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ANNUAL REPORT 2022–23

Queensland Government

Annual Report 2022–23 - Department of Health

Published by the State of Queensland (Queensland Health), September 2023

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Disclaimer

Purpose

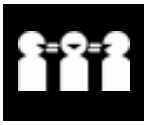
The Annual Report provides detailed information about the Department of Health's financial and non-financial performance for 2022–23. It has been prepared in accordance with the *Financial Accountability Act 2009,* the Financial and Performance Management Standard 2019 and the Annual Report requirements for Queensland Government agencies for the 2022–23 reporting period.

The Annual Report aligns to the Department of Health Strategic Plan 2021–2025 and the 2022–23 Service Delivery Statements. The report has been prepared for the Minister to submit to Parliament. It has also been prepared to meet the needs of stakeholders, including government agencies, healthcare industry, community groups and staff.

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

Open data

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



Interpreter accessibility

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www.qld.gov.au/languages

Attribution

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You can provide feedback on the Annual Report at the Queensland Government Get Involved website at **www.qld.gov.au/annualreportfeedback**

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Letter of compliance

26 September 2023

The Honourable Shannon Fentiman MP
Minister for Health, Mental Health and Ambulance Services and Minister for Women
Member for Waterford
1 William Street
Brisbane QLD 4000

Dear Minister,

I am pleased to submit, for presentation to the Parliament, the Annual Report 2022–23 and financial statements for the Department of Health.

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*.
- The detailed requirements set out in the *Annual report requirements for Queensland Government agencies.*

A checklist outlining compliance with the annual reporting requirements can be found in the Definitions and Compliance section of this annual report.

Yours sincerely,

Michael Walsh
Acting Director-General
Queensland Health

Acknowledgement of Country

The Queensland Government respectfully acknowledges Aboriginal and Torres Strait Islander people as the Traditional and Cultural Custodians of the lands on which we live and work to deliver health care to all Queenslanders. We recognise the continuation of First Nations people's cultures and connection to the lands, waters and communities across Queensland.

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

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

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

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

Table of contents

Director-General’s Foreword

I am pleased to present the 2022-23 Annual Report for the Department of Health.

The Annual Report showcases how we have continued to navigate the evolving landscape of public healthcare and how this past year has been a testament to the hard work and dedication of our staff, and the resilience and innovation of Queensland's health system.

The demands on our hospitals continue to surge, attributed to a growing and ageing population, patients with increasingly complex health conditions, and workforce challenges.

In 2023, we introduced *Putting Patients First* and *HEALTHQ32*. Together they describe a vision designed to chart the future of our health system, emphasising adaptability, innovation in care models, and the integration of new technologies that enhance patient care and service efficiency.

We also continued to reshape our healthcare foundations, by starting to deliver the most extensive health infrastructure program in the state’s history.

As part of our Capacity Expansion Program, we released the largest single tender package in Queensland’s history and rapidly onboarded contractors to commence detailed design across 13 projects, including new hospitals in Bundaberg, Coomera and Toowoomba, and a number of critical expansions. In 2022-23, we saw the opening of a new health facility in Windorah, new short-stay unit at Maryborough and an upgraded Emergency Department at Redcliffe. Significant progress was made on our seven Satellite Hospitals, which have commenced opening and will all be delivered by mid-2024.

Through the Building Rural and Remote Health Program we're enhancing staff housing conditions and rejuvenating ageing infrastructure across the state. We plan to deliver 110 units through our housing program over the next three years, and replace 25 regional health facilities in the next five years.

More than ever, we are collaborating as a true statewide system with modernised Service Level Agreements between the department and the Hospital and Health Services. These agreements signify a joint commitment to advancing our health system's performance goals.

We continue to develop our maternity services, with new and expanded models of care. More than 45,000 babies were birthed in Queensland public hospitals in 2022-23. This is testament to the dedication of our maternity staff, and was achieved despite nationwide workforce challenges.

We welcomed 96 Rural Generalist Obstetricians, with 59 working in rural and remote health services. The Maternity Medical Working Group, established on 27 March 2023 to address specialist shortages in obstetrics and gynaecology, helped successfully reinstate birthing services at Gladstone Hospital.

The introduction of initiatives like the Workforce Attraction Incentive Transfer Scheme and the cost-of-living allowance for nursing and midwifery students further showcased our dedication to addressing staffing challenges and ensuring quality care. Medical practitioners taking up a role with Queensland Health in rural or remote Queensland are eligible for up to $70,000 and health workers from interstate or overseas can receive up to $20,000. Final year nursing and midwifery students on placement at a rural or remote Queensland Health facility are eligible for a $5,000 allowance.

Improving the health of our First Nations communities remains a top priority. This year, and in partnership with First Nations communities and organisations, our Hospital and Health Services finalised their Health Equity Strategies and Implementation Plans. Our First Nations workforce was significantly strengthened, with additional Aboriginal and Torres Strait Islander Health Practitioner positions and legislative amendments that enable Aboriginal and Torres Strait Islander Health Practitioners and Health Workers to work to top of scope.

I'm also delighted to highlight that Queensland Health ranked in the top quartile of state and territory health systems across multiple metrics, from efficient Emergency Department services to the lowest average length of hospital stays.

I would like to express my appreciation to our workforce for their passion and commitment to delivering high-quality healthcare and wellbeing services in an ever-changing and complex environment.

Looking ahead to next year, we are excited about the initiatives in our pipeline. As we continue to grow our workforce, build and upgrade facilities across the state, and embrace technology and models of care, Queenslanders can rest assured that our public health system is well placed to assist in their hour of need.

Michael Walsh
Acting Director-General

Financial highlights

Financial highlights

The Department of Health's (the department) purpose is to provide leadership and direction to the public health system. It works collaboratively across the healthcare sector to deliver quality services that are safe and responsive for Queenslanders. To achieve this, seven major health services are delivered to reflect the department's planning priorities articulated in the *Department of Health Strategic Plan 2021–25*. These services are acute inpatient care; emergency care; integrated mental health services; outpatient care; prevention, primary and community care; ambulance services and sub and non-acute care.

How the money was spent

The department's expenditure by major service is displayed on page 11 within the financial statements section. The percentage share of these services for 2022–23 is as follows:

- Acute Inpatient Care – 47.4 per cent.
- Prevention, Primary and Community Care – 13.1 per cent.
- Outpatient Care – 11.4 per cent.
- Emergency Care – 10.7 per cent.
- Mental Health, Alcohol and Other Drug Services – 9.6 per cent.
- Sub and Non-Acute Care – 4.7 per cent.
- Ambulance Services – 3.2 per cent.

The department achieved an operating deficit of $0.440 million in 2022–23 after having delivered all agreed major services.

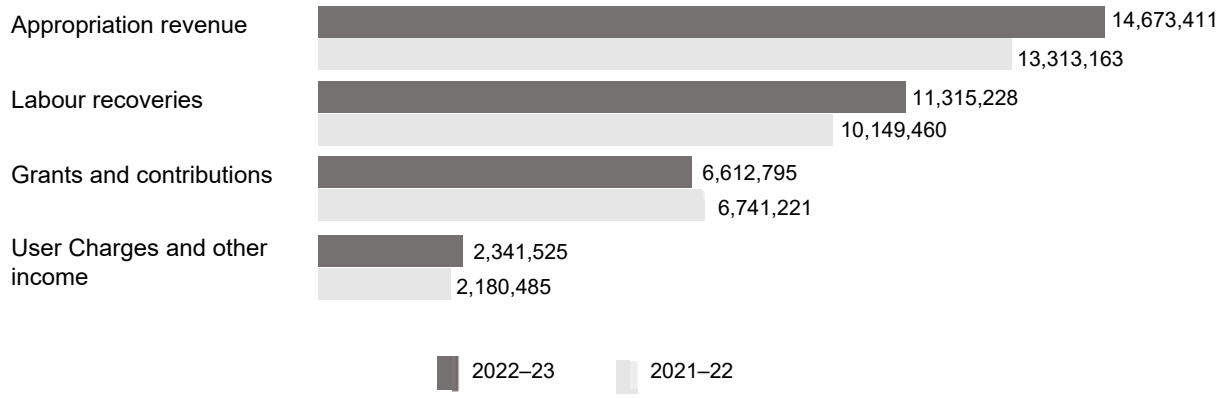
Through its risk management framework and financial management policies, the department is committed to ensuring optimal financial outcomes and delivering sustainability of services. In addition, the department's financial risk of contingent liabilities resulting from health litigations is mitigated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

Income

The department's income includes operating revenue as well as internally generated revenue. The total income from continuing operations for 2022–23 was $34.943 billion, an increase of $2.559 billion (or 7.9 per cent) from 2021–22. Revenue is sourced from four main areas:

- *Appropriation revenue* of $14.673 billion (or 42.0 per cent), which includes State Appropriation and Commonwealth Appropriation.
- *Labour recoveries* of $11.315 billion (or 32.4 per cent). The department is the legal employer of the majority of health staff working for HHSs. The cost of these staff is recovered through labour recoveries income, with a corresponding employee expense.
- *Grants and contributions* of $6.613 billion (or 18.9 per cent), which includes National Health Reform Funding from the Australian Government. Reduced Commonwealth funding, compared to 2021–22, has been provided in 2022–23 due to the cessation of the majority of COVID-19 funding as part of the National Partnership on COVID-19 Response Agreement (NPCR).
- *User charges and other income* of $2.342 billion (or 6.7 per cent), which mainly includes recoveries from the Hospital and Health Services (HHSs) for items such as drugs, pathology and other fee for service categories. It also includes revenue from other jurisdictions for cross-border patients, the Department of Veteran Affairs and other revenue.

Figure 1: Revenue – two year comparison $'000



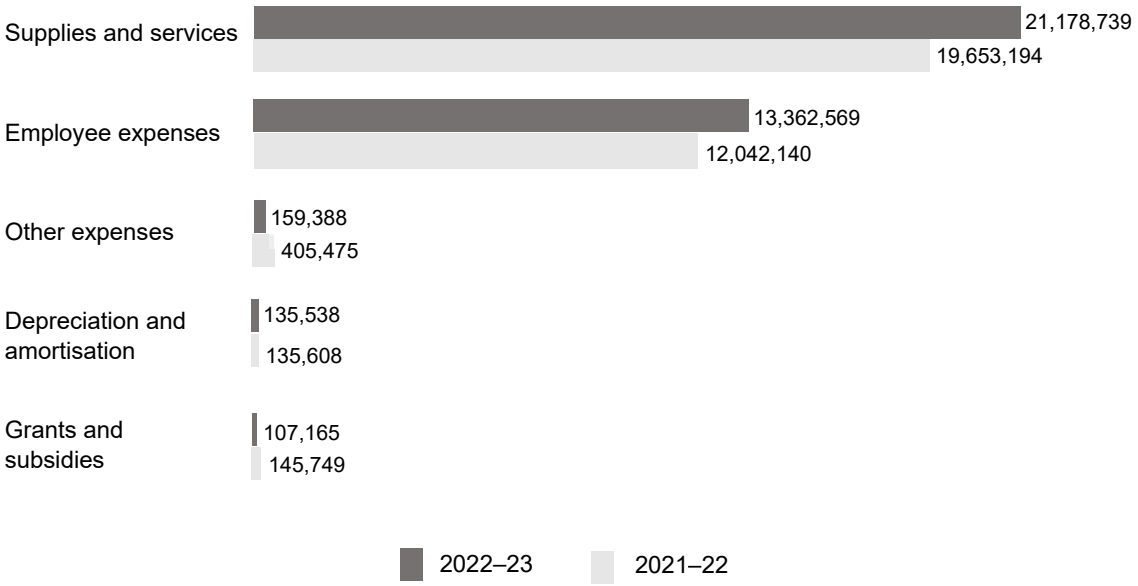
The major movements in revenue earned in 2022–23, when compared to 2021–22, include:

- *Labour recoveries* – the increase of $1.166 billion is mainly due to growth and the impact of newly negotiated enterprise bargaining agreements recognised during the year.
- *Grants and contributions* – the decrease of $128.426 million relates mainly to decreases in funding received related to Private Hospital Viability COVID-19 funding and non-recurrent funding for specific front-line programs received in 2021–22, that was not received in 2022–23.
- *User charges and other income* – the increase of $161.040 million is mainly due to cross-border recoveries from another jurisdiction relating to prior financial years and increased drug purchases by HHSs.

Expenses

Total expenses for 2022–23 were $34.943 billion, an increase of $2.561 billion (or 7.9 per cent) from 2021–22.

Figure 2: Expenses – two year comparison $'000



The major movement in expenses incurred in 2022–23, when compared to 2021–22, includes:

- *Supplies and services* – the increase of $1.526 billion is mainly due to additional funding paid to HHSs and Mater Hospital for the provision of health services.
- *Employee expenses* – the increase of $1.320 billion is mainly due to general FTE growth to meet the increasing demand for services and the impact of newly negotiated enterprise bargaining agreements recognised during the year. This category includes non-prescribed HHS employee expenses amounting to $11.315 billion in the 2022–23 financial year, recovered through labour recoveries income.
- *Other expenses* – the decrease of $246.087 million is mainly due to a net decrease of $240.104 million in the allowance for loss of service potential expense relating to provision for future stock obsolescence.

Anticipated maintenance

Anticipated maintenance is a common building maintenance strategy utilised by public and private sector industries. It is made up of deferred maintenance and future maintenance required to sustain health service delivery. All Queensland Health entities comply with the Queensland Government Maintenance Management Framework (MMF), which requires the reporting of:

- The condition of the building portfolio relative to the condition applicable for service delivery.
- Financial year maintenance expenditure in the following categories:
    - Planned maintenance.
    - Unplanned maintenance.
    - Maintenance management.
    - Deferred maintenance.
    - Annual maintenance expenditure as a percentage of Asset Replacement Value (ARV).
    - Projected future repairs or replacement over the medium to long term to assist the department in undertaking strategic and operational planning processes.
    - Significant maintenance issues that impact the capability of the building portfolio in relation to service delivery.

The MMF defines deferred maintenance as maintenance work that is postponed to a future budget cycle, or until funds become available, noting some maintenance activities can be postponed without immediately having a noticeable effect on the functionality of the asset. 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.

As of 30 June 2023, the Department of Health had a reported anticipated maintenance of $27.576 million.

The department has implemented the following strategies to mitigate risks associated with these items:

- Allocated additional funding to support major redevelopment projects in the Strategic Asset Management Plan (SAMP).
- Allocated sustaining capital funding to priority services to address anticipated maintenance.
- Commenced preventative refurbishment and maintenance to support deteriorating assets and extend their life expectancy.
- Reviewed asset lifecycle and future replacement needs in accordance with risk assessment and prioritisation criteria.

Chief Finance Officer statement

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

For the financial year ended 30 June 2023, a statement assessing the department's financial internal controls has been provided by the Chief Finance Officer to the Acting Director-General.

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

About us

The department provides strategic leadership and direction to the Queensland public health system.

The department delivers expert health system governance, statewide clinical health support services, information and communication technologies, health promotion and disease prevention strategies, urgent patient retrieval services, health infrastructure planning and corporate support services for the employment of more than 100,000 Queensland Health staff.

As part of an integrated Queensland Health system that supports the delivery of world-class health services, the department is committed to partnerships with the 16 Hospital and Health Services (HHSs) across the state, with consumers, clinicians and external providers of health and social services.

Our commitment to First Nations peoples

Queensland Health is committed to delivering a health system that acknowledges the Traditional Custodians of the lands on which we work and live and pays respect to the First Nations Elders past, present and emerging. We recognise the efforts of our past and current Aboriginal and Torres Strait Islander staff. The department is committed to achieving health parity by having more First Nations staff across the health system and listening to their voices for a better-coordinated health system.

Our vision

A world-class health system for all Queenslanders.

Our purpose

To provide highly effective health system leadership.

Our values

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

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

Our challenges

- A sustainable health system.
- Implementing system, service and practice improvements based on timely access to information and data.
- Preparedness for system-wide threats.
- Resource allocation to ensure the best and most equitable health outcomes for all Queenslanders.
- Working as one health system to drive change and achieve health system priorities.
- Capacity and capability of the department to achieve its goals.
- Eliminate institutional racism and discrimination across the public health system.
- Building capacity to meet healthcare needs in the right setting across the health and social care sectors.
- Effectively managing health system-led emergency responses while continuing to deliver quality health services.

Our opportunities

- Harnessing the power of clinician and consumer engagement and co-design.
- Driving health access and equity reform agendas.
- Enhancing networking and integration across the system.
- Enabling access and use of data and intelligence across the system.
- Effectively engaging, empowering and developing our workforce.
- Strengthening system foundations that enable better health system outcomes.

Our contribution to Queensland

The Queensland Government's objectives for the community:

- Good jobs.
- Better services.
- Great lifestyle.

The Queensland Government is dedicated to taking strong action for the community and improving the lives of Queenslanders now and into the future.

Good jobs

- Good, secure jobs in our traditional and emerging industries.
- Investing in skills: Ensure Queenslanders have the skills they need to find meaningful jobs and set up pathways for the future.

Better services

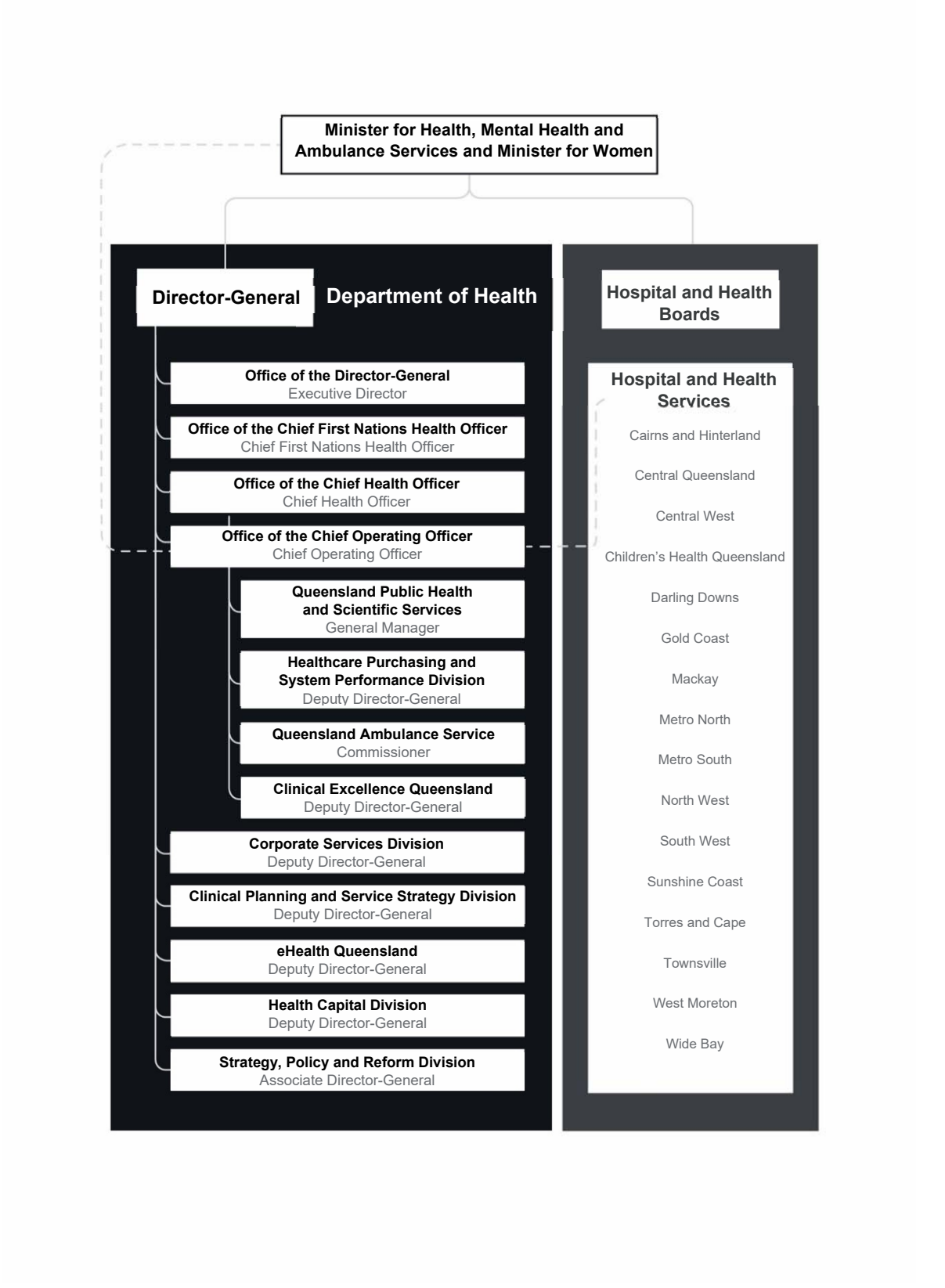
- Deliver even better services right across Queensland.
- Keeping Queenslanders safe: Ensure all Queenslanders can access world-class healthcare no matter where they live.
- Backing our frontline services: Deliver world-class services in key areas such as health, education, transport and community safety.

Great lifestyle

- Growing our regions: Help Queensland's regions grow by attracting people, talent and investment, and driving sustainable economic prosperity.
- Building Queensland: Drive investment in the infrastructure that supports the State's economy and jobs, builds resilience and underpins future prosperity.
- Honouring and embracing our rich and ancient cultural history: Create opportunities for First Nations Queenslanders to thrive in a modern Queensland.

Our organisational structure

Queensland Health consists of the Department of Health, the Queensland Ambulance Service (QAS) and 16 independent Hospital and Health Services (HHSs) situated across the state. The Department of Health is responsible for providing leadership and direction, collaboratively enabling the health system to deliver quality services that are safe and responsive for Queenslanders.



Office of the Director-General

As a Division of the Department of Health, the Office of the Director-General (ODG) provides leadership, direction and coordination of activities to support and assist the health system to deliver safe, responsive, quality health services for Queenslanders.

The ODG ensures coordinated, accurate and timely advice is available to the Director-General and Minister in relation to a range of executive government functions, including the annual estimates process, through partnerships and engagement with the Department of Health, Hospital and Health Services, the Queensland Ambulance Service, and other government departments and agencies.

As of 30 June 2023, ODG comprised of:

- Office of the Director-General and Executive Director.
- Ethical Standards Unit.
- Ministerial and Executive Services Unit.
- System Support Services Unit.

Director-General

Shaun Drummond

Shaun has worked in the health system for over 20 years as a Chief Executive and Chief Operating Officer and developed a deep understanding of and passion for executive health management and clinical service delivery.

During his career, he worked in the public health system in New South Wales, Victoria, Queensland and New Zealand. He also has an extensive professional background in industrial relations and organisational development.

Shaun became Executive Director, Operations of Metro North HHS in late 2014, before moving into the Chief Executive role in 2017.

In 2021, Shaun moved to the private sector, before being appointed Queensland Health's Chief Operating Officer in January 2022. Shaun was the acting Director-General from March 2022 and was formally appointed to the role in October 2022.

Shaun left Queensland Health in July 2023 at which time Michael Walsh took over as Acting Director-General.

First Nations Health Office

The First Nations Health Office (FNHO) plays a lead role in the improvement of health outcomes for First Nations peoples living in Queensland by:

- Providing leadership, high-level advice and direction across government to ensure effective and appropriate policies, services and programs are provided to Aboriginal and Torres Strait Islander Queenslanders.
- Strategically influencing and engaging in key decision-making and priority setting within Queensland Health in an endeavour to ensure a consistent approach and accountability through the oversight of:
    - Development of the *First Nations Health Strategy*, including the health equity reform agenda.
    - Development of the *First Nations Workforce Strategy for Action.*
    - The *National Agreement on Closing the Gap* and *Queensland's 2022 Closing the Gap Implementation Plan*.
    - Implementation of the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033*.
    - Influencing, adding value, supporting and advocating the provision of quality, effective and appropriate health services and programs for Aboriginal and Torres Strait Islander Queenslanders within an evidence-based framework.
    - Working and engaging with all stakeholders to achieve sustainable health gains for Aboriginal and Torres Strait Islander peoples.
    - Applying effective monitoring, evaluation and reporting processes.

As at 30 June 2023, the FNHO comprised:

- Office of the Chief First Nations Health Officer.
- Engagement and Monitoring Branch.
- Strategy and Policy Branch.

Organisational changes for 2022–23:

During the 2022–23 financial year, the First Nations Health Office was realigned and elevated to form an office within the Office of the Director-General, Queensland Health. The FNHO, previously Aboriginal and Torres Strait Islander Health Division, had minimal internal organisational changes other than name changes and minor reporting line changes.

Chief First Nations Health Officer

Haylene Grogan

Master of Public Administration; Master of Arts (Aboriginal Affairs); Bachelor of Nursing Science; Graduate Certificate Management; Graduate Diploma of Aboriginal Studies; Midwifery Certificate; and General Nursing Certificate.

Ms Haylene Grogan is a very proud Yalanji and Tagalaka woman with Italian heritage. She has 40 years of public sector experience, mostly in the Aboriginal and Torres Strait Islander health and Aboriginal and Torres Strait Islander affairs portfolios, having held executive positions in the Queensland, New South Wales and Commonwealth Governments.

Haylene commenced her career in the Aboriginal and Torres Strait Islander community-controlled health sector at Wuchopperen Aboriginal Medical Service Centre in Cairns in 1982 as a receptionist and then as an Aboriginal Health Worker. But with no formal training available to Aboriginal and Torres Strait Islander Health Workers, she pursued a nursing and midwifery career.

Returning in late 2019 after almost 10 years outside of 'health' Haylene is very excited to be leading the First Nations health reform agenda with the Aboriginal and Torres Strait Islander community-controlled health sector in Queensland to put First Nations first in the health system in Queensland.

Office of the Chief Health Officer

The Office of the Chief Health Officer (OCHO) supports the Chief Health Officer by providing strategic advice and guidance on a range of matters relevant to the health of Queenslanders and discharging the statutory obligations of the role. The OCHO ensures coordinated, accurate and timely advice is available to the Chief Health Officer through partnerships and engagement across the Department of Health, Hospital and Health Services and other government departments and agencies.

The OCHO works in collaboration with partners across the health system to drive health outcomes for Queenslanders by:

- Working as a system leader to influence the delivery of quality population and public health services that are appropriate, accessible and integrated.
- Providing strategic leadership and direction through the development, contribution to and monitoring of policies and legislation seeking to improve the health of Queenslanders.
- Operating as part of a networked system, exemplified in the way we engage with Hospital and Health Services, and other government and community partners to deliver quality health services.

As at 30 June 2023, the OCHO comprised:

- A standalone office led by the Chief Health Officer with no sub-groups.

Organisational changes for 2022–23

- The interim COVID-19 Response Division was wound up in October 2022 with the ending of the declared public health emergency for COVID-19.
- There have been no Deputy Chief Health Officer positions occupied since March 2023.

Chief Health Officer

Dr John Gerrard

BSc (Med) MB BS (Syd) MSc (Microbiology) DLSHTM DTM&H (Lon) FRACP

Dr John Gerrard was appointed Chief Health Officer for Queensland Health in December 2021. He was the long-term Director of Infectious Diseases at the Gold Coast Hospital, where he was instrumental in the design of the Gold Coast University Hospital, which has been at the front line of Queensland's COVID-19 response.

A leading infectious disease specialist, early in his career John identified Australia's earliest known case of AIDS. He has since been involved in malaria vaccine trials and has worked internationally to strengthen pandemic preparedness, including travel to Sierra Leone during the 2014 West African Ebola epidemic, where he helped establish Australia's first Ebola Treatment Centre. He was awarded the Australian Humanitarian Overseas Service Medal for this work.

John managed Queensland's first cases of COVID-19 and was part of a mission to assist Japanese authorities in containing the outbreak of COVID-19 aboard the Diamond Princess.

Office of the Chief Operating Officer

The Office of the Chief Operating Officer (COO) supports the Director-General in being the primary point of contact and relationship manager of the Hospital and Health Service Network, working closely with Executives and across Queensland Health to enhance the effective and efficient operation and delivery of high-quality health services.

As at 30 June 2023, the following Divisions and branches report to the COO:

- Queensland Public Health and Scientific Services Division.
- Queensland Ambulance Service.
- Clinical Excellence Queensland Division.
- Healthcare Purchasing and System Performance Division.
- Forensic Science Queensland.
- Disaster Management Branch.

Organisational changes for 2022–23

- Forensic Science Queensland was established in response to the Forensic DNA Commission of Inquiry recommendations.

Chief Operating Officer

Dr David Rosengren

MB BS

David Rosengren is a practising Senior Staff Specialist in Emergency Medicine with more than 20 years of clinical and leadership experience in both public and private hospital Emergency Departments.

He has recently held several senior operational executive roles in the public hospital setting, including the Executive Director of Royal Brisbane and Women's Hospital and Acting Chief Operating Officer for Metro North Hospital and Health Service.

David has held several representative roles with the Australasian College for Emergency Medicine and oversaw the Metropolitan Emergency Department Access Initiative project in 2012. He was the Chair of the Queensland Clinical Senate between 2012 and 2019.

David has current representative roles on several Boards including Health Round Table, Royal Brisbane and Women's Hospital Foundation and the Sony Foundation. David has been the Chief Operating Officer Queensland Health since March 2022.

David left the role of COO in July 2023.

Queensland Public Health and Scientific Services

Queensland Public Health and Scientific Services (QPHaSS) brings together the medical specialties of pathology and forensic medicine, scientific testing, key system support functions and the surveillance, prevention and control of communicable diseases and public health risks in Queensland. QPHaSS leads statewide planning and coordination of programs and services to prevent, diagnose and control diseases, hazards and harmful practices and enhance protective health factors to promote the overall health and wellbeing of Queenslanders.

As at 30 June 2023, QPHaSS comprised:

- Pathology Queensland.
- Forensic and Scientific Services.
- Biomedical Technology Services.
- Cancer Screening Branch.
- Healthcare Regulation Branch.
- Health Protection Branch.
- Communicable Diseases Branch.
- Office of the General Manager.

Organisational changes for 2022–23

Following the release of the Department of Health's business case for change, on 11 October 2022 the new Division, Queensland Public Health and Scientific Services (QPHaSS) was established.

General Manager, Queensland Public Health and Scientific Services

Nick Steele

BA (Hons) Economics

Nick Steele is an experienced senior executive with more than 23 years working in public health systems in the United Kingdom and Australia. Nick has extensive experience in engaging and partnering with health service executives, clinicians and external service providers to develop innovative funding models that drive service and system sustainability while delivering better care for patients.

During his career in Australia, Nick worked as the Deputy Director-General Healthcare Purchasing and System Performance Division for six years, which was responsible for managing a budget of more than $17 billion for purchasing hospital and health services and community-based health and social services to support the delivery of improved health outcomes for Queenslanders.

Nick is currently the General Manager for the newly established Queensland Public Health and Scientific Services (QPHaSS) which enables statewide services and has an operational budget of over $800 million and more than 2,500 staff.

Nick has an Economics degree from the University of Leeds, is a member of the Australian Institute of Company Directors, and has dual membership with CPA Australia and the Chartered Institute of Public Finance and Accountancy in the United Kingdom.

Healthcare Purchasing and System Performance Division

The Healthcare Purchasing and System Performance (HPSP) Division purchases public health and human services from service providers, and manages the performance associated with those purchasing decisions to optimise health gains, reduce inequalities and maximise the health system's efficiency and effectiveness.

The division works with service providers and other areas in the department to ensure health funding is used effectively to meet government priorities, deliver value to the consumer and support the delivery of high-quality, safe and sustainable health services. The division manages the service agreements with the Hospital and Health Services, as well as several contracts with private providers and non-government organisations delivering health and social services on behalf of the government.

HPSP is also responsible for capturing and analysing performance data and designing and preparing system performance reports to guide and inform performance monitoring and purchasing decisions. The division collects, validates, processes and maintains significant corporate data collections and data assets and provides validated health data to the Commonwealth and other national funding and health information authorities.

As at 30 June 2023, HPSP comprised:

- Office of the Deputy Director-General, HPSP.
- Community Services Funding Branch.
- Contract and Performance Management Branch.
- Healthcare Purchasing and Funding Branch.
- System Performance Branch.
- Statistical Services Branch.

Organisational changes for 2022–23

Following the release of a business case for change, the following realignments were implemented within the HPSP Division from 17 October 2022:

- Funding Strategy and Intergovernmental Policy Branch was aligned to Strategy Policy and Reform Division.
- Office of Rural and Remote Health was restructured to sit within Clinical Excellence Queensland.
- System Planning Branch was aligned to Clinical Planning and Service Strategy Division.
- Statistical Services Branch was realigned from Clinical Excellence Queensland to HPSP.
- The Healthcare Analysis Team was realigned from Clinical Excellence Queensland to the System Performance Branch with HPSP.
- Reporting lines were adjusted for divisional governance and business services that historically sat within individual divisions. These roles were realigned to Corporate Services Division. Realigned roles continue to provide services to ‘client divisions’ such as HPSP.

Deputy Director-General, Healthcare Purchasing System Performance Division

Melissa Carter

Bachelor of Business (Accounting and Legal Studies), Member of the Institute of Chartered Accountants (Australia and New Zealand)

Melissa has extensive experience in leadership and engagement with a proven record of adding value through the public health sector. She has held senior positions in both New South Wales and Queensland Health for the past 12 years, including Chief Finance and Corporate Officer for Metro North Hospital and Health Service and Executive Director, Contract Performance Management Branch in the Department of Health. Melissa leads the allocation of $18 billion of funding for purchasing of health and hospital services, enabling delivery of health outcomes as specified in Hospital and Health Service agreements and has managed the complex consolidation of Queensland Ambulance Service (QAS) into Queensland Health.

Queensland Ambulance Service

Through the delivery of timely, patient-focused ambulance services, the Queensland Ambulance Service (QAS) forms an integral part of the primary healthcare sector in Queensland. Operating as a statewide service within the department, the QAS is accountable for the delivery of pre-hospital ambulance response services, emergency and non-emergency pre-hospital patient care and transport services, interfacility ambulance transport, aeromedical retrieval and transfer services, casualty room services, confidential health assessment and information services and planning and coordination of multi-casualty incidents and disasters.

The QAS delivers ambulance services from 305 response locations through eight regions and 17 districts, with districts being aligned to the state's Hospital and Health Service boundaries. The QAS has eight operation centres located throughout Queensland that manage emergency call-taking, operational deployment and dispatch and coordination of non-urgent patient transport services, as well as the Health Contact Centre (HCC) which offers virtual care services providing confidential health assessment and information services 24 hours a day, seven days a week using multi-channel delivery models. The HCC provides clinical support directly to the community and in support of Hospital and Health Services (HHS) and the Department of Health, and is staffed by nurses, health practitioners and counsellors to ensure consumers receive safe, quality and responsive advice.

In addition, the QAS works in partnership with 136 active Local Ambulance Committees across the State, whose members volunteer their time supporting their local ambulance service.

As at 30 June 2023, QAS comprised:

- Office of the Commissioner.
- Retrieval Services Queensland.
- Corporate and Statewide Services.
- Operations – North, Rural and Remote.
- Operations – South.
- Office of the Medical Director.
- Health Contact Centre.

Organisational changes for the 2022–23 reporting period:

In October 2022, Retrieval Services Queensland (RSQ) joined the QAS as part of the Department of Health's business case for change initiative.

RSQ is responsible for the clinical coordination of all aeromedical retrieval and transfers across Queensland, telehealth retrieval and emergency preparedness and response capability. This transition furthered the growing capability of the QAS within the broader health system to ensure that across the State, the right care is delivered to the right patients at the right time.

Commissioner, Queensland Ambulance Service

Craig Emery ASM

EMPA

Craig Emery was appointed Commissioner in February 2022, continuing his distinguished career with the QAS which began in January 1990. As Commissioner, Craig provides leadership for the QAS in its delivery of timely, quality and appropriate patient-focused ambulance services to the Queensland community.

Craig holds an Executive Master of Public Administration and was awarded the Ambulance Service Medal in the 2017 Australia Day Honours list.

Since commencing in the role of Commissioner, Craig has led a range of significant initiatives across the QAS and broader health system, including the development and implementation of the *QAS Strategy 2022–27*. This strategy was developed in close consultation with the QAS workforce and key stakeholders and sets specific directions and initiatives to enable the ongoing delivery of ambulance services and health services to Queenslanders, integrated within the State's broader system of health service delivery.

Clinical Excellence Queensland

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

- Supporting the statewide development, delivery and enhancement of safe, quality, evidence-based clinical and non-clinical services in the specialist areas of mental health and alcohol and other drugs treatment.
- Providing strategic leadership in, and commitment to the progression of, the delivery of safe, appropriate and sustainable public oral health services in Queensland.
- Leading the development, implementation and evaluation of strategies to ensure an appropriately skilled allied health workforce meets the current and future health service needs of Queensland.
- Driving systems improvement and reform by working collaboratively with statewide Clinical Networks, HHSs and other system leaders to explore opportunities to improve access to healthcare.
- Leading, advocating and supporting nurses and midwives to provide quality, safe care for Queensland communities.
- Providing statewide strategic leadership and advice on medical professionalism, excellence in clinical performance and medical professional workforce education and training.
- Partnering with the health workforce and key stakeholders to support HHSs to minimise patient harm, reduce unwarranted variations in health care and achieve high-quality patient-centred care.
- Providing statewide leadership and a coordination point for Queensland Health provided primary healthcare services for people in Queensland Corrective Services custody.
- Providing a strong voice in the development of statewide policy, strategy and planning, and fostering stronger and more resilient health care in Queensland's rural and remote communities.
- Providing authoritative, professional advice and assistance on medical and medico-legal matters to the Courts, The Office of the Director of Public Prosecutions, the Coroner's Court of Queensland, the Queensland Police Service and medical officers across the state.
- Providing statewide training and support to ensure delivery of high-quality care and evidence collection in forensic matters, particularly alleged sexual assault.

As at 30 June 2023, CEQ comprised:

- Office of the Deputy Director-General.
- Office of the Chief Medical Officer.
- Office of the Chief Allied Health Officer.
- Office of the Chief Dental Officer.
- Office of the Chief Nursing and Midwifery Officer).
- Office of Prisoner Health and Wellbeing.
- Office of Rural and Remote Health.
- Healthcare Improvement Unit.
- Mental Health Alcohol and Other Drugs Branch.
- Patient Safety and Quality.

Organisational changes for 2022–23

In line with the department's business case for change, the following organisational changes occurred in the 2022–23 reporting period:

- Statistical Services Branch realigned to HPSP.
- Centre for Leadership Excellence (CLE) realigned to *Clinical Planning and Service Strategy* (CPSS). CLE Executive Director position abolished.
- The Clinical Forensic Medicine Unit moved under the Office of the Chief Medical Officer from Forensic and Scientific Services and realigned with the Chief Medical Officer, CEQ.
- Office of Rural and Remote Health realigned from HPSP to CEQ.
- Assistant DDG and Chief Clinical Information Officer (CCIO) position was repurposed to a CCIO position and an

Executive Director Digital Health position within eHealth Queensland (eHQ).

- Patient Safety Quality and Improvement Service renamed Patient Safety and Quality.
- Allied Health Professions Office of Queensland renamed Office of the Chief Allied Health Officer.
- The Mental Health, Alcohol and Other Drugs Branch (MHAODB) was realigned as follows:
  - Strategy Planning and Partnerships Unit realigned to CPSS.
  - Clinical Systems Support team of the Clinical Systems Collections and Performance Unit realigned to eHQ.
- The Healthcare Improvement Unit has realigned as follows:
  - Healthcare Analysis team realigned to HPSP.
  - Health Systems team realigned to eHQ.
  - Office of the Chief Clinical Information Officer (OCCIO) realigned to eHQ.
- Healthcare Improvement Fellowship Team realigned to CPSS.
- Manager Policy and Executive Support Correspondence Coordinator role evaluated and currently leading the newly created Clinical Priority Oversight Team.
- Consolidation and integration of corporate support functions:
  - Clinical Excellence Engage team realigned to Strategic Communications Branch (SPR).
  - Finance and Business Services Unit Manager realigned to Corporate Services Division (CSD).
  - Manager Governance and Strategy Support, Principal Project Officer and Project Officer realigned to CSD.
- Voluntary Assisted Dying Unit realigned from SPR to CEQ.
- Adjunct Professor Shelley Nowlan acted as Deputy Director-General between July 2021 and March 2022, with Dr Helen Brown appointed Deputy Director-General in March 2022.

Deputy Director-General, Clinical Excellence Queensland

Dr Helen Brown

MB BCh BAO, FRACP, MPhil

Dr Helen Brown graduated in medicine from the National University of Ireland, Galway. She relocated to Queensland in 2001 and attained her neurology fellowship with the Royal Australasian College of Physicians in 2010. She was awarded a Master of Philosophy from Griffith University in 2011.

Helen is currently the Deputy Director-General, Clinical Excellence Queensland. Helen was the Director of Neurology and Stroke at the Princess Alexandra Hospital from 2014–2021 where she implemented a successful clinical redesign program for the neurology outpatient service. Helen then transitioned to the roles of Clinical Director of the Neurosciences Division at the Royal Brisbane and Women's Hospital and Director of the Neurosciences Research Institute at Metro North Health.

Helen is passionate about ongoing education and was the Queensland Chair for the Australian and New Zealand Association for Neurologists (ANZAN) Education and Training Committee from 2014–2022 and a Senior Lecturer with the University of Queensland. Her area of sub-specialty expertise is stroke, and she was previously the Co-Chair of the Queensland Stroke Clinical Network.

Corporate Services Division

The Corporate Services Division (CSD) provides innovative, integrated and professional corporate services and works closely with the department's divisions and Hospital and Health Services (HHSs) to ensure the department's business outcomes support the delivery of quality health services. This is achieved by:

- Collaboratively supporting the state's health system through strategy, expert advice and services related to statewide budgeting and financial management.
- Providing strategic legal services to Queensland Health and working collaboratively with legal teams across the HHSs.
- Engaging with our people and clients, in addition to supporting the *Mental Health Act 2016* through the Mental Health Court Registry.
- Supporting departmental assurance through audit, public records management, privacy, right to information, risk management, governance, asset management and maintenance, and fraud control strategy, service and advice.
- Delivering a range of human resource services and support to attract, retain and build workforce capability, develop and maintain statewide employment and arrangements, and monitor and manage workforce performance.
- Supporting the largest and most complex workforce management, payroll, business, finance and logistics systems in the Queensland public sector.
- Providing high-quality and resilient supply chain service to ensure frontline healthcare workers can deliver effective patient care.
- Facilitating procurement outcomes to deliver best value for money to benefit the Queensland public health system.
- Overseeing the delivery of a statewide reserve of critical supplies and a range of enhancements to Queensland Health's procurement and supply chain operations.
- Delivering timely, customer-focused administrative support enabling departmental divisions to meet strategic and operational priorities.

As at 30 June 2023, CSD comprised:

- Finance Branch.
- Legal Branch.
- Governance, Assurance and Information Management Branch.
- Human Resources Branch.
- Corporate Enterprise Solutions.
- Supply Chain Surety.
- System Procurement.
- Business Services Branch.
- Procurement and Supply Chain Optimisation Program.

Organisational changes for 2022–23

- Nick Steele acted as Deputy Director-General, Corporate Services Division whilst the recruitment process of the Deputy Director-General, Corporate Services Division role was finalised.
- David Sinclair was appointed to the Deputy Director-General, Corporate Services Division role in September 2022.
- Quarantine Fee Recovery - As part of the business case for change, Quarantine Fee Recovery was moved from Prevention Division to the Finance Branch on 17 October 2022.

Acting Deputy Director-General Corporate Services Division

Damian Green

BEc (Hons), BA, FAIDH, FCHSM

Damian Green joined the Department of Health executive team in September 2019 as Deputy Director-General with eHealth Queensland. He was responsible for leading the ongoing transformation of Queensland's public health service through the delivery of an innovative and customer-focused ICT platform and service.

Damian initially joined Queensland Health in 2013 with roles at the Gold Coast Hospital and Health Service where he was responsible for leading Gold Coast Health's digital transformation.

Prior to joining Queensland Health, Damian spent 16 years in the private sector leading the

design and delivery of ICT transformation programs in the public sector.

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

Damian commenced acting in the role on 22 May 2023.

Chief Financial Officer, Corporate Services Division

Luan Sadikaj

BBus (Finance), CPA

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

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

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

Clinical Planning and Service Strategy Division

Clinical Planning and Service Strategy (CPSS) Division is responsible for delivering clinical service strategy and planning, workforce strategy and planning and leadership, mental health strategy and planning, and precision medicine and research functions to improve health services available to the Queensland community, optimise health gains, reduce inequalities and maximise the efficiency and effectiveness of the health system.

The System Planning Branch undertakes service planning activities of statewide significance in collaboration with Hospital and Health Services, the department and key stakeholders.

The Workforce Strategy Branch is responsible for leading and developing key processes to support a sustainable and capable health workforce.

The Mental Health Alcohol and Other Drugs (MHAOD) Strategy and Planning Branch supports the delivery of contemporary, high-quality MHAOD services in the state-funded system through statewide planning, system strategy and redesign, development of evidence-based models of service and program implementation.

The Office of Research and Innovation is responsible for advancing a learning healthcare system and facilitating a program of research to enable the future precision medicine agenda, as well as driving health and medical research, clinical innovation, and national and international translational research activities and opportunities.

As at 30 June 2023, CPSS comprised:

- Mental Health Alcohol and Other Drugs Strategy and Planning Branch.
- Office of the Deputy Director-General.
- Office of Research and Innovation.
- System Planning Branch.
- Workforce Strategy Branch.

Organisational changes for 2022–23

The Clinical Planning and Service Strategy Division was established on 17 October 2022 as a new division following the outcomes of the business case for change.

Deputy Director-General, Clinical Planning and Service Strategy Division

Colleen Jen

Bachelor of Nursing, Master of Critical Care Nursing, Graduate Certificate in Policy Analysis.

Colleen Jen is an experienced executive and health professional with more than 40 years working in the health sector. Colleen is a Registered Nurse and has extensive experience in health service strategy and planning, as well as leading strategic policy, Aboriginal and Torres Strait Islander health and infrastructure planning teams in Queensland Health.

She has previously worked as an Executive Director, Health Service Strategy and Planning Metro North Hospital and Health Service, and Senior Director, Health Service Planning, Department of Health.

eHealth Queensland

eHealth Queensland is advancing healthcare using digital technologies and is responsible for modernising vital information and communication technology (ICT) to improve healthcare across Queensland Health. This is achieved by:

- Advising on statewide eHealth innovation, strategy, planning, standards, architecture and governance, and is responsible for delivering clinical, corporate and infrastructure ICT programs in line with the Queensland Health vision and investment priorities.
- Providing modern ICT infrastructure and customer support for desktop, mobile, smart devices, telehealth, data centres, network and security.
- Enhancing engagement with the recipients of its services including Hospital and Health Services (HHSs).
- Leading, guiding, identifying and implementing digital solutions to drive improvements in the safety, quality and efficiency of healthcare services.
- Having accountability for ICT service and performance across the system.
- Partnering with HHSs and the department to ensure their priorities are enabled using digital innovation and technologies.
- Leading the development and implementation of information management and digital strategies, policies and standards across Queensland Health.
- Developing a service model that is responsive to the changing context of health service delivery, emerging technologies and models of care, and local HHS needs.

As at 30 June 2023, eHealth Queensland comprised:

- Strategy, Architecture and Information Services Branch.
- Delivery Services Branch.
- Operations and Performance Branch.
- Digital Health Branch.
- Enterprise Technology Services Branch.

Organisational changes for 2022–23

The Customer Services Branch was abolished and the team was moved into other branches in eHealth Queensland.

Acting Deputy Director-General, eHealth Queensland

Dr Tanya Kelly

MBBS BMedSc FANZCA MBA DipGovt DipProjMat GAICD CHIA

Dr Tanya Kelly is the Acting Deputy Director-General at eHealth Queensland. Working with the Acting Chief Clinical Information Officer, Tanya maintains an active role in clinical leadership and clinical strategic direction for digital health across the statewide eHealth program.

Tanya is Chair of the Queensland Clinical Senate, a body that provides strategic advice to the Queensland public health system. She is an experienced and active senior clinician (anaesthetist) who has held clinical leadership roles for the past 10 years, most recently as Director of Anaesthesia and Perioperative Medicine, and Clinical Director for Digital Transformation within the Sunshine Coast Hospital and Health Service. Beyond her clinical practice, she has clinical redesign and business qualifications and is a Certified Health Informatician (CHIA).

Tanya is keen to ensure that healthcare in Queensland is safe, highly effective and maximises the opportunities provided by clinician and consumer co-design in digital health, to provide a responsive healthcare system that meets the needs of consumers.

Tanya commenced acting in the role on 2 May 2023.

Health Capital Division

The Health Capital Division (HCD) plans and delivers flexible, future-fit infrastructure that enables sustainable world-class healthcare to all Queenslanders by partnering across the ecosystem to innovate and design people-centred infrastructure that supports Hospital and Health Services to meet local needs.

The division provides client-focused support to achieve quality-built environment solutions for the individual needs of its clients. In partnership with Hospital and Health Services, HCD plans and delivers the Queensland Health Capital program, provides expert advice to effectively manage assets and property, as well as monitor and report on the performance of our statewide capital and asset management programs.

The division undertakes significant infrastructure business case planning on behalf of the system and leads the delivery of major infrastructure projects. The division also leads the development of practical and innovative solutions to mitigate disruption and risk to delivery of the health portfolio capital program including the development of design principles to support consistent, high quality health service delivery through standardised spaces informed by past learnings, future trends and clinical evidence towards adaptable standardised designs.

As at 30 June 2023, HCD comprised:

- Strategy and Commercial.
- Planning and Delivery (three branches).
- Operations.
- Office of the Deputy Director-General.

Organisational changes for 2022–23

In 2022–23, the former Capital and Asset Services Branch, Corporate Services Division, was formally elevated to become the Health Capital Division. The division has undergone significant growth since its establishment, including a five-branch structure and leadership team including a Deputy Director-General and five Executive Director positions.

Deputy Director-General, Health Capital Division

Priscilla Radice

BSocSc

Priscilla Radice is a senior leader with a long and distinguished infrastructure career providing expert advisory services to c-suites on major projects in a variety of industries. She has extensive expertise in designing, implementing and leading transformational change which she has demonstrated by managing significant transformational infrastructure programs, shaping new operating models and delivering exceptional and sustainable results.

In August 2022, Priscilla was appointed as the Deputy Director-General of Queensland Health's Health Capital Division and recently was Managing Director of her advisory company Contribute Consulting Pty Ltd, the Chief Executive Officer of the Infrastructure Association of Queensland, the Independent Chair of the Queensland Department of Health Investment Assurance Committee and a Principal at ARUP.

Strategy, Policy and Reform Division

Strategy, Policy and Reform Division (SPRD) is responsible for driving the strategic agenda for public health in Queensland. SPRD works closely with other Queensland government agencies and cross-jurisdictional colleagues, including at the Commonwealth level.

Key strategic functions are brought together under SPRD that develop policies and legislation to guide and protect the health of the community, design communications activities, campaigns and strategies to engage and empower Queenslanders to improve their health, lead and manage Queensland Health's system sustainability reform, including through funding strategy and lead special projects of critical importance.

As at 30 June 2023, SPR comprised:

- Cabinet and Parliamentary Services.
- DNA Commission of Inquiry Taskforce.
- Funding, Strategy and Intergovernmental Policy Branch.
- Prevention Strategy Branch.
- Reform Office.
- Strategic Communications Branch.
- System Governance Strategy Branch.
- System Policy Branch.
- Office of the Associate Director-General.

Organisational changes for the 2022–23

The Strategy, Policy and Reform Division was established as an interim division at the beginning of 2022. The division expanded in August 2022 with the establishment of the Forensic DNA Commission of Inquiry Taskforce.

On 17 October 2022 it was made a permanent division with expanded scope to include Prevention Strategy Branch and Funding, Strategy and Intergovernmental Policy Branch, and the establishment of a new branch, System Governance Strategy Branch.

Acting Associate Director-General, Strategy, Policy and Reform Division

David Sinclair

BSc(Hons) MBA

David Sinclair has worked in the private and public sectors in the United Kingdom and Australia. His previous experience includes roles with the Royal Bank of Scotland, the Scottish Government and in economic consultancy. David also led the Health and Environment team in Queensland Treasury.

David joined the Queensland Health team in 2017. He has undertaken the roles of Executive Director in Capital and Asset Services Branch, the COVID-19 Supply Chain Surety Division and the Health Capital Division.

In October 2022, David was appointed to the role of Deputy Director-General Corporate Services Division. He has been a key, integral senior executive lead in the Queensland public health system, developing partnerships between the Department of Health and Hospital and Health Services to provide contemporary expert advice and specialist corporate services.

David commenced acting in the role on 22 May 2023 from Jasmina Joldic PSM.

Our locations

Head Office:
Department of Health
1 William Street
Brisbane QLD 4000

GPO Box 48
Brisbane QLD 4001

Phone number:
13 74 68

Locations	Divisions
33 Charlotte Street Brisbane QLD 4000	• Office of the Director-General. • First Nations Health Office. • Office of the Chief Health Officer. • Office of the Chief Operating Officer. • Corporate Services Division. • Healthcare Purchasing and System Performance Division. • Clinical Planning and Service Strategy. • Strategy Policy and Reform Division.
111 George Street Brisbane QLD 4000	• Health Capital Division.
15 Butterfield Street Herston QLD 4006	• Clinical Excellence Queensland. • Queensland Public Health and Scientific Services.
108 Wickham Street Fortitude Valley QLD 4006	• eHealth Queensland.
Emergency Services Complex 125 Kedron Park Road Kedron QLD 4031	• Queensland Ambulance Service.
41 George Street Brisbane QLD 4000	• Corporate Services Division.
41 O'Connell Terrace Bowen Hills QLD 4006	• Corporate Services Division.

Our people

Workforce profile

Queensland Health employed 102,037 FTE staff at the end of 2022–23. Of these, 13,957 FTE staff were employed by and worked in the department, including 8,572 FTE in Department of Health divisions and 5,385 FTE in the QAS.

The remaining 88,080 FTE staff were either:

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

Table 1 – Total staffing 2022–23

Headcount	15,184
Full-time equivalent (FTE)	13,957.20

Table 2 – Occupation types by FTE

Occupation type	%
Corporate	33.75%
Frontline	55.92%
Frontline Support	10.33%

Table 3 – Appointment type by FTE

Appointment Type by FTE	%
Permanent	88.04%
Temporary	9.60%
Casual	1.33%
Contract	1.03%

Table 4 – Employment status by headcount

Employment Status by Headcount	%
Full-time	79.58%
Part-time	18.05%
Casual	2.37%

Figure 1 – Gender data

Gender	Number (headcount)	Percentage of total workforce (calculated on headcount)
Woman	8,777	57.80%
Man	6,394	42.11%
Non-binary	13	0.09%

Figure 2 – Diversity target group data

Diversity groups	Number (headcount)	Percentage of total workforce (calculated on headcount)
Women	8,777	57.80%
Aboriginal Peoples and Torres Strait Islander Peoples	298	1.96%
People with disability	432	2.85%
Culturally and Linguistically Diverse – Speak a language at home other than English ^	1,488	9.80%

^ This includes Aboriginal and Torres Strait Islander languages or Australian South Sea Islander languages spoken at home.

Figure 3 – Target group data for women in leadership roles

Women in leadership roles	Number (headcount)	Percentage of total leadership cohort (calculated on headcount)
Senior Officers (Classified and s122 equivalent combined)	163	53.38%
Senior Executive Service and Chief Executives (Classified and s122 equivalent combined)	76	49.67%

Strategic workforce planning and performance

Leadership and capability

The Director-General launched the Executive Leadership Development program in May 2023 and aims to equip senior executives to operate effectively in a complex adaptive system within an increasingly volatile, uncertain and ambiguous world. The program includes a 180-degree assessment, workshop series and individual tailored development plans. Twenty-three senior executive leaders from across the Department of Health commenced the first episode in the pilot series. The pilot will conclude in November 2023. This program will be evaluated for anticipated roll-out across Hospital and Health Services from 2024.

The Next Generation executive leadership program is a 10-month workshop and executive coaching program designed to build skills in personal leadership for high-potential leaders across Queensland Health. In February 2023, a total of 22 successful applicants from across the state commenced the program (which is scheduled to conclude in October 2023).

The School-based Traineeship Program supported 17 senior high school students from 16 different schools, undertaking Certificate III qualifications in Business, IT, Aerodynamics and Pathology. Seventeen work placements were undertaken in areas across the Department of Health, including Queensland Ambulance Services, eHealth Queensland, Pathology Queensland, Prevention Division and Aeromedical Contracts Management and Support. Trainees were located in regions including Brisbane, Fitzgibbon, Bunya and Ipswich.

Professional development short courses offered opportunities in various topics relevant to the organisation's strategic objectives and aligned with the Public Sector Commission's Leadership Competencies for Queensland. A total of 228 employees have completed a range of programs and workshops. Topics included leadership, people management, government writing and project management. An additional 227 employees have registered interest in the programs.

Early retirement, redundancy and retrenchment

No redundancy, early retirement or retrenchment packages were paid during the period to employees by the Department of Health during in 2022–23.

Employee performance management framework

The department continued its learning and development program, including the Performance Practice program. This tailored program is designed to build our line managers' leadership and performance management skills. The program aligns with the Public Sector Commission's Leadership competencies for Queensland to enhance the leadership journey and help teams perform at their best. The program seeks to embed confidence in leaders with alignment to the framework.

During 2022–23, approximately 350 employees have registered for the program with 203 employees completing the program.

