsibilities. Board members endeavour to share their learning from a range of professional development opportunities across their diverse career portfolios.

## Board committees

Gold Coast Health is committed to achieving the highest standards of corporate governance and seeks to adopt best practice. All committees of the Board abide by their approved charters, which are reviewed annually. Committees assist the Board in the execution of its duties by enabling more detailed consideration of key issues.

### Executive

#### Membership from 1 July 2021 to 31 May 2022

**Chair:** Ian Langdon

**Members:** Judy Searle, Teresa Dyson, Nick Zwar, Peter Dowling AM.

#### Membership from 1 June 2022 to current

**Chair:** Ian Langdon

**Members:** Judy Searle, Teresa Dyson, Nick Zwar, Peter Dowling AM and Colette McCool PSM.

As set out in section 32B of the *Hospital and Health Boards Act 2011*, the Executive Committee supports the Board in progressing the delivery of strategic objectives for Gold Coast Health and by strengthening the relationship between the Board and the Chief Executive to ensure accountability in the delivery of services.

### Safety, Quality and Clinician Engagement

#### Membership from 1 July 2021 to 31 May 2022

**Chair:** Judy Searle

**Members:** Michael Kinnane ESM, Colette McCool PSM, Lucas Patchett OAM, Nick Zwar and additional contributors.

#### Membership from 1 June 2022 to current

**Chair:** Judy Searle

**Members:** Michael Kinnane ESM, Colette McCool PSM, Lucas Patchett OAM, Nick Zwar, Teresa Dyson and additional contributors.

The Safety, Quality and Clinician Engagement Committee is prescribed by the *Hospital and Health Boards Act 2011* and advises the Board on matters relating to the safety and quality of health care provided, including the health service's strategies for:

- minimising preventable patient harm
- reducing unjustified variation in clinical care
- improving the experience of patients and carers in receiving health services
- complying with national and state strategies, policies, agreements and standards relevant to promoting consultation about the provision of health services.

The Safety, Quality and Clinician Engagement Committee also monitors governance arrangements, policies and plans regarding safety and quality and promotes improvements in safety and quality.



## **Audit and Risk**

### **Membership from 1 July 2021 to 31 May 2022**

**Chair:** Peter Dowling AM

**Members:** Teresa Dyson, Michael Kinnane ESM, Colette McCool PSM, Lucas Patchett OAM and an external member.

### **Membership from 1 June 2022 to current**

**Chair:** Peter Dowling AM

**Members:** Michael Kinnane ESM, Colette McCool PSM, Lucas Patchett OAM and Karen Murphy.

The Audit and Risk Committee is required under the *Hospital and Health Boards Act 2011* and under the *Financial and Performance Management Standard 2019*. The committee operates in accordance with Queensland Treasury's Audit Committee Guidelines and oversees governance, risk, and assurance processes. It is responsible for assessing the integrity of the service's financial statements, internal and external audit activities, effectiveness of risk management, and compliance with legal and regulatory requirements. The Audit and Risk Committee also monitors the management of legal and compliance risks and internal compliance systems, including compliance with relevant laws and government policies.

## **Finance and Performance**

### **Membership from 1 July 2021 to 31 May 2022**

**Chair:** Teresa Dyson

**Members:** Ian Langdon, Michael Kinnane ESM, Cindy Shannon AM and Peter Dowling AM.

### **Membership from 1 June 2022 to current**

**Chair:** Teresa Dyson

**Members:** Ian Langdon, Michael Kinnane ESM, Cindy Shannon AM, Peter Dowling AM and Karen Murphy.

The Finance and Performance Committee meets monthly to assist the Board in fulfilling its responsibilities to oversee Gold Coast Health's assets and resources. It has a range of functions required under Section 33 of the *Hospital and Health Boards Regulation 2012*, including reviewing and monitoring the financial performance of the health service in accordance with approved strategies, initiatives and goals.

## **Research**

### **Membership from 1 July 2021 to 31 May 2022**

**Chair:** Cindy Shannon AM

**Members:** Ian Langdon, Nick Zwar and external members.

### **Membership from 1 June 2022 to current**

**Chair:** Cindy Shannon AM

**Members:** Ian Langdon, Nick Zwar, Karen Murphy and external members.

The Research Committee advises the Board in relation to developing a future-focused *Research Strategy and Roadmap* that emphasises the enhancement of clinical and health service delivery based on patient-centred care and evidence-based practice. Fundamental to these aims is the building of long-term collaborations in research that are founded on sustainable and trusting partnerships. These research programs are facilitated by a shared collective vision that includes discovery, translation and adoption of research outcomes into practice resulting in the Gold Coast region being recognised as a world-class health precinct of national and international significance. Representatives of university partners regularly attend the Research Committee and provide valuable insight into research practice and collaborative opportunities.

## Gold Coast Hospital and Health Service Board

Act or instrument	Hospital and Health Boards Act 2011
Functions	Refer to page 9 of Annual Report
Achievements	Reported through the Annual Report
Financial reporting	Refer to the Performance section of the Annual Report, from page 51

### Remuneration

Position	Name	Meetings/sessions attendance	Approved annual fee	Approved sub-committee fees	Actual fees received
Chair	Ian Langdon	31 (10 Board, 21 sub-committee)	\$85,714 pa	\$4000 pa per committee Chair, \$3000 pa per committee membership	\$100,000 (as Chair and on 4 sub-committees)
Member	Judy Searle	23 (11 Board, 12 sub-committee)	\$44,503 pa	\$3000 pa per committee membership	\$54,000 (as Board member and on 2 sub-committees)
Member	Teresa Dyson	30 (11 Board, 19 sub-committee)	\$44,503 pa	\$3000 pa per committee membership	\$55,000 (as Board member and on 3 sub-committees)
Member	Colette McCool	20 (11 Board, 9 sub-committee)	\$44,503 pa	\$3000 pa per committee membership	\$51,000 (as Board member and on 2 sub-committees)
Member	Michael Kinnane	30 (9 Board, 21 sub-committee)	\$44,503 pa	\$3000 pa per committee membership	\$54,000 (as Board member and on 3 sub-committees)
Member	Cindy Shannon	22 (10 Board, 12 sub-committee)	\$44,503 pa	\$3000 pa per committee membership	\$52,000 (as Board member and on 2 sub-committees)
Member	Nicholas Zwar	26 (11 Board, 15 sub-committee)	\$44,503 pa	\$3000 pa per committee membership	\$54,000 (as Board member and on 3 sub-committees)
Member	Lucas Patchett	20 (11 Board, 9 sub-committee)	\$44,503 pa	\$3000 pa per committee membership	\$51,000 (as Board member and on 2 sub-committees)
Member	Peter Dowling	29 (10 Board, 19 sub-committee)	\$44,503 pa	\$3000 pa per committee membership	\$45,000 (as Board member and on 3 sub-committees)
Member	Karen Murphy	6 (3 Board, 3 sub-committee)	\$44,503 pa	\$3000 pa per committee membership	\$14,000 (as Board member and on 3 sub-committees)
No. scheduled meetings/sessions	41				
Total out of pocket expenses	The total value of out-of-pocket expenses reimbursed was \$1,693.60.				

	Ian Langdon	Judy Searle	Teresa Dyson	Colette McCool	Michael Kinnane	Cindy Shannon	Nicholas Zwar	Lucas Patchett	Peter Dowling	Karen Murphy
Board	10/11	11/11	11/11	11/11	9/11	10/11	11/11	11/11	10/11	3/3
Executive Committee	6/6	6/6	5/6	*	*	*	5/6	*	6/6	*
Finance and Performance Committee	10/11	*	11/11	*	11/11	8/11	*	*	9/11	1/1
Audit and Risk Committee	2**	*	3/3	3/4	4/4	*	*	4/4	4/4	1/1
Safety, Quality and Clinician Engagement Committee	*	6/6	*	6/6	6/6	*	6/6	5/6	*	*
Research Committee	3/4	*	*	*	*	4/4	4/4	*	*	1/1

Note: Some Board and Board Committee memberships changed throughout 2021-2022. The above table reflects the number of meetings attended, against the number of meetings individuals were remunerated to attend. Board Members are invited to attend Committee meetings that they are not a member of, however, this attendance is not reflected in the above table.

\* Denotes that the Board Member was not a member of the Committee for the meetings held during the reported period.

## Executive management

The Gold Coast Health Executive Management Team consists of the Chief Executive and a suite of Executive Directors responsible for a range of portfolios.

### **Chief Executive – Mr Ron Calvert BSc (Hons), MBA**

Ron commenced as Chief Executive of Gold Coast Health in 2012, bringing with him more than 20 years of health management skills and experience. He has held Chief Executive roles at England's Doncaster and Bassetlaw National Health Service (NHS) Foundation Trust and Trafford Healthcare NHS Trust, where he introduced a quality regime that resulted in a significant reduction in mortality rates. Prior to this, he held Board-level roles at University College London Hospitals and University Hospitals Leicester.

### **Executive Director, Medical Services, Clinical Governance, Education and Research – Dr Jeremy Wellwood MBBS (Hons), FRACP, FRCPA**

Jeremy returned to Gold Coast Health in 2005 as a Clinical and Laboratory Haematologist after having been a registrar in the service in the mid-1990s. He led the development of tertiary cancer services on the Gold Coast and draws on his 25 years of clinical experience to provide values-based leadership with a focus on improving staff and patient experience.

### **Executive Director of Nursing, Midwifery and Patient Experience – Ms Paula Duffy PSM, RN, AFCHSM, CHM, MClinRehab**

Paula commenced at Gold Coast Health in 2002 and has performed a variety of roles including operational Executive Director roles and Nursing and Midwifery Executive Director roles.

Paula was awarded a Public Service Medal in 2022 for her leadership during Gold Coast Health's COVID-19 pandemic and her leadership in nursing. She is an Adjunct Professor with Griffith University's School of Nursing and Midwifery (Gold Coast) and an Associate Fellow and Certified Health Manager of the Australasian College of Health Service Management.

### **Chief Finance Officer, Financial Services – Mr Ian Moody BA (Hons), FCA, MAICD**

Ian joined Gold Coast Health in December 2013 following an international career of 15 years in assurance and consulting in various commercial industries and government sectors. He is a Board Director of the Healthcare Financial Management Association.

### **Executive Director, Corporate Affairs – Ms Sarah Dixon BBus (Comms), JP(Qual), MPRIA, GAICD**

Sarah joined Gold Coast Health's executive team in 2018, following a 15-year consulting career in communication and corporate affairs. She has worked across a wide variety of sectors, including health, education and mining, energy and resources, and has advised Boards and executive management teams on a range of complex issues and situations in the national spotlight. She is also a Trustee Director of a public offer superannuation fund, and Deputy Chair of a charitable trust.

### **Executive Director, Strategy, Transformation and Major Capital – Mr Sandip Kumar BBus, CA**

Sandip joined Gold Coast Health in 2020 following a 12-year career in financial services management consulting, corporate finance and strategy roles; including four years of consulting in and across Queensland Health transformation and change programs.

### **Executive Director, People and Operations – Mr Grant Brown BCrim, BCom, CAHRI**

Grant joined Gold Coast Health in 2017, as Senior Director, Human Resource Services. Grant has more than 14 years' experience in senior Human Resources and Industrial Relation roles within Queensland Health, Queensland Government agencies, Metro South Health and SEQ Water. Grant has led numerous enterprise bargaining negotiations on behalf of Queensland Health and has developed an extensive understanding of factors impacting operational and strategic direction of health services.

**General Manager, Medicine – Mr Patrick Turner MBA, MCom, PgDip Diet, BSc Nutr, GAICD, Hon Adj Assoc Prof - Bond University**

Patrick joined Gold Coast Health in 2017. He has diverse experience in health leadership roles; across executive, operations, program/project and clinical portfolios, including the role of divisional director of operations for medicine, emergency care and rehabilitation at a Foundation Trust in London. His experience extends across portfolios including women and children services, emergency care, medical specialties, post-acute care, specialist outpatient services, community services and allied health.

**General Manager, Emergency and Specialty Services – Ms Hannah Bloch BBus (HRM), LLB**

Hannah joined the executive team in September 2016, following more than 10 years working across Queensland Health. After several years spent shaping the workforce and building a culture of success, she moved into her current role to guide the critical clinical functions of the Emergency Department, Women's Newborn and Children's Services, Mental Health and Specialist Services, Allied Health and Rehabilitation Services.

**General Manager, Surgical and Critical Care – Ms Sandra Lenehan**

Sandra joined Gold Coast Health in 2017. With a background in nursing, Sandra has demonstrated her leadership qualities in a variety of roles and committees in both Queensland and New South Wales hospitals. Sandra is a current member of the Queensland Clinical Senate, a group focused on providing clinical leadership by developing strategies to safeguard and promote the delivery of high quality, safe and sustainable patient care.

# Strategic Committees

## Executive Management Committees

### Executive Management Team

The Executive Management Team is comprised of the Executive Leadership Team, as well as the Executive Directors for Allied Health and Rehabilitation Services, Emergency Care Services, Mental Health and Specialist Services, and Women's, Newborn and Children's Health. Meetings are held monthly to consider matters of strategic importance and cross-divisional impact. In this forum, members of the Executive Management Team provide information and advice to the Chief Executive and their colleagues to enable planning, review and analysis. Each member holds responsibility for their divisional, financial, operational and clinical performance.

### Clinical Governance Committee

The Clinical Governance Committee provides strategic direction and oversight of patient safety and quality systems to maintain and improve the reliability and quality of patient care, as well as improve patient outcomes. The committee is responsible for overseeing and setting standards of clinical governance within Gold Coast Health.

The committee monitors, evaluates and improves performance in clinical practice to ensure optimal patient safety and high care quality. This committee reports to the Board's Safety, Quality and Clinician Engagement Committee and its membership includes senior clinicians and managers across various disciplines, including allied health, medicine, nursing and clinical governance.

### Work Health and Safety Management Committee

The Work Health and Safety Management Committee meets quarterly and provides a forum for multi-divisional consultation and participation on safety and wellbeing matters. The committee is responsible for monitoring the effectiveness of the safety management system, analysing safety performance against the risk management framework and making recommendations that support Gold Coast Hospital and Health Service in driving positive safety performance outcomes, that result in a safe and healthier workplace for all.

### Transformation Oversight Committee

Our health service is facing ongoing pressures and we need to continue to transform as part of a broader health sustainability challenge. We are continuously improving our approach to delivering change and have embedded robust governance to coordinate change. The Transformation Oversight Committee sets the strategic focus and overall targets for the Transformation Program, decides on program trade-offs and avoids conflicting priorities, provides oversight to monitor the challenges and progress of change and assigns clear responsibilities to drive change.

### Digital and Information Committee

The purpose of the Gold Coast Hospital and Health Service Digital and Information Committee is to provide overarching leadership, direction, governance and advice on the digital strategy, future investment and regulatory compliance of digital and information assets and services.

The Committee provides assurance on the performance, operation and security of the digital eco-system that enables care and supports business transformation.

## **Infrastructure and Planning Committee**

The Infrastructure and Planning Committee provides a strategic overview of infrastructure and asset management functions, strategic planning, major capital delivery, strategic partnerships and commercialisation opportunities. The committee's purpose is to provide governance and assurance over these service elements. Some infrastructure planning and delivery, and strategic and health service planning activities will have separate governance arrangements that will provide updates and advice to this Committee when this is required by legislation or funding mechanisms.

## **Clinician Engagement**

### **Clinical Council**

Clinical Council is the peak clinical leadership forum within Gold Coast Health, empowered by the Board and Chief Executive. The objective of Clinical Council is to facilitate authentic engagement of clinicians in health service planning, strategy development and other issues of clinical importance. The Council provides advice, advocacy and feedback to the Chief Executive and an opportunity to ensure clinician opinion in governance, strategy and cultural development activities.

The Clinical Council also provides representatives from Gold Coast Health to the Queensland Clinical Senate.

### **Research Council**

The Research Council is the peak communication body for aligning and supporting long-term collaborations in research across all clinical directorates and research active services. The Research Council ensures the delivery of strategic research priorities to help shape and guide the direction of research at Gold Coast Health, in line with the overall health service strategy, state and national health strategies. To achieve this purpose, the Council is responsible for identifying and enacting practical strategies that overcome cognitive, resource, motivation and political hurdles to engage Gold Coast Health staff in research and foster collegial relationships with academic partners, public and private organisations.

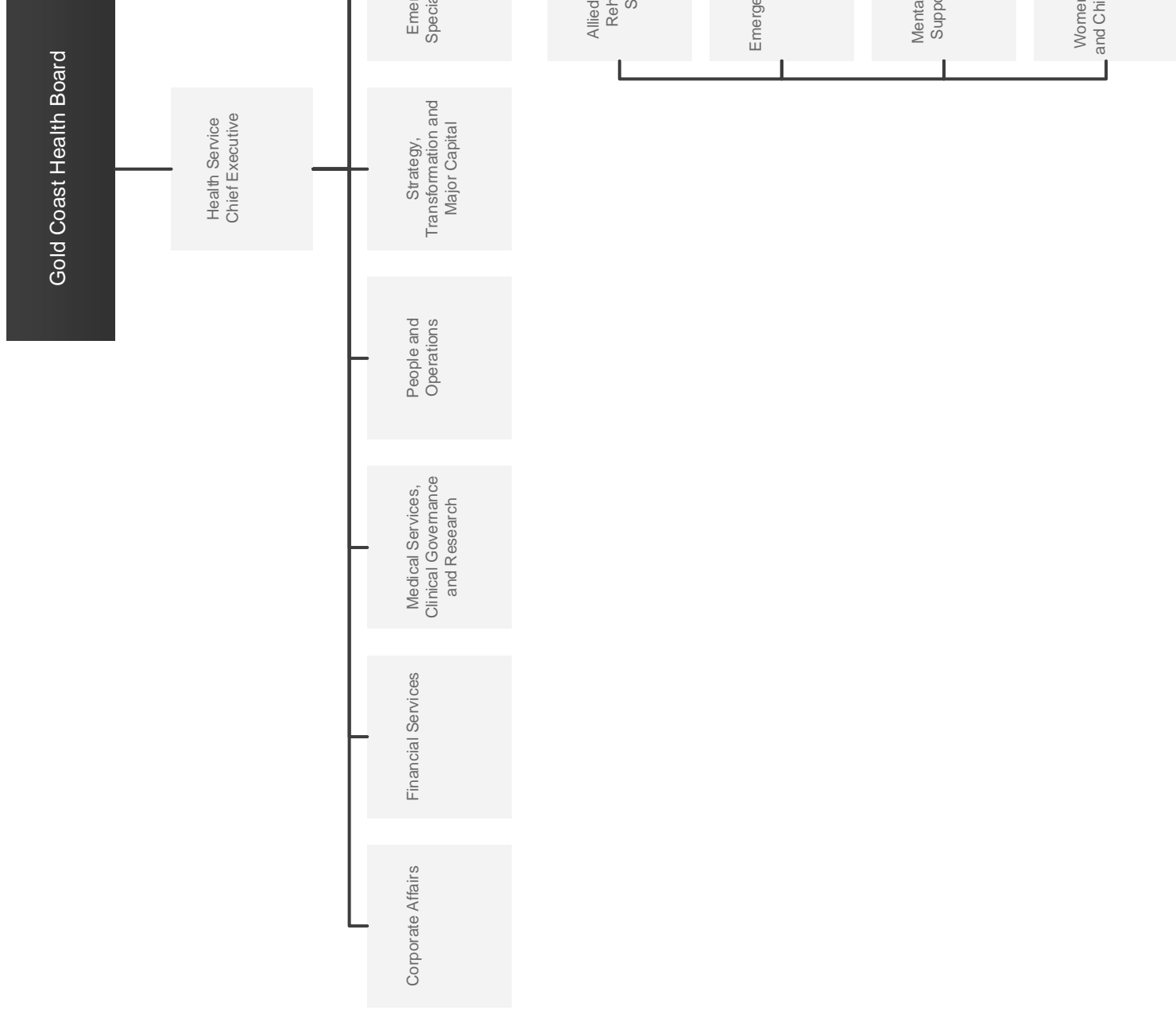
The Research Council also advises on effective communication strategies to ensure Gold Coast Health cultivates a strong team culture to uphold its reputation for delivering excellence in research-infused and evidence-based health care.

