

ANNUAL REPORT 2023–2024

Department of Health



Annual Report 2023-24 - Department of Health

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Purpose

The Annual Report provides detailed information about the Department of Health's financial and non-financial performance for 2023–24. 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 2023–24 reporting period.

The Annual Report aligns to the Department of Health Strategic Plan 2021–2025 and the 2023–24 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

The Queensland Government is committed to providing accessibility to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty understanding the Annual Report, you can contact us on 07 3234 0111 or free call 13 QGOV (13 74 68) and we will arrange an interpreter to communicate the report to you.

www.qld.gov.au/languages

Attribution

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Letter of compliance

05 September 2024

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 2023–24 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 at page 144 of this annual report.

Yours sincerely



Michael Walsh
Director-General
Queensland Health

Acknowledgement of Country

The Department of Health acknowledges the Traditional and Cultural Custodians of the lands, waters, and seas across Queensland. We pay our respects to Elders past and present, while recognising the role of current and future leaders in shaping a better health system.

We value the culture, traditions, and contributions Aboriginal and Torres Strait Islander peoples have made to our communities and recognise that our collective responsibility as government, communities and individuals is to ensure equity and equality, recognition, and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society.

The Department/Queensland Health acknowledges the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and supports the cultural knowledge, determination, and commitment of Aboriginal and Torres Strait Islander communities in caring for their health and wellbeing.

Director-General's Foreword

I am proud to present the 2023–24 Annual Report, showcasing Queensland Health's significant achievements in addressing both current and future health system challenges. This year, we made significant progress with our ambitious reform agenda, ensuring our public healthcare system remains sustainable and accessible to all Queenslanders.

Investment in health grew, with the 2023–24 State Budget detailing the largest investment in health in Queensland's history. However, to maintain a high-performing healthcare system, we must constantly evolve our operations. This includes developing new ways of accessing care, integrating more effectively with the broader health sector, and expanding our workforce.

At the heart of our mission are Queensland Health's dedicated staff. Their immense skill, dedication, and hard work have positioned us as a high-performing health system nationally across various indicators. To ensure we have the workforce numbers to meet the demands of today and tomorrow, we have grown our workforce, meeting the target of 1,700 new allied health professionals in January 2024 and expect to meet the target of 5,800 new nurses and midwives by the end of 2024. Our School-based Traineeship Program saw 20 students completing either a Certificate III in Business or Certificate III in Laboratory Techniques, setting them on a path to rewarding careers. Additionally, we launched a marketing campaign targeting parents and high school-aged Queenslanders to consider careers with Queensland Health.

While growing our workforce is vital, retaining it is equally important. To achieve this, in 2023–24, we focused on cultivating leadership potential and performance development. A total of 532 department staff completed leadership programs, and more than 10,000 hospital and health service staff, as well as the Queensland Ambulance Service (QAS) staff, attended training programs.

As one of the state's largest employers, we are aware of the challenges the rising cost of living is having on our employees, particularly those seeking to start a career with us. In June 2024, the Queensland Government announced Fee Free TAFE for nursing students, addressing the cost-of-living crisis. This initiative will provide an extra 3,500 Diploma of Nursing placements for free in 2024, aiding our efforts to secure the nurses needed in the coming years.

To drive performance in our health system, Queensland Health's HEALTHQ32 reform agenda continued with the release of several key strategies, including the Women and Girls' Health Strategy, Health Workforce Strategy, First Nations First Strategy, and Research Strategy 2032. These strategies operationalise the HEALTHQ32 vision through key initiatives and outcomes.

Our infrastructure program continues to provide better services closer to home. In 2023–24, satellite hospitals opened in Caboolture, Kallangur, Redlands, Ripley, and Tugun. Other significant projects include expansions at Mackay Base Hospital, Ipswich Hospital, Hervey Bay Hospital, and Townsville University Hospital. The Secure Mental Health Rehabilitation Unit facility at Gold Coast University Hospital is expected to open later this year.

Our ambulance service, one of the busiest in the nation, continues to support service delivery requirements within Queensland communities, with new ambulance stations in Ripley and Morayfield commencing operations in 2023–24.

Recognising the importance of woman-centred maternity care, Queensland Health appointed its first Chief Midwife in early 2024. We introduced midwife-to-patient ratios, counting babies as separate patients. Additionally, \$16 million is being invested in midwife-led models of care in regional communities. The Putting Queensland Kids First Strategy includes new health supports such as home visiting services and improved access to child health services.

Investment in mental health continued with the implementation of Better Care Together: A plan for Queensland's state-funded mental health, alcohol, and other drugs services to 2027. Twelve new acute response teams were established, and hospital-in-the-home services were introduced. The state's first pill testing service opened in Brisbane in April 2024.

The 2023–24 Annual Report showcases our commitment to transforming healthcare and providing better services for Queenslanders.

I am incredibly proud of the Department of Health's team efforts and look forward to continuing this vital work to meet the needs of communities across our state.



Michael Walsh
Director-General

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1. Our Organisation

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 (accountable for the delivery of the capital build program planning), and corporate support services for the employment of more than 109,000 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 with First Nations peoples

Queensland Health is committed to delivering a health system that acknowledges the Traditional and Cultural Custodians of the lands and waterways on which we work and live and pays respect to the First Nations Elders past and present. 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 employed across the health system and listening to their voices for a better-coordinated health system.

Our commitment to Human Rights

We will respect, protect, and promote human rights in our decision making and actions.

Our vision

A dynamic and responsive health system where our workforce is valued and empowered to provide world class healthcare to all Queenslanders.

Our purpose

To provide highly effective health system leadership.

Our focus areas

- **Maximise wellbeing:** Improve the health and wellbeing of Queenslanders.
- **Care in the community:** Strengthen access to care in the community and closer to home.
- **Care in hospital:** Optimise delivery of safe, appropriate and timely hospital care.

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 5 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 strategic plan and system priorities

The Department of Health's strategic plan (2021–2025) provides the vision and direction to achieve HEALTHQ32. HEALTHQ32 sets the future direction for the health system and focuses on being adaptable, embedding innovative models of care and new technologies that improve patient care, and delivering services more efficiently.

Contributing to the HEALTHQ32 vision are seven system priorities and their corresponding system strategies that will drive the future direction for health in Queensland.

- **Reform** – Delivering connected, equitable, sustainable, and integrated healthcare.
- **First Nations** – Placing First Nations peoples at the centre of healthcare design and delivery in Queensland.
- **Workforce** – A responsive, skilled and valued workforce where our people feel supported.
- **Consumer Safety and Quality** – Ensuring the delivery of safe and quality healthcare that supports consumers to achieve better health outcomes.
- **Health Services** – sustainable, personalised healthcare that delivers outcomes that matter most to patients and the community.
- **Public Policy** – Delivering quality advice to government to drive an agile, future focused health policy agenda.
- **Research** – A health system where research and innovation are encouraged, supported and enabled.

Our opportunities and challenges

In delivering our strategic plan and system priorities, opportunities and challenges were identified.

- **Sustainable health system:** Building capacity to meet current and future demand.
- **Connected services:** Redesigning patient flow and models of care through a coordinated network of partners.
- **Workforce:** Attracting, developing and retaining a responsive and agile workforce.
- **Leadership, accountability and culture:** Structuring the system to support shared decision-making, collaboration and collective accountability.
- **Equity of access and outcomes:** Safe and quality patient care and equitable access to care.
- **Digital transformation:** Accelerating our statewide capacity to deliver digitally enabled care.
- **Funding:** Deploying flexible funding models delivered in partnership.
- **Infrastructure:** Delivering quality healthcare facilities through capital and asset strategy and management.

Our contribution to Queensland

The Queensland Government's objectives for the community are:

- 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

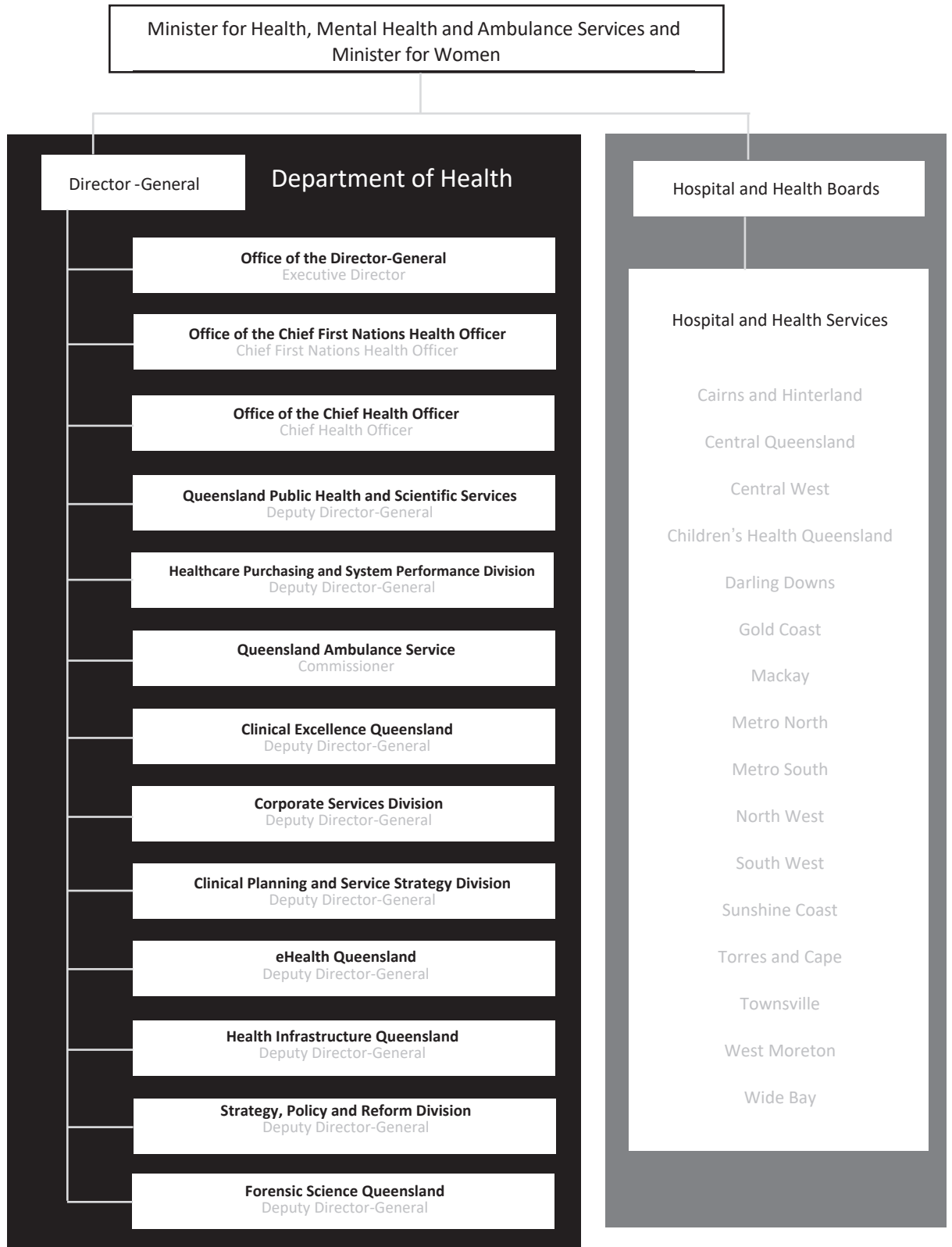
- Deliver even better services right across Queensland.
- Keeping Queenslanders safe: Ensure all Queenslanders can access world-class healthcare no matter where they live.
- Backing our frontline services: Deliver world-class services in key areas such as health, education, transport and community safety.