Employment relations

In 2022–23 Queensland Health continued implementation and completion of commitments under the following agreements:

- Nurses and Midwives' (Queensland Health and Department of Education) Certified Agreement (EB11) 2022.
- Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022.
- Queensland Public Health Sector Certified Agreement (No. 11) 2022 (EB11).

- Queensland Health Building, Engineering & Maintenance Services Certified Agreement (No. 8) 2022 (BEMS8).
- Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 4) 2022 (HPDO4).
- Queensland Ambulance Service Certified Agreement 2022.

Queensland Health continued implementation and completion of commitments under the Aboriginal and Torres Strait Islander Health Workforces (Queensland Health) Certified Agreement (No. 1) 2019 (EB1), with relevant unions agreeing to a one-year administrative extension and administrative wage increases of four per cent from 1 September 2022.

Workforce Relations and Policy continued to provide statewide guidance and support on employment arrangements, including advice, reports, discipline matters, performance matters and public service appeal advocacy.

Employee wellbeing and inclusion

The HR in Practice program was a week-long in-house program hosted by HR Branch, designed for HR practitioners statewide and in the department to build capability and knowledge in the areas of performance management, complex case management, legislation and the Queensland Health policy and employment frameworks.

Following the program, the results indicated that participants felt more confident in the following areas:

- Utilising the employment framework.
- Resolving industrial relations issues.
- Utilising the policy framework.
- Conducting investigations.
- Managing ill health and WorkCover matters.
- Providing advice to managers.
- Complying with the Queensland Industrial Relations Commission and Crime and Corruption Commission.
- Responding to serious incidents.
- Advising on organisational change.
- Responding to industrial disputes.

From July 2022 to June 2023, 29 participants from various HHSs and the department attended the program. One hundred eighty-one participants (across 53 cohorts, usually eight cohorts per year) have participated since the program's commencement in 2016.

Human Resource capability

The department and HHSs are partnering to codesign a Queensland Health Human Resources (HR) capability framework aligned to Queensland Public Service HR Capability framework. This framework establishes consistent measures that enable a HR capability uplift which is specific to the unique and varied needs of Queensland Health HR practitioners. Further HR capability programs will be delivered to support the implementation of the framework.

Mental health and wellbeing

The Department has strengthened its approach to providing mental health and wellbeing support for employees through the development of the Workforce Strategy Plan 2032. Key achievements included:

- Delivered a range of workshops for internal key stakeholders to assist in their understanding and application of the legislative amendments that occurred in April 2023 that aimed at improving workplace psychosocial risk management.
- Finalised the Queensland Health Mental Health and Wellbeing Framework 2023.
- Established a range of forums and special interest wellbeing groups including the Queensland Wellbeing Working Group for medical officers.
- Established a Work Health and Safety Psychosocial Special Interest Group to enable improved collaboration across the health system.
- Presented a range of wellbeing education and capability sessions including the Queensland Health Professionals Mental Health and Wellbeing Summit. Sessions included recognition and effective management of empathy and compassion fatigue, burnout and identifying the key elements to support individual mental health and wellbeing specific to working at Queensland Health.
- Partnered with several divisions to enable and support workplace mental health and wellbeing through opportunities identified as part of the 2022 Working for Queensland Staff Survey outcomes. Support included development of localised wellbeing strategies, guidance, and evidence-based approaches.
- Developed a range of tools and resources to strengthen mental health and wellbeing throughout Queensland Health including the introduction of wellbeing toolbox talks, wellbeing conversation guide for leaders, psychosocial risk assessment tools, and providing online wellbeing sessions for non-clinical staff in Hospital and Health Services throughout the state.

Public Sector Ethics Act 1994

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

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

Training and education concerning the Code of Conduct and ethical decision-making are part of the mandatory training provided to all employees at the start of employment and then every year.

Education and training are provided through the online Code of Conduct training which focuses on the four ethics principles of ethical decision-making, competencies relating to fraud, corruption, misconduct and public interest disclosures, bullying, sexual harassment and discrimination. In 2022–23, 7,335 employees completed this training.

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

Our performance

Promote and protect the health of all Queenslanders where they live, learn, work and play

Our strategies

- Increase the uptake and flexibility of monitoring and analytical tools for surveillance capability and targeted interventions to address public health issues and emerging threats.
- Focus delivery of digital innovation, real-time data analytics and connected systems to address complex public health challenges.
- Embed trusted health and evidence-based health communications into service delivery.
- Plan and respond to natural disasters and climate change.
- Develop innovative approaches to administering public health legislation in response to changing external environments and risks.

Procure and commence implementation of a statewide prisoner electronic medical record

In 2022–23, the project was redefined as an alternate solution was required to be identified due to complexities in developing the proposed prisoner electronic medical record (PeMR).

During the year, an implementation planning study was undertaken to identify an alternative solution. The study identified the integrated electronic Medical Record (ieMR) as the appropriate solution, with ieMR able to meet both the user and clinical needs of patients in corrective services settings.

Critical Supply Reserve Acquisition Project

This significant and critically important procurement project commenced on 12 July 2021. Using a phased procurement approach to acquire fit-for-purpose products for the Queensland Government Critical Supply Reserve (QGCSR).

The QGCSR holds over 250 million units of stock including personal protective equipment, intensive care unit consumables and pharmaceuticals.

The stockpile is managed through quarterly reviews, and targets and stock levels are routinely assessed to ensure the QGCSR meets the strategic objectives of the *QGCSR strategy*.

HHS disaster training resources

Queensland Health regularly undertakes joint disaster management training and exercises with Queensland Ambulance Service and agency partners to protect the health of Queenslanders during disaster events.

COVID-19 State Health Emergency Coordination Centre (SHECC)

SHECC moved to Stand Down in its response to COVID-19 in October 2022.

Dual activation of the SHECC was required on multiple occasions including during the 2022–23 Northern and Central Queensland Monsoon and flooding events from December 2022 to March 2023.

Enabling enhanced reporting and information sharing with the State Disaster Coordination Centre (SDCC) and the HHSs

Queensland Health engaged with the software vendor, Noggin, to configure the Noggin 2.0 Emergency Management Incident Management System for use in the State Health Emergency Coordination Centre (SHECC). The disaster information management platform was commissioned for SHECC and used during the 2022–23 severe weather season.

Additional configuration work was commenced for system use by the HHSs. The platform delivers an integrated and consistent incident management system, enabling enhanced reporting and information sharing with the SDCC and the HHSs.

Royal Commission into National Natural Disasters Arrangements

Queensland Health made submissions to the Royal Commission into National Natural Disaster Arrangements in 2020–21. In 2022–23, Queensland Health continued to work closely with the Royal Commission Implementation team for Queensland, with most recommendations from the Royal Commission's report being implemented.

Queensland Health's response and measures in place to respond to the COVID-19 pandemic

In May 2023, the COVID-19 health emergency declared by the World Health Organization ended. This, combined with a decline in waves and severity, prompted the need to revise how Queensland Health speaks about and reports on COVID-19, which is now treated the same as other acute respiratory viruses, including influenza and RSV.

Sewer sampling for the surveillance of COVID-19

The wastewater surveillance program for SARS-CoV-2 continued until 30 September 2022. From 20 January until 30 June 2023, Queensland contributed to national reporting of SARS-CoV-2 wastewater surveillance results through streamlined sample collection from three sites strategically chosen to assist with the tracking of variants.

Queensland Health Climate Risk Strategy – Strengthening the health system

To strengthen climate risk management and ensure sustainable delivery of future health care and public health services, Queensland Health continued to implement initiatives in year two of the *Queensland Health Climate Risk Strategy 2021–2026*.

The Health Protection Branch delivered a program of climate risk management education and training across the HHS networks. At the end of 2022–23, 80 per cent of HHSs had completed climate risk training.

The QPHaSS Board of Management endorsed action to support greater uptake by HHSs of the energy reduction fund for solar and other energy-saving investments. Information has been gathered from HHSs to inform the Energy and Environmental Management System functionality and requirements.

In addition, the Health Capital Division has adopted the sustainability design aspects of the environmentally sustainable design guidelines into tendering documents and project governance. The guidelines are being further developed to include a 'resilience' overlay to support investment and planning for new builds and refurbishments.

Develop and implement Queensland Health's COVID-19 Policy and Action Plan for vulnerable audiences

From October 2022, issues related to COVID-19 for people of Culturally and Linguistically Diverse (CALD) backgrounds, people living with a disability (PWD) and residential aged care were integrated into SHECC's larger COVID-19 response.

The department worked closely with the Commonwealth Government, multicultural sector representatives, community leaders and state agencies from the disability and aged care sector to develop strategic responses for these vulnerable audiences.

Specifically, the department developed evidence-based approaches to inform infection prevention and control, preparedness and treatments for COVID-19 and other infectious disease outbreaks that disproportionally impact these vulnerable communities. The department worked with the community to develop targeted and relevant communication, in plain English and language using multiple channels, to inform these communities of the importance of disease prevention and safety.

Supporting positive behaviour change in Queensland health consumers

Queensland Health continued to deliver major strategic communication campaigns that supported positive behaviour change on priority preventative health topics including risky alcohol consumption, vaping and tobacco, mental health and wellbeing, sun safety and winter wellness.

Mobile licensing of food businesses

A new electronic mobile food business database was designed and delivered. The platform allows access to the database by all Queensland local governments, ensuring availability of the most up-to-date licensing information relating to mobile food businesses and vending machines across Queensland.

Food Act 2006 review

The Department of Health undertook a review of the *Food Act 2006* to ensure effective responses to food safety risks, support national consistency, improve compliance and enforcement activities and support best practice regulation. Extensive community and stakeholder consultation was undertaken in preparation for the legislative reform. Further consultation will be undertaken in 2023–24**.**

Foodborne illness reduction

The *Queensland Foodborne Illness Risk Reduction Implementation Plan 2022–2025+* has been endorsed as a coordinated approach by Queensland Health, Department of Agriculture and Fisheries and Safe Food Production Queensland to controlling foodborne pathogens in Queensland, focusing on *Salmonella*, *Campylobacter* and *Listeria monocytogenes*.

Additional activities

- Pathology Queensland successfully introduced screening tests for two new conditions into the Newborn Bloodspot Screening (NBS) program, spinal muscular atrophy (SMA) and severe combined immunodeficiency (SCID), following successful state funding allocation in 2022.

Interconnected system governance and partnerships with primary care, which drive co-designed models of care and care pathways to support Hospital and Health Services

Our strategies

- Develop strategic partnerships that deliver health priorities and system-wide planning for alternate models of care.
- Improve information access, connectivity and utilisation including through streamlined data governance arrangements.
- Advance innovation across the health system.
- Engage Hospital and Health Services and partners to co-design system-wide strategy and policy.
- Advance networked governance arrangements through alliances and partnerships that build trust and learning across the system.

S/4HANA Governance, Risk and Compliance

In December 2022, the S/4HANA Governance, Risk and Compliance (GRC) solution was deployed to all HHSs and the Department of Health.

The GRC Framework outlines statewide roles and responsibilities concerning GRC management, and the activities required to ensure that controls and risks defined are fit-for-purpose and managed effectively throughout the management lifecycle.

The rollout of the program is supported by training in the GRC module and new reporting by the Finance Branch to identify user-level access risk.

S/4HANA Community of practice

In addition to the system-wide governance, work commenced on establishing a designated S/4HANA community of practice to support the adoption of the GRC over the next 12 months.

S/4HANA improvements

The agreed Forward Improvement Program that supports end-to-end efficiencies and solutions plan for 2022–23 has been completed.

In addition, a major software version upgrade of S/4HANA was successfully delivered into production on 20 March 2023.

***Digital information strategy for Mental Health Alcohol and Other Drugs* (MHAOD) services 2021–26**

A key pillar of the new MHAOD services plan (2021–26) was the establishment of a program management workgroup and governance framework. Within this framework, an annual work program was established. Key program management workgroup achievements include:

- Development and delivery of cross-branch Digi-Ready program (staff engagement and change management approach).
- Finalisation and approval of the Information Management Statement of Work progressed to Request for Quote via Standing Offer Arrangements.
- Cross-divisional consultations to establish processes to support defining current and future state information needs for service delivery.
- Cross-divisional consultation to establish funding arrangements for work delivered through the program in the context of the business case for change and associated administrative changes.
- Early engagement with Better Care Together Project Management Office to ensure alignment of the whole of program governance arrangements.

Integrated Mental Health Alcohol and Other Drugs Consumer Journey Board(s) Project

Initial project establishment was behind schedule due to delays in confirmation of Commonwealth funding and recruitment of a dedicated project resource. Additional complexity of processes, potential solutions for the project and project dependencies further exacerbated delays.

As such, the Project Board approved an extension of the project end date to March 2024, allowing suitable time for the journey board to be implemented at the pilot sites.

A change request and the business requirements have been provided to the vendor for the final estimation and quote on the solution. Once the vendor has completed the final fixed price quote and estimate for the solution, the project will be able to complete assurance activities, finalise developing the user interface, integrate the Emergency Department data with the solution, and develop the master test plan and test cases.

Trial of specialist lung cancer nurses in partnership with the Lung Foundation

In partnership with the Lung Foundation Australia, Queensland Health commenced a Lung Cancer Specialist Nurse Pilot Program to benefit lung cancer patients. The program is currently in the implementation phase, supported by the Queensland Cancer Clinical Network and Queensland Respiratory and Sleep Clinical Network.

Develop and implement the Queensland Sepsis Program five-year strategy

A five-year strategy and high-level actions were developed in consultation with the Queensland Sepsis Steering Committee and consumers. Several sub-projects were commenced and are progressing in line with the five-year strategy, including:

- Digital Sepsis Prospective digital sepsis algorithm project.
- Digital Sepsis Algorithm for First Nations Peoples Project - Initiation Phase.
- Digital Sepsis - Adult Sepsis ieMR Solution Project.
- Inpatient Pathway Pilot Project.
- Post-Sepsis Care Project.
- Maternal Sepsis Pathway Pilot Project.

Establishing a nursing and midwifery scorecard

A draft recommendation report on establishing clinical nursing data was completed and circulated for review and feedback. The report was developed in collaboration with key stakeholders and design experts in February 2023.

When complete, the report card will be hosted on the Queensland Health 'Hospital Performance' website (www.performance.health.qld.gov.au). Work commenced on the use of the platform to implement surveys and provide report card analysis and reports.

Develop and deliver a statewide standardised guideline for medical care at mass gathering events

Following the development of local protocols in the Torres and Cape Hospital and Health Service district, and in consultation with key stakeholder groups, a standardised statewide guidance on medical care at mass gathering events has been drafted for consultation.

Increasing cancer screening participation rates

The Cancer Screening Branch (CSB) planned and delivered a range of strategies with both internal and external partners. Activities were focused on increasing participation rates by eligible Queenslanders in the three national cancer screening programs. These programs aim to identify cancer early, leading to better treatment options and outcomes for individuals, as well as reducing treatment costs to the health system.

In progressing cervical cancer screening, CSB partnered with two Queensland Primary Health Networks (PHNs) to pilot the introduction of cervical screening self-collection in General Practice settings. The pilot's success has informed a statewide request for quotes to roll this work out further. CSB has contracts in place with five Queensland PHNs and six Aboriginal Community Controlled Health Organisations to extend this work into the financial year 2023–24.

With respect to bowel screening, CSB collaborated with the HHSs to co-design a *Queensland Bowel Screening Participation Strategy*. The strategy aims to increase rates of bowel screening and reduce cancer inequities. The two main strategies include increasing the uptake of an alternative access-to-kits model through general practice and reaching individuals identified as 'under-screeners' through a workplace engagement strategy.

Breast screening initiatives delivered included:

- Funding for Hospital and Health services to plan and implement local health promotion activities.
- Implementation of an automated pre-booked appointments capability.
- Transition from electoral roll data to Medicare data for invites to eligible women
- Trialling alternate ways of communicating with clients.
- Website refinements and provision of online videos for clients.

Supporting Queensland Health clinicians to undertake innovative and translatable research

A new *Queensland Health Research Strategy 2032* and 2023–24 Action Plan was developed with considerable stakeholder engagement to foster innovation, research excellence, and translation of research into better healthcare for patients. Three key initiatives were implemented in 2022–23.

Firstly, by accessing funds through the Federation Funding Agreement, Queensland Health worked to increase the number of clinical trials conducted in hospitals in Queensland. The department implemented the National Clinical Trials Governance Framework within hospitals where clinical trial services are offered. This program was facilitated by the establishment of a Queensland Health Community of Practice.

Secondly, a new Clinical Research Fellowship round was open. The research fellowships are available across four streams: Novice – Rural and Remote, Emerging Career, Early Career and Mid-Career.

Finally, utilising a national approach to clinical and tele-trial education and training, research personnel can access resources to assist tele-trial research. Supported by a significant contribution from the Queensland Regional Clinical Trial Coordinating Centre through the Australian Tele-trial Program funding, it was also possible to purchase clinical and tele-trial specific equipment and employ Tele-trial Coordinators to support clinical research.

Enhancements to The Viewer to provide additional capabilities and extend access

Enhancements were made to The Viewer and Advance Care Planning (ACP) Tracker to enable timely and consistent digital sharing of Acute Resuscitation Plans (ARP) documents across Queensland Health and other health providers. Enhancements included:

- The ability to create Acute Resuscitation Plans and Paediatric Acute Resuscitation Plans (PARPs) at non-integrated electronic Medical Record (ieMR) sites via the Advance Care Planning (ACP). Automated digital transfers of eARPs and ePARPs from the integrated electronic Medical Record (ieMR) to the ACP Tracker and The Viewer.

The availability of Acute Resuscitation Plans supports staff in making informed medical decisions about life-sustaining measures in the event of an emergency.

Enable improvements in information sharing to support healthcare equity, access and safety

The department's Clinical and Business Intelligence (CBI) team and Queensland PHNs worked collaboratively to use data to drive healthcare improvement as a critical building block in achieving person-centred healthcare. A key objective was the integration of data sharing across primary, community, hospital and social care sectors to support healthcare equity, access and safety.

The CBI team developed a sustainable technical foundation to enable data sharing between CBI and the PHNs and to support a sustained, secure method of data sharing. Work commenced on establishing a sustainable approach to information sharing agreements between the two entities.

Digital Hospital System Business Case program rollout and Satellite Hospital ieMR Project

The integrated electronic Medical Record (ieMR) was rolled out to more hospitals in Queensland, including modules Metro North Hospital and Health Service. Work was undertaken to establish digital hospital systems at Redcliffe Hospital and the planned Caboolture Satellite Hospital. The Metro North Enterprise Scheduling Management multi-site project established plans for the rollout of the program in 2023–24.

The ieMR Advanced rollout for Redcliffe Hospital will commence in 2024, with a Go-Live scheduled in the last quarter of the next financial year.

The Caboolture Satellite Hospital has successfully gone live. A key mandate of the Satellite Hospital Program is to open the new facility as a digital site, implementing the ieMR. The Caboolture Satellite Hospital project is the first Satellite Hospital facility to open using this model of care and has the potential to have a positive impact on the Metro North HHS in the following areas:

- Providing a wider range of and access to health care services to local communities in the Metro North HHS.
- Supporting the existing Caboolture Hospital to alleviate growing pressure on the Emergency Department.
- Generating future job opportunities with both the construction and ongoing operation of the Caboolture Satellite Hospital.
- Supporting the Queensland Government's Economic Recovery Plan.

Protecting information and the delivery of healthcare services across Queensland Health

The department continued to increase its maturity in managing current and emerging security risks to protect information and the delivery of healthcare services across Queensland Health. In line with the approved *Queensland Health Cyber Security Strategy* 2031, the department continued to progress priority projects, including but not limited to end-point protection and anti-virus capability uplift, along with a statewide cyber security exercise.

Community-based palliative care services

The department developed and finalised a service agreement with Blue Care to operationalise integrated community-based palliative care services in rural, regional and remote Queensland in collaboration with nine HHSs.

Connected Community Pathways Funding Program to support connected pathways

Forty-one initiatives were funded through the Connected Communities Pathway program with 25 fully implemented, including:

- Seven sites for Better Cardiac Care for Aboriginal and Torres Strait Islander Peoples were fully implemented.
- West Moreton Hospital and Health Service commissioned the Preventative Integrated Care Service (PICS) service to ensure early realisation of benefits. The PICS provides rapid access (review within 24–48 hours) to intensive specialised medical management resulting in:
  - 87 per cent rated as having been at risk of hospital presentation or admission on acceptance to the service.
  - 69 per cent received an intervention that potentially helped them avoid a presentation or admission.

Commenced data linkage between Queensland Health Master Linkage File and Queensland Master Patient Index

Statistical Services Branch commenced the development of processes to link the Queensland Master Linkage File and the Queensland Master Patient Index data to enhance the flow of information between clinical services.

Contribute to national strategic data linkage initiatives

Statistical Services Branch continued collecting, processing, analysing and disseminating statistics on the health of Queenslanders and their use of health services. It provided a data linkage capability and service, developed statistical standards, hosted the Queensland Health Data Dictionary, managed the statewide Clinical Knowledge Network, and ensured data quality in major corporate collections.

The Statistical Services Branch was also actively involved in the National Master Linkage Key (Phase 3) Project Control Group. The project has progressed data governance arrangements for data sharing and use, due for finalisation in the first quarter of 2023–24.

The branch was also actively involved in National Disability Data Asset committees and discussions, while providing input to the National Linkage Methods Working Group on options for a National Linkage Map and personal identifier sharing. Continued provision of data linkage input for the Queensland Health schedule related to the data sharing Memorandum of Understanding under development between Queensland Health and the NDIA.

Management of Clinical Knowledge Network (CKN) contract

In preparation for a new CKN contract, the strategic procurement process was commenced seeking contemporary solutions aimed at enhancing CKN's delivery of knowledge services to clinicians and delivering commercial benefits for Queensland Health.

QAS Clinical Hub

The QAS expanded the workforce within its Clinical Hub, which comprises doctors, nurses, paramedics, social workers and mental health clinicians who provide advice, virtual consultation and referral to alternative care options at the point of call. The QAS Clinical Hub was implemented at the commencement of the COVID-19 pandemic and has continued to expand following extensive stakeholder engagement.

The QAS Clinical Hub provides a secondary triage to a select cohort of patients. The triage determines the most appropriate healthcare pathway that is proportionate to the acuity of the patients waiting in the community. The QAS Clinical Hub coordinates the entry of patients with specific presentations into the broader healthcare system after a Triple Zero (000) call is received. This occurs through an in-depth telephone assessment that determines the patient's primary complaint.

The QAS Clinical Hub will assess the most appropriate care pathway for the patient requesting assistance. This pathway may involve several options, including telephone advice only, referral to other care pathways, the dispatch of specialised ambulance services such as the Local Area Assessment and Referral Unit (LARU) or a Mental Health Co-Responder for onsite assessment and triage. An ambulance or other transport is arranged if a patient requires transport to an Emergency Department or other health facility.

The QAS Clinical Hub is an important unit that connects patients with appropriate care across the health networks.

QAS Mental Health Response Program

The QAS continued to respond to Triple Zero (000) calls for people experiencing mental health crises. Through the Mental Health Response Program, the QAS continued to review and adapt their delivery of service to new and innovative systems of care to provide the best possible outcomes for all patients, overseen by a dedicated position within the Office of the Medical Director, the Director Mental Health Response Program. This includes a range of programs:

- Education and training for paramedics, Emergency Medical Dispatchers and supervisors in mental health assessment, treatment options and suicide prevention strategies.
- The Mental Health Liaison Service (MHLS).
- The Mental Health Co Responder (MH CORE) program.

QAS Mental Health Liaison Service

The QAS Mental Health Liaison Service (MHLS) is staffed by senior mental health clinicians working in the Brisbane Operations Centre, 24 hours a day, seven days a week. The QAS MHLS was enhanced by an additional four clinicians during the year.

The MHLS clinicians speak to people on scene to provide verbal de-escalation, obtain collateral, facilitate linkages with treating mental health teams in the public or private sector, and inform the clinical decision-making of paramedics. Information, advice, support and assistance via consultation liaison is also offered to QAS paramedics on scene.

The QAS MHLS clinicians also speak to people who call Triple Zero (000), as a direct referral from an operator, who are in suicide crisis and alone. The clinicians offer a specialised mental health suicide risk assessment and management plan for the person in crisis. The QAS MHLS clinicians also attend emergency incidents providing clinical input and advice to ensure the best resource utilisation.

QAS Mental Health Co Responders (MH CORE)

The Queensland Ambulance Service (QAS) MH CORE program is a collaboration between the QAS and participating Hospital and Health Services (HHS), enabling timely, specialised mental health care to people experiencing a mental health crisis in the community who call Triple Zero (000). The program provides comprehensive, health-focused responses to people in a mental health crisis in a timely manner, undertaking a physical and mental health assessment and devising an appropriate treatment plan.

The QAS provides Senior Paramedics, Local-area Assessment and Referral Unit vehicles, personal protective equipment, and the HHS provides a Senior Mental Health Clinician and clinical resources.

The MH CORE program expanded and is now in operation in 15 sites across Queensland, including Cairns, Townsville, Mackay, Rockhampton, Hervey Bay, Sunshine Coast, Toowoomba, Metro North (three sites), Metro South (three sites) and Gold Coast (two sites).

The MH CORE program provided specialised clinical interventions to approximately 1,400 people in a mental health crisis per month. Between 70 and 80 per cent of the people seen are provided with interventions in their own homes/environment without the need to transport to a hospital Emergency Department.

Health Contact Centre

The Health Contact Centre (HCC) offers virtual care services providing confidential health assessment and information services to Queenslanders 24 hours a day, seven days a week using multi-channel delivery models. The HCC undertook an average of 2,000 interactions per day during the year.

The HCC contributes to delivering a timely response to patients/the community through the widely publicised 13 HEALTH and 13 QUIT numbers. The HCC has been recognised as a Digital Front Door and has demonstrated this in delivering a general health information inquiry service via 13 HEALTH, which received 114,166 calls in 2022–23.

People can access quit smoking support from Quitline, and those who do are seven times more likely to quit and remain not smoking than those who attempt to quit without support. Mental Health and Oral Health services refer people to Quitline, which also offers a dedicated program for First Nations peoples. In 2022–23, Quitline completed 20,174 smoking cessation sessions.

Queensland Health website transformation program

As part of the Queensland Health website transformation program to enhance communication with the community, Torres and Cape HHS, South West HHS, Central Queensland HHS, Central West HHS, and numerous campaign websites (including the Chief Health Officer Report website) were updated.

Advancing Queensland's child protection and family support reforms

The department worked with the Department of Children, Youth Justice and Multicultural Affairs and Hospital and Health Services to contribute to the 'Supporting Families Changing Futures' reforms. Progress included:

- Implementation of the Unify Master Sharing Agreement (MSA) for Suspected Child Abuse and Neglect (SCAN) portal.
- Membership on the SCAN team system improvement working group and support of design and implementation of future Unify products.
- Unborn High-Risk Child Alert suite of forms review for Child Safety's action.
- HHS executive led nominations and commenced review of the implementation of the National Principles for Child Safe Organisation internal webpage and resources.
- Early Years Places Memorandums of Understanding and local partnership agreements for the *National Strategy to Prevent and Respond to Child Sexual Abuse* Strategic Management Group and *Children with Harmful Sexual Behaviours* Working Group membership.
- Child Death Injury Review Model steering committee governance and membership on the Serious Injury and cross-agency review working groups.

Additional activities

- The Clinical and Business Intelligence (CBI) Advanced Analytics and Research Hub was developed as a foundational capability to facilitate a fit-for-consumption service to support research and advanced analytic use cases.
- Implementation of the Building Sustainable Primary Health Care (BSPHC) database recommendations were delivered.
- In 2022–23, the department enabled more Queensland Health clinical systems to send documents to the national My Health Record system. Queensland actively collaborated with the Commonwealth, states and territories in shaping the future national digital health agenda, including negotiation and renewal of digital health intergovernmental funding agreements.

- The Commonwealth Deputy Secretaries Data Group approved the department's application as an Integrating Authority to enable linkage of Commonwealth data.

Support and advance our workforce

Our strategies

- Attract, select, retain and empower the right people to create a diverse, inclusive and engaged workforce.
- Build a thriving workforce culture that is healthy, innovative and equipped to perform effectively and responsively.
- Provide development opportunities and strategies to enable the workforce to demonstrate excellence to meet the needs of a world class health system.
- Deliver system-wide strategies that enable and incentivise multidisciplinary models of care.
- Ensure the workplace is safe, rewarding, enhances wellbeing and adequately equips the workforce to perform at the highest level.
- Build resilience and capacity into critical functions and clinical reserve.

Aboriginal and Torres Strait Islander Health Practitioner positions across the state

As a key initiative of the First Nations Workforce taskforce, 19 Aboriginal and Torres Strait Islander Health Practitioner positions were created to enhance community outreach of HHS services to Aboriginal and Torres Strait Islander people. The locations included:

- Darling Downs Hospital and Health Service.
- Mackay Hospital and Health Service.
- North West Hospital and Health Service.
- South West Hospital and Health Service.
- Torres and Cape Hospital and Health Service.
- West Moreton Hospital and Health Service.
- Wide Bay Hospital and Health Service.

Culturally safe care for our communities

The QAS continued to strengthen its commitment to First Nations and multicultural communities through the delivery of the Indigenous Paramedic Program (IPP) and the Culturally And Linguistically Diverse (CALD) Paramedic Program. Forty-six IPP and two CALD officers are supported by the QAS.

The candidates work to support the QAS to provide respectful and culturally safe care to our First Nations peoples and multicultural communities. Embedded within our communities, the program creates opportunities in education and employment, while building trust and safety with our First Nations peoples and multicultural communities to empower their healthcare decisions.

Enhancing and implementing existing professional development programs

The department worked with key stakeholders, including the Queensland Nurses and Midwives' Union, to enhance and implement the existing professional development programs. Key outcomes include:

- A review of the Framework for Lifelong Learning was commenced in partnership with Metro North HHS.
- Development of the Support Practice Framework was commenced in partnership with Gold Coast HHS.
- Development of an Education Action Plan Electronic Reporting Tool commenced.

Boosting frontline health services work with nurses and midwives

The department continued work to expand the nurse-to-patient ratios in places experiencing high demand including Emergency Departments and maternity wards. Working with the Queensland Nurses and Midwives' Union, initial FTE and costing gap work was finalised.

Six trials commenced at:

- QEII Emergency Department.
- Robina Hospital Emergency Department.
- Prison Health – Townsville.
- Prison Health – Woodford.
- Townsville operating theatres.
- Gold Coast maternity wards.

Bundaberg Operating Theatre and Redlands Maternity Ward withdrew from the trial due to recruitment challenges. All trials were completed, and further implementation is planned for 2023–24.

In March 2023, the University of Queensland (UQ) was engaged to undertake an independent evaluation of the trials. UQ has initiated planning for systems thinking workshops and visited trial sites to collect qualitative data upon approval by Health Service Chief Executives.

Create safe, diverse and inclusive workplaces

Through a system enabling employees to express their opinion of their workplace culture and leadership, 61 per cent (5,345) of Department of Health employees participated in the 2022 Working for Queensland survey.

The department delivered 17 manager and all-staff information sessions to promote flexible work options, disability awareness, and LGBTIQ+ awareness.

More than 80 Queensland Health employees joined the Queensland Health team to participate in the Darkness to Daylight Challenge, a run to raise awareness of the impact of domestic and family violence. They raised more than $11,000 in support of the Darkness to Daylight Challenge.

Queensland Health's statewide LGBTIQ+ employee network continued to sponsor initiatives for lesbian, gay, bisexual, transgender, intersex and queer or questioning employees, and promotes participation in the Brisbane Pride rally and march.

Queensland Birth Strategy

The *Queensland Birth Strategy* (QBS) has been developed by the Office of the Chief Nursing and Midwifery Officer (OCNMO), Clinical Excellence Queensland, and co-designed by statewide maternity clinicians, consumers, policy officers and researchers.

The strategy is underpinned by five principles for safety within maternity care:

- Change culture to promote normal birth and mitigate fear of birth.
- Centre women's informed decision-making, access and control.
- Respect the scope of practice of midwives, obstetricians and other maternity care providers.
- Use cost-effective, evidence-based solutions.
- Privilege consumer voices in service design and delivery.

Support medical workforce planning and policy at a system level

On 27 September 2022, Queensland Health hosted a Workforce Summit to address the current and future health workforce challenges. The Workforce Summit was attended by more than 250 representatives from education providers, professional organisations, unions and service partners.

The outcomes of the Workforce Summit informed the development of the proposed Queensland Health Workforce Strategy 2032 (workforce strategy) and Horizon 1 Action Plan to 2024 (action plan) which will supersede Advancing health service delivery through workforce: A strategy for Queensland 2017-2026.

The workforce strategy and action plan focus on supporting and retaining the existing workforce, building new pipelines of talent, and innovation in ways of working.

Additional activities

- The *Rural and Remote Health and Wellbeing Strategy* was incorporated into the System Strategy Architecture and associated action plans to enhance delivery of outcomes under the strategy.
- The *First Nations Nursing and Midwifery Workforce Strategy* and the Broader Nursing and Midwifery Workforce Action Plan were incorporated into the *Queensland Workforce Strategy* Action Plan 2022–24.
- Stage 3 of the Integrated Workforce Management (IWFM) program is currently rolling out the IWFM electronic rostering solution to the Hospital and Health Service nursing and midwifery cohorts to enable enhanced workforce management and delivery of tangible benefits with three successful go lives completed.

Advance health equity with First Nations peoples

Our strategies

- Deliver statewide targeted First Nations prevention and health promotion strategies.
- Support Hospital and Health Services co-design and co-implement their inaugural Health Equity Strategies to achieve health equity and eliminate racial discrimination and institutional racism in accordance with the legislative requirements and First Nations Health Equity Framework.
- Support the implementation of the National Agreement on Closing the Gap including priority projects to strengthen Aboriginal and Torres Strait Islander community-controlled health services.
- Embed First Nations perspectives in health system planning and delivery.

COVID-19 response to First Nations Queenslanders

The *COVID-19 Reflections Report – an evaluation of the health system response to COVID-19 in First Nations peoples in Queensland* was presented at the national Lessons Management Forum in Canberra in June 2023. The report was well received by the national audience. Many opportunities exist for Queensland Health and other health organisations to capture and embed the lessons identified and inform other areas of First Nations Health. Opportunities to present the findings of the report are being considered. The First Nations Health Officer remains on the national advisory group for ongoing surveillance of COVID-19.

Develop and implement a *First Nations Health Workforce Strategy*

Our health, our mob, our ways: Queensland's First Nations Health Workforce Strategy for Action to 2032 has been developed following broad consultation. The Strategy was co-designed with the Queensland Aboriginal and Islander Health Council (QAIHC).

Safe and Healthy Drinking Water in Indigenous Local Government Areas Program rollout expansion

As at 30 June 2023, program delivery of the Safe and Healthy Drinking Water Program has commenced in 26 of the 31 eligible communities.

Intensive support was provided in six communities, and a further nine communities received tailored ongoing support. Three communities received support to respond to drinking water incidents.

On 13–14 March 2023, Queensland Health hosted a First Nations Water Operators Workshop in Cairns, providing an opportunity for operators from 13 of the 17 councils involved in the program to network, share experiences and participate in valuable training opportunities.

Certificate III Indigenous Environmental Health training

To enable the provision of Certificate III training in Indigenous Environmental Health, Queensland Health is undertaking a review of course materials. It is anticipated that the updated training program will be registered as a nationally recognised training program in the Vocational Education and Training sector by mid-2024.

Achieving Health Equity funding allocation - Making Tracks Interim Investment Strategy 2022–2023

Through the Making Tracks towards First Nations Health Equity Investment Strategy 2022-2023, the Queensland Government has committed more than $100 million for the provision of targeted, evidence-based health services and programs to improve health and wellbeing outcomes for First Nations peoples in Queensland.

Culturally and clinically safe models of care

A project was established to examine workforce models of care, service reform, clinical governance, cultural scope of practice initiatives and cultural safety. Culturally and clinically safe models of care utilising Aboriginal and Torres Strait Islander health practitioners to their top of scope have been developed for six clinical priority areas. The

models of care have been adapted to enable implementation in the five HHSs of the Better Health North Queensland Alliance.

Closing the Gap Implementation Plan

The First Nations Health Office (FNHO) led engagement activities with key partners and stakeholders to update and report on Queensland's 2021 Closing the Gap Implementation Plan and review of partnership arrangements. To improve the Closing the Gap performance a system-wide approach is needed to integrate First Nations people's health needs into every aspect of Queensland Health's operations, plans and strategies.

The ambitious engagement program sought input and commitment from key internal stakeholders from Queensland Health. In collaboration with Queensland Aboriginal and Islander Health Council, the engagement team met with Clinical Excellence Division, Health and Wellbeing Queensland, Healthcare Purchasing and System Performance Division, Corporate Services Division, eHealth Queensland, Prevention Division, and Strategy, Policy and Reform Division.

Growing Deadly Families (GDF) Program

The *Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019–2025* (GDF Strategy) is managed by the First Nations Health Office, and Office of the Chief Nursing and Midwifery Officer (OCNMO), Clinical Excellence Queensland. Activities from the *GDF Strategy* include:

- Investing and growing First Nations maternity models across the state resulting in an increase of First Nations midwifery continuity of care models that are culturally safe, community-led and integrated with community services and partners. Funded programs included Waijungbah Jarjums (GCHHS), Jarjumbora (MSHHS), TCHHS, Boomagam (DDHS), Yamani Meta (THSS) and Jaghu (WMHHS).
- In partnership with Aboriginal and Torres Strait Islander Community Controlled Health Organisations (A&TSICCHOs), expanding GDF-funded sites with five additional sites across Queensland.
- Establishing a scholarship and mentoring program for First Nations undergraduate and postgraduate students currently enrolled in midwifery and child health.
- Endorsement for scheduled medicines and perinatal mental health courses aligned to the priorities within the *GDF Strategy* and the *First Nations Nursing and Midwifery Workforce Strategy*.
- The establishment of GDF champion roles to support advocacy, community connectedness and co-design, as well as facilitate linkages and partnerships between HHSs and A&TSICCHOs.

Additional activities

- Co-commissioning of the Mornington Island Independent Audit and Analysis Project in partnership with the former Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships through the Ministerial and Government Champion program.
- All 16 HHSs have publicly released their inaugural legislated and board-approved First Nations Health Equity Strategies and commenced their three-year implementation cycle. The 16 First Nations Health Equity Strategies were released between July 2022 and February 2023.
- *The Ending Rheumatic Heart Disease (RHD): Queensland First Nations Strategy for 2021-2024* is a crucial initiative to eliminate RHD and associated diseases among First Nations peoples in Queensland. From March to June 2023, a community-led campaign called *Healthy Skin Healthy Heart* was launched to increase screening and awareness as part the strategy's implementation plan. The collaboration between OFNHO, the department's Strategic Communications Branch and Darling Downs HHS relied on Aboriginal and Torres Strait Islander Health Workers taking a leading role. As a result of the campaign, 1,255 skin checks and 300 echocardiograms were completed in the South Burnett region of Darling Downs. This is a significant step towards achieving the strategy's goals and improving the health outcomes for the First Nations peoples.

Health reform that plans for a sustainable future

Our strategies

- The department will contribute to the development and implementation of the cross-sector informed Health and Wellbeing Queensland-led statewide Equity Framework that will consider the broader social determinants of health that impact health outcomes.
- Identify, prioritise and implement system-wide opportunities to address chronic disease prevention.
- Progress value-based healthcare initiatives that lead to better outcomes for patients and a sustainable health system.
- Transform non-admitted care to improve patient experience, reduce wait times and improve clinical outcomes.
- Align resources and personnel toward health system strategic priorities to deliver better healthcare for Queenslanders.
- Partner with Hospital and Health Services to plan, build and commission quality, safe, environmentally sustainable. healthcare facilities.

Enhancement of the genomics capability and infrastructure

Pathology Queensland has been collaborating with the stakeholders to advance Queensland Health's strategic genomic plans, through system-wide strategic direction and leadership to embed genomics and precision healthcare into the Queensland health system. Pathology Queensland has secured recurrent funding to increase our genomic capability to transition new genomic testing into mainstream healthcare.

Offering a world-leading genomic testing service, PQ can now provide earlier diagnosis of disease, where patients and their families will benefit from understanding inherited risk to other family members, reducing the need for invasive diagnostic procedures, personalising treatment plans and extending life expectancy for Queenslanders.

Queensland Aeromedical Hub

The establishment of the Queensland Aeromedical Hub will optimise the efficiency of coordination and enhance the resilience of the state's aeromedical retrieval system through co-location and collaboration with principal service providers. Inclusion of a Patient Transfer Facility is also expected to improve patient flow across the network by providing an appropriate space for patients who are in transit and therefore assisting management of bed capacity in hospitals and ambulance wait time.

In 2022-23, $60.269 million was provided to Brisbane Airport Corporation for the Aeromedical Hub at Brisbane Airport.

Stage 2 Mater Springfield development

Queensland Health and Mater entered an agreement regarding the Mater Springfield Stage 2 project. The project is expected to deliver an additional 132 new public hospital beds (including five birth suites). This is in addition to the 42 existing beds to support public inpatient care, as well as an Emergency Department, intensive care unit, maternity services and additional procedural and interventional areas.

Supporting virtual care initiatives with underpinning ICT services

After the successful Virtual Emergency Department was piloted in Metro North, planning and design to support the statewide Queensland Virtual Hospital was undertaken. The expanded model will provide statewide virtual acute care and create a single Digital Front Door and integrated electronic record for virtual healthcare.

South East Queensland and North Queensland Distribution Centre Projects

The South East Queensland Distribution Centre (SEQDC) commenced operations on 31 October 2022.

Construction of the North Queensland Distribution Centre (NQDC) was finalised with practical completion of the facility achieved in May 2023. Full operations at the NQDC commenced in August 2023.

Support finalisation of HHS Local Area Needs Assessments (LANAs) and development of a Queensland Health LANA system view

In December 2022 the Department of Health supported HHSs in the finalisation of their Local Area Needs Assessments (LANA). The department subsequently developed a report summarising the statewide collation of HHS health service priorities as identified in the LANAs.

Youth alcohol and other drugs rehabilitation and treatment centre in Cairns

Activity was completed to deliver $11.5m to build a 10-bed, 24/7 youth alcohol and other drugs rehabilitation and treatment centre in Cairns.

Design development commenced including development of a tender package for the building contractor to be procured. The department continues to develop the North Queensland Youth Alcohol and other Drugs model of service including finalising elements and delivery by Cairns and Hinterland HHS and the Department of Education.

Safer Baby Bundle (SBB) in program close out

The national SBB's target is to reduce the rate of stillbirth by 20 per cent by 2025.

Whilst a reduction in stillbirth rates is yet to be realised, Queensland has seen an improvement in the majority of the SBB elements, including a reduction in the rate of smoking cessation after the first 20 weeks of pregnancy.

The SBB project will continue to collect outcome data for five years post-implementation to ensure improvements are continued and maintained.

The impact of COVID-19 on the rate of stillbirths is unclear.

Renal dialysis treatment spaces in regional Queensland

- The department has committed funding to establish additional renal dialysis treatment spaces across regional, rural and remote Queensland at:
- Proserpine, Clermont, Charters Towers, Ingham and Longreach hospitals.
- Cooktown Multipurpose Health Service.
- Kowanyama Primary Health Care Centre.

This will bring care closer to home for patients receiving haemodialysis from renal failure and kidney disease.

Four of seven projects have been delivered at Charters Towers, Ingham, Bowen and Cooktown, with the department continuing to support each HHS in its planning and delivery of project capital and operational services.

Disability Royal Commission

The department assisted with the Disability Royal Commission, providing timely responses to all Commission requests, making available a Hearing witness when required, and monitoring the directions of the Commission to inform the future disability health reform agenda and work program.

Palliative and End-of-Life Care Strategy

The *Palliative and End-of-Life Care Strategy* and the complementary Queensland Health Specialist Palliative Care Workforce Plan were released in October 2022.

The strategy will guide the future direction of palliative care by designing, enabling, strengthening and connecting the system.

The workforce plan supports the strategy and aims to build and develop the Queensland Health specialist palliative care workforce to ensure accessible and culturally safe services are delivered across Queensland.

Extensive stakeholder consultation occurred to support the development of the strategy and workforce plan. Implementation of the strategy and workforce plan has commenced.

Queensland Women and Girls' Health Strategy

The *Queensland Women and Girls' Health Strategy* is a commitment under the *Queensland Women's Strategy 2022–2027.* The strategy will guide investment in women and girls' health over the next 10 years by responding to evidence-based women and girls' health issues and seeking to improve the health system's response.

The strategy will take a lifespan approach to improve long-term health outcomes, with a focus on priority communities of women and girls who have worse long-term health outcomes than the general population of women and girls.

Extensive stakeholder consultation has occurred to develop the strategy and action plan.

***Reform Strategy* and Action Plan**

In May 2023, the Queensland Government approved the *Reform Strategy and Action Plan: Horizon 1*. This strategy will provide the impetus for system reform through shared accountability across organisational leadership, and through collaborative actions and initiatives that drive the scaling of innovation and sustainability in health service delivery across Queensland.

Headline initiatives of the *Reform Strategy and Action Plan: Horizon 1* include the scaling of Rapid Access service across Queensland, initiating the Queensland Virtual Hospital project, developing policy reform to support a healthy start in the First 2,000 Days of life, and establishing the Torres and Cape Health Care Commissioning Fund to support collaborative and community-driven commissioning in remote Queensland.

Aged Care Royal Commission

The department continued to monitor and assess the impact of the Commonwealth's response to the recommendations of the Royal Commission into Aged Care Quality and Safety, particularly where it relates to residents living in Queensland Health's Residential Aged Care Facilities and Multi-Purpose Health Services. This included:

- Participating in meetings with aged care counterparts from other states and territories to raise issues facing older people, understand common challenges and opportunities and work together to resolve issues of concern.
- Advising and assisting the public aged care portfolio to meet new Commonwealth reporting requirements. In April 2023, Queensland Health's 16 Residential Aged Care Facilities were provided a 4 or 5 Star Rating in the National Star Ratings, a result which demonstrates Queensland Health facilities are a provider of choice.
- Working collaboratively with HHS to obtain data to provide evidence-based advice that supports strategic decision-making.
- Analysing the impacts of the Commonwealth's aged care reforms for both Queensland Health's aged care facilities and the broader aged care sector, and what these changes mean for our frontline staff and their residents on a day-to-day basis.

Additional activities

- Procurement processes are on track for service delivery to commence across Cairns, Ipswich and Bundaberg on three new purpose-built AOD services in line with expected building completion dates.
- Development of a 10-year commissioning plan commenced and will be completed in early 2023-24 to inform and support decision-making so that Queensland communities receive improved access to vital healthcare services and better patient outcomes.
- The Own Source Revenue (OSR) funding incentive saw HHSs receive an extra $2.175 million to enable improved access to services for patients. A total of 70.1 per cent ($1.525 million) of this additional recurrent funding was directed to HHSs in remote regions in the far west and north of Queensland.
- ICT infrastructure was delivered to support the opening of the Windorah Primary Health Care Centre in February 2023. Seven Satellite Hospital Program Tranche 1 sites (including Redcliffe and Caboolture Satellite Hospitals) were digitally ready and ready for go-live at the end of June 2023.
- Streamlining capital budget process through best practice financial administration resulted in continued management of an end-to-end capital budgeting process with the annual program delivered in full.
- The department managed capital program expenditure through rigorous financial assurance activities to produce high-confidence cost estimates developed to industry standard by engaged practitioners.

Service delivery statements

Inpatient care

Service standards	2022–2023 Target	2022–2023 Actual
Effectiveness measures		
Rate of healthcare-associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[1].	<2	0.8
Percentage of elective surgery patients treated within the clinically recommended times[2]		
• Category 1 (30 days).	>98%	87.4%
• Category 2 (90 days)[3].	-	70.2%
• Category 3 (365 days)[3].	-	72.2%
Median wait time for elective surgery treatment (days)[2]		
• Category 1 (30 days).	-	18
• Category 2 (90 days).	-	70
• Category 3 (365 days).	-	286
• All categories.	-	40
Percentage of admitted patients discharged against medical advice[4]		
• Non-Aboriginal and Torres Strait Islander patients.	0.8%	1.08%
• Aboriginal and Torres Strait Islander patients.	1.0%	3.01%
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities[5].	$5,241	$5,753
Other measures		
Number of elective surgery patients treated within clinically recommended times[2]		
• Category 1 (30 days).	48,555	50,851
• Category 2 (90 days)[3].	-	37,565
• Category 3 (365 days)[3].	-	21,121
Total weighted activity units (WAU) - Acute Inpatients[6].	1,485,746	1,462,375

Notes:

1. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2022–23 Actual rate is as at 7 August 2023.
2. In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies.
3. Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery and the continual impacts to services as a result of responding to COVID-19, treated in time performance targets for Category 2 and 3 patients are not applicable for 2022–23.
4. Current performance for Aboriginal and Torres Strait Islander patients is not meeting the target and is likely to take longer than initially projected to achieve. However, given statewide

rates have historically been above 3.5 per cent and approaching 4 per cent, there has been an improvement. The 2022–23 Actual is based on admitted patient data for the period 1 July 2022 to 30 June 2023.

5. All measures are reported in QWAU (Queensland Weighted Activity Unit) Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic.
6. The 2022–23 target varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. 2022–23 Actuals are as at 14 August 2023.

Outpatient care

Service standards	2022–2023 Target	2022–2023 Actual
Effectiveness measures		
Percentage of specialist outpatients waiting within clinically recommended times		
• Category 1 (30 days).	65%	62.2%
• Category 2 (90 days)[1].	-	40.4%
• Category 3 (365 days)[1].	-	72.9%
Percentage of specialist outpatients seen within clinically recommended times		
• Category 1 (30 days) .	83%	78.0%
• Category 2 (90 days)[1].	-	50.8%
• Category 3 (365 days)[1].	-	66.2%
Efficiency measure		
Not identified.	N/A	N/A
Other measures		
Number of Telehealth outpatients service events[2].	283,232	323,377
Total weighted activity units (WAU) - Outpatients[3].	446,186	465,213

Notes:

1. Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time targets for Category 2 and 3 patients are not applicable for 2022–23.
2. Telehealth 2022–23 Actual is as at 21 August 2023.
3. The 2022–23 target varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. 2022–23 Actuals are as at 14 August 2023.

Emergency care

Service standards	2022–2023 Target	2022–2023 Actual
Effectiveness measures		
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department.	>80%	62.0%
Percentage of emergency department patients seen within recommended timeframes		
• Category 1 (within 2 minutes).	100%	99.9%
• Category 2 (within 10 minutes).	80%	65.6%
• Category 3 (within 30 minutes).	75%	64.4%
• Category 4 (within 60 minutes).	70%	76.8%
• Category 5 (within 120 minutes).	70%	93.3%
Percentage of patients transferred off stretcher within 30 minutes[1].	90%	60.8%
Median wait time for treatment in emergency departments (minutes).	-	16
Efficiency measure		
Not identified.	N/A	N/A
Other measure		
Total weighted activity units (WAU) - Emergency Department[2].	349,084	325,850

Notes:

1. Patient off stretcher 2022–23 Actual is for the period 1 July 2022 to 30 June 2023 as at 14 August 2023.
2. The 2022–23 target varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. 2022–23 Actuals are as at 14 August 2023.

Sub and non-acute care

Service standards	2022–2023 Target	2022–2023 Actual
Effectiveness measure		
Not identified.	N/A	N/A
Efficiency measure		
Not identified.	N/A	N/A
Other measure		
Total weighted activity units (WAU) - Sub-acute[1].	155,046	178,434

Note:

1. The 2022–23 target varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. 2022–23 Actuals are as at 14 August 2023.

Mental Health, Alcohol and Other Drug services

Service standards	2022–2023 Target	2022–2023 Actual
Effectiveness measures		
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[1]		
• Aboriginal and Torres Strait Islander.	<12%	15.6%
• Non-Aboriginal and Torres Strait Islander.	<12%	10.6%
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit[2]		
• Aboriginal and Torres Strait Islander.	>65%	57.5%
• Non-Aboriginal and Torres Strait Islander.	>65%	62.1%
Efficiency measure		
Not identified.	N/A	N/A
Other measures		
Percentage of the population receiving clinical mental health care[3].	>2.1%	2.2%
Ambulatory mental health service contact duration (hours)[4].	>956,988	768,123
Queensland suicide rate (number of deaths by suicide/100,000 population)[5].	-	12.6
Total weighted activity units (WAU) - Mental Health[6].	151,638	151,063

Notes:

1. Mental Health readmissions 2022–23 Actual is for the period 1 July 2022 to 31 May 2023 as at 14 August 2023.
2. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Mental health rate of community follow up 2022–23 Actuals are as at 14 August 2023.
3. Percentage of the population receiving clinical mental health care measure 2022–23 Actual is as at 30 June 2023 based on Queensland estimated resident population as of 31 December 2022.
4. Ambulatory mental health service contact duration 2022–23 Actual is as at 14 August 2023.
5. Queensland suicide rate is the five-year rolling average for the period 2017–21. No annual targets for this measure were set as progress is expected over the long-term.
6. The 2022–23 target varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. 2022–23 Actuals are as at 14 August 2023.

Prevention, primary and community care

Service standards	2022–2023 Target	2022–2023 Actual
Effectiveness measures		
Percentage of the Queensland population who consume alcohol at risky and high-risk levels[1]		
• Persons.	21.9%	22.0%
• Male.	31.6%	32.3%
• Female.	12.7%	12.2%
Percentage of the Queensland population who smoke daily[1]		
• Persons.	10.1%	10.4%
• Male.	10.7%	11.8%
• Female.	9.5%	9.1%
Percentage of the Queensland population who were sunburnt in the last 12 months[1].		
• Persons.	47.8%	49.3%
• Male.	53.0%	54.6%
• Female.	43.0%	44.3%
Annual notification rate of HIV infection[2].	2.5	2.0
Vaccination rates at designed milestones for children 1-5 years		
• All children 1 year.	95%	92.7%
• All children 2 years.	95%	91.0%
• All children 5 years.	95%	93.4%
Percentage of target population screened for		
• Breast cancer[3].	51.7%	52.1%
• Cervical cancer[4].	-	-
• Bowel cancer.	39.1%	37.5%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter[5].	59.8%	59.8%
Ratio of potentially preventable hospitalisations (PPH) - rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations[6].	1.65	1.69
Percentage of women who, during their pregnancy, were smoking after 20 weeks[7,8]		
• Non-Aboriginal and Torres Strait Islander women.	6.0%	5.9%
• Aboriginal and Torres Strait Islander women[8].	35.0%	30.8%
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation[7]		
• Non-Aboriginal and Torres Strait Islander women.	97.0%	97.0%
• Aboriginal and Torres Strait Islander women[9].	91.0%	91.9%
Percentage of babies born of low birthweight to[7]		
• Non-Aboriginal and Torres Strait Islander women.	4.6%	5.2%
• Aboriginal and Torres Strait Islander women.	7.3%	9.7%

Service standards	2022–2023 Target	2022–2023 Actual
Percentage of public general dental care patients waiting within the recommended timeframe of two years[10].	85%	99.7%
Percentage of oral health Weighted Occasions of Service which are preventative[10].	15%	17.7%
Efficiency measure		
Not identified.	N/A	N/A
Other measures		
Number of rapid HIV tests performed[11].	5,600	6,326
Number of adult oral health Weighted Occasions of Service (ages 16+)[12]	2,782,000	2,808,555
Number of children and adolescent oral health Weighted Occasions of Service (0-15 years)[12]	1,200,000	899,693
Total weighted activity units (WAU) - Prevention and Primary Care[13].	51,832	49,668

Notes:

1. The survey measures are population measures from a representative survey sample, and as such there is a year to year variation. Point estimates such as these are not indicative of statistical trends.
2. The annual notification rate of HIV infection 2022–23 Actual is based on the data during the period 1 January 2022 to 31 December 2022.
3. Participation rates in BreastScreen Queensland program have been falling since 2008–09. The decline is greatest in women aged 50–54 years. This has long term consequences as clients are more likely to screen in the future if they have screened in the past. However, Queensland rates are similar to the national average in 2018–19 based on latest published data.
4. 2022–23 target and actual not applicable due to change in the screening interval from two years to five years. The transition period is now over and reporting will recommence from 2023–24.
5. There is significant random variation in the size of cancer detected from year to year and therefore a three-year average is used to calculate this measure. The 2022–23 Actual is based on the three-year average for financial years 2018–19 to 2020–21 calculated in April 2023.
6. The 2022–23 Actual is based on admitted patient data for the period 1 July 2022 to 30 June 2023.
7. Antenatal services, smoking and low birth weight measures Actuals for 2022–23 are based on perinatal data for the period 1 July 2022 to 30 June 2023.
8. Rates of smoking in pregnant Aboriginal and Torres Strait Islander women post 20 weeks gestation have been decreasing since 2005–06 when the rate was 51.8 per cent, representing an average decrease of approximately one per cent per annum.
9. While the 2022–23 Actual is close to the 2022–23 Target, a number of the Hospital and Health Services have reached the target and over time there has been sustained long term improvement in the proportion of Aboriginal and Torres Strait Islander women attending five or more antenatal appointments since 2002–03 when the rate was 76.7 per cent.
10. Oral Health measures 2022–23 Actual are based on actual performance from 1 July 2022 to 30 June 2023.

11. The HIV rapid test 2022–23 Actual is based on the period 1 January 2022 to 31 December 2022.
12. The Actual for children and adolescents for 2022–23 is lower than the target, primarily due to an extended recovery period following the COVID-19 pandemic, however activity has improved since 2021–22 and continues to increase.
13. The 2022–23 target varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. 2022–23 Actuals are as at 14 August 2023.