# **Organisational structure and workforce profile**

## **Organisational structure**

# Organisation Structure

## Executive Management Team





## Strategic workforce planning and performance

### Workforce profile data

	FTE
Total FTE for Gold Coast Health	9283

### Target group data (MOHRI Occupied Headcount at 26/06/2022)

Gender	Number (Headcount)	Percentage of total workforce (Calculated on headcount)
Woman	8539	74.63%
Man	2879	25.17%
Non-binary	23	0.20%
Diversity Groups	Number (Headcount)	Percentage of total workforce (Calculated on headcount)
Women	8539	74.63%
Aboriginal Peoples and Torres Strait Islander Peoples	169	1.48%
People with disability	162	1.42%
Culturally and Linguistically Diverse – Born overseas	212	1.86%
Culturally and Linguistically Diverse – Speak a language at home other than English (including Aboriginal and Torres Strait Islander languages or Australian South Sea Islander languages)	1359	11.8%
	Number (Headcount)	Percentage of total Leadership Cohort (Calculated on headcount)
Women in Leadership Roles <sup>1</sup>	56	64.29%

<sup>1</sup> Women in Leadership Roles are considered those positions that are Senior Officer and equivalent and above.

### An equal opportunity employer

Workforce figures show 1.44 per cent of Gold Coast Health employees identify as a First Nations person.

Table 1: More doctors and nurses\*

	2017-18	2018-19	2019-20	2020-2021	2021-2022
Medical staff <sup>a</sup>	1,088	1,118	1,203	1,233	1215
Nursing staff <sup>a</sup>	3,480	3,668	3,989	4,174	4365
Allied Health staff <sup>a</sup>	993	1,035	1,061	1,207	1224

Table 2: Greater diversity in our workforce\*

	2017-18	2018-19	2019-20	2020-2021	2021-2022
Persons identifying as being First Nations <sup>b</sup>	96	107	128	133	134

**Note:** \* Workforce is measured in MOHRI – Full-Time Equivalent (FTE). Data presented reflects the most recent pay cycle at year's end. Data presented is to 26 June 2022.

**Source:** <sup>a</sup> DSS Employee Analysis, <sup>b</sup> Queensland Health MOHRI, DSS Employee Analysis

Gold Coast Health appointed a total of 1803 new employees during the 2021–2022 financial year.

During the COVID-19 pandemic response, Gold Coast Health ensured employees had reasonable access to flexible working arrangements, supporting business continuity and benefiting employee health and wellbeing.

## Workforce planning approach

The Gold Coast Health Workforce Reform Program was delivered in early 2021 and is due for completion in July 2022. Following a series of workshops and consultation periods, a final administrative model was put forward in May 2022 with the focus on implementation and assisting the administrative leadership team in supporting their new workforce across the employee lifecycle stages, in line with our Frameworks.

Workforce Reform Program highlights:

- implemented a new onboarding and engaging framework that provides a more consistent approach while allowing flexibility across various service lines, including an integrated onboarding checklist for all new starters
- finalised the exit and transitioning framework, empowering staff to offboard with respect and pride in their accomplishments with an automated exit survey in development
- opportunity to reflect and respond to the way COVID-19 shifted our workforce and commencement of our *Flexible by Design Framework*
- a refreshed Going for Gold Staff Survey instrument assisting teams and leaders to use data to build Continuous Improvement Action Plans (CIAP)
- a renewed drive of the Optimising Culture Program to provide further cultural support specifically through the Manager Accelerate Program which supports teams who receive a culture of Blame/Blame+ to work together to achieve cultural successes
- continued solidification of the Reward and Recognition program to increase positive impacts when staff encourage, support and recognise one another
- changes to our Value Awards with recognition shifting from twice yearly to a monthly celebration, resulting in increased nominations for outstanding achievements and exemplary value-driven behaviours
- expansion of Thank You Week, combining personal and organisational achievements and culminating in our Golden Gala Award ceremony where a staff member is recognised as a pinnacle role model for each of our values.

## Implementation of New Industrial Instruments

No new enterprise bargaining agreements came into effect in the last 12 months.

## Attracting our workforce

### COVID-19 Response

COVID-19 continued to influence our workforce attraction approach as recruitment was impacted by the ongoing effects of the pandemic, border closures and health professionals leaving the industry. Our focus shifted to supporting the recruitment of critical roles for units with large shortages and looking at the long-term effects on our business-as-usual.

The Time to Fill KPI for nursing and midwifery recruitment was 66.8 business days. Other streams posted 796 advertisements and 669 roles were advertised internally as expressions of interest.

### Innovative entry pathways

During the reporting period, Gold Coast Health placed 28 students across clinical and non-clinical areas with the Learning Experience and Academic Placements (LEAP) Program. LEAP provides a formal approach for Gold Coast Health to host students in non-clinical internships and work experience placements across the health service. The program supports the attraction of our future workforce from leading tertiary education providers, while building the capability of our staff internally. LEAP partners include Griffith University, Southern Cross University, Bond University and TAFE Queensland.

Gold Coast Health onboarded 21 employees through the DisTinct Pathways Program, creating entry pathways to the health service for people living with disability. This included three new Assistants in Nursing (AINs), a milestone development for inclusive recruitment in being able to support and promote the importance of disability employment in the nursing profession at Gold Coast Health.

## Developing our workforce

Workforce capability development and learning activities that directly support our strategic plan continue to be the focal point of *Gold Coast Health's Learning and Capability Planning Framework*; in particular, the *Core Capability Framework (CCF)*. The CCF provides staff with a pathway that supports their professional development by aligning skills, abilities and behaviours that are valued and recognised as critical to successfully deliver our services to the community.

Underpinned by our values, the CCF guides the translation of our values into action and provides a consistent measure of the skills and behaviours we are looking for when attracting, recruiting, developing, and retaining our people.

The CCF includes 20 capabilities in five key capability groups. Each capability is demonstrated at four different levels of leadership. The framework is integrated into our entire employee lifecycle and works in conjunction with Professional Capability Frameworks.

The Learning and Capability Planning Framework ensures Gold Coast Health has:

- supported leaders through CCF-aligned leadership development pathways that provide our leaders with the capabilities to lead
- improved communication through the development of skills and knowledge in communication that provide a robust framework for shared understanding and direction
- improved patient outcomes as staff are equipped with the skills and knowledge to provide improved patient-centred care.

## Developing our leaders

Several initiatives were undertaken to support the development of our leaders in line with the CCF, including a continued and expanded collaboration with the Centre for Leadership Excellence to deliver Leadership Courses.

- The new Inspiring Leaders first cohort graduate. This course utilises a series of master classes, peer triangles, and dedicated time with executives to develop and sharpen the skills of senior leaders in the organisation.
- The continuation of the Management Essentials program, with our first staff members completing the 18-month self-paced program.
- Local delivery of Manage 4 Improvement for new Clinical and Nursing Directors.
- Executive Teaming sessions delivered in conjunction with the Centre for Leadership Excellence for the Executive Management Team.
- The Emerging Leaders program redesign now delivered in-house. Previously delivered by TAFE Queensland, this change recognises the calibre of our Learning and Development team to design and deliver this program.
- In collaboration with Francis Health, we are delivering a Clinical Variance program, to help our Clinical Leaders to understand and appropriately react to variance within a clinical setting. This program has been added as an elective program to our Management Essentials course.
- Renewal of the locally-led managing program series, supporting leaders to manage their staff.

## Health and safety

Gold Coast Health has a well-developed Safety Management System that addresses and controls the risks to health and safety in the workplace. Our Workplace Health and Safety (WHS) Future Focus and Operational Plan aims to deliver contemporary, accountable, and sustainable work health and safety performance under the banners of 'Support Collaboration', 'Optimise Culture', 'Integrate Solutions' and 'Improve Performance'. These goals are underpinned by the Plan, Do, Check, Act philosophy and are supported by the Operational Plan that will be regularly monitored and progress reported to the WHS Management Committee.

In December 2021, the COVID-19 Risk Assessment (Biological Exposure) was merged into a pre-populated WHS Risk Assessment that covers all hazard types. This streamlined approach enables work areas to consider their overall risk profile with all information contained in one document.

Two highly skilled and experienced WHS Business Partners have been recruited to contribute to ensuring the Safety Management System is adhered to, risk registers are fully implemented and further enhance the safety culture at Gold Coast Health. The key attributable contribution of the WHS Business Partners will be to reduce workplace injuries and illness, decrease worker's compensation premiums and support making Gold Coast Health a workplace of choice.

## Aboriginal and Torres Strait Islander Cultural Capability

The Aboriginal and Torres Strait Islander Cultural Capability Team represents Gold Coast Health on the Tier 3 First Nations Health Workforce Committee. The new *Queensland First Nations Health Workforce Strategy for Action* concept brief proposed 34 actions to respond to existing workforce supply and demand pressures across the health system. This includes further work on the already implemented Aboriginal and Torres Strait Islander Health Worker Certified Agreement. The proposed actions have been grouped into three categories:

1. Reforms aimed to reshape and redesign the workforce funding and planning environment.
2. Actions aimed to grow the future Aboriginal and Torres Strait Islander health workforce supply pipeline.
3. Actions aimed to support the retention, career development and progression of current Aboriginal and Torres Strait Islander health workforces.

The concept brief is being signed off and once finalised the consultation phase will begin with feedback from this process feeding into the final paper.

## **Diversity and Inclusion**

Gold Coast Health has continued to deliver on the *Diversity and Inclusion Strategy 2017 – 2022* and has been implementing actions contained within the *Workforce Diversity and Inclusion Action Plan 2019 – 2022*.

The following initiatives ensure that Gold Coast Health is on track to meet its diversity targets and build an inclusive, safe, and productive workplace.

### **LGBTIQ+ Advocacy**

The LGBTIQ+ Employee Network has over 60 members and is the local chapter of the broader Queensland Government and Queensland Health LGBTIQ+ Networks. The Network helps to build a workplace that is safe and supporting of employees who identify as LGBTIQ+ and provide staff with lived experience and their allies an opportunity to network, share information and advocate for change.

### **Gender Affirmation**

During March, the Queensland Health LGBTIQ+ Employee Network released the new gender affirmation guide and gender affirmation plan, implemented locally by Gold Coast Health. Gender affirmation describes the steps a transgender or gender diverse person takes to express the gender they identify with, rather than the sex they were assigned at birth.

### **Veterans' Network**

The Veteran Employee Network is a community of veterans and supporters to promote the veteran spirit at Gold Coast Health. It was created to encourage veterans and supporters to mentor, share knowledge, create networking opportunities, and assist each other using shared experiences, to benefit our wider health service. The network has celebrated events over the year, including Remembrance Day and ANZAC Day commemoration events, which included lighting up Gold Coast University Hospital in red.

### **SBS Inclusion Program**

Gold Coast Health has launched the SBS Inclusion Program, with a range of online multi-media training courses and resources designed to give workers core skills and knowledge around inclusion in general, and more specifically, around different diversity dimensions – gender, age, disability, LGBTIQ+ and cultural diversity.

### **Early retirement, redundancy and retrenchment**

No redundancy, early retirement or retrenchment packages were paid during the period.

# Our risk management

Gold Coast Health is committed to proactively identifying and managing risks and opportunities in accordance with the risk appetite statement endorsed by the Board of Gold Coast Health. The Board is committed to ensuring that Gold Coast Health:

- consistently strives for improvement in its risk management maturity
- takes a constant approach to managing risks across the hospital and health service
- clearly defines roles and responsibilities for managing risks
- provides all employees with the necessary training to allow them to undertake their risk management responsibilities
- holds management accountable for risk mitigation
- assigns necessary resources to support the risk management function
- promotes and encourages communication with our stakeholder community in relation to the identification and management of risks
- maintains honesty with ourselves and with others in relation to risk exposures and challenges faced with the delivery of our service

Gold Coast Health has an established enterprise risk management framework (ERM), developed in accordance with ISO 31000:2018 Risk management – Principles and Guidelines. The framework includes an enterprise risk management policy, enterprise risk management procedure, risk appetite statement, risk register, risk governance, and reporting tools for risk analysis. An effective risk management framework is dependent on the organisation's collective effort by all staff to optimise decision-making at a strategic and operational level

Gold Coast Health's risk hierarchy consists of strategic risks, key organisational risks, and operational risks. Key organisational risks enable the Chief Executive and executive management team to have a clear picture of Gold Coast Health's overarching risk profile. Each operational risk is linked to a key organisational risk, and ultimately to a strategic risk. The Corporate Governance service is responsible for managing the organisations' ERM framework.

Gold Coast Health's risk management activities and significant changes are regularly monitored by the Executive Management Team and reported to the Board, through the Audit and Risk committee.

The *Hospital and Health Boards Act 2011* requires annual reports to state each direction given by the Minister to the HHS during the financial year and the action taken by the HHS as a result of the direction. During the 2021-2022 period, no directions were given by the Minister to Gold Coast Hospital HHS.

## Internal audit

Gold Coast Health has an established internal audit function in accordance with section 24 of the Financial and Performance Management Standard 2019.

The Gold Coast Health internal audit unit, led by the Director, Assurance and Advisory Services (Head of Internal Audit), co-sources its internal audit activity with numerous professional services firms and subject-matter experts. The position of the Head of Internal Audit is held by Mr Sean Hounslow.

Mr Hounslow has the following qualifications relevant to this position:

- Bachelor of Business
- Bachelor of Economics
- Certified Internal Auditor
- Certified Information Systems Auditor
- Certified Practising Accountant.

The internal audit function provides the Chief Executive, Audit and Risk Committee, and the Board, with independent and objective assurance on the adequacy and effectiveness of the systems of risk management, internal control and governance in key risk areas by:

- Reviewing and appraising the adequacy and effectiveness of financial and operational controls.
- Ascertaining compliance with established policies, procedures and statutory requirements.
- Ascertaining assets are accounted for and safeguarded from loss.
- Identifying opportunities to improve business processes and internal control systems.
- Conducting investigations and special reviews as requested by management and/or the Audit Committee.

The internal audit function collaborates with management and other governance and assurance functions to ensure adequate coverage of key strategic and operational objectives in the internal audit plan. The function also utilises an assurance map to identify areas of assurance gaps or weakness for consideration for the internal audit plan.

The internal audit function operates within the Institute of Internal Auditors Professional Practice Framework and, as such, is independent of management under a charter endorsed by the Gold Coast Hospital and Health Board's Audit Committee. The function operates with an established audit methodology and a quality assurance framework to ensure its effective and efficient operation. The Audit and Risk Committee oversees the performance of the function.

In 2021–2022, the internal audit function achieved the following:

- Finalised six audits in key risk and control areas and provided recommendations for improvement to address risks identified impacting the health service's ability to meet its obligations and achieve its objectives. A further two audits were underway at the end of the financial year.
- Contributed to enhancements to research governance, policy development, workplace health and safety systems, payroll and leave management systems and information security systems.

## External scrutiny, information systems and recordkeeping

In 2021–2022, parliamentary reports tabled by the Auditor-General that broadly considered the performance of Gold Coast Health included:

- Report to Parliament 2: 2021–2022, Measuring Emergency Department Patient Wait time

The objective of this audit was to assess the implementation of the recommendations made in the Emergency Department performance reporting audit (Report 3 2014-15). This audit recommended improvements to data reliability and factors that impact the successful measurement of performance and outcomes. The Queensland Audit Office supported the current initiatives improving emergency department performance.

- Report to Parliament 8: 2021–2022, Improving access to specialist outpatient services

The objective of this audit was to assess how effectively the Specialist Outpatient Strategy had improved access to specialist outpatient service.

The Queensland Audit Office recommended that Hospital and Health Services:

- Implement models of care and integrate health solutions to increase capacity and optimise benefits
- Redirect non urgent referrals to alternative pathways if clinically appropriate
- Encourage the usage of the Smart Referral system by General Practitioners
- Provide clearer and measurable objectives for projects.

- Report to Parliament 12: 2021–2022, Health 2021

The objective of this audit report was to summarise the results of the financial audits of the 16 hospital and health services, which included timeliness and quality of financial reporting as well as financial performance and sustainability. The Department of Health provided a response to this audit.

- Crime and Corruption Commission review

The Gold Coast Hospital and Health service participated in the Crime and Corruption Commission review of Managing gifts and benefits for Hospital and Health Service employees. The objective of this audit was to evaluate the effectiveness of controls relating to the reporting of gifts and donations made by the pharmaceutical companies to health care employees.

The Commission recommended developing policies and procedures to address this need and to communicate to staff.

During this reporting period, Gold Coast Health has been subject to, and engaged with, scrutiny processes from several State entities. We welcome the opportunity to be held to account, and to work with these entities to ensure continued improvement and ongoing provision of the highest standard of service.

During this reporting period, Gold Coast Health's engagement with assurance agencies (Office of the Health Ombudsman and Coroner) has not resulted in any significant findings of deficiency, nor involved any significant remedial measures.

During the 2021-2022 financial year, information security risks were actively managed and assessed against the Gold Coast Health's risk appetite with appropriate assurance activities undertaken in line with the requirements of the Queensland Government Enterprise Architecture (QGEA) Information security policy (IS18:2018).