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 comprises of the Department of Health and 16 independent Hospital and Health Services (HHSs). The Department of Health is responsible for providing leadership and direction and collaboratively enabling the health system to deliver quality services that are safe and responsive for Queenslanders. Note: Forensic Science Queensland moved to the Department of Justice and Attorney-General effective 1 July 2024.



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 for Health, Mental Health and Ambulance Services and Minister for Women (the Minister) in relation to a range of executive government functions, 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 2024, ODG comprised the:

- Ethical Standards Unit
- Ministerial and Executive Services Unit
- System Support Services Unit.

Director-General

Michael Walsh

MBA, BA (Hons) in Psychology, BSc, and BEd

Michael commenced as Acting Director-General, Queensland Health on 24 July 2023. On 21 December 2023, Michael was appointed as Director-General.

Michael was previously the Director-General Queensland Health from July 2015 to September 2019. Most recently, Michael was Chair of the Queensland Reconstruction Authority and Chair of the Western Australia Health, Health Support Service. Michael was the Administrator, North West Hospital and Health Service from June 2021 to April 2022.

Michael was Chair of the Australian Health Ministers Advisory Council (AHMAC) providing

advice to the Council of Australian Governments (COAG) Health Council from 2016 to 2018. From 2019 to 2020, Michael was the inaugural Chair of the Australasian Institute of Digital Health and has previously been on the Board of the Australian Digital Health Agency. From 2019 to 2022 Michael was Chair of the Digital Health Cooperative Research Centre.

Michael has a passion for organisational excellence and leading value-based teams to achieve outcomes that improve the lives of all Australians.

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 support effective and appropriate policies, services and programs are provided to Aboriginal and Torres Strait Islander Queenslanders.
- Placing First Nations peoples and their voices at the forefront of healthcare service design and delivery in Queensland. Delivered as part of HEALTHQ32, the First Nations First Health Strategy 2032 is one of the system priorities that will drive the future direction for First Nations health in Queensland.
- Strategically influences and engages in key decision making and priority setting within Queensland Health in an endeavour to ensure a consistent approach and accountability through:
 - leadership for the National Agreement on Closing the Gap and Queensland’s 2023 Closing the Gap Implementation Plan
 - oversight of implementation of the First Nations First Health Strategy 2032, including the health equity reform agenda
 - oversight of implementation of the Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033: Policy and Accountability Framework.
 - influencing, adding value, supporting and advocating for 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 in relation to Aboriginal and Torres Strait Islander health outcomes.

As at 30 June 2024, the FNHO comprised:

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

Organisational changes for 2023–24

From 1 July 2023 a First Nations Health Workforce Branch under new senior director leadership was established within the First Nations Health Office to progress ongoing First Nations workforce initiatives and to consolidate the First Nations workforce functions from Clinical Planning and Service Strategy Division (Workforce Strategy Branch) into the First Nations Health Office.

Chief First Nations Health Officer

Haylene Grogan

M PubAdmin, MA (Aboriginal Affairs), BSN, GCMgt, GradDipAboriginal Studies, CertMidwifery, and GradCertNursing

Haylene is a very proud KukuYalanji and Tagalaka woman with Italian heritage. She has more than 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.

By exercising her leadership skills and building strong relationships and partnerships, Haylene has guided the development and implementation of various legislative, policy and service reforms across Australia. Through ongoing advocacy, she has grown the number of First Nations peoples working in the system and strengthened First Nations voices within the system to have a better coordinated, integrated and a more equitably funded system.

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 (CHO) 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.

- 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 2024, the OCHO comprised:

- Office of the Chief Health Officer
- Disaster Management Branch
- Private Health Regulation Unit.

Organisational changes for 2023–24

During 2023–24 there were two Business Cases for Change resulting in a unit and branch being realigned to the OCHO:

- Private Health Regulation Unit from the Healthcare Regulation Branch, Queensland Public Health and Scientific Services (QPHaSS), from 4 September 2023.

- Disaster Management Branch from the Office of the Chief Operating Officer, from 27 November 2023.

Chief Health Officer

Dr John Gerrard

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

Dr John Gerrard is a leading infectious disease specialist, who early in his career 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 travelling to Sierra Leone during the 2014 West African Ebola epidemic. In 2020, John treated Australia's first known case of COVID-19. Shortly after, he travelled to Tokyo and later the Dutch Antilles to respond to and treat COVID-19.

On returning to Australia, John was appointed Queensland's Chief Health Officer in December 2021. In this role John has been driving a number of significant policy issues seeking to improve the health and wellbeing of Queenslanders, including ongoing management of serious infectious diseases like COVID-19, respiratory syncytial virus (RSV) immunisation, and social media and the health of young people.

Queensland Public Health and Scientific Services

Queensland Public Health and Scientific Services (QPHaSS) brings together diverse system leadership and service delivery functions that promote health, prevent disease and manage risk. QPHaSS comprises of three key pillars including public health, clinical and scientific diagnostics and testing, and biomedical technology services.

Across the pillars, QPHaSS has a multidisciplinary workforce that provides medical specialties of pathology and forensic medicine, scientific testing, key system support functions and the surveillance, prevention and control of communicable diseases, healthcare associated infections 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 2024, QPHaSS comprised:

- Finance and Performance Management
- Pathology Queensland
- Biomedical Technology Services
- Health Protection and Regulation Branch
- Communicable Diseases Branch
- Public Health Intelligence Branch
- Strategy and Coordination Branch
- Prevention Strategy Branch.

Organisational changes for 2023–24

QPHaSS has undergone substantial organisational change to deliver greater functional alignment and support delivery of divisional outcomes. This includes:

- a restructure of the QPHaSS public health pillar with phased implementation from 4 September 2023, including establishing the Public Health Intelligence Branch and Queensland Infection Prevention and Control

Unit, and realignment of Private Health Regulation Branch from QPHaSS to the Office of the Chief Health Officer

- the realignment of Prevention Strategy Branch from Strategy, Policy and Reform Division to QPHaSS, from 15 January 2024
- consolidating Pathology Queensland and Forensic and Scientific Services into a single branch under the Pathology Queensland name, from 29 April 2024
 - transitioning the QPHaSS Board of Management to the QPHaSS Advisory Board, providing the Deputy Director-General with expert advice and endorsing strategic approaches, policies and service reform strategies from October 2023
- establishing the Pharmacy Business Ownership Implementation Unit in March 2024 to oversee the implementation of the *Pharmacy Business Ownership Act 2024*.

Deputy Director-General, Queensland Public Health and Scientific Services

Nick Steele

BA (Hons) Economics

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

Nick is a senior executive with more than 23 years' experience working in public health systems in the United Kingdom and Australia.

As Deputy Director-General of QPHaSS, Nick oversees the delivery of statewide services and has an operational budget of more than \$950 million and more than 3,000 staff.

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, delivers value to the consumer and supports 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 multiple contracts with private providers and non-government organisations that are 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 2024, HPSP comprised:

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

Organisational changes for 2023–24

Nil organisational changes in the reporting period.

Deputy Director-General, Healthcare Purchasing System Performance Division

Melissa Carter

BBus(Acc/LegalStud), CA ANZ, GAICD

Melissa has extensive experience in leadership and engagement and is passionate about the provision of high-quality health care for patients. Melissa has held senior positions in both New South Wales and Queensland Health and has worked in the public health system for more than 20 years. As the Deputy Director General of Healthcare Purchasing and System Performance, she is committed to transforming healthcare models using the commissioning framework to support and deliver innovation and ensure future sustainability.

Queensland Ambulance Service

Through the delivery of timely and 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 transports, aeromedical retrieval and transfer services, casualty room services, confidential health assessment and information services, and the planning and coordination of multi-casualty incidents and disasters.

The QAS delivers ambulance services from 308 response locations through 8 regions and 17 districts, with districts being aligned to the state's Hospital and Health Service boundaries. The QAS has 8 operation centres located throughout Queensland that manage emergency call-taking, emergency operational deployment and dispatch, and the coordination of non-urgent patient transport services.

The QAS also incorporates the Health Contact Centre (HCC) and Retrieval Services Queensland (RSQ).

HCC provides confidential health assessment and information services 24 hours a day, 7 days a week using multi-channel delivery models. The HCC also provides clinical support directly to the community and in support of HHSs and the Department of Health, and is staffed by nurses, health practitioners and counsellors to ensure consumers receive safe, quality, and responsive health advice.

RSQ ensures the safe, timely, and equitable provision of vital aeromedical retrieval and emergency telehealth services. Their associated education services reach and support all Queensland Health rural, remote and regional healthcare clinicians and facilities.

In addition, the QAS works in partnership with 135 active Local Ambulance Committees across the

state, whose members volunteer their time to support their local ambulance service.

As at 30 June 2024, the QAS comprised:

- Office of the Commissioner
- Office of the Chief Operating Officer
- Operations – South (incorporating 5 regions)
- Operations – North and Rural and Remote (incorporating 3 regions)
- Office of the Medical Director
- Corporate Services
- Health Contact Centre
- Retrieval Services Queensland.

Organisational changes for the 2023–24

In September 2023, the role of the Chief Operating Officer (COO) was introduced into the QAS as a key leadership role to provide strategic oversight of operations and to ensure the QAS remains a modern, effective and aligned organisation now and into the future.

Commissioner, Queensland Ambulance Service

Craig Emery ASM

EMPA

Craig Emery was appointed Commissioner in February 2022. As Commissioner, Craig provides leadership for the QAS in its delivery of timely, quality and appropriate patient-focused ambulance services to the Queensland community.

As Commissioner, Craig has led a range of significant initiatives across the QAS and the broader health system, including the development and implementation of the QAS Strategy 2022–27, the new QAS Workforce Plan and a range of innovative service delivery improvements including the expansion of the QAS Clinical Hub, QAS Mental Health Co-Responder Program, introduction of the QAS Complex and Frequent Presenters Program and QAS Falls Co-Responder Program.

Clinical Excellence Queensland

Clinical Excellence Queensland (CEQ) works in partnership with HHSs, clinicians, and consumers to drive measurable improvements in patient care, through a continual pursuit of excellence.

- Identifying, monitoring and promoting improvements in the quality of health services delivered by service providers (both HHSs and private health facilities, globally and within Queensland).
- Supporting and disseminating best-practice clinical standards and processes that achieve better outcomes for our patients.
- Setting and supporting the direction for mental health, alcohol and other drug services in Queensland and reporting on performance.
- Acting as the conduit for the Queensland Clinical Senate and clinical networks to engage with the department and providing professional leadership for clinicians through the Office of the Dental Officer, Office of the Chief Nurse Officer, Office of the Chief Midwife Officer, Office of the Chief Allied Health Officer, and Office of the Chief Medical Officer and division of the Chief Psychiatrist.

As at 30 June 2024, 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 Nurse Officer
- Office of the Chief Midwife 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
- Division of Chief Psychiatrist.