Queensland Health Corporate and Clinical Support

Service standards	2022–2023 Target	2022–2023 Actual
Effectiveness measures		
Percentage of Wide Area Network (WAN) availability across the state[1]		
• Metro.	99.8%	99.91%
• Regional.	95.7%	99.85%
• Remote.	92.0%	97.04%
Percentage of high-level ICT incidents resolved within specified timeframes[2]		
• Priority 1.	80%	80%
• Priority 2.	80%	71.2%
Efficiency measures		
Percentage of capital infrastructure projects delivered on budget and within time and scope within a five per cent unfavourable tolerance[3].	95%	84%
Percentage of correct, on time pays[4].	98%	99.86%
Other measures		
Percentage of initiatives with a status reported as 'action required' (Red)[5].	<15%	9%
Percentage of formal reviews undertaken on Hospital and Health Service responses to significant negative variance in Variable Life Adjusted Displays (VLAD) and other National Safety and Quality indicators[6].	100%	100%

Notes:

1. The Wide Area Network (WAN) 2022–23 Actual represents average monthly availability across the period from July 2022 to 30 June 2023.
2. The high-level ICT incidents resolved 2022-2023 Actual is calculated across the period 1 July 2022 to 30 June 2023. Figures include downgraded incidents. This statistic includes Priority 2 incidents relating to Telstra telecommunications service outages in rural and remote sites. Lengthy delays can be experienced when restoring communication services in these remote areas.
3. The percentage of capital infrastructure projects delivered on budget and within time 2022–23 Actual is based on data as at June 2023.
4. Payroll Transactional Services reports the SDS Measure by pay period. The current percentage is based on pay period 01 2223 (06 July 2022) to pay period 26 2223 (21 June 2023).
5. The 2022–23 actual percentage is based on the February 2023 Queensland Government Digital Projects Dashboard update.
6. Formal reviews by statewide clinical experts are undertaken on HHS responses to significant negative variance in VLADs and other National Safety and Quality indicators to independently assess the adequacy of the response and action plans and to escalate areas to address if required.

Queensland Ambulance Service

Service standards	2022–2023 Target	2022–2023 Actual
Effectiveness measures		
Time within which code 1 incidents are attended - 50th percentile response time (minutes)[1]		
• Code 1A.	8.2	8.6
• Code 1B.	8.2	11.7
• Code 1C.	8.2	13.2
Time within which code 1 incidents are attended - 90th percentile response time (minutes)[1]		
• Code 1A.	16.5	17.3
• Code 1B.	16.5	23.4
• Code 1C.	16.5	26.1
Percentage of Triple Zero (000) calls answered within 10 seconds[1].	90%	93.35%
Percentage of non-urgent incidents attended to by the appointment time[1].	70%	80.0%
Percentage of patients who report a clinically meaningful pain reduction[1].	85%	80.33%
Patient experience[2].	97%	95%
Efficiency measures		
Gross cost per incident[3].	$862	$916
Percentage of calls to 13 HEALTH answered within 20 seconds[1].	80%	82.84%

Notes:

1. The 2022–23 Actuals for Queensland Ambulance Service measures are for the period 1 July 2022 to 30 June 2023.
2. The 2022–23 Actual figure for the patient experience percentage is reported from the 2021–22 performance in the Council of Ambulance Authorities (CAA) Report released in September 2022.
3. The variance between the 2022–23 Actual and the 2022–23 Target reflects additional costs associated with frontline staff enhancements to meet increasing demand for ambulance transport services, wage increases and increased operating costs due to inflationary pressures.

Public Health Report 2022–23

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

1. Aboriginal and Torres Strait Islander Health

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

1.1 Environmental health conditions

The burden of disease on Aboriginal and Torres Strait Islander people is estimated to be 2.3 times that of the broader Australian population, but is even higher for remote and very remote Aboriginal and Torres Strait Islander communities across central and northern Queensland.

The health inequalities experienced by Aboriginal and Torres Strait Islander people can be attributed in part to poor environmental health conditions across areas such as water supply, housing, sewerage, pest management, animal management, waste management, and food safety and supply. It is estimated that a significant portion of this health inequality experienced by Aboriginal and Torres Strait Islander people can be attributed to poor environmental health.[1]

The *Aboriginal and Torres Strait Islander Environmental Health Plan 2019–2022* is based on a multi-strategy approach to improve environmental health conditions in Aboriginal and Torres Strait Islander local government areas. Work under the plan is focused on supporting healthy living environments, developing partnerships between environmental health and clinical care, and providing advocacy across government. It seeks to influence partners to ensure environmental health considerations are embedded in the planning and delivery of services that influence healthy environments. The review of the plan and development of the next one commenced in early 2023 and includes consultation with key stakeholders.

Work continued on establishing and delivering a 'Healthy Housing' program for Aboriginal and Torres Strait Islander communities and increasing the health management capacity of Aboriginal and Torres Strait Islander local governments through the delivery of formal training and mentoring to the Aboriginal and Torres Strait Islander workforce. As a part of this program two pilots commenced, one in Yarrabah and another in the Torres Strait Islands. Work has also been significantly progressed to establish a Certificate III Environmental Health training course tailored for Aboriginal and Torres Strait Islander people currently employed by Aboriginal and Torres Strait Islander local governments in rural and remote parts of Queensland.

The availability of a training course registered and supported by Queensland Health provides the much-needed certainty for training and upskilling the local Aboriginal and Torres Strait Islander Environmental Health Worker workforce.

Domestic animal health within discrete communities can become a public health issue where poor local animal health leads to the occurrence of zoonotic diseases, including scabies. The focus of animal management in communities is the reduction of zoonotic disease through both control of animal populations and disease prevention. Queensland Health has partnered with the Local Government Association of Queensland to develop a panel of veterinary providers to support veterinary services to these discrete communities. It is expected that the panel will provide improved access to these services for many communities while reducing costs.

In addition, Queensland Health is working collaboratively with other jurisdictions to progress actions under the National Action Plan for Aboriginal and Torres Strait Islander Environmental Health, which seeks to improve

[1] healthinfonet.ecu.edu.au/learn/determinants-of-health/environmental-health/

the access of Aboriginal and Torres Strait Islander people to healthy environments.

1.2 Safe and Healthy Drinking Water in Indigenous Local Government Areas Program

Queensland Health continues to work in partnership with Aboriginal and Torres Strait Islander local governments and other state government agencies to deliver the *Safe and Healthy Drinking Water in Indigenous Local Government Areas Program*. The aim of the program is to improve the operation and management of drinking water supplies in communities to ensure public health is protected. Program delivery involves building the capacity of Aboriginal and Torres Strait Islander water treatment plant operators to assure the ongoing safety, quality and quantity of water being supplied by each Aboriginal and Torres Strait Islander local government. This approach includes both intensive mentoring and ongoing support phases.

As at 30 June 2023, program delivery has commenced in 26 of the 31 eligible communities. During 2022–23, intensive support was provided in six communities – Dauan, Yarrabah, Torres Shire, Erub, Woorabinda and Mornington Island. During 2022–23, a further 11 communities received at least one site visit under an individual ongoing tailored support package. In addition, three communities received assistance to respond to drinking water-related incidents. This included Yarrabah, where Queensland Health has played a significant role in the multi-government agency response to the detection of metals in drinking water samples collected from some community facilities.

During March 2023, program delivery was bolstered by a First Nations Water Operators Workshop, hosted by Queensland Health in Cairns. The workshop provided an opportunity for water operators from 13 of the 17 local governments involved in the program to network, share experiences and participate in valuable training opportunities.

1.3 Immunisation coverage

Queensland's Aboriginal and Torres Strait Islander childhood immunisation coverage rates for the one-year-old and two-year-old cohorts have historically been lower than coverage rates for other Queensland children in these age cohorts. However, the gap between the coverage rates has narrowed over time. In the March 2016 quarterly coverage report, there was a 6.3 per cent (87.6 per cent v 93.9 per cent) difference between the one-year-old cohorts and a 4.9 per cent (87.4 per cent v 92.3 per cent) difference between the two-year-old cohorts. Seven years later, in March 2023, these gaps had been reduced to 3.4 per cent (89.5 per cent v 92.9 per cent) and 1.9 per cent (89.1 per cent v 91.0 per cent) respectively.

Immunisation coverage for five-year-old Aboriginal and Torres Strait Islander children has historically been higher than coverage for other Queensland children. In March 2023, coverage for five-year-old Aboriginal and Torres Strait Islander children was 95.5 per cent, compared to 93.0 per cent for other Queensland children.

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

To address this issue, the department:

- Continued the *Bubba Jabs on Time* initiative delivered through the Health Contact Centre to follow up families of Aboriginal and Torres Strait Islander children up to five years of age overdue for immunisations.
- Continued to fund the immunisation follow-up and outreach project 'Connecting Our Mob', delivered through the Cairns and Hinterland HHS Public Health Unit (PHU) to improve uptake and timeliness of childhood immunisations for Aboriginal and Torres Strait Islander children in the greater Cairns metropolitan area.

1.4 Sexually Transmissible Infections (STIs) and Blood-Borne Viruses (BBVs): Infectious syphilis (less than two years duration) and HIV

Queensland Health has approved recurrent funding of $5.4 million per annum to continue activities under the North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan. HHSs are encouraged to deliver tailored community

and place-based responses as part of the *Health Equity Strategy* development process. Additional funding has also been provided to four HHSs to support contact tracing in these areas.

There has been an ongoing outbreak of infectious syphilis in Aboriginal and Torres Strait Islander people that was first declared in January 2011. The outbreak affects five HHS areas in Queensland: Torres and Cape, North-West, Cairns and Hinterland, Townsville and Central Queensland. There were 261 infectious syphilis cases in Aboriginal and Torres Strait Islander Queenslanders in 2022, 122 (47 per cent) of which were from the five outbreak-affected HHS areas. The gap in infectious syphilis notification rates between Aboriginal and Torres Strait Islander Queenslanders and other Queenslanders had been widening, with the rate in Aboriginal and Torres Strait Islander Queenslanders 6.4 times higher than the rate for other Queenslanders in 2022.

Statewide there was a continuing decrease in HIV notifications, from 179 cases (3.6 per 100,000 population per year) in 2018 to 100 cases (1.9 per 100,000 population per year) in 2022. However, HIV notifications were over-represented in Aboriginal and Torres Strait Islander people, accounting for 6.6 per cent of the total HIV notifications in Queensland (2018–2022). Between 2018 and 2022, 46 per cent (19/41) of HIV notifications in Aboriginal and Torres Strait Islander people occurred in North Queensland. Eighteen (95 per cent) of these HIV cases in North Queensland have been engaged in ongoing care, with 13 (72 per cent) achieving undetectable viral load. Cairns and Hinterland HHS provides ongoing clinical and public health services for HIV across North Queensland.

2. Blood-Borne Viruses (BBVs) and Sexually Transmissible Infections (STIs)

Queensland Health continued to support a range of BBV/STI prevention, testing and treatment programs and services during 2022, delivered by Queensland Health services, as well as non-government and community-controlled partner organisations, academic and training institutions and primary care.

2.1 Infectious syphilis and congenital syphilis

Infectious syphilis notifications remained stable during the period 2018–22. The proportion of infectious syphilis cases reporting male-to-male sex as their exposure has decreased from 650 cases (58 per cent of total) in 2018 to 481 cases (45 per cent) in 2022. The proportion of cases reporting heterosexual sex as their exposure has remained stable with 398 cases (38 per cent) in 2018 and 385 cases (36 per cent) in 2022. Queensland has seen rapid increases in notifications of infectious syphilis in women of reproductive age (15–44 years) in regional areas and cities. Among female cases notified, 91 per cent are of reproductive age and the total number has more than doubled from 103 cases in 2016 to 241 cases in 2022. Because of the risk of transmission during pregnancy to an unborn baby (congenital syphilis), the prevention of syphilis in the community, particularly among young and/or pregnant women, is a public health priority.

Between 1 January 2011 and 30 June 2023, there were 30 congenital syphilis notifications (18 in Aboriginal and Torres Strait Islander Queenslanders, nine in other Queenslanders and three with Aboriginal and Torres Strait Islander status under investigation). Five of these notifications were received in the 2022–23 financial year. Eleven notifications resulted in death (nine in Aboriginal and Torres Strait Islander Queenslanders and two with Aboriginal and Torres Strait Islander status under investigation). The emerging evidence is that people experiencing complex social issues such as homelessness, domestic violence, mental health issues, problematic alcohol or drug use, or who have a history of incarceration or an incarcerated partner, are at much higher risk of having poorer sexual health outcomes (including undiagnosed syphilis in pregnancy). These people are often disengaged from traditional health services.

Queensland Health is developing a coordinated, statewide Queensland Syphilis Action Plan to support action from the entire health system. The Action Plan has gone through broad consultation and is expected to be finalised later in 2023.

2.2 Other STIs

Overall, chlamydia notifications were relatively stable during the period 2018 to 2022. The rate of chlamydia notifications in Aboriginal and

Torres Strait Islander Queenslanders (1,599 cases per 100,000 population per year) was 4.2 times higher than in other Queenslanders (381 cases per 100,000 population per year) in 2022.

Statewide gonorrhoea notification rates fluctuated during the period 2018 to 2022, with an overall 11 per cent increase. The rate of gonorrhoea notifications reported among Aboriginal and Torres Strait Islander Queenslanders (528 cases per 100,000 population per year) was six times higher than in other Queenslanders (88 cases per 100,000 population per year) in 2022. Most Hospital and Health Service (HHS) areas experienced an increase in gonorrhoea notifications in 2022, compared with the previous five-year average (2017–2021).

2.3 HIV

The ongoing reduction in HIV notifications in Queensland between 2018 and 2022 was mainly driven by the decreasing number of cases reporting male-to-male sex as the transmission route. However, there was an increasing number and proportion of cases reporting heterosexual sex as the transmission route, from 24 cases (15 per cent of the total) in 2019 to 42 cases (42 per cent) in 2022.

Other features of changing HIV epidemiology include:

- Increased proportion of late diagnosis (defined as CD4+ count<350 cells/μL) among new HIV cases, from 30 per cent in 2018 to 50 per cent in 2022.
- Increased proportion of cases who acquired infection overseas, from 27 per cent in 2018 to 42 per cent in 2022.

Of the estimated 5,919 Queenslanders living with HIV in 2022, a total of 5,387 (91 per cent) were ever diagnosed in 2022. Of those diagnosed with HIV, 4920 (91 per cent) were on treatment, 4,674 (95 per cent) of which had a suppressed viral load.

HIV pre-exposure prophylaxis (PrEP) has been listed on the Pharmaceutical Benefits Scheme (PBS) since April 2018. There was a total of 12,013 Queenslanders who had accessed PBS subsidised HIV PrEP between 2018 and the first quarter of 2023.

2.4 Hepatitis B

Hepatitis B notification rates fluctuated in recent years, with an overall 13 per cent decrease during the period 2017–2022. The rate of hepatitis B notifications in Aboriginal and Torres Strait Islander Queenslanders (15 cases per 100,000 population per year) was similar to that in other Queenslanders (14 cases per 100,000 population per year) in 2022.

People aged under 25 years accounted for 7 per cent of the total hepatitis B notifications in 2022, reflecting the success of universal childhood hepatitis B immunisation since 2000. By 24 months of age, 96.7 per cent of Aboriginal and Torres Strait Islander children in Queensland were fully immunised with hepatitis B, compared with the overall coverage of 95.6 per cent in all Queensland children (based on 12-month data up to the first quarter of 2023).

People not vaccinated or not fully vaccinated for hepatitis B are at risk of hepatitis B transmission, particularly those from Aboriginal and Torres Islander communities and people from culturally, ethnically and linguistically diverse communities.

2.5 Hepatitis C

Statewide there was a decrease in hepatitis C notifications, from 2,130 cases in 2018 to 1,839 cases in 2022. Priority populations at risk of hepatitis C transmission include people who inject drugs and people in custodial settings.

Direct Acting Antiviral (DAA) medications for chronic hepatitis C, with a cure rate of over 95 per cent, have been listed on the PBS since March 2016. Between 2016 and 2021, approximately 22,000 Queenslanders were treated with DAA medications, accounting for 55 per cent of people estimated to be living with chronic hepatitis C in Queensland (estimated at 40,000 in total). The remaining 18,000 Queenslanders with chronic hepatitis C potentially remain untreated.

At both state and national levels, there is commitment to achieve the World Health Organization (WHO) targets for virtual elimination of hepatitis C by 2030. Actively engaging people with chronic hepatitis C into care and treatment is critical to achieving the 2030 elimination goal.

3. Chronic conditions and cancer

Many Queenslanders live with chronic conditions such as diabetes, cardiovascular disease, cancers, musculoskeletal disorders and chronic respiratory conditions. Much of

this disease burden can be prevented and managed by addressing modifiable risk factors, particularly tobacco smoking, poor nutrition, low levels of physical activity and unprotected exposure to the Queensland sun.

Prevention Strategy Branch takes a systems approach to ensure Queenslanders can live, work, play and age in communities that maximise opportunities for good health across the life course. This is achieved through:

- Establishing and strengthening built, natural, cultural and commercial environments that encourage healthy behaviours.
- Ensuring that the public health system provides many opportunities for early identification and management of chronic conditions to help people be the healthiest they can be.

Queensland contribution to national prevention policy and strategy

Prevention Strategy Branch leads and participates in intergovernmental networks to inform and guide prevention policy and strategy in Australia, for the benefit of Queenslanders.

In 2022–23, Prevention Strategy Branch:

- Provided nutrition expertise into food regulation initiatives that support public health objectives and informed consumer decisions when purchasing food and drinks. This included finalisation of the trans-national review of menu labelling. Menu labelling involves the display of energy in kilojoules, at the point-of-sale for ready-to-eat standard food and drinks. Having access to this information in a consistent way supports Australians to make informed purchasing decisions. Menu labelling reform in Australia and New Zealand was approved by the Food Ministers Meeting on 25 November 2022 and resultant policy development is currently being led by Food Standards Australia New Zealand.
- Represented Queensland in intergovernmental tobacco control networks to strengthen State-Federal responsiveness to e-cigarettes and other strategies that will ensure Australia remains a global leader in reducing tobacco use. The *National Tobacco Strategy 2023–2030* was released in May 2023.

Queensland leadership in prevention priorities and health system action

3.1 Smoking and e-cigarette reduction

Queensland has made substantial progress to reduce daily smoking, from 24 per cent in 1998 to 10.4 per cent in 2022. However, smoking remains a driver of chronic conditions, avoidable hospital activity, mortality and Aboriginal and Torres Strait Islander health inequity.

In 2022, a total of 19.7 per cent of Queensland adults reported that they had tried an e-cigarette and 14.5 per cent of adults aged 18 to 29 years reported they currently used e-cigarettes. Current e-cigarette use increased 40 per cent between 2018 to 2022, sparking concerns about new health risks and increased nicotine consumption promoting and prolonging tobacco use. Increasing reports of cheap, illegally grown or imported tobacco in Queensland also threaten smoking reduction efforts.

In 2022–23, the Queensland Government focused on addressing challenges in tobacco control by:

- Introducing legislative reforms.
- Increasing compliance monitoring.
- Enhancing quit support.
- Stewarding responses to e-cigarette use.

In May 2023, following extensive community consultation, new laws were introduced to reduce smoking uptake and promote successful quit attempts. The new laws:

- Create additional smoke-free areas and buffers in recreational outdoor settings.
- Require wholesalers and retailers to be licensed to sell smoking products.
- Permit State action against retailers that possess or supply products that are not compliant with Commonwealth packaging requirements, in support of national efforts to prevent illicit trade.
- Prohibit the supply of smoking products to children by parents and guardians.
- Restrict minors from being involved in the supply of smoking products.

Public complaints and queries are a valuable source of intelligence and inform compliance and enforcement action. In 2022–23, a total of 1,296 calls were made to the Tobacco Laws

Service and 542 perceived breaches of Queensland's smoking laws were submitted via Prevention Strategy Branch's new online complaints portal. Public Health Unit inspections, investigations and enforcement actions under tobacco legislation were higher in 2022–23 than the previous three years. A total of 581 inspections and investigations were undertaken and 404 enforcement actions were completed in 2022–23.

Queensland Health established an advisory group with education, youth, environment and health agencies to collaborate on State actions aimed at reducing youth smoking and vaping. Queensland Health is also contributing to the newly formed National E-cigarette Working Group on policy options to reduce the demand for and the supply of e-cigarettes among young people. Prevention Strategy Branch representatives and the Chief Health Officer appeared as witnesses before the Queensland Parliament's Health and Environment Committee inquiry into reducing rates of e-cigarettes. The Committee's report is due to be tabled by 31 August 2023.

In 2022–23 Queensland Health invested $1.7 million in campaigns, including Dr Karl's Vape Truths and Where Quitters Click, which encourages Queensland smokers to quit and young people to never start vaping. Formative research conducted will underpin further anti-vaping campaigns for adolescents later in 2023.

The Vape Truths campaign which ran over two waves in 2022-23 (Phase 1: July to August 2022, Phase 2: March to June 2023) performed strongly across all media channels and achieved positive behavioural results.

The first phase achieved over 38 million impressions and 150,000 website visits, whereas phase two achieved over 39 million impressions and an additional 166,000 website visits with strong dwell times.

The campaign exceeded all campaign objectives, with those who saw the campaign:

- 77 per cent agreed the campaign helped them to understand the health risks of vaping (target 40 per cent).
- 70 per cent agreed they are aware that vaping is bad for their health (target 56 per cent).
- 72 per cent took some form of action as a result of seeing the campaign such as visited the QuitHQ website, called Quitline or spoke to a health professional about quitting in the last 12 months (target 50 per cent).

Queensland Health also delivers a Quitline service that seeks to continuously improve and trial new approaches to helping more Queenslanders to successfully quit smoking. In 2022–23, Quitline completed 9,490 single session support and information calls and provided intensive quit support (combination of multiple session support calls with a 12-week supply of Nicotine Replacement Therapy (NRT)) to 4,000 individuals within identified priority smoking cohorts. They included pregnant women and their partners, Aboriginal and Torres Strait Islander people, clients of Community Mental Health, and individuals living in regional, rural and remote Queensland.

To help Queensland clinicians gain knowledge and confidence in offering smoking cessation advice to their patients, Prevention Strategy Branch partnered with the Queensland Respiratory and Sleep Clinical Network to develop and deliver a statewide smoking cessation training program. The online training program was held in May 2023, with 168 health care professionals attending from a range of clinical areas.

3.2 Skin cancer prevention

Queensland has high levels of ultraviolet radiation from the sun all year. While people are aware of sun safety messages, many are not using sun-safe behaviours daily. The 2022 Report of the Chief Health Officer Queensland showed that nearly 50 per cent of Queensland adults and 45 per cent of children had been sunburnt in the previous 12 months. It also reported that the overall cancer incidence rates in Queensland were 10 per cent higher than Australian rates, and this was largely driven by melanoma.

Prevention Strategy Branch is the strategic lead for skin cancer prevention and provides advice and support to other government agencies to improve sun safety policy development and implementation. The branch has a strong policy network with leading skin cancer researchers, clinician peak representative bodies, government departments and non-government organisations. This includes Skin Cancer Prevention Queensland, which in 2022–23 established skin cancer prevention targets and

hosted a forum with the sunscreen industry to identify areas for collaboration.

In June 2022, the Queensland Government invested $8.4 million over four years for skin cancer prevention and skin cancer early detection services. Cancer Screening Branch sought expert advice on the project design, which has three core elements:

- A Queensland-wide skin cancer prevention social marketing campaign.
- Outreach skin cancer early detection services in underserved locations.
- Local community activation and health promotion.

Queensland Health's Strategic Communications Branch developed and implemented a winter skin cancer prevention campaign that ran from May to June 2023. Informed by consumer research, the social marketing campaign focused on increasing the uptake of the five sun safe behaviours (Slip, Slop, Slap, Seek and Slide) and encouraging people to check their skin. The campaign ran across traditional and digital media channels including out of home, social media, digital video and audio, editorial and radio. The campaign achieved more than 30 million impressions across the digital channels.

The outreach early detection services and community activation activities will be provided in five priority Hospital and Health Services (HHSs): South West, North West, Central, Townsville and Mackay. These regions have higher sunburn rates and lower uptake of sun-safe behaviours than the Queensland average.

CheckUP, a non-government organisation with an established approach to identifying community needs and commissioning clinical services, was engaged in May 2023 to plan and deliver the outreach skin cancer early detection clinics in the five priority HHSs.

The department is partnering with Central Queensland HHS to focus on skin cancer prevention through community activation across the region. A sponsorship opportunity with the Queensland Touch Football Junior State Cup in Rockhampton resulted in the Board of Queensland Touch Football approving a Sun Safe Policy which now offers a template for other clubs and sporting codes to adopt.

3.3 Healthy Places, Healthy People

Well-designed built and natural environments that preference healthy behaviours contribute to improving physical and mental health outcomes and, in the longer term, can reduce the chronic disease burden in our communities. The *Healthy Places, Healthy People* framework provides an evidence-based mechanism to ensure health considerations are prioritised in the design and delivery of built environment infrastructure projects.

Prevention Strategy Branch worked in partnership with the Office of the Queensland Government Architect to promote consistent application of the framework in government policy and infrastructure planning decisions. During 2022–23, this included:

- Collaboration in Ipswich on projects addressing walkability barriers and improving shade provision.
- Hosting a 'Shaping Healthy Urban Environments' cross-government workshop to prioritise the planning and delivery of highly connected and well-shaded walkable Brisbane 2032 Olympic and Paralympic Games precincts and public transport routes.
- Developing guidance resources to support Games infrastructure planning, commissioning and delivery processes.
- Completion of a case study review of international cities that have demonstrated successful action in creating healthier, more walkable cities.

In partnership with the University of Southern Queensland, Prevention Strategy Branch has used research findings to develop Strategic Tree Planning and Planting resources and tools. These resources will support state agencies, local councils and private developers to increase shade provision and sun protection along footpaths and active travel routes.

Improving prevention of chronic conditions within the Queensland public sector health system

In June 2022, Prevention Strategy Branch completed a systems analysis to understand key factors in Queensland Health that both positively and negatively impact the ability of the system to strengthen the prevention of chronic conditions, and identified practical

solutions for change. A package of 20 actions across five domains of change were identified as critical in driving system redesign to strengthen prevention more sustainably as part of quality clinical practice. A phased approach to implementation is now being progressed, with initial actions progressing under the Reform Strategy of HEALTHQ32, a 10-year vision for Queensland Health.

To support the strengthening of healthier food and drink environments in Queensland Health facilities, Prevention Strategy Branch worked closely with Health and Wellbeing Queensland to revise the Health Service Directive that outlines food and drink menu and advertising requirements, including in retail outlets. Health and Wellbeing Queensland lead *A Better Choice Food and Drink Supply Strategy* and provide extensive implementation support to HHSs, also assisting them to monitor their progress. HHSs are currently considering the draft revised directive, which is expected to be published in November 2023.

Using an innovative approach to support improved health and wellbeing for patients on surgical waiting lists, Prevention Strategy Branch funded and provided policy leadership for Way to Wellness, a Queensland-wide, telephone-based preventive health service. The initiative is delivered by Queensland's Health Contact Centre and engages patients in a comprehensive risk assessment, provides brief advice and offers referrals to evidence-based programs. Way to Wellness currently services patients aged 18 and over, waiting or booked as category two or category three for knee, hip or shoulder surgery, as this time on a waiting list presents a prime opportunity for patients to reflect on their health and initiate behaviour change. In 2022–23, Way to Wellness completed 1,632 risk assessments, with 97.5 per cent of patients who participated in the service evaluation reporting change in at least one of the eight risk areas.

3.4 Cancer screening

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

For more than 30 years, Queensland Health has been providing breast screening services to reduce deaths from breast cancer, targeting women aged 50–74 years. The program is delivered through BreastScreen Queensland screening and assessment services, including 11 main sites, 23 satellites and 11 mobile vans covering more than 260 locations across the state. The latest available data identifies that 51.3 per cent of Queensland women aged 50 to 74 years participated in the program for the 24-month calendar period 2021–22. In the 2022–23 financial year 251,798 breast screens were performed.

Queensland Health also supports the National Cervical Screening Program (NCSP). The Program aims to reduce the number of women who develop or die from cervical cancer through screening, which currently detects early changes in the cervix before cervical cancer develops. Most cervical cancers are found in people who have never been screened or screened less regularly than recommended. Approximately 67.5 per cent of Queensland women participated in the program for the five-year period 2018–2022. On 1 July 2022, the NCSP expanded test options, offering self-collection as a choice to all people eligible for cervical screening (unless a co-test is indicated). This change means all women and people with a cervix aged 25–74 years will have the choice to screen using either a self-collected vaginal sample, or a clinician collected sample from the cervix. Both options continue to be accessed through a healthcare provider. Recent evidence demonstrates that a Cervical Screening Test using a self-collected vaginal sample is as accurate as a clinician-collected sample taken from the cervix during a speculum examination. Self-collection provides a level of control and choice for many patients, removing a significant cervical screening barrier for those less likely to screen. In the first year of the policy, 16 per cent of participants in the program chose to self-collect. Early data indicates that self-collection has improved cervical screening uptake, particularly for people in rural and remote locations and amongst First Nations peoples.

The National Bowel Cancer Screening Program (NBCSP) invites eligible Queenslanders aged 50–74 years to screen every two years for bowel cancer using a free,

simple test at home. Queensland Health supports the NBCSP through the delivery of the Participant Follow Up Function (PFUF) for participants who received a positive faecal occult blood test and were not recorded on the NBCSP Register as having attended a consultation with a relevant health professional. More than 8,300 follow-up interactions in Queensland were delivered for the 2022–23 financial year. On average, PFUF officers followed up participants on their first GP reminder in seven days and those on first colonoscopy reminder in five days, much lower than the 28-day KPI. The latest available data identifies that 37.5 per cent of eligible Queenslanders participated in the program for the 24-month calendar period 2020–21. In 2020–21, a total of 452,827 Queenslanders aged between 50 and 74 years participated in bowel screening.

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

4. Environmental health

Impacts on human health from environmental risks arise from a range of sources, including physical, chemical and biological factors and related factors impacting behaviours. In 2018, it was estimated that 1.8 per cent of the total burden of disease in Australia was due to occupational exposures and hazards, including injuries, loud noise, carcinogens, particulate matter, gas and fumes, asthmagens and ergonomic factors and 1.3 per cent of the total burden of disease was attributed to fine particulate (PM2.5) air pollution.[2] In 2018 it was estimated that about two per cent of deaths were attributed to PM2.5 air pollution and 1.1 per cent of deaths were attributed to occupational exposures and hazards.[3]

The natural environment can influence physical and mental health through factors such as the quality of air and water, soil in which food is grown, positive and negative effects of exposure to ultraviolet radiation (adequate exposure protecting against Vitamin D deficiency and excessive exposure being linked to skin cancer) and the potential impact of extreme weather events.[4] The built environment also encompasses several determinants of health, including housing, neighbourhood conditions and transport routes, which shape the social, economic and environmental conditions that are needed for good health.[5]

Pressures from the natural environment, including more frequent, adverse weather events, climate change and population growth, and design of the built environment can contribute to an unhealthy environment and negatively influence people's physical and mental health and wellbeing.[6] The ability to effectively identify, assess and respond to threats from environmental sources is a critical part of a proactive and integrated health protection response to safeguard and improve the health of Queenslanders.

4.1 Climate adaptation and health system sustainability

The occurrence of climate-related events in Queensland continues to reinforce the concerns of the World Health Organization, which identified earlier this millennium that changing climate is the biggest global health threat of the 21st century. In Queensland, recent notable climatic events have included dust storms, drought, floods, wildfires and cyclones. The effects on human health have also been compounded by the sequential occurrence of climatic disasters, allowing little opportunity for respite or recovery. This risk was highlighted in early 2022 with multiple flooding events occurring across Queensland and the ongoing natural disasters across all parts of the globe.

The health system plays a unique role, both contributing to carbon emissions and responding to the health challenges caused by

2 www.aihw.gov.au/reports/burden-of-disease/abds-2018-interactive-data-risk-factors/contents/occupational-exposures-and-hazards

3 www.aihw.gov.au/reports/burden-of-disease/abds-2018-interactive-data-risk-factors/data

4 www.aihw.gov.au/reports/australias-health/natural-environment-and-health

5 www.gcph.co.uk/assets/0000/4174/BP_11_-_Built_environment_and_health_-_updated.pdf

6 www.aihw.gov.au/australias-health/summaries

climate change. Nationally, the health sector is responsible for seven per cent of greenhouse gas emissions and, in Queensland, nearly 50 per cent of government (reported operational) emissions are from the public sector health system, primarily driven by electricity consumption.

Queensland Health has taken numerous steps to respond to climate-related risks, including:

- Releasing the *Queensland Health Climate Risk Strategy 2021–202*6 and related resources, which outlines Queensland Health's approach to the ongoing provision of quality and dependable healthcare services and response to climate-induced risks.

- The strategy and implementation road map, supported by the Climate Change Adaptation Planning Guidelines and Climate Change Information Almanac, provides a policy framework and training approach to support consistent climate risk management across the public sector health system. The strategy is aligned to key Queensland Government policy frameworks, including the *Queensland Climate Action Plan 2020–2030*, which builds on actions already taken under the *Queensland Climate Transition Strategy* and *Queensland Climate Adaptation Strategy*, including:

    - Establishing the Office of Hospital Sustainability (OHS) in 2020 to support energy efficiency and emissions reduction initiatives across Queensland Health, including Solar PV and upgrades to lighting and Heating, Ventilation and Air Conditioning (HVAC) systems.

    - From the $30 million Energy Efficiency Program and earlier initiatives, more than 130 Queensland Health facilities now have rooftop solar, saving 7,300 tonnes of CO_2 equivalent emissions each year.

    - In total, energy efficiency and emissions reduction initiatives have reduced Queensland Health's carbon emissions output by around 60,000 tonnes of CO_2 equivalent each year—equal to taking 12,244 cars off the road each year.

    - OHS is establishing Queensland Health-wide resource usage and environmental impact reporting to guide carbon reduction efforts, influence infrastructure design and investment decisions and mature waste management and recycling across Queensland Health. The OHS is also working with the whole of government initiative on a Future Economy Taskforce, linked to the decarbonising global environment effort agreed to by the Queensland Government.

4.2 Foodborne illness – Salmonella, Campylobacter and Listeria monocytogenes

Foodborne illness is an ongoing and sometimes serious problem that is largely preventable. In September 2022, Food Standards Australia New Zealand released a report estimating that foodborne illness and its sequelae costs Australia $2.44 billion each year.[7] The largest components of this cost include lost productivity due to non-fatal illness, premature mortality and direct costs including hospitalisations and other health care use.

In April 2017 the Australia and New Zealand Ministerial Forum on Food Regulation (now the Food Ministers' Meeting), agreed the food regulation system was producing strong food safety outcomes overall and identified priority areas to further strengthen the system. One of these priorities was to reduce foodborne illness, particularly related to *Campylobacter* and *Salmonella*, with a nationally consistent approach.

In June 2018, the *Australia's Foodborne Illness Reduction Strategy 2018–2021+* was endorsed. Members of the Food Ministers' Meeting agreed that the focus of the national strategy continues to be important and relevant and should be continued as a priority beyond 2021, with an expanded focus to include foodborne infections due to *Listeria monocytogenes (L. monocytogenes*).

[7] www.foodstandards.gov.au/publications/Documents/ANU%20Foodborne%20Disease%20Final%20Report.pdf

The Queensland Senior Officers Working Group, consisting of senior level representatives from Queensland Health, Queensland Department of Agriculture and Fisheries, and Safe Food Production Queensland, endorsed the *Queensland Foodborne Illness Risk Reduction Implementation Plan 2022–25+* (Implementation Plan) which supersedes the *Reducing Risk in the Community—Queensland Foodborne Pathogen Risk Mitigation Strategy March 2015 – March 2018*. The Implementation Plan supports the priorities identified in the nationally agreed *Australia's Foodborne Illness Reduction Strategy 2018–2021+*, and outlines Queensland's proposed actions to mitigate key risk areas for foodborne illness in relation to *Salmonella, Campylobacter* and *Listeria monocytogenes*.

A total of 18 foodborne, or probable foodborne outbreaks were investigated in Queensland during the 2022–23 financial year, resulting in at least 154 cases of illness. A food vehicle was identified for nine outbreaks. Outbreaks occurred during exposure to the following settings: restaurants (7), seafood vendors (3), aged care (3), community (3), resort (1) and a catered event (1).

With improvements to industry and targeted education and training for the retail food service sector, notifications of salmonellosis in Queensland continue to fall nationally, with a five-year mean of approximately 20 per cent fewer cases. There were 2,954 *Salmonella* notifications during the 2022–23 financial year, which was 18 per cent lower than the 2021–22 financial year (3,595 cases) and 22 per cent lower than the five-year mean (3,802 cases). Notification rates have trended downward since the 2019–20 financial year, to 55.5 cases per 100,000 population in the current financial year. Despite advances in control methods, there has been an increase in the incidence of foodborne illness relating to *Campylobacter.* There were 10,335 cases of *Campylobacter* infection reported during the 2022–23 financial year. This compares with 9,039 cases during the previous financial year and a five-year mean of 8,611 cases. The notification rate during the 2022–23 financial year was 194.2 cases per 100,000 population, which was 12 per cent higher than the previous financial year (173.2 cases per 100,000 population). The notification rate for the 2022–23 financial year is the highest rate recorded since *Campylobacter* became a notifiable disease in Queensland in 1990.

The introduction of routine nucleic acid testing (PCR) for the detection of enteric pathogens in stools was introduced in late 2013. Annual notification rates have trended upward since this time. Due to the volume of notifications, single cases are not routinely followed up in Queensland. Public health follow up is limited to outbreak and cluster investigations.

Listeria monocytogenes infection is almost always acquired from eating contaminated food. Invasive listeriosis is a notifiable condition in Queensland and all cases are promptly investigated by public health to determine their source of infection and enable control and prevention measures to be implemented to prevent further transmission in the community. There is a relatively high case fatality rate associated with invasive listeriosis as cases commonly present with bloodstream infections and/or meningitis.

Thirteen cases of invasive *L. monocytogenes* infection were notified during the 2022–23 financial year, two of which were perinatal infections. This compares with 10 cases notified during the previous reporting period and a five-year mean of 10 cases.

4.3 Air quality

The air quality in Queensland is considered relatively clean compared to many countries around the world. However, it should not be taken for granted. The bushfires of 2019–20 highlighted to the community the importance of air quality in maintaining a healthy lifestyle.

Queensland Health is continuing to work with the Commonwealth, other state health agencies, and the Queensland Department of Environment and Science (DES) to improve the monitoring of $PM_{2.5}$ (particles with a diameter of 2.5 micrometres or less) and PM_{10} (particles with a diameter of 10 micrometres or less) across Queensland. This allows for more meaningful public health messaging that aligns with other state and national jurisdictions and is consistent with PM2.5 and PM10 levels for 'short term' bushfire smoke events. It also allows for a health risk assessment of the 'live' monitoring data on the DES website to provide timely public advice to the community.

Queensland Health also provides advice to DES on the ongoing management of air emissions around known areas of community concern, including an air quality monitoring

plan developed for the Swanbank Industrial Area. This area is characterised by former coal mining and coal-fired power operations, as well as other ongoing high-impact and special industry activities, known to generate odour, causing issues for residents surrounding Swanbank. Queensland Health provided health risk advice to DES in relation to the monitored levels of pollutants, such as hydrogen sulphide (H_2S) amongst many others at times when community was experiencing significant odours.

4.4 Water quality

Drinking and recycled water incidents

During 2022–23, there were 219 notifications of drinking and recycled water incidents reported to Queensland Health by the Department of Regional Development, Manufacturing and Water. The majority of incidents (210) were related to drinking water, 80 per cent (175) handled by four Public Health Units – Darling Downs (49), Tropical (47) Central Queensland (40) and Townsville (39).

The detection of elevated levels of chlorate, a disinfection by-product was the leading cause of drinking water incidents (39) in 2022–23. This was closely followed by *E. coli* detections (33) and infrastructure failure (27).

During 2022–23, 32 of the drinking water incidents reported led to the issuing of a 'boil water alert', six to a 'do not consume alert' and three to a 'do not use' advisory – one of which impacted 27,000 people in south-east Queensland.

When drinking and recycled water incidents occur, it is important that water service providers are able to respond rapidly to minimise any potential threat to public health. During the reporting period, the Queensland Health Water Unit presented on drinking water incident preparedness at two regional state government forums for water service providers.

Further education sessions are planned for 2023–24.

Water quality audit of Queensland Health clinical facilities

In June 2023 Queensland Health announced a water quality audit of all clinical health facilities. The audit is due to be completed during the first quarter of 2023–24 and will focus on identification of risks from metals in plumbing systems. The need for the audit was identified at the end of May 2023, following the detection of elevated levels of metals in water samples taken from two facilities within the Cairns and Hinterland Hospital and Health Service—the new Atherton Hospital and the existing Yarrabah Health Clinic.

The audit will help Queensland Health to ensure patients, visitors and employees are not exposed to elevated levels of metals when consuming water within a Queensland Health facility. Wherever possible, all water samples collected as part of the audit will be processed by Queensland Health's Scientific Services laboratory.

Where elevated levels of metals are detected, an investigation into the source will be undertaken and measures will be put in place to address any exposure risks. Resources have been developed to assist Hospital and Health Services with all aspects of sample collection, interpretation of results, investigation and remedial actions.

4.5 Occupational Dust Lung Disease

On 30 September 2022, the Minister for Health and Minister for Ambulance Services (the Minister) tabled the *Notifiable Dust Lung Disease Register third Annual Report 2021–22* in the Queensland Parliament. This Annual Report was provided to meet the requirements of the *Public Health Act 2005* and includes:

- The number of notifications and reports of notifiable dust lung disease given to the Notifiable Dust Lung Disease Register (NDLD Register) during the 2021–22 financial year.
- A description of the types of notifiable dust lung diseases recorded in the NDLD Register during the financial year.
- Other actions undertaken by Queensland Health to implement the purposes of the NDLD Register.
- Since 1 July 2019, Queensland occupational and respiratory medicine specialists must notify cases of notifiable dust lung disease to the NDLD Register. On request, Resources Safety and Health Queensland and the Office of Industrial Relations must also report information that their organisations hold on cases of notifiable dust lung disease to the NDLD Register.

A notifiable dust lung disease is any of the following respiratory diseases when caused by occupational exposure to inorganic dust:

- Cancer (e.g. mesothelioma).
- Chronic obtrusive pulmonary disease, including chronic bronchitis and emphysema pneumoconiosis, including:
  - Asbestosis.
  - Coal workers' pneumoconiosis.
  - Mixed-dust pneumoconiosis.
  - Silicosis.

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

During its fourth year of operations (2022–23), the NDLD Register provided support and advice to the Commonwealth Department of Health, into the design and development of a National Occupational Respiratory Disease Registry (National Registry). Establishing a National Registry was a recommendation of the Final Report of the National Dust Diseases Taskforce[8] to support the prevention, early identification, control and management of occupational respiratory diseases in Australia.

Preparations are underway for the fourth Annual Report of the NDLD Register (2022–23), which must be provided to the Minister by no later than 30 September 2023 and tabled as soon as practicable in the Queensland Parliament. The next NDLD Register's Annual Report will present three years of complete data, by date of diagnosis, for the years 2019–20, 2020–21 and 2021–22.

Further information about the NDLD Register, including copies of the NDLD Register Annual Reports and a link to information about the National Registry, is available from the NDLD Register website.[9]

4.6 Lead

Lead and lead compounds are not beneficial or necessary for human health and can be harmful to the human body. Health effects resulting from lead exposure differ substantially between individuals. Factors such as a person's age, the amount of lead, the exposure period (long or short), and the presence of other health conditions, will influence the symptoms or health effects experienced. Many lead exposures resulting in elevated blood lead levels are a result of inadvertent lead exposures at the workplace. Queensland Health supports both the Department of Natural Resources and the Office of Industrial Relations (Workplace Health and Safety Queensland) in their endeavours to improve the health of workers exposed to lead.

Although lead can be harmful to people of all ages, the risk of health effects is highest for unborn babies, infants and children. Babies and young children can be more affected by lead in the environment because they often put their hands and other objects that can have lead from dust or soil on them, into their mouths. Blood lead level is an accurate way of monitoring lead exposure.

Lead health management strategies focusing on minimising lead health risks to young children in Mount Isa are continuing under the *Mount Isa Lead Health Management Strategic Plan 2021–25 (the Plan)*. A key feature of the Plan is the strengthening of the Mount Isa Public Health Unit in Mount Isa to provide a single point of contact for all lead healthcare management services to the young children of Mount Isa.

The point of care testing (PoCT) program undertaken by the North West HHS Child Health Services continues to be supported by the Mount Isa community, as the preferred method of measuring a child's blood lead level.

PoCT testing increased from 148 tests during 2021–22 to 279 tests in 2022–23. This represents 238 individual children being tested during 2022–23, with a small number of children having more than one test during this period.

The results of the tests undertaken identified:

- 168 children had blood lead levels <5 µg/dL.
- 56 children had blood lead levels ≥ 5 µg/dL but < 10 µg/dL.
- 14 children had blood lead levels ≥ 10 µg/dL.

[8] www.health.gov.au/committees-and-groups/national-dust-disease-taskforce

[9] www.health.qld.gov.au/public-health/industry-environment/dust-lung-disease-register/about-the-register

This allows ‘at risk’ children to be more readily identified at an early stage and referred to their general practitioner for follow-up and case management if necessary.

4.7 Per- and poly- fluoroalkyl substances (PFAS)

PFAS are environmentally persistent chemicals that tend to accumulate in the food chain and human tissue. The effects of PFAS on human health are uncertain. However, as a precaution, the Australian Government recommends exposure to PFAS be minimised wherever possible. Studies undertaken in Australia confirm exposure for most of the Australian population to PFAS from their diet is very low.

A number of PFAS-contaminated sites have been identified in Queensland and are being investigated primarily by the Department of Defence, Air Services Australia and the Department of Environment and Science. These include defence bases, airports, ports, mines, power stations and fuel facilities. Contamination is mostly due to the use, and inadequate containment, of firefighting foams containing PFAS before their use in Queensland was banned over the period 2016–2019.

During 2022–23, Queensland Health continued to review investigation data and provided advice on assessing community human health risks to inform the government response for contamination sites. This included the Queensland Fire and Emergency Services fire station in Ayr, the Callide Power Station near Biloela and a number of airports and defence facilities. As a result, actions are being taken to minimise PFAS exposure at these sites.

4.8 Radiation safety

Radiation Safety Officer (RSO) training

Radiation Safety Officer online legislation training is available free of charge through the Queensland Health webpages to support RSOs to meet competencies required for appointment under the *Radiation Safety Act 1999*.

Almost 700 RSOs have successfully completed the course, with an additional 150 RSOs currently enrolled to complete the training. This marks a milestone of over 30 per cent of all Radiation Safety Officer Certificate holders having either completed the training or currently undertaking the training course.

The video ‘Why do we need RSOs?’ and Radiation Safety Officer tip sheets, available through the training course are also published on the Queensland Health webpages. There have been almost 800 downloads of the tip sheets to date to support RSOs in preparations for their assessment report to provide advice to the relevant business owner. This includes:

- Advice on preparatory activities to develop a customised audit checklist in the interests of continual improvement to support a good radiation safety culture.
- How to conduct in-field observations and analyse them.
- Guidance on how to report recommendations to the Possession Licensee.

There have been almost 900 views of the ‘Why do we need RSOs’ video to date.

Positive feedback has been received from both RSOs and prospective RSOs currently undertaking the training, with the training assisting them to undertake their duties as RSOs with guidance provided on both their own and the Possession Licensees (the Business’s) accountabilities pursuant to the *Radiation Safety Act 1999*. This includes their legislated functions to interpret legislation, guidelines, codes of practice and Radiation Safety Standards.

There has been a noted improvement in RSO functions and compliance matters to support Possession Licensees (the Business) to ensure:

- Radiation sources and premises comply with the relevant Radiation Safety Standard, verified by the equipment and premises compliance tester (the Accredited Person).
- An RSO is appointed for the radiation practice before any radiation practice is carried out.
- Staff hold the appropriate Use or Transport Licence, allowing them to use the radiation source or transport the radioactive substances.
- Staff comply with the approved Radiation Safety and Protection Plan and receive

periodic training to understand their responsibilities and ensure continued compliance.

- Relevant approvals are held, before acquiring or relocating a radiation source or disposing of a radioactive substance.
- Notifications of potentially dangerous events, or incident occurrences.

It is envisaged that further compliance improvements will be realised once all RSOs complete the training, and with the benefit of the published resources freely available and accessible on the radiation health webpages.

Radiation Health online contact forms

Since the implementation of the Radiation Health online contact forms[10] in October 2020, the number of telephone enquires has significantly reduced and almost ceased, for both the Radiation Health Unit and the Public Health Licencing Unit. In addition, turnaround times for responding have improved as there is sufficient information to base a response, tailor website enhancements and other communications and intelligence for compliance strategies. For example, standardising responses, and automatically routing messages to action officers and gaining intelligence on the most frequent types of enquires could help further develop and focus future communication and compliance strategies.

This will lead to improved compliance with the *Radiation Safety Act 1999* and improve radiation safety in Queensland. Five targeted online contact forms were created to cater for the bulk of enquiry types received by both Units, targeted at the relevant audience. In 2022–23 almost 4,000 enquiries were received, indicating increased use of the online contact forms:

- Applicants, licensees and certificate holders – 2,344 enquires.
- Possession licensees – 1,095 enquiries
- Pre-application technical advice – 379 enquires.
- Radiation safety issue – 112 enquires.
- Incident notifications – 56 enquiries.

There have been many efficiencies gained by reducing the number of client phone calls and limiting the number of interactions required (both externally and internally) having minimum information required without needing to contact the client. Further benefits include limiting additional internal contacts between teams and individual officers to gain information. This has flow-on benefits for enhanced data and intelligence on the type of enquires received and improves turnaround times for addressing client enquiries, through the development of standard responses for the bulk of enquiries received.

5. Pharmacy business ownership

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

The Interim Pharmacy Roundtable continued in its functions to provide formal advice to the Minister for Health and Ambulance Services in relation to reform of the regulation of pharmacy ownership in Queensland.

The objects of the Act are to promote the professional, safe and competent provision of pharmacy services and to maintain public confidence in the pharmacy profession.

Upholding these objects, the Pharmacy Business Ownership Unit processed 509 individual notifications from pharmacy business owners who were either acquiring an interest, disposing of an interest, restructuring their interest, opening a new pharmacy business, closing an existing pharmacy business or changing their pharmacy business particulars.

During the reporting period, 28 new pharmacy businesses within Queensland began trading compared to 20 in the previous reporting period. Medicinal Cannabis dispensaries have influenced the increased volume of brand-new pharmacies opening within the reporting year. These pharmacies are private facilities and are not subject to any Pharmaceutical Benefits Scheme regulations administered by the Commonwealth.

[10] www.health.qld.gov.au/system-governance/licences/radiation-licensing/contact

The Pharmacy Business Ownership Unit provided monthly active pharmacy business data reports to all managers of Public Health Units within Hospital and Health Services. These reports provide Environmental Health Officers with up-to-date pharmacy data to assist in their scheduling of pharmacy inspections within their region.

6. Communicable disease prevention and control

Considerable progress has been made in reducing communicable disease-related morbidity and mortality. However, communicable diseases remain relatively common and are a significant public health priority in Queensland. There were 668,142 episodes of communicable diseases (including COVID-19) notified to Queensland Health during the 2022–23 financial year, representing about one notification per eight Queenslanders and 158,022 of these were unrelated to COVID-19.

Contemporary communicable disease challenges are increasingly complex, with new and re-emerging communicable diseases inevitable due to changing interactions between humans, animals and the environment. As defined by the World Health Organization, *One Health* is an integrated, unifying approach that aims to sustainably balance and optimise the health of people, animals and ecosystems.[11] Acute and long-term impacts of communicable diseases can be prevented or minimised through taking a primordial approach to disease prevention, supported by comprehensive surveillance systems, maintenance of sufficient capacity for early assessment of potential threats and comprehensive response plans. The Communicable Diseases Branch works closely with government and non-government partners in response to communicable diseases threats and leads the public health emergency response to threats of state and national significance.

6.1 COVID-19 public health response

In Queensland, the COVID-19 pandemic has broadly occurred in two phases:

1. Keeping the virus out for as long as possible until high levels of vaccination coverage were achieved (2020–21).
2. Protecting those at highest risk (2022).

The first phase focused on the public health actions of test, trace, isolate and quarantine (TTIQ), part of an elimination strategy to disrupt transmission chains and enable time to vaccinate Queenslanders and protect those at highest risk of hospitalisation and death from COVID-19.

There have been four distinct waves of COVID-19 that occurred through 2022 and into 2023, typically peaking after 5–6 weeks and persisting for 12 weeks.

During the first wave, Omicron (B.1.1.529/BA.1) was predominant and 596,143 cases were reported amongst people with COVID-19 over 13 weeks from 13 December 2021 until 13 March 2022. A second wave of community transmission commenced on 14 March 2022, attributed to the Omicron BA.2 sub-lineage, which was the predominant strain by the week ending 27 March 2022. There were 530,893 cases reported amongst people with COVID-19 over 13 weeks from 14 March 2022 to 12 June 2022. The number of public hospital beds occupied by people with COVID-19 peaked at 537 on 19 April 2022. A third wave, attributed to BA.4 and BA.5 sub-lineages of the Omicron variant, commenced on 13 June 2022. There were 396,964 cases reported amongst people with COVID-19 over 21 weeks from 13 June 2022 to 6 November 2022. The number of public hospital beds occupied by people with COVID-19 peaked at 977 on 25 July 2022. A fourth wave, attributed mainly to BA.2.75 sub-lineages of the Omicron variant, commenced on 7 November 2022. There were 110,315 cases reported amongst people with COVID-19 over 12 weeks and 2 days from 7 November 2022 to 31 January 2023. The number of public hospital beds occupied by people with COVID-19 peaked at 509 on 19 December 2022.

Between 1 July 2022 and 30 June 2023, more than 510,000 cases of COVID-19 were reported through notifications to the notifiable conditions register, or voluntarily through the Queensland Health online rapid antigen test (RAT) portal. The were 10,872 cases at the peak of the third wave, during which highest number of notifications recorded. Overall, 2.9 per cent (14,550) of total Queensland COVID-19 cases were aged care facility residents and eight per cent (41,059) were First Nations

[11] www.who.int/health-topics/one-health#tab=tab_1

Queenslanders. As of 30 June 2023, there were 3,176 deaths recorded among persons diagnosed with COVID-19—most (1,810) died between 1 July 2022 and 30 June 2023.

The declared public health emergency under the *Public Health Act 2005* ceased on 31 October 2022 and all remaining public health directions were revoked. The COVID Response Division, including the State Health Emergency Coordination Centre (SHECC), Department of Health was stood down on 30 September 2022 to enable a 'living with COVID' approach to be implemented across Queensland Health. Critical ongoing functions of the COVID Response Division for the management of COVID-19 were absorbed into usual business of the department.

On 5 May 2023 the Director-General, World Health Organization (WHO) determined that COVID-19 is now an established and ongoing health issue that no longer constitutes a public health emergency of international concern. It was noted that while SARS-CoV-2 continues to evolve, the currently circulating variants do not appear to be associated with increased severity.

Publication of Queensland COVID-19 statistics on the Queensland Health website ceased on 11 May 2023. As Queensland reports statistics to the Australian government, a link on the Queensland Health webpage now re-directs people to the Australian government's COVID-19 statistics.

On 23 June 2023 COVID-19 risk advice was absorbed into the usual processes for informing the public and health sector about any increased risk from notifiable conditions. This includes consistent and timely web-based advice for the public and the health sector on preventing and managing acute respiratory infections, regular disease summary reports and the publication of protocols and guidelines for the management of acute respiratory infections in healthcare settings. Regular communication with the primary care sector on communicable diseases of public health concern continues through established forums.

While COVID-19 remains a serious disease that continues to require monitoring, it is now managed as part of a broader surveillance strategy for respiratory pathogens of public health significance (e.g. influenza, RSV, COVID-19) by the Communicable Diseases Branch.

6.2 COVID-19 testing

SARS-CoV-2 diagnostic tools and testing requirements in Queensland changed as the increase in COVID-19 cases reduced the capacity to sustain laboratory-based polymerase chain reaction (PCR) testing and with the emergence of self-performed rapid antigen tests (RATs). An online RAT portal was established for the public to voluntarily register their positive COVID-19 RAT result. The RAT portal was operational for the period of 13 December 2021 to 31 August 2023.

6.3 COVID-19 vaccination program

In 2022–23, COVID-19 vaccination has continued to be available through Queensland primary care providers, such as general practice and community pharmacy. Queensland Health's COVID-19 Vaccination Taskforce, Vaccine Command Centre and the COVID-19 Vaccination Workforce and Education Management Team were closed out on 30 September 2022.

Queensland Health continues to provide support to COVID-19 vaccination service providers across the state and is working with the Australian Government to transition all COVID-19 vaccine related activities to the state in 2023–24. This includes all storage, distribution to all COVID-19 vaccine providers in Queensland, vaccine service provider registration and ongoing support, as well as stock management and reporting for all COVID-19 vaccines.

6.4 Wastewater surveillance program

Wastewater surveillance for SARS-CoV-2 was undertaken throughout 2022–23.

The 2021–22 surveillance program was extended into the first three months of 2022–23, concluding on 30 September 2022. From 20 January until 30 June 2023, Queensland Health continued with a streamlined sample collection program involving three sites strategically chosen to assist with tracking of variants.