## Queensland Public Service ethics

Ethical decision-making in the Queensland Public Sector affects everyone, across a wide range of positions and roles. Gold Coast Health employees, administrative procedures and management practices must comply with the *Code of Conduct for the Queensland Public Service*. The code articulates the standard of conduct expected of staff when dealing with patients, consumers, and colleagues in the workplace. It also helps to ensure that decision making is consistent with the principles of *Public Sector Ethics Act 1994*. These consist of:

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

Our values are included for new staff at induction and embedded within employee role descriptions and performance reviews for current staff. The *Code of Conduct* is available to all existing staff through the Gold Coast Health intranet site. An online learning system allows staff to independently access mandatory training, including training on ethics, integrity, accountability, fraud control awareness and public interest disclosure.

## Human Rights

In 2021-2022, Workplace Ethics (formerly known as Statutory Compliance and Conduct) has assessed 31 complaints of suspected corrupt conduct which relate to the provisions of the *Human Rights Act 2019*. These complaints are summarised in the table below.

Section	Total number of complaints	Ongoing	Not substantiated	Disciplinary action	Management action
15 – Recognition and equality before the law	0	0	0	0	0
17 – Protection from torture and cruel, inhumane or degrading treatment	7	5	1	1	0
22 – Peaceful assembly and freedom of association	0	0	0	0	0
25 – Privacy and reputation	17	15	0	0	2
26 – Protection of families and children	0	0	0	0	0
29 – Right to liberty and security of person	0	0	0	0	0
30 – Humane treatment when deprived of liberty	7	7	0	0	0
<b>TOTAL</b>	<b>31</b>	<b>27</b>	<b>1</b>	<b>1</b>	<b>2</b>

Gold Coast Health continues to promote awareness of the intent and operational impact of the *Human Rights Act 2019*. An embedded process ensures all governance documents are considered against the requirements of the *Human Rights Act 2019* during the mandatory document review cycle. A training package was developed and continues to be rolled out to the organisation on a periodic schedule, as well as by request. Consideration is being given to making a Human Rights training package mandatory for all staff.

## Confidential information

The *Hospital and Health Boards Act 2011* requires annual reports to state the nature and purpose of any confidential information disclosed in the public interest during the financial year. The Chief Executive did not authorise the disclosure of confidential information during the reporting period.

# Performance

## Service standards

Table 3: Service Standards – Performance 2021-22

Gold Coast Hospital and Health Service	2021-22 Target	2021-22 Actual
<b>Effectiveness measures</b>		
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>		
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	100%
	80%	52%
	75%	66%
	70%	91%
	70%	92%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	66%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>		
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	97%
	..	85%
	..	86%
Rate of health care associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup>	<2	1.0
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit <sup>5</sup>	>65%	60.0%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>6</sup>	<12%	10.7%
Percentage of specialist outpatients waiting within clinically recommended times <sup>7</sup>		
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	66%	47%
	..	30%
	..	63%
Percentage of specialist outpatients seen within clinically recommended times <sup>7</sup>		
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	84%	74%
	..	55%
	..	59%
Median wait time for treatment in emergency departments (minutes) <sup>1</sup>	..	9
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	29
<b>Efficiency measures</b>		
Average cost per weighted activity unit for Activity Based Funding facilities <sup>9</sup>	\$5,160	\$5,615
<b>Other measures</b>		
Number of elective surgery patients treated within clinically recommended times <sup>2</sup>		
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	6,805	6,564
	..	4,935
	..	2,015
Number of Telehealth outpatients service events <sup>10</sup>	10,200	27,169

<b>Gold Coast Hospital and Health Service</b>	<b>2021-22 Target</b>	<b>2021-22 Actual</b>
Total weighted activity units (WAU) <sup>11</sup>		
<ul style="list-style-type: none"> <li>• Acute Inpatients</li> <li>• Outpatients</li> <li>• Sub-acute</li> <li>• Emergency Department</li> <li>• Mental Health</li> <li>• Prevention and Primary Care</li> </ul>	<p>164,812</p> <p>33,372</p> <p>11,452</p> <p>29,231</p> <p>18,794</p> <p>4,172</p>	<p>151,068</p> <p>35,174</p> <p>12,663</p> <p>26,341</p> <p>17,580</p> <p>3,507</p>
Ambulatory mental health service contact duration (hours) <sup>12</sup>	>90,125	84,744
Staffing <sup>13</sup>	8,981	9,283

1	During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. Fever clinic services represent an extension of regular operational services and, as a result, the 2021-22 Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions.
2	In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result illness or Health Service Directives.
3	As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021-22 will be carried forward into 2022-23.
4	Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021-22 Estimated Actual rate is based on data reported between 1 July 2021 and 31 March 2022.
5	Mental Health rate of community follow up 2021-22 Estimated Actuals are for the period 1 July 2021 to 31 May 2022, as of 12 July 2022.
6	Mental Health readmissions 2021-22 Estimated Actuals are for the period 1 July 2021 to 30 April 2022, as of 12 July 2022.
7	In response to the COVID-19 pandemic the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result illness or Health Service Directives.
8	As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021-22 will be carried forward into 2022-23.
9	The 2021-22 Target/Estimate varies from the published 2021-22 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021-22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022.
10	Telehealth 2021-22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 May 2022.
11	The 2021-22 Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result illness or Health Service Directives. The 2021-22 Target/Estimate varies from the published 2021-22 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021-22 Actual is a 12-month projection based on data for the period 1 July 2021 to 31 May 2022. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
12	Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021-22 Target has not been met. Figures are as of 12 July 2022.
13	Corporate FTEs are allocated across the service to which they relate. The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments. 2021-22 Actual is for pay period ending 26 June 2022.

## Emergency treatment

Gold Coast Health Emergency Departments (ED) saw more than 190,000 patients in 2021-2022. Gold Coast University Hospital received the highest volume of ED presentations among its Health Roundtable peers and exceeded the next busiest facility's presentations by 10.8 per cent. Compared with 2020-2021, Gold Coast Health saw an overall growth in demand and an increase in category 2 and 3 presentations as well as urgent presentations. Despite this, Gold Coast Health EDs have continued to perform well with 100 per cent of Category 1 patients seen in time and Categories 4 and 5 exceeding performance targets. More than 66 per cent of all presentations to our emergency departments were seen within clinically recommended timeframes for their respective urgency category and Gold Coast Health maintained its performance from last financial year with 66 per cent of patients admitted or discharged from an emergency department within four hours.

These presentations include paediatric patients (under 16 years old). In 2021-2022, Gold Coast Health EDs saw 30,789 paediatric patients, 1475 more patients than 2020-2021. Despite this increase, Gold Coast Health EDs have performed well in this cohort of patients, with 99.3 per cent of Category 1 patients seen in time and Categories 4 and 5 exceeding performance targets. Overall, more than 70 per cent of all paediatric presentations to our ED were seen within clinically recommended timeframes for their category, and Gold Coast Health maintained its performance from last financial year with 72.5 per cent of paediatric patients admitted or discharged from an emergency department within four hours.

The global health pandemic has applied extra pressure to both Robina and Gold Coast University Hospital Emergency Departments with high numbers of patients presenting. Access to timely emergency care and treatment has been impeded by reduced access to community care with GPs unable to provide care for patients with respiratory infections, reduced skills mix due to staff illness, additional requirements for increased physical distancing, additional testing requirements, personal protective equipment and dedicated spaces for isolation to prevent transmission.

## ED Research

The Emergency Department Collaborative Research Group (EDCRG) is the overarching group for research conducted in its emergency departments. The EDCRG has seven research pillars with more than 30 active clinicians and researchers. In 2021-2022, EDCRG collaborated with existing and new academic and industry partners from local, state, national and international organisations. These included: Griffith University, Bond University, Southern Cross University, the University of Queensland, Queensland University of Technology, Monash University, The University of Melbourne, RMIT University, Curtin University, Cairns and Hinterland Hospital and Health Service, Townsville Hospital and Health Service, Metro North Hospital and Health Service, Queensland Police Service, Queensland Ambulance Service, World Wellness Group, University of Applied Sciences Utrecht (the Netherlands), Linköping University (Sweden), Lund University (Sweden), Harvard University (USA).

In 2021-2022, the EDCRG published more than 100 articles in peer-reviewed journals and contributed to more than 70 research projects as well as several successful grant submissions totalling more than \$10 million. EDCRG researchers continue to drive research internally including through the supervision of clinicians, PhD, Masters, and undergraduate medical, nursing and allied health students. Additionally, EDCRG researchers continue to lead and contribute to a broad range of research-related engagement activities at a local, national and international level as members of Gold Coast Health's Research Council and fellows and members of the Australasian College of Emergency Medicine (ACEM) and the College of Emergency Nursing Australasian (CENA), as well as grant and journal reviewers and invited speakers at forums and conferences.

## Elective surgery waiting times

Gold Coast Health continued to deliver world-class health care to patients throughout 2021-2022 and the COVID-19 pandemic. On 18 December 2021, Gold Coast Health implemented a temporary and pre-emptive reduction in operating theatre capacity as part of the COVID-19 pandemic response, coinciding

with the opening of the Queensland border. On 12 January 2022, the Queensland Department of Health issued a Public Health Directive to temporarily cease all non-urgent elective surgeries (Category 2 and 3). This directive extended the already reduced operating theatre platform. These measures were implemented to ensure hospital capacity was available to respond to the anticipated surge in positive COVID-19 cases. Gold Coast Health continued to deliver emergency, trauma, and urgent elective surgeries (Category 1 patients) throughout the reporting period. The Gold Coast Health operating theatre platform returned to business-as-usual capacity on 28 February 2022.

Category 1 NEST achieved 96.9 per cent for the reporting period, below target of 98 per cent. Category 2 and 3 NEST achieved was also below target of 95 per cent, at 85.1 per cent and 85.8 per cent respectively. The deterioration across all three NEST categories is a result of continued growth in emergency and unplanned surgical demand and the temporary reduction in operating theatre capacity.

Elective surgery Long Wait patients (patients who have waited longer than clinically recommended for surgery) peaked at 924 Long Wait patients on 15 March 2022. Gold Coast Health reported 153 elective surgery Long Wait patients at the end of 2021-2022.

At the end of the reporting period, there was 1 Category 4 endoscopy Long Wait patient, 245 Category 5 endoscopy Long Wait patients, and 309 Category 6 endoscopy Long Wait patients. Gold Coast Health reported 555 endoscopy Long Wait patients at the end of 2021-2022.

Gold Coast Health is committed to meeting NEST for all elective surgery categories. To further support elective surgery activity returning to business-as-usual capacity and manage increasing demand on the Gold Coast Health operating theatre platform, the Surgical and Critical Care Division has implemented strategies as part of an Elective Surgery COVID-19 Recovery Plan. These strategies include close monitoring of demand, full utilisation of allocated theatre sessions, and ongoing partnering with private health providers via local contract arrangements and Surgery Connect pathways in 2022-2023. These measures will increase access to non-urgent elective surgery, thereby releasing further internal capacity to treat the highest acuity cases.

Data source: Elective Admissions Management system, 7 July 2022.

## **Outpatient waiting times**

Each weekday, more than 3280 appointments are delivered across outpatient departments in Gold Coast Health. More than 892,000 specialist and non-specialist appointments were provided in 2021–2022, which is an approximate increase of 1.8 per cent from last year. Where clinically suitable, Outpatient services continued to support telephone and video conferencing appointments to maintain access to care while responding to the COVID-19 pandemic. More than 28 per cent of outpatient appointments were delivered via telephone or video conferencing this year, which continues to remain higher than prior to the pandemic. Specialist outpatient services continue the future focus reform program, which commenced last year. Achievements this year include the successful implementation of Smart Referrals internally in Gold Coast Health, and the roll-out of GP Smart Referrals to General Practitioners in the community. The reform programs will continue in the next financial year, with the aim of improving access and the introduction of sustainable system-wide solutions.

## Highlights

### Tugun Health Facility

The planning phase for a Tugun satellite facility has commenced as one of seven planned facilities across South East Queensland under the Satellite Hospitals Program. The new facility will support the emergency departments by giving consumers the option to access urgent health care through an urgent care centre within the local community. The range of services will include community health services, ambulatory, and low acuity day therapy services such as renal dialysis, complex wound management, and outpatient activities. It is anticipated the facility will open by the end of 2023.

### Building partnerships

Gold Coast Health has continued to work in partnership with Gold Coast Primary Health Network (GCPHN) and Non-Government Organisations to implement the Joint Regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drug Services. These formalised partnerships have supported more effective planning for regional commissioning and implementation of models of care that reduce avoidable hospitalisations and ensure care is delivered in the optimal setting.

With the growing demand for mental health services, the Joint Regional Plan is a key platform driving Gold Coast Health's strategic priorities to make the best use of our resources and develop 'one-system' for health care.

### New technology and innovations

Gold Coast Health has developed and improved a range of digital innovations. Initiatives include:

- Telehealth and video consultations

Creating innovative ways to give patients access to clinical advice and care has been one of the positive impacts of the pandemic. While the concept of telehealth and video consultations has been around for some years, there was an urgent need to understand and overcome the barriers to delivering care using these new technologies.

Teams working in this field found that 90 per cent of staff and patients are receptive to video consultation, but the key to turning that sentiment into reality was instilling confidence in those using the new platforms. For staff, that meant showing how the new platform fits easily within existing workflows and providing on-hand support and assuring clinicians that video consultations are conducive to good patient experience. For patients, information about what to expect, and ensuring their role in the consultation is clear at every touch point; in appointment letters, SMS, and patient-facing internet content, was vital.

The results are increasingly positive, and the organisation continues to invest in improving the practices, technology, workflow, and support to increase the interactions.

	Video appointments (increase)
FY 20/21	13,034
FY 21/22	26,882 (106%)
Jan-Jul 2021	6,006
Jan-Jul 2022	18,615 (210%)

(Source: Qlik Historical Productive Appointment Activity Summary 20/7/22)

- Refer Your Patient and Health Pathways website

This initiative introduced a single point online describing Gold Coast Health outpatient services called 'Refer Your Patient'. It standardises definitions for general practitioners using three key elements: Clinical Prioritisation Criteria (CPC), Smart Referrals and HealthPathways. The initiative improves the quality of patient referrals, creates a more transparent system for general practitioners and streamlines

access to hospital services. It has been proven to reduce referrals by 11 per cent and avoid unnecessary activities to the value of \$903,000 annually.

- SMS Reply to confirm Outpatient appointments

In response to valued feedback from our patients, Gold Coast Health introduced new technology this year to simplify communication regarding outpatient appointments. Patients had the opportunity to simply reply “Y” to SMS messages to confirm their intention to attend an appointment. The outcome has resulted in significantly reduced calls to our call centre and a reduced waiting time for patients who need to speak with our team about their appointment. Patients receive an SMS message from the health service 21 days before their appointment date.

- My Health Record

To increase continuity of care, COVID-19 pathology results processed by Gold Coast Health are available in My Health Record. Medication information is available in My Health Record for patients discharged from Gold Coast University Hospital and Robina Hospital.

- Meal ordering

A pilot to support patient meal ordering in Mental Health using iPads went live on 11 April. Next steps will be rolling out external facing delegates to support patient meal ordering at Robina Hospital.

### **Oral Health Services**

Gold Coast Health’s dental services are above the Queensland benchmark for patients being seen in time although demand has increased along with population growth. Over the past financial year, nearly all categories of Gold Coast Health’s oral health care performed above the state’s benchmark.

- 94 percent of patients with a Priority 1 dental issue, such as dental damage or mouth trauma, were seen within the clinically recommended time of 24 hours.
- 99.6 percent of patients experiencing tooth pain and requiring emergency treatment were seen within the required five days, which includes weekends.
- 100 percent of Priority 2 cases and 83 percent of Priority 3 cases seen within the clinically recommended timeframes.
- More than 98 per cent of people on the general dental list were seen within the recommended two-year timeframe. This list includes non-urgent initial appointments or periodic general dental examinations and check-ups.
- Each week, more than 50 people receive new or replacement dentures through Gold Coast Health.

### **Creative Health Hub initiatives**

The Creative Health delivers a program of arts-based initiatives designed to improve and enrich the physical environment and health care experience across Gold Coast Health. Creative programs aim to promote healthy living and illness prevention, support management of illness and chronic disease, aid rehabilitation and recovery, and provide comfort as part of end-of-life care. Survey results from patients, staff and the community identify a range of benefits including improvement of physical and mental health. Arts initiatives include:

- Performances, workshops and exhibitions open to consumers, staff and visitors to promote social inclusion, participation, connection, and personal wellbeing.
- 10 art exhibitions at Gold Coast University Hospital and six exhibitions at Robina Hospital. Six art exhibitions highlighting health promoting events: International Women’s Day, Harmony Week, Hemochromatosis Awareness Month, Pride Month, NAIDOC Week, and Mental Health Week.



- Weekly music programs run across seven wards - Children's Emergency Department, Children's Short Stay, Acute Care of the Elderly, Medical Rehabilitation, Neonatal Intensive Care, Complex Medical Unit and Specialist Medical Unit.
- New 'Virtual Music Program' launched in Palliative Care to provide pathways for consumer engagement and social connection throughout the peak of COVID-19 lockdowns.
- A community library at Robina Hospital.
- ArtBeat music and arts festival coinciding with Mental Health Week to celebrate the creative strengths and talents of people on the Gold Coast living with mental illness.

Outcomes include:

- Health promotion by using the arts to encourage healthy lifestyles, discussing sensitive health issues, communicating health-related concerns, and increasing health literacy.
- Improving the quality of services and health experiences for consumers and staff.
- Improving community wellbeing by developing social cohesion, building resilience, cultural maintenance for Indigenous and other population groups, and promoting cultural diversity.
- Feedback from consumers and staff found decreased stress and anxiety related to treatment and hospital experience, and distraction from illness, pain and boredom.
- Feedback from consumers and staff citing improved self-esteem, positivity towards their health journey, better mood, higher happiness levels, improved community culture and feelings of reconnection to 'normal life'.

# Financial summary

## Summary of financial performance

Gold Coast Health reported a surplus of \$14.108 million for the year. A large portion of the 2021-2022 operating surplus related to the periods January to March when elective surgery ceased due the COVID-19 pandemic.

### Where our funds came from

The Queensland Department of Health commissions services from Gold Coast Health on behalf of the State and the Commonwealth. The relationship is managed and monitored using a Service Agreement underpinned by a performance management framework. The total income for Gold Coast Health for 2021–22 was \$2.013 billion (compared to \$1.809 billion in 2020-21). The primary source of funds is the Queensland Department of Health. COVID-19 National Partnership Agreement funding contributed to the increase.

### Activity-based funding

In the service agreement between Gold Coast Health and the Queensland Department of Health, the measure used to quantify activity delivered is a Queensland Weighted Activity Units (QWAU). A QWAU is a measure of the level of resources consumed during the patient's journey through our health service. The value is recalculated each year based on the national average, which is determined by the Independent Hospital Pricing Authority.