Organisational changes for 2023–24

During 2023–24 Clinical Excellence Queensland undertook one significant Business Case for Change relating to the Ministerial announcement to establish a Chief Midwife to help improve maternity services across the state. This change process saw the separation of the former Office of the Chief Nursing and Midwifery Officer into 2 separate standalone professional offices.

Additionally, there was a small-scale change process undertaken by the Healthcare Improvement Unit to realign staff reporting arrangements following the larger 2022 Departmental Business Case for Change.

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.

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. 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 continues to practice clinically in the Neurology Department, Royal Brisbane and Women's Hospital.

Corporate Services Division

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

- 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 based in 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 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 services 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 Queensland

Health's procurement and supply chain operations.

As at 30 June 2024, CSD comprised:

- Office of the Deputy Director-General
- Finance Branch
- Legal Branch
- Governance, Assurance and Information Management Branch
- Human Resources Branch
- Corporate Enterprise Solutions
- Supply Chain Surety
- System Procurement Branch
- Business Services Branch
- Procurement and Supply Chain Optimisation Portfolio.

Organisational changes for 2023–24

Nil organisational changes in the reporting period.

Acting Deputy Director-General Corporate Services Division

Damian Green

BEC (Hons), BA, FAIDH, FCHSM

Damian joined the Department of Health executive team in September 2019 as the Deputy Director-General eHealth Queensland 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.

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 has been acting in the role of Deputy Director-General, Corporate Services Division since 22 May 2023.

Clinical Planning and Service Strategy Division

The Clinical Planning and Service Strategy Division (CPSS) is tasked with enhancing the availability and effectiveness of health services for the Queensland community. This includes strategic oversight of the strategy and planning for clinical services, our workforce, leadership development, mental health, alcohol and other drugs, and the advancement of research and integration of precision medicine initiatives.

- Workforce Strategy Branch (WSB) focuses the strategic workforce planning efforts on the clinical workforce, the clinical assistant and support workforce, and other health workforce groups to deliver priority health services.
- Mental Health Alcohol and Other Drugs Strategy and Planning Branch (MHAOD-SPB) supports the delivery of contemporary, high quality MHAOD services in the state-funded system through system strategy, planning and redesign, and the development of evidence-based models of service. It does this through partnerships and collaboration with HHSs, non-government and Aboriginal and Torres Strait Islander sectors, state and national government agencies, peak bodies and people with lived experience of MHAOD.
- System Planning Branch (SPB) supports the delivery of contemporary, high-quality health services through statewide planning and redesign, system strategy, and development of evidence-based models of service.
- Office of Research and Innovation (ORI) works to improve the health of Queenslanders by supporting and enhancing medical research by engaging clinical researchers and other research partners, leveraging industry opportunities, and translating research achievements into improved health outcomes for patients.

As at 30 June 2024, CPSS comprised:

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

Organisational changes for 2023–24

Workforce Strategy Branch (WSB): The Junior Medical Officer Employment Team (JMET) was established within the Medical Advisory and Prevocational Accreditation Unit in January 2024 to review the implementation of long-term contracts for resident medical officers. This is an outcome of the enterprise bargaining process undertaken for the Medical Officers' (Queensland Health) Certified Agreement (No 6) 2022 known as MOCA6.

In May 2024, a workforce team was formed in the Workforce Strategy Unit, which partners with departmental teams and HHSs to provide expert workforce planning and advisory services. The Business Case for Change resulted in consolidating 5 teams into 2.

Office of Research and Innovation (ORI): In September 2023 ORI established 2 new work units for genomics and business development.

- The Genomics Business Unit leads the delivery of the Genomics Roadmap and is currently working towards convening a 'Genomics Consumer Group' and co-design processes and service models for genomics.
- The Business Development Unit identifies gaps in translation and commercialisation capabilities and drives the translation of medical research into commercial opportunities to attract investment and create valuable knowledge-based jobs.

Deputy Director-General, Clinical Planning and Service Strategy Division

Colleen Jen

BNurs, MCRP, GCPolicyAnalysis

Colleen Jen is an executive and health professional with more than 40 years' experience 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 and Aboriginal and Torres Strait Islander health and infrastructure planning teams in Queensland Health.

eHealth Queensland

eHealth Queensland (eHQ) is advancing healthcare with digital technologies and is responsible for modernising vital information and communication technology (ICT) to improve healthcare across Queensland.

- 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 Queensland Health's vision and investment priorities.
- Providing modern ICT infrastructure and customer support for desktops, mobiles, smart devices, telehealth, data centres, networks and security.
- Leading, guiding, identifying and implementing digital solutions to drive improvements in the safety, quality and efficiency of healthcare services.
- Accountability for eHQ ICT service and performance across the system.
- Partnering with HHSs and the department to ensure their priorities are enabled by 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 2024, eHealth Queensland comprised:

- Office of Deputy Director-General
- Strategy and Architecture and Information Services Branch
- Delivery Services Branch
- Operations and Performance Branch
- Digital Health Branch
- Enterprise Technology Services Branch.

Organisational changes for 2023–24

A re-organisation of Delivery Services Branch was undertaken.

A summary of the organisational changes to the Delivery Services Branch is below:

- establishment of two new business units to respond to the growth of digital projects
- movement of existing teams into the new business units
- centralisation and realignment of resources and specialist services
- update to nomenclature.

Acting Deputy Director-General, eHealth Queensland

Dr Tanya Kelly

MBBS BMedSc FANZCA MBA DipGovt
DipProjMat GAICD CHIA

Dr Kelly is currently Acting Deputy Director-General at eHealth Queensland. Dr Kelly has an active role in leadership and strategic direction for digital health across the statewide eHealth program.

Dr Kelly is also 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 more than 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 qualifications in clinical design, business, and is a Certified Health Informatician (CHIA).

Health Infrastructure Queensland

Health Infrastructure Queensland (HIQ - formerly known as Health Capital Division) plans and delivers flexible, future-fit infrastructure that enables sustainable world-class healthcare to all Queenslanders. Partnering across the ecosystem, HIQ innovates and designs 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 HHSs, HIQ plans and delivers the Queensland Health capital program, provides expert advice to effectively manage assets and property, and monitors and reports on the performance of our statewide capital programs which involves working with key partners such as asset management programs and teams.

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

As at 30 June 2024, HIQ comprised:

- Office of the Deputy Director-General
- Planning and Delivery (3 streams)
- Operations
- Strategy and Commercial
- Program Management.

Organisational changes for 2023–24

During 2023–24, HIQ undertook an organisational change, implementing an Executive Program Director position to provide executive leadership support through the guaranteed construction sum transaction process. The scope of these changes also included realigning Operational Commissioning, Furniture, Fixtures and

Equipment, Design, Assurance and Innovation, Critical Infrastructure and ICT teams to the program.

Deputy Director-General, Health Infrastructure Queensland

Priscilla Radice

BSocSc

Priscilla is a dynamic leader who drives person centred, effective and sustainable results. Her expertise includes managing significant transformational infrastructure programs, shaping new operating models, and leading system reform.

In August 2022, Priscilla was appointed Queensland Health's Deputy Director-General, Health Infrastructure Queensland to deliver Queensland's largest ever infrastructure program.

Priscilla has more than 20 years of experience in the infrastructure sector and has managed large-scale projects and programs across diverse sectors. Immediately prior to this role, she was the Chief Executive Officer, Infrastructure Association of Queensland and Principal, Arup, leading Australasia's transport and resources business.

Strategy, Policy and Reform Division

The Strategy, Policy and Reform Division (SPRD) is responsible for driving the strategic agenda for public health in Queensland.

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

The SPRD develops and stewards Queensland Health's strategic agenda, enabling effective and agile health policy and health funding that delivers organisational and government priorities to guide, protect and improve the health and wellbeing of Queenslanders while managing the health system's sustainability.

SPRD is responsible for leading the delivery of Queensland Health's ambitious health reform agenda which includes key areas of work to support health statutory agencies and support improved health outcomes for priority communities. These communities are women and girls, people experiencing domestic and family violence, children in the child protection system, members of LGBTIQ+ communities, people with disability, those experiencing or at risk of homelessness or housing instability, those from culturally and linguistically diverse (CALD) and multicultural backgrounds, older people including those who are in need of aged care, younger people in need of disability healthcare, and those at end of life or living with a life limiting illness who require palliative care.

The division collaborates with the Office for the Minister for Health, Mental Health and Ambulance Services and Minister for Women and the Director-General to perform executive government functions related to Cabinet, Executive Council and Parliament.

As at 30 June 2024, SPRD comprised:

- Cabinet and Parliamentary Services
- Funding Strategy and Intergovernmental Policy Branch

- Reform Office
- Strategic Communications Branch
- System Governance Strategy Branch
- System Policy Branch
- Office of the Deputy Director-General

Organisational changes for 2023–24

Resultant from a Business Case for Change, on 15 January 2024, Prevention Strategy Branch transitioned from Strategy, Policy and Reform Division to Queensland Public Health and Scientific Services Division.

In March 2024, acting Deputy Director-General for SPRD, David Sinclair, resigned. Tricia Matthias is currently acting in the position.

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

Tricia Matthias
LLB, GAICD

Tricia is a highly respected policy, legislation, and implementation expert with more than 25 years' experience in the Queensland public service. Tricia began her career as a junior lawyer representing adults and youths at Legal Aid Queensland where she was admitted as a Barrister-at-law. Tricia has also worked as a Judge's associate and for the departments of Justice and Attorney-General, Disability Services, Education, and Premier and Cabinet.

Career highlights include leading the legislation for the first Queensland laws to ban smoking in public places, establishing Victims Assist Queensland, establishing the COVID-19 legislative framework, and the drafting of Chief Health Officer's Public Health Directions. Tricia led the implementation of voluntary assisted dying laws in Queensland, which was awarded the 2024 overall Premier's Award for Public Sector Excellence for an initiative that has shown exemplary leadership. Tricia finishes as acting Deputy Director-General on Sunday 4 August 2024.

Forensic Science Queensland

Forensic Science Queensland (FSQ) was established in 2023 following the Commission of Inquiry into DNA Testing in Queensland (Sofronoff Inquiry). FSQ is the government service provider for forensic biology and forensic chemistry.

Forensic services are provided to the Queensland Police Service, the Office of the Director of Public Prosecutions, other government agencies and to the Queensland justice system, including the Coroner's Court. Forensic Science Queensland's scientists provide expert, impartial, scientific advice for formal evidentiary statements and expert evidence in court.

Forensic Science Queensland's main priorities involve improving the forensic services provided to the Queensland judicial system, including continuing to implement the recommendations from both the 2022 Sofronoff Commission of Inquiry and the 2023 Bennett Commission of Inquiry (COIs). This work includes addressing the ongoing casework as a result of the COI's.

Additionally, FSQ will continue to increase resource capacity through national and international outsourcing and international recruitment activities.

As at 30 June 2024, FSQ comprised:

- Office of the Chief Executive Officer
- Corporate Services
- Forensic Biology
- Forensic Chemistry
- Innovation
- Quality.

Organisational changes for the 2023–24

FSQ has undergone 3 Business Case for Change (BCFC) processes.

Phase 1 of the BCFC was completed in the 2022–23 financial year.

On 7 September 2023, a second BCFC occurred to restructure the division which included the renaming of several teams. This BCFC also included creating additional roles (both scientific and non-scientific) to support the implementation of the recommendations from the COIs.