The COVID-19 pandemic has resulted in increasing international acceptance and adoption of wastewater surveillance approaches for disease surveillance. Throughout 2022–23, Queensland Health continued to actively share learnings with other jurisdictions, both nationally and internationally. The Queensland Health wastewater surveillance program for SARS-

CoV-2 is continuing into 2023, with a focus on building the wastewater surveillance capabilities of Queensland Health's Forensic and Scientific Services laboratory.

6.5 SHECC operations

The State Health Emergency Coordination Centre moved to Stand Down for COVID-19 in October 2022.

The SHECC activated to Lean Forward in response to the North West Gulf Flooding event in March 2023 and primarily coordinated situation reporting, including public health support and recovery reporting.

Queensland Health has continued to support preparedness and response of Australian Medical Assistance Teams (AUSMAT) deployments. AUSMAT are multi-disciplinary health teams incorporating doctors, nurses, paramedics, fire-fighters (logisticians) and allied health staff such as environmental health staff, radiographers and pharmacists.

While there were no AUSMAT missions, Queensland Health supported nominations for potential missions and provided participants to courses. Queensland Health also supported two of the five AUSMAT members that participated in the WHO global meeting for emergency medical teams, held in Armenia in October 2022.

6.6 Mosquito-borne diseases

Exotic mosquitoes

Under the *Biosecurity Act 2015,* the Australian Department of Agriculture and Water Resources (DAWR) conducts routine surveillance at nominated International First Points of Entry (FPoE) or Approved Arrangement (AA) sites. This surveillance is undertaken to detect the introduction of mosquito species not usually found in Australia, or a mosquito species found in Australia but outside the usual distribution, known as exotic mosquito detections, that are capable of transmitting diseases that can have severe impacts on the health of people and animals.

There were four detections of exotic mosquitoes at FPoE or AA sites in Queensland in the 2022–23 financial year. Of these, two were associated with the detection of *Aedes aegypti* or *Aedes albopictus*. A mosquito control response, including enhanced surveillance, was deployed for all detections. Routine surveillance continues, and there is currently no evidence that exotic mosquitoes have established at the detection locations.

Japanese encephalitis

On 4 March 2022 Japanese encephalitis virus (JEV) was declared a Communicable Disease Incident of National Significance (CDINS) by Australia's Chief Medical Officer. This followed the detection of JEV in pigs in a commercial piggery in Southern Queensland on 25 February 2022, with concurrent detections in piggeries in New South Wales and Victoria—the first in mainland Australia since 1998. As of 16 June 2023 a total of 45 human cases of Japanese encephalitis (JE) have been notified Australia during this outbreak. Five of these were in Queensland (acquired in Darling Downs HHS (1) and South West HHS areas (4)). Sadly, seven people in Australia died from JE during the outbreak, one of those in Queensland. There have been no new JEV infections in humans reported in Queensland since May 2022, and no new cases in Australia since December 2022.

During the outbreak, 422 JEV tests were completed on human samples, with an average of 22 tests per month. Approximately half of the JEV test requests were from the following four HHS areas: Metro North (76/422, 18 per cent), Darling Downs (54/422, 13 per cent), Metro South (53/422, 13 per cent), and Townsville (44/422, 10 per cent).

On 16 June 2023 Australia's Chief Medical Officer stood down the CDINS in recognition that the immediate threat had passed. Australia is well placed to manage and respond to any future JEV outbreaks.

A JEV One Health Taskforce was established to provide governance and oversight to the response in Queensland and included representation from Queensland Health, Department of Agriculture, Department of Premier and Cabinet, Queensland Treasury, and Department of State Development, Infrastructure, Local Government and Planning. This Taskforce met monthly throughout the response, with the final meeting held on 12 July 2023.

Queensland Health received federal funding to support surveillance for JEV in mosquitoes and subsequent control activities until 30 June 2023. The federally funded program ran from 1 November 2022 to 30 June 2023 and supplemented Queensland's existing arbovirus

surveillance programs. In 2022–2023, almost 5000 traps were deployed across all mosquito-based surveillance programs.

JEV was not detected in any of the mosquito samples collected. Queensland Health will continue to manage the risk of JEV, including ongoing disease and vector surveillance, and through continued distribution of JEV vaccine to vaccine service providers across Queensland.

6.7 Infection control

The COVID-19 pandemic highlighted the importance of centralised infection prevention and control guidance and support for HHSs and the need to enhance the current resource capacity in the department to provide a more comprehensive service. To progress this, the department is establishing a specialised Queensland Infection Prevention and Control Program which will be operational from October 2023. The Program aims to provide HHSs with active support, guidance and strategic direction in the field of infection prevention and control.

Additional highly skilled staff in infection prevention and control will be recruited to this Program. Through investing in these resources, the Program aims to provide HHSs and key primary care and community facilities with a comprehensive and enhanced level of support, guidance and strategic direction in their infection prevention and control efforts.

Based on the learnings from the COVID-19 response, Queensland Health has published the *Health Facilities Communicable Disease Outbreak Preparedness, Readiness, Response and Recovery Guideline*. This guideline offers an evidence-based, best practice action plan to assist HHSs in effectively managing communicable disease outbreaks.

In recognition of the transition towards incorporating COVID-19 management into the regular operations of Queensland Hospital and Health Services, Queensland Health has extensively revised and updated its COVID-19 infection prevention and control manual over time. It has now been replaced with the Acute Respiratory Infection: Prevention and Control Guideline which provides infection and prevention advice for more communicable respiratory illnesses. This pivot provides users with a single reference source regardless of the causative organism.

6.8 Influenza 2022–23 season

In 2023, influenza epidemiological surveillance and reporting, prevention strategic communications and systems preparedness were incorporated into activities that address all respiratory viruses that cause acute respiratory infection (ARI), including influenza, COVID-19 and respiratory syncytial virus (RSV). The circulation of acute respiratory viruses can result in significant disruption to communities and organisations and the strategies to prevent infection are largely the same, except for some variations about vaccination and antiviral recommendations.

The department coordinates the distribution of influenza vaccines funded under the National Immunisation Program (NIP) for individuals considered at high risk for influenza disease. As of 1 June 2023 more than 1,194,000 doses of NIP influenza vaccine had been distributed to immunisation providers throughout Queensland. There are more than 2,400 vaccine service providers registered to receive influenza vaccine through the Queensland Health Immunisation Program, including GPs, Pharmacies, First Nations Health Services, Child and Community Health, Local Government, Sexual Health Clinics, Hospitals, Nurse Practitioners, Tertiary Education Health Services and Residential Aged Care Facilities. The first allocations of vaccines were shipped from the Brisbane storage facility on 27 March 2023 and weekly ordering is available throughout the winter period.

The Communicable Disease Branch Epidemiology and Research Unit produces a statewide weekly influenza and RSV surveillance report (www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/surveillance/reports/flu) which provides weekly case numbers, year-to-date totals and the five-year mean for each viral type, as well as percentage positivity and hospital admissions data. Queensland COVID-19 statistics are reported on the Commonwealth Department of Health and Aged Care website alongside other jurisdictional data and include case notifications and hospitalisations. In the 2023 ARI season, influenza has disproportionately affected school-aged children, especially aged between five and nine years. Health promotion and social media messaging have been targeted at improving influenza vaccination uptake in these age groups.

Influenza notifications in Queensland rose steeply during May 2023, and by 30 June 2023 the number reached a total of almost 44,000 cases YTD. This increase came earlier than in 2022, with approximately 35,000 cases notified YTD on the same day in 2022. The highest rate of notifications has been in children aged five to nine years, followed by children under five years and people over 65 years. There were more than 3,500 people diagnosed with influenza admitted to a public hospital in 2023 and 67 people died with influenza. In the period 1 July 2022 to 30 June 2023, 90 people had passed away with influenza. The rate of public hospital admissions was highest in infants under five years and people over 65 years.

The CDB regularly briefs key stakeholders, including representatives from the Strategic Communications Branch and Clinical Excellence Queensland throughout the winter season to ensure emerging epidemiological trends in relation to ARIs are translated into targeted communications in a timely manner. The 2022 'You can't hide from flu' campaign has concluded, and further awareness campaigns will be directed through social media channels and website updates.

Residents of Residential Care Facilities (RCFs) are at particular risk of ARI. In response to this, the department has ensured equitable distribution of antiviral medication to HHSs for use in RCFs and other vulnerable settings to support influenza outbreak management. The website[12] was updated to support residential care facility providers in outbreak management and winter preparedness. The updated website aligns with changes to the Commonwealth Department of Health and Aged Care guidelines.[13]

6.9 Tuberculosis

Tuberculosis (TB) continues to have a low incidence in Queensland with around three to four cases of TB diagnosed per 100,000 people each year. There were 174 cases of TB notified in Queensland in the 2022–23 financial year, including one case of laboratory confirmed multi-drug resistant TB. The majority of cases were born overseas (86 per cent), mostly from countries with a high incidence of TB (82 per cent). Tuberculosis amongst Aboriginal and Torres Strait Islander people occurs at significantly higher rates (2.5 per 100,000 in 2022–23) than in Australian-born, non-Aboriginal and Torres Strait Islander Queenslanders (0.5 per 100,000 in 2022–23).

The increase in cases this financial year can likely be attributed to the international border re-opening and a return to pre-COVID-19 levels of migration. In addition, there were no cross-border cases in the 2022–23 or 2021–22 financial years (compared with an average of six to seven cases per year during 2016–2020), reflecting the closure of the border with Papua New Guinea in the Torres Strait Protected Zone during this time.

The vaccine recommended for young children at high risk of TB infection is Bacille Calmette-Guérin (BCG) vaccine. The BCG vaccine is not generally recommended for adults. The availability of BCG vaccination clinics varies across the state due to HHS-based resource prioritisation and workforce issues. The BCG vaccine may also be administered outside of the Queensland Health program by private practices such as travel clinics.

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

6.10 Antimicrobial resistance

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

AMR occurs when, over time, microorganisms (such as bacteria, fungi, viruses and parasites) become resistant to antimicrobials (antibiotics,

[12] www.health.qld.gov.au/public-health/industry-environment/care-facilities/prevention/influenza-in-residential-care-facilities

[13] www.health.gov.au/sites/default/files/documents/2022/09/national-guidelines-for-the-prevention-control-and-public-health-management-of-outbreaks-of-acute-respiratory-infection-including-covid-19-and-influenza-in-residential-care-facilities.pdf

antifungals, antivirals and antiparasitics). This can occur through a process of genetic selection, or the sharing of genetic material by microorganisms. AMR results in antimicrobials becoming less effective in treating infections. In other words, the drugs don't kill the bugs.

Misuse and overuse of antimicrobials has resulted in a rapid increase in AMR in recent times. In the first decades following the introduction of antimicrobials, the problem of resistance was mitigated by the ongoing discovery of new antimicrobials. However, such discovery has slowed dramatically in recent decades, meaning that resistance is developing and spreading at a much faster pace than the development of new therapies.

Queensland's Antimicrobial Resistance Strategy 2022–27 (Queensland AMR Strategy) has been developed with the input of a range of experts across human and animal health. The strategy provides a pathway for the coordinated cross-sector response required to ensure continued improvements in the health of all Queenslanders.

The second national *Antimicrobial Resistance Strategy* was released by the Australian Government in 2020 and the Queensland strategy has been updated to reflect the national strategy. An action plan is also being developed for the *Queensland AMR Strategy*. Following Ministerial approval of the updated strategy and action plan, the strategy will be publicly released.

Public Health (Department of Health) Regulatory Performance Report 2022–23

About this report

This report is prepared and published in accordance with the *Queensland Government's Regulatory Performance Framework*[1] (the Performance Framework). The Performance Framework requires regulators whose regulatory activities impact business, to publicly report their performance annually against five model practices, with a particular focus on achieving the policy objectives of regulation while at the same time reducing the regulatory burden on businesses and the community.

This report outlines the department's regulatory performance during 2022–23, in administering public health (portfolio) legislation (Table 1), against the five regulatory model practices outlined in the Performance Framework. This includes demonstrating the extent to which the department's public health program areas are translating the model practices into business operations and plans for future improvement.

The five regulatory model practices are:

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

This report outlines the extent to which the Queensland Public Health and Scientific Services (QPHaSS) (formerly the Prevention Division) and Prevention Strategy Branch implemented these five model practices during 2022–23 and outlines plans for future improvement. The report focuses on regulatory activities that directly impact on businesses, particularly small businesses, and the community.

During the year, some adjustments to the planned regulatory work were necessary in order to continue to provide an effective response to the COVID-19 pandemic.

Introduction

QPHaSS has primary responsibility for administering public health (portfolio) legislation (Table 1). The main purpose of this legislation is to protect and promote public health and to safeguard the Queensland community from potential harm or illness caused by exposure to hazardous substances or harmful practices.

Public health program areas within QPHaSS and Prevention Strategy Branch administer this suite of public health legislation in partnership with Public Health Units (PHUs) and local governments. Public health program areas also conduct regulatory activities in close consultation and cooperation with other Queensland government regulators (including the Department of Agriculture and Fisheries, Safe Food Production Queensland, Resources Safety and Health Queensland, and Workplace Health and Safety Queensland) and national regulators (such as the Therapeutic Goods Association).

Regulated entities under this suite of public health legislation comprise individuals, organisations, and businesses operating across a broad spectrum of the Queensland community. These include public and private hospitals, large and small businesses (e.g. food businesses, medical, dental and veterinary practices, pharmacies, pathology services, retail shops, pest management services, and research institutions) and individuals (e.g. fumigators, shipmaster, medical and dental practitioners, veterinary surgeons, and cosmetic aestheticians).

Key regulatory activities under the suite of public health legislation include: education and guidance, granting approvals (authorities) and licences, registering equipment and premises, receiving and managing notifications, complaints

[1] See Section 5, p27, Regulatory Performance Framework of the: www.treasury.qld.gov.au/resource/queensland-government-guide-better-regulation/

management, investigations, compliance monitoring, and enforcement.

In carrying out regulatory functions, public health program areas strive to ensure regulatory actions achieve a balance between the obligation to manage public health risks and protect the community from potential harm, whilst not imposing unnecessary regulatory burden or costs on those regulated, or indirectly on the broader community.

Table 1: Public health (portfolio) legislation

Act	Subordinate legislation
Food Act 2006	Food Regulation 2016
Medicines and Poisons Act 2019	Medicines and Poisons (Medicines) Regulation 2021 Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021 Medicines and Poisons (Pest Management Activities) Regulation 2021
Pharmacy Business Ownership Act 2001	-
Private Health Facilities Act 1999	Private Health Facilities Regulation 2016 Private Health Facilities (Standards) Notice 2019
Public Health Act 2005	Public Health Regulation 2018
Public Health (Infection Control for Personal Appearance Services) Act 2003	Public Health (Infection Control for Personal Appearance Services) Regulation 2016 Public Health (Infection Control for Personal Appearance Services) (Infection Control Guideline) Notice 2013
Radiation Safety Act 1999	Radiation Safety Regulation 2021 Radiation Safety (Radiation Safety Standards) Notice 2021
Tobacco and Other Smoking Products Act 1998	Tobacco and Other Smoking Products Regulation 2021
Transplantation and Anatomy Act 1979	Transplantation and Anatomy Regulation 2017
Water Fluoridation Act 2008	Water Fluoridation Regulation 2020

Regulatory Model Practices (RMP)

RMP 1: Ensure regulatory activity is proportionate to risk and minimises unnecessary burden

Supporting principles
• A proportionate approach is applied to compliance activities, engagements and regulatory enforcement actions. • Regulations do not necessarily impose on regulated entities. • Regulatory approaches are updated and informed by intelligence gathering so that effort is focused on risk.

Overview

The department administers health portfolio legislation in accordance with the department's *Legislative Compliance Management Framework* (LCMF). The LCMF includes an overarching policy and portfolio legislation implementation standard for monitoring and enforcing compliance with portfolio legislation. The LCMF provides clarity and consistency in relation to the best practice regulatory approaches and aligns with the *Queensland Government's Regulatory Performance Framework*[1] five model practices. QPHaSS has embraced the LCMF, which specifically promotes risk-based, intelligence-driven and proportionate approaches and practices for administering, monitoring, and enforcing compliance with public health legislation.

For example, each year public health program areas, in consultation with HHS PHUs develop risk-based, intelligence-driven compliance plans for each act in the suite of public health legislation. These plans include proactive compliance monitoring (e.g. surveys, audits and inspections) and education activities, as well as proactive enforcement strategies, that support harm minimisation without unnecessarily placing a compliance burden on industry or regulated entities.

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

The chosen regulatory action depends on an assessment of, and is proportionate to, the relative severity and likelihood of harm and the history of non-compliance. The more serious the actual or potential harm or consequence is, and the greater the likelihood of the non-compliance being repeated by the offender, the greater the intervention level and enforcement action. A standardised enforcement matrix is used by Queensland Health authorised officers to assess public health risk and decide on appropriate action, and this ensures consistent and proportionate enforcement action is taken across public health legislation.

A continued key focus for public health program areas is identifying opportunities to streamline various regulatory processes (such as the granting of licences, certificates and approvals) and to not impose unnecessary costs on individuals, businesses, and government agencies, including through reforming (repealing and/or amending) public health legislation.

Licensing and approvals

A wide range of licences and approvals are granted under public health legislation. Table 2 indicates the number of licences and approvals granted during the 2022–23 financial year.

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

Table 2: Licences and approvals granted by Queensland Health during 2022–23[1]

Act	Number	%
*Food Act 2006**	79[2]	<1%
*Radiation Safety Act 1999***	16,947	62%
*Medicines and Poisons Act 2019 (poisons)***	4,003	15%
Medicines and Poisons Act 2019 (medicines)[#]	6,214	23%
Grand total	27,243	**100%**

*Source: Source: Food Safety Standards and Regulation Unit corporate records.

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

[#] Source: Medicines Prescription Monitoring System (Q Script).

Compliance monitoring and enforcement activities

During the 2022–23 financial year, Queensland Health authorised officers appointed under public health legislation received and responded to 2,666 complaints and potential breaches under the legislation. They also undertook 1,491 inspections or audits and 1,016 investigations to assess compliance under the legislation.

An ongoing key focus of compliance monitoring activities during the 2022–23 financial year was on the provision of information and education regarding the new *Medicines and Poisons Act 2019*. A total of 1,675 reports to the chief executive were received from 1 July 2022 to 30 June 2023, as required under the Medicines and Poisons (Medicines) Regulation 2021. It was reported that 808 of these related to failure to give written prescriptions and 730 related to lost or stolen medicines.

When non-compliances with public health legislation are identified, authorised officers (including authorised persons and inspectors) appointed under the legislation, undertake the most appropriate and proportionate enforcement activity to restore compliance. Table 3 shows the range of enforcement actions undertaken by authorised officers during 2022–23.

[1] These figures do not include licences/approvals granted by the department under the Private Health Facilities Act 1999, the Transplantation and Anatomy Act 1979 and the Pharmacy Business Ownership Act 2001.

[2] These figures include number of food auditor approvals only. Does not include food business licences, which are the responsibility of local governments under the Food Act 2006.

Table 3: Public health legislation enforcement actions by Queensland Health 2022–23

Act	Written advice or warning	Compliance, Remedial Notice or Public Health Order	Improvement Notice	Seizure	Prescribed Infringement Notices (PINs)	Administrative actions	Legislative administrative actions	Total	%
Food Act 2006	37	9	0	2	2	15	0	1	64
Medicines and Poisons Act 2019	6,473	15	0	7	7	0	3	2	6,500
Public Health Act 2005	7	3	0	0	0	10	0	3	23
Radiation Safety Act 1999	5	0	47	4	4	0	0	0	56
Pharmacy Business Ownership Act 2001	0	0	0	0	0	0	308	0	308
Tobacco and Other Smoking Products Act 1998	106	53	0	11	11	243	0	1	414
Transplantation and Anatomy Act 1979	1	0	0	0	0	0	0	0	1
Total	6,629	80	47	24	24	268	311	7	7,366
%	90%	1%	1%	<1%	<1%	4%	4%	<1%	100%

Sources: Management of Applications, Permits, Licenses and Events (MAPLE); Pharmacy Business Ownership Administrative System (PBOAS) and Healthcare Regulation Branch corporate records.

Examples and case studies

In addition to activities related to licensing and approvals and compliance monitoring and enforcement, other examples which demonstrate alignment of regulatory activities with this regulatory model practice (RMP 1) are included below.

Food Act 2006

- Co-chaired a national working group to create a new Australia and New Zealand Food Standard, 3.2.2A Food Safety Management Tools. The Standard applies to particular food businesses that handle foods that have inherently high food safety risks and have been linked to foodborne illness outbreaks. Key guidance material to support the new standard includes a series of Queensland Health webpages to assist certain Queensland food businesses and regulators. The webpages include information about the new standard (www.qld.gov.au/health/staying-healthy/food-pantry/running-a-food-business/other-requirements/food-safety-tools-standard) and requirements for Food safety supervisors (www.qld.gov.au/health/staying-healthy/food-pantry/running-a-food-business/skills-and-knowledge/food-safety-supervisors) and Food handlers (www.qld.gov.au/health/staying-healthy/food-pantry/running-a-food-business/skills-and-knowledge/food-handlers).
- Completed a comprehensive review of key guidance material supporting consistent, statewide administration of the *Food Act 2006,* including review and update of compliance guidance material for Food safety supervisors.
- Continued to review and update food safety information on The Food Pantry (www.qld.gov.au/health/staying-healthy/food-pantry), Queensland's one-stop portal for food safety for Queensland regulators, food businesses and consumers.
- Developed and distributed newsletters for environmental health officers on current and emerging food safety issues and provided updated advice on regulatory requirements under the *Food Act 2006* and supporting legislation.

Medicines and Poisons Act 2019

- Published the *Medicines and Poisons Act 2019* Compliance, monitoring and enforcement document (www.health.qld.gov.au/__data/assets/pdf_file/0019/1111717/compliance-monitoring-enforcement.pdf) which outlines that the initial focus of implementation of the Act and Medicines and Poisons (Medicines) Regulation 2021 is education and advice. Whilst the initial focus has been on education and voluntary compliance, where potential non-compliance by a substance authority holder or approved person is identified, these risks are swiftly investigated. A proportionate and rapid progression to more serious regulatory intervention e.g. giving show cause notices or taking immediate administrative action, are considered when high-risk activities are identified.
- Implemented the *QScript Reactive Not Look Up Strategy*, the *Reminder to Register for QScript Strategy* and the *QScript Proactive Not Look Up Strategy*. All strategies were aimed at providing education about the requirement to check QScript before prescribing or dispensing a monitored medicine and support compliance with the *Medicines and Poisons Act 2019.*

Pharmacy Business Ownership Act 2001

- Provided monthly reports to each HHS across Queensland, capturing the associated pharmacies, their location and contact details should relevant authorised officers/environmental health officers need to perform a site inspection to monitor compliance.

Private Health Facilities Act 1999

- Continued to implement a risk-based compliance inspection program for private health facilities licensed under the *Private Health Facilities Act 1999*. Private health facilities are risk assessed to prioritise compliance visits and determine the frequency of visits (from between 12 and 24 months). Six-monthly clinical indicators, admitted patient data, serious patient outcomes, accreditation reports and complaints are used to assess facilities at a higher risk. Facilities risk-assessed as low-risk are visited less frequently, therefore reducing the regulatory burden.

- Introduced a continuous standard self-assessment form so that private health facilities can update a previous submission instead of having to complete a new form every 12-24 months.
- Commenced development of a database solution to facilitate streamlined, efficient, and effective provision of regulatory requirements/documentation from private health facilities licensed under the *Private Health Facilities Act 1999* to the department's Private Health Regulation Unit, and accessibility of information between the parties.

Public Health Act 2005

- Provided advice to the department's Legislative Policy Unit, on proposed amendments to the *Public Health Act 2005*, in response to the cessation of the COVID-19 public health emergency. Provided advice on drafting a new regulatory framework for the management of COVID-19.

Public Health (Infection Control for Personal Appearances) Act 2003

- Provided policy advice on amendments to the *Public Health (Infection Control for Personal Appearance Services) Act 2003* which commenced in the first quarter of the 2022–23 financial year. These amendments introduced a streamlined process for the restoration of a license for businesses providing higher risk personal appearance services.

Radiation Safety Act 1999

- Informed and facilitated the prescribing of 26 offences under the *Radiation Safety Act 1999* as Prescribed Infringement Notice (PIN) offences. This supports enforcement activity being proportionate to risk, and provides an additional enforcement mechanism for suitable offences, enabling fines to be issued for minor infringements of the *Radiation Safety Act 1999*, while still allowing more serious breaches to be prosecuted.
- Provided support for the Health and Other Legislation Amendment Bill 2023, which was passed by the Legislative Assembly on 19 April 2023. The Bill included amendments to the *Radiation Safety Act 1999* to correct drafting anomalies that had been identified during the drafting of the Radiation Safety Regulation 2021. While the amendments were of a minor and technical nature, the changes passed by the Legislative Assembly were important to ensure alignment between the *Radiation Safety Act 1999* and Radiation Safety Regulation 2021, and to reduce the regulatory burden on the relevant stakeholders, for example, by ensuring relevant parties were exempt from the requirement to hold an approval to dispose of certain radioactive material.

Tobacco and Other Smoking Products Amendment Act 1998

- Continued to provide support for the Queensland Government election commitment to strengthen Queensland tobacco legislation retail provisions to reduce supply. This includes direct action on illicit tobacco at retail premises, strengthening Queensland's advertising and promotion provisions and increasing smoke-free public places. The *Tobacco and Other Smoking Products Amendment Act 2023* was passed by the Queensland Parliament on 25 May 2023, with assent on 2 June 2023. The Tobacco and Other Smoking Products and Other Legislation Amendment Regulation 2023 was approved by the Governor-in-Council on 6 July 2023. The new laws include:
  - Introducing a licensing scheme for retailers and wholesalers of smoking products.
  - Making supply of illicit tobacco an offence in Queensland.
  - Modernising controls on retail advertising and display of smoking products.
  - Prohibiting minors from selling smoking products as part of their employment.
  - Restricting sale of smoking products at licensed premises to behind a counter.
  - Introducing new smoke-free areas (outdoor markets, buffers around eating or drinking places, school carparks, under-18 recreational events).
  - Extending smoke-free restrictions at pubs and clubs.

- Facilitation of compliance and enforcement action.

Transplantation and Anatomy Act 1979

- Worked closely with the department's Legislative Policy Unit to amend the *Transplantation and Anatomy Act 1979* (the Health and Other Legislation Amendment Bill 2022). The amendments:
  - Changed requirements under the *Transplantation and Anatomy Act 1979* for doctors to purchase human tissue products approved by the Therapeutic Goods Administration's 'Special Access Scheme'.
  - Amended the *Transplantation and Anatomy Act 1979* to identify private hospitals under the *Private Health Facilities Act 1999* as hospitals under the *Transplantation and Anatomy Act 1979*. This will ensure consistent consent processes for human tissue and organ donation across public and private hospitals. Currently, because private hospitals are not considered to be a hospital for the purposes of the Act, all tissue donation from a deceased person in a private hospital must be authorised in writing by the senior available next of kin under the process for donation outside a hospital. As donation must occur in a very short timeframe after death, the need to obtain written consent up front can cause delays that compromise organ viability or mean that donation cannot occur, despite the wishes of the deceased and their family.
- Obtained approval from the Director-General for the revised Electronic Donor Record Agreement for organ and tissue donation, and to enable sharing of information under the *Hospital and Health Boards Act 2011* and prescribed the Agreement under the Hospital and Health Boards Regulation 2012. This facilitates the streamlined sharing of information to support organ and tissue donation for transplantation.
- Requested and advocated for a national review of human tissue legislation to be conducted, to promote harmonisation across states and territories, as well as to ensure the legislation remains contemporaneous with clinical, ethical and technological advances in healthcare.

RMP 2: Consult and engage meaningfully with stakeholders

Supporting principles
• Formal and informal consultation mechanisms are in place to allow for the full range of stakeholder input and government decision-making circumstances. • Engagement is undertaken in ways that help decision-making circumstances. • Cooperative and collaborative relationships are established with stakeholders including other regulators, to promote trust and improve efficiency and effectiveness of the regulatory framework.

Overview

The department recognises the importance of, and are committed to, consulting and engaging meaningfully with a broad range of stakeholders to achieve desired regulatory outcomes and community health benefits when undertaking regulatory functions.

Public health program areas routinely consult with stakeholders to maintain good communication channels and trusted working relationships. Communication strategies are aimed at informing stakeholders about proposed changes to the legislation and policy, seeking feedback before and after implementation of changes. Relationships are maintained with key stakeholders to ensure potential risks or improvement opportunities are identified as early as possible.

Open and active engagement and communication occurs internally across Queensland Health, and externally with co-regulators, industry stakeholders, statutory agencies, regulated entities and the public.

This is achieved through a range of formal and informal consultation mechanisms (e.g. webinars, seminars, face-to-face and online meetings, educational presentations, correspondence, and seeking feedback during inspection or consultation processes) and through regular or ad hoc information and feedback forums, including participation and engagement in formal working groups and ministerially appointed advisory groups and committees.

Examples and case studies

Examples which demonstrate alignment of regulatory activities with this regulatory model practice (RMP 2) are included below.

Food Act 2006

- Conducted public consultation in relation to release of a consultation paper to inform a legislative review of the *Food Act 2006*. Consultation was undertaken with Queensland local governments, HHS Public Health Units, all Queensland Government agencies, Queensland food laboratories, professional organisations, food and beverage industry associations, food safety auditors and members of the public. A statewide roadshow was undertaken to actively engage and consult with local government and HHS Public Health Unit environmental health officers regarding the proposed amendments. A separate consultation has commenced with affected agencies in relation to a legislative proposal to bind the Crown.
- Provided representation on state governance committees to support compliance with requirements under the *Food Act 2006* and the Australia New Zealand Food Standards Code, including South East Queensland Environmental Health Working Group, Darling Downs / South West Regional Group Meeting, Central Queensland Environmental Health Forum, and the Far North Queensland Environmental Health Working Group.
- Collaborated with other food regulation authorities in Australia and New Zealand to ensure compliance and enforcement with food standards are implemented and enforced consistently. This work is primarily achieved through the Implementation Subcommittee for Food Regulation (ISFR). The ISFR established the Surveillance Evidence and Analysis Working Group to attain collective and strategic data generation through bi-national coordination and integration of surveillance and monitoring activities to address priorities for the food regulation system.
- Continued to consult meaningfully with key stakeholders including local government, HHS Public Health Units, food business owners and the community, to support compliance with requirements under the *Food Act 2006* and the Australia New Zealand Food Standards Code.

Medicines and Poisons Act 2019

- Engaged with a wide range of relevant stakeholders including regulated entities, and co regulators/enforcement agencies (such as the Queensland Dog Offensive Group, Australian Environmental Pest Managers Association, Local Government Association of Queensland, Queensland Rabbit Board, AgForce, and Department of Agriculture and Fisheries) as well as HHS Public Health Units, heavily involved with enforcing provisions of the *Medicines and Poisons Act 2019*. This regular engagement and consultation is an important part of ensuring the *Medicines and Poisons Act 2019* is administered effectively, efficiently and to ensure any non-compliances and risks are detected and dealt with appropriately.
- Continued to coordinate quarterly meetings with the Office of the Health Ombudsman and the Australian Health Practitioner Regulation Agency to develop a joint understanding of agency functions in relation to monitored medicines, and compliance obligations under the *Medicines and Poisons Act 2019* and to assist each agency to achieve their functions through information sharing, collaborating on responses to risks and joint monitoring of outcomes.
- Commenced a review of the mandatory checking of QScript and Monitored Medicines Standard legislative requirements under the *Medicines and Poisons Act 2019*, including consultation with key stakeholders during January and February 2023 to inform the review. A series of reports arising from consultation were drafted, approved and circulated to relevant stakeholders. A progress update to stakeholders was sent in June 2023.
- Consulted broadly with regulated entities, their agents and peak body

representatives (The Pharmacy Guild of Australia and Pharmaceutical Society of Australia) including the Interim Pharmacy Roundtable in relation to the regulation of pharmacy business ownership under the *Pharmacy Business Ownership Act 2001*.

- Continued participation with the Pharmacy Premises Registering Authorities of Australia (PPRAA), a forum of state and territory pharmacy premises authorities. PPRAA activities are intended to allow for the consideration and potential development of a nationally consistent framework with relation to the registration and regulation of pharmacy business premises.

Private Health Facilities Act 1999

- Engaged and consulted broadly with private health facilities licensed under the *Private Health Facilities Act 1999* and with a wide group of relevant stakeholders. Examples of consultation include:
  - Conducted regular two-monthly meetings with licensees who have multiple private licensed facilities.
  - Presented at private health forums, such as the Day Hospital Association. Presentations included advice and support to private health day hospitals on compliance requirements under the *Medicines and Poisons Act 2019* and Medicines and Poisons (Medicines) Regulation 2021.
  - Attended regular meetings with the national Australian Commission on Safety and Quality in Health Care (ACSQHC) Regulatory Working Group (RWG), providing feedback to the ACSQHC and the RWG based on the experience of private health facilities in Queensland.
  - Liaised with private health facilities regarding outcomes from the ACSQHC RWG, including advising of changes to accreditation visits in 2022 and revised requirements surrounding compliance to AS/NZS 4187:2014 Reprocessing of Reusable Medical Devices in Health Service Organisations.
  - Consultation and discussion with the Department of Energy and Public Works on changes to the Queensland Building Code applicable to private health facilities.

Public Health Act 2005

- Facilitated a discussion forum and provided relevant information for managers/directors of environmental health and to authorised officers appointed under the *Public Health Act 2005*, on the new regulatory framework and enforcement provisions for managing COVID-19, to ensure a consistent and proportionate approach to enforcement by Public Health Units.
- Completed a review of mosquito control provisions under the *Public Health Act 2005*, following the detection of cases of Japanese encephalitis (JEV) within Queensland and across Australia. The review involved consulting with HHS Public Health Units to identify any issues or concerns with the existing regulatory framework for managing mosquitoes and mosquito borne diseases.
- Engaged with HHS Public Health Units to support a review of their processes for managing notifiable conditions in accordance with the requirement of the Public Health Regulation 2018.
- Developed two reports in Power BI that can provide Aboriginal and Torres Strait Island councils, currently partnering in the Safe and Healthy Drinking Water Program, with a summary of matters addressed over the reporting period. This includes training status for all persons associated with the operation of the drinking water treatment plant.
- Commenced a public consultation on the $10m^2$ rule provision (removal of $10m^2$ or less of bonded asbestos) under the *Public Health Act 2005*, via a consultation paper titled, DIY asbestos removal by homeowners in Queensland. The $10m^2$ rule ensures that risks associated with homeowners removing small quantities of bonded asbestos in a non-occupational setting are sufficiently managed. The feedback from the consultation will be used to determine if changes to the current rule are necessary to ensure the right balance between safeguarding the health of Queenslanders and minimising unnecessary regulation. The review of the $10m^2$ rule is a commitment under the Statewide Strategic Plan for the Safe

Management of Asbestos in Queensland. The consultation paper was developed in consultation with the department's Legislation Policy Unit and key members of the Interagency Asbestos Group (Office of Industrial Relations, Department of Science and Environment, and Local Government Association of Queensland).

Public Health (Infection Control for Personal Appearances) Act 2003

- Undertook a consultation process with industry and local government stakeholders on the reviewed Infection Control Guidelines for Personal Appearance Services 2012.
- Engaged with HHS Public Health Units and local governments to provide advice on complex issues and support for their regulatory activities for monitoring and enforcing compliance with the *Public Health (Infection Control for Personal Appearance Services) Act 2003*.

Radiation Safety Act 1999

- Consulted with approximately 22,000 radiation safety licence holders under the *Radiation Safety Act 1999*, and other relevant stakeholders, on a proposal to prescribe certain offences under the *Radiation Safety Act* as a prescribed infringement notice.
- Gathered feedback from individuals undertaking online Radiation Safety Officer Legislation training, to ensure that the online course content remains relevant. This supports a continued understanding of the operating environment of regulated entities, to meet their needs and ultimately improve compliance.

Tobacco and Other Smoking Products Act 1998

- Led intergovernmental engagement on smoking reduction policy (including e-cigarette use) through the Tobacco Control Officials; Alcohol, Tobacco and Other Drugs Principal Officers Group and via briefings to support national policy deliberations in Health Ministers' Meetings.
- Issued an exposure draft of the Tobacco and Other Smoking Product Bill 2023 for consultation with targeted stakeholders.
- Supported the Health and Environment Committee's Inquiries into the Tobacco and Other Smoking Products Bill 2023 and e-cigarettes, including providing departmental public briefings and submissions.
- Maintained a Tobacco and Other Smoking Products Retailer Working Group and state-based interagency engagement forum.
- Provided regular updates on smoking product reforms via the Queensland Health website.
- Responded to a large volume of public queries and complaints in relation to compliance matters and concerns under the *Tobacco and Other Smoking Products Act 1998*.

Transplantation and Anatomy Act 1979

- Supported amendments to the Transplantation and Anatomy Regulation 2017 to remove three prescribed tissue banks considered to be redundant, given the functions of these three facilities are now undertaken by the Queensland Tissue Bank. Due to the strong relationship between the department and the Queensland Tissue Bank (QTB), the department was able to progress the amendment to Regulation, once the QTB advised of the Therapeutic Goods Administration's licence variation and the relevant revocation of the Queensland Eye Bank and Queensland Heart Valve Bank licences.

Water Fluoridation Act 2008

- Engaged with relevant stakeholders to inform minor amendments to *the* notification provisions of the *Water Fluoridation Act 2008* relating to decisions to add or cease to add fluoride to a drinking water supply. Communicated revised requirements to relevant stakeholders.

RMP 3: Provide appropriate information and support to assist compliance

Supporting principles

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

Overview

The department's public health program areas are actively committed to supporting stakeholders and regulated entities to understand and achieve compliance, with public health legislation, through the provision of useful, accurate and timely information across multiple platforms, with a strong online (internet) presence.

Public health program areas recognise the value of compliance tools at the lower level of regulatory intervention, including education campaigns, engagement and advice, and guidance material. The publication of online information, on both the department and other Queensland Government websites, and dissemination of tailored and targeted information through modern technologies, assists with enabling and encouraging compliance, as they help ensure that regulated entities are aware of their legislative obligations and what they are required to do to comply with these obligations. Public health program area staff are also available by phone or email to respond to enquiries.

Other information and support tools, provided in response to identified or potential non-compliances with public health legislation, include issuing warning letters, compliance notices and other advice as necessary to clarify expectations, change behaviour and achieve a return to compliance.

Examples and case studies

Examples which demonstrate alignment of regulatory activities with this regulatory model practice (RMP 3) are included below.

Food Act 2006

- Provided free education and information sessions regarding the new Australia and New Zealand Food Standard, 3.2.2A Food Safety Management Tools, to support local governments and HHS Public Health Units across Queensland to respond to enquiries (for example from food businesses or members of the public) relating to the new requirements. Additional guidance was provided in newsletters, published on The Food Pantry and through ad hoc enquiries.
- Redesigned the mobile food business register to allow local governments to be able to access and regularly update licensee details for food businesses required to be licenced under the *Food Act 2006*. The new register provides useful information to support local governments to ensure regulatory compliance of mobile food businesses who may operate across Queensland.
- Continued to provide timely advice and guidance on interpretation of the *Food Act 2006* and of the Food Standards Code through ongoing engagement with regulators, food business owners and other members of the public.

Medicines and Poisons Act 2019

- Continued to maintain and develop (as required) a suite of guidance information, including guidelines, factsheets, approved forms and application materials, to support and promote compliance with the *Medicines and Poisons Act 2019*. These include the various departmental standards, as well as supporting documentation such as *The requirements for storage of poisons and prohibited substances, Requirements for storage of poisons and prohibited substances and Licence to sell poisons by retail – your obligations*. These materials are available on Queensland Health's website: www.health.qld.gov.au/system-governance/licences/medicines-poisons.
- Additionally, to support compliance with the *Medicines and Poisons Act 2019*, the department has:

- Made available eLearning modules, webinars, and videos to support health practitioner understanding of their legislative obligations in relation to QScript and the Monitored Medicines Standard.
- Provided targeted updates to peak bodies for dissemination to members.
- Implemented a data quality trial with community pharmacies to promote compliance with data upload requirements under the *Medicines and Poisons Act 2019*.

Pharmacy Business Ownership Act 2001

- Maintained online guidelines, education and training materials to support industry knowledge of compliance obligations under the *Pharmacy Business Ownership Act 2001*. Also maintained a phone and email presence for any enquiries relating to pharmacy ownership matters and assistance with the Pharmacy Business Ownership Administration System Portal. Stakeholders included Interim Pharmacy Roundtable, key legal firms and relevant representatives, Pharmacy Guild of Australia, Pharmacy Society of Australia, pharmacy brokers, pharmacy banner branded representatives and pharmacy business owners.

Private Health Facilities Act 1999

- Conducted regular two-monthly meetings with licensees who have multiple private licensed facilities under the *Private Health Facilities Act 1999*.
- Established regular quarterly meetings with additional stakeholders/health service organisations to improve regular communication, sharing of advice and to strengthen understanding of private health regulatory requirements and actions taken by the department's Private Health Regulation Unit.
- Maintained a suite of online factsheets (resources) for private health facilities providing information and assisting compliance with licensing requirements under the *Private Health Facilities Act 1999*. Factsheets include an overview of licensee responsibilities, application and reporting requirements and notification responsibilities.
- Reviewed and revised documentation requested from private health facilities, tailoring requests for safety and quality outcomes dependent on the facility and results of the last compliance visit.

Public Health Act 2005

- Published online, the Queensland Health guidelines for managing private drinking water supplies in commercial and community premises. The guidelines promote better management of private drinking water supplies serving commercial and community premises (e.g. food business licence holders, accommodation premises, schools), and support compliance with the *Public Health Act 2005*. The publication of the guidelines was supported by a presentation at the 2022 Environmental Health Australia state conference.
- Supported Public Health Units to promote the Queensland Health guidelines for managing private drinking water supplies in commercial and community premises and the Queensland Heath public aquatic facilities guidelines with their local government stakeholders.
- Collaborated with the Department of Energy and Public Works to publish *Requirements for the supply of recycled greywater for cooling tower treatment plants*. Whilst these guidelines support compliance with the *Plumbing and Drainage Act 2018*, they are based upon the same approach to water quality and management specified for other uses of recycled water in the *Public Health Act 2005* and Regulation.
- Collaborated with the Office of Industrial Relations, Department of Science and Environment, and Local Government Association of Queensland in developing an online asbestos refresher training program. The asbestos refresher training program was designed for local government officers to facilitate and support compliance with the *Public Health Act 2005*. Co-ordinated local government-authorised officers' asbestos training sessions in Townsville, Port Douglas and Gold Coast.
- Responded to requests from Hospital and Health Services seeking support, interpretation and guidance on the legislative requirements for infection control provisions under the *Public Health Act 2005*. This supports consistent administration and enforcement of the

infection control management provisions within the legislation across Queensland.

Public Health (Infection Control for Personal Appearances) Act 2003

- Compiled and released (January 2023) an annual Local Government Report for administering the *Public Health (Infection Control for Personal Appearance Services) Act 2003*. The report is prepared from information obtained through local government completion of a voluntary compliance survey. The survey results are compiled and analysed into the statewide report. The intent of the report is to provide local government with a statewide picture of the administration and enforcement of the legislation relating to personal appearance services in Queensland.
- Attended local government and Public Health Unit regional meetings to discuss the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, issues arising in the personal appearance industry and work being undertaken by the department in relation to these matters.

Radiation Safety Act 1999

- Received and actioned 3,986 online enquires, through online contact forms, to support and assist radiation businesses to navigate licence application and compliance requirements under the *Radiation Safety Act 1999*. This also included providing assistance to possession licensees with inventory enquiries and with submitting disposal, incident, and relocation confirmation notifications.
- Progressed development of a Power BI dashboard to capture information on the use of the online contact forms, to identify further process improvements, through data insights and additional communication strategies, to assist in promoting compliance with the *Radiation Safety Act 1999*.

Tobacco and Other Smoking Products Act 1998

- Progressed implementation activities to support Queensland's new smoking laws under the *Tobacco and Smoking Products Act 1998*, including:
  - Development of a user-centric online system to enable retail and wholesale suppliers of smoking products to be compliant with the licensing requirements.
  - Publication of resources for retailers on the Queensland Health website.
- Continued funding 13QGOV to provide information about the smoking laws; support retailers, liquor licensed venues, facilities, and community organisations to comply with the laws; and facilitate the provision of free copies of signs required by legislation. During the 2022–23 financial year:
  - A total of 1,296 service calls were made to the Tobacco Laws Service, with 453 referrals to Public Health Units, Prevention Strategy Branch or the Commonwealth (Source: Smart Service Queensland).
- Delivered campaigns to help prevent smoking uptake by young people and assist smokers on their journey to quit smoking. The Vape Truths campaign was in market July–August 2022 and again in March–June 2023.
- Provided timely and quality advice to stakeholders seeking information about Queensland smoking laws and raising emerging issues, including about e-cigarettes and illicit tobacco.
- Engaged with Meta (Facebook Marketplace) to request that the self-regulatory policies were upheld, and smoking products (vapes) were not advertised for sale on the platform, as required for compliance under the *Tobacco and Smoking Products Act 1998.*

Transplantation and Anatomy Act 1979

- Continued to use biennial compliance assessment tools and guidelines as educational and compliance tools, to assist stakeholders in maintaining compliance with the *Transplantation and Anatomy Act 1979*. The availability of staff to provide information and respond to enquiries is communicated to stakeholders when the initial communication (and any subsequent communications) is sent out to stakeholders regarding the compliance activities. Support and information are provided via phone discussion and email. During the year, timely information and support has been provided in relation to:
  - The process for the application of permits to buy human tissue

(hospitals, manufacturers and Schools of Anatomy).

– Appropriateness of advertising applications, in consultation with Strategic Communications Branch (Assisted Reproductive Technology providers).

– Queries from Schools of Anatomy in relation to regulatory requirements, including under the *Transplantation and Anatomy Act 1979*.

RMP 4: Commit to continuous improvement

Supporting principles

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

Overview

The department has a strong commitment to continuous improvement of regulatory activities, approaches, and practices. This commitment consists of ensuring all staff, including authorised officers (e.g. authorised persons and inspectors) appointed under public health legislation have the necessary training and support to perform their administrative, technical, scientific and regulatory duties effectively and consistently.

The department strives to continually improve regulatory activities through leveraging technological innovation (including contemporary ICT solutions), supporting research and engaging with and learning from regulatory communities of practice.

Public health program areas implement processes of continuous reflection and review, including benchmarking against best practice standards and regulatory approaches, with the aim of reducing the regulatory burden and maximising public health outcomes for the community.

Examples and case studies

Examples that demonstrate alignment of regulatory activities with this regulatory model practice (RMP 4) are included below.

Guidance and support for staff

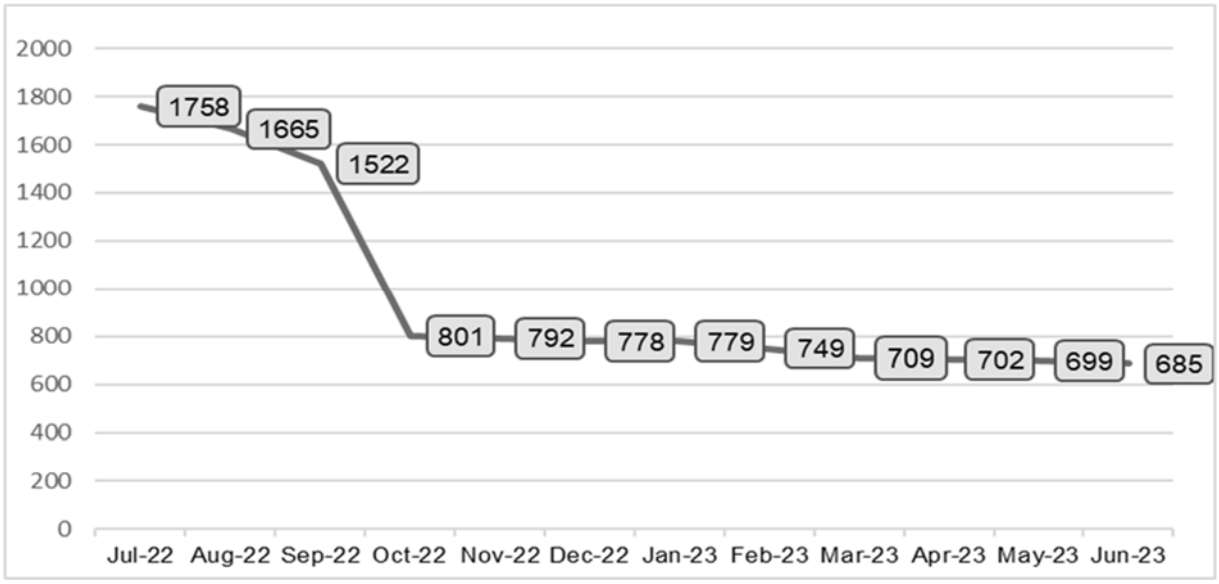
- Refreshed and re-designed the public health authorised officer introductory training modules, to support suitability for appointment under public health legislation and to promote consistency of good regulatory practice across the public health regulatory workforce.
- Procured a Cert IV Government Investigations training product, for authorised officers appointed under public health legislation. Successful completion of this course builds a workforce that has the minimum level of qualification for officers engaging in regulatory and investigative activities, as recommended by the Australian Government Investigation Standards 2011.
- Maintained the Public Health Operational and Regulatory Toolbox. The toolbox is a central, online repository of key resources available on the intranet to support public health officers implement regulatory best practices, including handbooks, guidelines, procedures, forms and templates.
- Provided Legionella training to 30 Public Health Unit staff to assist in their implementation of the water risk management provisions of the *Public Health Act 2005*. Developed a guideline and inspection checklist for water risk management plans to assist the compliance activity.
- Implemented a public health ‘lunchbox’ program for department and HHS Public Health Unit staff. These sessions provided an opportunity for public health staff to participate in online learning and development activities, share information and discuss areas of interest, including

case studies and other areas of regulatory practice.

Streamlined systems and processes

- Continued to maintain and enhance the electronic data management system for appointments (e.g. of authorised persons, inspectors, contact tracing officers, etc.) under public health legislation, enabling efficient processing, tracking and reporting on the number and type of appointments under public health legislation. This capability was timely and effective in the face of increased demand for appointments, for example for contact tracing officers or Emergency Officer (Generals), during the COVID-19 public health emergency. Figure 1 illustrates the total number of current appointments under public health legislation for each month from 1 July 2022 to 30 June 2023 and Table 4 presents the total number and type of current appointments under public health legislation as at 30 June 2023. As shown in Figure 1, the number of appointments under public health legislation have been trending downwards, with a sharp decline after 30 October 2022, coinciding with the cessation of the COVID-19 public health emergency declared under the *Public Health Act 2005*.

Figure 1. Total number of current appointments under public health legislation from 1 July 2022 to 30 June 2023, by month (cumulative)



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

Table 4: Number and type of appointments as at 30 June 2023

Type of Appointment	Number of Appointments	Per cent
Contact tracing officer (all condition)	449	66%
Vector control inspector	21	3%
Authorised officer (includes authorised persons, Emergency officer general, with/without contact tracing, Inspectors)	175	25%
Emergency officer medical (with/without contact tracing)	40	6%
Total	**685**	**100%**

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

- Continued investment in the online licensing portal Management of Applications, Permits, Licenses and Events (MAPLE), with renewal applications for pest management licence going live in late 2022. This enables pest management licence holders to update details, renew a licence, view their licence and other documents all in the online portal. Usage has increased since going live with now over 80 per cent of renewal applications for pest management being submitted online.
- Implemented online renewals, via MAPLE, for radiation safety licences in early 2022, which now has over 90 per cent of renewal applications being submitted online.
- Commenced the Healthcare Authorisations and Regulatory Compliance (HARC) previously known as the Pharmacy Ownership, Medicines and Private Health (POMPH) portal project. This project aims to leverage the existing database solution used in Queensland Health (the Pharmacy Business Ownership Administration System), to include functionality that enables direct lodgement and processing of applications and notifications, payment of fees, timeframe management, compliance monitoring and reporting as required under the *Medicines and Poisons Act 2019* and the *Private Health Facilitates Act 1999*. The HARC project extension is being implemented over three financial years: 2021–22, 2022–23 and 2023–24. Once in place, the new database will streamline and improve processes for anyone involved in applying for substance authorities, as well as streamline actions required by department officers in receiving and assessing these applications.
- Enhanced data and compliance monitoring under the *Private Health Facilities Act 1999*. This year, the Private Health Regulation Unit established second monthly meetings with the Statistical Services Branch to discuss private health facilities regulatory requirements in relation to submission of patient admitted data and perinatal data. This collaboration resulted in weekly notifications to raise and escalate any issues in relation to failure of a private health facility to submit data or as a result of submitting unvalidated data. Based on notifications, regulatory activities were able to be prioritised and escalated further as required in a timely way.
- Continued to invest in a new Notifiable Conditions System which improves the capacity for collating notifications of notifiable conditions from pathology laboratories and clinicians.
- Progressed implementation activities to support compliance monitoring and enforcement of the new smoking laws under the *Tobacco and Other Smoking Product Act 1998*, including:
  - development of training, tools and guidance materials for authorised officers.

  - development of an enhanced intelligence function to inform risk-based and proportionate compliance monitoring and enforcement action.

Enhanced stakeholder support

- Continued to support local government in administration of the *Food Act 2006* through participation in local and regional environmental health working groups, timely response to requests for advice, and maintenance of guidance documents on the Local Government Secure Site.
- Developed draft food safety auditor training for third-party food safety auditors, local government environmental health officers, and HHS Public Health Unit environmental health officers to continue to improve and support compliance with the *Food Act 2006*.
- Continued to improve the management of food complaints through the review and update of the online food complaints form based on feedback received from local government and Hospital and Health Service, Public Health Unit environmental health officers.
- Continued to maintain and enhance the online self-assessment tool Know Your Food Business and interactive development of food label tool Label Buster to support and empower small and medium businesses to comply with the *Food Act 2006*.
- Provided education and information, including showcased existing and new online tools and resources to assist with improving compliance with the *Radiation Safety Act 1999*. This included availability of:
  - A Public Health Connect public register to search for the radiation licence or certificate details of any individual or corporation.
  - Online contact forms where enquires may be lodged to assist with application requirements; to support possession licensees with inventory enquiries or changes; to seek technical advice and to voice any radiation safety issues or concerns.
  - Free online radiation safety officer legislation training.
  - Radiation safety officer tip sheets to assist radiation safety officers in carrying out their functions under the Act.
  - Overview of radiation business requirements under the *Radiation Safety Act 1999*.
- Launched an online complaints form on 29 July 2022, to provide a 24/7 mechanism to support the community to make complaints about non-compliance with Queensland tobacco and e-cigarette laws. During 2022–23, 542 online complaints were made.
- Provided ongoing support to stakeholders regarding compliance with the *Transplantation and Anatomy Act 1979*.
- Reviewed the *Transplantation and Anatomy Act 1979* self-assessment compliance tools, based on responses from stakeholders during the compliance process.
- Collaborated with the Queensland Water Directorate to inform the preparation of a funding bid for a micro-credential training course suitable for both operators and regulators (Public Health Unit officers) of water fluoridation plants under the *Water Fluoridation Act 2008.*

Legislative reform

- Provided policy advice and worked with the department's Legislative Policy Unit to propose amendments to the *Medicines and Poisons Act 2019* and the associated regulations, including Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021 and the Medicines and Poisons (Pest Management Activities) Regulation 2021. Considered feedback from the engagement of stakeholders' consultations and regulators such as Public Health Units and other Queensland Government agencies to prioritise issues to be addressed in future legislative amendment proposals.
- Continued to provide policy advice and guidance into the drafting of new pharmacy business ownership legislation. The drafting of the new legislation will repeal and replace the *Pharmacy Business Ownership Act 2001* modernising the legislation and enabling the implementation of the recommendations from the Queensland Audit Office and the Parliamentary Inquiry into the establishment of a pharmacy council and

transfers of pharmacy ownership in Queensland.

- Progressed a review of provisions under the *Public Health Act 2005* relevant to mosquito control, following the detection of cases of Japanese encephalitis (JEV) within Queensland and across Australia. This review was undertaken to ensure that these provisions remained relevant against identified risk scenarios associated with JEV. A number of legislative amendments are subsequently being progressed to strengthen the regulatory framework.
- Completed a review of the conditions required to be notified to Queensland Health under the *Public Health Act 2005*. As a result of the review, a process was commenced to amend the Public Health Regulation 2018. These regulation amendments will result in the notification requirements for a series of notifiable conditions being streamlined subsequently reducing the regulatory burden for pathology laboratories and doctors. These amendments will also align the management of these notifiable conditions with current best practice.
- Commenced a review of personal appearance activities offered by the personal appearance services industry to consider whether the activities meet the definition of a higher-risk personal appearance service as defined under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*. A draft policy position and supporting resources have been developed. Consultation on the proposed policy position was undertaken with HHS Public Health Units during the development of the draft policy position.
- Performed a self-assessment of Queensland's radiation regulatory system against the requirements of the International Atomic Energy Agency's General Safety Guides 12 (Organisation, Management and Staffing of the Regulatory Body for Safety) and 13 (Functions and Processes of the Regulatory Body for Safety) (GSG-12 and GSG-13), for the purpose of identifying where gaps may exist in Queensland's regulatory frameworks and systems. The self-assessment process showed that Queensland is well aligned with both GSG-12 and GSG-13, however where gaps or potential gaps have been identified, the Radiation Health Unit is considering how those gaps are being, or could be, remedied.