### How our funds were used

The significant increase in demand for healthcare-related services and impacts of COVID-19 have been the primary drivers behind the 11.1 per cent increase in expenditure from \$1.799 billion to \$1.999 billion. For further information regarding these variances, please refer to the notes in the financial statements.

### Where our funds came from

Revenue	2020	2021	2022
Commonwealth Contributions	\$534,376,438	\$612,026,485	\$659,219,275
Queensland Government Contributions	\$983,920,564	\$1,037,467,809	\$1,183,733,520
User Charges	\$115,820,442	\$125,735,775	\$137,243,928
Other Revenue and Grants and Contributions	\$25,496,149	\$34,737,867	\$33,547,343
<b>Total Revenue</b>	<b>\$1,659,613,593</b>	<b>\$1,809,967,936</b>	<b>\$2,013,575,956</b>

### Expenses by category (over three years)

Expenses	2020	2021	2022
Employee Expenses	\$1,165,781,951	\$1,229,823,544	\$1,322,457,049
Supplies and Services Expense	\$407,087,449	\$466,360,925	\$551,630,996
Depreciation and Amortisation Expense	\$77,942,751	\$82,167,923	\$93,422,096
Other Expenses	\$20,560,445	\$21,260,728	\$31,957,733
<b>Expenses</b>	<b>\$1,671,372,596</b>	<b>\$1,799,613,120</b>	<b>\$1,999,467,874</b>

## **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 of 30 June 2022, Gold Coast Health had reported total anticipated maintenance of \$47.559 million. Gold Coast Health is currently completing a condition assessment program for its major facilities, and the value of anticipated maintenance may vary as a result. The assessment was postponed due to impacts of COVID-19 and has now recommenced. Gold Coast Health has the following strategies in place to mitigate any risks:

- Ongoing audit and prioritisation of maintenance activities
- Identification and discussion with Department of Health for prioritisation for emerging funding
- Seek assistance from the Priority Capital Program where this applies.

For the financial year, Gold Coast Health expended \$54.569 million on asset maintenance and associated building and infrastructure activities.

# Financial statements

# Gold Coast Hospital and Health Service Financial Statements - 30 June 2022

## General information

Gold Coast Hospital and Health Service ("Gold Coast Health") is a government statutory body established under the *Hospital and Health Boards Act 2011* and its registered trading name is Gold Coast Hospital and Health Service.

The head office and principal place of business of Gold Coast Health is

Gold Coast University Hospital  
1 Hospital Boulevard  
Southport QLD 4215

A description of the nature of Gold Coast Health's operations and its principal activities is included in the annual report.

For information in relation to Gold Coast Health, please visit the website [www.goldcoast.health.qld.gov.au](http://www.goldcoast.health.qld.gov.au)

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# Section 1: Basis of financial statement preparation

These policies have been consistently applied to all the years presented, unless otherwise stated.

## 1.1 The reporting entity

Gold Coast Health is established under the *Hospital and Health Boards Act 2011*. Gold Coast Health is an independent statutory body and a reporting entity, which is domiciled in Australia. Accountable to the Minister for Health and to the Queensland Parliament, it is primarily responsible for providing quality and safe public hospital and health services and for the direct management of the facilities within the Gold Coast region. The ultimate parent entity is the State of Queensland.

The financial statements are authorised for issue by the Board Chair and Chief Executive at the date of signing the management certificate.

## 1.2 Statement of compliance

Gold Coast Health has prepared these financial statements in compliance with the relevant sections of the *Financial and Performance Management Standard 2019 (QLD)* and other prescribed requirements. In addition, the financial statements comply with Queensland Treasury's Minimum Reporting Requirements for the period beginning on or after 1 July 2021, and other authoritative pronouncements.

Gold Coast Health is a not-for-profit entity and these general purpose financial statements are prepared on an accrual basis (except for the statement of cash flows which is prepared on a cash basis) in accordance with Australian Accounting Standards and Interpretations applicable to not-for-profit entities.

Except where stated, the historical cost convention is used.

## 1.3 Presentation

Amounts in this report are in Australian dollars and have been rounded off to the nearest thousand dollars, or in certain cases, the nearest dollar.

There were no material restatements of the comparative information. Immaterial reclassifications have occurred to ensure consistency with current period disclosures. AASB 1059 *Service Concession Arrangements: Grantors* has been reflected in the statements for financial year 2021-22, with comparative information for 2020-2021 also shown. Refer note 2.14 Public private partnerships.

Assets and liabilities are classified as either 'current' or 'non-current' in the statement of financial position and associated notes. Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as 'current' when they are due to be settled within 12 months after the reporting date, or there is no unconditional right to defer settlement to beyond 12 months after the reporting date.

## 1.4 Basis of preparation

Gold Coast Health has prepared these financial statements on a going concern basis, which assumes that Gold Coast Health will be able to meet the payment terms of its financial obligations as and when they fall due. Gold Coast Health is economically dependent on funding received from its Service Agreement with the Department of Health ("the Department").

A Service Agreement Framework is in place to provide Gold Coast Health with a level of guidance regarding funding commitments and purchase activity for 2022-2023 to 2024-2025. The Board and management believe that the terms and conditions of its funding arrangements under the Service Agreement Framework will provide Gold Coast Health with sufficient cash resources to meet its financial obligations for at least the next year.

In addition to Gold Coast Health's funding arrangements under the Service Agreement Framework, Gold Coast Health has no intention to liquidate or to cease operations; and under section 18 of the *Hospital and Health Boards Act 2011*, Gold Coast Health represents the State of Queensland and has all the privileges and immunities of the State.

## 1.5 Critical accounting estimates

The preparation of the financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions, and management judgements that have the potential to cause a material adjustment to the carrying amount of assets and liabilities.

Such estimates, judgements and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods as relevant.

Estimates and assumptions with the most significant effect on the financial statements are:

- Property, plant, and equipment useful lives assessment as part of depreciation and amortisation calculations – refer Note 2.7
- Land and building valuation assessment – Note 2.13

## 1.6 Taxation

Gold Coast Health is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation except for Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). All Queensland Hospital and Health Services and the Department are grouped for the purposes of Section 149-25 A *New Tax System (Goods and Services Tax) Act 1999*.

All transactions made between the entities in the tax group do not attract GST, and all transactions external to the group are required to be accounted for GST where applicable. GST credits receivable from, and GST payable to the Australian Taxation Office are recognised.



## Section 2: Financial Statements and Related Notes

**Gold Coast Hospital and Health Service  
Statement of comprehensive income  
For the year ended 30 June 2022**

	Note	2022 \$'000	2021 \$'000
<b>Income</b>			
Funding for public health services	2.1	1,842,785	1,649,494
User charges and fees	2.2	137,244	125,736
Grants and other contributions	2.3	14,512	17,426
Other revenue	2.4	18,308	16,943
<b>Total revenue</b>		<u>2,012,849</u>	<u>1,809,599</u>
Gain on disposal/revaluation of assets		727	369
<b>Total income</b>		<u>2,013,576</u>	<u>1,809,968</u>
<b>Expenses</b>			
Employee expenses	2.5	(208,708)	(193,719)
Health service employee expenses	2.5	(1,113,749)	(1,036,105)
Supplies and services	2.6	(551,631)	(466,361)
Depreciation and amortisation	2.7	(93,422)	(82,168)
Impairment loss	2.10	(10,768)	(1,785)
Other expenses	2.8	(21,190)	(19,475)
<b>Total expenses</b>		<u>(1,999,468)</u>	<u>(1,799,613)</u>
<b>Operating result for the year</b>		<u>14,108</u>	<u>10,355</u>
Other comprehensive income			
<i>Items that will not be reclassified to operating result:</i>			
- Increase/(Decrease) in revaluation surplus	2.13b	108,226	(25,246)
<b>Total other comprehensive income</b>		<u>108,226</u>	<u>(25,246)</u>
<b>Total comprehensive income</b>		<u>122,334</u>	<u>(14,891)</u>

*The above statement of comprehensive income should be read in conjunction with the accompanying notes.*

**Gold Coast Hospital and Health Service**  
**Statement of financial position**  
**As at 30 June 2022**

	Note	2022 \$'000	2021 \$'000
<b>Current assets</b>			
Cash and cash equivalents	2.9	141,586	128,380
Receivables	2.10	11,754	11,378
Inventories	2.11	15,613	12,673
Other assets	2.12	40,115	31,820
<b>Total current assets</b>		<u>209,068</u>	<u>184,251</u>
<b>Non-current assets</b>			
Property, plant and equipment	2.13a	1,649,798	1,600,947
Intangible assets		47	100
Service concession assets	2.14	57,721	56,596
<b>Total non-current assets</b>		<u>1,707,566</u>	<u>1,657,643</u>
<b>Total assets</b>		<u>1,916,634</u>	<u>1,841,894</u>
<b>Current liabilities</b>			
Payables	2.16	148,135	126,763
Accrued employee/health service employee benefits	2.17	15,743	12,788
Other liabilities	2.18	18,906	23,986
<b>Total current liabilities</b>		<u>182,784</u>	<u>163,537</u>
<b>Non-current Liabilities</b>			
Other liabilities	2.18	40,211	42,176
<b>Total non-current liabilities</b>		<u>40,211</u>	<u>42,176</u>
<b>Total liabilities</b>		<u>222,995</u>	<u>205,713</u>
<b>Net assets</b>		<u>1,693,639</u>	<u>1,636,181</u>
<b>Equity</b>			
Contributed equity		1,382,870	1,447,747
Accumulated surplus		44,382	30,274
Revaluation surplus	2.13b	266,387	158,161
<b>Total equity</b>		<u>1,693,639</u>	<u>1,636,182</u>

*The above statement of financial position should be read in conjunction with the accompanying notes.*

**Gold Coast Hospital and Health Service  
Statement of changes in equity  
For the year ended 30 June 2022**

	Note	Contributed Equity \$'000	Accumulated Surplus \$'000	Asset Revaluation Surplus \$'000	Total equity \$'000
Balance at 1 July 2020		1,500,417	19,919	183,407	1,703,743
Surplus for the year		-	10,355		10,355
Other comprehensive income for the year					
- (Decrease) in asset revaluation surplus	2.13	-		(25,246)	(25,246)
Total comprehensive income for the year		-	10,355	(25,246)	(14,891)
<i>Transactions with owners as owners:</i>					
Equity injections		21,511	-	-	21,511
Net non-current asset transfers		5,743			5,743
Equity withdrawals (depreciation and amortisation funding)	2.1	(79,924)			(79,924)
Balance at 30 June 2021		1,447,747	30,274	158,161	1,636,182
		<b>Contributed Equity \$'000</b>	<b>Accumulated Surplus \$'000</b>	<b>Asset Revaluation Surplus \$'000</b>	<b>Total equity \$'000</b>
Balance at 1 July 2021		1,447,747	30,274	159,161	1,636,182
Surplus for the year			14,108		14,108
Other comprehensive income for the year					
- Increase in asset revaluation surplus	2.13 2.14			108,226	108,226
Total comprehensive income for the year			14,108	108,226	122,334
<i>Transactions with owners as owners:</i>					
Equity injections		24,672			24,672
Net non-current asset transfers	2.13a	3,873			3,873
Equity withdrawals (depreciation and amortisation funding)	2.1	(93,422)			(93,422)
Balance at 30 June 2022		1,382,870	44,382	266,387	1,693,639

The above statement of changes in equity should be read in conjunction with the accompanying notes.

**Gold Coast Hospital and Health Service  
Statement of cash flows  
For the year ended 30 June 2022**

	Note	2022 \$'000	2021 \$'000
<b>Cash flows from operating activities</b>			
<i>Inflows</i>			
Funding for public health services		1,742,899	1,574,750
User charges and fees		125,852	117,966
Grants and other contributions		13,666	17,466
GST collected from customers		2,462	2,569
GST input tax credits from Australian Taxation Office		30,761	23,477
Other operating cash inflows		19,318	17,242
<i>Outflows</i>			
Employee expenses		(209,478)	(198,025)
Health service employee expenses		(1,114,356)	(1,021,405)
Supplies and services		(537,883)	(474,725)
GST paid to suppliers		(31,139)	(24,469)
GST remitted to Australian Taxation Office		(2,482)	(2,399)
Other operating cash outflows		(21,033)	(19,391)
<b>Net cash from operating activities</b>	2.9c	18,587	13,056
<b>Cash flows from investing activities</b>			
Payments for property, plant and equipment	2.13	(30,857)	(21,578)
Sale of property, plant and equipment		804	617
<b>Net cash used in investing activities</b>		(30,053)	(20,961)
<b>Cash flows from financing activities</b>			
Equity injections		24,672	16,942
<b>Net cash provided by financing activities</b>		24,672	16,942
Net increase in cash and cash equivalents		13,206	9,037
Cash and cash equivalents – opening balance		128,380	119,343
<b>Cash and cash equivalents – closing balance</b>	2.9	141,586	128,380

*The above statement of cash flows should be read in conjunction with the accompanying notes.*

**Note 2.1: Funding for public health services**

	<b>2022</b> <b>\$'000</b>	<b>2021</b> <b>\$'000</b>
Revenue from contracts with customers		
Activity based funding	1,386,539	1,254,619
Other public health service revenue		
Non-activity based funding	219,433	212,444
COVID19 funding	143,391	102,507
Depreciation and amortisation funding	93,422	79,924
	<hr/>	<hr/>
Total funding for public health services	<u>1,842,785</u>	<u>1,649,494</u>

Funding for public health services relate to the Service Agreement between the Department and Gold Coast Health.

**Accounting policy – revenue from contracts with customers**

Type of good or service	Nature and timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Activity based funding (ABF)	ABF is provided according to the type and number of services purchased by the Department, based on a Queensland price for each type of service. ABF funding is received for inpatients, critical care, sub and non-acute, emergency department, mental health and outpatients. The funding from the Department is received in cash fortnightly in advance.	Revenue is recognised based on purchased activity once delivered or as otherwise agreed. Where actual activity exceeds purchased activity, additional funding may be negotiated with the Department and accrued as a contract asset on the Statement of Financial Position where funding has been agreed based on performance obligations being met, but not yet received. Where targets are not met, funding is renegotiated with the Department and may result in a deferral or return of revenue recognised as a contract liability on the Statement of Financial Position. Due to the COVID-19 pandemic, the Commonwealth Government has agreed to provide guaranteed ABF for the 2021-22 financial year under the National Health Reform Agreement (commonly known as a Minimum Funding Guarantee MFG). For the period July 2021 to December 2021, Gold Coast Health met ABF targets. However, for period from January to June 2022, the MFG has been applied to both the state and commonwealth portion of funding, resulting in no financial adjustments for under-delivery during this period against ABF targets.

**Accounting policy – other public health service revenue**

Non-activity based funding is received for other services Gold Coast Health has agreed to provide per the Service Agreement with the Department. This funding has specific conditions attached that are not related to activity covered by ABF. The funding from the Department is received in cash fortnightly in advance. Funding is recognised as received or accrued where activities under the contract have been performed but cash has not yet been received.

COVID19 funding has been received under the National Partnership Agreement on a reimbursement basis to cover costs associated with the COVID-19 response. More information is available in Section 3.

The service agreement between the Department and Gold Coast Health specifies that the Department funds Gold Coast Health's depreciation and amortisation charges via non-cash revenue drawn from equity. The Department retains the cash to fund future major capital replacements. This transaction is shown in the Statement of Changes in Equity as an equity withdrawal. The revenue is matched to depreciation and amortisation expense.

**Note 2.2: User charges and fees**

	<b>2022</b> <b>\$'000</b>	<b>2021</b> <b>\$'000</b>
Revenue from contracts with customers		
Hospital fees and related services/goods	41,172	31,047
Pharmaceutical benefits scheme	78,838	74,172
Private practice revenue	3,896	9,466
Other user charges and fees		
Property rental	2,974	2,264
Other goods and services	10,364	8,787
Total user charges and fees	<u>137,244</u>	<u>125,736</u>

**Accounting policy – revenue from contracts with customers**

Revenue from contracts with customers is recognised when Gold Coast Health transfers control over a good or service to the customer. The following table provides information about the nature and timing of the satisfaction of performance obligations, significant payment terms, and revenue recognition of Gold Coast Health's user charges that are contracts with customers.

Type of good or service	Nature and timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Hospital fees and related services/goods	Hospital fees arise primarily from private patients and patients' ineligible for Medicare. Cash is collected on presentation where possible or invoiced on discharge.	Hospital fees are recognised as revenue when the services/goods have been provided to the customer. Where inpatients have not been discharged and therefore not invoiced, revenue is accrued on the Statement of Financial Position to the extent of services/goods provided. Revenue is recognised net of discounts provided in accordance with approved policies.
Pharmaceutical Benefits Scheme	Reflects recoveries under the Federal government's Pharmaceutical Benefits Scheme. Cash is received in arrears when a claim is lodged electronically of PBS eligible drugs dispensed from hospital pharmacies.	Revenue is recognised when received or accrued where a reliable estimate can be made for drugs dispensed under the scheme, but the cash has not yet been received.
Private practice revenue	Fees generated by billing private patient services performed by doctors with an assignment private practice arrangement, and service fees charged to doctors with a retention private practice arrangement.	These fees are recognised as revenue when service has been completed and the portion of revenue owing to Gold Coast Health can be calculated. See Note 5.5 Granted private practice arrangements.

**Accounting policy – Other user charges and fees**

Property Rental revenue is recognised as income on a periodic straight-line basis over the lease term. Rental revenue from the Gold Coast Private Hospital co-located on Gold Coast Health land became receivable for the first time in 2021-22.

Other goods and services are provided such as hospital run canteens. Revenue from the sale of these goods and services are recognised on receipt or generation of an invoice.

### Note 2.3: Grants and contributions

	2022 \$'000	2021 \$'000
Revenue from contracts with customers		
Commonwealth grants and contributions	13,852	14,259
Other grants and contributions	31	2,427
Other grants and contributions		
Donations other	7	556
Donations non-current physical assets	622	184
Total grants and contributions	14,512	17,426

Grants, contributions and donations are non-reciprocal transactions where Gold Coast Health does not directly give approximately equal value to the grantor.

Where the grant agreement is enforceable and contains sufficiently specific performance obligations, the transaction is accounted for under AASB 15 *Revenue from Contracts with Customers*. In this case, revenue is initially deferred and recognised as or when the performance obligations are satisfied.

Otherwise, the grants and contributions are accounted for under AASB 1058 *Income of Not-for-Profit Entities*, whereby revenue is recognised upon receipt.