A third truncated business case was implemented to transfer positions from the Forensic Property Point (FPP) and select positions from the Scientific Services Liaison Unit (SSLU) from Pathology Queensland to FSQ from 1 July 2024.

Additionally, the Sofronoff Inquiry recommended establishing a new Queensland forensic agency with statutory office holders, under the Department of Justice and Attorney-General. In response to this recommendation, the *Forensic Science Queensland Act 2024* was developed. As a result, FSQ is transitioning from Queensland Health to the Department of Justice and Attorney-General from 1 July 2024.

Chief Executive Officer, Forensic Science Queensland

Dr Linzi Wilson-Wilde OAM

BSocSc, PostGradDipScGenetics, PhD in Molecular Genetics

Dr Wilson-Wilde is a well-respected forensic scientist and leader with more than 27 years' experience working on legislative reform, policy development, the investigation of high-profile murder cases, cold case reviews and a mass DNA screen.

Dr Wilson-Wilde coordinated the DNA analysis for the disaster victim identification and criminal investigation of the Bali Bombing in October 2002. Over the last 10 years, Dr Wilson-Wilde has been involved in the development of forensic specific Australian and international standards for forensic science and also represents Australia on the International Forensic Strategic Alliance.

Dr Wilson-Wilde has received a Medal of the Order of Australia for her work, was inducted into the Victorian Honour Roll of Women in 2014 and was awarded the John Harber Phillips award for sustained excellence in forensic science 2022.

Our People

Workforce profile

The Department of Health is committed to developing a workforce that is valued, respected and empowered to lead and support the delivery of world class health services. To achieve this, the department is focusing on developing its people, with a focus on supporting leaders to make fair and reasonable decisions, and to feel empowered to manage instances of poor conduct and behaviour at the earliest opportunity.

The department is also focused on attracting, retaining and developing people best suited to its workforce by ensuring recruitment activities are fair and transparent, are focused on selecting a diverse workforce, and employees who will contribute positively to our culture.

The department's workforce strategy is also focused on reframing the relationship with Queensland's First Nations peoples by building a culturally capable workforce and culturally safe workplaces. The below workforce numbers are based on PSC MOHRI data; and for QH and DOH are as of 23 June 2024; and QAS as of 30 June 2024. As workforce size constantly fluctuates, these figures may differ from figures collated at different times of the financial year.

- Grand Total QH FTE as at the end of 2023–24 - 109,463.27
- Specific DOH FTE - 9,518.79
- Specific QAS FTE - 5,770.02
- Other FTE staffing groups that fall outside of the above - 94,174.46

Table 1- Total staffing 2023–24	
Headcount	Total Number: 16,523
Fulltime equivalent (FTE)	Total Number: 15,288.81
Table 2- Occupation types by FTE	
Corporate	35.28%
Frontline and Frontline Support	64.72%
Table 3 - Appointment type by FTE	
Permanent	86.49%
Temporary	11.28%
Casual	1.22%
Contract	1.01%
Table 4 - Employment status by headcount	
Fulltime	80.14%

Parttime	17.77%	
Casual	2.09%	
Table 5 - Gender data		
	Headcount number	% of total workforce
Woman	9,711	58.77%
Man	6,786	41.07%
Non-binary	26	0.16%
Other	0	
Table 6 - Diversity target group data		
	Headcount number	% of total workforce
Women	9,711	58.77%
Aboriginal Peoples and Torres Strait Islander Peoples	326	1.97%
People with disability	476	2.88%
Culturally and Linguistically Diverse (speaks a language other than English at home)	1,610	9.75%
Table 7 - Target group data for women in leadership roles		
	Headcount number	% of total workforce
Senior Officers (classified and s122 equivalent combined)	185	52.86%
Senior Executive Service and Chief Executives (classified and s122 equivalent combined)	86	52.76%

Strategic workforce planning and performance

Talent attraction

On 1 July 2023, Queensland Health introduced a Workforce Attraction Incentive Scheme. The incentive scheme provides up to \$20,000 to eligible interstate and international health workers to work in Queensland. A payment of up to \$70,000 may be available for eligible health workers that move to work in rural and remote Queensland. The scheme promotes a supply of doctors, nurses, midwives, dentists and allied health workers to rural and remote communities. Since the scheme's inception on 1 July 2023, 1,181 health workers have been paid the incentive.

Leadership and capability, and public sector values

Our flagship program is the Next Generation Program which is a 10-month workshop and executive coaching program designed to cultivate personal leadership acumen, foster visionary thinking, promote innovation, all while leading through complexity to equip high-potential leaders from across Queensland Health. Twenty aspiring executives graduated from the program in October 2023. A new cohort commenced in June 2024.

Complementing our structured programs, Queensland Health provides a diverse range of professional development opportunities including short courses covering topics directly aligned to our strategic objectives and the leadership competencies for Queensland as outlined by the Public Sector Commission. These courses, spanning leadership, personnel management, governmental communication and project management, are well received and cater to the diverse needs of our workforce.

The Department of Health 2024 School-based Traineeship Program supported 20 senior high school students from different high schools across Queensland. Fourteen students will complete a Certificate III in Laboratory Techniques and 6 students will complete a Certificate III in Business during 2024 while working 1 day a week in paid work experience. Host areas included Pathology Queensland, Office of the Director-General and supply chain's distribution centres. The trainees are located in multiple regions, including Brisbane, Rockhampton, Townsville, Hervey Bay, Toowoomba, Redcliffe, Gold Coast, and Bundaberg.

Effective workforce planning is a key enabler for Queensland Health's success in building a pipeline of health workers for the future. Recognising this challenge, a dedicated workforce planning advisory team has been created with the key purpose of partnering with Hospital and Health Service (HHS) stakeholders to build workforce planning capability across the system. A workforce planning framework has also been developed for Queensland Health, which provides practical tools and templates needed to plan and build the workforce of the future. The Workforce Strategy Branch (WSB) partners with HHSs and the Queensland Ambulance Service to deliver a range of programs targeting their specific strategies and priorities to support their leadership and workforce capability development. Their individualised plans are outlined in their annual capability development strategies.

In 2023–24, approximately 10,000 participants attended our HHS partnership programs, with 97% rating the program quality as good or excellent, and 98% indicating confidence the learning and skills gained would be transferable to the workplace.

An example of some of the programs delivered by Work Strategy Branch in the 2023–24 financial year include:

Authenticity, Leadership, Integrity, Collaboration and Empowerment (ALICE): Maternity Services Program

The ALICE: Maternity Services Program was developed for all staff who contribute to the delivery of maternity services and offers multidisciplinary teams the opportunity to further develop their ability to meet the challenges associated with delivering best practice maternity care. In 2023–24, 244 staff in maternity services have participated in 16 ALICE programs across the state.

First Nations Leadership Program

The First Nations Leadership Program, in line with the *First Nations First Strategy 2032*, supports First Nations staff early in their career to navigate the unique challenges and opportunities they experience within the health sector and their communities, and to build a pipeline of future First Nations healthcare leaders. This is achieved by strengthening the First Nations workforce and building the confidence and voices of First Nations peoples to shape the healthcare system.

In 2023–24, 188 First Nations staff participated in 13 programs, delivered across 11 HHSs and the QAS.

Management Essentials Program

The Management Essentials Program focuses on enhancing the human resources and financial management capability of the Queensland Health workforce to ensure managers can effectively achieve organisational outcomes. Key objectives achieved through the delivery of this program include an improved understanding of financial management concepts including the Queensland Health funding system and financial decision-making, and an expanded understanding of human resources issues including fundamental human resources management principles, data driven decisions, and performance conversations.

In 2023–24, Management Essentials – Human Resources, was attended by 562 managers and supervisors across the state in over 39 programs.

Management Essentials Management Essentials – Human Resources Finance was attended by 489 managers and supervisors across the state in over 38 programs.

Palliative Care Workforce Capability Uplift Program

In addition to the suite of programs delivered to HHSs and the QAS workforces through their capability development strategies and statewide programs, the Centre for Leadership Excellence is delivering the Palliative Care Workforce Capability Uplift program - Workforce Support – education and development funding.

The program strengthens the capacity and capability of the Queensland Health’s palliative care nursing, allied health workforces and First Nations health workers. Key outcomes for palliative care nursing, allied health workforces and First Nations health workers include improved:

- understanding of core requirements (skills, knowledge and capabilities)
- access to training and on-the-job learning
- capability, capacity and delivery of palliative care.

Initiatives that have been delivered in support of this work across Queensland Health include:

- development of the Palliative Care Nursing and Allied Health Education Framework which provides access to palliative care training
- allocation of \$350,000 to the Post Graduate Study Scheme to enable 53 allied health, nursing and Aboriginal and Torres Strait Islander Health Workers to undertake post graduate palliative care training.
- Leadership, wellbeing, and capability workshops delivered to 55 palliative care allied health professionals, nurses and Aboriginal and Torres Strait Islander Health Workers.
- Funded placements for 120 palliative care workers to attend educational conferences.

Early Retirement, redundancy, and retrenchment

No redundancy, early retirement or retrenchment packages were paid to employees by the Department of Health in 2023–24.

Employee performance management framework

As part of our ongoing commitment to capability enhancement and performance uplift, we are actively developing new initiatives focused on leadership, performance and development. New and revised programs are planned for delivery across 2024–2025 which will align to and support the Positive performance management (Directive 02/24).

Complementing the principles outlined in Directive 02/24, more than 350 employees have attended the two-day Performance Practice Program, and since its launch in January 2024, 280 employees have attended the in-house Meaningful Conversations offering. These offerings provide crucial support for leaders and employees to reach their full potential through ongoing learning, growth and development.

Employment relations

In 2023–24, Queensland Health continued the 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
- Aboriginal and Torres Strait Islander Health Workforces (Queensland Health) Certified Agreement (No. 1) 2019 (EB1).

Workforce Relations and Policy, HR Branch, commenced and finalised negotiations for the Aboriginal and Torres Strait Islander Health Workforce (Queensland Health) Certified Agreement (No.2) 2023, and the new Visiting Medical Officers' Employees (Queensland Health) Certified Agreement (No. 1) 2023 (VMO1).

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

Mental health and wellbeing

Queensland Health's new Workforce Mental Health and Wellbeing Framework was released on 31 October 2023. The framework supports delivery of key workforce health safety and wellbeing legislative requirements including the Managing the Risk of Psychosocial Hazards at Work Code of Practice 2022 (the Code), the *Hospital and Health Boards Amendment Act 2022* (including health safety and wellbeing provisions for the health workforce), and the *Workers Compensation and Rehabilitation Act 2003*. It provides an overarching integrated framework that HHSs, the Department of Health and the Queensland Ambulance Service can

refer to for aligning, developing and enhancing local workplace mental health and wellbeing strategies, programs and initiatives. The framework spans the continuum of promoting wellbeing, preventing of harm, early intervention, and support for recovery. Initial implementation activities for the framework include:

- statewide initiatives for building mental health and wellbeing awareness
- capability building in workplace psychosocial hazards and risk management and input into leadership programs
- work health and safety
- human resource policy review
- enhancements to the Code
- enterprise level psychosocial risk assessments for all Queensland Health accountability areas
- statewide psychosocial risk assessments for identified higher risk occupational groups
- initiation of a Recover Well Work Well Strategy focused on improving early intervention and return to work outcomes
- enhancement of wellbeing support resources and pathways for all staff.