RMP 5: Be transparent and accountable in actions

Supporting principles

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

Overview

The QPHaSS regulatory approach to administering public health legislation includes and promotes the principles of being a transparent and accountable regulator. QPHaSS procedures require regulatory compliance and enforcement decisions, along with the reasons and the evidence relied upon in reaching the decisions, made under public health legislation, to be clearly documented.

Regulatory processes, standards and timeframes for making regulatory decisions (such as granting licences and approvals) are provided in transparent and accessible formats (e.g. in written advice, published on the web). For instance, all applications for authorities/licences that are refused are given detailed explanation of the reasons for the decision and the applicant is given an avenue to appeal the decision. For all authorities/licences that are granted with conditions, justification is provided for imposing the conditions. This transparent and accountable approach provides clarity and certainty to stakeholders and regulated entities.

QPHaSS strives to ensure decisions in administering regulation are objective, made in an unbiased manner and that any conflicts of interest are appropriately managed in the respective decision-making process.

QPHaSS, in collaboration with the Prevention Strategy Branch, also maintain an active online presence for regulatory staff. For example, many public health regulatory documents, including enforcement guidelines and Act-specific compliance plans, which outline regulatory strategy and regulatory performance targets, are available in a central location on the QPHaSS intranet (called the Public Health Operational and Regulatory Toolbox) and on a local government secure site portal. These resources are readily available statewide for department and HHS, Public Health Unit authorised officers, and other regulatory staff and our local government regulatory partners, to promote consistent, best practice decision making and regulatory practice.

In addition, a comprehensive range of regulatory documents are also published across Queensland Health and Queensland Government websites.

Public health program areas continue to increase the amount of information that is publicly available online about regulatory approaches and activities and report publicly on regulatory performance through this annual regulatory performance report and other relevant public platforms.

Examples and case studies

Examples which demonstrate alignment of regulatory activities with this regulatory model practice (RMP 4) are included below.

Monitoring and reporting

- Completed the department's fifth annual Regulator Performance Report (2022–23), outlining how public health program areas align with, or plan to improve regulatory practices to align with, the performance framework five model practices. Previous regulatory performance reports are available at www.treasury.qld.gov.au/queenslands-economy/office-of-productivity-and-red-tape-reduction/regulatory-review/regulator-performance-framework/
- Completed the 2021–22 Local Government *Food Act 2006* report. This report provides information on local government food regulatory activities under the *Food Act 2006* and has been made publicly available on the Queensland Health website.
- Redesigned the verification system for conducting check audits to include a schedule for the monitoring and surveillance for food safety auditors approved under the *Food Act 2006*. This system ensures transparent and accountable audits are being conducted

and provides insight into whether an auditor is performing competently.

- Continued to implement internal monitoring and reporting systems to track the progress of substance authority applications under the *Medicines and Poisons Act 2019*. Delegates of the chief executive are legislatively required to make a decision within a 90-day timeframe. This internal monitoring and tracking ensures decisions are made and communicated to applicants in a timely manner.
- Prepared the third (2021–22) Annual Report of the Queensland Notifiable Dust Lung Disease Register (NDLD Register) and provided the report to the Minister for Health and Ambulance Services, as required under the *Public Health Act 2005*. The Annual Report provides details of the operations of the NDLD Register, including number and nature of notifiable dust lung diseases received by the NDLD Register during the financial year, and other actions Queensland Health has taken to achieve the purposes of the Register. Published NDLD Register Annual Reports are available at www.health.qld.gov.au/public-health/industry-environment/dust-lung-disease-register/annual-report.

Guidance and support for staff

- Developed and reviewed a number of enforcement guidance resources to promote contemporary, consistent, statewide regulatory practice. These included for example, the:
  - Public Health Investigation and Enforcement Practice Handbook.
  - Packaging and labelling of legal samples (high volume) for analysis procedure.
  - Obtaining court transcripts procedure.
  - CITEC confirm searches (business and motor vehicles) procedure.
- Held monthly teleconferences with Queensland Health infection control practitioners and tuberculosis control nurses and bi-monthly teleconferences with public health nurses. These statewide stakeholder forums promote transparency and consistency of regulatory practice under the *Public Health Act 2005* for communicable disease management.
- Provided education via the monthly infection control practitioners teleconference prior to commencing an audit of Hospital and Health Service compliance with obligations under Chapter 4 of the *Public Health Act 2005* to maintain and implement infection control management plans.
- Continued to coordinate the Medicines Expert Advisory Group (MEAG). The MEAG is comprised of medical, nursing, allied health and veterinary professionals, who bring relevant expertise to examine issues and provide advice concerning matters relevant to administration of the *Medicines and Poisons Act 2019* and the Medicines and Poisons (Medicines) Regulation. The MEAG helps ensure this legislation is administered effectively and continuous improvement to regulatory approaches are made.

Stakeholder information and support

- Provided renewal reminders to all approved food safety auditors to openly communicate regulatory timeframes required for a renewal application under the *Food Act 2006*.
- Continued to maintain and develop (as required) a suite of guidance information, including guidelines, factsheets, approved forms and application materials, to support and promote compliance with the *Medicines and Poisons Act 2019*. These materials are available on Queensland Health's website: www.health.qld.gov.au/system-governance/licences/medicines-poisons.
- Commenced development of authorised use of QScript framework to assist the department to meet a range of legislative and policy obligations ensuring QScript is accessed and used only by authorised users in authorised circumstances.
- Initiated a review of external public facing factsheet and internal checklists, controls and guidelines. The Pharmacy Business Ownership Unit also maintained the publication of approved forms to facilitate compliance with the *Pharmacy Business Ownership Act 2001*.
- Maintained a suite of online factsheets (resources) for private health facilities, providing information and assisting compliance with licensing requirements under the *Private Health Facilities Act 1999*. Factsheets include overview of licensee responsibilities, application and reporting requirements and notification responsibilities.

- Revised the Private Health Facilities (PHF) – Credentials and Clinical Privileges Standard (version 6) to include the Voluntary Assisted Dying credentialing clause, with the revised PHF legislation distributed to relevant private health facilities. The revised PHF Credentials and Clinical Privileges Standard (version 6) was also updated on the department's Private Health Regulation Unit website on 1 January 2023.
- Prepared water risk management guidance material for regulated hospital and healthcare facilities detailing the information used for compliance assessment of section 61D(a) of the *Public Health Act 2005*, including description of a water distribution system for regulated entities.
- Undertook planning to recommence the Local Government Advisory Group during the 2023–24 financial year. The Advisory Group was disbanded during the COVID-19 pandemic. Meetings will be held with local government, on an as needs basis, to provide guidance and support on specific issues, and support their regulatory activities monitoring and enforcing compliance with the *Public Health (Infection Control for Personal Appearance Services) Act 2003*. Meetings will also provide opportunities for local governments to raise issues regarding emerging services and how they are managed under the Act.
- Supported the development of a draft set of national radiation safety compliance and enforcement principles. In March 2023, the Environmental Health Standing Committee endorsed the principles. Queensland was the lead agency in the development of these draft principles. These principles have been developed to form the basis of each jurisdiction's radiation compliance and enforcement framework, with the aim of protecting people and the environment from the harmful effects of radiation. This will assist in ensuring regulatory approaches under the *Radiation Safety Act 1999* are transparent and informed by risk-based intelligence.
- Published the Decision Regulatory Impact Statement: Reducing the negative effects of smoking in Queensland (DRIS) on the Queensland Health website on 12 December 2022. The DRIS provides information on stakeholder responses to the proposed reform options, consideration of proposed changes to options as suggested by stakeholders, and the final recommendations for the preferred options for amending the *Tobacco and Other Smoking Products Act 1998*. New functions under the *Tobacco and Other Smoking Products Act 1998* include the ability to share information with Commonwealth and State entities and law enforcement agencies to support the regulation of smoking product supply.
- Maintained publications on the Queensland Health website of relevant resources and documents supporting Schools of Anatomy compliance with the *Transplantation and Anatomy Act 1979*. The published resources include: the Schools of Anatomy Audit checklist and evaluation tool for Queensland Schools of Anatomy; Application forms for authorisation to establish a Schools of Anatomy; Notification forms of variation to establish a School of Anatomy and the Best practice guidelines for Schools of Anatomy in the disposal of human remains.
- Supported transparency and accountability by providing stakeholders access to the standard criteria used by the department for assessing compliance with the *Transplantation and Anatomy Act 1979*, as well as in assessing and approving advertising and permits to buy human tissue. These are provided to stakeholders to assist their understanding of the department's considerations.
- Continued to use standard criteria to assess Assisted Reproductive Technology providers' advertising applications. If further information or changes to proposed advertising are required, the rationale for the query is outlined to the providers to enhance understanding of reasons for decisions.
- Provided the approved checklist proforma for permit applications to relevant stakeholders, as required. These have been amended where necessary (when tissue is sought to be purchased for purposes other than surgery), in consultation with relevant stakeholders, to ensure the relevant information sought by the department is provided by applicants, and to enable a standard and streamlined approach to decision-making in the approval of permits to buy human tissue.

Our governance

Leadership teams

Executive Leadership Team (ELT)

Role, function and responsibilities

The Executive Leadership Team (ELT) supports the Director-General to provide leadership, direction and guidance to the Department of Health and oversee its strategic function, capabilities and effective operation.

Membership

Director-General (Chair).

Chief Operating Officer.

Executive Director, Office of the Director-General.

Chief Health Officer.

Chief First Nations Health Officer.

Deputy Director-General, Corporate Services Division.

Deputy Director-General, Clinical Excellence Queensland.

Deputy Director-General, Healthcare Purchasing and Service Performance.

Deputy Director-General, eHealth Queensland.

Commissioner, Queensland Ambulance Service.

Deputy Director-General, Clinical Planning and Service Strategy.

Deputy Director-General, Health Capital Division.

Associate Director-General, Strategy, Policy and Reform Division.

Chief Finance Officer, Corporate Services Division.

General Manager, Queensland Public Health and Scientific Services.

Number of scheduled meetings/sessions

The Executive Leadership Team (ELT) met fortnightly on a Thursday for the 2022–23 reporting period.

Integrated System Governance (ISG) Boards and Committees

In October 2022, the Department of Health introduced the Integrated Systems Governance (ISG) model comprising of three Boards of Management and five committees. The implementation of this new model was in response to recommendations made in the *Advice on Queensland Health's governance framework* which highlighted the need for governance bodies to have a system-wide focus. As part of this implementation, all existing Tier 2 Committees were disestablished.

ISG Boards and Committees

- Queensland Public Health and Scientific Services Board of Management.
- eHealth Queensland Board of Management.
- Capital Board of Management.

- System Finance, Procurement Strategy and Management Committee.
- System Workforce Strategy and Management Committee.
- System Quality, Safety and Performance Management Committee.
- Strategic Reform Committee.
- Better Care Together Plan Assurance Committee.

Other Boards, Councils and Committees

- Audit and Risk Committee.
- Health Inter-agency Capital Committee (HICC).
- Radiation Advisory Committee.
- Sexual Health Ministerial Advisory Committee.
- Mount Isa Lead Management Committee.
- Voluntary Assisted Dying Review Board.

Statutory bodies

- Hospital and Health Services (HHSs) (16).
- Hospital Foundations (13).
- QIMR Berghofer Medical Research Institute (QIMR).
- Office of the Health Ombudsman.
- Health and Wellbeing Queensland.
- Mental Health Court.
- Mental Health Review Tribunal.
- Panels of Assessors (19).
- Queensland Board of the Medical Board of Australia.
- Queensland Board of the Nursing and Midwifery Board of Australia.
- Queensland Board of the Psychology Board of Australia.
- Queensland Mental Health Commission.
- Queensland Mental Health and Drug Advisory Council.
- Radiation Advisory Council.

The Department of Health Audit and Risk Committee (ARC)	
Act or instrument	*Financial Accountability Act 2009*, the Financial Accountability Regulation 2019 and the Financial and Performance Management Standard 2019.
Functions	The Department of Health Audit and Risk Committee (ARC) operates in accordance with its charter, having due regard for Queensland Treasury's Audit Committee Guidelines: Improving Accountability and Performance (the Guidelines). The role of the Committee is to provide the Director-General of Queensland Health with independent advice regarding: • Areas of statewide Health System risk. • The Department of Health in the areas of risk.

	• Internal control. • Audit. • Governance. • Performance management and compliance. • The department's external accountability responsibilities as prescribed in relevant legislation and standards including the *Financial Accountability Act 2009*, the Financial Accountability Regulation 2019 and the Financial and Performance Management Standard 2019.
Achievements	Key achievements for 2022–23 include: • Endorsement of the Annual Internal Audit Plan for 2023–24 prior to approval by the Director-General and monitored the ongoing delivery of the 2022–23 Internal Audit Plan. • Endorsement of the Annual Financial Statements for 2021–22 prior to sign-off by the accountable officer. • Endorsement of the Information Standard 18 (IS18:2018) annual return prior to sign-off by the Director-General. • Provision of direction on departmental business matters relating to business performance, improvement activities, internal control structures, strategic and corporate risk issues, project governance and accountability matters. • Oversight of implementation of recommendations from both internal audit and external audit activities. • Oversight of large departmental projects. • Established increased focus on system-wide risks and their management.
Membership	In addition to the committee members, several standing invitees regularly attend meetings, including: • The Director-General. • Chief Finance Officer. • Chief Audit Officer. • Executive Director, Governance, Assurance and Information Management. • Representatives from the Queensland Audit Office (QAO).
Financial reporting	Expenditure related to the Committee totalled $18,154 (ex GST). Transactions of the entity are accounted for in the financial statements.

Remuneration

Position	Name	Meeting attendance	Approved annual, sessional or daily fee	Actual fees received
Chair (Independent)	Dan Hunt	11	$15,000.00 p.a. (ex GST)	$15,000.00 (ex GST)
Deputy Chair (Independent)	Mark Stone	10	N/A	N/A
Member (Corporate Sponsor) (current)	Damian Green	1	N/A	N/A
Member (Corporate Sponsor)	David Sinclair	6	N/A	N/A
Member (Corporate Sponsor)	Nick Steele	4	N/A	N/A

Member (Clinical expertise)	Chris Raftery	7	N/A	N/A
Member (QAS)	Dee Taylor-Dutton	2	N/A	N/A
Member (QAS) (current)	Stephen Zsombok	4	N/A	N/A
Member (QAS)	Darren Hall	1	N/A	N/A
Member (HHS expertise)	Alister Whitta	9	N/A	N/A
No. scheduled meetings/sessions	The ARC held 11 meetings during the 2022–23 financial year. The Committee restructured their meetings for the year to include specific Risk Deep Dive meetings, four times a year. Some of the topics covered in the Risk Deep Dives included: • Potential risks impacting on delivery of the capital program (Health Capital). • Third-Party Cyber Risk (eHealth Queensland). • Integrated Planning - Capital Investment (Clinical Planning and Service Strategy). • Workforce Strategy (Clinical Planning and Service Strategy) • Q32 and Health Reform (Strategy, Policy and Reform). The ARC has discharged its responsibilities as set out in the charter, in line with Queensland Treasury's Guidelines.			
Total out-of-pocket expenses	Nil			

Health Interagency Capital Committee (HICC)	
Act or instrument	Terms of Reference
Functions	The Health Interagency Capital Committee (the Committee) provides support in connecting project and program outcomes and maintaining the program direction in alignment with Government expectations.
Achievements	The committee assists in providing visibility of program performance and project details. This forum highlights areas where cross-agency support could enhance program outcomes, create opportunities for efficiencies or innovation or support mitigation/resolution of issues or risks.
Membership	• Executive Director, Operations – Health Capital Division (Chair). • Executive Director, Planning and Delivery – Health Capital Division x3. • Senior Director, Governance, Risk and Compliance – Health Capital Division. • Senior Director, Program Performance – Health Capital Division. • Senior Director, Operations – Health Capital Division. • Director, Operations – Health Capital Division. • Director (Health), Social Policy, Department of Premier and Cabinet. • Director, Infrastructure, Planning and Advisory, Department of State Development, Infrastructure, Local Government and Planning. • Director, Social Policy Queensland Treasury. • Director, Commercial, Queensland Treasury. • Assistant Director-General, Department of Energy and Public Works. • General Manager, Department of Energy and Public Works.
Financial reporting	The following reports are prepared by the Executive Director, Operations – Health Capital Division on a monthly basis:

	• Program and project performance (monthly).
No. scheduled meetings/sessions	N/A
Total out-of-pocket expenses	Nil

The Radiation Advisory Council (RAC)	
Act or instrument	*Radiation Safety Act 1999*
Functions	The Radiation Advisory Council (RAC) advises the Minister on the administration of the *Radiation Safety Act 1999* (the Act) and makes recommendations for the prevention or minimisation of dangers arising from radioactive substances and associated machinery.
Achievements	Refer to information in the Radiation Advisory Council Annual Report 2022–23.
Membership	Refer to information in the Radiation Advisory Council Annual Report 2022–23.
Financial reporting	The Radiation Advisory Council is required to prepare its own Annual Report. Section 181 of the Act provides: • As soon as practicable after the end of each financial year, the Council must give the Minister a written report about the performance of its functions during the year. • The Minister may publish the report in the way the Minister considers appropriate. Details can be found in the Radiation Advisory Council Annual Report 2022–23. Financial transactions are included in the Department of Health Annual Report 2022–23.

Remuneration

Position	Name	Meeting attendance	Approved annual, sessional or daily fee	Actual fees received
Chair	Dr Stuart Ramsay	2	$2,500	$2,500
Member	Dr Emily Farrell	2	$2,000	$2,000
Member	Mr Jim Gleeson	1	$2,000	$2,000
Member	Dr Matthew Griffiths	2	$2,000	$2,000
Member	Ms Helen Jacmon	2	$2,000	$2,000
Member	Ms Kathy Lawrenson	1	$2,000	$2,000
Member	Prof Paul Monsour	1	$2,000	$2,000
Member	Dr Natalie Pollard	2	$2,000	$2,000
Member	Dr Tom Snow	2	$2,000	$2,000
Member (*ex officio*)	Dr John Gerrard	2	N/A	N/A
No. scheduled meetings/sessions	Refer to information in the Radiation Advisory Council Annual Report 2022–23.			
Total out-of-pocket expenses	Refer to information in the Radiation Advisory Council Annual Report 2022–23.			

Sexual Health Ministerial Advisory Committee (SHMAC)				
Act or instrument	Terms of Reference			
Functions	The Sexual Health Ministerial Advisory Committee (SHMAC) provides advice to the Minister for Health, Mental Health and Ambulance Services and Minister for Women on sexual and reproductive health-related matters in the context of the Queensland Sexual Health Framework and associated action plans (Human Immunodeficiency Virus (HIV), Hepatitis B, Hepatitis C, Sexually Transmissible Infections (STIs) and Aboriginal and Torres Strait Islander Blood Borne Viruses and STIs).			
Achievements	• Stakeholder engagement forum Syphilis: Everybody's Business (Forum) was held in Brisbane on 18 May 2023. The Forum's theme explored the significant impact of unmet social determinants of health on people's access to healthcare and health outcomes in the context of community syphilis acquisition and management. • The Research Sub-Committee finalised the assessment of applications for Round 4 of the Sexual Health Research Fund (outcomes reported as pending in the 2021–22 Annual Report) with four projects awarded grants in FY 2022–23 (total $363,739). • Inputted professional advice on the Queensland Law Reform Commission's Sex Work Industry review, particularly focused on public health outcomes.			
Membership	Deputy Vice-Chancellor (Indigenous, Diversity and Inclusion), Griffith University (Chair). Consultant in Infectious Diseases and Microbiology (Deputy Chair). Pre-Eminent Specialist, Obstetrics and Gynaecology, Metro North Hospital and Health Service (HHS; MNHHS) (member). Senior Lecturer in Public Health, Queensland University of Technology with expertise in issues affecting Culturally and Linguistically Diverse Communities (member). Community member with expertise in issues affecting gender and sexually diverse people (member). A/Assistant Director-General, Disability Inclusion and Student Services, Department of Education (member). Sex Worker Advocate (member). Public Health Physician Sexual Health, MNHHS (member). Assistant Director-General, Office for Women and Violence Prevention, Department of Justice and Attorney-General (member). Medical Director, Child and Youth Mental Health Service, Children's Health Queensland (member). Director, Commercial Operations (Deadly Choices), Institute for Urban Indigenous Health (member - resigned March 2023). Vacant position (member) - Ministerial approval received for a twelfth member to be appointed. The Committee is reviewing membership and future directions to identify the most appropriate/relevant expertise.			
Financial reporting	Nil			
Remuneration				
Position	Name	Meeting attendance	Approved annual, sessional or daily fee	Actual fees received
Chair	Emeritus Professor Cindy Shannon AM	4 SHMAC 5 Research Sub-Committee (as Chair) 7 Forum Sub-Committee	$390 daily chair fee $300 daily member fee	50% of daily fee for meetings of four hours or less. Chair eligible but declines

		1 Forum event		remuneration payments.
Member	Associate Professor Anthony Allworth	2 SHMAC 4 Research Sub-Committee 10 Forum Sub-Committee 1 Forum event	$300 daily member fee	$2,700
Member	Phillip Carswell OAM	4 SHMAC 5 Research Sub-Committee 3 Forum Sub-Committee 1 Forum event	$300 daily member fee	$2,400
Member	Dr Ignacio Correa-Velez	4 SHMAC 2 Research Sub-Committee 1 Forum event	$300 daily member fee	$1,500
Member	Candi Forrest	2 SHMAC	$300 daily member fee	$600
Member	Dallas Leon (Resigned following March 2023 SHMAC)	3 SHMAC 3 Forum Sub-Committee (as Chair)	$300 daily member fee	$1,485
Member	Professor Rebecca Kimble	3 SHMAC 8 Forum Sub-Committee	N/A	N/A
Member	Dr Diane Rowling	4 SHMAC 5 Forum Sub-Committee (as Chair) 1 Forum event	N/A	N/A
Member	Dr Stephen Stathis	3 SHMAC	N/A	N/A
Member	Dr Kylie Stephen	2 SHMAC	N/A	N/A
Member	Hayley Stevenson	3 SHMAC	N/A	N/A
No. scheduled meetings/sessions	Sexual Health Ministerial Advisory Committee – 4. Research Sub-Committee – 5. Forum Sub-Committee – 12. Two different Sub-Committees were convened in the financial year 2022–23 due to a change in Forum theme occurring in November 2022, requiring different expertise. Forum (annual stakeholder engagement event) – one all-day event**.**			
Total out-of-pocket expenses	$371.10 in out-of-pocket costs were claimed by remuneration-eligible members during FY 2022–23, relating to travel expenses and mileage. **Note:** Out-of-pocket costs do not include pending claims for 29 June 2023 Committee meeting. Advice from two eligible Committee members regarding			

	amounts for travel expenses or mileage claims are outstanding as of 5 July 2023.
Mount Isa Lead Health Management Committee	
Act or instrument	N/A
Functions	The Mount Isa Lead Health Management Committee (MLHMC) is chaired by the Chief Health Officer and is comprised of representatives from: • Queensland Government agencies. • Glencore Mount Isa Mines. • State and Commonwealth Members of Parliament. • Mount Isa City Council. • Mount Isa Hospital and Health Service. The primary function of the MLHMC is to provide strategic management of environmental health risks arising from lead to the residents of Mount Isa.
Achievements	The Point of Care Testing (PoCT) program undertaken by the North West HHS Child Health Services continues to be supported by the Mount Isa community as the preferred method of measuring a child's blood lead level. PoCT testing increased from 148 tests during 2021–22 to 279 tests in 2022–23. This represents 238 individual children being tested during 2022–23, with a small number of children having more than one test during this period. The results of the tests undertaken identified: • 168 children had blood lead levels <5 µg/dL. • 56 children had blood lead levels ≥ 5 µg/dL but < 10 µg/dL. • 14 children had blood lead levels ≥ 10 µg/dL. This allows 'at risk' children to be more readily identified at an early stage and referred to their general practitioner for follow-up and case management if necessary.
Membership	• Federal Representative (Member for Kennedy). • State Representative (Member for Traeger). • Chief Health Officer - Department of Health (Chairperson). • Mayor – Mount Isa City Council. • Chair – North West Hospital and Health Board. • Chief Executive – North West Hospital and Health Service. • Commissioner – Queensland Family and Child Commission. • Deputy Director-General – Department of Environment and Science. • Commissioner for Mine Safety and Health – Department of Resources. • General Manager Health, Safety, Environment and Community Relations – Glencore Mount Isa Mines. • Executive Director – Health Protection Branch, Department of Health. • Director, Environmental Hazards Unit – Health Protection Branch (Secretary), Department of Health.
Financial reporting	Nil
No. scheduled meetings/sessions	Annual
Total out-of-pocket expenses	Nil

Voluntary Assisted Dying Review Board	
Act or instrument	*Voluntary Assisted Dying Act 2021*
Functions	The Voluntary Assisted Dying Review Board has several functions. These include: • Monitoring the operation of the Act. • Reviewing, for each completed request for voluntary assisted dying. • Whether or not the Act has been complied with. • Referring to specified entities issues identified by the board in relation to voluntary assisted dying. • Promoting compliance with the Act. • Recording and keeping information prescribed by regulation about requests for, and provision of, voluntary assisted dying.
Achievements	The key achievements of the Voluntary Assisted Dying Review Board (Review Board) will be outlined in the Review Board's Annual Report for 2022–23.
Financial reporting	In accordance with the *Financial Accountability Act 2009*, the Department of Health is the accountable authority for the financial management of the Voluntary Assisted Dying Review Board. The financial activity of the Voluntary Assisted Dying Review Board, including the remuneration of the Review Board members, is provided in the Department of Health's Annual Report.
No. scheduled meetings/sessions	Voluntary Assisted Dying Review Board inaugural meeting Voluntary Assisted Dying Review Board monthly meetings – 6 (each more than four hours)
Total out-of-pocket expenses	Nil
Annual reporting arrangements	The Voluntary Assisted Dying Review Board is required to prepare its own Annual Report. Details can be found in the Voluntary Assisted Dying Review Board Annual Report 2022–23. Financial transactions are included in the Department of Health's Annual Report 2022–23.
Queensland Public Health and Scientific Services Board of Management (QPHaSS)	
Act or instrument	Section 45 of the *Hospital and Health Board Act 2011* and Terms of Reference.
Functions	The Queensland Public Health and Scientific Services (QPHaSS) Board of Management (the Board) provides governance of the Queensland Public Health and Scientific Services Division (the division) in approving its strategies and policy approaches and maintains oversight of Divisional performance, including operational financial, risk management and engagement with stakeholders. Additionally, the Board oversees the implementation of reforms related to patient-centred care, working to the full scope of practice, and other opportunities related to the division's functions as identified in *Unleashing the potential: an open and equitable health system*. As part of its functioning, the Board also provides governance and oversight for QPHaSS.
Achievements	• Approved Queensland's first *Newborn Bloodspot Screening Strategy* Framework and released to key internal and external stakeholders. The program supports the 'First 2000 Days' initiative. • Endorsed a risk management and maturity approach to establish and sustain effective and accountable risk management structures for QPHaSS, aligned to the Department of Health risk management approach. • Endorsed the release of the Statewide Coronial Plan for consultation. • Considered trends in complexity in Anatomical Pathology services in PQ, noting the impact on resourcing and approved a range of measures for implementation in 2023–24.

	• Discussed pricing models and forward management planning for Pathology Queensland, Biomedical Technology Services and Forensic and Scientific Services.
Membership	Members • Chief Operating Officer, Queensland Health (Chair). • Chief Health Officer. • Deputy Director-General, Clinical Excellence Queensland. • Deputy Director-General, Corporate Services Division. • Chief Executive, Gold Coast Hospital and Health Service. • Chief Executive, Cairns and Hinterland Hospital and Health Service. • Chief Executive, Central West Hospital and Health Service. • Chief Executive, NSW Pathology (External member). • Director-General, Department of Agriculture and Fisheries (External member). Officer of the Board • General Manager, Queensland Public Health and Scientific Services Division.
Financial reporting	Nil
No. scheduled meetings/sessions	7
Total out-of-pocket expenses	Nil
eHealth Queensland Board of Management	
Act or instrument	Section 45 of the *Hospital and Health Boards Act 2011* and Terms of Reference.
Functions	The eHealth Queensland Board of Management Board (the Board) oversees the development and execution of Queensland Health's ICT and digital strategy to ensure optimal and sustainable ICT investment across Queensland Health in line with health needs and Queensland Government priorities. Additionally, the Board oversees the development of the long-term Queensland Health digital and ICT strategy and advises on the implementation of reforms related to digital transformation articulated in government-commissioned reviews including *Unleashing the potential: an open and equitable health system*. As part of its functioning, the Board also provides governance and oversight for eHealth Queensland.
Achievements	• Considered strategies to mitigate enterprise risks for eHealth Queensland with a focus on critical vacancies and impact on portfolio delivery. • Noted the proposed planning and delivery approach for a system-wide exercise to practise health system strategic readiness for digital disruption. • Considered a strategy for implementation of Information and Communications Technology (ICT) infrastructure and enterprise applications to support the Health Capital Division (HCD) programs of work. • Considered potential for partnering with Queensland Government agencies to leverage contract arrangements and support third-party assurances for ICT projects. • Endorsed funds for the 2023–24 financial year budget enabling delivery of the eHQ ICT capital portfolio.
Membership	Members • Director-General, Queensland Health (Chair). • Associate Director-General, Strategy, Policy and Reform Division.

	• Commissioner, Queensland Ambulance Service. • Deputy Director-General, Corporate Services Division. • Chief Executive, Children's Health Queensland Hospital and Health Service. • Chief Executive, Sunshine Coast Hospital and Health Service. • Chief Executive, Torres and Cape Hospital and Health Service. • Deputy Chair, Clinical Senate, Queensland Health. • Deputy Director-General, Health Capital Division. Standing guests • Chief Customer and Digital Officer, Department of Communities, Housing and Digital Economy. Officer of the Board • Deputy Director-General, eHealth Queensland.
Financial reporting	Nil
No. scheduled meetings/sessions	7
Total out-of-pocket expenses	Nil
Capital Board of Management	
Act or instrument	Section 45 of the *Hospital and Health Boards Act 2011* and Terms of Reference.
Functions	The Capital Board of Management (the Board) oversees the development and execution of Queensland Health's capital strategy to ensure optimal and sustainable capital investment across Queensland Health in line with health needs and Queensland Government priorities. Additionally, the Board oversees the development of the 15-year capital strategy for Queensland Health and advises on the implementation of reforms related to capital management articulated in government-commissioned reviews including *Unleashing the potential: an open and equitable health system*. As part of its functioning, the Board also provides governance and oversight for the Health Capital Division.
Achievements	• Considered key risks for the delivery of the Queensland Health Capital Program and proposed strategies for mitigation. • Endorsed a procurement evolution approach to building capability and capacity in the Health Capital Division to improve industry engagement and collaboration and deliver improved project outcomes for the Capacity Expansion Program. • Endorsed Design Principles to guide the planning and delivery of health infrastructure. • Noted the assessment of projects by the Queensland Health Investment Assurance Committee (IAC). • Endorsed the progression of major projects to deliver the 15-year capital strategy.
Membership	Members • Director-General, Queensland Health (Chair). • Chief Operating Officer, Queensland Health. • Associate Director-General, Strategy, Policy and Reform Division. • Deputy Director-General, eHealth Queensland. • Deputy Director-General, Clinical Planning and Service Strategy Division. • Chief Executive, Darling Downs Hospital and Health Service. • Chief Executive, Townsville Hospital and Health Service.

	• Chief Executive, Metro North Hospital and Health Service. Standing guests • Associate Director-General, Department of the Premier and Cabinet. • Assistant Under Treasurer, Policy and Projects, Queensland Treasury. • Deputy Director-General, Infrastructure, Department of State Development, Infrastructure, Local Government and Planning. Officer of the Board • Deputy Director-General, Health Capital Division.
Financial reporting	Nil
No. scheduled meetings/sessions	13
Total out-of-pocket expenses	Nil
System Finance and Procurement Strategy Management Committee	
Act or instrument	The Committee functions under the authority and delegations of the Director-General and the ELT and reflects the Director-General's responsibilities to provide strategic leadership and direction for the Queensland public health system under section 45 of the *Hospital and Health Board Act 2011*.
Functions	The Committee provides direction and oversight over financial and procurement strategy development and operational performance to ensure appropriate service provision across Queensland Health. The Committee also maintains oversight of procurement reforms and innovations led by the Department of Health.
Achievements	• Endorsed the Terms of Reference. • Provided feedback to inform system finance and procurement performance reporting. • Provided feedback to the System Finance Report. • Endorsed the Centralised Operating Model for Furniture, Fittings and Equipment Procurement for the equipment replacement program and infrastructure programs.
Membership	• Deputy Director-General, Healthcare Purchasing and System Performance (Chair). • Commissioner, Queensland Ambulance Service. • Deputy Director-General, Corporate Services Division. • Deputy Director-General, Health Capital Division. • Chief Executive, North West Hospital and Health Service. • Chief Executive Townsville Hospital and Health Service. • Chief Executive, West Moreton Hospital and Health Service. • Chief Finance Officer, Corporate Services Division. • Chief Procurement Officer, Corporate Services Division.
Financial reporting	Nil
Remuneration	Non remunerated
No. scheduled meetings/sessions	Six meetings are scheduled annually, there have been four meetings since December 2023.
Total out-of-pocket expenses	Nil

System Workforce Strategy and Management Committee	
Act or instrument	Section 45 of the *Hospital and Health Boards Act 2011* and Terms of Reference
Functions	The System Workforce Strategy and Management Committee (the Committee) directs and oversees the S*ystem Workforce Strategy* and management to develop a sustainable workforce to meet community needs. The Committee ensures Queensland Health's workforce is safe, capable, valued, respected and empowered to lead the delivery of world-class health services, each working at the top of their scope of practice. Specifically, the Committee: • Oversees the development and execution of a 10-year *Queensland Health Workforce Strategy*, including action planning spanning horizons in 2024, 2028 and 2032, driving achievement of Queensland Government priorities. • Maintains oversight of workforce reforms and innovations led by the Department of Health in its role as system manager, including those articulated in government-commissioned reviews such as Unleashing the potential: an open and equitable health system. • Provides governance of Queensland Health's workforce in approving its strategic policies, planning and direction.
Achievements	• Discussed the Rural and Remote Workforce Action Plan, noting alignment with the broader *System Workforce Strategy* and agreed that there should be a commitment to scaling initiatives across the health system, wherever possible. • Discussed Women in Leadership and Diversity Targets research presentation from Special Commissioner, Equity and Diversity, Queensland Public Sector Commission. • Discussed the scope and status of the accommodation review for regional, rural and remote Hospital and Health Services. The implementation plan for the review will be considered by the Capital Board of Management. • Discussed potential service and workforce models for investigation from the Workforce Incentive Fund.
Membership	Members • Associate Director-General, Strategy, Policy and Reform Division (Chair). • Chief First Nations Health Officer. • Deputy Director-General, Clinical Planning and Service Strategy. • Chief Operating Officer, Queensland Health. • Chief Executive, Wide Bay Hospital and Health Service. • Chief Executive, South West Hospital and Health Service. • Chief Executive, Darling Downs Hospital and Health Service. • Special Commissioner, Equity and Diversity, Public Service Commission. • Executive Director, Mental Health and Other Drugs Branch, Clinical Excellence Queensland. • Chief Human Resources Officer, Department of Health Standing guests. • Assistant Deputy Director-General, Workforce Strategy, Clinical Planning and Service Strategy.
Financial reporting	Nil
No. scheduled meetings/sessions	5
Total out-of-pocket expenses	Nil

System Quality, Safety and Performance Management Committee	
Act or instrument	Section 45 of the *Hospital and Health Boards Act 2011* and Terms of Reference
Functions	The System Quality, Safety and Performance Management Committee (the Committee) oversees the development and execution of system-wide approaches to monitor and assess service quality, patient safety and performance management in line with Queensland Government priorities.
Achievements	• Discussed and agreed approach to performance monitoring, including identifying priorities, vulnerable groups (e.g., First Nations, Prisoners' health), considering systemic quality and safety culture issues, and identifying, managing and escalating system issues. • Discussed implementation and approved the approach to consultation for the Patient Safety Staff Escalation Pathway. The Committee noted learnings from a review of a similar program in the United Kingdom that would inform Queensland Health's pilot program. At a later date, the Committee considered the outcomes of the consultation, and the evaluation approach for identifying pilot sites and endorsed the proposed selection of pilot sites. • Discussed governance mechanisms for statewide services, including the process for raising emergent patient safety and quality risks and other performance issues. • Endorsed the five recommendations of the Statewide Services Assessment and Review Panel, noting that system issues identified have been formally communicated to relevant areas of the department. • Discussed proposals for funding under the Statewide Brain and Spinal Cord Injury (BaSCI) Project for 2023–24 and 2024–25, approving project funding to June 2025 for endorsed proposals. • Supported the mapping of the *Consumer Safety and Quality Strategy* Map strategic objectives to the draft Workforce Strategy and *Health Service Strategy* action plans. • Considered a Queensland Ambulance Service (QAS) Deep Dive analysis of current and future standards. • Endorsed Queensland Health accreditation and Clinical Services Capability Framework (CSCF) requirements for new service delivery models. • Endorsed the draft policy wording that strengthens and standardises who can undertake informed consent**.**
Membership	Members • Deputy Director-General, Clinical Planning and Service Strategy (Co-chair). • Deputy Director-General, Clinical Excellence Queensland. • Deputy Director-General, Healthcare Purchasing and System Performance. • Commissioner, Queensland Ambulance Service. • Chief Executive, Central Queensland Hospital and Health Service. • Chief Executive, South West Hospital and Health Service. • Chief Executive, Metro South Hospital and Health Service (Co-chair). • Chair, Clinical Networks Executive. Standing invited observers • Executive Director, Contracting and Performance Management, Healthcare Purchasing and System Performance Division.

	• Executive Director, Patient Safety and Quality, Clinical Excellence Queensland.
Financial reporting	Nil
No. scheduled meetings/sessions	5
Total out-of-pocket expenses	Nil
Strategic Reform Committee	
Act or instrument	Section 45 of the *Hospital and Health Boards Act 2011* and Terms of Reference
Functions	The Strategic Reform Committee (the Committee) oversees the development and execution of Queensland Health's reform agenda to ensure the development of sustainable health services across Queensland Health aligns with health needs, the objectives for the Community and whole-of-government priorities. Additionally, the Committee oversees the development of the public-facing strategy; evaluation and implementation of reforms articulated in government-commissioned reviews including *Unleashing the potential: an open and equitable health system*. As part of its functioning, the Committee also provides governance and oversight for the reform program.
Achievements	• Committee endorsement of *HEALTHQ32 Vision, Reform Strategy* and Action Plan and public release of HEALTHQ32 on 3 May 2023. • Agreed an approach to reform initiatives, noting that tangible, sustainable and scalable initiatives are key to embedding relevance and importance of reform for the benefit of the health system. • Agreed on a governance approach to inducting and managing initiatives into the Reform Lifecycle. • Discussed initiatives being developed in partnership with the Commonwealth including Urgent Care Clinics, Primary Care Pilot, and Torres and Cape Health Care Commissioning Fund (TORCH). The Committee noted the Reform Office's role in engaging with the Commonwealth and across the health system to ensure appropriate linkages across programs. • Approved the Rapid Access Program to support HHSs embed Rapid Access models of care into business as usual and commence evaluation in January 2024.
Membership	Members • Chief Executive, Children's Health Queensland Hospital and Health Service (Chair). • Director-General, Queensland Health. • Associate Director-General, Strategy, Policy and Reform Division. • Chief Operating Officer, Queensland Health. • Chief First Nations Health Officer. • Chief Executive, Gold Coast Hospital and Health Service. • Chief Executive, Wide Bay Hospital and Health Service. Standing guests • Deputy Director-General, Department of the Premier and Cabinet. • Deputy Under-Treasurer, Queensland Treasury. • Program Lead, Reform Office. • Executive Director, Reform Office, Strategy, Policy and Reform Division.
Financial reporting	Nil

No. scheduled meetings/sessions	3
Total out-of-pocket expenses	Nil
Better Care Together Plan Assurance Committee	
Act or instrument	Section 45 of the *Hospital and Health Boards Act 2011* and Terms of Reference.
Functions	The Better Care Together Plan Assurance Committee (the Committee) is responsible for guiding system-wide investment for initiatives under the *MHAOD Implementation Strategy*. These are focused on mental health, alcohol and other drugs and include responses to mental health crises and suicidality. The primary focus of the Committee is to ensure initiatives being delivered under Better Care Together by state-funded MHAOD services. The Committee also receives reports about the funding that has been directed for initiatives delivered by other agencies as part of the investment allocated to Achieving balance and delivering on the Government response to the MHSC. Additionally, the Committee is responsible for considering the reallocation of savings in any financial year.
Achievements	• Discussed progress of the *Mental Health and Other Drugs (MHAOD)* and *Suicide Prevention Investment Implementation Strategy* and noted the importance of the Committee's role in assuring new investment, including where funds are allocated to other agencies. • Noted the approval of the Mental Health, Alcohol and Other Drugs (MHAOD) Implementation Plan was approved by the Queensland Government. • Endorsed criteria for escalation of initiatives for the Committee for review. • Noted allocation of funding for 2022–23 financial year and barriers at HHS level to progressing initiatives for funding release and considered strategies to assist HHSs, including recruitment, to support funding release. • Noted progress on developing a monitoring and evaluation framework for mental health and other drug components of Better Care Together.
Membership	• Chief Operating Officer, Queensland Health (Co-Chair). • Executive Director, Mental Health, Alcohol and Other Drugs Branch, Clinical Excellence Queensland (Co-Chair). • Deputy Director-General, Clinical Planning and Services Strategy Division. • Chief First Nations Health Officer, Office of First Nations Health. • Chief Executive, Children's Health Queensland Hospital and Health Service. • Chief Executive, Metro South Hospital Health Service. • Chief Executive, Central Queensland Hospital and Health Service. • Chief Executive, Health Consumers Queensland (Consumer). • Commissioner, Queensland Mental Health Commission (External).
Financial reporting	Nil
No. scheduled meetings/sessions	9
Total out-of-pocket expenses	Nil

Statutory bodies

Hospital and Health Services (16)	
Act or instrument	*Hospital and Health Boards Act 2011*
Functions	The 16 HHSs are accountable for the delivery of public HHSs in Queensland. They operate and manage a network of public HHSs within a defined geographic or specialised area. HHSs are statutory bodies with expertise-based Hospital and Health Boards, accountable to the local community and the Queensland Parliament via the Minister for Health and Ambulance Services.
Annual reporting arrangements	HHSs are required to prepare their own Annual Reports, including independently audited financial statements. Details can be found in the HHS's respective Annual Reports for 2022–23.
Hospital and Health Boards (HHBs)	
Act or instrument	*Hospital and Health Boards Act 2011*
Functions	HHBs govern and control the HHSs for which the Board has been established. HHSs are the principal providers of public health services. There are 17 HHBs: • Cairns and Hinterland HHB. • Central Queensland HHB. • Central West HHB. • Children's Health. • Queensland HHB. • Darling Downs HHB. • Gold Coast HHB. • Mackay HHB. • Metro North HHB. • Metro South HHB. • North West HHB. • South West HHB. • Sunshine Coast HHB. • Torres and Cape HHB. • Townsville HHB. • West Moreton HHB. • Wide Bay HHB.
Annual reporting arrangements	As per the HHS annual reporting arrangements.
Hospital Foundations (13)	
Act or instrument	*Hospital Foundations Act 2018*
Functions	Hospital foundations help their associated hospitals provide improved facilities, education opportunities for staff, research funding and opportunities, and support the health and wellbeing of communities. They are administered by voluntary boards appointed by the Governor in Council on the recommendation of the Minister for Health and Ambulance Services. There are 13 Queensland Hospital Foundations: • Bundaberg Health Services Foundation. • Children's Hospital Foundation Queensland. • Central Queensland Hospital Foundation. • Far North Queensland Hospital Foundation.

	• Gold Coast Hospital Foundation. • Ipswich Hospital Foundation. • Mackay Hospital Foundation. • The PA Research Foundation. • The Prince Charles Hospital Foundation. • Royal Brisbane and Women's Hospital Foundation. • Sunshine Coast Health Foundation. • Toowoomba Hospital Foundation. • Townsville Hospital Foundation.
Annual reporting arrangements	Hospital Foundations are required to prepare their own Annual Reports, including independently audited financial statements. Details can be found in the Hospital Foundations' respective Annual Reports for 2022–23.
QIMR Berghofer Medical Research Institute (QIMR)	
Act or instrument	*Queensland Institute of Medical Research Act 1945*
Functions	The QIMR was established to ensure the proper control and management of the Institute established to carry out research into any branch of medical science.
Annual reporting arrangements	QIMR is required to prepare its own Annual Report, including independently audited financial statements. Details can be found in the QIMR's Annual Report 2022–23.
Office of the Health Ombudsman	
Act or instrument	*Health Ombudsman Act 2013*
Functions	The Office of the Health Ombudsman is Queensland's health service complaints agency. The Office is led by the Health Ombudsman, which is a statutory appointment under the Act. Amongst other things, the Health Ombudsman's functions are to receive and take relevant action on health service complaints and identify, investigate and deal with health service issues and report on systemic issues.
Annual reporting arrangements	The Office of the Health Ombudsman is required to prepare its own Annual Report, including independently audited financial statements. Details can be found in the Office of the Health Ombudsman's Annual Report 2022–23.
Health and Wellbeing Queensland (HWQld)	
Act or instrument	*Health and Wellbeing Queensland Act 2019*
Functions	Health and Wellbeing Queensland (HWQld) was established to improve the health and wellbeing of the Queensland population. HWQld has a focus on reducing the burden of chronic diseases by targeting risk factors for those diseases such as poor nutrition, low physical activity and obesity, and reducing health inequity.
Annual reporting arrangements	Health and Wellbeing Queensland is required to prepare its own Annual Report, including independently audited financial statements. Details can be found in Health and Wellbeing Queensland's Annual Report 2022–23.
Mental Health Court	
Act or instrument	*Mental Health Act 2016*
Functions	The Mental Health Court is constituted by judges of the Supreme Court of Queensland. The Court is assisted by one or two assisting clinicians. The primary function of the Court is to determine questions of unsoundness of mind, fitness for trial and diminished responsibility in relation to persons charged with criminal offences. The Court is also the appeal body to the Mental Health Review Tribunal, another statutory body established under the Act. In addition, the Court has special powers of inquiry into the lawfulness of the detention of persons in authorised mental health facilities.

Annual reporting arrangements	The President, Mental Health Court is required to prepare its own report. Details can be found in the Mental Health Court's Annual Report 2022–23. Financial transactions are included in the Department of Health's Annual Report 2022–23.
Mental Health Review Tribunal	
Act or instrument	*Mental Health Act 2016*
Functions	The primary role of the Mental Health Review Tribunal is to provide an independent review of treatment authorities, forensic orders (under the *Forensic Disability Act 2011),* treatment support orders, fitness for trial and the detention of minors in high-security units. The tribunal also hears applications for examination authorities, the approval of regulated treatment and the transfer of particular patients into and out of Queensland. The Tribunal is also the appeal body against decisions of the Chief Psychiatrist or the administrator of an Authorised Mental Health Service.
Annual reporting arrangements	The President, Mental Health Review Tribunal is required to prepare its own Annual Report. Details can be found in the Mental Health Review Tribunal's Annual Report 2022–23. Financial transactions are included in the Department of Health's Annual Report 2022–23.
Queensland Mental Health Commission	
Act or instrument	*Queensland Mental Health Commission Act 2013*
Functions	The primary function of the Queensland Mental Health Commission is to drive ongoing reform towards a more integrated, evidence-based recovery-orientated mental health, alcohol and other drug system in Queensland.
Annual reporting arrangements	The Queensland Mental Health Commission is required to prepare its own Annual Report, including independently audited financial statements. Details can be found in the Queensland Mental Health Commission's Annual Report 2021–22.
Queensland Mental Health and Drug Advisory Council	
Act or instrument	*Queensland Mental Health Commission Act 2013*
Functions	The Queensland Mental Health and Drug Advisory Council provides advice to the Queensland Mental Health Commission on mental health or substance misuse issues either on its own initiative or at the Commission's request and can make recommendations to the Commission regarding its functions.
Annual reporting arrangements	The Queensland Mental Health Commission (the Commission) must include in its Annual Report details of each recommendation made by the Queensland Mental Health and Drug Advisory Council (the Council) during the financial year, and action taken by the Commission in response to the recommendation, and any statement about the conduct of the Council's business provided to the Commission by the Council for inclusion in the Commission's Annual Report.

Independent statutory bodies and authorities

Panels of Assessors	
Act or instrument	*Health Ombudsman Act 2013*
Functions	Panels of Assessors are established to assist the Queensland Civil and Administrative Tribunal (QCAT) by providing expert advice to judicial members hearing disciplinary matters relating to health care practitioners. There are 19 Queensland Panels of Assessors: • Aboriginal and Torres Strait Islander Health Practitioners Panel of Assessors. • Chinese Medicine Practitioners Panel of Assessors. • Chiropractors Panel of Assessors. • Dental Hygienists, Dental Therapists and Oral Health Therapists Panel of Assessors. • Dentists Panel of Assessors. • Dental Prosthetists Panel of Assessors. • Medical Practitioners Panel of Assessors. • Medical Radiation Practitioners Panel of Assessors. • Midwifery Panel of Assessors. • Nursing Panel of Assessors. • Occupational Therapists Panel of Assessors. • Optometrists Panel of Assessors. • Osteopaths Panel of Assessors. • Paramedics Panel of Assessors. • Pharmacists Panel of Assessors. • Physiotherapists Panel of Assessors. • Podiatrists Panel of Assessors. • Psychologists Panel of Assessors. • Public Panel of Assessors.
Annual reporting arrangements	Details can be found in QCAT's Annual Report 2022–23.
Queensland Board of the Medical Board of Australia	
Act or instrument	*Health Practitioner Regulation National Law Act 2009*
Functions	The Queensland Board of the Medical Board of Australia is responsible for making registration and notification decisions about individual medical practitioners, based on national policies and standards, on behalf of the Medical Board of Australia.
Annual reporting arrangements	Details can be found in the Australian Health Practitioner Regulation Agency's (AHPRA) Annual Report 2022–23.
Queensland Board of the Nursing and Midwifery Board of Australia	
Act or instrument	*Health Practitioner Regulation National Law Act 2009*
Functions	The Queensland Board of the Nursing and Midwifery Board of Australia makes decisions about nurses, midwives and students regarding registration, endorsement and notation, as well as compliance (registration standards, conditions), based on national policies and standards, on behalf of the Nursing and Midwifery Board of Australia.
Annual reporting arrangements	Details can be found in the Australian Health Practitioner Regulation Agency's (AHPRA) Annual Report 2022–23.

Queensland Board of the Psychology Board of Australia	
Act or instrument	*Health Practitioner Regulation National Law Act 2009*
Functions	The functions of the Queensland Board of the Psychology Board of Australia include making individual registration and notification decisions of practitioners, based on national policies and standards, on behalf of the Psychology Board of Australia.
Annual reporting arrangements	Details can be found in the Australian Health Practitioner Regulation Agency's (AHPRA) Annual Report 2022–23.

Risk management and accountability

Risk management

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

External scrutiny

During 2022–23, the Queensland Audit Office (QAO) published the following reports to Parliament directly related to the Department of Health:

Report No	Tabled Date	Audit Name	Objective
Report 3 (2022–23)			
	19 July 2022	Managing Queensland's COVID-19 economic response and recovery	This audit examined the design, delivery and evaluation of a selection of initiatives and looked at central monitoring of the initiatives based on the QAO report: Queensland Government response to COVID-19 (Report 3: 2020–21). This audit did not assess the pandemic management or the impacts of decisions on border closures. The audit did not include any specific recommendations for the Department of Health.
Report 5 (2022–23)			
	10 November 2022	Keeping people safe from domestic and family violence	This audit examined how effectively state public sector entities keep people safe from DFV, prevent it from occurring, and rehabilitate perpetrators to minimise re-offending. We also assessed how public sector entities coordinate with non-government DFV services. QAO recommended that the Department of Health and Hospital and Health Services strengthen screening and risk-assessing practices by: • implementing the recommendations of the Death Review and Advisory Board (set up under the *Coroners Act 2003* to research and analyse data and make recommendations to government) as a priority • ensuring its risk assessment and screening tools are updated and widely available across the health system • mandating and delivering face-to-face domestic and family violence training for all frontline health workers.
Report 10 (2022–23)			
	1 March 202	Health 2022	This report discussed the financial statement audit results of Queensland Health entities, which include the Department of Health and 16

			Hospital and Health Services. It also summarised the financial statement audit results for 13 hospital foundations, four other statutory entities and three controlled entities.
Report 14 (2022–23)			
	7 June 2023	Health outcomes for First Nations peoples	This audit examined the effectiveness of Queensland Health's strategies to improve health outcomes for First Nations peoples. QAO focused on areas directly within the control of Queensland Health, including how it delivers culturally appropriate health care, its role as a health system manager, and how it manages the challenges of delivering services to First Nations peoples in remote areas.

Internal audits

Queensland Health's Internal Audit Unit (Unit) provides risk-based assurance and advisory services to the Director-General, the Audit and Risk Committee (ARC) and senior management. During the 2022–23 financial year, the Unit operated under a co-sourced service delivery model endorsed by the ARC.

All internal audit work is performed in line with the department's Internal Audit Charter, developed in accordance with the Financial and Performance Management Standard 2019, the Institute of Internal Auditor's (IIA) International Professional Practices Framework (IPPF) and Queensland Treasury's Guidelines. The Unit's annual plan is endorsed by the ARC and approved by the Director-General.

The Chief Audit Officer, as head of the Unit, is appropriately qualified as a Fellow of CPA Australia (FCPA). The function is monitored by the ARC to ensure it operates efficiently, effectively and economically. Objectivity is essential to the effectiveness of the internal audit function. Accordingly, the Unit did not have direct authority or responsibility for the activities it reviewed in the 2022–23 financial year.

During 2022–23, the Internal Audit Unit:

- Developed and delivered an annual audit plan based on strategic and operational risks, business objectives and client needs.
- Supported management by providing advice on a range of significant business initiatives.
- Monitored and reported on the status of implementation of internal audit recommendations, as well as Queensland Audit Office; recommendations associated with their performance audits.
- Provided reports resulting from internal audits to the ARC and the Director-General.

Information systems and recordkeeping

The Department of Health continues its commitment towards improving information management maturity and compliance with the *Public Records Act 2002*. The Department's Corporate Records Policy Framework outlines roles and responsibilities for managing records and remains relevant having previously been reviewed in 2021–22.

The electronic Document and Records Management (eDRMS) user base increased by 9.5 per cent on the previous financial year. This was partly driven by/as a result of:

- The development of an additional retention disposal schedule to ensure the appropriate management of restriction of movement records, in collaboration with Queensland State Archives and Smart Services Queensland, due to the formal declaration of the public health event COVID-19.
- A comprehensive program of work undertaken to digitise records associated with payroll records enabling further ease of access through the department's eDRMS.

- Education alerts to the department concerning managing flood and water-damaged records.
- Re-introduction of fortnightly eDRMS training sessions with a shift from last year's 'on demand' approach to providing increased opportunities for participation.

The department continued the records disposal program, which includes safeguards to verify that records are being disposed of in line with retention and disposal schedules as well as quality assurance checks prior to seeking the final authorised delegate approval.

Information security attestation

The Department of Health continues to mature its security posture to address a global cyber threat environment. The focus of security outcomes is directed towards supporting patient information confidentiality and ICT system integrity relied on for Health Consumer services across Queensland Health.

Department of Health also undertakes an annual Information Security Management System assurance review in line with Queensland Government requirements. Independent audit activities were undertaken for the Financial Year 2022–23. All security recommendations arising from the Financial Year 2020–21 attestation were actively managed with oversight through the Department of Health Audit and Risk Committee.

Specific programs of work included:

- Development of the *Cyber Security Strategy* supported by Health Consumer Queensland and a co-design with Hospital and Health Services to align to the *Digital Health 2031 Strategy*.
- Targeted projects to address cyber security technology priorities in line with the Australian Signals Directorate Essential 8 recommended controls to mitigate key cyber security risks.
- priority uplift of the Information Security Management System in line with the Queensland Government Information Security Policy 18.

Human Rights Act 2019

Queensland Health is committed to fulfilling its obligations under the *Human Rights Act 2019* (HRA) and, in particular, to building a human rights culture that respects, protects and promotes human rights. The department has a continuing program to ensure that employees are supported to understand their obligations under the HRA, to act and make decisions that are compatible with human rights, and to give proper consideration to human rights when making decisions.

Building and embedding a human rights culture

During 2022–23, Queensland Health continued to build and embed a human rights culture throughout the organisation. The Chief Legal Counsel, as the Human Rights Champion, oversaw and coordinated human rights awareness-raising activities across the department, which led to 74 per cent of departmental employees reporting that they understood how the HRA applied to their work (source: Working for Queensland Survey 2022).

Key highlights, including from Queensland Ambulance Service (QAS), are summarised below:

- Education and staff development
  - Online interactive human rights training module available for department staff.
  - Comprehensive suite of human rights resources, including links to factsheets, guides, tools, training, and case law on the Queensland Health staff intranet.
  - Policy and Legislation Masterclass delivered to the Legislative Policy Unit by the Department of Justice and Attorney-General's Human Rights Unit.
  - Bespoke education sessions by the Queensland Human Rights Champion to the department's Executive Leadership Team, Strategic Procurement team, System ICT Advisory Committee, and Queensland Clinical Senate.