#### Accounting policy – revenue from contracts with customers

Various grants are received from state and commonwealth departments. Grant agreements specify the agreed performance obligations and price for the services to be provided. The funding is recognised progressively as the services are provided. A contract asset is recognised in the Statement of Financial Position where the service has been performed and payment not yet received.

#### Accounting policy – Other grants and contributions

Donations are recognised on receipt of the donated asset or when entitlement to receive the donated asset arises. Cash donations are banked into a trust fund. Further information on trust monies are disclosed in Note 5.4 Trust transactions and balances.

#### Accounting policy – Services received below fair value

Contributions of services are recognised only if the services would have been purchased if they had not been donated and their fair value can be measured reliably. Gold Coast Health receives corporate services support from the Department for no cost. Corporate services received include payroll services and accounts payable services. An approximate value provided by the Department has been disclosed in Note 4.2 Related parties.

### Note 2.4: Other revenue

	2022 \$'000	2021 \$'000
Interest	36	55
Minor capital recoveries	5,680	4,433
Health service employee expense recoveries	8,158	8,154
Service concession arrangements	1,965	1,965
Other	2,469	2,336
Total other revenue	18,308	16,943

Refer note 2.5 for explanation of health service employee expense recoveries.



## Note 2.5: Employee Expenses and Health service employee expenses

### Employee Expenses

	2022 \$'000	2021 \$'000
Employee benefits		
Wages and salaries	157,663	147,544
Annual leave levy/expense	13,560	11,685
Employer superannuation contributions	12,730	12,335
Long service leave levy/expense	4,018	3,761
Termination benefits	320	10
<u>Employee related expenses</u>		
Other employee-related expenses	8,653	8,652
Workers compensation premium	11,764	9,730
Payroll tax	-	2
	<hr/>	<hr/>
Total employee expenses	208,708	193,719

### Health service employee expenses

	2022 \$'000	2021 \$'000
Health service employee expenses	1,113,749	1,036,105

### Full-time equivalent (reflecting Minimum Obligatory Human Resource Information)

	As at 30 June 2022	As at 30 June 2021
Numbers of employees	440	433
Number of health service employees	8,842	8,512
	<hr/>	<hr/>
Total full time equivalent	9,282	8,945

### Accounting policy – employee expenses

#### Wages and Salaries

Wages and salaries due but unpaid at reporting date are recognised in the Statement of Financial Position at the current salary rates. Unpaid entitlements are expected to be paid within 12 months and the liabilities are recognised at their undiscounted values.

Recoveries of salaries and wages costs for Gold Coast Health employees working for other agencies are offset against employee expenses.

#### Sick Leave

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

## **Note 2.5: Employee Expenses and Health service employee expenses continued**

### Annual Leave, Long Service Leave and Other Leave

Gold Coast Health participates in the Queensland Government's Annual Leave Central Scheme and Long Service Leave Central Scheme. Under the Annual Leave Central Scheme and Long Service Leave Central Scheme, a levy is made on Gold Coast Health to cover the cost of employee's annual leave (including leave loading and on-costs) and long service leave. The levies are expensed in the period in which they are payable. Amounts paid to employees for annual leave and long service leave are claimed from the Schemes quarterly in arrears.

An additional 2 days of leave was granted to all employees of the Department of Health and HHS's in November 2020 based on set eligibility criteria as recognition of the effects of the COVID-19 pandemic on staff wellbeing. This leave must be taken with 2 years or eligibility is lost. The unused portion at 30 June 2022 relating to employees is provided for in full. The portion relating to health service employees is treated as a pre-payment to the Department of Health. Refer note 2.12 Other Assets.

### Superannuation

Employer superannuation contributions are paid to the employees' superannuation fund at rates prescribed by the government. Contributions are expensed in the period in which they are paid or payable. Gold Coast Health's obligation is limited to its contributions. The superannuation schemes have defined benefit and contribution categories. The liability for defined benefits is held on a whole-of-Government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

Related employee benefit liabilities are disclosed in note 2.16 Payables.

### **Accounting policy – health service employee expenses**

The Director-General, Department of Health, is responsible for setting terms and conditions for employment, including remuneration and classification structures, and for negotiating enterprise agreements.

Recoveries of salaries and wages costs for health service employees working for other agencies are recorded as revenue. Refer note 2.4 Other Revenue.

## Note 2.6: Supplies and services

	2022 \$'000	2021 \$'000
Building services	2,607	2,280
Catering and domestic supplies	13,862	12,108
Clinical supplies and services	145,431	139,375
Communications	18,961	18,006
Computer services	20,188	18,551
Consultants	932	119
Contractors and external labour	52,236	21,734
Drugs	100,942	93,762
Expenses relating to capital works	3,269	3,036
Interstate patient expenses	49,240	49,241
Motor vehicles	1,206	1,143
Outsourced service delivery	61,061	47,096
Property and fleet rental	14,365	6,753
Repairs and maintenance	45,183	32,906
Travel - patients	4,379	4,045
Travel - staff	1,656	976
Utilities	11,736	11,547
Other	4,377	3,683
Total supplies and services	<u>551,631</u>	<u>466,361</u>

Supplies and services has increased over the prior year due to provision of additional services related to COVID. Refer to Section 3 for more information.

### Accounting policy – distinction between grants and procurement

For a transaction to be classified as supplies and services, the value of goods and services received by Gold Coast Health must be of approximately equal value to the value of the consideration exchanged for those goods or services. Where this is not the substance of the arrangement, the transaction is classified as a grant.

## Note 2.7: Depreciation and amortisation

	2022 \$'000	2021 \$'000
Depreciation – Property, plant and equipment	91,199	79,872
Depreciation – Service concession asset	2,171	2,244
Amortisation – Intangible	52	52
Total depreciation and amortisation	<u>93,422</u>	<u>82,168</u>

Property, plant and equipment and service concession assets are depreciated on a straight-line basis so as to allocate the net cost or revalued amount of each asset, less any estimated residual value, progressively over its estimated useful life. Intangibles are also amortised on a straight-line basis.

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 as intended by management.

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

## Note 2.7: Depreciation and amortisation continued

Where assets have separately identifiable components that are subject to regular replacement and these components have useful lives distinct from the asset to which they relate, they are separated into components and depreciated accordingly to the extent the impact on depreciation is material.

The estimated useful lives of assets are reviewed annually and where necessary, are adjusted to better reflect the pattern of future economic benefits. The useful lives could change significantly because of events such as the asset is technically obsolete, or non-strategic assets have been abandoned or sold.

For each class of depreciable asset, the following depreciation and amortisation rates are used:

<b>Class</b>	<b>Depreciation rate range</b>
Building and service concession	1.8% - 7.1%
Plant and equipment	
Computer hardware	10.0% - 20.0%
Engineering	7.1% - 10.0%
Medical equipment	6.3% - 20.0%
Office, furniture and fittings	5.0% - 11.1%
Vehicle	10.0% - 20.0%
Intangible assets	7.7% - 12.5%

## Note 2.8: Other expenses

	<b>2022 \$'000</b>	<b>2021 \$'000</b>
Advertising	356	505
Ex-gratia payments	4	34
External audit fees	246	246
Insurance premiums (Queensland Government Insurance Fund)	16,382	15,146
Insurance - other	395	345
Internal audit fees	44	469
Interpreter fees	940	880
Inventory written (on)/off	(16)	400
Legal fees	2,104	1,109
Losses from the disposal of non-current assets	156	85
Other expenses	579	256
Total other expenses	<u>21,190</u>	<u>19,475</u>

### Special payments

Ex-gratia payments are special payments that Gold Coast Health is not contractually or legally obligated to make to other parties and include payments to patients and staff for damaged or lost property. In compliance with the *Financial and Performance Management Standard 2019*, Gold Coast Health maintains a register setting out details of all special payments greater than \$5,000. No matters exceeded the \$5,000 threshold in 2021-22 (2020-21: one patient related matter).

### External audit fees

Total audit fees quoted by the Queensland Audit Office relating to the 2021-22 financial statements are \$246,000 (2020-21: \$246,000). There are no non-audit services included in this amount.

### Insurance (QGIF)

Gold Coast Health is covered by the Department's insurance policy with the Queensland Government Insurance Fund (QGIF). Gold Coast Health pays a fee to the Department as part of a fee-for-service arrangement.

**Note 2.9: Cash and cash equivalents**

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Cash on hand	21	22
Cash at bank	134,440	121,016
QTC Cash Fund	7,125	7,342
	<hr/>	<hr/>
Total cash	<u>141,586</u>	<u>128,380</u>

For the purposes of the statement of financial position and the statement of cash flows, cash assets include all cash and cheques received but not banked at 30 June as well as deposits at call with financial institutions.

**a) Restricted Cash**

Gold Coast Health receives cash contributions from private practice arrangements (refer to Note 5.5 Granted private practice arrangements) for education, study and research in clinical areas, and from external parties in the form of gifts, donations and bequests for stipulated purposes. This money is retained separately, and payments are only made from the General Trust Fund for the specific purposes upon which contributions were received. The value at 30 June 2022 was \$7.3m (2020-21: \$7.6m).

**b) Effective Interest Rate**

Cash deposited with the Queensland Treasury Corporation earns interest at a rate of 0.47% per annum (2020-21: 0.61%). No interest is earned on Gold Coast Health bank accounts.

**c) Reconciliation of surplus to net cash from operating activities**

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
Surplus for the year	14,108	10,355
<i>Non-cash items included in operating result:</i>		
Depreciation and amortisation expense	93,422	82,168
Depreciation and amortisation funding	(93,422)	(79,924)
Donated/Contributed assets received	(622)	(184)
Net losses on disposal of property, plant and equipment	156	85
Net gains on disposal of property, plant and equipment	(726)	(369)
Change in operating assets and liabilities:		
(Increase) in receivables	(376)	(1,481)
(Increase) in inventories	(2,940)	(915)
(Increase) in other assets	(8,295)	(11,932)
Increase in payables	21,372	61,552
Increase/(decrease) in other employee benefits	2,955	(37,671)
(Decrease) in other liabilities	(5,080)	(6,663)
(Decrease) in non-current liabilities	(1,965)	(1,965)
	<hr/>	<hr/>
<b>Net cash from operating activities</b>	<u>18,587</u>	<u>13,056</u>

**Note 2.9: Cash and cash equivalents continued****d) Non-cash investing and financing activities**

Assets and liabilities received or donated/transferred are recognised as revenues or expenses as applicable.

**Note 2.10: Receivables**

	2022 \$'000	2021 \$'000
Trade debtors	11,379	11,346
Less: Loss allowance	(2,646)	(2,596)
	<u>8,733</u>	<u>8,750</u>
GST receivable	3,351	2,973
GST payable	(330)	(351)
	<u>3,021</u>	<u>2,622</u>
Other receivables	<u>-</u>	<u>6</u>
Total receivables	<u><u>11,754</u></u>	<u><u>11,378</u></u>

Receivables comprise trade debtors and the net GST receivable owing from the Australian Taxation Office.

**Accounting policy – trade debtors**

Trade debtors are recognised at the amounts due at the time of sale or service delivery. Settlement of these amounts is required within 30 days from the invoice date.

*Loss Allowance*

The loss allowance for trade debtors reflects lifetime expected credit losses. Economic changes impacting debtors and relevant industry data form part of the impairment assessment.

Where there is no reasonable expectation of recovering an amount owed by a debtor, the debt is written-off by directly reducing the receivable against the loss allowance. If the amount of debt written off exceeds the loss allowance, the excess is recognised as an impairment loss.

The COVID-19 pandemic has not materially impacted the collectability of debts pursued. In accordance with the National Partnership Agreement funding arrangements for COVID-19, charges for patients ineligible for Medicare (where there is no third party recovery possible) have not been pursued. These have resulted in an increase to the amounts written off for the financial year 2021-22 of \$8.9m (2020:21: \$0.4m).

**a) Impaired trade receivables**

The maximum exposure to credit risk at balance date for receivables is the gross carrying amount of those assets. No collateral is held as security and there are no other credit enhancements relating to the receivables. Based on the materiality of the debtor balance, Gold Coast Health has considered the trade debtor balance in total when measuring expected credit losses.

## Note 2.10: Receivables continued

The calculations reflect historical observed default rates calculated using credit losses experienced on past sales transactions. The historical default rates have not been adjusted for forward-looking information that may affect the future recovery of those receivables as there are no material adjustments expected based on reasonable judgement.

Set out below is the credit risk exposure on Gold Coast Health's trade debtors.

	<b>Gross receivables</b>	<b>2022 Loss Rate</b>	<b>Expected credit losses</b>	<b>Gross receivables</b>	<b>2021 Loss Rate</b>	<b>Expected credit losses</b>
	<b>\$'000</b>	<b>%</b>	<b>\$'000</b>	<b>\$'000</b>	<b>%</b>	<b>\$'000</b>
1-30 days	6,002	5%	(290)	5,056	2%	(110)
31-60 days	2,114	8%	(167)	1,868	9%	(174)
61-90 days	548	8%	(45)	1,097	4%	(44)
More than 90 days	2,714	79%	(2,145)	3,325	68%	(2,267)
Total	11,379		(2,646)	11,346		(2,596)

Movements in loss allowance for trade receivables:

	<b>2022 \$'000</b>	<b>2021 \$'000</b>
Loss allowance as at 1 July	2,596	3,913
Increase in allowance recognised in operating result	10,086	1,266
Amounts written off during the year	(10,036)	(2,583)
Loss allowance as at 30 June	2,646	2,596

Total impairment loss for financial year 2021-22 of \$10.8m (2020-21: \$1.8m) represents the above increase in allowance of \$10.1m (2020-21: \$1.3m) as well as debts written off not allowed for of \$0.7m (2020-21: \$0.5m).

## Note 2.11: Inventories

	<b>2022 \$'000</b>	<b>2021 \$'000</b>
Pharmaceutical supplies	5,781	5,109
Less: Provision for impairment	(112)	(240)
Clinical and other supplies	9,944	7,804
Total inventories	15,613	12,673

Inventories consist mainly of pharmaceutical supplies and clinical supplies held in wards for use throughout the hospitals. Inventories are measured at cost adjusted for periodic assessments for obsolescence. Where damaged or expired items have been identified, provisions are made for impairment.

Consignment stock is held but is not recognised as inventory as it remains the property of the supplier until consumption. Upon consumption, it is expensed as clinical supplies.

**Note 2.12: Other assets**

	<b>2022</b> <b>\$'000</b>	<b>2021</b> <b>\$'000</b>
Contract assets		
Funding for public health services	-	364
User charges and fees	4,815	7,578
Other assets		
Funding for public health services	30,175	16,446
Prepayments	5,125	7,432
Total other assets	<u>40,115</u>	<u>31,820</u>

**Accounting Policy – contract asset**

Contract assets arise from contracts with customers with specific performance obligations and are transferred to receivables when Gold Coast Health's right to payment becomes unconditional.

**Accounting Policy – other assets**

Funding for public health services is recognised under *AASB 1058 Income of Not-for-Profit Entities* as an asset where activities under the contract have been performed but cash has not yet been received.

**Note 2.13: Property, plant and equipment**

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

<b>Category</b>	<b>Threshold</b>
Buildings	\$10,000
Land	\$1
Plant and equipment	\$5,000

Property, plant and equipment are initially recorded at consideration plus any other costs directly incurred in ensuring the asset is ready for use.

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



**Note 2.13: Property, plant and equipment continued**

**a) Closing Balances and reconciliation of carrying amount**

**30 June 2022**

	Land (fair value)	Buildings (fair value)	Plant and Equipment (cost)	Work-in- Progress (cost)	<b>Total</b>
	\$'000	\$'000	\$'000	\$'000	<b>\$'000</b>
Gross	123,354	2,172,214	207,456	9,569	<b>2,512,593</b>
Less accumulated depreciation		(723,851)	(138,944)		<b>(862,795)</b>
Carrying amount as at 30 June 2021	<b>123,354</b>	<b>1,448,363</b>	<b>68,512</b>	<b>9,569</b>	<b>1,649,798</b>

*Represented by movements in carrying amount:*

Carrying amount at 1 July 2021	109,322	1,418,336	67,483	5,806	<b>1,600,947</b>
Acquisitions	-	-	10,854	20,003	<b>30,857</b>
Disposals	-	-	(232)	-	<b>(232)</b>
Net revaluation increments	13,192	91,738	-	-	<b>104,930</b>
Donations/Contributed assets received	-	-	622	-	<b>622</b>
Net transfers from the Department/Other HHS	840	420	2,613	-	<b>3,873</b>
Transfers from Work-in-Progress	-	10,086	6,154	(16,240)	<b>-</b>
Depreciation expense	-	(72,217)	(18,982)	-	<b>(91,199)</b>
Carrying amount at 30 June 2022	<b>123,354</b>	<b>1,448,363</b>	<b>68,512</b>	<b>9,569</b>	<b>1,649,798</b>

**30 June 2021**

	Land (fair value)	Buildings (fair value)	Plant and Equipment (cost)	Work-in- Progress (cost)	<b>Total</b>
	\$'000	\$'000	\$'000	\$'000	<b>\$'000</b>
Gross	109,322	2,031,510	201,575	5,806	<b>2,348,213</b>
Less accumulated depreciation	-	(613,174)	(134,092)	-	<b>(747,266)</b>
Carrying amount as at 30 June 2021	<b>109,322</b>	<b>1,418,336</b>	<b>67,483</b>	<b>5,806</b>	<b>1,600,947</b>

*Represented by movements in carrying amount:*

Carrying amount at 1 July 2020	95,644	1,508,694	70,713	2,803	<b>1,677,854</b>
Acquisitions	-	-	11,169	10,409	<b>21,578</b>
Disposals	-	-	(307)	-	<b>(307)</b>
Net revaluation increments/(decrements)	7,978	(32,185)	-	-	<b>(24,207)</b>
Donations/Contributed assets received	-	-	184	-	<b>184</b>
Net transfers from the Department/Other HHS	5,700	-	17	-	<b>5,717</b>
Transfers from Work-in-Progress	-	4,428	2,978	(7,406)	<b>-</b>
Transfers between classes	-	(50)	50	-	<b>-</b>
Depreciation expense	-	(62,551)	(17,321)	-	<b>(79,872)</b>
Carrying amount at 30 June 2021	<b>109,322</b>	<b>1,418,336</b>	<b>67,483</b>	<b>5,806</b>	<b>1,600,947</b>

## **Note 2.13: Property, plant and equipment continued**

### **b) Valuations of land and buildings**

Land and buildings are measured at fair value in accordance with AASB 116 *Property, Plant and Equipment*, AASB 13 *Fair Value Measurement* as well as Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector.

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

Property, plant and equipment classes measured at fair value are revalued on an annual basis either by appraisals undertaken by an independent professional valuer, or by the use of appropriate and relevant indices.