HR Branch is leading a project relating to the recent amendments made to the *Sex Discrimination Act (Cth) 1984* under section 47C (Positive Duty) and the Public Sector Commission Directive 12/23 Preventing and Responding to Workplace Sexual Harassment and Managing the Risk of Psychosocial Hazards at Work Code of Practice. Key objectives of the project are the following:

- complete a full review of the E5 HR Policy Sexual Harassment and develop a guideline in line with all legislative changes
- ensure compliance across the agency
- provide assistance with the implementation of a contact officer network across the state
- attend and participate in the Strategic Workforce Councils facilitated by the PSC, ensuring action items from this meeting are completed and communicated
- communicate changes and updates across the system where needed.

Development of Human Resource (HR) practitioners

The HR in Practice Program is a week-long in-house program designed to build HR practitioners' capability and knowledge in the areas of performance management, complex case management, legislation and the Queensland Health policy and employment frameworks.

Results indicated participants felt more confident in the following areas after completing the program:

- using the employment and policy frameworks
- resolving industrial relations issues
- conducting investigations managing ill health and Workcover matters
- providing advice to managers
- complying with the Queensland Industrial Relations Commission and Crime and Corruption Commission policies
- responding to serious incidents
- advising on organisational change
- responding to industrial disputes.

From July 2023 to June 2024, 32 participants from various HHSs and the department attended the program. Since the program commenced in 2016, a total of 212 participants across 61 cohorts have participated.

Human resource capability

A bi-monthly webinar-based HR practitioner education series is held and is facilitated by guest speakers and designed to improve the skills and knowledge base of HR practitioners across the state.

From July 2023 to June 2024, the team facilitated seven HR practitioner information sessions with an average of 150 HR practitioners attending each session.

The sessions covered the following topics:

- implementing reasonable adjustments in the workplace
- tips for drafting show cause notices
- conflicts of interest and initial learnings about the new *Public Sector Act 2022*
- suspension under the new *Public Sector Act 2022*
- complex case management
- employment law 2023 in review
- intake and assessment of suspected corrupt conduct allegations.

Public Sector Ethics Act 1994

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

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

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

Code of Conduct training is provided online. The course 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. During 2023–24, 13,748 employees (including the QAS) completed this training.

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

2. Our Performance

Financial highlights

The Department of Health's purpose is to provide leadership and direction and to work collaboratively to enable the health system to deliver quality services that are safe and responsive for Queenslanders. To achieve this, seven major health services are delivered which reflect the Department's planning priorities as articulated in the Department of Health Strategic Plan 2021–2025. These services are: 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 8 within the financial statements section. The percentage share of these services for 2023–24 is as follows:

- Inpatient Care – 46.4%
- Prevention, Primary and Community Care – 13.1%
- Outpatient Care – 12.1%
- Emergency Care – 10.6%
- Mental Health and Alcohol and Other Drugs Services – 9.4%
- Sub and Non-Acute Care – 5.1%
- Ambulance Services – 3.3%.

The Department reported an operating deficit of \$22.922 million in 2023–24 after having delivered on all agreed major services.

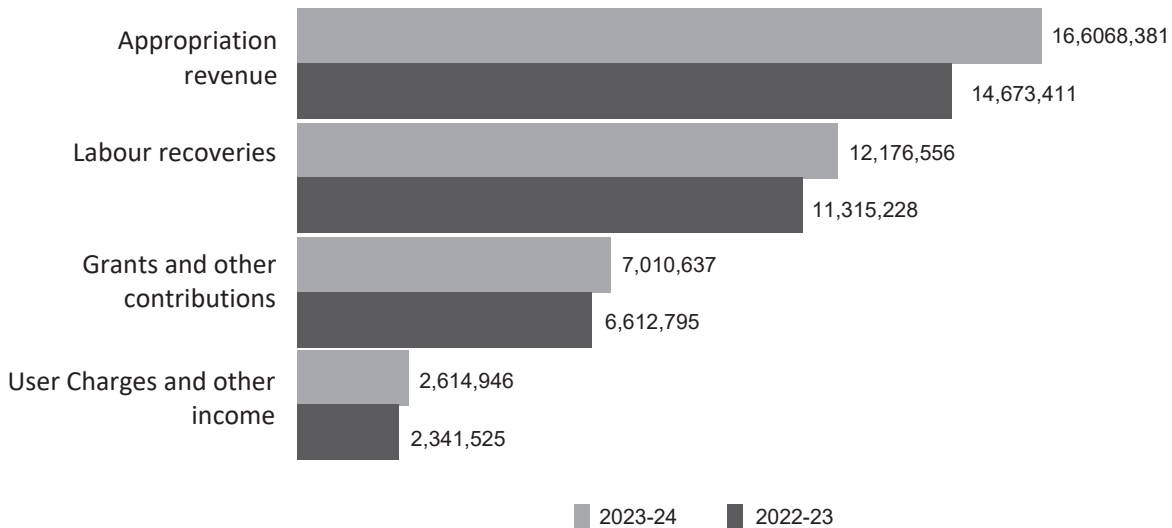
The Department, through its risk management framework and financial management policies, is committed to ensuring optimal financial outcomes and delivering sustainability of services. In addition, the Department's financial risk of contingent liabilities resulting from health litigations is mitigated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

Income

The Department's income includes operating revenue as well as internally generated revenue. The total income from continuing operations for 2023–24 was \$38.411 billion, an increase of \$3.468 billion (or 9.9 per cent) from 2022–23. Revenue is sourced from four main areas.

- Appropriation revenue of \$16.608 billion (or 43.2%), which includes State Appropriation and Commonwealth Appropriation.
- Labour recoveries of \$12.177 billion (or 31.7%). 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 other contributions of \$7.011 billion (or 18.3%), which includes National Health Reform Funding (NRHA) from the Australian Government.

- User charges and other income of \$2.615 billion (or 6.8%), which mainly consists of recoveries from the HHSs for items such as drugs, pathology and other fee for service categories. It also includes revenue from other states for cross-border patients, the Department of Veteran Affairs and other revenue.
- Figure 1 provides a comparison of revenue in 2023–24 and 2022–23



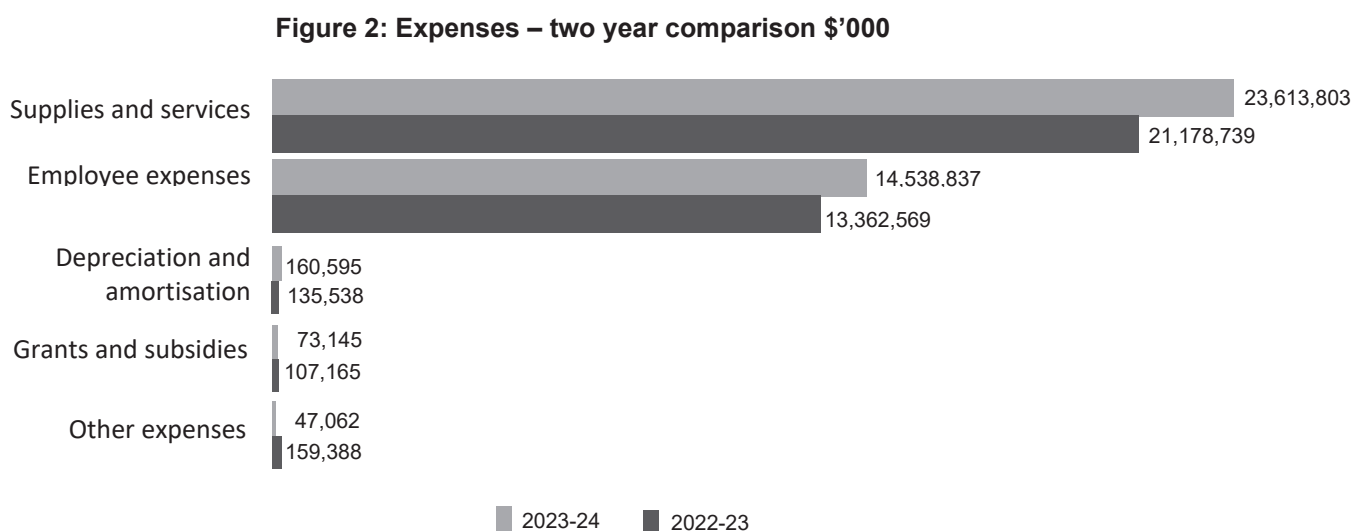
The major movements in revenue earned in 2023–24, when compared to 2022–23 includes:

- Labour recoveries – the increase of \$861.328 million (7.6%), is largely due to the impact of negotiated enterprise bargaining agreements recognised during the year, including cost of living adjustments payments linked to an inflation index of 7%, and the increase in full-time-equivalent (FTE) employees due to an increase in activity demand, driven by factors such as population growth in Queensland.
- Grants and other contributions – the increase of \$397.842 million relates largely to an increase of \$539.356 million in Commonwealth funding due to increased health care demands from an increasing Queensland population and increased inflation, offset by a decrease of \$209.401 million in funding received related to COVID-19 funding which ceased in December 2022.
- User charges and other income – the increase of \$273.421 million is largely due to increased drug purchases and other clinical supplies by HHSs driven by increased demand and inflation related price increases, a new cost recovery model for the recovery of Supply Chain Services and Transport Logistic Services from HHSs, and the implementation of a new IT model for cost recovery from HHSs.

Expenses

Total expenses for 2023–24 was \$38.433 billion, which is an increase of \$3.490 billion (or 10.0 per cent) from 2022–23.

Figure 2 provides a comparison of expenses in 2023–24 and 2022–23.



The major movement in expenses incurred in 2023–24, when compared to 2022–23 includes:

- Supplies and services – the increase of \$2.435 billion is mainly due to additional funding paid to HHSs and Mater Hospital for the provision of health services.
- Employee expenses – the increase of \$1.176 billion (8.8%), is largely due to the impact of negotiated enterprise bargaining agreements recognised during the year, including cost of living adjustments payments linked to an inflation index of seven per cent, and the increase in FTE employees due to an increase in activity demand, driven by factors such as population growth in Queensland.
- Other expenses – the decrease of \$112.326 million in Other expenses is mainly due to a decrease of \$63.204 million in donated inventory and a decrease of \$40.918 million relating to the cessation of pandemic payments to the Australian Government.

Anticipated maintenance

Anticipated maintenance is a common building maintenance strategy used by public and private sector industries. It consists of maintenance work which has been deferred to a future budget cycle as a result of risk-based assessment and informed decision-making regarding the asset maintenance program, as per usual industry practice.

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.

All Queensland Health entities comply with the Queensland Government Building Policy Framework – Growth and Renewal, which requires the consideration of:

- lifecycle costs of assets
- service delivery plans

- financial impact of the government building asset
- statutory compliance of the government building asset
- effective use of the government building asset as a resource
- environmental impact of the government building asset
- social significance of the government building asset.

As of 30 June 2024, the Department of Health had a reported anticipated maintenance of \$35.23 million and 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.

Note, the anticipated maintenance for HHSs is reported in their respective annual reports.

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 2024, a statement assessing the Department's financial internal controls has been provided by the Chief Finance Officer to the Director-General.

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

Our performance

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

As Queensland continues to grow, we want our health system to be equitable, accessible and culturally appropriate for everyone, across the state, and to meet future demand.