- Queensland Human Rights Commission delivered tailored training to QAS Executive Leadership Team.
- Queensland Health's Human Rights Network where representatives from the department and Hospital and Health Services share learnings and promote a positive culture of human rights.

- Participation, community consultation and engagement
  - Consumer Panel input for the development of client resources and policy decisions that may impact human rights.
  - Representation on the Human Rights Interdepartmental Committee, hosted by the Department of Justice and Attorney-General, which enables a whole-of-government approach to all aspects relevant to the HRA and the Queensland Human Rights Commission.
- Awareness-raising and support for related entities
  - Activities for Human Rights Week (1–10 December 2022), themed 'Close to Home', including two 'Human Rights Matter' webinars presented by high-profile human rights experts.
  - Events and communications to support the introduction of the *Voluntary Assisted Dying Act 2021* from 1 January 2023, focused on the importance of human life and the notion that every person has inherent dignity and should be treated equally and with compassion and respect.
  - Continuation of QAS RESPECT, an initiative designed to foster a culture where employees feel empowered to 'step up' and 'stamp out' inappropriate workplace behaviour (sexual harassment, harassment, bullying and discrimination).
- Review of policies and procedures
  - The department's commitment to human rights has been emphasised in the 2023 update of the Department of Health Strategic Plan.
  - Human rights continue to be at the forefront when updating or creating new policies, directives, programs, procedures, strategies, and services to ensure compatibility.
  - The department's executive correspondence briefing templates were updated to capture human rights considerations more clearly in senior-level decision-making.
  - The QAS electronic Ambulance Report Form was updated to include an amended demographic section to acknowledge accepted nomenclature for sex, gender and pronouns.
- Internal complaints
  - The department's complaints management process includes a requirement to consider human rights complaints, even if not raised directly by a complainant.
  - A new factsheet *Customer complaints: Identifying human rights complaints* has been developed to help staff identify human rights in consumer complaints.
- Participation in events to celebrate and promote special cultural rights for First Nations peoples
  - National Aborigines' and Islanders' Day Observance Committee Week from 3 - 10 July 2022.
  - National Sorry Day on 26 May 2023.
  - National Reconciliation Week from 27 May - 3 June 2023.
  - Review of Aboriginal and Torres Strait Islander Peoples environmental health plans to incorporate feedback from selected First Nations communities regarding their environmental health needs and priorities.

Human rights in our legislative instruments

Queensland Health develops legislation and subordinate legislation consistent with the requirements of the HRA. During the past year, Queensland Health progressed several pieces of legislation that work to respect, protect, or promote human rights, or otherwise have a significant impact on human rights. Opportunities to strengthen and promote human rights were realised through legislation including the instruments outlined below.

Health Practitioner Regulation National Law and Other Legislation Amendment Act 2022

This Act amends the Health Practitioner Regulation National Law, *Health Ombudsman Act 2013* and *Health Practitioner Regulation National Law Act 2009*. Amendments that promote human rights include:

- The introduction of a new principle making the protection of the public and public confidence in the safety of services of paramount consideration under the National Law (right to life, right to security of person, and right to health services).
- A new objective and guiding principle that acknowledges the role of the National Registration and Accreditation Scheme in ensuring the development of a culturally safe and respectful health workforce that is responsive to Aboriginal and Torres Strait Islander Peoples (right to equality before the law, cultural rights of Aboriginal and Torres Strait Islander peoples, and right to health services).

Public Health and Other Legislation (COVID-19 Management) Amendment Act 2022

This Act provides temporary and more targeted powers to manage COVID-19 as a notifiable condition under the *Public Health Act 2005* until 31 October 2023, as a step-down approach to managing the pandemic response.

The amendments help to promote a reasonably justifiable balance on the impacts of several human rights including the right to equality before the law, right to life, freedom of movement, freedom of thought, conscience, religion and belief, freedom of expression, peaceful assembly and freedom of association and taking part in public life.

Health and Other Legislation Amendment Act 2023

This Act amends the *Hospital and Health Boards Act 2011* to clarify that a direction to leave health service land cannot be given to a person by a security officer if the person requires emergency medical treatment that is immediately necessary to save their life or prevent serious impairment (right to life and the right to health services).

The Act also amends the *Transplantation and Anatomy Act 1979* to allow for more efficient processes for the supply of human tissue products to persons requiring them for essential healthcare purposes (right to life).

Tobacco and Other Smoking Products Amendment Act 2023

The Act improves the health of the public by reducing their exposure to tobacco and other smoking products. Initiatives implemented under the Act include restricting the supply of smoking products to children, prohibiting smoking near organised children's outdoor activities and limiting the advertising and promotion of smoking products (protection of families and children).

Medicines and Poisons (Medicines) Amendment Regulation (No. 2) 2022

The *Medicines and Poisons (Medicines) Amendment Regulation (No. 2) 2022* updates a reference to a new version of the pharmacists' extended practice authority to allow community pharmacists to treat uncomplicated urinary tract infections (right to access health services without discrimination).

Health and Other Legislation Amendment Regulation 2022

This Amendment Regulation changes the title of Chief Aboriginal and Torres Strait Islander Health Officer to Chief First Nations Health Officer. The new title better reflects and recognises both Aboriginal and Torres Strait Islander people as First Nations peoples, and is an acknowledgment of the significant diversity within and across First Nations cultural groups (cultural rights of Aboriginal people and Torres Strait Islander people).

The Amendment Regulation also promotes the health of people whose information is shared under the *Rheumatic Fever Strategy* and positively contributes to improved health in the wider community (right to health services).

Medicines and Poisons (Medicines) Amendment Regulation 2023

The *Medicines and Poisons (Medicines) Amendment Regulation 2023* enables registered nurses working under a sexual and reproductive health program and midwives to administer a long-acting reversible contraceptive (right to access health services without discrimination).

The Regulation also enables Aboriginal and Torres Strait Islander health practitioners to practice statewide and includes Aboriginal and Torres Strait Islander health workers as a new class of person authorised to deal with certain medicines (right to health services, right to equality, and cultural rights of Aboriginal people and Torres Strait Islander people).

Medicines and Poisons (Medicines) Amendment Regulation (No. 2) 2023

This Regulation provides a low-risk exemption for Schedule 3 naloxone when used for the treatment of opioid overdose to ensure naloxone is easily available for supply to the at-risk population (right to life and right to access health services).

Health Legislation Amendment Regulation 2023

The Regulation promotes human rights by adopting positive measures to protect life with regard to organ and tissue transplantation (right to life, right to access health services without discrimination).

Human rights complaints

A human rights complaint is an allegation the department failed to act or make a decision in a way that is compatible with human rights (section 58(1)(a) of the HRA) or failed to give proper consideration to human rights relevant to a decision (section 58(1)(b) of the HRA).

In the 2022–23 financial year, the department received 558 complaints which were identified as human rights complaints (62 complaints originated from members of the public and customers and 496 originated from other complaints such as employee grievances).

A significant number of human rights complaints received (82 per cent) relate to the department's response to the COVID-19 pandemic restrictions and exemptions under the *Public Health Act 2005*. These include payment of an invoice due to the direction to undertake mandatory hotel quarantine and COVID-19 mandatory vaccination. The majority were resolved.

Total number of human rights complaints identified in 2022–23:

Total number of human rights complaints identified 2022–23	• 558 human rights complaints.
Outcome of complaints	• 471 complaints were resolved by the department. • 67 complaints remain open/ongoing. • 7 complaints were referred to the Queensland Industrial Relations Commission (QIRC) for conciliation. • 11 complaints were unresolved (including closed or lapsed). • 2 complaints were identified as 'other'.
Human rights identified in complaints	• Recognition and equality before the law. • Protection from torture and cruel, inhuman, or degrading treatment. • Freedom of movement. • Freedom of thought, conscience, religion, and belief. • Taking part in public life. • Privacy and reputation. • Protection of families and children. • Right to liberty and security of person. • Humane treatment when deprived of liberty.

	• Right to health services. • Rights in criminal proceedings. • Right to life.

The department is committed to resolving all complaints, including human rights complaints. The actions taken to deal with and resolve human rights complaints during the last year included giving an explanation, offering an apology, making changes to practices or processes, conciliation, further staff training and local management.

Human rights during COVID-19

On 29 January 2020, under the *Public Health Act 2005*, the then Minister for Health and Ambulance Services made an order declaring a public health emergency in relation to COVID-19. During the public health emergency, the Chief Health Officer had emergency powers under the *Public Health Act 2005* (Queensland) to issue Public Health Directions, to assist in containing, or responding to the spread of COVID-19 within the community. The public health emergency order continued throughout 2021–22 and into 2022–23.

The department acknowledges the COVID-19-related measures had a very significant impact on human rights. Queensland Health gave careful consideration to these impacts in developing this legislation. Each limitation was considered against the criteria in sections 13 and 16 of the HRA to reflect an appropriate balance of impacts on individuals' human rights and the risk of exposure to the public and the spread of COVID-19.

On 15 January 2022, when every Queenslander had access to the COVID-19 vaccine and Queensland was nearing the 90 per cent double COVID-19 vaccination target, all domestic travel restrictions were removed from Queensland borders. By the end of October that year, with evidence pointing to a decline in the resultant COVID-19 waves, all remaining Public Health Directions concerning COVID-19 were revoked. The Public Health Emergency Declaration which formed the basis of Queensland's successful COVID-19 response was lifted on 31 October 2022.

On 5 May 2023, the World Health Organization (WHO) Director-General determined that COVID-19 is now an established and ongoing health issue that no longer constitutes a public health emergency of international concern. In response, in June 2023, Queensland Health began monitoring COVID-19 as part of its broader surveillance of acute respiratory illnesses.

Mandatory reporting of confidential information disclosed in the public interest

Section	Details of Disclosure
Ambulance Service Act 1991	
Section 50P(2)	Disclosed confidential patient information for *Study on Patient Flow in Queensland's Public Hospitals*.
Section 50P(2)	Disclosed confidential patient information for the study titled *Queensland Patient Access Coordination Hub (QPACH) Digital Twin project*.
Section 50P(2)	Disclosed confidential patient information for the study titled *An initial investigation of the Emergency Department treatment and outcomes of the drowning patient*.
Section 50P(2)	Disclosed confidential patient information for the study titled *Feasibility, requirements and value of linkage of motor vehicle accident compensation, workers compensation and hospital data in Queensland for transport-related crashes*.
Section 50P(2)	Disclosed confidential patient information for the study titled *Evaluation of epidemiology and triage of severe trauma presenting to ambulance in Queensland*.
Section 50P(2)	Disclosed confidential patient information for the study titled *An Analysis of Queensland Fatalities and Serious Injury Crash Characteristics and Management by Region*.
Section 50P(2)	Disclosed confidential patient information for the study titled *Evaluation of a paediatric inter-facility transfer initiative for acutely unwell children in regional Queensland: Standardised workflow for Inter-Facility Transfer of Kids (SWIFTKids)*.
Section 50P(2)	Disclosed confidential patient information for the study titled *Paediatric Non-Urgent, Risk Assessment, Management and nurse escort Assessment (PaNURAMA) Tool (sub-study of SWIFTKids)*.
Section 50P(2)	Disclosed confidential patient information to inform *The Child Death Register*.
Section 50P(2)	Disclosed confidential patient information for the study titled *Turning Point: Surveillance project to identify prevalence of alcohol, drugs and mental health (suicide) in ambulance presentations*.
Section 50P(2)	Disclosed confidential patient information for the study titled *Personal mobility device injuries; observational study using data from Brisbane*.
Section 50P(2)	Disclosed confidential patient information for the study titled *Emergency Examination Authorities and Emergency Examination Orders in North Queensland Hospital and Health Service districts*.
Hospital and Health Boards Act 2011 and Private Health Facilities Act 1999	
Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(6) of the *Private Health Facilities Act 1999*	During 2022–23 information from Queensland Hospital Admitted Patient Data Collection and the Emergency Department Collection for South-East Queensland Public and Private Hospitals was disclosed to assist with the ongoing COVID-19 response. The information was utilised to develop a business case that would identify opportunities for a virtual hospital model of care that would increase acute bed capacity and reduce impacts on Emergency Departments.
Section 151(1) of the *Hospital and Health Boards Act 2011* and	Disclosure of confidential information to entities of the Commonwealth (IHPA, the Administrator, the NHFB and Services Australia) for the 2022–23 to 2023–24 Activity Based Funding (ABF) Alternative Funding Source data request specifications. The information disclosed contained

Section 147(4) of the *Private Health Facilities Act 1999*	state record identifiers and other information associated with activity that is attributed to the diagnosis and treatment of Medicare-ineligible patients with COVID-19 or suspected of having COVID-19. This is required for final funding reconciliation under the National Partnership on COVID-19 Response.
Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential information to PricewaterhouseCoopers Consulting (PwC) to lead the development of the preliminary business case for a virtual hospital model to reduce pressure on Emergency Departments and release acute bed capacity in the health system. The information disclosed consists of potentially identifiable patient-level data for financial years 2016–17 to 2020–21, relating to admitted public patient hospitalisations (from QHAPDC) and public patient emergency episodes (from EDC), within each South-East Queensland Hospital and Health Services (HHS) and for reporting hospitals within each HHS. PwC was engaged by the Queensland Department of Health to lead the development of the preliminary business case.
Section 160 of the Hospital and Health Boards Act 2011 and Section 147(6) of the Private Health Facilities Act 1999	Disclosure of confidential health information to Maritime Safety Queensland (MSQ) to undertake analysis on water transport injuries. The information disclosed consists of 2020–21 financial year data related to hospital admissions for water transport injuries with additional data items to identify HHS of Hospital, and State/HHS/SA2 of usual residence. MSQ is a division of the Department of Transport and Main Roads (TMR) and is responsible for protecting Queensland's waterways and the people who use them. The ongoing annual data supply to the Planning and Information Management Branch within MSQ provides a marine safety data intelligence, advisory and support role for the agency and its stakeholders.
Section 160 of the Hospital and Health Boards Act 2011 and Section 147(6) of the Private Health Facilities Act 1999 and Section 50P(2)(a) of the Ambulance Service Act 1991	Disclosure of additional confidential health information to the Queensland Department of Transport and Main Roads (TMR) and the Queensland Ambulance Service to analyse clinical outcomes for patients with serious road crash injuries. The confidential information disclosed consisted of potentially identifiable patient-level linked data for patients with serious road crash injuries, as recorded in the Queensland Road Crash Database and/or admitted to a public or private hospital in Queensland, with a relevant ICD10-AM morbidity code relating to a transport or road injury. For each patient with serious road crash injuries, information was linked using records from the Queensland Health Admitted Patient Data Collection, the Emergency Data Collection, Queensland Ambulance Service, Death Registrations (from the Queensland Registry of Births, Deaths and Marriages), Cause of Death Unit Record File data (from the Australian Coordinating Registry) and data from the Motor Accident Insurance Commission Compulsory Third Party Personal Injury Register, for the period from 1 January 2015 to 31 December 2022.
Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential health information to the Road Safety Data Bureau (RSDB) in the Queensland Department of Transport and Main Roads to analyse clinical outcomes for patients with serious road crash injuries. The confidential information consisted of data from 1 July 2021 to 30 June 2022 on all public and private hospital admissions with traffic-related transport injuries for the modelling of road trauma trends. The RSDB is a dedicated data team formed through a collaboration of TMR, Motor Accident Insurance Commission (MAIC), Queensland Police Service and Queensland Health (Jamieson Trauma Institute) that has been created to support efforts to reduce the Queensland Road toll.

Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential health information to the Australian Institute of Health and Welfare Data Linkage Unit (AIHW DLU) to update the National Integrated Health System Information (NIHSI) dataset. The information disclosed consisted of identifying patient-level data for patients admitted to all public and private hospitals (including Mater Hospital Brisbane and Mater Mothers' Hospital), presenting at a non-admitted service at a public hospital or presenting to a hospital (including Mater) Emergency Department in Queensland, from 1 July 2020 to 30 June 2021. The NIHSI project is creating an enduring linked dataset that includes state and territory health service data (admitted patient, Emergency Department and non-admitted patient data) and commonwealth data (Medicare Benefits Schedule, Pharmaceutical Benefits Scheme, Residential Aged Care and National Death Index), to inform health policy and health service planning and delivery.
Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(4)(g) and 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential health information to the Metro North Hospital and Health Service (MNHHS) to evaluate the clinical utility and health economics of routinely using Whole Genome Sequencing (WGS) in streamlining diagnosis and ongoing clinical management of patients with rare undiagnosed genetic diseases. The information disclosed consists of linked identifiable patient level data from QHAPDC (for public and private hospitals) and the Queensland Health Non-Admitted Patient Data Collection (QHNAPDC), for a cohort of consenting patients, who are undergoing genetic testing as part of the Queensland Health WGS program. The linked patient-level data was disclosed to WGS project officers and Information Technology workers at the MNHHS, as well external consultants from Griffith University (Menzies Institute), for a two-year period prior to the date of genomic testing for each patient (1 December 2018 to 31 December 2021). The WGS program is a partnership between MNHHS, Pathology Queensland and Illumina CA (a genetic testing equipment supplier).
Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(4)(g) and 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential health information to the Queensland Department of Transport and Main Roads (TMR) to analyse clinical outcomes for patients with serious road crash injuries. The information disclosed consists of potentially identifiable patient-level linked data for patients with serious road crash injuries, as recorded in the Queensland Road Crash Database and/or admitted to a public or private hospital in Queensland, with a relevant ICD10-AM morbidity code relating to a transport or road injury. For each patient with serious road crash injuries, information was linked using records from QHAPDC, EDC, Queensland Ambulance Service (QAS), Death Registrations (from the Queensland Registry of Births, Deaths and Marriages), Cause of Death Unit Record File data (from the Australian Coordinating Registry) and data from the Motor Accident Insurance Commission Compulsory Third Party Personal Injury Register, for the period from 1 January 2015 to 31 December 2020.
Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(4)(g) and 147(6) of the Private Health Facilities Act 1999	Disclosure of confidential health information to Health Policy Australia (HPA) to update the acute hospital activity service projections for New South Wales (NSW) Health. The information disclosed consists of de-identified patient-level information from the Queensland Hospital Admitted Patient Data Collection (QHAPDC) (for any NSW residents discharged from a public or private Queensland hospital) and from the Emergency Department Collection (EDC) (for any NSW resident presenting to the Mater Hospital Brisbane Emergency Department), from 1 July 2015 to 30 June 2020. The data disclosed included information on Statistical Area 2 (SA2) of the patient's usual residence in NSW, as well as morbidity and funding information. HPA were

	commissioned by the Strategic Reform and Planning Branch within NSW Health.
Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(6) of the *Private Health Facilities Act 1999* and Section 223(1) of the *Public Health Act 2005*	Disclosure of confidential health information to Deloitte Financial Advisory Pty Ltd (Deloitte) to enable the completion of a Local Area Needs Assessment quantitative analysis report for the Wide Bay Hospital and Health Service (WBHHS). The information disclosed consists of potentially identifiable patient-level data for select years, from QHAPDC, QHNAPDC, PDC, Oral Health and the EDC, for usual residents within each HHS and for reporting hospitals within the WBHHS. Deloitte has been contracted by the WBHHS to complete the Local Area Needs Assessment.
Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(6) of the *Private Health Facilities Act 1999* and Section 223(1) of the *Public Health Act 2005*	Disclosure of confidential health information to Ernst and Young to enable the completion of a Local Area Needs Assessment quantitative analysis report for the Better Health North Queensland Hospital and Health Service (BHNQ HHS) group (five North Queensland HHS combined areas). The information disclosed consists of potentially identifiable patient-level data for select years from QHAPDC, QHNAPDC, PDC, Oral Health and the EDC. Ernst and Young were contracted to provide services to the BHNQ HHS group to complete the quantitative data analysis for the Local Area Needs Assessment.
Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(6) of the *Private Health Facilities Act 1999* and Section 223(1) of the *Public Health Act 2005*	Disclosure of confidential health information to the Queensland Primary Health Network (QPHN) for the purposes of planning and undertaking a population health needs assessment for the population within each QPHN region within Queensland. The information disclosed consists of potentially identifiable patient-level data for the financial year 2019-20 relating to admitted patient hospitalisations (from QHAPDC), non-admitted patient service events (from QHNAPDC) and births (from the Queensland PDC), for usual residents within each Hospital and Health Service (HHS) and for reporting hospitals within each HHS. QPHN is an independent, not-for-profit organisation that is funded by the Australian Government to meet health needs within individual regions throughout Queensland.
Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(6) of the *Private Health Facilities Act 1999* and Section 223(1) of the *Public Health Act 2005*	Disclosure of confidential information to the La Trobe University for the evaluation of the Queensland Aboriginal and Torres Strait Islander Burden of Disease 2018. The information disclosed consists of potentially re-identifiable patient-level data on Queensland residents admitted to Queensland hospitals (public and private) and data relating to Queensland mothers/their babies/the birth event, for a selected number of calendar years. The data is used to calculate the prevalence rates for specific diseases, conditions and risks by HHS, remoteness, age, sex, and Indigenous status. These prevalence rates will then be sent to the AIHW to calculate and produce the output files. The Department of Health's Aboriginal and Torres Strait Islander Health Division has engaged La Trobe University to perform the statistical and epidemiological analysis for a new Queensland-only report.
Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(6) of the *Private Health Facilities Act 1999* and	Disclosure of confidential health information to KPMG to undertake health service planning for a Local Area Needs Assessment for the South West Hospital and Health Service (SWHHS). The information disclosed consists of potentially identifiable patient-level data for select years relating to admitted patient hospitalisations (from QHAPDC), non-admitted patient service events (from QHNAPDC) and births (from the Queensland PDC), for usual residents within each HHS and for reporting hospitals within the SWHHS. KPMG has been contracted by SWHHS to undertake additional support in the delivery of its Local Area Needs Assessment.

Section 223(2) of the *Public Health Act 2005*	
Section 160(1) of the *Hospital and Health Boards Act 2011* and Section 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential health information to Johnstaff Advisory Pty Ltd to enable completion of the health service and master plan for the North West HHS region. The information disclosed consists of potentially identifiable patient-level data at Statistical Area 2 (SA2) of the patient's usual residence, from the Queensland Hospital Admitted Patient Data Collection (QHAPDC) (for any NSW residents discharged from a public or private Queensland hospital), Emergency Department Collection (EDC) (for any NSW resident presenting to the Mater Hospital Brisbane Emergency Department), Queensland Hospital Non-Admitted Patient Data Collection (QHAPDC) and Oral Health dataset from 1 July 2015 to 30 June 2021.
Sections 151(1) and 151(2) *Hospital and Health Board Act 2011* and Sections 147(4)(c), 147(4)(h), and 147(7) of the *Private Health Facilities Act 1999*	Potentially identifiable patient-level activity, related costing and Medicare data for fiscal year 2022–23 was disclosed to Services Australia, Independent Hospital Pricing Authority (now the Independent Health and Aged Care Pricing Authority (IHACPA), and the Administrator of National Health Funding Pool and the National Health Funding Body, for funding arrangements and public health monitoring, in accordance with the National Health Funding Reform Agreement and *National Health Reform Act 2011*.
Section 151(1) of the *Hospital and Health Boards Act 2011* and Section 147(4) of the *Private Health Facilities Act 1999*	Disclosure of confidential information to the Independent Hospital Pricing Authority (IHPA) and National Health Funding Body (NHFB) for identification of patient activity related to Highly Specialised Therapies. The identification of such patient activity is required so that the associated funding can be excluded from the annual funding reconciliation undertaken by the NHFB on behalf of the National Health Funding Pool Administrator (Administrator) to allow for state reimbursement of this block-funded service under the National Efficient Cost (NEC) Supplementary Determination. The information disclosed contained state record identifiers associated with 2020–21 patient-level care which are linked to the provision of high-cost, highly specialised therapies by Metro North Hospital and Health Services, and Children's Health Queensland.
Section 151(1) of the *Hospital and Health Boards Act 2011* and Section 147(4) of the *Private Health Facilities Act 1999*	Disclosure of confidential information to entities of the Commonwealth (IHPA, the Administrator, the NHFB and Services Australia) for the 2022–23 to 2023–24 Activity Based Funding (ABF) Alternative Funding Source data request specifications. The information disclosed contained state record identifiers and other information associated with activity that is attributed to the diagnosis and treatment of Medicare-ineligible patients with COVID-19 or suspected of having COVID-19. This is required for final funding reconciliation under the National Partnership on COVID-19 Response.
Section 151(1) of the *Hospital and Health Boards Act 2011* and Section 147(4) of the *Private Health Facilities Act 1999*	Disclosure of confidential information to IHPA for the Individual Healthcare Identifier (IHI) Pilot Data Submission Project. The information disclosed contained the IHIs and other data in the IHI National Best Endeavours Data set which relate to the June Quarter public health activity data from 1 July 2021 to 30 June 2022. The project intends to identify any potential issues ahead of IHI implementation into the national activity data sets from July 2022.
Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(4)(g) and 147(6) of the *Private*	Disclosure of confidential health information to the Metro North Hospital and Health Service (MNHHS) to evaluate the clinical utility and health economics of routinely using Whole Genome Sequencing (WGS) in streamlining diagnosis and ongoing clinical management of patients with rare undiagnosed genetic diseases. The information disclosed consists of linked identifiable patient-level data from the Queensland Hospital Admitted Patient Data (QHAPDC) (for public and private

Health Facilities Act 1999	hospitals) and the Queensland Health Non-Admitted Patient Data Collection (QHNAPDC), for a cohort of consenting patients, who are undergoing genetic testing as part of the Queensland Health WGS program. The linked patient-level data was disclosed to WGS project officers and information technology workers at the MNHHS, as well external consultants from Griffith University (Menzies Institute), for a two-year period prior to the date of genomic testing for each patient (1 December 2018 to 31 December 2021). The WGS program is a partnership between MNHHS, Pathology Queensland and Illumina CA (a genetic testing equipment supplier).
Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(4)(g) and 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential health information to the Queensland Department of Transport and Main Roads (TMR) to analyse clinical outcomes for patients with serious road crash injuries. The information disclosed consists of potentially identifiable patient-level linked data for patients with serious road crash injuries, as recorded in the Queensland Road Crash Database and/or admitted to a public or private hospital in Queensland, with a relevant ICD10-AM morbidity code relating to a transport or road injury. For each patient with serious road crash injuries, information was linked using records from QHAPDC, Emergency Department Collection (EDC), the QAS, Death Registrations (from the Queensland Registry of Births, Deaths and Marriages), Cause of Death Unit Record File data (from the Australian Coordinating Registry) and data from the Motor Accident Insurance Commission Compulsory Third Party Personal Injury Register, for the period from 1 January 2015 to 31 December 2020.
Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(4)(g) and 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential health information to Health Policy Australia (HPA) to update the acute hospital activity service projections for New South Wales (NSW) Health. The information disclosed consists of de-identified patient-level information from the Queensland Hospital Admitted Patient Data Collection (QHAPDC) (for any NSW residents discharged from a public or private Queensland hospital) and from the Emergency Department Collection (EDC) (for any NSW resident presenting to the Mater Hospital Brisbane Emergency Department), from 1 July 2015 to 30 June 2020. The data disclosed included information on Statistical Area 2 (SA2) of the patient's usual residence in NSW, as well as morbidity and funding information. HPA was commissioned by the Strategic Reform and Planning Branch within NSW Health.
Section 160 of the *Hospital and Health Boards Act 2011* and Section 147(6) of the *Private Health Facilities Act 1999*	Disclosure of confidential health information to the Australian Institute of Health and Welfare (AIHW) to update the National Integrated Health System Information (NIHSI) dataset. The information disclosed consists of identifying patient-level data for patients admitted to all public and private hospitals (including Mater Hospital Brisbane and Mater Mothers' Hospital) (from QHAPDC), presenting at a non-admitted service at a public hospital (from QHNAPDC) or presenting to a hospital Emergency Department (including the Mater Emergency Department) in Queensland, from 1 July 2019 to 30 June 2020. The NIHSI project is creating an enduring linked dataset that includes state and territory health service data (admitted patient, Emergency Department and non-admitted patient data) and Commonwealth data (Medicare Benefits Schedule, Pharmaceutical Benefits Scheme, Residential Aged Care and National Death Index), to inform health policy and health service planning and delivery.
Section 160 of the *Hospital and Health Boards Act 2011* and	Disclosure of confidential health information to Queensland Treasury Corporation (QTC) and Deloitte Financial Advisory Pty Ltd (Deloitte) to provide assurance of health service projection models and the planning and purchasing of health services to inform the Queensland Health Funding Model. The information disclosed consists of potentially

Section 147(6) of the *Private Health Facilities Act 1999* and Section 223(1) of the *Public Health Act 2005*	identifiable patient-level data for select years, from QHAPDC, QHNAPDC, Perinatal Data Collection (PDC), Oral Health and the EDC.
Hospital and Health Boards Act 2011	
Hospital and Health Boards Act 2011	Confidential Information was disclosed to three Australian National University Master of Applied Epidemiology students on field placements within the Communicable Diseases Branch. The information was disclosed for students undertaking projects that contributed to the public health functions and activities of the Department of Health including providing epidemiological support to the Queensland Health COVID-19 response and other outbreak responses.
Section 151(1)	The BreastScreen Queensland program provides free breast cancer screening and assessment to eligible women. To ensure that Queensland Health can contact eligible women aged 50 to 74 to invite them to participate in the program, the sharing of confidential information is required, as the Department of Human Services (DHS) holds Medicare data including names and dates of birth. Queensland Health and DHS have an agreement to facilitate the sharing of confidential information to support the operation of the BreastScreen Queensland program. The agreement provides a framework for Queensland Health to provide data to DHS relating to the women currently participating in the BreastScreen Queensland program. DHS then identify eligible women in Queensland who are not participating in the program and shares their details with Queensland Health. This agreement allows Queensland Health access to vital Medicare data and to provide invitation letters to eligible Queensland women to increase participation in the BreastScreen program.
Section 160	Disclosure of confidential public admitted patient data to KPHealth for the development of the Clinical Services Capability Framework Operational Report (CSCF). The confidential information contained details on the geographical area of a patient's usual residence within the Hospital and Health Service at the Statistical Area (SA2) geographic level as well as at the hospital level, for financial years – 2017–18 to 2020–21. KPHealth was contracted to provide services to Queensland Health to develop a CSCF Operational Report.
Section 160	Confidential information included in the Queensland Health Admitted Patient Data Collection public hospitals 2022–23 data to February 2023 was disclosed to Dr Paul Tridgell for statistical analysis of the clinical coding and classification results for activity-based funded hospitals in Queensland.
Section 160	Disclosure of confidential information to the Commonwealth Scientific and Industrial Research Organisation (CSIRO) to undertake two projects – the 'Study on Patient Flow' and the 'Digital Twin for the Queensland Patient Access Coordination Hub' (QPACH). The confidential information includes data from the Queensland Hospital Admitted Patient Data Collection for episodes of care from 1 January 2017 to 31 August 2022, in selected public hospitals in Queensland. Data for in-scope patients to be linked to relevant records in the Emergency Department Collection, Elective Surgery Waiting List and Queensland Ambulance Service data. The Study on Patient Flow is a competitively awarded whole-of-system study commissioned by Clinical Excellence Queensland and the Emergency Medicine Foundation to systematically establish the

	magnitude of factors leading to challenges with emergency access in Queensland public hospitals and to identify system-wide and local solutions to improve emergency access across the State. The Emergency Medicine Foundation is a non-profit organisation funding research and other activities that improve the way people are cared for in a medical emergency. The QPACH project will develop a model to simulate the flow of patients through and across hospitals. QPACH aims to develop real-time situational intelligence to support scenario planning, inform decision-making to ensure an optimal health system response and identify evidence-based solutions that can improve emergency service access across the state.
Section 160	The Health Contact Centre (HCC) completes numerous requests for information, however, decisions to release confidential information in the public interest under s160 would not be made by the HCC. s160 disclosures would be reported by the Department of Health's Privacy and Right to Information Unit. In 2022–23, the HCC responded to a total of 11 requests for information including for RTIs, police warrants and *Child Protection Act 1999 requests*.
Section 160	Disclosed identifiable patient-level data on patients who were admitted or received care from Queensland public hospitals from July 2021 to June 2022, to Philips Electronics Australia Limited, to assist with surveying patients for the Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) statewide program.
Public Health Act 2005	
Section 81 (1) Notifiable Conditions Register	During 2021–22 there were two disclosures of confidential information under Section 81(1) of the *Public Health Act 2005*. The following confidential information was released from the Notifiable Conditions Register in the public interest: Confidential information contained within HIV/AIDS notifications made to Queensland Health with date of onset between 1 January 2020 and 3 December 2020. Data fields included the date HIV was diagnosed, National ID number, date of birth, country of birth (coded), state where first diagnosed (and postcode), and whether the case was newly diagnosed. The information was disclosed to a research institute contracted by the Australian Department of Health to monitor and report on the national incidence and patterns of HIV/AIDS. Confidential Information relating to the Notification of Hepatitis C (HCV) including a case's name, date of birth, address, contact details, the notified condition, risk, and contacts or potential contacts. The information was disclosed to a University of Queensland project officer to develop an enhanced follow-up of HCV notifications to improve Hepatitis C treatment uptake.
Section 81 (1) Notifiable Conditions Register and Section 109 (1) Contact Tracing	During 2022–23 there was one disclosure of confidential information under both Section 81(1) and Section 109(1) of the *Public Health Act 2005*. The following confidential information was released in the public interest: Confidential Information relating to the Notification of communicable diseases in Queensland including a case's name, date of birth, address, contact details, the notified condition, risk and contacts or potential contacts was disclosed to three Australian National University Master of Applied Epidemiology students on field placements within the Communicable Diseases Branch. The information held on the Notifiable Conditions Register was disclosed for projects that contributed to the public health functions and

	activities of the Department of Health. This included providing epidemiological support to the Queensland Health COVID-19 response and other outbreak responses.
Section 223 (1) Perinatal Statistics Collection	During 2022–23 there were two disclosures of confidential information under Section 223(1) of the *Public Health Act 2005*. The following confidential information was released from the Perinatal Statistics Collection in the public interest: Disclosure of Perinatal Data to the Queensland Registry of Births, Deaths and Marriages (RBDM) to assist with their completeness and quality of birth registrations, to address issues with under-registration and identification of Aboriginal and Torres Strait Islander Queenslanders. A long-standing Memorandum of Understanding exists between Queensland Health's Statistical Services Branch (SSB) and RBDM, allowing for the RBDM to provide SSB with identifiable information from the RBDM registration databases. The Queensland Perinatal Data Collection data disclosed to the RBDM consists of the mother's date of birth, baby's Indigenous status and RBDM record number/ID for all Queensland birth registrations, provided quarterly, throughout the year for YTD available data for a 12-month period. Aggregate level data for births and mothers for usual residents within North West HHS for years from 2017 to 2020 were disclosed. Data included HHS, SA2 of usual residence, Indigenous status and a range of grouped items for antenatal visits such as BMI>30, mother's smoking status, birthweight, premature births, and mother's age groups. In total, data on 5,874 mothers and 5,957 babies was disclosed over the period. The data was supplied to Johnstaff Advisory Pty Ltd on the health service and master plan for the North West HHS region.
Section 228L (1) Maternal death statistics	During 2021–22 there were no disclosures of confidential information in the public interest under this section of the legislation.
Section 241 (1) Queensland Cancer Register	During 2021–22 there was one disclosure of confidential information under Section 241(1) of the *Public Health Act 2005*. The following confidential information was released from the Queensland Cancer Register in the public interest: Incidence and mortality data, including unique person number, unique cancer number, month and year of death and cause of death (if person was deceased), site for each cancer the person has, and details of breast or melanoma tumour (if applicable). The information was disclosed to the Chief Executive Officer, Cancer Council Queensland and persons employed by Cancer Council Queensland for the specific purpose of enabling continued epidemiological research to understand patterns and trends in cancer incidence, prevalence, mortality, and survival to identify areas of improvement or need, and to investigate factors that impact on diagnosis, clinical management, health services delivery and cancer outcomes.
Section 81 of the *Public Health Act 2005*	Confidential information contained within HIV notifications made to Queensland Health with date of onset between 1 January 2020 and 31 December 2020. Data fields disclosed included: • Date HIV diagnosed. • National ID number. • 2 x 2 code for first name and last name. • Date of birth. • Country of birth (coded). • State where first diagnosed (and postcode). • Whether the case is newly diagnosed. The information is being disclosed in the public interest to:

	• Raise awareness about HIV. • Describe and inform public health action including the development of strategies to prevent or minimise the transmission of the condition. • Monitor the incidence and patterns of HIV. It was disclosed to a research institute contracted by the Australian Department of Health to report on the national surveillance of HIV.
Section 81 and Section 109 of the *Public Health Act 2005*	Confidential information relating to the Notifiable Conditions Register was authorised to be disclosed to four students (Master of Philosophy in Applied Epidemiology) working within the department and their academic supervisors from the Australian National University. The information was disclosed for the student or a relevant person performing functions under the Act, the student's study and providing a public sector health service to the person. Information held on the Notifiable Conditions Register was disclosed to the students to allow for their involvement in the investigation of outbreaks and the routine work of the Communicable Diseases Branch.
Section 160 of the *Public Health Act 2005*	Confidential information relating to the Notifiable Conditions Register was authorised to be disclosed to four students (Master of Philosophy in Applied Epidemiology) working within the department and their academic supervisors from the Australian National University. The information was disclosed for the student or a relevant person performing functions under the Act, the student's study and providing a public sector health service to the person. Information held on the Notifiable Conditions Register was disclosed to the students to allow for their involvement in the investigation of outbreaks and the routine work of the Communicable Diseases Branch
Private Health Facilities Act 1999	
Section 147(6)	Disclosure of confidential health information to the Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR) to enable validation of the patient-level data provided directly by Queensland private hospitals, to ensure a complete and comprehensive registry. The information disclosed consists of identifiable unit record data for admitted patients in Queensland public and private hospitals undergoing select joint replacement surgeries in 2020–21. AOANJRR was established in 1999 and collects information from all hospitals in Australia undertaking joint replacement surgery. The AOANJRR evaluates prosthesis effectiveness, provides audit capabilities for surgeons, and can track patients if necessary. The AOANJRR is a prescribed entity listed in section 35 of the Hospital and Health Boards Regulation 2012 and as such can receive detailed information on patients undergoing joint replacement surgery in Queensland public hospitals.
Section 147(6)	Disclosure of confidential private hospital information to Hardes and Associates to provide service planning and analytics for a collaboration of 10 Queensland private hospital groups who engaged Hardes and Associates services. The information disclosed consists of potentially identifiable patient-level private hospital admitted patient episodes of care (from QHAPDC) for the financial year 2020–21, for the 10 participating private health facilities.
Section 147(4)	Disclosure of confidential information to: • The department's Healthcare Purchasing and System Performance Division staff engaged in contracting and funding of public health services at private hospitals.

	• HHS employees working in and for HHS funding units engaged in the contracting and funding services from private hospitals. • HHS treating clinicians and relevant treating clinicians at the private hospital to investigate clinical practice/ clinical standards relating to the index event for the Avoidable Hospital Readmissions. • Private hospital staff who are responsible for managing the relevant Standing Offer Arrangement for publicly funded patients with Queensland Health and/or HHS staff. The information disclosed contained information about publicly funded patients treated in private hospitals relating to avoidable hospital readmissions.

Government agreements and legislation

Australian Government agencies

The table below provides a summary of key achievements delivered in 2022–23 by the department and HHSs under National Partnership Agreements (NPAs) with the Australian Government.

This is not an exhaustive list of all past and present agreements. For detailed information, visit http://www.federalfinancialrelations.gov.au/content/npa/health.aspx

Agreement	Key achievements in 2022–23
Cancer Screening Program – Participant Follow-up Function	Queensland Health's Participant Follow Up Function for bowel cancer screening, followed up approximately 8,500 Queenslanders who returned a positive screening result, but were yet to visit their doctor and/or complete their follow-up testing procedures.
Service Agreement for the Provision of Access to the After-Hours General Practitioner (AHGP) Helpline for the State of Queensland	There is a tripartite agreement between the Queensland Department of Health, the Commonwealth and Healthdirect. It provides for Queenslanders to have access to the AHGP Helpline. In 2022–23, more than 2,000 transfers were made to the After-Hours General Practitioner Helpline.
The National Mental Health and Suicide Prevention Agreement	The National Mental Health and Suicide Prevention Agreement sets out the shared intention of the Commonwealth, state and territory governments to work in partnership to improve the mental health of all Australians, reduce the rate of suicide toward zero, and ensure sustainability and enhance the services of the Australian mental health and suicide prevention system. Following the signing of the National Agreement on 24 March 2022 by the Queensland Treasurer, Queensland Health led negotiations with the Commonwealth Government on the Bilateral Schedule on Mental Health and Suicide Prevention: Queensland, which was signed by the Minister for Health and Ambulance Services on 31 March 2022. The Bilateral Schedule commits a total of $260.4 million over five years (2021–22 to 2025–26) by the Commonwealth and Queensland Governments to support improved mental health and suicide prevention outcomes for all people in Queensland, through collaborative efforts to address gaps in the mental health and suicide prevention system. Queensland Health is currently working with the Commonwealth Government to finalise the implementation plan.
Adult Public Dental Services	Queensland has met the activity targets under the Federation Funding Agreement – Health (FFA) for Public Dental Services for Adults, which funded around 35,694 courses of dental treatment from 1 April 2022 to 31 March 2023.
Extension to Encouraging More Clinical Trials in Australia	Queensland has successfully achieved all activity targets under this Federation Funding Agreement (previously Project Agreement). A significant accomplishment has been Queensland's full support for the development and implementation of new hospital accreditation standards through the execution of the National Clinical Trials Governance Framework. In addition, Queensland has contributed valuable input to all draft reports for the design of the One Stop Shop and the associated National Clinical Trials Front Door (NCTFD). Queensland Health continues to demonstrate its commitment and active participation in the National Mutual Agreement (NMA) Scheme, providing extensive input into draft plans and documents to expand and re-design the NMA Scheme beyond the public sector. Furthermore, Queensland Health has been actively engaged with the Clinical Trials Project Reference Group (CTPRG) and the Australian Commission on Safety and Quality in Health Care

	(ACSQHC). This collaboration aims to develop and agree upon an accreditation scheme for ethics committees, thereby strengthening the NMA Scheme and supporting its expansion beyond the public sector.
National Mental Health and Suicide Prevention Agreement	Queensland commenced the following initiatives under this National Agreement in 2022–23: • Two Head to Health Kids Queensland hubs – providers identified and undertaking initial establishment activities. • Perinatal mental health screening project underway. • Suicide attempt aftercare expansion: Queensland has executed five of the seven funding agreements with the Primary Health Networks (PHNs) to enable the expansion to universal suicide attempt aftercare. The remaining two PHNs are co-designing the aftercare model to meet their local needs. The Clinical Coordinator function has been appointed in ten of the 16 Hospital and Health Services. Beyond Blue has effectively transitioned out of The Way Back Support Service. • Head to Health implementation: The Queensland and Commonwealth Governments have jointly announced and commenced the establishment of new Head to Health Adult Mental Health services for Ipswich and Kingaroy to be operating by the end of 2023, with further services in Cairns, Bundaberg, Rockhampton, Logan and the Redlands area to be operating by end 2024. These services will make it easier for Queenslanders to access mental health and wellbeing, alcohol and other drug supports when and where they need it.
Specialist Dementia Care Program	The Specialist Dementia Care Program is a Commonwealth program that funds specialist dementia care units in private residential aged care facilities; there are currently three units in Queensland. In-each clinical advice and support have been provided by three HHSs for residents of the Specialist Dementia Care Unit located within their respective area.
National Partnership on COVID-19 Response	In accordance with Aged Care Schedule D of the National Partnership, the department established the Vulnerable Facilities Team (VFT), a cell of the State Health Emergency Coordination Centre (SHECC) to support residential aged care and disability facilities to manage outbreaks. VFT provided more than 1.25 million items of PPE to private residential aged care facilities, before the function ceased operation in October 2022.
Hummingbird House Children's Hospice	The agreement provides a Commonwealth and Queensland financial contribution towards the operation of a 24-hour per day, seven days per week, children's respite care and hospice facility in Chermside Brisbane.

Other whole-of-government plans and specific initiatives

Strategy	Key achievements in 2022–23
Cancer Screening Services	Cancer screening programs help to protect the health of Queenslanders by providing prevention and early detection of selected cancers. Screening tests look for particular changes and early signs before cancer develops or symptoms emerge. Queensland supports the delivery of the three national cancer screening programs for breast, bowel and cervical cancer. All eligible people in the target age groups are strongly encouraged to participate. For more than 30 years, Queensland Health has been providing breast screening services to reduce deaths from breast cancer targeting women aged 50–74 years. The program is delivered through BreastScreen Queensland screening and assessment services, including 11 main sites, 23 satellites and 11 mobile vans covering more than 260 locations across the State. The latest available data identifies that 51.3 per cent of Queensland women aged 50 to 74 years participated in the program for the 24-month calendar period 2021–22. In the 2022–23 financial year 251,798 breast screens were performed.
OzFoodNet	The Queensland OzFoodNet site provides fortnightly and annual surveillance and outbreak investigation reports to the Commonwealth Department of Health as per the agreement. Ongoing funding is subject to satisfactory annual performance reports. The 2022 Annual Report was submitted on 30 April 2023 and has been approved by the Commonwealth Department of Health.
FFA – Health: Essential Vaccines Schedule	This Schedule supports the cost-effective and efficient delivery of the National Immunisation Program (NIP) to protect the Australian public from the spread of vaccine-preventable diseases. The NIP is a joint initiative of the Australian Government and the states and territories, making free vaccines available to eligible individuals through a range of vaccination providers nationally. The NIP provides vaccines for eligible individuals against multiple disease groups, ensuring those most at risk are protected. Information is not yet available for the 2022–23 assessment period. Queensland fully met three of the five performance indicators assessed in 2021–22.
DNA services reform in Queensland	On 13 December 2022, the independent Commission of Inquiry into Forensic DNA Testing in Queensland (COI) delivered its final report to the government, which made 123 recommendations calling for significant reform for the delivery of DNA services in Queensland. Queensland Health is working closely with criminal justice stakeholders to implement the COI recommendations. Implementation in 2022–23 focused on establishing Forensic Science Queensland (FSQ) as a stable, interim, organisational arrangement for forensic DNA service delivery, while longer-term options are being considered. Professor Linzi Wilson-Wilde OAM, an experienced and internationally recognised forensic science leader, has been appointed as the interim Chief Executive Officer to lead FSQ. An interim Advisory Board (Board) has also been established to ensure oversight of forensic DNA operations, to guide future reforms, and to oversee implementation of COI recommendations. Mr Walter Sofronoff KC, the former Commissioner overseeing the COI, and the eminent Ms Julie Dick SC have been appointed to co-chair the Board.

The Board is supported by three advisory sub-committees to provide subject-matter expertise in discrete and complex areas of forensic justice, forensic biology and forensic medical examinations.

Health portfolio acts and subordinate legislation

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

Legislation	Details	Number of internal breaches
Ambulance Service Act 1991 Ambulance Service Regulation 2015	The *Ambulance Service Act 1991* and the Ambulance Service Regulation 2015 are the primary pieces of enabling legislation for the Queensland Ambulance Service. This legislation serves to: • Establish the QAS. • Establish membership of the QAS. • Enable and regulate the functions and powers of the Ambulance Service and its officers. • Regulate fees payable for ambulance services.	No breaches of this legislation have been identified.
Food Act 2006 Food Regulation 2016	The main purposes of the *Food Act 2006* and Food Regulation 2016 are as follows: • To ensure food for sale is safe and suitable for human consumption. • To prevent misleading conduct relating to the sale of food. • To apply the food standards code.	No breaches of this legislation have been identified.
Health Transparency Act 2019 Health Transparency Regulation 2020	The *Health Transparency Act 2019* enables the collection and publication of particular types of information about public sector health service facilities, private health facilities, State aged care facilities and private residential aged care facilities. The purpose of the collection and publication of this information is to improve the transparency of the quality and safety of health services provided in Queensland and help people make better-informed decisions about health care.	No breaches of this legislation have been identified.
Hospital and Health Boards Act 2011 Hospital and Health Boards Regulation 2012 Hospital and Health Boards (Nursing and Midwifery Workload Management Standard) Notice 2016	The *Hospital and Health Boards Act 2011* establishes a public health sector system that delivers high-quality hospital and other health services to persons in Queensland, having regard to the principles and objectives of the national health system. The Act provides for a wide range of functions and obligations including appointment of members to Hospital and Health Boards, management and funding of the health system, disclosure of confidential information, appointment of the Chief Health Officer, conduct on health service land and clinical reviews.	No breaches of this legislation have been identified.
Mater Public Health Services Act 2008	The *Mater Public Health Services Act 2008* provides for the Department of Health and the Mater to enter into arrangements about the funding and delivery of public health services	No breaches of this legislation have been identified.

	by Mater hospitals, providing additional public health service capacity to the benefit of Queenslanders.	
Medicines and Poisons Act 2019 Medicines and Poisons (Medicines) Regulation 2021 Medicines and Poisons (Pest Management Activities) Regulation 2021 Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021	The *Medicines and Poisons Act 2019* is to ensure: Particular substances are made, sold, used and disposed of in an appropriate, effective and safe way. Health risks arising from the use of the substances are appropriately managed. Persons who are authorised to carry out activities using the substances have the necessary competencies to carry out the activities safely.	No breaches of this legislation have been identified. Nil Medicine Compliance
Mental Health Act 2016 Mental Health Regulation 2017	The *Mental Health Act 2016* establishes statutory roles and appointments for the effective administration of the Act and sets out legislative requirements for HHSs, clinicians, statutory bodies and other persons, including members of the public, in fulfilling their functions and rights under the Act. Non-compliance with the *Mental Health Act 2016* is monitored by the Chief Psychiatrist and reported in the Annual Report of the Chief Psychiatrist.	Reporting on breaches of this legislation will be reported in the 2022–23 Chief Psychiatrist Annual Report.
Pharmacy Business Ownership Act 2001	The objectives of the *Pharmacy Business Ownership Act 2001* are to: • Promote the professional, safe and competent provision of pharmacy services. • Maintain public confidence in the pharmacy profession.	No breaches of this legislation have been identified.
Private Health Facilities Act 1999 Private Health Facilities Regulation 2016 Private Health Facilities (Standards) Notice 2016	The main object of the *Private Health Facilities Act 1999* is to provide a framework for protecting the health and wellbeing of patients receiving health services at private health facilities.	No breaches of this legislation have been identified.
Public Health Act 2005 Public Health Regulation 2018	The *Public Health Act 2005* protects and promotes the health of the Queensland public.	A breach of section 77 of the *Public Health Act 2005* occurred on 2 June 2022 and was reported retrospectively during the 2022–23 financial year. The particulars of the breach are: Following approval to release a data set to the University of Queensland (UQ) for research purposes, the data set provided was the working file which

		contained identifying elements (names) rather than the deidentified file approved to be provided. The researcher from UQ reported this by email.
Public Health (Infection Control for Personal Appearance Services) Act 2003 Public Health (Infection Control for Personal Appearance Services) Regulation 2016 Public Health (Infection Control for Personal Appearance Services) (Infection Control Guidelines) Notice 2013	The purpose of the *Public Health (Infection Control for Personal Appearance Services) Act 2003* is to minimise the risk of infection that may result from the provision of personal appearance services.	No breaches of this legislation have been identified.
Radiation Safety Act 1999 Radiation Safety Regulation 2021 Radiation Safety (Radiation Safety Standards) Notice 2021	The main object of the *Radiation Safety Act 1999* is to protect persons and the environment from the harmful effects of sources of ionising radiation and harmful non-ionising radiation.	No breaches of this legislation have been identified.
Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Act 2003 Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Regulation 2015	The National Health and Medical Research Council's Embryo Research Licensing Committee (NHMRC ERLC) is responsible for monitoring compliance with the legislation and license conditions. Compliance with the legislation is required under the department's Research Ethics and Government Health Service Directive as well as research funding agreements.	No breaches of this legislation have been identified.
Termination of Pregnancy Act 2018	The *Termination of Pregnancy Act 2018* provides clarity for women, health practitioners and the community about the circumstances in which a termination is lawfully permitted. The Act: • Ensures termination of pregnancy is treated as a health issue rather than a criminal issue. • Enables reasonable and safe access by women to terminations of pregnancy and to regulate the conduct of registered health practitioners in relation to terminations. • Supports a woman's right to health, including reproductive health and autonomy. • Provides clarity and safety for health practitioners providing terminations of pregnancy.	No breaches of this legislation have been identified.

	• Brings Queensland legislation in line with other Australian jurisdictions.	
Therapeutic Goods Act 2019 Therapeutic Goods Regulation 2021	The *Therapeutic Goods Act 2019* adopts the *Therapeutic Goods Act 1989 (Cwth)* and the regulations, order, permissions and manufacturing principles under it as laws of Queensland. The Act ensures national regulatory controls apply consistently to the Queensland-based manufacturers of therapeutic goods.	No breaches of this legislation have been identified.
Tobacco and Other Smoking Products Act 1998 Tobacco and Other Smoking Products Regulation 2021	The Act restricts the supply of tobacco and other smoking products to children, to restrict advertising and promotion of tobacco and other smoking products, and to prohibit smoking in certain places.	No breaches of this legislation have been identified.
Transplantation and Anatomy Act 1979 Transplantation and Anatomy Regulation 2017	The *Transplantation and Anatomy Act 1979* provides for the removal of human tissues for transplantation and other medical and scientific purposes, for post-mortem examinations, for the definitions of death, for the regulation of schools of anatomy, and related purposes.	No breaches of this legislation have been identified.
Voluntary Assisted Dying Act 2021 Voluntary Assisted Dying Regulation 2022	The *Voluntary Assisted Dying Act 2021* established a legal framework for voluntary assisted dying in Queensland, allowing eligible people who are suffering and dying to choose the timing and circumstances of their death. The Act also established an independent Voluntary Assisted Dying Review Board to monitor the operation of the Act and review relevant persons' compliance with the requirements of the Act.	N/A for the 2022–23 financial year.
Water Fluoridation Act 2008 Water Fluoridation Regulation 2020	The *Water Fluoridation Act 2008* promotes good oral health in Queensland by the safe fluoridation of public potable water supplies.	No breaches of this legislation have been identified.

Monitored agency legislation

Legislation	Details	Number of breaches
Health and Wellbeing Queensland Act 2019 *Health Ombudsman Act 2013* Health Ombudsman Regulation 2014 *Health Practitioner Regulation National Law Act 2009* Health Practitioner Regulation National Law (Queensland) Health Practitioner Regulation National Law Regulation 2018 *Hospital Foundations Act 2018* Hospital Foundations Regulation 2018 *Mental Health Act 2016* (to the extent of administering provisions relevant to the Mental Health Review Tribunal) Mental Health Regulation 2017 *Queensland Institutes of Medical Research Act 1945* *Queensland Mental Health Commission Act 2013* *Voluntary Assisted Dying Act 2021* (to the extent of administering provisions relevant to the Voluntary Assisted Dying Review Board) Voluntary Assisted Dying Regulation 2022	The department is committed to meeting all legislative compliance obligations and applies effective strategies to administer it including: • Providing oversight of statutory appointments made under health portfolio legislation. • Supporting good board governance and compliance including annual reporting requirements.	During 2022–23 there were no reported breaches of the department's legislative compliance obligations under monitored agency legislation.