Gold Coast Health engage external valuers to determine fair value through either comprehensive revaluations and/or the indexation of the assets not subject to comprehensive revaluations. Comprehensive revaluations are undertaken at least once every five years. However, if a particular asset class experiences significant volatile changes in fair value, that class is subject to specific appraisal in the reporting period, where practicable, regardless of the timing of the last specific appraisal.

The fair values reported are based on appropriate valuation techniques that maximise the use of available and relevant observable inputs and minimise the use of unobservable inputs. Materiality is considered in determining whether the difference between the carrying amount and the fair value of an asset is material (in which case revaluation is warranted).

Where indices are used, these are either publicly available, or are derived from market information available to the valuer. The valuer provides assurance of their robustness, validity and appropriateness for application to the relevant assets. Indices used are also tested for reasonableness by applying the indices to a sample of assets, comparing the results to similar assets that have been comprehensively valued by the valuer, and analysing the trend of changes in values over time.

#### **Land**

The State Valuation Service performed a comprehensive valuation of all land holdings in 2020-21. The valuation was based on a market approach. Key inputs into the valuation include publicly available data on sales of similar land in nearby localities in the 12 months prior to the date of revaluation. Adjustments were made to the sales data to take into account the location, size, street/road frontage and access, and any significant restrictions for each individual parcel of land.

Indexation has been applied to land values since the last comprehensive valuation in 2020-21, with the exception of two parcels of land recognised at market value in 2021-22. The index range for 2021-22 is a factor of 1 to 1.375 depending on the parcel of land.

#### **Buildings**

In 2020-21, Jacobs Pty Ltd performed a comprehensive valuation of all buildings measured on a current replacement cost basis, except for two properties held at market value which was performed by McGees Pty Ltd.

Key inputs into the valuation on replacement cost basis included internal records of the original cost of the specialised fit out and more contemporary design/construction costs published for various standard components of buildings. Significant judgement was also used to assess the remaining service potential of the buildings given local environmental conditions and the records of the current condition of the building. The properties valued on market value basis used publicly available data on sales of similar properties.

Indexation has been applied to buildings held at fair value since the last comprehensive valuation in 2020-21. The index rate for 2021-22 is 6.5%.

The asset revaluation surplus in the statement of financial position as at 30 June 2022 is \$266.4m, including \$24.0m land and \$242.4m building and service concession asset revaluation increments (2020-21: \$158.2m including \$10.8m land and \$147.4m building and service concession asset revaluation increments).

## Note 2.13: Property, plant and equipment continued

Revaluation increment/(decrement) reconciliation:

	2022 \$'000	2021 \$'000
Recognised in operating result:		
Land revaluation increment	-	-
Building revaluation increment	-	-
	-	-
Total net revaluation increment in operating result	-	-
Recognised in other comprehensive income:		
Net land revaluation increment	13,192	7,978
Net building revaluation increment/(decrement)	91,738	(32,185)
Net service concession asset revaluation increment (refer note 2.14a)	3,296	(1,039)
Net revaluation increment in other comprehensive income	108,226	(25,246)
Total net revaluation increment	108,226	(25,246)

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 charged as an expense, to the extent it exceeds the balance, if any, in the revaluation surplus relating to that asset class. On revaluation, for assets valued using a cost valuation approach, 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. On revaluation, for assets valued using a market approach, accumulated depreciation is eliminated against the gross amount of the asset prior to restating for valuation.

### c) Fair value hierarchy classification

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

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

Unobservable inputs are data, assumptions and judgements that are not available publicly, but are relevant to the characteristics of the assets/liabilities being valued. Significant unobservable inputs used include, but are not limited to, subjective adjustments made to observable data to take account of the characteristics of the assets/liabilities, internal records of recent construction costs (and/or estimates of such costs), assets' characteristics/functionality, and assessments of physical condition and remaining useful life. Unobservable inputs are used to the extent that sufficient relevant and reliable observable inputs are not available for similar assets/liabilities.

A fair value measurement of a non-financial asset considers a market participant's ability to generate economic benefits by using the asset in its highest and best use.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the following fair value hierarchy, based on the data and assumptions used in the most recent specific appraisals:

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

**Note 2.13: Property, plant and equipment continued**

Land and buildings valued with reference to an active market is classified as Level 2. Purpose-built hospital and health service buildings valued without reference to an active market are valued using the replacement cost methodology and classified as Level 3.

<b>2022</b>	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
<i>Assets</i>				
Land		123,354		123,354
Buildings		5,225	1,443,138	1,448,363
Total assets		128,579	1,443,138	1,571,717

<b>2021</b>	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
<i>Assets</i>				
Land	-	109,322	-	109,322
Buildings	-	5,121	1,413,215	1,418,336
Total assets	-	114,443	1,413,215	1,527,658

The movements associated with Level 3 assets are shown below:

	<b>2022 \$'000</b>	<b>2021 \$'000</b>
Balance at 1 July	1,413,215	1,503,906
Disposals		(50)
Revaluation increments/(decrements)	91,682	(32,836)
Transfers from Work-in-Progress	10,086	4,428
Transfers from the Department/Other HHS		-
Depreciation expense	(71,845)	(62,233)
Balance at 30 June	1,443,138	1,413,215

## Note 2.14: Public Private Partnerships

### (a) Service concession arrangements under AASB 1059

	2022 \$'000	2021 \$'000
<b>Service Concession Assets</b>		
Gross	80,009	75,126
Less: Accumulated Depreciation	(22,288)	(18,530)
	<u>57,721</u>	<u>56,596</u>
<u><i>Service concession asset movement reconciliation</i></u>		
Opening balance at 1 July	56,596	59,879
Depreciation expense	(2,171)	(2,244)
Revaluation increment	3,296	(1,039)
Carrying amount at 30 June	<u>57,721</u>	<u>56,596</u>
<b>Liabilities</b>		
Unearned revenue – current	1,965	1,965
Unearned revenue – non-current	40,211	42,176
	<u>42,176</u>	<u>44,141</u>
<u><i>Operating statement impact</i></u>		
<i>Revenue</i>		
Service concession arrangements revenue	1,965	1,965
<i>Expenses</i>		
Depreciation expense	<u>(2,171)</u>	<u>(2,244)</u>
Net impact on operating result	<u>(206)</u>	<u>(279)</u>

The following table summarises the transitional arrangements on 1 July 2020 (comparative opening balance) relating to the adopting of AASB1059:

	\$'000	Measurement Basis
Service Concession Asset	59,879	Current replacement cost as at 1 July 2020
Unearned Revenue Liability	46,105	Current replacement cost of the service concession asset as at 1 July 2020 adjusted to reflect the remaining period of the service concession arrangement relative to the total length of the agreement
Accumulated Surplus	13,774	The difference between the service concession asset and the unearned revenue liability. This reflects revenue already earned prior to 1 July 2020.

### Accounting policy – service concession arrangements

Service concession assets are measured at current replacement cost on initial recognition and are subsequently measured at fair value (determined using current replacement cost) using the same valuation methodology applicable to the building asset class as outlined in Note 2.13 Property, plant and equipment. The assets are depreciated on a straight-line basis over their useful lives.

SurePark Pty Ltd was appointed in July 2010 to build the Gold Coast University Hospital western car park (land owned by Gold Coast Health). The arrangement is for a period of 31 years. There was no revenue received from SurePark Pty Ltd and no upfront payments were made. The agreement provides for Gold Coast Health to receive a portion of revenue if certain conditions are met. A reliable estimate cannot yet be determined.

## Note 2.14: Public Private Partnerships continued

### (b) Other public private partnerships outside AASB 1059

Public-private partnership arrangements that do not fall within scope of AASB 1059 are assessed under other accounting standards to determine the appropriate accounting treatment.

Healthscope Ltd was appointed in February 2012 to build a private hospital facility in the southeast corner of the Gold Coast University Hospital campus (land owned by Gold Coast Health). The arrangement commenced from 12 March 2016 for a period of 50 years with possible extensions. No upfront payments were made. Gold Coast Health has a right to rental payments based on a percentage of revenue from March 2022. Rental received in 2021-22 are shown in Note 2.2 User charges and fees. Future rental commitments are shown in Note 2.15 Leases for financial year 2021-22. Prior to this financial year, no reliable estimate could be determined.

## Note 2.15: Leases

Gold Coast Health has assessed all rental agreements and determined that none meet the classification requirements under AASB 16 *Leases* at 30 June 2022.

Gold Coast Health measures right-of-use assets at cost subsequent to initial recognition. Gold Coast Health has elected not to recognise right-of-use assets and lease liabilities arising from short-term leases and leases of low value assets. The lease payments are recognised as expenses on a straight-line basis over the lease term. An asset is considered low value where it is expected to cost less than \$10,000 when new.

### (i) *Property and fleet rentals*

The Department of Energy and Public Works (DEPW) provides Gold Coast Health with access to accommodation and fleet vehicles under government-wide frameworks. This includes the Varsity Lakes Day Hospital. These arrangements are categorised as procurement of services rather than as leases because DEPW has substantive substitution rights over the assets. They are called property and fleet rental and are disclosed in the supplies and services note 2.6.

### (ii) *Amounts recognised in profit or loss*

No transactions met the definition of a lease in 2021-22 (2020-21: \$0).

### (iii) *Total cash outflow for leases*

There were no lease payments in 2021-22 (2020-21: \$0m).

## Leases as lessor

Gold Coast Health recognises lease payments from operating leases as income on a straight-line basis over the lease term.

Gold Coast Health sub-leases space for clinical and retail purposes. Gold Coast Health also leases land to Gold Coast Private Hospital (see note 2.14 (b) for further details). Lease income from operating leases is reported as 'Property Rental' in Note 2.2.

The following table sets out a maturity analysis of future undiscounted lease payments receivable under operating leases.

Lessor commitments

	2022 \$'000	2021 \$'000
Less than one year	3,327	1,807
One to two years	2,284	1,772
Two to three years	1,620	478
Three to four years	1,609	35
Four to five years	1,609	-
More than five years	62,353	-
Total	<u>72,802</u>	<u>4,092</u>

**Note 2.16: Payables**

	<b>2022</b> <b>\$'000</b>	<b>2021</b> <b>\$'000</b>
Trade and other payables	5,889	3,903
Payables to the Department	91,945	84,598
Accrued expenses	50,301	38,262
	<hr/>	<hr/>
Total payables	148,135	126,763

Trade creditors are recognised on receipt of the goods or services ordered and are measured at the agreed purchase or contract price, net of applicable trade and other discounts. Amounts owing are unsecured and are generally settled on 30 to 60 day terms.

Refer to note 4.2 Related parties for more information on the relationship between Gold Coast Health and the Department. Funding related payables are disclosed under other liabilities at note 2.18 Other liabilities.

**Note 2.17: Accrued employee and health service employee benefits**

	<b>2022</b> <b>\$'000</b>	<b>2021</b> <b>\$'000</b>
Accrued employee benefits		
Wages and salaries payable	2,999	3,821
Superannuation payable	186	133
Total accrued employee benefits	3,185	3,954
	<hr/>	<hr/>
Health service employee benefits	12,558	8,834
	<hr/>	<hr/>
Total accrued employee and health service employee benefits	15,743	12,788

**Accounting policy – accrued employee benefits**

No provision for annual leave or long service leave is recognised as the liability is held on a whole-of-Government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

Other leave relates to Rostered Days Off, Nurses Professional Development and Purchased leave entitlements. These liabilities are expected to be settled wholly within 12 months after the end of the period in which the employees render the related service. They are measured at the amounts expected to be paid when the liabilities are settled and recognised at undiscounted values.

**Accounting policy – accrued health service employee benefits**

Other leave relating to accrued health service employees has been transferred back to the Department of Health as employer.

**Note 2.18: Other liabilities**

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Current</b>		
Contract liabilities		
Funding for public health services deferred	16,840	17,796
User charges and fees	101	180
Grants and contributions	-	224
Non-contract liabilities		
Funding for public health services to be returned	-	3,821
Unearned revenue – service concession arrangements	1,965	1,965
Total current other liabilities	<u>18,906</u>	<u>23,986</u>
<b>Non-current</b>		
Unearned revenue – service concession arrangements	<u>40,211</u>	<u>42,176</u>
Total non-current other liabilities	<u>40,211</u>	<u>42,176</u>

Funding for public health services deferred is an amount of funding received under the Service Agreement with the Department where the agreed activity or service could not be completed by the end of the financial year and agreement has been reached to defer the revenue to the next financial year when the services will be delivered.

Funding for public health services to be returned reflects the portion of the funding received under the service agreement to be repaid to the Department of Health in the next financial year.

Refer to Note 2.14 Public Private Partnerships for information on the service concession arrangements unearned revenue.



## Section 3: Budgetary Reporting Disclosures

## Budget vs Actual Comparison

This section provides an explanation for major variances between the original budget and actual performance for 2021-22.

The original budget is the budget in the Queensland Health Service Delivery Statement published 15 June 2021.

### Statement of comprehensive income

	Note	Original Budget \$'000	Actual \$'000	Variance \$'000
<b>Revenue</b>				
Funding for public health services	3.1	1,626,481	1,842,785	216,304
User charges and fees	3.2	120,315	137,244	16,929
Grants and other contributions		15,572	14,512	(1,060)
Other revenue		11,469	18,308	6,839
<b>Total revenue</b>		<b>1,773,837</b>	<b>2,012,849</b>	<b>239,012</b>
Gain on disposal/revaluation of assets		-	727	727
<b>Total income</b>		<b>1,773,837</b>	<b>2,013,576</b>	<b>239,739</b>
<b>Expenses</b>				
Employee expenses		(199,738)	(208,708)	(8,970)
Health service employee expenses		(1,085,447)	(1,113,749)	(28,302)
Supplies and services	3.3	(385,972)	(551,631)	(165,659)
Depreciation and amortisation		(82,114)	(93,422)	(11,308)
Impairment loss		(1,185)	(10,768)	(9,583)
Other expenses		(19,381)	(21,190)	(1,809)
<b>Total expenses</b>		<b>(1,773,837)</b>	<b>(1,999,468)</b>	<b>(225,631)</b>
<b>Operating result for the financial year</b>		-	14,108	14,108
Other comprehensive income for the year				
<i>Items that will not be reclassified subsequently to operating result:</i>				
- Increase in asset revaluation surplus		-	108,226	108,226
<b>Total other comprehensive income</b>		-	108,226	108,226
<b>Total comprehensive income for the year</b>		-	122,334	122,334

## Budget vs Actual Comparison (continued)

### Statement of financial position

	Note	Original Budget \$'000	Actual \$'000	Variance \$'000
<b>Assets</b>				
<b>Current assets</b>				
Cash and cash equivalents	3.4	114,424	141,586	27,162
Receivables	3.5	16,965	11,754	(5,211)
Inventories	3.6	11,936	15,613	3,677
Other assets	3.7	4,300	40,115	35,815
Total current assets		<u>147,625</u>	<u>209,068</u>	<u>61,443</u>
<b>Non-current assets</b>				
Property, plant and equipment		1,634,807	1,649,798	14,991
Intangibles		47	47	-
Service Concession Assets		-	57,721	57,721
Total non-current assets		<u>1,634,854</u>	<u>1,707,566</u>	<u>72,712</u>
<b>Total assets</b>		<u>1,782,479</u>	<u>1,916,634</u>	<u>134,155</u>
<b>Liabilities</b>				
<b>Current liabilities</b>				
Payables	3.8	112,673	148,135	35,462
Accrued employee and health service employee benefits	3.9	8,268	15,743	7,475
Other liabilities	3.10	15,994	18,906	2,912
Total current liabilities		<u>136,935</u>	<u>182,784</u>	<u>45,849</u>
<b>Non-current liabilities</b>				
Other liabilities	3.11	-	40,211	40,211
Total non-current liabilities		<u>-</u>	<u>40,211</u>	<u>40,211</u>
<b>Total liabilities</b>		<u>136,935</u>	<u>222,995</u>	<u>86,060</u>
<b>Net assets</b>		<u>1,645,544</u>	<u>1,693,639</u>	<u>48,095</u>
<b>Equity</b>				
Contributed equity		1,385,345	1,382,870	(2,475)
Accumulated surplus		6,145	44,382	38,237
Asset revaluation surplus		254,054	266,387	12,333
<b>Total equity</b>		<u>1,645,544</u>	<u>1,693,639</u>	<u>48,095</u>

## Budget vs Actual Comparison (continued)

### Statement of cash flows

	Note	Original Budget \$'000	Actual \$'000	Variance \$'000
<b>Cash flows from operating activities</b>				
Funding for public health services	3.1	1,544,367	1,742,899	198,532
User charges and fees		119,014	125,852	6,838
Grants and contributions		15,572	13,666	(1,906)
GST collected from customers	3.12	-	2,462	2,462
GST input tax credits from Australian Taxation Office	3.12	8,050	30,761	22,711
Other operating cash inflows		11,469	19,318	7,849
Employee expenses		(199,732)	(209,478)	(9,746)
Health service employee expenses		(1,085,447)	(1,114,356)	(28,909)
Supplies and services	3.3	(383,940)	(537,883)	(153,943)
GST paid to suppliers	3.12	(8,055)	(31,139)	(23,084)
GST remitted to Australian Taxation Office	3.12	-	(2,482)	(2,482)
Other operating cash outflows		(19,381)	(21,033)	(1,652)
Net cash from operating activities		1,917	18,587	16,670
<b>Cash flows from investing activities</b>				
Payments for property, plant and equipment		-	(30,857)	(30,857)
Proceeds from sale of property, plant and equipment		(85)	804	889
Net cash used in investing activities		(85)	(30,053)	(29,968)
<b>Cash flows from financing activities</b>				
Equity injections		-	24,672	24,672
Net cash from financing activities		-	24,672	24,672
Net increase in cash and cash equivalents		1,832	13,206	11,374
Cash and cash equivalents at the beginning of the financial year		112,592	128,380	15,788
Cash and cash equivalents at the end of the financial year		114,424	141,586	27,162

## Budget vs Actual Comparison (continued)

### Explanations of major variances

#### 3.1. Funding for public health services

The variance of \$216.30 million is due to additional funding received including (1) \$143.39 million for COVID-19 treatment (2) \$44.65 million for increased investment to fund private hospital partnerships to share emergency department and elective surgery load (3) 22.26 million for expanded mental health, community and emergency services. This has caused a corresponding cashflow increase of \$198.53 million.

#### 3.2 User charges and fees

The variance of \$16.92 million is due to (1) \$15.45 million increase in Pharmaceutical Benefits Scheme revenue related to increased drug usage arising from patient activity (2) \$0.49 million in rental revenue from the Gold Coast Private Hospital lease milestones being met (3) remaining \$0.98 million across a range of services such a research revenue.