The past few years have presented opportunities to reinvent and innovate. Queensland Health is well positioned to partner across the health sector to deliver high quality healthcare, and support our workforce feel valued and empowered to provide world-class healthcare, now and into the future.

Over the next decade, our system priorities will enable the delivery of better care in our hospitals when it's needed as well as more care options delivered in the community, closer to home. This will ultimately refocus our system to maximise the wellbeing and quality of life for all.

From a good start to life right through to healthy ageing and a comfortable end-of-life experience, Queensland Health is committed to partnering across the health system to deliver a more connected system for a healthier Queensland.

The department supports the seven system priorities of *HEALTHQ32* and the corresponding system strategies that set the future direction for Queensland's health system over the next 10 years.

System priority 1: Reform

Delivering connected, equitable, sustainable and integrated healthcare

Strategic actions:

- Commence the implementation of the Reform Strategy and action plan.
- Establish evaluation frameworks for headline reform initiatives to support future decision making.

- *Proportion of headline reform initiatives with a governance structure in place by June 2024.*
- *Proportion of headline reform initiatives with an approved implementation plan in place by June 2024.*
- *Proportion of headline reform initiatives with an approved evaluation plan to support future expansion decisions in place by April 2024.*

Scaling virtual care

Co-design a statewide approach to integrated virtual healthcare service offerings across Queensland, with an initial focus on a single front door and the launch of the Queensland Virtual Hospital's first service, the Virtual Emergency Care Service ensuring alignment to the overarching vision of *HEALTHQ32*.

- The Department of Health has established the Queensland Virtual Hospital.
- The Queensland Virtual Hospital will leverage technology to link consumers to the right service via a digital front door.

The first service to be provided under the Queensland Virtual Hospital is the Virtual Emergency Care Service. This statewide

service was launched on 1 July 2024. Planning for the expansion of services available through the Queensland Virtual Hospital is underway. This will ensure greater capacity to provide care closer to home for more Queenslanders.

First 2000 Days

The Reform Office is leading a priority work program focusing on the First 2000 Days, a critical period from conception to 5 years, stemming from recommendations by the Queensland Clinical Senate and *HEALTHQ32*.

On 2 June 2024, Premier Miles announced \$501 million towards *Putting Queensland Kids First*, a cross-government package to improve outcomes for Queensland children and their families.

The Reform Office led the health component of *Putting Queensland Kids First*, which totals \$247.4 million over 4 years across 8 work packages.

This package includes:

- \$65.52 million for statewide roll out of Sustained Health Home Visiting.
- \$11.09 million for essential material basics for new parents and the Pepi-Pod® program.
- \$18.44 million supporting healthier pregnancies, including at-risk screenings during antenatal care.
- \$56.55 million for enhanced child development services in priority locations, to improve the health and wellbeing of children with developmental concerns.
- \$10.4 million for mental health supports for parents, partners and families.
- \$71.4 million for enhanced child health checks in the first 5 years of life.
- \$9.94 million to support improved access to hearing screening and diagnostic services by expanding the Community Hearing Screening program.
- \$4.1 million to expand Connecting2U to all Queensland families.

The department will lead oversight and coordination of the initiatives funded through

Putting Queensland Kids First. Implementation is currently underway in partnership with Hospital and Health Services and cross-government partners.

Integrated Patient Journey Portal and Anaplan

The Integrated Patient Journey Portal (IPJP) project was initiated within the Reform Office, SPRD, to develop a common, contemporary view of the patient's clinical journey across the Queensland health continuum. The IPJP project was conceived following wide-scale system consultation which identified the siloed nature of clinical datasets and difficulty in accessing patient-level data as key pain points for the health system.

The Anaplan proof of concept was initiated to develop a consistent approach and modelling solution to validate and evaluate modelling scenarios based on proposed activity shifts (e.g. alternative models of care, redesign of patient flow processes, funding remediations, etc.), system change drivers (including service provision capability, workforce impacts, bed availability etc.) and a baseline of current state supply and demand using IPJP pilot datasets.

The project's key achievements include:

- Obtaining custodian approval for the 5 datasets (Health Contact Centre, Queensland Ambulance Service, Emergency department, admitted and non-admitted patients)
- Implementing a patient matching solution across all 5 data sets.
- Developing and implementing a data governance access model.
- Developing IPJP Power BI reports showcasing end-to-end patient journeys between all 5 datasets with access provided to key internal customers.
- Commissioning work packages with Cloud Services (eHealth Queensland) to deliver Azure Machine Learning to support the interpretation and communication of the model.

- Developing a predictive artificial intelligence (AI) model to forecast patients' short-term re-presentations, based on Gold Coast Hospital and Health Service's data available in IPJP (Microsoft has been engaged to support the interpretation and communication of the model).
- Delivery of recommendation for scaling/implementation of pilot and proof of concept to the Data and Insights Steering Committee and the Strategic Reform Committee.

The Integrated Patient Journey Portal and Anaplan proof of concept have been completed and the findings presented to the Strategic Reform Committee. Recommendations for scaling and implementation of both the IPJP pilot and the development of a business case for the implementation of Anaplan software were not supported by governance entities.

Project closure was agreed by the IPJP Project Board and Reform Office Senior Leadership Team (SLT) in August 2023.

Primary Care Pilot

Evaluate the Primary Care Pilot to inform the Commonwealth Government's consideration of future scalability. The pilot planning involves scaling and spreading an existing pilot program in 3 regions initially: Caboolture, Redcliffe and South West Queensland.

Care Collective – Caboolture and Redcliffe

The Care Collective integrates and enhances existing hospital and Primary Health Network (PHN) pathways with complex care coordinator (CCC) roles in general practice to support better health outcomes and lower unnecessary health service use.

Through the Primary Care Pilot, the Care Collective program has been expanded to more practices in Caboolture and commenced in Redcliffe in December 2023 following rapid co-design workshops. The progress and evaluation report (April 2024) for the Care Collective Caboolture pilot program showed:

- 63% reduction in emergency department (ED) attendance
- 77% decrease in clients with more than one ED presentation per month
- significant reduction in unplanned admissions
- \$1,829 in savings per client per month
- an average of \$429,822 in savings per month.

The Care Collective model has been identified by the Commonwealth as an exemplar model in their wraparound primary care frequent hospital users program development.

Care Collective – South West Queensland

In partnership with the South West Queensland Primary Health Care Alliance, the Reform Office has completed scoping and co-designing with local providers and consumers, and is taking a place-based approach to the design and implementation of the South West Primary Care Pilot. The concept of this pilot offers a new way of integrating care for people living with chronic conditions and improving access to coordinated care across the community whilst providing flexibility and variation in how the workforce model is applied to ensure it meets local needs.

The Care Collective South West is in the early stages of implementation in the Far South West servicing Charleville, Cunnamulla, Quilpie and Thargomindah.

The interim evaluation indicated the majority of stakeholders believed the likelihood of success of the pilot was high because of the strength of the co-design process.

The final evaluation for the Primary Care Pilot is due for submission to the Commonwealth Department of Health and Aged Care after the completion of the pilot (mid to late 2025).

Portfolio establishment

The department continues to progress the implementation of the Reform Strategy and the delivery of key initiatives. This has included development of evaluation framework and tools to support the identification of future reform initiatives and enable outcomes

modelling and reporting.

The department is working with stakeholders to refine the approach to reform initiative investment management, ensuring alignment with system governance arrangements.

Chronic disease prevention

Queensland Health is working on incremental changes to build an organisational culture that better supports chronic disease prevention as an integral part of clinical practice.

This work has been progressing with identifying the initial priority system change requirements, which have included identifying options for amending health legislation and exploring potential messaging for a prevention communications approach.

In 2023, a review into Queensland's public health services was completed. Prevention of disease, which includes chronic disease prevention, is one of 3 core public health functions. The Public Health Review's recommendations are now being implemented with key deliverables identified through an implementation plan. The preparatory work for system change for prevention is now being integrated within these broader public health reforms.

Tobacco and e-cigarette controls

Amendments to the *Tobacco and Other Smoking Products Act 1998* were passed on 2 June 2023. The amendments are being rolled out over 4 tranches.

Prohibition of the supply and commercial possession of illicit tobacco became an offence under state law on 2 June 2023. Since 7 July 2023, Queensland Health's authorised officers have been able to issue on-the-spot fines for these 2 offences.

In October 2023, Queensland Health allocated \$22 million over 5 years (\$2 million in 2023 – 24, then \$5 million annually) to enhance enforcement of the smoking and vaping laws to slow the supply of illicit products.

Between 1 July 2023 and 30 June 2024, 1410 inspections and surveillance activities have been conducted, predominately in retail settings. This is a significant increase in activity. The number of enforcement actions have also increased, with 1025 on-the-spot fines issued. There have been 380 seizures of prohibited products, with 8.6 tonnes of loose tobacco, 22.6 million cigarettes, and 221,000 nicotine vapes seized in Queensland.

Retailers and wholesalers of smoking products must be licensed by 1 September 2024. The online licensing application system went live on 5 February 2024, with information and guides for businesses available on the Business Queensland website.

The licensing system has been rolled out successfully with 4542 applications received by 30 June 2024 and 2841 licenses granted. This is more than half of the anticipated applications, with current trends indicating that most businesses will have applied for a license by 1 September 2024 when the offence of non-licensed supply commences.

From 1 September 2023, smoking restrictions were extended and strengthened at places where families and the community gather, including outdoor eating and drinking places and outdoor markets. From the same date, smoking was prohibited at school carparks and under-18 outdoor organised recreational events. Resources and free signage are available for venues, organisations, schools and the community. Targeted education, including tailored campaign activity, online communications and local-level education to venues, is being delivered to support compliance.

From 1 July 2024, the smoke-free restrictions at pubs and clubs were extended and children are not able to remain in a smoking area at a liquor licensed venue.

On 14 March 2023, the Legislative Assembly established an inquiry into reducing rates of e-cigarette use (vaping) in Queensland. On 31

August 2023, the Health and Environment Committee published its 14 recommendations, which the Queensland Government supported. The government's response was published on 25 October 2023.

The Youth Smoking and Vaping Interagency Advisory Group, led by Queensland Health, with membership from the Department of Education, Queensland Catholic Education Commission, Queensland Police Service, and Office for Youth, is contributing to the implementation of the Government's response to the vaping inquiry.

Queensland Health allocated \$4.5 million over 5 years (\$500,000 in 2023–24, then \$1 million annually) to support more Queenslanders to quit vaping or tobacco smoking. From 1 January 2024, Queensland's Quitline Intensive Quit Smoking program capacity was increased to support an additional 1600 participants per year (up from 4,00 participants), including Queenslanders under 30 years of age.

Queensland Health is developing a pilot of school-based vaping cessation support that will train staff and strengthen referral pathways in Queensland. A total of \$1.39 million over 3 years and then \$210,000 annually has been allocated for this initiative.

Queensland Health's first-ever campaign targeting adolescents, *There's Nothing Sweet About Vapes*, was launched in August 2023.

The importation of non-therapeutic vapes has been banned by the federal government. Legislative amendments to the *Therapeutic Goods Act 1989 (Cth)* to ban the domestic manufacture, supply, commercial possession, and advertising was passed by the Federal Parliament on 27 June 2024.

On 12 June 2024, the Tobacco and Other Smoking Products (Vaping) and Other Legislation Amendment Bill 2024 was introduced to the Queensland Parliament to support the implementation of the national reforms.