Definitions and compliance

Acronyms and glossary

Acronym	Definition
AHPOQ	Allied Health Professionals Office of Queensland
AIHW	Australian Institute of Health and Welfare
AKC2026	Advancing Kidney Care 2026
BCS	Bachelor of Computer Science
BSQ	BreastScreen Queensland
CAA	Council of Ambulance Authorities
CCAP	Cultural Capability Action Plan
CCPDP	Critical Care Paramedic Development Program
CEQ	Clinical Excellence Queensland
CEWT	Children's Early Warning Tool
CHO	Chief Health Officer
CHQ	Children's Health Queensland
CLE	Clinical Leadership Excellence
COAG	Council of Australian Governments
CODP	Classified Officer Development Program
COO	Chief Operating Officer
CPSSD	Clinical Planning and Service Strategy Division
CRD	COVID-19 Response Division
CSCF	Clinical Services Capability Framework
CSD	Corporate Services Division
DCGIIP	Directors of Clinical Governance Improvement and Implementation Partnership
DDG	Deputy Director-General
DG	Director-General
DoH	Department of Health
eHQ	eHealth Queensland
ELT	Executive Leadership Team
ELT	Executive Leadership Team
ESU	Ethical Standards Unit
EWARS	Early Warning and Response System
FNHO	First Nations Health Office
G&E	Governance and Engagement Unit

Acronym	Definition
GP	General Practitioner
HCD	Health Capital Division
HHB	Hospital and Health Board
HHS	Hospital and Health Service
HIIRO	Health Innovation, Investment and Research Office
HIU	Healthcare Improvement Unit
HPSP	Healthcare Purchasing and System Performance Division
HR	Human Resources
HSQ	Health Support Queensland
HW	Health and Wellbeing Queensland
ICT	Information and Communication Technology
ieMR	integrated electronic Medical Record
LAN	Local Ambulance Service Network
LASN	Local Area Service Network
LGBTIQ+	Lesbian, gay, bisexual, transgender/gender diverse, intersex and queer
MESU	Ministerial and Executive Services Unit
MHAODB	Mental Health Alcohol and Other Drugs Branch
MHAP	Mental Health and Addiction Portal
MHLS	Mental Health Liaison Service
MSQ	Maritime Safety Queensland
NDIS	National Disability Insurance Scheme
NGO	Non-government organisations
NHMRC ELC	National Health and Medical Research Council's Embryo Research Licensing Committee
NRT	Nicotine Replacement Therapy
NSW	New South Wales
OCDO	Office of the Chief Dental Officer
OCFNHO	Office of the Chief First Nations Health Officer
OCHO	Office of the Chief Health Officer
OCOO	Office of the Chief Operating Officer

Acronym	Definition
ODG	Office of the Director-General
ODDG	Office of Deputy Director-General
ODGSSD	The Office of the Director-General and System Strategy Division
OHSA	Office of Health Statutory Agencies
OpCen	Operations Centre
PAH	Princess Alexander Hospital
PD	Prevention Division
PHNs	Primary Health Networks
PHRLT	Pandemic Health Response Leadership Team
PID	Public Interest Disclosure
PSC	Public Service Commission
PSQIS	Patient Safety and Quality Improvement Service
QAO	Queensland Audit Office
QAS	Queensland Ambulance Service
QHIDS	Queensland Health Integrated Data System
QHLB	Queensland Health Leadership Board
QIWAG	Queensland Insights Website Advisory
QMPQC	Queensland Maternity and Perinatal Quality Council
QPHaSS	Queensland Public Health and Scientific Services
QPS	Queensland Public Service
QWAC	Queensland Website Advisory Committee
RACFs	Residential Aged Care Facilities
RBWH	Royal Brisbane and Women's Hospital
RRP	Rapid Results Program
SDLO	System and Department Liaison Officer
SHECC	State Health Emergency Coordination Centre
SPR	System Performance Reporting
SPRD	Strategy, Policy and Reform Division
SSB	Statistical Services Unit
STARS	Surgical, Treatment and Rehabilitation Service
SUSD	Stand Up Stand Down
UTI	Urinary Tract Infection

Compliance

Summary of requirement		Basis of requirement	Annual report reference
Letter of compliance	• A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7	Letter of compliance; page 4
Accessibility	• Table of contents • Glossary	ARRs – section 9.1	Contents; page 6 Definitions and compliance; page 157
	• Public availability	ARRs – section 9.2	Accessibility; page 2
	• Interpreter service statement	*Queensland Government Language Services Policy* ARRS – section 9.3	Interpreter accessibility; page 3
	• Copyright notice	*Copyright Act 1968* ARRs – section 9.4	Copyright; page 2
	• Information licensing	*QGEA – Information Licensing* ARRs – section 9.5	License summary statement; page 2
General information	• Introductory information	ARRs – section 10	About us; page 14
Non-financial performance	• Government's objectives for the community and whole-of-Government plans/specific initiatives	ARRs – section 11.1	Our contribution to Queensland; page 14
	• Agency objectives and performance indicators	ARRs – section 11.2	Our performance; Strategic Achievements; page 38
	• Agency service areas and service standards	ARRs – section 11.3	Our performance: Service delivery statements; page 55
Financial performance	• Summary of financial performance	ARRs – section 12.1	Financial highlights; page 10
Governance – management and structure	• Organisational structure	ARRs – section 13.1	Our organisation structure; page 16
	• Executive management	ARRs – section 13.2	Executive leadership team; page 109
	• Government bodies (statutory bodies and other entities)	ARRs – section 13.3	Our governance; Leadership teams, Boards Councils and Committees, Statutory bodies; pages 109 to 129
	• Public Sector Ethics	Public Sector Ethics Act 1994 ARRs – section 13.4	Our people; Public Sector Ethics Act; page 37
	• Human Rights	Human Rights Act 1994 ARRs – section 13.5	Our governance; Human Rights Act 2019, page 132
	• Queensland public service values	ARRs – section 13.6	About us; Our values; page 14
Governance – risk management and accountability	• Risk management	ARRs – section 14.1	Our governance; Risk management; page 130
	• Audit committee	ARRs – section 14.2	Our governance; The Department of Health Audit and Risk Committee; page 110
	• Internal audit	ARRs – section 14.3	Our governance; Internal audit; page 131
	• External scrutiny	ARRs – section 14.4	Our governance; External scrutiny; page 130

	• Information systems and recordkeeping	ARRs – section 14.5	Our governance; Information systems and recordkeeping; page 131
	• Information security attestation	ARRs – section 14.6	Our governance; Information security attestation; page 132
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	Our people; strategic workforce planning and performance; page 35
	• Early retirement, redundancy and retrenchment	Directive No. 04/18 Early Retirement, Redundancy and Retrenchment ARRs – section 15.2	Our people; Early retirement, redundancy and retrenchment; page 35
Open data	• Statement advising publication of information	ARRs – section 16	Open data; page 3
	• Consultancies	ARRs – section 31.1	https://data.qld.gov.au
	• Overseas travel	ARRs – section 31.2	https://data.qld.gov.au
	• Queensland Language Services Policy	ARRs – section 31.3	https://data.qld.gov.au
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	Financial Statements 30 June; page 197
	• Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	Financial Statements 30 June 2022; page 198

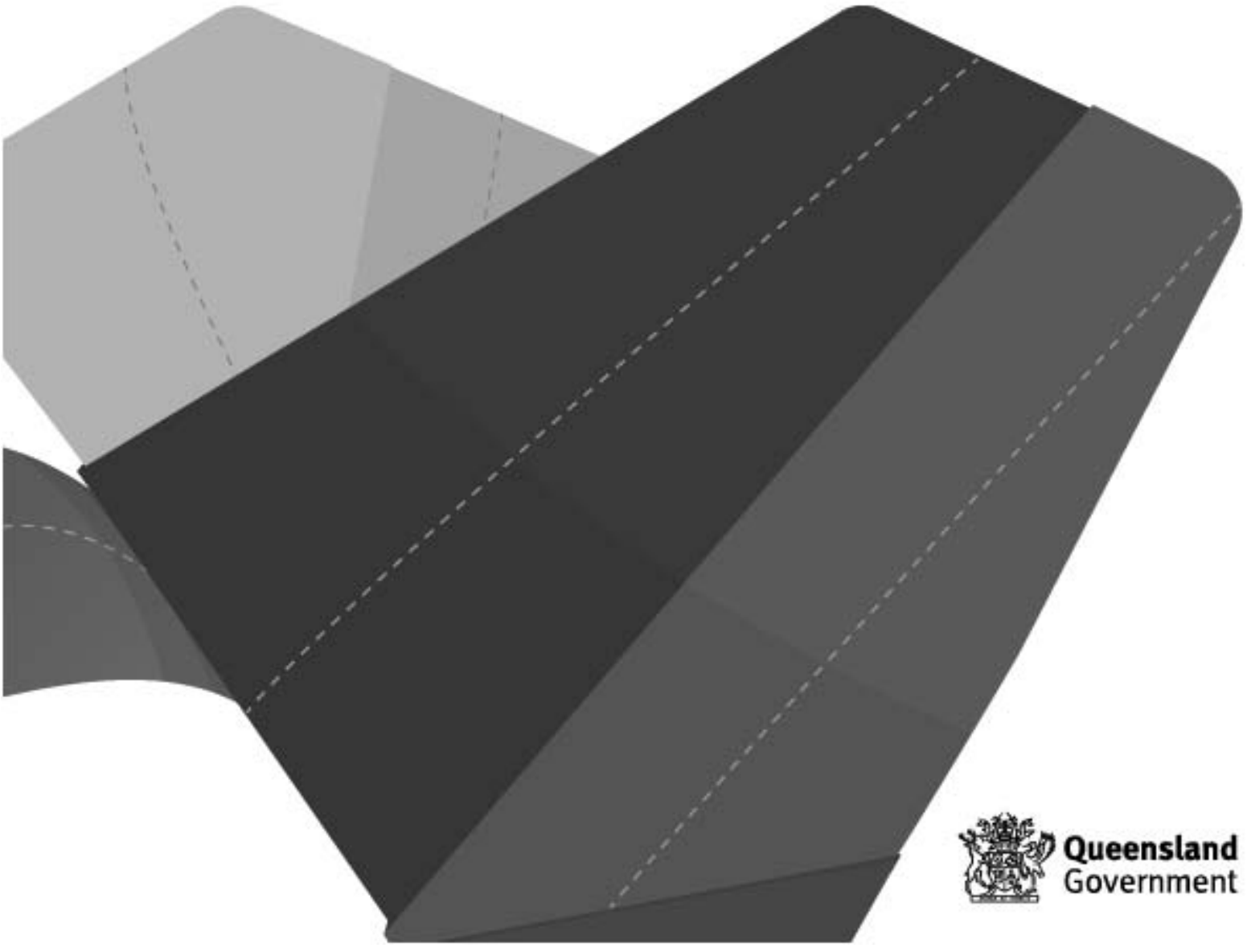
FAA *Financial Accountability Act 2009*
FPMS *Financial and Performance Management Standard 2019*
ARRs *Annual report requirements for Queensland Government agencies*

Financial statements

30 June 2023

Department of Health

Financial Statements - 30 June 2023



Queensland Government

Department of Health
Contents and General Information

For the year ended 30 June 2023

Contents

General Information

Department of Health (the Department) is a Queensland Government department established under the *Public Sector Act 2022* and its registered trading name is Queensland Health.

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

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

1 William Street

Brisbane

Queensland 4000

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

Department of Health

Statement of profit or loss and other comprehensive income

For the year ended 30 June 2023

	Note	2023 $'000	Original Budget 2023 $'000	2022 $'000	Ref*	Actual vs budget variance $'000
REVENUE						
Appropriation revenue	2	**14,673,411**	**13,846,208**	13,313,163	i.	827,203
User charges	3	**2,241,055**	**1,994,385**	2,064,633	ii.	246,670
Labour recoveries	3	**11,315,228**	**10,395,674**	10,149,460	iii.	919,554
Grants and other contributions	3	**6,612,795**	**6,228,946**	6,741,221	iv.	383,849
Other revenue	3	**93,986**	**35,747**	112,934	v.	58,239
Interest revenue		**6,484**	**1,254**	2,918		5,230
TOTAL REVENUE		**34,942,959**	**32,502,214**	32,384,329		2,440,745
EXPENSES						
Employee expenses	4	**(13,362,569)**	**(12,452,601)**	(12,042,140)	vi.	(909,968)
Supplies and services	7	**(2,128,399)**	**(2,224,795)**	(2,162,479)	vii.	96,396
Health services	8	**(19,050,340)**	**(17,412,002)**	(17,490,715)	viii.	(1,638,338)
Grants and subsidies	9	**(107,165)**	**(183,303)**	(145,749)	ix.	76,138
Depreciation and amortisation	16, 17, 18	**(135,538)**	**(165,784)**	(135,608)	x.	30,246
Net impairment losses on financial and contract assets		**(11,071)**	**(1,630)**	(39,079)	xi.	(9,441)
Share of loss from associates	22	**(709)**	**-**	(2,939)		(709)
Other expenses	10	**(147,608)**	**(50,099)**	(363,457)	xii.	(97,509)
TOTAL EXPENSES		**(34,943,399)**	**(32,490,214)**	(32,382,166)		(2,453,185)
SURPLUS/(DEFICIT) FOR THE YEAR		**(440)**	**12,000**	2,163		(12,440)
OTHER COMPREHENSIVE INCOME						
Items that will not be reclassified subsequently to profit or loss						
Increase/(decrease) in asset revaluation surplus	21	**66,270**	**-**	58,704		66,270
OTHER COMPREHENSIVE INCOME FOR THE YEAR		**66,270**	**-**	58,704		66,270
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**65,830**	**12,000**	60,867		53,830

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

The accompanying notes form part of these statements.

Department of Health
Statement of financial position
As at 30 June 2023

	Note	2023 $'000	Original Budget 2023 $'000	2022 $'000	Ref*	Actual vs budget variance $'000
ASSETS						
Current Assets						
Cash and cash equivalents	12	**701,852**	**144,852**	234,394	xiii.	557,000
Loans and receivables	14	**2,837,783**	**1,643,514**	3,176,653	xiv.	1,194,269
Inventories	15	**178,278**	**243,153**	209,152	xv.	(64,875)
Prepayments		**77,213**	**62,536**	66,332	xvi.	14,677
Other assets		**13**	**-**	13		13
TOTAL CURRENT ASSETS		**3,795,139**	**2,094,055**	3,686,544		1,701,084
Non-current Assets						
Loans and receivables	14	**91,403**	**85,760**	93,021		5,643
Property, plant and equipment	16	**1,859,224**	**2,082,667**	1,225,703	xvii.	(223,443)
Right-of-use assets	17	**13,104**	**19,069**	16,418		(5,965)
Intangibles	18	**298,028**	**377,435**	302,518	xviii.	(79,407)
Interests in associates	22	**69,425**	**73,072**	70,133		(3,647)
Other assets		**33,427**	**6,675**	29,026	xix.	26,752
TOTAL NON-CURRENT ASSETS		**2,364,611**	**2,644,678**	1,736,819		(280,067)
TOTAL ASSETS		**6,159,750**	**4,738,733**	5,423,363		1,421,017
LIABILITIES						
Current Liabilities						
Payables	19	**2,064,792**	**512,064**	2,154,531	xx.	1,552,728
Accrued employee benefits	20	**1,559,515**	**1,320,666**	1,012,619	xxi.	238,849
Lease liabilities	17	**1,731**	**2,980**	2,532		(1,249)
Other liabilities		**61**	**56,296**	499	xxii.	(56,235)
TOTAL CURRENT LIABILITIES		**3,626,099**	**1,892,006**	3,170,181		1,734,093
Non-current Liabilities						
Lease liabilities	17	**53,148**	**77,655**	66,276	xxiii.	(24,507)
Other liabilities		**-**	**-**	59		-
TOTAL NON-CURRENT LIABILITIES		**53,148**	**77,655**	66,335		(24,507)
TOTAL LIABILITIES		**3,679,247**	**1,969,661**	3,236,516		1,709,586
NET ASSETS		**2,480,503**	**2,769,072**	2,186,847		(288,569)
EQUITY						
Contributed equity		**779,254**		551,431		
Asset revaluation surplus	21	**368,198**		302,002		
Retained surpluses		**1,333,051**		1,333,414		
TOTAL EQUITY		**2,480,503**	**2,769,072**	2,186,847	xxiv.	(288,569)

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

The accompanying notes form part of these statements.

Department of Health
Statement of changes in equity
For the year ended 30 June 2023

	Contributed equity $'000	Asset revaluation surplus $'000	Retained surpluses $'000	Total equity $'000
BALANCE AT 1 JULY 2022	**551,431**	**302,002**	**1,333,414**	**2,186,847**
Surplus/(Deficit) for the year	-	-	(440)	(440)
Increase/(decrease) in asset revaluation surplus	-	66,270	-	66,270
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	**-**	**66,270**	**(440)**	**65,830**
Transactions with owners in their capacity as owners:				
Equity injections	992,233	-	-	992,233
Equity withdrawals	(932,872)	-	-	(932,872)
HHS equity transfers*	125,126	-	-	125,126
Reclassification between equity classes	-	(74)	74	-
Net assets transferred in from Department of Energy and Public Works	188	-	-	188
Net assets transferred from/(to) HHSs	43,148	-	-	43,148
Other equity adjustments	-	-	3	3
BALANCE AT 30 JUNE 2023	**779,254**	**368,198**	**1,333,051**	**2,480,503**

	Contributed equity $'000	Asset revaluation surplus $'000	Retained surpluses $'000	Total equity $'000
BALANCE AT 1 JULY 2021	**211,918**	**243,383**	**1,335,890**	**1,791,191**
Surplus/(Deficit) for the year	-	-	2,163	2,163
Increase/(decrease) in asset revaluation surplus	-	58,704	-	58,704
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	**-**	**58,704**	**2,163**	**60,867**
Transactions with owners in their capacity as owners:				
Equity injections	814,527	-	-	814,527
Equity withdrawals	(830,081)	-	-	(830,081)
HHS equity transfers*	341,530	-	-	341,530
Reclassification between equity classes	-	(85)	85	-
Net assets transferred from Queensland Fire and Emergency Services**	50,149	-	-	50,149
Net assets transferred from/(to) HHSs	(36,612)	-	-	(36,612)
Other equity adjustments	-	-	(4,724)	(4,724)
BALANCE AT 30 JUNE 2022	**551,431**	**302,002**	**1,333,414**	**2,186,847**

Significant accounting policies

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

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

** During 2021-22 *Queensland Fire and Emergency Services (QFES) transferred property, plant and equipment of $43.4M (refer to Note 16), and cash of $6.7M to the Department, that QFES had received as part of a larger Machinery of Government transfer, upon disestablishment of the Public Safety Business Agency.*

Department of Health
Statement of cash flows
For the year ended 30 June 2023

	Note	2023 $'000	Original Budget 2023 $'000	2022 $'000	Ref*	Actual vs budget variance $'000
CASH FLOWS FROM OPERATING ACTIVITIES						
Inflows						
Appropriation revenue receipts		**14,899,045**	**13,831,521**	12,508,755	xxv.	1,067,524
User charges		**2,017,143**	**1,944,738**	1,808,551		72,405
Labour recoveries		**11,014,293**	**10,395,674**	10,128,183	xxvi.	618,619
Grants and other contributions		**6,650,170**	**6,132,166**	6,354,292	xxvii.	518,004
GST collected from customers		**14,519**	**12,728**	13,881		1,791
GST input tax credits		**382,796**	**290,977**	347,144		91,819
Other revenue		**42,514**	**37,179**	114,573		5,335
Payroll loans and advances		**5,454**	**-**	1,518		5,454
Outflows						
Employee expenses		**(12,852,331)**	**(12,384,835)**	(11,836,105)		(467,496)
Supplies and services		**(2,118,672)**	**(2,672,312)**	(1,761,269)	xxviii.	553,640
Health services		**(17,734,279)**	**(16,865,858)**	(16,426,417)	xxix.	(868,421)
Grants and subsidies		**(107,165)**	**(182,152)**	(145,749)	xxx.	74,987
GST paid to suppliers		**(379,126)**	**(290,977)**	(362,366)		(88,149)
GST remitted		**(14,413)**	**(12,728)**	(13,979)		(1,685)
Other expenses		**(79,748)**	**(38,646)**	(89,317)	xxxi.	(41,102)
Cash recoupment from HHSs/(payments made on behalf of HHSs)		**(111,747)**	**-**	(63,587)	xxxii.	(111,747)
NET CASH FROM/(USED BY) OPERATING ACTIVITIES	11	**1,628,453**	**197,475**	578,108		1,430,978
CASH FLOWS FROM INVESTING ACTIVITIES						
Inflows						
Proceeds from sale of property, plant and equipment		**354**	**1,650**	930		(1,296)
Loans and advances		**-**	**5,615**	-		(5,615)
Outflows						
Payments for property, plant and equipment		**(634,439)**	**(1,417,627)**	(264,383)	xxxiii.	783,188
Payments for intangibles		**(30,343)**	**(86,283)**	(16,907)		55,940
NET CASH FROM/(USED BY) INVESTING ACTIVITIES		**(664,428)**	**(1,496,645)**	(280,360)		832,217
CASH FLOWS FROM FINANCING ACTIVITIES						
Inflows						
Equity injections**		**1,356,205**	**2,095,382**	955,752	xxxiv.	(739,177)
Outflows						
Equity withdrawals**		**(1,850,718)**	**(896,885)**	(1,429,976)	xxxv.	(953,833)
Lease principal payments		**(2,054)**	**(3,248)**	(2,855)		1,194
NET CASH FROM/(USED BY) FINANCING ACTIVITIES		**(496,567)**	**1,195,249**	(477,079)		(1,691,816)
NET INCREASE/(DECREASE) IN CASH HELD		**467,458**	**(103,921)**	(179,331)		571,379
Cash and cash equivalents at the beginning of the financial year		**234,394**	**248,773**	413,725		(14,379)
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	**12**	**701,852**	**144,852**	234,394		557,000

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

*** Details of the Department's change in liability for equity withdrawals payable/receivable is outlined in Note 2. Equity Injections includes $6.7M from the transfer of cash from Queensland Fire and Emergency Services in 2021-22.*

The accompanying notes form part of these statements.

Actual vs budget comparison

Statement of profit or loss

i. The $827.2M variance in Appropriation revenue is predominantly due to additional state funding for enterprise bargaining outcomes ($456.0M), changes to superannuation arrangements ($209.1M) and additional funding for retrieval services ($32.4M). These were not known at the time of the budget.

ii. The $246.7M variance in User charges is mainly due to Sale of Goods and Services and Hospital fees being higher than budget. The Sale of Goods and Services variance ($165.3M) is largely driven by growth in telecommunications and computer recoveries ($66.7M), and an increase in outsourced delivery recoveries ($21.2M). In addition, the variance reflects the allocation of cross border charges from HHSs ($90.6M) not known at the time of budget. The Hospital fees variance ($80.6M) was predominantly due to the recovery of an additional $71.5M in cross border fees from another jurisdiction, relating to prior years.

iii. The $919.6M variance in Labour recoveries is due to a combination of salary and wage increases and growth in HHS FTEs over the course of the year. HHS FTEs increased by 2,300, predominantly due to changes in activities at these HHSs.

iv. The $383.8M variance in Grants and contributions is mostly owing to the recognition of an unbudgeted $210.5M COVID-19 funding from the Commonwealth National Partnership Agreement. The remainder of the variance is attributable to specific purpose funding from the Commonwealth which was not known at the time of the budget.

v. The $58.2M variance in Other revenue is largely due to an unforeseen gain being recognised as a result of a liability for RATs being extinguished ($31.2M), and the recognition of a receivable for prior year cross border expenditure reimbursement ($24.1M).

vi. The $910.0M variance in Employee expenses is due to a combination of salary and wage increases and growth in HHS FTEs over the course of the year, fully offset by Labour recoveries. HHS FTEs increased by 2,300, predominantly due to changes in activities at these HHSs which were not known at the time of the budget.

vii. The $96.4M variance in Supplies and services is mainly due to funding being re-directed throughout the year from Supplies and services to purchase health services from the HHSs.

viii. The $1.6B variance in Health services is mainly due to additional funding ($1.5B) provided to HHSs and Mater Hospital through in-year Service Agreement amendments to deliver additional activity and services, in order to meet increased Hospital and Health Services demand. The remainder of the variance is due to additional funding for Mental health services ($97.0M) which was not known at the time of the budget.

ix. The $76.1M variance in Grants and subsidies expense is mainly due to the winding up of provision of public health (COVD-19 related) programs in private hospitals during the year, offset by Other mental, home, community and rural services funding ($49.6M) which was not known at the time of budget.

x. The $30.2M variance in Depreciation and amortisation is mainly owing to budgeted Plant and equipment depreciation ($19.3M), Buildings depreciation ($4.1M) and Software amortisation ($6.7M) for which capital projects were not ultimately commissioned in the financial year.

xi. The $9.4M variance in Impairment losses is largely due to higher than budgeted provision for doubtful debts ($3.9M) relating to hotel quarantine fees, and salary overpayments ($1.7M).

xii. The $97.5M variance in Other expenses largely relates to the recognition of donated Rapid Antigen Test (RATS) inventory to HHSs ($63.4M) and Pandemic Leave payments ($40.9M) associated with the COVID-19 pandemic, paid to the Australian Government. These were not known at the time of the budget.

Statement of Financial Position

xiii. The $557.0M variance in Cash and cash equivalents is predominantly due to additional state funding for enterprise bargaining outcomes ($456.0M), and changes to superannuation arrangements ($209.1M), which were not known at the time of the budget.

xiv. The $1.2B variance in Loans and receivables (current) is largely owing to Appropriation receivables ($595.8M), Grants receivables ($199.0M), and higher than expected Annual leave claims receivables ($135.5M), which could not be accounted for at the time of budget.

xv. The $64.9M variance in Inventories is largely owing to the donation of Rapid Antigen Tests (RATS) to HHSs and other parties, along with a write-off during the year of obsolete Personal Protective Equipment (PPE) inventory.

xvi. The $14.7M variance in Prepayments relates to higher than expected prepaid expenditure occurring in year, compared to future period estimates that were made at the time of the budget.

xvii. The $223.4M variance in Property, plant and equipment is due to delays in expected timing of budgeted capital expenditure occurring ($781.8M) resulting in lower than expected actuals, offset by net transfers in of capital works in progress from HHSs ($588.5M) not known at the time of the budget.

xviii. The $79.4M variance in Intangibles is mainly due to delays in expected timing of budgeted capital expenditure occurring resulting in lower than expected actuals, and project related expenditure budgeted as capital, but when incurred is determined to not meet capital recognition criteria and expensed as operating. These movements are not known at the time of budget preparation.

xix. The $26.8M variance in Other assets non-current is due to the continued recognition of a lease advance payment to the Brisbane Airport Corporation in 2021-22.

xx. The $1.6B variance in Payables is mainly due to appropriations payable of $1.2B, HHS payables of $338.1M and PAYG withholdings of $183.2M, which were not known at the time of the budget.

xxi. The $238.8M variance in Accrued employee benefits is mainly due to the recognition of increased costs related to Superannuation changes, Cost-of-living-allowance (COLA), and Enterprise Bargaining Agreements (EB) certified during the financial year.

xxii. The $56.2M variance in Other liabilities (current) relates to future period estimates of Commonwealth funding contract liabilities associated with COVID-19 funding. The estimates were based on information available at the time of the budget. The budgeted transactions did not eventuate owing to the discontinuation of COVID-19 funding by the Australian Government.

xxiii. The $24.5M variance in Lease liabilities (non-current) is largely owing to consideration for future increases in lease arrangements at the time of budget that did not eventuate.

xxiv. The $288.6M variance in Total Equity is mainly due to changes in the timing and nature of funding related to capital programs, and exchanges in funds between HHS and DoH for depreciation and operating expenses.

Statement of Cash Flows

xxv. The $1.1B variance in Appropriation revenue receipts is predominantly due to additional state funding for enterprise bargaining outcomes ($456.0M), changes to superannuation arrangements ($209.1M) and additional funding for retrieval services ($32.4M).

xxvi. The $618.6M variance in Labour recoveries is due to a combination of salary and wage increases and growth in HHS FTEs over the course of the year. HHS FTEs increased by 2,300, predominantly due to changes in activities at these HHSs.

xxvii. The $518.0M variance in Grants and other contributions is mostly owing to the receipt of additional ($450.2M) COVID-19 funding from the Commonwealth, not known at the time of the budget. (Refer to the Grants and contributions revenue comment iv. above).

xxviii. The $553.6M variance in Supplies and services is mainly due to funding being re-directed throughout the year from Supplies and services to purchase health services from the HHSs.

xxix. The $868.4M variance in Health services is mainly due to additional funding provided to HHSs and Mater Hospital through in-year Service Agreement amendments to deliver additional activity and services, in order to meet increased demand.

xxx. The $75.0M variance in grants and subsidies expense is mainly due to a winding up of provision of public health (COVID-19 related) programs in private hospitals. This was not known at the time of the budget.

xxxi. The $41.1M variance in Other expenses is mainly due to Pandemic Leave payments ($40.9M) associated with the COVID-19 pandemic, paid to the Australian Government. These were not known at the time of the budget.

xxxii. The $111.7M variance in Cash recoupment from HHSs is due to this amount not being known at the time of the budget.

xxxiii. The $783.2M variance for Property, plant and equipment is mainly due to changes in the timing and the nature of funding provided for the Department's Capital Program (refer to PPE comment xvii. above).

xxxiv. The $739.2M variance in Equity injections is mainly due to the difference in treatment of depreciation funding between budget and actuals.

xxxv. The $953.8M variance in Equity withdrawals is mainly due to HHS non appropriated equity transfers relating to capital reimbursement programs of $874.8M.

Department of Health

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

For the year ended 30 June 2023

	Inpatient Care		Emergency Care		Mental Health and Alcohol and Other Drug Services		Outpatient Care		Sub and Non-Acute Care		Prevention, Primary and Community Care		Ambulance Services		Inter Service/Unit Eliminations		Total Major Departmental Services	
	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
REVENUE																		
Appropriation revenue	**6,661,348**	5,925,792	**1,507,505**	1,206,312	**1,344,938**	1,257,726	**1,606,865**	1,461,015	**655,093**	546,470	**1,835,737**	1,958,507	**1,061,925**	957,341	**-**	-	**14,673,411**	13,313,163
User charges	**1,077,404**	975,198	**243,823**	198,521	**217,530**	206,982	**259,894**	240,437	**105,954**	89,932	**296,912**	322,308	**61,609**	55,146	**(22,071)**	(23,890)	**2,241,055**	2,064,633
Labour recoveries	**5,537,579**	4,867,632	**1,253,189**	990,903	**1,118,047**	1,033,135	**1,335,787**	1,200,124	**544,578**	448,887	**1,526,048**	1,608,779	**-**	-	**-**	-	**11,315,228**	10,149,460
Grants and other contributions	**3,188,587**	3,190,597	**721,598**	649,509	**643,781**	677,191	**769,159**	786,648	**313,574**	294,233	**960,402**	1,128,418	**15,694**	14,625	**-**	-	**6,612,795**	6,741,221
Other revenue	**45,245**	53,617	**10,239**	10,915	**9,135**	11,380	**10,914**	13,219	**4,449**	4,944	**12,469**	17,721	**1,535**	1,138	**-**	-	**93,986**	112,934
Interest revenue	**3,174**	1,399	**718**	285	**641**	297	**765**	345	**312**	129	**874**	463	**-**	-	**-**	-	**6,484**	2,918
TOTAL REVENUE	**16,513,338**	15,014,235	**3,737,072**	3,056,445	**3,334,072**	3,186,711	**3,983,384**	3,701,788	**1,623,960**	1,384,595	**4,632,442**	5,036,196	**1,140,762**	1,028,249	**(22,071)**	(23,890)	**34,942,959**	32,384,329
EXPENSES																		
Employee expenses	**6,160,559**	5,449,077	**1,385,113**	1,104,239	**1,242,557**	1,154,238	**1,476,406**	1,337,388	**601,171**	499,923	**1,591,193**	1,682,678	**905,570**	814,597	**-**	-	**13,362,569**	12,042,140
Supplies and services	**953,071**	972,381	**193,286**	182,412	**189,794**	200,649	**206,026**	220,927	**82,174**	81,685	**347,304**	370,209	**178,815**	158,106	**(22,071)**	(23,890)	**2,128,399**	2,162,479
Health services	**9,287,459**	8,343,751	**2,141,371**	1,733,843	**1,879,410**	1,783,037	**2,282,511**	2,099,930	**933,754**	787,602	**2,520,723**	2,738,657	**5,112**	3,895	**-**	-	**19,050,340**	17,490,715
Grants and subsidies	**37,765**	55,322	**6,196**	8,402	**7,945**	12,016	**6,604**	10,177	**2,502**	3,632	**46,112**	55,967	**41**	233	**-**	-	**107,165**	145,749
Depreciation and amortisation	**42,903**	44,737	**7,039**	6,795	**8,351**	8,651	**7,503**	8,230	**2,842**	2,937	**23,639**	24,664	**43,261**	39,594	**-**	-	**135,538**	135,608
Net impairment losses on financial and contract assets	**3,712**	17,177	**609**	2,609	**722**	3,321	**649**	3,160	**246**	1,128	**2,045**	9,470	**3,088**	2,214	**-**	-	**11,071**	39,079
Share of loss from associates	**329**	1,369	**54**	208	**64**	265	**58**	252	**22**	90	**182**	755	**-**	-	**-**	-	**709**	2,939
Other expenses	**67,863**	167,280	**12,529**	25,439	**13,371**	32,357	**13,354**	30,811	**5,215**	10,997	**30,666**	92,068	**4,610**	4,505	**-**	-	**147,608**	363,457
TOTAL EXPENSES	**16,553,661**	15,051,094	**3,746,197**	3,063,947	**3,342,214**	3,194,534	**3,993,111**	3,710,875	**1,627,926**	1,387,994	**4,561,864**	4,974,468	**1,140,497**	1,023,144	**(22,071)**	(23,890)	**34,943,399**	32,382,166
(DEFICIT)/SURPLUS FOR THE YEAR	**(40,323)**	(36,859)	**(9,125)**	(7,502)	**(8,142)**	(7,823)	**(9,727)**	(9,087)	**(3,966)**	(3,399)	**70,578**	61,728	**265**	5,105	**-**	-	**(440)**	2,163
ITEMS THAT WILL NOT BE RECLASSIFIED SUBSEQUENTLY TO PROFIT OR LOSS																		
Increase/(decrease) in asset revaluation surplus	**11,350**	6,629	**1,862**	1,007	**2,209**	1,282	**1,985**	1,220	**752**	435	**6,253**	3,655	**41,859**	44,476	**-**	-	**66,270**	58,704
OTHER COMPREHENSIVE INCOME	**11,350**	6,629	**1,862**	1,007	**2,209**	1,282	**1,985**	1,220	**752**	435	**6,253**	3,655	**41,859**	44,476	**-**	-	**66,270**	58,704
TOTAL COMPREHENSIVE INCOME	**(28,973)**	(30,230)	**(7,263)**	(6,495)	**(5,933)**	(6,541)	**(7,742)**	(7,867)	**(3,214)**	(2,964)	**76,831**	65,383	**42,124**	49,581	**-**	-	**65,830**	60,867

The accompanying notes form part of these statements.

Department of Health

Statement of assets and liabilities by major departmental services

As at 30 June 2023

	Inpatient Care		Emergency Care		Mental Health and Alcohol and Other Drug Services		Outpatient Care		Sub and Non-Acute Care		Prevention, Primary and Community Care		Ambulance Services		Inter Service/Unit Eliminations		Total Major Departmental Services	
	2023 $'000	2022 $'000	2023 $'000	2022 $'000	2023 $'000	2022 $'000	2023 $'000	2022 $'000	2023 $'000	2022 $'000	2023 $'000	2022 $'000	2023 $'000	2022 $'000	2023 $'000	2022 $'000	2023 $'000	2022 $'000
CURRENT ASSETS																		
Cash and cash equivalents	**308,532**	74,611	**69,823**	15,189	**62,293**	15,836	**74,425**	18,396	**30,342**	6,881	**85,025**	24,659	**71,412**	78,822	**-**	-	**701,852**	234,394
Loans and receivables	**1,358,136**	1,511,158	**307,355**	307,626	**274,210**	320,737	**327,613**	372,579	**133,562**	139,357	**374,276**	499,446	**67,037**	30,152	**(4,406)**	(4,402)	**2,837,783**	3,176,653
Inventories	**87,248**	100,309	**19,745**	20,420	**17,615**	21,290	**21,046**	24,731	**8,580**	9,250	**24,044**	33,152	**-**	-	**-**	-	**178,278**	209,152
Prepayments	**33,959**	27,832	**7,685**	5,666	**6,856**	5,907	**8,191**	6,862	**3,339**	2,567	**9,358**	9,199	**7,825**	8,299	**-**	-	**77,213**	66,332
Other assets	**6**	6	**1**	1	**1**	1	**2**	2	**1**	1	**2**	2	**-**	-	**-**	-	**13**	13
TOTAL CURRENT ASSETS	**1,787,881**	1,713,916	**404,609**	348,902	**360,975**	363,771	**431,277**	422,570	**175,824**	158,056	**492,705**	566,458	**146,274**	117,273	**(4,406)**	(4,402)	**3,795,139**	3,686,544
NON-CURRENT ASSETS																		
Loans and receivables	**44,733**	44,612	**10,123**	9,082	**9,031**	9,469	**10,790**	10,999	**4,399**	4,114	**12,327**	14,745	**-**	-	**-**	-	**91,403**	93,021
Interests in associates	**33,976**	33,635	**7,689**	6,847	**6,860**	7,139	**8,196**	8,293	**3,341**	3,102	**9,363**	11,117	**-**	-	**-**	-	**69,425**	70,133
Property, plant and equipment	**586,068**	295,704	**132,631**	60,196	**118,328**	62,762	**141,373**	72,906	**57,635**	27,269	**161,509**	97,732	**661,680**	609,134	**-**	-	**1,859,224**	1,225,703
Right-of-use-assets	**6,413**	7,875	**1,451**	1,603	**1,295**	1,671	**1,547**	1,941	**631**	726	**1,767**	2,602	**-**	-	**-**	-	**13,104**	16,418
Intangibles	**142,895**	142,145	**32,338**	28,937	**28,851**	30,170	**34,470**	35,046	**14,053**	13,109	**39,379**	46,980	**6,042**	6,131	**-**	-	**298,028**	302,518
Other assets	**16,359**	13,920	**3,702**	2,834	**3,303**	2,955	**3,946**	3,432	**1,609**	1,284	**4,508**	4,601	**-**	-	**-**	-	**33,427**	29,026
TOTAL NON-CURRENT ASSETS	**830,444**	537,891	**187,934**	109,499	**167,668**	114,166	**200,322**	132,617	**81,668**	49,604	**228,853**	177,777	**667,722**	615,265	**-**	-	**2,364,611**	1,736,819
TOTAL ASSETS	**2,618,325**	2,251,807	**592,543**	458,401	**528,643**	477,937	**631,599**	555,187	**257,492**	207,660	**721,558**	744,235	**813,996**	732,538	**(4,406)**	(4,402)	**6,159,750**	5,423,363
CURRENT LIABILITIES																		
Payables	**1,001,910**	1,020,836	**226,738**	207,811	**202,287**	216,668	**241,683**	251,689	**98,530**	94,140	**276,106**	337,392	**21,944**	30,397	**(4,406)**	(4,402)	**2,064,792**	2,154,531
Accrued employee benefits	**731,604**	466,387	**165,567**	94,942	**147,712**	98,989	**176,479**	114,989	**71,948**	43,010	**201,616**	154,143	**64,589**	40,159	**-**	-	**1,559,515**	1,012,619
Lease liabilities	**848**	1,215	**192**	247	**171**	258	**204**	299	**83**	112	**233**	401	**-**	-	**-**	-	**1,731**	2,532
Other liabilities	**28**	238	**7**	48	**6**	50	**7**	58	**3**	22	**8**	78	**2**	5	**-**	-	**61**	499
TOTAL CURRENT LIABILITIES	**1,734,390**	1,488,676	**392,504**	303,048	**350,176**	315,965	**418,373**	367,035	**170,564**	137,284	**477,963**	492,014	**86,535**	70,561	**(4,406)**	(4,402)	**3,626,099**	3,170,181
NON-CURRENT LIABILITIES																		
Lease liabilities	**26,010**	31,786	**5,886**	6,471	**5,252**	6,746	**6,274**	7,837	**2,558**	2,931	**7,168**	10,505	**-**	-	**-**	-	**53,148**	66,276
Other liabilities	**-**	28	**-**	6	**-**	6	**-**	7	**-**	3	**-**	9	**-**	-	**-**	-	**-**	59
TOTAL NON-CURRENT LIABILITIES	**26,010**	31,814	**5,886**	6,477	**5,252**	6,752	**6,274**	7,844	**2,558**	2,934	**7,168**	10,514	**-**	-	**-**	-	**53,148**	66,335
TOTAL LIABILITIES	**1,760,400**	1,520,490	**398,390**	309,525	**355,428**	322,717	**424,647**	374,879	**173,122**	140,218	**485,131**	502,528	**86,535**	70,561	**(4,406)**	(4,402)	**3,679,247**	3,236,516
NET ASSETS	**857,925**	731,317	**194,153**	148,876	**173,215**	155,220	**206,952**	180,308	**84,370**	67,442	**236,427**	241,707	**727,461**	661,977	**-**	-	**2,480,503**	2,186,847

The accompanying notes form part of these statements.

Major services

Significant accounting policies

The revenue and expenses of the Department's corporate services are allocated based on the services they primarily support. These are included in the Statement of profit or loss and other comprehensive income by major departmental services.

There were seven major health services delivered by the Department of Health. These reflect the Department's planning priorities as articulated in the *Department of Health Strategic Plan 2021-2025* and support investment decision making based on the health continuum. The identity and purpose of each service is summarised as follows:

Inpatient Care

Aims to provide safe, timely, appropriately accessible, patient centred care that maximises the health outcomes of patients. A broad range of services are available to patients under a formal admission process and can refer to care provided in hospital and/or in a patient's home.

Emergency Care

Aims to minimise early mortality and complications through diagnosing and treating acute and urgent illness and injury. This major service is provided by a wide range of facilities and providers from remote nurse run clinics, general practices, retrieval services, through to Emergency Departments.

Mental Health and Alcohol and Other Drug Services

Aims to promote the mental health of the community, prevent the development of mental health problems, and address the harms arising from the use of alcohol and other drugs. This service aims to provide timely access to safe, high quality assessment and treatment services.

Outpatient Care

Aims to deliver coordinated care, clinical follow-up, and appropriate discharge planning throughout the patient journey. Outpatient services are examinations, consultations, treatments or other services provided to patients who are not currently admitted to hospital that require specialist care. Outpatient services also provide associated allied health services (such as physiotherapy) and diagnostic testing.

Sub and Non-Acute Care

Aims to optimise patients functioning and quality of life and comprises rehabilitation care, palliative care, geriatric evaluation and management care, psychogeriatric care and maintenance care.

Prevention, Primary and Community Care

Aims to prevent illness and injury, addresses health problems or risk factors, and protects the good health and wellbeing of Queenslanders. Services include health promotion, illness prevention, disease control, immunisation, screening, oral health services, environmental health, research, advocacy and community development, allied health, assessment and care planning.

Ambulance Services

Aims to provide timely and quality ambulance services which meet the needs of the Queensland community and includes emergency and non-urgent patient care, routine pre-hospital patient care and casualty room services, patient transport, community education and awareness programs and community first aid training. The Queensland Ambulance Service continues to operate under its own corporate identity.

Note 1. Significant accounting policies

This note provides a list of the significant accounting policies adopted in the preparation of these financial statements to the extent they are not disclosed in any of the specific notes that follow this note. These policies have been consistently applied to all the years presented, unless otherwise stated.

Statement of compliance

These general-purpose financial statements have been prepared in compliance with section 38 of the *Financial and Performance Management Standard 2019* and in accordance with Australian Accounting Standards and Interpretations applicable to the Department's not-for-profit entity status. The financial statements comply with Queensland Treasury's reporting requirements and authoritative pronouncements for reporting periods beginning on or after 1 July 2022.

Services provided free of charge or for a nominal value

The Department provides free corporate services to Hospital and Health Services (HHS). These services include payroll, accounts payable and banking.

The 2022-23 fair value of these services is estimated to be $132.6M ($133.7M for 2021-22) for payroll and $8.8M ($9.9M for 2021-22) for banking and accounts payable.

Goods and Services Tax and other similar taxes

Department of Health is a state body, as defined under the *Income Tax Assessment Act 1936*, and is exempt from Commonwealth taxation, with the exception of Fringe Benefits Tax and Goods and Services Tax. The Department satisfies section 149-25(e) of *A New Tax System (Goods and Services) Act 1999* and together with all Hospital and Health Services, forms a "group" for GST purposes.

Historical cost convention

The financial statements have been prepared on a historical cost basis, except land and buildings which are measured at fair value and certain receivables measured at fair value.

Financial Instruments

Financial assets and financial liabilities are recognised in the Statement of financial position when the Department becomes a party to the contractual provisions of the financial instrument.

Financial instruments are classified and measured as follows:
- Receivables - held at amortised cost; and
- Payables - held at amortised cost.

The Department currently does not enter into transactions for speculative purposes, or for hedging.

Note 1. Significant accounting policies (continued)

Critical accounting judgement and key sources of estimation uncertainty

The preparation of financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions, and management judgements. The estimates and associated assumptions are based on historical experience and other factors that are considered as relevant and are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised or in the period of the revision and future periods if the revision affects both current and future periods.

Estimates and assumptions that have a potential significant effect are outlined in the following financial statement notes:

- Impairment of financial assets - Note 14 Loans and receivables;
- Allowance for loss of service potential – Note 15 Inventories;
- Estimation of fair values for land and buildings - Note 16 Property, plant and equipment;
- Estimated useful life of intangible assets - Note 18 Intangible assets; and
- Estimation uncertainties and judgements related to lease accounting – Note 17 Leases.

Machinery-of-Government changes

Details of Transfer: The Office for Women function transferred from the Department of Justice and Attorney-General to the Department of Health.

Basis of transfer: Public Service Departmental Arrangements Notice (No.2) 2023 dated 18 May 2023.

Date of transfer: Effective from 1 June 2023.

The assets and liabilities transferred as a result of this change were as follows:

	$'000
Assets	
Cash and cash equivalents	253
Loans and receivables	29
	282
Liabilities	
Payables	261
Accrued employee benefits	21
	282
Net Assets	**-**

Budgeted appropriation revenue of $0.1 million (controlled) was reallocated from the Department of Justice and Attorney-General to the Department of Health as part of the Machinery-of-Government changes.

New and amended standards adopted

The Department has not applied any new standards or amendments for the first time in the annual reporting period commencing 1 July 2022.

A number of other amendments and interpretations apply for the first time for the year ended 30 June 2023, but do not have an impact on the Department's financial statements.

New standards and interpretations not yet adopted

The Department is not permitted to early adopt accounting standards unless approved by Queensland Treasury.

The Department has not early adopted any new accounting standards or interpretations that have been published, and that are not mandatory for the 30 June 2023 reporting period.

Other presentation matters

Comparative information has been restated where necessary to be consistent with disclosures in the current reporting period. Material changes to comparative information have been separately identified in the relevant note where required. Amounts have been rounded to the nearest thousand Australian dollars.

Note 2. Appropriation revenue

	2023 $'000	2022 $'000
RECONCILIATION OF PAYMENTS FROM CONSOLIDATED FUND TO APPROPRIATED REVENUE RECOGNISED IN OPERATING RESULT		
Original budgeted appropriation	**13,831,521**	12,714,683
Unforeseen expenditure	**1,067,524**	-
Lapsed appropriation revenue for other services	**-**	(205,928)
TOTAL APPROPRIATION RECEIPTS (CASH)	**14,899,045**	12,508,755
Less: Opening balance appropriation revenue receivable	**(829,063)**	(214,197)
Add: Closing balance appropriation revenue receivable	**541,908**	829,063
Add: Opening balance appropriation revenue payable	**918,879**	1,108,421
Less: Closing balance appropriation revenue payable	**(857,358)**	(918,879)
APPROPRIATION REVENUE FOR SERVICES RECOGNISED IN THE STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME	**14,673,411**	13,313,163

	2023 $'000	2022 $'000
RECONCILIATION OF PAYMENTS FROM CONSOLIDATED FUND TO EQUITY ADJUSTMENT		
Budgeted equity adjustment appropriation	**350,776**	272,460
Unforeseen expenditure*	**21,652**	-
Lapsed appropriation	**-**	(144,652)
EQUITY ADJUSTMENT RECEIPTS (CASH)	**372,428**	127,808
Less: Opening balance appropriated equity injection receivable	**(384,380)**	(305,548)
Add: Closing balance appropriated equity injection receivable	**53,933**	384,380
Add: Opening balance appropriated equity withdrawal payable	**339,549**	117,355
Less: Closing balance appropriated equity withdrawal payable	**(322,169)**	(339,549)
EQUITY ADJUSTMENT RECOGNISED IN CONTRIBUTED EQUITY**	**59,361**	(15,554)

** Unforeseen expenditure was primarily related to additional State funding provided for managing the ongoing COVID-19 response, negotiated outcomes of enterprise bargaining agreements reached in 2022-23, and for changes to whole-of government superannuation arrangements.*
*** This is net of equity injections and equity withdrawals.*

Significant accounting policies

Appropriations provided under the *Appropriation Act 2022* and *Appropriation (COVID-19) Act 2020* (repealed 29 August 2022) are recognised as revenue when received, or as a receivable when approved by Queensland Treasury.

Funding received can exceed the associated expenditure over the financial year due to operating efficiencies, changes in activity levels or timing differences. Any unspent appropriation may be returned to the consolidated fund and may become available for re-appropriation in subsequent years.

Unspent appropriation for 2022-23 amounted to $514.8M ($188.1M in 2021-22). Revenue appropriations are received on the basis of budget estimates and various activity-specific agreements.

Notes to and forming part of the financial statements

For the year ended 30 June 2023

Note 3. Revenue

2023	User charges $'000	Labour recoveries $'000	Grants and other contributions $'000	Other revenue $'000	Total $'000
CONTRACTS WITH CUSTOMERS					
Sale of goods and services	**1,814,947**	**-**	**-**	**-**	**1,814,947**
Hospital fees	**352,769**	**-**	**-**	**-**	**352,769**
Labour recoveries from non-prescribed HHSs	**-**	**11,315,228**	**-**	**-**	**11,315,228**
Australian Government - National Health Funding Pool - Activity based funding*	**-**	**-**	**5,543,574**	**-**	**5,543,574**
Quarantine Fees	**-**	**-**	**-**	**760**	**760**
Licence charges	**-**	**-**	**-**	**5,413**	**5,413**
	2,167,716	**11,315,228**	**5,543,574**	**6,173**	**19,032,691**
NON-CONTRACT REVENUE					
Hospital fees	**66,951**	**-**	**-**	**-**	**66,951**
Rental income	**6,388**	**-**	**-**	**-**	**6,388**
Australian Government - National Health Funding Pool - Other funding**	**-**	**-**	**896,628**	**-**	**896,628**
Other grants and donations	**-**	**-**	**172,593**	**-**	**172,593**
Recoveries and reimbursements	**-**	**-**	**-**	**69,671**	**69,671**
Grants returned	**-**	**-**	**-**	**9,719**	**9,719**
Sale proceeds of non-capitalised assets	**-**	**-**	**-**	**2,059**	**2,059**
Other	**-**	**-**	**-**	**6,364**	**6,364**
	73,339	**-**	**1,069,221**	**87,813**	**1,230,373**
TOTAL	**2,241,055**	**11,315,228**	**6,612,795**	**93,986**	**20,263,064**

* Contract revenue includes $61.7M of COVID-19 related funding.
** Non-contract revenue includes $149.6M of COVID-19 related funding.

2022	User charges $'000	Labour recoveries $'000	Grants and other contributions $'000	Other revenue $'000	Total $'000
CONTRACTS WITH CUSTOMERS					
Sale of goods and services	1,716,285	-	-	-	1,716,285
Hospital fees	255,571	-	-	-	255,571
Labour recoveries from non-prescribed HHSs	-	10,149,460	-	-	10,149,460
Australian Government - National Health Funding Pool - Activity based funding*	-	-	5,184,913	-	5,184,913
Quarantine Fees	-	-	-	69,284	69,284
Licence charges	-	-	-	5,403	5,403
	1,971,856	10,149,460	5,184,913	74,687	17,380,916
NON-CONTRACT REVENUE					
Hospital fees	86,031	-	-	-	86,031
Rental income	6,746	-	-	-	6,746
Australian Government - National Health Funding Pool - Other funding**	-	-	1,320,285	-	1,320,285
Other grants and donations	-	-	236,023	-	236,023
Recoveries and reimbursements	-	-	-	12,132	12,132
Grants returned	-	-	-	14,926	14,926
Sale proceeds of non-capitalised assets	-	-	-	919	919
Net gains from disposal/transfer of non-current assets	-	-	-	580	580
Other	-	-	-	9,690	9,690
	92,777	-	1,556,308	38,247	1,687,332
TOTAL	2,064,633	10,149,460	6,741,221	112,934	19,068,248

* Contract revenue includes $296.8M of COVID-19 related funding.
** Non-contract revenue includes $597.8M of COVID-19 related funding.

Note 3. Revenue (continued)

Significant accounting policies

Under AASB 15 *Revenue from Contracts with Customers*, revenue is recognised when an entity transfers control of goods/services to a customer, at the amount to which the entity expects to be entitled. Depending on specific contractual terms, some revenue may be recognised at a point in time (e.g., when control is transferred to the customer), and other revenue may be recognised over the term of the contract (e.g., when the entity satisfies its performance obligations progressively over a period of time).

In assessing the correct accounting treatment of grants revenue, consideration is given as to whether the contract is enforceable and if the performance obligations are sufficiently specific. Where there is no enforceable contract, grants revenue is not recognised under AASB 15 but is recognised under AASB 1058 *Income for Not-for-Profit Entities*.

AASB 1058 guidance is that it is necessary to first determine whether each transaction, or part of that transaction, falls in the scope of AASB 15. Only if AASB 15 does not apply, should AASB 1058 be considered. Under AASB 1058 revenue is recognised immediately on receipt of the funds except for special purpose capital grants received to construct non-financial assets to be controlled by the Department.

User charges and fees are recognised by the Department when delivery of the goods or services in full or in part has occurred. The sale of goods and services includes drugs, medical supplies, linen, pathology and other services provided to HHSs. Hospital fees mainly comprise interstate patient revenue, Department of Veterans' Affairs revenue and Motor Accident Insurance Commission revenue.

The Department provides employees to non-prescribed HHSs (HHSs not prescribed as employers under the *Hospital and Health Boards Act 2011*) to work for the HHSs under a service agreement. The employees for non-prescribed employer HHSs remain the employees of the Department and in substance are contracted to the HHS. The Department recovers all employee expenses and associated on-costs from HHSs each fortnight as part of each payroll cycle.

Grants, contributions and donations revenue arise from non-exchange transactions where the Department does not directly give approximately equal value to the grantor. Where the grant agreement is enforceable and contains sufficiently specific performance obligations, the transaction is accounted for under AASB 15. If these criteria are not met, the grant is accounted for under AASB 1058, whereby revenue is recognised upon receipt of the grant funding, except for special purpose capital grants received to construct non-financial assets to be controlled by the Department. Special purpose capital grants are recognised as unearned revenue when received, and subsequently recognised progressively as revenue as the Department satisfies its obligations under the grant through construction of the asset.

Note 4. Employee expenses

	2023 $'000	2022 $'000
Wages and salaries	**10,394,941**	9,490,738
Employer superannuation contributions	**1,290,443**	1,021,733
Annual leave levy	**1,310,699**	1,180,827
Long service leave levy	**265,016**	233,725
Termination payments	**15,848**	10,121
Workers' compensation premium	**13,827**	7,915
Other employee related expenses	**71,795**	97,081
	13,362,569	12,042,140

Significant accounting policies

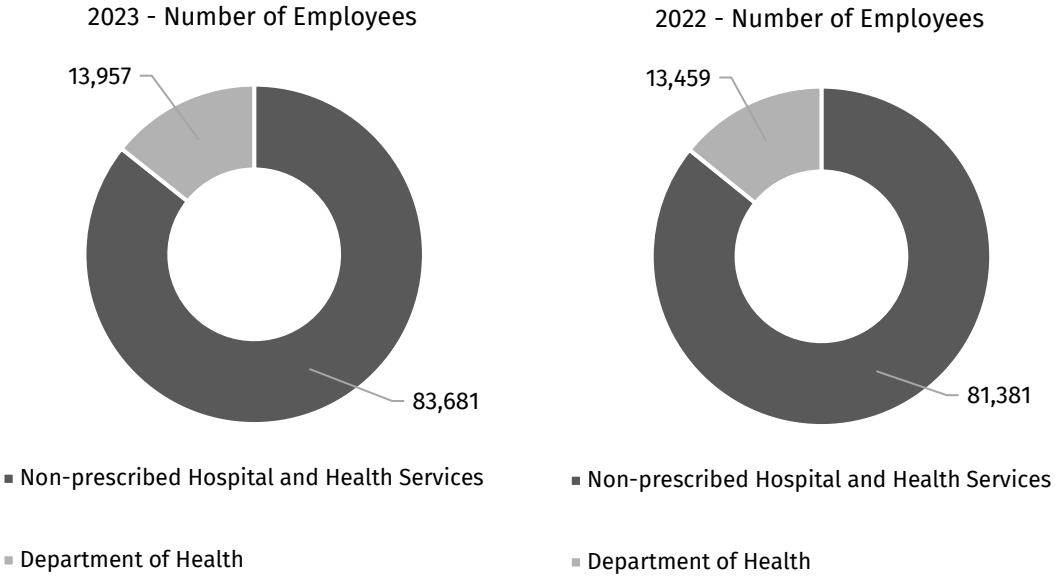
Under the Queensland Government's Annual leave and Long service leave central schemes, levies are payable by the Department to cover the cost of employee leave (including leave loading and on-costs). These levies are expensed in the period in which they are paid or payable. Amounts paid to employees for annual leave and long service leave are claimed from the schemes quarterly, in arrears. Non-vesting employee benefits, such as sick leave, are recognised as an expense when taken.

Employer superannuation contributions are paid to the superannuation fund of the eligible employee's choice. For the defined benefit scheme, contributions are paid at rates determined by the Treasurer on the advice of the State Actuary (refer to Note 20). For accumulated contribution plans, the rate is determined based on the relevant Enterprise Bargaining agreement or the employee's contract of employment. Contributions are expensed in the period in which they are paid or payable and the Department's obligation is limited to its contribution to the superannuation funds.

Under current Employer Arrangements, all HHSs are non-prescribed employers. This results in all non-executive employees being employed directly by the Director-General in the Department of Health and contracted to the HHSs.

Note 4. Employee expenses (continued)

The Department pays premiums to WorkCover Queensland in respect of its obligations for employee compensation.



The number of employees includes full-time employees and part-time employees measured on a full-time equivalent basis as at 30 June 2023. Hospital and Health Service employees are those of the non-prescribed employer HHSs where the employees remain employees of the Department and are effectively contracted to the HHS.

Note 5. Key management personnel disclosures

Key management personnel include those positions that had direct or indirect authority and responsibility for planning, directing and controlling the activities of the Department.

The Department's responsible Minister is identified as part of the Department's KMP. The Minister receives no remuneration or other such payments from the Department. The majority of the Ministerial entitlements are paid by the Legislative Assembly. As the Minister is reported as KMP of the Queensland Government, aggregate remuneration expenses for the Minister are disclosed in the Queensland Government and Whole of Government Consolidated Financial Statements, which are published as part of Queensland Treasury's Report on State Finances.