#### 3.3 Supplies and services

The variance of \$165.65 million is due to (1) \$60.01 million in additional costs to provide COVID-19 related services (refer detail on page 34) (2) \$38.03 million related to private hospital partnerships to share emergency department and elective surgery load (3) \$22.03 million for repairs and maintenance due to ageing asset profile (4) \$15.45 million for additional drug related costs funded from PBS (5) \$25.33m in contractor costs to cover unplanned absences (6) remaining \$4.80 million increases across a range of expenses in line with increased funding. This has caused a corresponding cashflow increase of \$153.94 million.

#### 3.4 Cash and cash equivalents

The cash balance fluctuates due to the timing of receivables and payables.

#### 3.5 Receivables

The variance of \$5.21 million is due to the ongoing impact of the COVID-19 pandemic preventing the expected growth in private patient related activity.

#### 3.6 Inventories

The variance of \$3.67 million is due to increased inventory holdings to meet COVID-19 protective equipment requirements.

#### 3.7 Other assets

The variance of \$35.81 million is due to additional funding relating to activity required to respond to the COVID-19 pandemic that was not received by 30 June 2022.

#### 3.8 Payables

The variance of \$35.46 million is due to estimates for payables owed to the department of health for unspent funding.

#### 3.9 Accrued employee and health service employee benefits

The variance of \$7.47 million is due to the fluctuations in the estimated payroll expense for the final pay period in June 2022.

#### 3.10 Other current liabilities

The variance of \$2.91 million is due to (1) \$1.9 million for first time recognition of service concession asset and liability, (2) remaining variance relates to unspent funding returned to the department of health.

#### 3.11 Non-current liabilities

The variance of \$40.21 million is due to first time recognition of a service concession asset and liability in 2021-2022.

#### 3.12 Goods and Services Tax (GST) Cashflow movements

Per Queensland Treasury Financial Reporting Requirements, GST inflows and outflows are reported separately in the financial statements. The net impact of the GST in the cash flow is only \$0.35 million and reflects the GST value on actual transactions.

### Significant Financial Impacts from COVID

The following significant transactions were recognised by Gold Coast Health during the 2021-2022 financial year in response to the COVID-19 pandemic.

	<b>2022 \$'000</b>	<b>2021 \$'000</b>
National Partnership Agreement funding		
- COVID-19 response funding to cover expenses on COVID related services such as quarantine hotels, testing clinics, COVID wards, vaccination centres and other public health services.	143,391	102,507

## Section 4: Key Management Personnel and Related Parties

#### 4.1 Key Management Personnel

The following details for key management personnel include those positions that had the authority and responsibility for planning, directing and controlling the major activities of the Gold Coast Health.

##### **Minister**

The responsible minister is identified as part of Gold Coast Health Key Management Personnel. The Honourable Yvette D'Ath was appointed the Minister for Health and Ambulance Services on 12 Nov 2020. No associated remuneration figures will be disclosed for the Minister, as Gold Coast Health does not provide the Minister's remuneration.

##### **Board**

The Board members of Gold Coast Health as at 30 June 2022 and their positions are outlined below.

<b>Name and position of current incumbents</b>	<b>Appointment authority</b>	<b>Appointment date</b>
Board Chair – Mr Ian Langdon	Section 25(1)(a), HHB Act	18/05/2012 (Reappointed 18/05/2020)
Deputy Chair – Professor Judy Searle	Section 23, HHB Act	18/05/2016 (Reappointed 10/06/2021)
Board Member – Ms Colette McCool PSM	Section 23, HHB Act	29/06/2012 (Reappointed 18/05/2021)
Board Member – Ms Teresa Dyson	Section 23, HHB Act	18/05/2016 (Reappointed 01/04/2022)
Board Member – Mr Michael Kinnane ESM	Section 23, HHB Act	18/05/2018 (Reappointed 01/04/2022)
Board Member – Professor Cindy Shannon AM	Section 23, HHB Act	18/05/2020
Board Member – Professor Nicholas Zwar	Section 23, HHB Act	18/05/2021
Board Member – Mr Lucas Patchett OAM	Section 23, HHB Act	18/05/2021 (Reappointed 01/04/2022)
Board Member – Mr Peter Dowling AM	Section 23, HHB Act	10/06/2021
Board Member – Ms Karen Murphy	Section 23, HHB Act	01/04/2022

Further information about these positions can be found in the body of the Annual Report under the section relating to Executive Management.



#### 4.1 Key Management Personnel continued

##### Executives

The Key Management Personnel – Executive level includes those positions that have responsibility for planning, directing and controlling the agency as a whole. Due to a restructure in financial year 2021-22, the Chief Operating Officer position has been abolished and three General Manager positions added to Key Management Personnel. Each member holds responsibility for their division's financial, operational and clinical (if applicable) performance as at 30 June 2022 as reflected in the position title in table below:

Name and position of current incumbents	Contract classification and appointment authority	Appointment date
Chief Executive – Mr Ron Calvert	SESL Contract - Section 33, HHB Act	01/10/2012 (reappointed 16/09/2019)
Chief Finance Officer – Mr Ian Moody	HES3 Contract - Section 67, HHB Act	04/12/2013 (reappointed 04/12/2021)
Executive Director, Medical Services, Clinical Governance and Research – Dr Jeremy Wellwood	Medical Officer (Queensland Health) Certified Agreement (No. 5) 2018	06/08/2018 (reappointed 09/08/2021)
Executive Director, Nursing and Midwifery – Paula Duffy	Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB10) 2018	01/08/2021
Executive Director, Strategy, Transformation and Major Capital – Mr Sandip Kumar	HES3 Contract - Section 67, HHB Act	31/08/2020
A/Executive Director, People and Corporate Services – Mr Grant Brown	HES3 Contract - Section 67, HHB Act	08/02/2021 (reappointed 01/08/2021)
Executive Director, Corporate Affairs – Ms Sarah Dixon	HES2 Contract – Section 67, HHB Act	06/08/2018
General Manager, Medicine – Mr Patrick Turner	HES3 Contract - Section 67, HHB Act	01/08/2021
General Manager, Surgical and Critical Care - Sandra Lenehan	HES3 Contract - Section 67, HHB Act	01/08/2021
General Manager, Emergency and Speciality Services – Hannah Bloch	HES3 Contract - Section 67, HHB Act	01/08/2021

##### **Remuneration**

Remuneration policy for the Gold Coast Health Board are approved by the Governor in Council and the Chair, Deputy Chair and members are paid an annual fee consistent with the government procedures titled 'Remuneration procedures for part-time chairs and members of Queensland Government bodies.

Remuneration policy for Gold Coast Health Executive is set by the Director-General of the Department as provided for under the HHB Act. The remuneration and other terms of employment are specified in employment contracts. Remuneration expenses for key management personnel comprise the following components:

- Short-term employee expenses including salaries, allowances and leave entitlements earned and expensed for the entire year or for that part of the year during which the employee occupied the specified position. Non-monetary benefits consist of provision of vehicle together with fringe benefits tax applicable to the benefit.
- Long-term employee benefits include amounts expensed in respect of long service leave entitlements earned.
- Post-employment benefits include amounts expensed in respect of employer superannuation obligations.
- Termination benefits are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu of notice on termination, regardless of the reason for termination.
- Performance bonuses are not paid under the contracts in place.

#### 4.1 Key Management Personnel continued

2022

	Short-term employee expenses		Post-employment expenses	Long-term employee expenses	Termination benefits	Total Expenses
	Monetary	Non-monetary				
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Board</b>						
Board Chair – Mr Ian Langdon	100	-	10	-	-	110
Deputy Chair – Professor Judy Searle	54	-	5	-	-	59
Board Member – Ms Colette McCool	51	-	5	-	-	56
Board Member – Ms Teresa Dyson	55	-	5	-	-	60
Board Member – Michael Kinnane	54	-	5	-	-	59
Board Member – Professor Cindy Shannon	52	-	5	-	-	57
Board Member – Professor Nicholas Zwar	54	-	5	-	-	59
Board Member – Mr Lucas Patchett	51	-	5	-	-	56
Board Member – Mr Peter Dowling	45	-	5	-	-	50
Board Member – Ms Karen Murphy (start date 01/04/2022)	14	-	1	-	-	15
<b>Executive</b>						
Chief Executive – Mr Ron Calvert	441	16	36	9	-	502
Chief Finance Officer – Mr Ian Moody	250	-	25	6	-	281
Executive Director, Medical Services, Clinical Governance and Research – Dr Jeremy Wellwood	514	-	40	11	-	565
Executive Director, Nursing and Midwifery – Paula Duffy (start date 01/08/2021)	272	-	27	6	-	305
Sandip Kumar, Executive Director, Strategy, Transformation and Major Capital	242	-	25	5	-	272
Executive Director, Strategic Communication and Engagement – Ms Sarah Dixon	211	-	21	5	-	237
A/Executive Director, People and Corporate Services - Grant Brown	217	-	18	5	-	240
General Manager, Medicine – Mr Patrick Turner (start date 1/08/2021)	240	-	22	5	-	267
General Manager, Surgical and Critical Care - Sandra Lenehan (start date 1/08/2021)	241	-	18	5	-	264
General Manager, Emergency and Speciality Services – Hannah Bloch (start date 1/08/2021)	241	-	23	5	-	269

## 2021

	Short-term employee expenses		Post-employment expenses	Long-term employee expenses	Termination benefits	Total Expenses
	Monetary	Non-monetary				
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Board</b>						
Board Chair – Mr Ian Langdon	98	-	9	-	-	107
Board Member – Professor Judy Searle	46	-	4	-	-	50
Board Member – Mr Robert Buker (end date 11 June 2021)	46	-	4	-	-	50
Board Member – Professor Helen Chenery (end date 11 June 2021)	42	-	4	-	-	46
Board Member – Dr Cherrell Hirst (end date 11 June 2021)	49	-	5	-	-	54
Board Member – Ms Colette McCool	51	-	5	-	-	56
Board Member – Dr Andrew Weissenberger (end date 11 June 2021)	45	-	5	-	-	50
Board Member – Ms Teresa Dyson	51	-	5	-	-	56
Board Member – Michael Kinnane	54	-	5	-	-	59
Board Member – Professor Cindy Shannon	45	-	4	-	-	49
Board Member – Professor Nicholas Zwar (start date 18/05/2021)	6	-	1	-	-	7
Board Member – Mr Lucas Patchett (start date 18/05/2021)	6	-	1	-	-	7
Board Member – Mr Peter Dowling (start date 11 June 2021)	2	-	-	-	-	2
<b>Executive</b>						
Chief Executive – Mr Ron Calvert	384	19	31	8	-	442
Chief Operations Officer – Kimberley Pierce (end date 16/10/2020)	69	-	6	1	-	76
Chief Finance Officer – Mr Ian Moody	217	-	22	5	-	244
Executive Director, Clinical Governance, Education and Research – Dr Jeremy Wellwood	450	-	33	10	-	493
Sandip Kumar, Executive Director Transformation (start date 31/08/2020)	207	-	21	4	-	232
Executive Director, People and Corporate Services – Ms Hannah Bloch (01/07/2020-07/02/2021)	130	-	13	3	-	146
Executive Director, Strategic Planning and Assets – Ms Toni Peggrem	219	-	22	5	-	246

#### 4.1 Key Management Personnel continued

	Short-term employee expenses		Post- employment expenses	Long- term employee expenses	Termination benefits	Total Expenses
	Monetary	Non- monetary				
	\$'000	\$'000				
Executive Director, Strategic Communication and Engagement – Ms Sarah Dixon	209	-	21	4	-	234
A/Executive Director, People and Corporate Services - Grant Brown (start date 08/02/2021)	98	-	7	2	-	107

## 4.2 Related Parties

### Transactions with other Queensland Government-controlled entities

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

The following table summarises significant transactions with Queensland Government controlled entities:

#### 2022

Entity	Note	For the year ending 30 June 2022		At 30 June 2022	
		Revenue \$'000	Expenditure \$'000	Asset \$'000	Liability \$'000
Department of Health	(a)	1,842,785	125,994	31,298	132,017
Queensland Treasury Corporation	(b)	45	11	7,125	-
Department of Energy and Public Works	(c)	-	3,689	-	260
Other Hospital and Health Services	(d)	2,794	2,268	582	152
Gold Coast Hospital Foundation	(e)	289	33	289	-

#### 2021

Entity	Note	For the year ending 30 June 2021		At 30 June 2021	
		Revenue \$'000	Expenditure \$'000	Asset \$'000	Liability \$'000
Department of Health	(a)	1,649,494	77,889	18,132	125,564
Queensland Treasury Corporation	(b)	58	12	7,342	-
Department of Energy and Public Works	(c)	-	5,167	-	478
Other Hospital and Health Services	(d)	2,149	2,130	58	199
Gold Coast Hospital Foundation	(e)	174	11	174	-

#### *(a) Department of Health*

Gold Coast Health receives funding in accordance with a service agreement with the Department. The Department receives its revenue from the Queensland Government (majority of funding) and the Commonwealth. The signed service agreements are published on the Queensland Government website and publicly available.

The Department of Health provides support services on a fee basis such as ambulance, pathology, linen, medical equipment maintenance, information technology, communications, procurement and insurance.

In addition to the expenditure disclosed above, the Department provides several services free of charge including accounts payable, payroll and other support services. The Department has estimated the value of these services to be \$14.1m (2020-21: \$13.6m).

#### *(b) Queensland Treasury Corporation*

Gold Coast Health has accounts with the Queensland Treasury Corporation (QTC) for general trust monies and receive interest and incur bank fees on these bank accounts.

#### *(c) Department of Energy and Public Works*

Gold Coast Health pays rent to the Department of Energy and Public Works (DEPW) for a number of clinical and non-clinical properties. In addition, they provide fleet management services (Qfleet) to Gold Coast Health.

#### *(d) Other Hospital and Health Service entities*

Payments to and receipts from other Hospital and Health service entities in Queensland occur to facilitate the transfer of patients, drugs, staff and other services shared.

#### *(e) Gold Coast Hospital Foundation*

Gold Coast Hospital Foundation provides free equipment, resources and services to Gold Coast Health in accordance with their objectives identified in the *Hospitals Foundations Act 2018 (Qld)*. Where quantifiable, the value of these resources is disclosed above. The Foundation leases space in the foyer of Gold Coast University Hospital for a nominal value.

#### **4.2 Related Parties continued**

##### **Transactions with people/entities related to Key Management Personnel**

All transactions between Gold Coast Health and key management personnel, including their related parties were on normal commercial terms and conditions and were immaterial in nature.

## Section 5: Other Financial Information

## 5.1 Financial Instruments

### a) Recognition

Financial assets and financial liabilities are recognised in the Statement of Financial Position when Gold Coast Health becomes party to the contractual provisions of the financial instrument.

### b) Classification

Financial instruments are classified and measured as follows:

- Cash and cash equivalents - held at amortised cost
- Receivables - held at amortised cost
- Payables - held at amortised cost

Gold Coast Health does not enter into derivative and other financial instrument transactions for speculative purposes nor for hedging. Apart from cash and cash equivalents, Gold Coast Health holds no financial assets classified at fair value through profit and loss.

### c) Risks

Gold Coast Health's activities expose it to a variety of financial risks –credit risk, liquidity risk and market risk.

Financial risk management is implemented pursuant to Gold Coast Health's Financial Management Practice Manual. Overall financial risk is managed in accordance with written principles of Gold Coast Health for overall risk management, as well as policies covering specific areas.

The carrying amounts of cash, trade and other receivables and trade and other payables are assumed to approximate their fair values as disclosed on the Statement of Financial Position due to their short-term nature.

Risk exposure	Definition	Exposure and management strategies
Credit risk	The risk that Gold Coast Health may incur financial loss as a result of another party to a financial instrument failing to discharge their obligation.	Gold Coast Health is exposed to credit risk in respect of its receivables. Receivables are reviewed regularly, and appropriate follow up action taken. See Note 2.10.
Liquidity risk	The risk that Gold Coast Health may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.	<p>Gold Coast Health is exposed to liquidity risk in respect of its payables. Exposure to liquidity risk is reduced by ensuring that sufficient funds are available to meet obligations as they fall due. This is achieved by ensuring that minimum levels of cash are held within the various bank accounts to match the expected incidence and duration of the various employee and supplier liabilities.</p> <p>Gold Coast Health has an approved overdraft facility of \$21m (2020-21: \$21m) under whole-of-Government banking arrangements to manage any unexpected short-term cash shortfalls. This facility has not been drawn down as at 30 June 2022.</p> <p>Gold Coast Health's trade and other payables are expected to be settled within 30-60 days.</p>
Market risk	<p>The risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.</p> <p>Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates.</p>	<p>Gold Coast Health does not trade in foreign currency and is not materially exposed to commodity price changes or other market prices.</p> <p>Gold Coast Health is exposed to interest rate risk through its cash deposited in interest bearing accounts. Changes in interest rates have had a minimal impact on the operating result.</p>



## 5.2 Contingent liabilities

The following cases were filed in the courts naming the State of Queensland acting through Gold Coast Health as the defendant:

	2022 \$'000	2021 \$'000
Supreme Court	10	12
District Court	4	6
Magistrates Court	-	-
Tribunals, commissions and boards	1	-
Total cases	<u>15</u>	<u>18</u>

It is not possible to make a reliable estimate of the final amount payable, if any, in respect of litigations before the courts at this time. Any amount payable would be covered by the Queensland Government Insurance Fund (QGIF). Gold Coast Health's maximum exposure under the QGIF policy is an excess of \$20,000 for each insurable event. Tribunals, commissions and boards include matters that may never be litigated or result in payments to claims.

In addition, a contractual dispute continues between SurePark Pty Ltd and Gold Coast Health regarding SurePark's contractual right to relief from specified 'key risk events'. The dispute has been referred to a jointly-appointed expert to determine the correct interpretation of the contract and calculation of redress (if any) payable to SurePark for past and possibly future events. At this time, no reasonable estimate of the financial effect (if any) can be made.

## 5.3 Commitments

There were no non-cancellable capital commitments as at 30 June 2022 (2021:0). Lease related commitments are disclosed in note 2.15 Leases.

## 5.4 Trust transactions and balances

Gold Coast Health manages patient trust accounts transactions (fiduciary funds) as trustee. As Gold Coast Health acts only in a custodial role in respect of these transactions and balances, they are not recognised in the financial statements. Trust activities are included in the annual audit performed by the Auditor-General of Queensland.

Patient trust receipts and payments

	2022 \$'000	2021 \$'000
<i>Receipts</i>		
Amounts received on behalf of patients	132	212
<i>Payments</i>		
Amounts paid to or on behalf of patients	129	218
<i>Assets</i>		
Cash held and bank deposits on behalf of patients	20	18

## 5.5 Granted private practice arrangements

Gold Coast Health administers the Private Practice arrangements. As Gold Coast Health acts only in an agency role in respect of these transactions and balances, they are not recognised in the financial statements. Fees collected under the scheme must be deposited initially into the private practice bank accounts and later distributed in accordance with the policy governing the private practice scheme. Private Practice funds are not controlled but the activities are included in the annual audit performed by the Auditor-General.