World class forensic services

Forensic Services Queensland continues to work towards creating a new forensic science facility in Queensland through:

- The delivery of a new temporary modular office to house additional scientists.
- A streamlined business case for a new world-class facility.
- Continuing to implement refurbishment work in the current laboratory and office facilities.
- Working with stakeholders to develop a united vision of what the future of forensic services in Queensland should look like.

Aged care reform policy

The department provided strategic and operational oversight for the 16 public residential aged care facilities in 7 HHSs and 36 Multipurpose Health Services. This included meeting the reporting obligations for these facilities under the *Aged Care Act 1997 (Cth)*.

Aged care reform is underway and being driven by the findings of the Aged Care Royal Commission. The department is working closely with the Australian Government and other state and territory health departments, as well as other Queensland Government agencies, to influence the aged care reform agenda.

This includes analysing the impacts of the Single Assessment System for aged care services, considering the impacts of the new Aged Care Act to be introduced in 2025 on Queensland Health's aged care services.

Disability health policy reform

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission) released its final report in September 2023. The report makes 222 recommendations, many of which relate to or impact on health systems.

During the life of the Disability Royal

Commission, the department provided evidence and gave testimony to various public hearings where required. The department also assisted with a government submission in response to public hearing 33: *Violence, abuse, neglect and deprivation of human rights (a case study)*.

The disability health policy reform agenda is being informed by the Disability Royal Commission's final report, the *National Disability Insurance Scheme (NDIS) Review*, National Cabinet's agreement to jointly develop and fund foundational supports, and proposed national legislative changes, including the NDIS Amendment (Getting the NDIS Back on Track No.1) Bill 2024.

The department continues to work closely with the Australian Government and other state and territory health departments, as well as other Queensland Government agencies, to influence the disability health reform agenda. This includes the development of a Queensland Disability Reform Framework, Queensland Government response and implementation plan to the Disability Royal Commission, and input to the design and costing of a Queensland foundational supports system.

Women and girls' health reform

On 4 March 2024, the *Queensland Women and Girls' Health Strategy 2032* was delivered as a commitment under the *Queensland Women's Strategy 2022-27* to improve women and girls' health outcomes and experiences across the life course, increase access to health services and improve health equity.

The strategy and investment plan is backed by new investment of \$250 million over 5 years to implement 34 initiatives.

Evidence and extensive consultation informed development of the strategy and initiatives, including through 2 surveys, with over 12,000 responses from across the state.

The strategy provides an overarching framework that will drive reform to benefit

women and girls' health and delivers on *HEALTHQ32* and *Putting Patients First* strategic directions.

Queensland Health is developing an evaluation framework to support continuous learning, improvement, and implementation of the strategy initiatives.

System priority 2: First Nations

Place First Nations peoples at the centre of healthcare design and delivery in Queensland

- Implement and oversee the *First Nations First Strategy 2032* and action plans.
 - Implement and oversee the First Nations health workforce action plans.
 - Eliminate racism towards First Nations peoples who access healthcare from or work within Queensland Health.

- *Proportion of First Nations First Strategy 2032 action plans implemented.*
- *Proportion of First Nations Health workforce action plans implemented.*
- *Proportion increased to 4% in First Nations Health workforce across the Department of Health.*
- *Proportion of staff up to date with mandatory training.*

Develop a First Nations Health Equity Monitoring and Evaluation Framework

Led by First Nations researchers, the First Nations Health Equity Monitoring and Evaluation Framework was developed in co-design with First Nations leaders in both Queensland Health and the Aboriginal and Torres Strait Islander community-controlled health sector.

The framework has been developed to guide 3 upcoming independent evaluations assessing the impact all 16 Hospital and Health Services health equity strategies have had on embedding equity across the health system, eliminating institutional racism and improving health and wellbeing outcomes for First Nations Queenslanders.

Integrate First Nations specific key performance indicators and stretch access targets into the commissioning framework

Missed Opportunity to Treat – Specialist Outpatients will be a performance measure in the 2024–25 financial year. An attribute sheet has been developed outlining each HHSs performance indicator target.

A Power BI dashboard has been implemented for monitoring and reporting on the new missed opportunity to treat indicator. This dashboard will be transitioned to system performance report (SPR).

The System Performance Branch will continue to work with the First Nations Health Office on dashboard enhancements, a landing page and a performance report.

SystemView (SWMIS) now has the ability to filter by First Nations status. This provides improved transparency of First Nations patient data to support access to health care.

HEALTHQ32: Release of the First Nations First Strategy and one action plan

The Minister for Health, Mental Health and Ambulance Services, and Minister for Women officially launched and publicly released the *First Nations First Strategy 2032* on 13 February 2024. This strategy is one of seven HEALTHQ32 system priorities that will drive the future direction for health in Queensland, and is built upon 4 interdependent focus areas critical to reform:

1. Eliminate racism
2. Reshape the system
3. Transform care
4. Strengthen the workforce.

The *First Nations First Strategy* implementation will accelerate the reform efforts over the next 10 years to achieve excellence in care and health equity for all First Nations peoples in Queensland.

Deliver statewide targeted First Nations health protection strategies to rural and remote communities

In 2023–24, the Aboriginal and Torres Strait Islander environmental health program received funding of \$4.8 million to strengthen environmental health service delivery in rural and remote Aboriginal Shire Councils.

Additional recurrent funding of \$200,000 per year was provided to both Yarrabah and Palm Island Aboriginal Shire Councils. This additional funding supports increased workforce capacity to ensure equitable environmental health services in line with population size. A number of communities (Cherbourg, Hope Vale, Kowanyama, Lockhart River, Mapoon, Mornington, Woorabinda, Wujal Wujal and Yarrabah Aboriginal Shire Councils) were also provided with resources to support pest and animal management services. In addition, Wujal Wujal Aboriginal Shire Council was provided with resources to support their disaster recovery response.

In line with the Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts' (DTATSIPCA) Local Thriving Communities reform framework, environmental health program service delivery will transition to a place-based, co-designed process to enable greater community empowerment and decision making. Local environmental health plans are being developed in close consultation with communities.

Queensland Health has continued to implement the pilot for the Healthy Housing program in Yarrabah and Badu. In addition, this pilot has been expanded to Doomadgee and Mornington Island Aboriginal Shire Councils. The Healthy Housing initiative involves the assessment, repair and replacement of health hardware so that houses are safe, and the occupants have the infrastructure to support healthy living practices. The pilot program is being evaluated to ensure that the program can be delivered in a sustainable and effective way.

Expand delivery of the Safe and Healthy Drinking Water in Indigenous Local Government Areas Program

During 2023–24, the delivery of the program was expanded to the communities of Thursday Island, Dauan, Pormpuraaw and Napranum. Ongoing support was provided to many of the communities that have already participated in the program including Cherbourg, Mornington Island, Doomadgee and Woorabinda.

Extensive incident response support was provided to Yarrabah following the detection of elevated levels of metals in water samples taken from community premises, and to Wujal Wujal following the extreme weather event in December 2023 that caused extensive damage to the community's drinking water treatment and reticulation infrastructure.

A program symposium was held on Thursday Island in early June 2024 with a focus on encouraging First Nations water operators to share their knowledge and experiences with their peers.

Partner with Queensland Primary Health Networks (PHNs) and Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSI CCHOs) to increase cervical screening self-collection in under and never screened groups to reduce the burden of cervical cancer

The Cancer Screening Unit has partnered with PHNs and ATSI CCHOs across Queensland through a request for proposals to deliver the In Their Hands cervical screening self-collection project. The goal of the project, delivered through a range of general practice initiatives, is to increase health care provider knowledge, awareness and rates of cervical screening self-collection with a particular focus on reaching under and never-screened women.

The project has been delivered in partnership with 11 agencies including PHNs (Brisbane North, Brisbane South, Darling Downs West Moreton, Gold Coast and Country to Coast), ATSI CCHOs (Carbal Medical Services,

Goolburri Aboriginal Health Advancement, Gurriny Yealamucka Health Services Aboriginal Corporation, Mookai Rosie Bi-Bayan Aboriginal Corporation and North Coast Aboriginal Corporation for Community Health) and the Institute for Urban Indigenous Health (UIH).

Self-collection for cervical screening currently represents 25% of all collections in Queensland. It is anticipated that increasing cervical screening via self-collection will remove barriers to screening, particularly for people who have never or not screened as recommended. The In Their Hands project, including more than 150 healthcare providers in 5 PHNs, doubled both self-collected tests as a percentage of overall collections and average monthly cervical screening tests from baseline to the first follow-up period. The Aboriginal-led agencies engaged in this project averaged a self-collected sample rate of around 50%, indicating the acceptability of self-collection for Aboriginal and Torres Strait Islander women.

Monitor the implementation of First Nations health workforce action plans

The *First Nations First Strategy 2032* Focus Area 4 aims to strengthen the workforce as a priority.

Strategies identified will underpin actions to increase the number and distribution of First Nations workforces commensurate with need and represented across all roles, disciplines and levels in our health system proportionate to the First Nations population. All 16 HHSs have committed to uplifting and strengthening their First Nations workforce through actions identified in their health equity strategies. Service agreements between the Department of Health and each HHS enables stronger monitoring of the progression of outcomes identified in these strategies and the First Nations workforce targets agreed to in each service agreement.

Leading the Queensland Health response to Reframing the Relationship and the Truth-Telling and Healing Inquiry

The inaugural Queensland Health Reframing the Relationship Plan 2024–25 was published in May 2024 in accordance with the *Public Sector Act 2022*. The plan aligns directly with established statewide, whole of system commitments and objectives including:

- Queensland Health's role in the National Agreement on Closing the Gap
- HEALTHQ32 *First Nations First Strategy 2032*
- Queensland's Aboriginal and Torres Strait Islander health equity framework and legislated HHS health equity strategies
- Queensland Ambulance Service cultural safety framework and Cultural Capability Action Plan 2023–26.

The First Nations Health Office Treaty readiness project plan identifies key milestones in preparation for the Truth-telling and Healing Inquiry. The First Nations Health Office is the agency delegate to lead the inquiry response coordination for the Department of Health and HHSs. Implementation of the Treaty readiness action plan, released by the Path to Treaty Office, Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities, and the Arts has commenced and is being led by the Government Treaty Readiness Committee (GTRC). The Senior Director, Strategy and Policy Branch is the sitting member on the GTRC for Queensland Health. The Director, Strategy and Policy Branch is an active participant on the three subsequent working groups supporting government treaty readiness:

- administrative histories
- administrative release
- trauma informed practices and support.

Monitor the progress of increasing First Nations health workforce across Queensland Health

The First Nations workforce dashboard has been developed by the Human Resources Branch in the Corporate Services Division and the First Nations Health Office to provide access to detailed data about Aboriginal and Torres Strait Islander health workforces across HHSs and the department.

The First Nations workforce dashboard went live in June 2024.

Review and renew mandatory cultural practice program training

The review and renewal of the current cultural practice program mandatory training offered to all Queensland Health employees, is being undertaken in a phased approach, primarily to understand what is working and what needs to be improved to build a culturally capable workforce in Queensland Health.

System priority 3: Workforce

A responsive, skilled, and valued workforce where our people feel supported

- Develop and implement workforce mobility initiatives that support rural and remote employment and professional development.
- Implement leadership development programs and culture enhancement initiatives.
- Use contemporary attraction approaches to build a pipeline of talent with a focus on areas where workforce supply is challenged.