Remuneration policy for the Department's other key management personnel is set by the Queensland Public Service Commission as provided for under the *Public Sector Act 2022,* the *Hospital and Health Boards Act 2011* and the *Ambulance Service Act 1991*. The remuneration and other terms of employment for the key management personnel are specified in employment contracts. The contracts may provide for other benefits including a motor vehicle allowance. For 2022-2023, the remuneration of key management personnel generally increased by 2.5% and none of the key management personnel has a remuneration package that includes potential performance payments. The Remuneration packages for key management personnel comprise the following:

Short-term employee benefits

- Base salary, allowances and leave entitlements expensed for the period during which the employee occupied the specified position.
- Non-monetary benefits consisting of the provision of car parking and fringe benefit taxes applicable to other benefits.

Other employee benefits

- Long term employee benefits including long service leave accrued.
- Post-employment benefits including superannuation benefits.
- Termination benefits. Employment contracts only provide for notice periods or payment in lieu of termination, regardless of the reason.

Note 5. Key management personnel disclosures (continued)

Position title Position holder	Short-term benefits				Other employee benefits							
	Monetary benefits $'000		Non-monetary benefits $'000		Long term benefits $'000		Post-employment benefits $'000		Termination benefits $'000		Total Benefits $'000	
	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022
Director-General, Department of Health*												
Current: Shaun Drummond (acting from 14 March 2022, appointed from 7 October 2022 to current).	**458**	-	**7**	-	**11**	-	**44**	-	**-**	-	**520**	-
Former: Dr John Wakefield (acting from 7 to 18 September 2019, appointed from 19 September 2019 to 13 March 2022). Responsible for the overall management of the public sector health system. Responsibilities include State-wide planning, managing industrial relations, major capital works, monitoring service performance and issuing binding health service directives to Services.	**-**	393	**-**	7	**-**	9	**-**	43	**-**	-	**-**	452
Chief Operating Officer**												
Current: Dr David Rosengren (acting from 14 March 2022, appointed from 5 September 2022 to current).	**718**	207	**5**	-	**15**	5	**53**	15	**-**	-	**791**	227
Former: Shaun Drummond (acting from 17 January 2022 to 13 March 2022). Responsible for playing a key leadership role for the Department in supporting the Director General in setting the strategic business direction and ensuring the achievement of corporate goals. Leads the ongoing response to COVID-19. Supports the Director-General in being the primary point of contact and relationship manager of the Hospital and Health Service Network.	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-	**-**	-
Deputy Director-General, Corporate Services Division												
Interim: Damian Green (acting from 22 May 2023 to current).	**47**	-	**-**	-	**1**	-	**4**	-	**-**	-	**52**	-
Current: David Sinclair (5 September 2022 to 21 May 2023).	**191**	-	**3**	-	**4**	-	**19**	-	**-**	-	**217**	-
Interim: Nicholas Steele (1 June 2022 to 4 September 2022).	**103**	31	**1**	-	**2**	1	**10**	3	**-**	-	**116**	35
Former: Barbara Phillips (6 March 2017 to 26 September 2021, and 29 January 2022 to 31 May 2022).	**-**	218	**-**	3	**-**	5	**-**	19	**-**	-	**-**	245
Interim: Luan Sadikaj (acting from 27 September 2021 to 28 January 2022). Responsible for providing strategic leadership to deliver corporate and operational services, capital works, business enhancement and legal services both within the Department and, in certain circumstances, to the broader Queensland public health system. Further responsibilities include leading the Department's financial and human resource services, knowledge management and industrial relations.	**-**	93	**-**	-	**-**	2	**-**	9	**-**	-	**-**	104
Deputy Director-General, Clinical Excellence Queensland												
Current: Dr Helen Brown (acting from 28 March 2022, appointed from 5 September 2022 to current).	**561**	123	**5**	-	**11**	3	**50**	10	**-**	-	**627**	136
Interim: Shelley Nowlan (acting from 1 July 2021 to 27 March 2022). Responsible for providing strategic leadership to the patient safety and service quality, clinical improvement and innovation, and research and professional clinical leadership activities of the Department.	**-**	203	**-**	6	**-**	4	**-**	18	**-**	-	**-**	231
Deputy Director-General, Healthcare Purchasing and System Performance Division												
Current: Melissa Carter (acting from 28 February 2022, appointed from 1 September 2022 to current).	**254**	117	**-**	-	**6**	3	**29**	12	**-**	-	**289**	132
Former: Nicholas Steele (31 August 2015 to 27 February 2022). Responsibilities include purchasing of clinical activity from service providers and managing the performance of those service providers to achieve whole-of-system outcomes.	**-**	234	**-**	6	**-**	5	**-**	25	**-**	-	**-**	270

Notes to and forming part of the financial statements

For the year ended 30 June 2023

Note 5. Key management personnel disclosures (continued)

Position title Position holder	Short-term benefits				Other employee benefits							
	Monetary benefits $'000		Non-monetary benefits $'000		Long term benefits $'000		Post-employment benefits $'000		Termination benefits $'000		Total Benefits $'000	
	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022
Queensland Chief Health Officer												
Current: Dr John Gerrard (13 December 2021 to current).	**562**	373	**6**	4	**13**	7	**58**	30	**-**	-	**639**	414
Interim: Prof. Keith McNeil (acting from 15 June 2020 while Dr Young then Dr Gerrard handled the COVID-19 pandemic).	**-**	478	**-**	5	**-**	11	**-**	52	**-**	-	**-**	546
Former: Dr Jeannette Young (6 July 2015 to 31 October 2021). Responsible for providing leadership to the public health, population health, health protection and other major regulatory activities of the State's health system. Further responsibilities include leading the health information campaigns, disaster coordination, emergency response and emergency preparedness activities for Queensland, overseeing and maintaining the State's capacity to identify and respond to communicable diseases and other health threats.	**-**	188	**-**	9	**-**	4	**-**	19	**-**	-	**-**	220
Associate Director-General, Strategy, Policy and Reform Division* **												
Interim: David Sinclair (acting from 22 May 2023 to current).	**39**	-	**-**	-	**1**	-	**4**	-	**-**	-	**44**	-
Current: Jasmina Joldic (acting from 24 January 2022, appointed from 5 September 2022 to 21 May 2023). Responsible for providing strategic leadership to drive the design, execution and evaluation of the strategic agenda for health in Queensland.	**288**	133	**4**	1	**6**	3	**28**	12	**-**	-	**326**	149
Commissioner, Queensland Ambulance Services												
Current: Craig Emery (acting from 7 August 2021, appointed from 7 February 2022 to current).	**391**	332	**-**	-	**10**	7	**46**	31	**-**	-	**447**	370
Former: Russell Bowles (3 June 2011 to 6 August 2021). Responsible and accountable for the strategic direction and overall operations of the Queensland Ambulance Service.	**-**	62	**-**	-	**-**	1	**-**	5	**-**	-	**-**	68
Deputy Director-General, eHealth Queensland												
Interim: Dr Tanya Kelly (acting from 2 May 2023 to current).	**78**	-	**-**	-	**2**	-	**7**	-	**-**	-	**87**	-
Current: Damian Green (23 September 2019 to 1 May 2023). Responsible for providing leadership to all aspects of developing, implementing, and maintaining technology initiatives, assuring high performance, consistency, reliability, and scalability of all technology offerings.	**268**	305	**3**	3	**6**	7	**20**	25	**-**	-	**297**	340
Chief First Nations Health Officer												
Current: Haylene Grogan (25 September 2019 to current). Responsible for providing the strategy and direction for improving health outcomes for Aboriginal and Torres Strait Islander Queenslanders and empowering the Aboriginal and Torres Strait Islander health workforce.	**317**	312	**5**	5	**7**	7	**33**	33	**-**	-	**362**	357

Note 5. Key management personnel disclosures (continued)

Position title / Position holder	Short-term benefits				Other employee benefits							
	Monetary benefits $'000		Non-monetary benefits $'000		Long term benefits $'000		Post-employment benefits $'000		Termination benefits $'000		Total Benefits $'000	
	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022
Chief Finance Officer												
Current: Luan Sadikaj (10 September 2018 to 26 September 2021, 29 January 2022 to 4 May 2022 and 1 August 2022 to current).	**216**	107	**5**	6	**5**	2	**23**	11	**-**	-	**249**	126
Interim: Natasha McCarthy (acting from 27 September 2021 to 28 January 2022 and 5 May 2022 to 31 July 2022). Responsible for providing both strategic and operational leadership related to all financial management issues within the Department. The CFO supervises the finance unit and provides leadership to all finance related personnel. The CFO has statutory accountabilities as outlined in the *Financial Accountability Act 2009*.	**27**	142	**1**	2	**-**	3	**2**	10	**-**	-	**30**	157
Executive Director, Office of the Director-General												
Current: Matthew Rigby (acting from 4 April 2022, appointed from 20 September 2022 to current).	**265**	63	**5**	-	**6**	1	**24**	5	**-**	-	**300**	69
Interim: Dawn Schofield (acting from 6 May 2021 to 3 April 2022). Responsible for leadership of the Office of the Director-General in the provision of an extensive range of time sensitive, confidential, strategically significant initiatives for the Director-General and Office of the Minister for Health and Minister for Ambulance Services.	**-**	178	**-**	2	**-**	4	**-**	18	**-**	-	**-**	202
Deputy Director-General, Health Capital Division												
Current: Priscilla Radice (1 August 2022 to current).	**351**	-	**2**	-	**8**	-	**38**	-	**-**	-	**399**	-
Interim: Luan Sadikaj (acting from 15 May 2022 to 31 July 2022). Responsible for leading Queensland Health's dedicated Capital Program Delivery function, embracing an innovative and collaborative approach to managing existing assets, leveraging emerging healthcare technology, utilising contemporary building practices and enhanced design processes and overseeing significant investment in built infrastructure.	**28**	43	**-**	-	**1**	1	**2**	4	**-**	-	**31**	48
Deputy Director-General, Clinical Planning and Service Strategy												
Current: Colleen Jen (12 September 2022 to current). Responsible for providing strategic leadership to drive the planning and development of system-wide clinical, workforce and mental health planning strategies and functions to improve health services available across the State.	**281**	-	**2**	-	**7**	-	**31**	-	**-**	-	**321**	-
General Manager, Queensland Public Health and Scientific Services												
Current: Nicholas Steele (1 September 2022 to current). Responsible for providing leadership in the surveillance, prevention and control of communicable diseases in Queensland.	**260**	-	**3**	-	**6**	-	**27**	-	**-**	-	**296**	-

** The current Director-General received no remuneration or other such payments from the Department before 21 November 2022. Prior to this date his entitlements ($270K for 2022-23 and $222K for 2021-22 for the above noted period) were paid, and recognised as an expense, by the Department of the Premier and Cabinet.*
*** During 2021-22 the former Chief Operating Officer received no remuneration or other such payments from the Department. His entitlements ($135K for the above noted 2021-22 period) were paid, and recognised as an expense, by the Department of the Premier and Cabinet.*
**** On appointment, during 2021-22, of the current Associate Director-General, Strategy, Policy and Reform Division, entitlements of $35,000 were initially paid, and recognised as an expense, by the Department of State Development, Infrastructure, Local Government and Planning. This arrangement continued until 25 March 2022, at which point entitlements were paid, and recognised as an expense, by the Department as disclosed above.*

Note 6. Related party transactions

Transactions with other Queensland Government-controlled entities

The table below sets out the significant aggregate transactions conducted between the Department and other Queensland Government controlled entities.

Entity Nature of Significant Transactions	$'000 2023	2022
Consolidated Fund administered by Queensland Treasury on behalf of the Queensland Government		
The Department receives appropriation revenue and equity injections as the primary ongoing sources of funding from Government for its services. As at 30 June 2023, there were outstanding balances for receivables and payables relating to these transactions.	Refer Note 2	
Queensland Government Insurance Fund (QGIF)		
The Department pays an annual insurance premium for a policy that covers property loss or damage, general liability, professional indemnity, health litigation and personal accident and illness.	Refer Note 10	
WorkCover Queensland		
The Department pays an annual premium for all Divisions which covers all employees of the Department in case of sustaining a work-related injury or illness.	Refer Note 4	
Hospital and Health Services*		
The Department procures health services from the HHSs. As at 30 June 2023, there were outstanding balances for receivables and payables relating to these transactions (refer Notes 14 and 19).		
Cairns and Hinterland HHS	**1,083,663**	1,018,669
Central Queensland HHS	**657,564**	642,235
Central West HHS	**85,039**	77,216
Children's Health Queensland HHS	**816,786**	743,256
Darling Downs HHS	**913,886**	848,694
Gold Coast HHS	**1,838,401**	1,742,782
Mackay HHS	**507,735**	472,992
Metro North HHS	**3,269,313**	3,118,919
Metro South HHS	**2,700,600**	2,547,385
North West HHS	**206,232**	190,737
South West HHS	**163,483**	149,756
Sunshine Coast HHS	**1,266,378**	1,160,790
Torres and Cape HHS	**238,912**	228,662
Townsville HHS	**1,099,966**	1,004,256
West Moreton HHS	**795,230**	740,503
Wide Bay HHS	**712,512**	671,705

** Expenditure captured and reflected is representative of the cash funding movements that have occurred between the Department and HHSs within the year. This does not include non-cash entries such as depreciation funding and year-end technical adjustments for payables and receivables, reported in other notes to the statements.*

In addition, the Department has the below transactions with all HHSs:

a) Charges for central services provided to HHSs such as pathology, ICT support, procurement, and linen (refer Note 3).

b) Services provided below fair value (refer Note 1).

c) Labour recoveries related to non-prescribed HHSs (refer Note 3).

The Department receives services from the Department of Energy and Public Works (DEPW) and its commercialised business units. These mainly relate to office accommodation and facilities (leases), QFleet, repairs and maintenance and capital works. The value of these transactions during 2022-23 was $307.0M ($133.8M in 2021-22).

The Department received shared services from the Department of Housing (formerly the Department of Communities, Housing, and the Digital Economy (DCHDE)). Shared services provided by DCHDE have been transferred to the Department of Transport and Main Roads from 1 June 2023. The value of these transactions during 2022-23 was $13.1M ($10.8M in 2021-22).

The Department receives IT services and IT related capital projects work from the Queensland Police Service (QPS). The value of these transactions during 2022-23 was $34.4M ($26.0M in 2021-22).

Note 7. Supplies and services

	2023 $'000	2022 $'000
Drugs	**628,360**	572,287
Clinical supplies and services*	**487,537**	687,743
Consultants and contractors	**249,843**	206,310
Expenses relating to capital works	**3,309**	19,527
Repairs and maintenance	**215,861**	206,965
Rental expenses**	**54,149**	51,988
Lease expenses	**9,307**	8,454
Computer services	**212,412**	171,076
Communications	**51,937**	48,635
Advertising	**17,668**	17,501
Catering and domestic supplies	**5,826**	5,066
Utilities	**11,026**	10,237
Motor vehicles and travel	**29,675**	23,730
Building services	**15,659**	15,280
Interstate transport levy	**5,433**	3,029
Freight and office supplies	**24,341**	31,631
Other***	**106,056**	83,020
	2,128,399	2,162,479

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

** Includes a June 2023 $0.2M ($28.3M in 2021-22) write down of inventory to net realisable value.*

*** Rental expenses include building rental.*

**** The Department receives free information technology services from the Department of Transport and Main Roads (formerly the Department of Communities, Housing & Digital Economy prior to 1 June 2023 MoG changes), for service access by Queensland Ambulance Service to the Government Wireless Network.*

The fair value of these services for 2022-23 is estimated to be $7.4M ($7.0M for 2021-22).

Note 8. Health services

	2023 $'000	2022 $'000
Hospital and Health Services*	**17,868,410**	16,385,479
Mater Hospitals*	**565,282**	544,189
National Blood Authority	**58,281**	47,256
Aeromedical services	**175,170**	142,465
Community health service providers	**139,842**	136,350
Mental health service providers	**97,019**	80,072
Other health service providers	**146,336**	154,904
	19,050,340	17,490,715

** Inclusive of a specific COVID-19 funding component for Hospital and Health Services of $262.9M ($674.0M in 2021-22) and Mater Hospitals of $12.0M ($10.5M in 2021-22).*

Note 9. Grants and subsidies

	2023 $'000	2022 $'000
Medical research programs	**25,304**	25,467
Public hospital support services*	**32,260**	65,215
Mental health and other support services	**49,601**	55,067
	107,165	145,749

***** Inclusive of $31.5M COVID-19 grants to other government departments and hospitals ($65.2M in 2021-22).*

Note 10. Other expenses

	2023 $'000	2022 $'000
Insurance QGIF	**3,021**	2,820
Insurance other	**2,881**	2,831
Net losses from disposal/transfer of non-current assets	**838**	-
Journals and subscriptions	**10,569**	10,990
Legal costs	**10,491**	6,418
Audit fees*	**1,729**	1,517
Special payments**	**2,046**	462
Interest - lease liabilities	**2,221**	1,602
Net (decrease)/increase in allowance for loss of service potential***	**(17,645)**	222,459
Quarantine Fees	**73**	795
Pandemic leave payments****	**40,918**	58,262
Donated inventory*****	**63,377**	46,922
Donated land ******	**10,612**	-
Other	**16,477**	8,379
	147,608	363,457

Significant accounting policies

Property losses and liability claim settlement amounts payable to third parties above the $10,000 insurance deductible and associated legal fees are insured through the Queensland Government Insurance Fund (QGIF). For medical indemnity claims, settlement amounts above the $20,000 insurance deductible and associated legal fees, are also insured through QGIF. Premiums are calculated by QGIF on a risk basis.

** Queensland Audit Office audit fees for 2022-23 include $0.8M for financial statements audit ($0.8M in 2021-22) and $0.7M for the assurance engagement and other audits ($0.6M in 2021-22).*

*** In 2022-23, there were six special payments exceeding $5,000 (seven payments in 2021-22). These related to patient and other ex-gratia payments.*

**** Decrease in allowance for loss of service potential in 2022-23 includes a reduction in the provision for critical supply reserves of Rapid Antigen Test inventory ($222.5M increase in 2021-22).*

***** Pandemic leave payments, related to the COVID-19 pandemic, made to the Australian Government.*

****** Donated inventory includes COVID-19 medical supplies inventory (Rapid Antigen Tests) donated to HHSs, state government agencies and other institutions.*

******* Donation of former Wynnum hospital site to Winnam Aboriginal and Torres Strait Islander Corporation.*

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

	2023 $'000	2022 $'000
Surplus/(deficit) for the year	**(440)**	2,163
Adjustments for:		
Depreciation and amortisation	**135,538**	135,608
Impairment of non-current and other assets	**(4,683)**	241,478
Net (gain)/loss on disposal of non-current assets	**(1,248)**	(970)
Share of (gain)/loss - associates	**709**	2,939
Net impairment losses on financial and contract assets	**11,071**	26,071
Donated non-cash assets	**(90,879)**	(80,945)
Non-cash depreciation funding expense	**999,941**	924,035
Other non-cash items	**(52,427)**	(251,658)
Changes in assets and liabilities:		
(Increase)/decrease in loans and receivables	**58,234**	(800,460)
(Increase)/decrease in inventories	**121,753**	103,229
(Increase)/decrease in prepayments	**(15,282)**	(22,555)
Increase/(decrease) in payables	**(80,233)**	(51,537)
Increase/(decrease) in accrued employee benefits	**546,896**	351,811
Increase/(decrease) in unearned revenue	**(497)**	(1,101)
Net cash from operating activities	**1,628,453**	578,108

Note 12. Cash and cash equivalents

	2023 $'000	2022 $'000
Cash at bank	**673,871**	206,470
24-hour call deposits	**7,981**	7,924
Fixed rate deposit	**20,000**	20,000
	701,852	234,394

Significant accounting policies
Cash and cash equivalents include cash on hand, deposits held at call with financial institutions and other short-term, highly liquid investments with original maturities of one year or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

The Department's operational bank accounts are grouped within the whole-of-government set-off arrangement with the Commonwealth Bank of Australia. The Department does not earn interest on surplus funds and is not charged interest or fees for accessing its approved cash overdraft facility as it is part of the whole-of-government banking arrangements.

The 24-hour call deposit includes the Department's General Trust balance. This balance is currently invested with Queensland Treasury Corporation with approval from the Treasurer, which acknowledges the Department's obligations to maintain sound cash management and investment processes regarding General Trust Funds. For 2022-23 the annual effective interest rate on the 24-hour call deposit was 4.23 per cent per annum (0.76 per cent per annum in 2021-22).

The fixed rate deposit is held with Queensland Treasury Corporation. The Department has the ability and intention to continue to hold the deposit until maturity as the interest earned contributes towards the Queensland Government's objective of promoting high quality health research. During 2022-23 the weighted average interest rate on this deposit was 2.13 per cent per annum (0.59 per cent per annum in 2021-22).

Financial risk is managed in accordance with Queensland Government and departmental policies. The Department has considered the following types of risks in relation to financial instruments:

- Liquidity risk - this risk is minimal as the Department has an approved overdraft facility of $420.0M under whole-of-government banking arrangements to manage any cash shortfalls.
- Market risk (interest rate risk) - the Department has interest rate exposure on its 24-hour call deposits and fixed rate deposits. Changes in interest rates have a minimal effect on the operating results of the Department.
- Credit risk - the credit risk relating to deposits is minimal as all Department deposits are held by the State through Queensland Treasury Corporation and the Commonwealth Bank of Australia. The Department's maximum exposure to credit risk on receivables is their total carrying amount (refer Note 14).

Note 13. Restricted assets

	2023 $'000	2022 $'000
General Trust	**10,251**	9,899
Clinical drug trials	**472**	1,189
	10,723	11,088

The Department's General Trust fund balance primarily relates to cash contributions received from Pathology Queensland and from external entities to provide for education, study, and research in clinical areas. Contributions are also received from benefactors in the form of gifts, donations and bequests and are demarcated for stipulated purposes.

Note 14. Loans and receivables

	Current 2023 $'000	Non-Current 2023 $'000	Total 2023 $'000	Current 2022 $'000	Non-Current 2022 $'000	Total 2022 $'000
TRADE AND OTHER RECEIVABLES						
Trade Receivables	**183,656**	**-**	**183,656**	208,509	-	208,509
Less: Allowance for impairment of receivables	**(47,874)**	**-**	**(47,874)**	(73,862)	-	(73,862)
Receivables from HHSs	**1,421,515**	**-**	**1,421,515**	1,150,468	-	1,150,468
Appropriation Receivable	**595,841**	**-**	**595,841**	1,213,443	-	1,213,443
Grants receivable	**199,018**	**-**	**199,018**	252,732	-	252,732
Annual leave reimbursements	**354,932**	**-**	**354,932**	305,245	-	305,245
Long service leave reimbursements	**64,830**	**-**	**64,830**	58,228	-	58,228
Right of use asset lease receivable	**1,229**	**40,393**	**41,622**	1,925	50,369	52,294
Other Receivables	**472**	**15**	**487**	433	-	433
	2,773,619	**40,408**	**2,814,027**	3,117,121	50,369	3,167,490
PAYROLL LOANS						
Payroll Overpayments	**24,189**	**25,596**	**49,785**	35,759	13,262	49,021
Less: Overpayments impairment	**(391)**	**(4,704)**	**(5,095)**	(20,421)	(3,772)	(24,193)
Payroll Cash Advances	**73**	**-**	**73**	1,969	-	1,969
Less: Payroll Cash Advances impairment	**(60)**	**-**	**(60)**	(1,835)	-	(1,835)
Payroll Pay Date Loan	**4,130**	**36,737**	**40,867**	4,159	41,030	45,189
Less: Pay date loan fair value adjustment	**-**	**(6,161)**	**(6,161)**	(99)	(7,278)	(7,377)
Less: Pay date loan impairment	**-**	**(473)**	**(473)**	-	(590)	(590)
	27,941	**50,995**	**78,936**	19,532	42,652	62,184
GST						
GST input tax credits receivable	**37,210**	**-**	**37,210**	40,880	-	40,880
Less: GST payable	**(987)**	**-**	**(987)**	(880)	-	(880)
	36,223	**-**	**36,223**	40,000	-	40,000
	2,837,783	**91,403**	**2,929,186**	3,176,653	93,021	3,269,674

Significant accounting policies

Trade receivables are generally settled within 60 days; however, some debt may take longer to recover. The recoverability of trade debtors is reviewed on an ongoing basis. All known bad debts are written off when identified.

The pay date loan was to provide a transitional loan equal to two weeks' net pay, and is measured at fair value calculated as the present value of the expected future cash flows over the estimated life of the loan, discounted using a risk-free effective interest rate of 3.05 per cent. The loan is considered to be low risk of non-repayment as it is legislatively recoverable from recipients upon termination of their employment with the Department. The loan is expected to be fully recovered as individuals leave the Department and the majority of the balance remaining is expected to be recovered over the next 10 years. The Department is undertaking a process to recover these debts by working with the individuals affected.

The non-current portion of payroll overpayments has not been discounted to present value as this could not be reliably estimated, due to the uncertainty of the timing of future cash receipts.

Credit risk exposure of receivables

There are no other credit enhancements relating to the Department's receivables. The Department has not experienced any significant delays in receiving payments from debtors during this COVID-19 pandemic to 30 June 2023, as the majority of the debt is with other government agencies.

The closing balance of receivables arising from contracts with customers at 30 June 2023 is $326.9M ($266.9M in 2021-22).

The Department uses a provision matrix to measure the expected credit losses on trade receivables. The calculations reflect historical observed default rates calculated using impairments (credit losses) experienced on past sales transactions during the last 5 years preceding 30 June 2023. This data is consolidated, and a probability rate is calculated based on receivables moving into the next ageing bracket. Based on average rates for the 5-year period, an expected credit loss calculation matrix is prepared.

Historical default rates are adjusted by reasonable and supportable forward-looking information for expected changes in macroeconomic indicators that affect the future

Note 14. Loans and receivables (continued)

recovery of those receivables. To reflect the expected future changes the following relevant economic factors were considered: Australian GDP Annual Growth Rate; Unemployment Rate; and Government Debt to GDP percentage. Based on the expected change in Australia's economic forecast a conservative adjustment of 4.0 per cent has been calculated. This is determined to be the most relevant forward-looking indicator for receivables. The credit loss rate is reviewed twice a year.

The total adjusted credit loss rate has been applied to the aged debtors (excluding any government, scholarship and payroll customers) to derive the expected credit loss value as at 30 June 2023. Set out below is the Department's credit risk exposure with trade and other debtors broken down by ageing band.

Credit risk exposure of loans and receivables

	Gross receivables 2023 $'000	*Loss rate 2023 %	Expected credit losses 2023 $'000	Gross receivables 2022 $'000	*Loss rate 2022 %	Expected credit losses 2022 $'000
Ageing						
Not Due	**2,760**	**6.41%**	**(177)**	8,247	8.08%	(666)
0 to 30 days	**1,264**	**7.83%**	**(99)**	12,537	8.02%	(1,006)
31 to 60 days	**1,037**	**9.64%**	**(100)**	8,966	8.65%	(776)
61 to 90 days	**761**	**11.96%**	**(91)**	8,729	9.76%	(852)
91 to 120 days	**1,069**	**14.59%**	**(156)**	8,040	13.17%	(1,059)
More than 120 days	**46,961**	**100.00%**	**(46,962)**	51,318	100.00%	(51,318)
	53,852		**(47,585)**	97,837		(55,677)

**Loss rate percentage is derived by combining both the Department and QAS.*

Impairment of financial assets

At the end of each reporting period, the Department assesses whether there is objective evidence that a financial asset, or group of financial assets, is impaired. Objective evidence may include the financial difficulties of the debtor, changes in debtor credit ratings and current outstanding account balances. The loss allowance for trade receivables reflects the lifetime expected credit losses and incorporates reasonable and supportable forward-looking information as at 30 June 2023.

An allowance for impairment of $53.5M ($100.5M in 2021-22) has been recognised in relation to payroll overpayments, pay date transitional loan and other receivables. Allowance for other non-government receivables, being subject to AASB 9, are assessed based on their value, quantity, and age of the amounts. An impairment matrix for this portion of receivables is reviewed twice a year.

The Department recognises the net change of impairment as all impairments are recorded against the allowance account.

Ageing of loans and receivables

	Past Due but Not impaired 2023 $'000	Past Due but Not impaired 2022 $'000	Impaired 2023 $'000	Impaired 2022 $'000
0 to 30 days	**3,728**	20,857	**296**	6,716
31 to 60 days	**935**	8,256	**103**	2,361
61 to 90 days	**642**	8,271	**119**	2,475
More than 90 days	**911**	9,146	**52,984**	88,928
	6,216	46,530	**53,502**	100,480

Movement in the allowance for impairment

	2023 $'000	2022 $'000
Opening balance	**100,480**	73,594
Increase/(Decrease) in impairment recognised on aged receivables	**(46,978)**	48,331
	53,502	121,925
Increase/(Decrease) in impairment recognised on accrued revenue - quarantine fees	**-**	(21,445)
Closing balance	**53,502**	100,480

Note 15. Inventories

	2023 $'000	2022 $'000
Medical supplies and drugs	**342,713**	426,373
Less: Allowance for loss of service potential*	**(218,815)**	(267,331)
	123,898	159,042
Non-medical, engineering and other	**49,071**	45,204
Catering and domestic	**5,309**	4,906
	178,278	209,152

Significant accounting policies
Inventories are measured at weighted average cost, adjusted for obsolescence, other than general vaccine stock which is measured at cost on a first in first out basis. Inventory is held at the lower of cost and net realisable value.

Inventories consist mainly of pharmacy and general medical supplies held for sale to HHSs.

*Includes provision for critical supply reserve Rapid Antigen Test inventory (see Note 10).

Note 16. Property, plant and equipment

2023	Land $'000	Buildings $'000	Plant and equipment $'000	Capital works in progress $'000	Total $'000
Gross	**262,909**	**1,185,477**	**933,510**	**796,192**	**3,178,088**
Less: Accumulated depreciation	**-**	**(657,172)**	**(661,692)**	**-**	**(1,318,864)**
Carrying amount at end of period	**262,909**	**528,305**	**271,818**	**796,192**	**1,859,224**
Categorisation of fair value hierarchy	*Level 2*	*Level 3*			
Movement					
Carrying amount at start of period	**230,377**	**511,178**	**250,794**	**233,354**	**1,225,703**
Additions	**2,820**	**61**	**68,236**	**564,771**	**635,888**
Donations received	**1,754**	**-**	**-**	**-**	**1,754**
Donations made	**(10,612)**	**-**	**(5)**	**-**	**(10,617)**
Disposals	**-**	**-**	**(2,575)**	**-**	**(2,575)**
Revaluation increments/(decrements)	**32,682**	**33,588**	**-**	**-**	**66,270**
Transfers (to)/from HHSs*	**321**	**(92,128)**	**(16,433)**	**151,544**	**43,304**
Transfers (to)/from intangibles	**-**	**80**	**-**	**-**	**80**
Transfer (to)/from Dept. of Energy and Public Works	**70**	**118**	**-**	**-**	**188**
Transfers between classes	**5,497**	**102,447**	**45,533**	**(153,477)**	**-**
Depreciation expense	**-**	**(27,039)**	**(73,732)**	**-**	**(100,771)**
Carrying amount at end of period	**262,909**	**528,305**	**271,818**	**796,192**	**1,859,224**

** Transfer into Capital works in progress ($151.5M) relates to capital projects initiated in Metro South Hospital & Health Service and transferred into the Department for management and completion.*

2022	Land $'000	Buildings $'000	Plant and equipment $'000	Capital works in progress $'000	Total $'000
Gross	230,377	1,103,832	892,719	233,354	2,460,282
Less: Accumulated depreciation	-	(592,654)	(641,925)	-	(1,234,579)
Carrying amount at end of period	230,377	511,178	250,794	233,354	1,225,703
Categorisation of fair value hierarchy	*Level 2*	*Level 3*			
Movement					
Carrying amount at start of period	169,283	451,738	286,816	93,824	1,001,661
Additions	32,285	27,174	41,900	163,024	264,383
Donations made	-	-	(5)	-	(5)
Disposals	(430)	(252)	(2,633)	-	(3,315)
Revaluation increments/(decrements)	20,716	37,988	-	-	58,704
Transfers (to)/from HHSs	(1,510)	(21,928)	(19,934)	-	(43,372)
Transfer (to)/from Queensland Fire and Emergency Services	5,535	37,885	-	-	43,420
Transfer (to)/from Economic Development Qld	4,498	-	-	-	4,498
Transfers between classes	-	3,816	19,678	(23,494)	-
Depreciation expense	-	(25,243)	(75,028)	-	(100,271)
Carrying amount at end of period	230,377	511,178	250,794	233,354	1,225,703

Note 16. Property, plant and equipment (continued)

Property, plant and equipment are initially recorded at cost plus any other costs directly incurred in bringing the asset to the condition ready for use. Items or components that form an integral part of an asset and are separately identifiable are recognised as a single asset. Significant projects undertaken on behalf of HHSs which are completed within the financial year are valued and transferred to the HHS at fair value. The cost of items acquired during the financial year has been determined by management to materially represent the fair value at the end of the reporting period.

Assets received for no consideration from another Queensland Government agency are recognised at fair value, being the net book value recorded by the transferor immediately prior to the transfer. Assets acquired at no cost, or for nominal consideration, other than a transfer from another Queensland Government entity, are initially recognised at their fair value by the Department at the date of acquisition.

The Department recognises items of property, plant and equipment when they have a useful life of more than one year and have a cost or fair value equal to or greater than the following thresholds:

- $10,000 for Buildings (including land improvement)
- $1 for Land
- $5,000 for Plant and equipment

Depreciation (representing a consumption of an asset over time) is calculated on a straight-line basis (equal amount of depreciation charged each year). The residual (or scrap) value is assumed to be zero, with the exception of ambulances. Annual depreciation is based on the cost or the fair value of the asset and the Department's assessments of the remaining useful life of individual assets. Land is not depreciated as it has an unlimited useful life. Assets under construction (work in progress) are not depreciated until they are ready for use.

The Department's buildings have total useful lives ranging from 3 to 68 years, with exceptions up to 105 years; for plant and equipment the total useful life is between 2 and 26 years, with exceptions up to 52 years:

- 2 to 20 years for Computer equipment, and Office furniture & equipment, with exceptions up to 42 years
- 2 to 18 years for Medical equipment, with exceptions up to 42 years
- 3 to 26 years for Engineering equipment, with exceptions up to 52 years
- 3 to 15 years for Vehicles, with exceptions up to 22 years

Fair Value Measurement

Land and buildings are measured at fair value, which are reviewed each year to ensure they are materially correct. Land and buildings are comprehensively revalued once every five years, or whenever volatility is detected, with values adjusted for indexation in the interim years. Fair value measurement of a non-current asset is determined by taking into account its highest and best use (the highest value regardless of current use). All assets of the Department for which fair value is measured in line with the fair value hierarchy, take into account observable and unobservable data inputs.

Observable inputs, which are used in Level 2 ratings, are publicly available data relevant to the characteristics of the assets being valued, such as published sales data for land and residential dwellings. Unobservable inputs are data, assumptions, and judgements not available publicly, but relevant to the characteristics of the assets being valued and are used in Level 3 ratings. Significant unobservable inputs used by the Department include subjective adjustments made to observable data to take account of any specialised nature of the buildings (i.e., laboratories, stations and heritage listed), including historical and current construction contracts (and/or estimates of such costs), and assessments of technological and external obsolescence and physical deterioration as well as remaining useful life. Unobservable inputs are used to the extent that sufficient relevant and reliable observable inputs are not available for similar assets.

Reflecting the specialised nature of health service buildings, fair value is determined using current replacement cost methodology. Current replacement cost represents the price that would be received for the asset, based on the estimated cost to construct a substitute asset of comparable utility, adjusted for obsolescence. This requires identification of the full cost of a replacement asset, adjusted to take account of the age and obsolescence of the existing asset. The cost of a replacement asset is determined by reference to a current day equivalent asset, built to current standards and with current materials.

The Department's land and buildings are independently and professionally valued by the State Valuation Service (qualified valuers) and AECOM (qualified quantity surveyors) respectively. The Department also revalue significant, newly commissioned assets in the same manner to ensure that they are transferred to HHSs at fair value.

Any revaluation increment arising on the revaluation of an asset is credited to the asset revaluation surplus of the appropriate class, except to the extent it reverses a revaluation decrement for the class previously recognised as an expense. A decrease in the carrying amount on revaluation is expensed to the extent it exceeds the balance, if any, of the revaluation surplus. On revaluation, accumulated depreciation is restated proportionately with the change in the carrying amount of the asset and any change in the estimate of remaining useful life.

Impairment of non-current assets

All non-current assets held at cost are assessed for indicators of impairment on an annual basis. If an indicator of impairment exists, the Department determines the asset's recoverable amount (higher of value in use and fair value less costs of disposal). Any amounts by which the asset's carrying amount exceeds the recoverable amount is considered an impairment loss.

Note 16. Property, plant and equipment (continued)

Land

The fair value of land was based on publicly available data including recent sales of similar land in nearby localities. In determining the values, adjustments were made to the sales data to take into account the land's size, street/road frontage and access and any significant factors such as land zoning and easements. Land zonings and easements indicate the permissible use and potential development of the land.

The revaluation program resulted in a $32.5M increment ($23.1M increment in 2021-22) to the carrying amount of land. For land not subject to comprehensive valuations, indices of between 0.9 to 2.3 were applied, which were sourced from the State Valuation Services.

The Department recognises land at Tangalooma valued at $0.10M ($0.10M in 2021-22) which is owned by third parties and leased to the Department under various agreements. The Department has restricted use of this land.

Buildings

The Department recognises five heritage buildings held at value of $3.7M (five buildings at value of $3.7M in 2021-22). An independent fully comprehensive revaluation of 225 buildings and site improvements was performed during 2022-23. For all remaining buildings and site improvements not subject to independent fully comprehensive revaluations during 2022-23, indices of between 1.085 (Metropolitan zones) to 1.12 (Rural zones) were instead applied, which were sourced from AECOM.

Indices are based on inflation (rises in labour, plant, and material prices) across the industry and take into account regional variances due to specific market conditions, including being assessed for the impact of the COVID-19 pandemic. The state of Queensland generally has seen above market price increases during the past year that were largely driven by higher demand for property due to buyer behaviours, net immigration from other states and construction cost increases from interruptions to supply chains all of which have resulted from the COVID-19 pandemic. The building valuations for 2022-23 resulted in a net increment to the building portfolio of $32.1M ($36.8M increment in 2021-2022).

Capital work in progress

The Department is responsible for managing major health infrastructure projects for the HHSs. During the construction phase these projects remain on the Department's Statement of financial position as a work in progress asset. Significant, newly commissioned assets are firstly transferred to the Department's building class, revalued to fair value, and then transferred to the respective HHS. Other commissioned assets are transferred from the Department's work in progress to the respective HHS which recognises assets in their relevant asset class.

Note 17. Leases

a) Lessee

This note provides information for leases where the Department is a lessee. For leases where the Department is a lessor, see Note 17 (b).

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

Right-of-use assets

2023	Buildings $'000	Equipment $'000	Total $'000
Gross	**16,057**	**123**	**16,180**
Less: Accumulated depreciation	**(3,054)**	**(22)**	**(3,076)**
Carrying amount at end of period	**13,003**	**101**	**13,104**
Movement			
Carrying amount at start of period	**16,418**	**-**	**16,418**
Additions		**123**	**123**
Re-measurements	**(2,693)**	**-**	**(2,693)**
Depreciation expense	**(722)**	**(22)**	**(744)**
Carrying amount at end of period	**13,003**	**101**	**13,104**

2022	Buildings $'000	Equipment $'000	Total $'000
Gross	18,750	-	18,750
Less: Accumulated depreciation	(2,332)	-	(2,332)
Carrying amount at end of period	16,418	-	16,418
Movement			
Carrying amount at start of period	20,726	-	20,726
Re-measurements	(3,439)	-	(3,439)
Depreciation expense	(869)	-	(869)
Other adjustments			-
Carrying amount at end of period	16,418	-	16,418

Note 17. Leases (continued)

Lease liabilities

	2023 $'000	2022 $'000
Current	**1,731**	2,532
Non-current	**53,148**	66,276
	54,879	68,808

Significant accounting policies

The Department as lessee

For any new contracts entered into, the Department considers whether a contract is, or contains a lease. A lease is defined as a contract, or part of a contract, which conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration. To apply this definition the Department assesses whether the contract meets three key evaluations which are whether:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to the Department;
- the Department has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract; and
- the Department has the right to direct the use of the identified asset throughout the period of use. The Department also assesses whether it has the right to direct how and for what purpose the asset is used throughout the period of use.

The majority of lease contracts are held with the Department of Energy and Public Works (DEPW) for non-specialised, commercial office accommodation through the Queensland Government Accommodation Office (QGAO) and residential accommodation through the Government Employee Housing (GEH) program.

Effective 1 July 2019, amendments to the framework agreements that govern QGAO and GEH result in the above arrangements being exempt from lease accounting under AASB 16. This is due to DEPW having substantive substitution rights over the non-specialised, commercial office accommodation, and residential premises assets used within these arrangements. From 2019-20 onwards, costs for these services continue to be expensed as supplies and services expenditure when incurred.

Effective 1 July 2019, motor vehicles provided under QFleet program are exempt from lease accounting under AASB 16. This is due to DEPW holding substantive substitution rights for vehicles provided under the scheme. From 2019-20 onward, costs for these services continue to be expensed as supplies and services expenditure when incurred.

Measurement and recognition of leases as a lessee

At lease commencement date, the Department recognises a right-of-use asset and a lease liability on the balance sheet. The right-of-use asset is measured at cost, which is made up of the initial measurement of the lease liability, any initial direct costs incurred by the Department, an estimate of any costs to dismantle and remove the asset at the end of the lease, and any lease payments made in advance of the lease commencement date (net of any incentives received).

The Department depreciates the right-of-use assets on a straight-line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The Department also assesses the right-of-use asset for impairment when such indicators exist.

At the commencement date, the Department measures the lease liability at the present value of the lease payments unpaid at that date, discounted using the interest rate implicit in the lease if that rate is readily available or the Department's incremental borrowing rate. Queensland Treasury (QT) have mandated that unless an implicit rate is stated in the lease, that agencies are to use incremental borrowing rates. QT have mandated that Queensland Treasury Corporation's Fixed Rate Loan rates are to be used as the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are made up of fixed payments (including in substance fixed payments), variable payments based on an index or rate, amounts expected to be payable under a residual value guarantee and payments arising from options reasonably certain to be exercised.

Subsequent to initial measurement, the liability is reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in in-substance fixed payments. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right-of-use asset is already reduced to zero.

The Department has elected to account for short-term leases and leases of low-value assets using the practical expedients. Instead of recognising a right-of-use asset and lease liability, the payments in relation to these are recognised as an expense in profit or loss on a straight-line basis over the lease term.

The total cash outflow for leases in 2022-23 was $2.1M ($2.9M in 2021-22).

Refer to Note 10 for the lease liability interest expense.

The Department holds an occupancy lease with Translational Research Institute Pty Ltd (TRI). The Department acts as a lessor by sub-leasing a portion of the leased property (See 17 (b)). Under AASB 16 the Department recognises transactions as both lessee and lessor.

Note 17. Leases (continued)

Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. The lease agreements do not impose any covenants other than the security interests in the leased assets that are held by the lessor. Leased assets may not be used as security for borrowing purposes.

b) Lessor

The Department acts as a lessor by sub-leasing floor space in the TRI building to the University of Queensland. The sub-lease with the lessor is for the same term as that for the Department on the head lease. The sub-lease expires in 2043.

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

Lease receivable

	2023 $'000	2022 $'000
Current	**1,229**	1,925
Non-current	**40,393**	50,369
	41,622	52,294

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

The statement of profit or loss shows the following amounts relating to lessors:

	2023 $'000	2022 $'000
Rentals received from operating leases (included in other revenue)	**6,388**	6,746
Interest received (Included in interest revenue)	**1,864**	1,387
	8,252	8,133

The Department has assessed that the sub-lease is a finance lease after considering the indicators of a finance lease in AASB 16. Accordingly, as a sub-lessor the Department has applied the following accounting policy:

- derecognises a portion of the right-of-use asset relating to the head lease that it transfers to the sub-lessee, and recognises the net investment in the sublease as a receivable; and
- retains the total lease liability relating to the head lease in its statement of financial position, which represents the lease payments owed to the head lessor; and
- recognises during the term of the lease the finance income on the sublease.
- The Department also assesses the receivable for impairment.

c) Maturity analysis

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

	Lease liability payments to be made		Lease receivable payments to be received	
	2023 $'000	2022 $'000	2023 $'000	2022 $'000
In year 1	**4,437**	4,211	**3,339**	3,200
In year 2	**4,437**	4,211	**3,339**	3,200
In year 3	**4,415**	4,211	**3,339**	3,200
In year 4	**4,393**	4,211	**3,339**	3,200
In year 5	**4,393**	4,211	**3,339**	3,200
Later than 5 years	**65,895**	67,369	**50,080**	51,201
	87,970	88,424	**66,775**	67,201

Note 18. Intangibles

	Software purchased		Software generated		Software work in progress		Total	
	2023 $'000	2022 $'000	2023 $'000	2022 $'000	2023 $'000	2022 $'000	2023 $'000	2022 $'000
Gross	**123,119**	125,380	**649,597**	599,336	**37,690**	62,085	**810,406**	786,801
Less: Accumulated amortisation	**(113,133)**	(112,007)	**(399,245)**	(372,276)	**-**	-	**(512,378)**	(484,283)
Carrying amount at end of period	**9,986**	13,373	**250,352**	227,060	**37,690**	62,085	**298,028**	302,518
Represented by movements in carrying amount:								
Carrying value at 1 July	**13,373**	17,966	**227,060**	237,993	**62,085**	65,395	**302,518**	321,354
Additions	**-**	259	**11,581**	12,949	**18,762**	3,699	**30,343**	16,907
Disposals	**-**	-	**(572)**	(3,538)	-	**-**	**(572)**	(3,538)
Transfers (to)/from property, plant & equipment	**-**	-	**-**	-	**(80)**	-	**(80)**	-
Transfers (to)/from HHSs	**(158)**	-	**-**	2,263	**-**	**-**	**(158)**	2,263
Transfers between classes	**-**	-	**43,077**	7,009	**(43,077)**	(7,009)	**-**	-
Amortisation expense	**(3,229)**	(4,852)	**(30,794)**	(29,616)	**-**	-	**(34,023)**	(34,468)
Carrying amount at end of period	**9,986**	13,373	**250,352**	227,060	**37,690**	62,085	**298,028**	302,518

Significant accounting policies

Intangible assets are only recognised if their cost is equal to or greater than $100,000. Intangible assets are recorded at cost, which is, purchase price plus costs directly attributable to the acquisition, less accumulated amortisation and impairment losses. Internally generated software includes all direct costs associated with the development of that software. All other costs are expensed as incurred. Intangible assets are amortised on a straight-line basis over their estimated useful life with a residual value of zero. The estimated useful life and amortisation method are reviewed periodically, with the effect of any changes in estimate being accounted for on a prospective basis.

The total useful life for the Department's software ranges from 3 to 28 years, with exceptions up to 30 years. The Department controls registered intellectual property, in the form of patents, designs and trademarks, and other unregistered intellectual property, in the form of copyright. At the reporting dates these intellectual property assets do not meet the recognition criteria as their values cannot be measured reliably.

Note 19. Payables

	2023 $'000	2022 $'000
Trade payables	**359,645**	548,976
Appropriations payable	**1,179,527**	1,258,428
Contract Liability - Commonwealth	**-**	11,328
Hospital and Health Service payables	**338,138**	168,068
PAYG withholdings	**185,563**	147,387
Other payables	**1,919**	20,344
	2,064,792	2,154,531

Significant accounting policies

Payables are recognised for amounts to be paid in the future for goods and services received. Trade payables are measured at the agreed purchase/contract price, gross of applicable trade and other discounts. The amounts are unsecured and normally settled within 60 days.

Note 20. Accrued employee benefits

	2023 $'000	2022 $'000
Salaries and wages accrued	**904,154**	497,134
Annual leave levy payable	**448,213**	333,679
Long service leave levy payable	**94,007**	82,141
Other employee entitlements payable	**113,141**	99,665
	1,559,515	1,012,619

Significant accounting policies
Wages and salaries due but unpaid at reporting date are recognised at current salary rates and are expected to be fully settled within 12 months of reporting date. These liabilities are recognised at undiscounted values. Provisions for annual leave, long service leave and superannuation are reported on a whole-of-government basis pursuant to AASB 1049. For changes to employer arrangements refer to Note 4.

Note 21. Asset revaluation surplus

	Land 2023 $'000	Land 2022 $'000	Buildings 2023 $'000	Buildings 2022 $'000	Total 2023 $'000	Total 2022 $'000
Carrying amount at start of period	**78,976**	58,635	**223,026**	184,748	**302,002**	243,383
Asset revaluation increment/(decrement)	**32,682**	20,716	**33,588**	37,988	**66,270**	58,704
Asset revaluation transferred to retained surplus*	**(2)**	(375)	**(72)**	290	**(74)**	(85)
Carrying amount at end of period	**111,656**	78,976	**256,542**	223,026	**368,198**	302,002

** Represents transfers via Equity for revaluation increments/(decrements) on land & building assets recorded by the Department of Health in its capacity as the asset management administrator.*

Note 22. Interests in associates

Associates

The Department has two associated entities - Translational Research Institute Pty Ltd and Translational Research Institute Trust (TRI Trust). The Department does not control either entity but does have significant influence over the financial and operating policy decisions. The Department uses the equity method to account for its interest in associates.

Translational Research Institute Pty Ltd (the Company) is the trustee of the TRI Trust and does not trade.

The objectives of the TRI Trust are to maintain the Translational Research Institute Facility (TRI Facility), and to operate and manage the TRI Facility to promote medical study, research, and education.

TRI has a 31 December year end. TRI's financial statements for the 12 months 1 July 2022 to 30 June 2023, endorsed by the TRI Board, have been used to apply the equity method. There have been no changes to accounting policies or any changes to any agreements with TRI since 31 December 2022. The information disclosed below reflects the amounts presented in the financial statements of TRI and not the Department's share of those amounts. Where necessary, they have been amended to reflect adjustments made by the Department, including fair value adjustments and modifications for differences in accounting policy.

Joint Operations

Effective July 1, 2021, the Department, through Queensland Ambulance Service (QAS), entered a joint operation agreement with Queensland Fire and Emergency Services (QFES), entitled "Co-location of Kedron Park Facility". The agreement provides for the co-location, management, and operation of the Emergency Services Complex (the "Complex"), located at Kedron, Queensland. In accordance with the agreement, the Department has a 39.6% share of net assets jointly owned with QFES. The Department's initial share of the net assets was recognised in equity ($50.1M), comprising cash and cash equivalents ($6.7M) and property, plant and equipment ($43.4M).

The Department is a partner to the Australian e-Health Research Centre (AEHRC) joint operation. The current agreement runs to 30 June 2027. The Department has no rights to the net assets or liabilities of the AEHRC, except a return of cash contributions in limited circumstances. The Department makes a cash contribution of $1.5M per annum.

Note 22. Interests in associates (continued)

Entity	Ownership Interest
Translational Research Institute Pty Ltd (the Company)	
Incorporated in Australia on 12 June 2009	25 shares of $1 per share (25% shareholding)
Translational Research Institute Trust (TRI Trust)	
Incorporated in Australia on 16 June 2009	25 units with equal voting rights (25% of voting rights)

	2023 $'000	2022 $'000
SUMMARISED STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME		
Revenue	**38,949**	26,434
Expenses	**(41,782)**	(38,191)
SURPLUS/(DEFICIT)	**(2,833)**	(11,757)
Other comprehensive income	**-**	-
TOTAL COMPREHENSIVE INCOME	**(2,833)**	(11,757)
THE DEPARTMENT'S SHARE OF TOTAL COMPREHENSIVE INCOME	**(709)**	(2,939)

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

	2023 $'000	2022 $'000
SUMMARISED STATEMENT OF FINANCIAL POSITION		
Current assets	**58,976**	34,116
Non-current assets	**249,060**	275,079
TOTAL ASSETS	**308,036**	309,195
Current liabilities	**13,590**	11,118
Non-current liabilities	**16,751**	17,547
TOTAL LIABILITIES	**30,341**	28,665
NET ASSETS	**277,695**	280,530
THE DEPARTMENT'S SHARE OF NET ASSETS	**69,425**	70,133

Note 23. Contingencies

Guarantees

As at 30 June 2023 the Department held guarantees of $65.5M ($20.7M in 2021-22) from third parties which are related to capital projects. These amounts have not been recognised as assets in the financial statements.

Litigation in progress

At 30 June 2023, the Department had 17 litigation cases before the courts. As civil litigation is underwritten by the QGIF, the Department's liability in this area is limited up to $20,000 per insurance event. The Department's legal advisers and management believe it would be misleading to estimate the final amount payable (if any) in respect of litigation before the courts at this time. Queensland's *Human Rights Act 2019* (the Act) protects 23 human rights and commenced from 1 January 2020. Under section 97 of the Act, public entities are required to include the number of human rights complaints received. For the year ended 30 June 2023, Queensland Health received 21 human rights complaints, of which there were seven related cases remaining open.

At 30 June 2022, the Department reported on a litigation case that has not been resolved as at 30 June 2023. This is in relation to Queensland Industrial Relations Commission applications on the applicability of specialty allowances in certain regions. The outcome of this litigation remains uncertain.

Note 24. Commitments for expenditure

	Capital 2023 $'000	Capital 2022 $'000	Lease - operating 2023 $'000	Lease - operating 2022 $'000
Committed at reporting date but not recognised as liabilities, payable:				
within 1 year	**782,752**	508,352	**57,590**	52,718
1 year to 5 years	**85,526**	628	**120,797**	116,791
more than 5 years	**-**	27	**20,210**	22,165
	868,278	509,007	**198,597**	191,674

Significant leases are entered into by the Department as a way of acquiring access to office accommodation facilities. Lease terms, for these leases, extend over a period of 1 to 10 years. The Department has no options to purchase any of the leased spaces at the conclusion of the lease. Some leases do provide the option for a right of renewal at which time the lease terms are renegotiated. Lease payments are generally fixed but do contain annual inflation escalation clauses upon which future year rentals are determined, with rates ranging between 2 to 4 per cent.

Note 25. Administered transactions and balances

Significant accounting policies

The Department administers, but does not control, certain resources on behalf of the Queensland Government. In doing so it has responsibility and is accountable for administering related transactions and items but does not have the discretion to deploy the resources for the achievement of the Department's objectives.

Amounts appropriated to the Department for transfer to other entities are reported as administered appropriation items.

Administered transactions and balances are comprised primarily of the movement of funds to the Queensland Office of the Health Ombudsman, the Queensland Mental Health Commission and Health and Wellbeing Queensland.

	2023 $'000	Original Budget 2023 $'000	2022 $'000	Ref	Actual vs budget variance $'000
Administered revenues					
Administered item appropriation	**71,535**	**71,129**	71,381	i.	406
Taxes, fees and fines	**61**	**4**	63		57
Total administered revenues	**71,596**	**71,133**	71,444		463
Administered expenses					
Grants	**71,535**	**71,133**	71,381	i.	402
Other expenses	**61**	**-**	63		61
Total administered expenses	**71,596**	**71,133**	71,444		463
Administered assets					
Current					
Cash	**12**	**5**	2		7
Total administered assets	**12**	**5**	2		7
Administered liabilities					
Current					
Payables	**12**	**5**	2		7
Total administered liabilities	**12**	**5**	2		7

Actual vs budget comparison

i. The ($0.4M) variance for Administered appropriation and Grants relates to new unbudgeted funding provided to Health and Wellbeing Queensland (HWQ) this financial year.

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

	2023 $'000	2022 $'000
Budgeted appropriation	**71,129**	77,212
Unforeseen expenditure	**406**	(5,831)
Administered revenue recognised in Note 25	**71,535**	71,381

Note 27. Activities and other events

There were no other material events after the reporting date of 30 June 2023 that have a bearing on the Department's operations, the results of those operations or these financial statements.

The Department's financial statements are expected to be impacted by the COVID-19 programs beyond 30 June 2023, although the actual impacts cannot be reliably estimated at the reporting date.

Department of Health

Management Certificate

For the year ended 30 June 2023

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

a) the prescribed requirements for establishing and keeping the accounts have been complied with, in all material respects and;

b) the statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Department of Health (the Department) for the financial year ended 30 June 2023 and of the financial position of the Department at the end of that year; and

The Director-General, as the Accountable Officer of the Department, acknowledges responsibility under s.7 and s.11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.

Michael Walsh – Acting Director-General
Department of Health

Date 25/08/2023

Luan Sadikaj CPA – Chief Finance Officer
Department of Health

Date 25/8/2023

Queensland Audit Office
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INDEPENDENT AUDITOR'S REPORT

To the Accountable Officer of the Department of Health

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of the Department of Health.

In my opinion, the financial report:

a) gives a true and fair view of the department's financial position as at 30 June 2023, and its financial performance and cash flows for the year then ended

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

The financial report comprises the statement of financial position and statement of assets and liabilities by major departmental services as at 30 June 2023, the statement of profit or loss and other comprehensive income, statement of changes in equity, statement of cash flows and statement of profit or loss and other comprehensive income by major departmental services for the year then ended, notes to the financial statements including material accounting policy information, and the management certificate.

Basis for opinion

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

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

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

Responsibilities of the department for the financial report

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

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

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Auditor's responsibilities for the audit of the financial report

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

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

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

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

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Report on other legal and regulatory requirements

Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2023:

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

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

Prescribed requirements scope

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

28 August 2023

Brendan Worrall
Auditor-General

Queensland Audit Office
Brisbane

ANNUAL REPORT 2022–23
Department of Health
www.health.qld.gov.au