Payments to Gold Coast Health indicated below relate to revenue that has been recognised by Gold Coast Health.

	<b>2022</b>	<b>2021</b>
	<b>\$'000</b>	<b>\$'000</b>
<i>Receipts</i>		
Private practice revenue	5,420	16,673
Private practice interest revenue	3	7
	<hr/>	<hr/>
Total receipts	5,423	16,680
<i>Payments</i>		
Payments to private practice doctors/Gold Coast Health for retention arrangements	2,338	6,256
Payments to Gold Coast Health for service fees	2,770	7,992
Payments to Gold Coast Health for assignment arrangements	1,269	1,346
Payments to Gold Coast Health Private Practice Trust Fund*	649	341
	<hr/>	<hr/>
Total payments	7,026	15,935
<i>Assets</i>		
Cash held and bank deposits for private practice	411	2,014

The cash balance above represents timing differences between cash receipts and payments in relation to the private practice arrangements.

\* Private Practice Trust funds are generated by doctors reaching the ceiling allowable under the retention option arrangements. These funds are included in the General Trust Fund and the allocation of these funds is managed by an advisory committee.

## 5.6. Climate Risk Disclosure

Gold Coast Health has not identified any material climate related risks relevant to the financial report at the reporting date. Gold Coast Health continues to monitor the emergence of such risks under the Queensland Government's Climate Transition Strategy, and Climate Action Plan 2030. No adjustments to the carrying value of recorded assets or other adjustments to the amounts recorded in the financial statements were recognised during the financial year.

## 5.7. Events after the reporting period

No events have occurred after the reporting period that have an impact on the financial statements.

## Section 6: New Accounting Standards

### **6.1 New, revised or amending Accounting Standards and Interpretations adopted**

No new accounting standards or interpretations that apply to the service for the first time in 2021-22 had any material impact on the financial statements.

### **6.2 New Accounting Standards and Interpretations not yet mandatory or early adopted**

No Australian Accounting Standards have been early adopted by Gold Coast Health.

All other Australian accounting standards and interpretations with future effective dates are either not applicable to Gold Coast Health's activities or have no material impact on the health service.

## Section 7: Management Certificate

**GOLD COAST HOSPITAL AND HEALTH SERVICE**  
**Management Certificate**  
**for the year ended 30 June 2022**

These general purpose financial statements have been prepared pursuant to s.62(1) of the *Financial Accountability Act 2009 (the Act)*, section 39 of the *Financial and Performance Management Standard 2019* and other prescribed requirements. In accordance with s.62(1)(b) of the Act we certify that in our opinion:

- (a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- (b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Gold Coast Hospital and Health Service for the financial year ended 30 June 2022 and of the financial position of the Gold Coast Hospital and Health Service at the end of that year; and

We acknowledge 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.



Ian Langdon  
Board Chair

16 August 2022



Ian Moody  
A/Chief Executive

16 August 2022

## INDEPENDENT AUDITOR'S REPORT

To the Chair of Gold Coast Hospital and Health Service

### Report on the audit of the financial report

#### Opinion

I have audited the accompanying financial report of Gold Coast Hospital and Health Service.

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2022, 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 as at 30 June 2022, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

#### Basis for opinion

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

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

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

#### Key audit matters

Key audit matter	How my audit addressed the key audit matter
<p><b>Valuation of land and buildings</b></p> <p>Buildings were material to Gold Coast Hospital and Health Service at balance date and were measured at fair value using the current replacement cost method.</p>	<p>My procedures included, but were not limited to:</p> <p>In a previous year when a comprehensive revaluation was conducted:</p> <ul style="list-style-type: none"> <li>• assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices</li> <li>• assessing the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices</li> </ul>

Key audit matter	How my audit addressed the key audit matter
<p>Gold Coast Hospital and Health Service performs comprehensive revaluations of its buildings at least every 5 years under a rolling program, with desktop valuations based on appropriate indices used in intervening years. Indexation has been applied to the value of all buildings this year. The last comprehensive revaluation was conducted in 2020-21.</p> <p>The current replacement cost method comprises:</p> <ul style="list-style-type: none"> <li>gross replacement cost, less</li> <li>accumulated depreciation.</li> </ul> <p>Gold Coast Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for:</p> <ul style="list-style-type: none"> <li>identifying the components of buildings with separately identifiable replacement costs</li> <li>developing a unit rate for each of these components, including: <ul style="list-style-type: none"> <li>estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre)</li> <li>identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating the adjustment to the unit rate required to reflect this difference.</li> </ul> </li> </ul> <p>Using indexation required:</p> <ul style="list-style-type: none"> <li>significant judgement in determining changes in cost and design factors for each asset type since the previous revaluation</li> <li>reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used.</li> </ul> <p>The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components.</p> <p>The significant judgements required for gross replacement cost and useful lives are also significant judgements for calculating annual depreciation expense.</p>	<ul style="list-style-type: none"> <li>for unit rates, on a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: <ul style="list-style-type: none"> <li>modern substitute (including locality factors and oncosts)</li> <li>adjustment for excess quality or obsolescence.</li> </ul> </li> </ul> <p>In the current year when indexation was applied:</p> <ul style="list-style-type: none"> <li>assessing the competence, capability and objectivity of valuation specialists engaged to advise on suitable indices</li> <li>reviewing the scope and instructions provided to the valuer</li> <li>assessing the adequacy of management's review of the valuation process and result</li> <li>evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices</li> <li>evaluating useful life estimates for reasonableness by: <ul style="list-style-type: none"> <li>reviewing management's annual assessment of useful lives</li> <li>at an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement cost of assets</li> <li>testing that no building asset still in use has reached or exceeded its useful life</li> <li>enquiring of management about their plans for assets that are nearing the end of their useful life</li> <li>reviewing assets with an inconsistent relationship between condition and remaining useful life.</li> </ul> </li> <li>Where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.</li> </ul>

## **Responsibilities of the entity for the financial report**

The Board is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards, and for such internal control as the Board determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

## **Auditor's responsibilities for the audit of the financial report**

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

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

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



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

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

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

## **Report on other legal and regulatory requirements**

### **Statement**

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2022:

- 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 entity's transactions and account balances to enable the preparation of a true and fair financial report.



19 August 2022

David Adams  
as delegate of the Auditor-General

Queensland Audit Office  
Brisbane

# Glossary

## Glossary of acronyms

ACEM	Australasian College of Emergency Medicine
AIN	Assistant in Nursing
ARRs	Annual report requirements for Queensland Government agencies
ATSICCHO	Aboriginal and Torres Strait Islander community-controlled health organisation
AYAS	Adolescent and Young Adult Services
CAG	Consumer Advisory Group
CCAR	Courageous Conversations About Race
CCF	Core Capability Framework
CENA	College of Emergency Nursing Australasian
CEO	Chief Executive Officer
CIAP	Continuous Improvement Action Plans
COAG	Council of Australian Governments
CPP	Cultural Practice Program
CSU	Crisis Stabilisation Unit
D24	Gold Coast Health Digital Strategic Plan and Roadmap 2021-2024
DCYMA	Department of Children, Youth Justice and Multicultural Affairs
ED	Emergency Department
EDCRG	Emergency Department Collaborative Research Group
EDLS	Emergency Department Load Share
ERM	Enterprise Risk Management
FAA	Financial Accountability Act 2009
FPMS	Financial and Performance Management Standard 2019
FRR	Financial Reporting Requirements
FTE	Full-time Equivalent
GCGPMAP	Gold Coast Health GP Maternity Alignment Program
GCHHS	Gold Coast Hospital and Health Service
GCMHSS	Gold Coast Mental Health and Specialist Services
GCPHN	Gold Coast Primary Health Network
GCUH	Gold Coast University Hospital
GP	General Practitioner
HHS	Hospital and Health Service
HITH	Hospital in the Home

HR	Human Resources
HVP	Home Visiting Program
ICD	Interactive Competitive Dialogue
ICU	Intensive Care Unit
KPI	Key Performance Indicators
LEAP	Learning Experience and Academic Placements
MHSS	Mental Health and Specialist Services
MOHRI	Minimum Obligatory Human Resource Information
NEST	National Elective Surgery Target
NGO	Non-Government Organisation
NHS	National Health Service
PLS	Patient Liaison Service
PPA	Promoting Professional Accountability
QAIHC	Queensland Aboriginal and Islander Health Council
QAS	Queensland Ambulance Service
QPS	Queensland Police Service
QWAU	Queensland Weighted Activity Units
RACF	Residential Aged Care Facilities
RACGP	The Royal Australian College of General Practitioners
RYP	Refer Your Patient
SCC	Statutory Compliance and Conduct
SDS	Service Delivery Statement
SEQ	South East Queensland
SPACE	Specialist Palliative Care in Aged Care
TAFE	Training and Further Education
UK	United Kingdom
VBAC	Vaginal birth after caesarean
WAU	Weighted Activity Units
WHS	Work Health and Safety
WNCS	Women, Newborn and Children's Services

## Glossary of terms

<b>Accessible</b>	Accessible health care is characterised by the ability of people to obtain appropriate health care at the right place and right time, irrespective of income, cultural background or geography.
<b>Activity-based funding</b>	A management tool with the potential to enhance public accountability and drive technical efficiency in the delivery of health services by: <ul style="list-style-type: none"> <li>• capturing consistent and detailed information on hospital sector activity and accurately measuring the costs of delivery</li> <li>• creating an explicit relationship between funds allocated and services provided</li> <li>• strengthening management's focus on outputs, outcomes and quality</li> <li>• encouraging clinicians and managers to identify variations in costs and practices so they can be managed at a local level</li> <li>• in the context of improving efficiency and effectiveness</li> <li>• providing mechanisms to reward good practice and support quality initiatives.</li> </ul>
<b>Acute</b>	Having a short and relatively severe course.
<b>Acute care</b>	Care in which the clinical intent or treatment goal is to: <ul style="list-style-type: none"> <li>• manage labour (obstetric)</li> <li>• cure illness or provide definitive treatment of injury</li> <li>• perform surgery</li> <li>• relieve symptoms of illness or injury (excluding palliative care)</li> <li>• reduce severity of an illness or injury</li> <li>• protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function</li> <li>• perform diagnostic or therapeutic procedures.</li> </ul>
<b>Admission</b>	The process whereby a hospital accepts responsibility for a patient's care and/or treatment. It follows a clinical decision, based on specified criteria, that a patient requires same-day or overnight care or treatment, which can occur in hospital and/or in the patient's home (for hospital-in-the-home patients).
<b>Allied health</b>	Professional staff who meet mandatory qualifications and regulatory requirements in the following areas: audiology; clinical measurement sciences; dietetics and nutrition; exercise physiology; leisure therapy; medical imaging; music therapy; nuclear medicine technology; occupational therapy; orthoptics; pharmacy; physiotherapy; podiatry; prosthetics and orthotics; psychology; radiation therapy; sonography; speech pathology and social work.
<b>Best practice</b>	The cooperative way in which organisations and their employees undertake business activities in all key processes and use benchmarking that can be expected to lead sustainable world-class positive outcomes.
<b>Clinical governance</b>	A framework by which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.
<b>Clinical practice</b>	Professional activity undertaken by health professionals to investigate patient symptoms and prevent and/or manage illness, together with associated professional activities for patient care.
<b>Full-time equivalent</b>	Refers to full-time equivalent staff currently working in a position.
<b>Department of Health</b>	Refers to Queensland Health.
<b>Hospital</b>	Health care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day-procedure unit and authorised to provide treatment and/or care to patients.
<b>Hospital and Health Boards</b>	The Hospital and Health Boards are made up of a mix of members with expert skills and knowledge relevant to managing a complex health care organisation. Hospital and Health Service Hospital and Health Service is a separate legal entity established by Queensland Government to deliver public hospital services.

<b>Immunisation</b>	Process of inducing immunity to an infectious agency by administering a vaccine.
<b>Incidence</b>	Number of new cases of a condition occurring within a given population, over a certain period of time.
<b>Indigenous health worker</b>	An Aboriginal and/or Torres Strait Islander person who holds the specified qualification and works within a primary health care framework to improve health outcomes for Indigenous Australians.
<b>Long wait</b>	A 'long wait' elective surgery patient is one who has waited longer than the clinically recommended time for their surgery, according to the clinical urgency category assigned. That is, more than 30 days for a category 1 patient, more than 90 days for a category 2 patient and more than 365 days for a category 3 patient.
<b>Nurse Navigator</b>	Highly experienced nurses who have an in-depth understanding of the health system and who will assist patients with complex health care needs to navigate to and from their referring general practitioner and/or other primary care providers, through hospital, the community and back home again.
<b>Nurse practitioner</b>	A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessing and managing clients using nursing knowledge and skills and may include, but is not limited to, direct referral of clients to other health care professionals, prescribing medications, and ordering diagnostic investigations.
<b>Occasions of service</b>	Occasions of service include any examination, consultation, treatment or other service provided to a non-admitted patient in each functional unit of a health service facility, on each occasion such service is provided.
<b>Outpatient</b>	Non-admitted health service provided or accessed by an individual at a hospital or health service facility.
<b>Outpatient service</b>	Examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a speciality unit or under an organisational arrangement administered by a hospital.
<b>Patient flow</b>	Optimal patient flow means the patient's journey through the hospital system, be it planned or unplanned, happens in the safest, most streamlined and timely way to deliver good patient care.
<b>Performance indicator</b>	A measure that provides an 'indication' of progress towards achieving the organisation's objectives and usually has targets that define the level of performance expected against the performance indicator.
<b>Private hospital</b>	A private hospital or free-standing day hospital, and either a hospital owned by a for-profit company or a non-profit organisation and privately funded through payment for medical services by patients or insurers. Patients admitted to private hospitals are treated by a doctor of their choice.
<b>Public patient</b>	A public patient is one who elects to be treated as a public patient, so cannot choose the doctor who treats them, or is receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority.
<b>Public hospital</b>	Public hospitals offer free diagnostic services, treatment, care and accommodation to eligible patients.
<b>Registered nurse</b>	An individual registered under national law to practice in the nursing profession as a nurse, other than as a student.
<b>Statutory bodies</b>	A non-departmental government body, established under an Act of Parliament. Statutory bodies can include corporations, regulatory authorities and advisory committees/councils.
<b>Sustainable</b>	A health system that provides infrastructure, such as workforce, facilities and equipment, and is innovative and responsive to emerging needs, for example, research and monitoring within available resources.
<b>Weighted Activity Unit</b>	A standard unit used to measure all patient care activity consistently. The more resource intensive an activity is, the higher the weighted activity unit. This is multiplied by the standard unit cost to create the 'price' for the episode of care.

# Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> <li>A letter of compliance from the accountable officer or statutory body to the relevant Minister/s</li> </ul>	ARRs – section 7	4
Accessibility	<ul style="list-style-type: none"> <li>Table of contents</li> <li>Glossary</li> </ul>	ARRs – section 9.1	5 114
	<ul style="list-style-type: none"> <li>Public availability</li> </ul>	ARRs – section 9.2	2
	<ul style="list-style-type: none"> <li>Interpreter service statement</li> </ul>	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	2
	<ul style="list-style-type: none"> <li>Copyright notice</li> </ul>	<i>Copyright Act 1968</i> ARRs – section 9.4	2
	<ul style="list-style-type: none"> <li>Information Licensing</li> </ul>	<i>QGEA – Information Licensing</i> ARRs – section 9.5	2
General information	<ul style="list-style-type: none"> <li>Introductory Information</li> </ul>	ARRs – section 10	10-16 21-29
Non-financial performance	<ul style="list-style-type: none"> <li>Government's objectives for the community and whole-of-government plans/specific initiatives</li> </ul>	ARRs – section 11.1	6
	<ul style="list-style-type: none"> <li>Agency objectives and performance indicators</li> </ul>	ARRs – section 11.2	10 21-29
	<ul style="list-style-type: none"> <li>Agency service areas and service standards</li> </ul>	ARRs – section 11.3	51
Financial performance	<ul style="list-style-type: none"> <li>Summary of financial performance</li> </ul>	ARRs – section 12.1	58
Governance – management and structure	<ul style="list-style-type: none"> <li>Organisational structure</li> </ul>	ARRs – section 13.1	40
	<ul style="list-style-type: none"> <li>Executive management</li> </ul>	ARRs – section 13.2	35
	<ul style="list-style-type: none"> <li>Government bodies (statutory bodies and other entities)</li> </ul>	ARRs – section 13.3	9, 34
	<ul style="list-style-type: none"> <li>Public Sector Ethics</li> </ul>	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	49
	<ul style="list-style-type: none"> <li>Human Rights</li> </ul>	<i>Human Rights Act 2019</i> ARRs – section 13.5	50
	<ul style="list-style-type: none"> <li>Queensland public service values</li> </ul>	ARRs – section 13.6	6, 10, 12
Governance – risk management and accountability	<ul style="list-style-type: none"> <li>Risk management</li> </ul>	ARRs – section 14.1	46
	<ul style="list-style-type: none"> <li>Audit committee</li> </ul>	ARRs – section 14.2	33
	<ul style="list-style-type: none"> <li>Internal audit</li> </ul>	ARRs – section 14.3	47
	<ul style="list-style-type: none"> <li>External scrutiny</li> </ul>	ARRs – section 14.4	48
	<ul style="list-style-type: none"> <li>Information systems and recordkeeping</li> </ul>	ARRs – section 14.5	48

Summary of requirement		Basis for requirement	Annual report reference
	<ul style="list-style-type: none"> <li>Information Security attestation</li> </ul>	ARRs – section 14.6	48
Governance – human resources	<ul style="list-style-type: none"> <li>Strategic workforce planning and performance</li> </ul>	ARRs – section 15.1	41
	<ul style="list-style-type: none"> <li>Early retirement, redundancy and retrenchment</li> </ul>	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	45
Open Data	<ul style="list-style-type: none"> <li>Statement advising publication of information</li> </ul>	ARRs – section 16	2
	<ul style="list-style-type: none"> <li>Consultancies</li> </ul>	ARRs – section 31.1	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	<ul style="list-style-type: none"> <li>Overseas travel</li> </ul>	ARRs – section 31.2	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	<ul style="list-style-type: none"> <li>Queensland Language Services Policy</li> </ul>	ARRs – section 31.3	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
Financial statements	<ul style="list-style-type: none"> <li>Certification of financial statements</li> </ul>	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	109
	<ul style="list-style-type: none"> <li>Independent Auditor’s Report</li> </ul>	FAA – section 62 FPMS – section 46 ARRs – section 17.2	110