- *Digital passport for all staff available by 30 June 2024.*
- *Executive Leadership Development program pilot completed by 31 December 2023 and broader rollout commenced by 29 February 2024.*
- *Evaluation of initial rollout of the workforce attraction and incentives scheme completed by 30 June 2024.*
- *Number of school-based traineeships.*

Develop and implement a Queensland Health digital passport

The digital passport solution aims to support the mobility of staff across the Queensland public health system and create a mutually beneficial statewide approach to information sharing, specifically human resources, mandatory training and credentialing data.

The technology solution was released in October 2023 with 5 HHSs identified as pilot sites for the digital passport. It comprises employee HR information, credentialing (medical cohort only) and HR Policy G6 mandatory training completion status. Further technical updates were completed, with data and business readiness activities being finalised and ready for the launch of the statewide solution for digital passport in 2024–25.

Rollout the executive development program

The executive development leadership program was successfully developed and delivered with 56 of 171 Department of Health senior executives completing a 180-degree assessment tool and 23 senior executive leaders participating in the facilitated workshop series. Ongoing delivery of the program is currently under review.

The Centre for Leadership Excellence Unit will continue working with HHSs to co-design and develop a system-wide approach to senior and executive leadership development.

Queensland Health careers and employment expos

On 13 June 2024, the CheckUP #GoHealth Careers Expo was held as an interactive, immersive health career experience with simulated scenarios that brought healthcare to life for attendees.

The expo incorporated exhibitors from across Queensland Health, with more than 1800 visitors including students, parents and potential recruits in attendance.

Develop and implement the mental health and wellbeing framework

The mental health and wellbeing framework was launched on 31 October 2023, following extensive consultation with clinical and non-clinical staff, stakeholders and union partners.

- Consultation with key stakeholder groups is ongoing, the outcomes from which will inform implementation strategies. Initial implementation activities include: Online wellbeing training and education offerings for all employees and managers with initial training to build foundational mental health

knowledge, awareness of workplace mental health risk factors (psychosocial hazards) and enhancing communication skills and supportive practices.

- Initiation of a Recover Well, Work Well strategy to enhance evidence based early intervention programs, manage return to work performance and better outcomes for injured workers.
- Integration, update and enhancement of statewide wellbeing intranet pages to improve accessibility and showcase workplace wellbeing information, guidance and support resources.
- Establishment of a dedicated wellbeing work stream within the Health and Safety Unit to progress and lead the statewide wellbeing programs of work.
- Establishment of a statewide wellbeing committee to collaborate on and progress priority bodies of work with key stakeholders.

Develop a new model and new roles to expand forensic capabilities and service delivery of forensic science services in Queensland and ensure workforce opportunities within Forensic Science Queensland (FSQ) and equity across all roles

Work is underway to expand and enhance the service delivery of Forensic Science Services within Queensland. Recruitment continues with a focus on scientific excellence, effective quality management and research and development.

- Key implementation activities include recruitment activities to the following new teams within FSQ:
 - An innovation team to support the development of a strong research function to ensure the delivery of high-quality validation and scientific process changes, will ensure the laboratory remains contemporary in terms of scientifically valid service delivery.

- A quality team responsible for the development, implementation, and application of quality management systems for FSQ including setting policy to drive best practice and overseeing the process for identifying and resolving quality issues.
- A case review team, focusing on the review of retrospective cases and their prioritisation.
- Key leadership roles were established and national experts recruited, including to the positions of Manager Forensic Biology, Manager Innovation, Manager Quality and Director Corporate Services.
- The FSQ interim Advisory Board met every two months to oversee operations, advise on future reform, ensure the purpose of forensic DNA services, and develop and implement a leadership training framework. They have continued to provide advice and oversight for the delivery of 123 recommendations made by the Commission of Inquiry. By 30 June 2024, they have endorsed the closure of 52 recommendations.

System priority 4: Consumer safety and quality

Ensuring the delivery of safety and quality healthcare that supports consumers to achieve better health

- Develop, pilot, and implement a patient safety staff escalation protocol alongside the implementation of supporting mechanisms to enhance patient safety culture.
- Develop and provide a comprehensive, easily accessible education package of contemporary patient safety and quality training and education required for hospital and health board members, HHS executives, clinical governance staff and clinicians.
- Strengthen and clearly articulate a Queensland Health clinical governance framework, incorporating actions in response to recommendations from the 2023 Quality Assurance Committee (QAC) Review and learnings from system-wide reviews.

- *Number of hospitals participating in the pilot of the patient safety escalation protocol by 30 June 2024.*
- *Portal of education launched by 30 June 2024.*
- *Queensland Health Clinical Governance Framework endorsed and implemented by 30 June 2024.*

Protocol and supporting mechanisms implemented in 4 HHSs

The Patient Safety Net delivered a new pathway for staff to raise patient safety concerns and to improve executive oversight of these concerns.

A pilot of the Patient Safety Net was undertaken at 4 HHSs. This new pathway is supported by the High Value Conversations program, providing training in the development of skills to voice concerns, challenge assumptions and provide feedback.

Planning for the evaluation of the Patient Safety Net project is underway. The outcome of the evaluation will determine the future approach, including how and when it will be made available to staff across Queensland Health.

Portal of Education

The Portal of Education will provide functional and expanded access to existing and new resources that contribute to improving knowledge, understanding and skills in contemporary patient safety and quality.

The Portal of Education will include podcasts covering key safety and quality topics that

will assist to diversify the delivery mode of education and its audience.

By 30 June 2024, the Portal of Education structure and scope of content had been completed and development activities commenced.

The Portal of Education is scheduled to launch in December 2024.

Finalisation of simulation training package

Development of the simulation training package has commenced. Additional amendments have been made to ensure the content is appropriate for the target audience. A vendor has been engaged to deliver a pilot of the simulation training prior to December 2024, when the package will be promoted to HHSs.

Queensland Health Clinical Governance Framework endorsed and implemented

The Queensland Health Clinical Governance Framework (the framework) aims to inform and guide good clinical governance and provide practical guidance on the systems and processes needed for delivering safe, high-quality care.

On 30 June 2024, the QAC Community of Practice met and provided advice on priority actions for delivery in 2024–25, and the CEQ QAC workplan 2024–25 has been finalised. A first draft of the framework is nearing completion.

The endorsement and implementation of the framework has an approved revised completion date of December 2024.

System priority 5: Health services

Sustainable, personalised, health care that delivers outcomes that matter most to patients and the community

- Develop networked services and contemporary models of care to enable services to be delivered in appropriate settings.
 - Use health information, AI, data analytics and predictive tools to improve care.
 - Co-design future health service delivery arrangements and models of care with consumers, families, and communities, inclusive of First Nations peoples, people living in areas of socio-economic disadvantage, young people, refugees, people living in rural and remote areas, CALD people, people with disability, people with mental illness, LGBTIQ+ people and other priority populations.
-
- *Proportion of health service delivery arrangements and models of care that are co-designed.*
 - *Number of networked services developed that enable services to be delivered in appropriate settings.*
 - *System plan on AI, data analytics and predictive tools, and robotics developed by 30 June 2024.*

Refugee health service review

The University of Queensland Centre for Community Health and Wellbeing was contracted to undertake a review of Queensland Health's refugee health services in May 2023, with the final report delivered in April 2024. The report makes 6 recommendations for improving the planning and delivery of the refugee health services.

Consultation will inform the response to recommendations. The response will include an implementation plan for actions that arise from the recommendations. Funding for implementation of one of the key recommendations of the review has already been secured via the 2024–25 state budget, with an additional 5 (full-time equivalent) refugee nurses to be appointed across Queensland refugee health services.

Multicultural Health Policy and Action Plan

The Multicultural Health Policy and Action Plan (MHPAP) is the first Queensland Health statewide policy document for multicultural populations in over 10 years.

The MHPAP is being developed through an

intensive consumer co-design process guided by the Multicultural Health Advisory Group, the Queensland Health Multicultural Health Program Steering Committee, and a CALD consumer group established by the System Policy Branch. The MHPAP is anticipated for public release in the second half of 2024.

Plan and provide underpinning ICT services to support virtual care initiatives

Queensland Health has expanded ICT infrastructure underpinning Metro North's Virtual Emergency Department to support the statewide Queensland Virtual Hospital initiative. Additionally, Queensland Health has partnered with Healthdirect Australia to introduce new digital channels into the service.

A monitoring and evaluation framework

The monitoring and evaluation framework has been developed for approval. The framework will inform approaches to measure program-level outcomes, with 2 formal evaluations scheduled to take place during the implementation of the Better Care Together plan. The first is a mid-term evaluation in 2024–25, and the second will follow at the end of 2027.

Implementation of the Queensland National Bowel Cancer Screening Program Participation Strategy

The Cancer Screening Unit (CSU) has partnered with HHSs to implement statewide strategies and innovative projects to increase participation of bowel screening.

- Alternative access model (AAM)

Supporting the primary health care sector to adopt and offer AAM enables eligible people to receive a bowel cancer screening kit from their GP or healthcare providers (HCPs). In 2023-24, 224 HCPs issued more than 100 AAM kits, with 51.7% of those returning kits never previously screened.

- Workplace education and engagement

The development of educational and behavioural change resources accessible online and in person will allow Queensland Health to conduct a trial in industries with high rates of under-screening for bowel cancer, such as construction and mining. The CSU has engaged an external supplier to develop and deliver a bowel screening workplace program.

- Rural and remote engagement

Media and communication assets have been updated to be inclusive of rural and remote Queensland as well as multigenerational cultures to increase participation of these population groups in the National Bowel Cancer Screening Program.

Implement the Integrated Planning Framework

The Integrated Planning Framework has been developed to provide a coordinated approach to planning across Queensland Health. It enables HHSs to work collaboratively to support the delivery of *HEALTHQ32* and its key priorities.

The framework was developed to advance a systems approach to integrated planning that considers the needs and preferences of consumers, the role of public, private, not-for-

profit and non-government health services, as well as other agencies, and levels of government that intersect with health.

An Integrated Planning Committee was established to implement the framework and provide expert advice and recommendations for planning projects across the state.

A QHEPS webpage providing information about the framework and the role of the Committee was launched in May 2024.

Establish a centre of excellence to respond to the mental health needs of children and adults living with intellectual and developmental disability

An expression of interest was released in early 2024 to identify the provider of the Queensland Centre of Excellence in Intellectual and Developmental Disability Mental Health (QCOE IDD MH).

The successful applicant, Mater Research Limited (part of the Mater Group), has established the QCOE IDD MH to provide a networked, statewide approach to clinical leadership in intellectual and developmental disability mental health through the following core functions:

- education and training advice
- capacity-building and support
- specialist clinical advice
- research.

The QCOE IDD MH commenced operations on 1 July 2024.

Early psychosis services enhancement

Recruitment to enhance existing specialist services in Metro North, Metro South, Gold Coast, Townsville and Mackay HHSs has taken place. New service sites in West Moreton, Cairns and Hinterland, Darling Downs, Central Queensland and Wide Bay HHSs continue to progressively recruit, with Sunshine Coast recruitment finalised. The development of a model of service is continuing, along with a complementary Early

Psychosis Care Pathway that is being developed by Mental Health, Alcohol and Other Drugs Branch (MHAODB), CEQ, in consultation with HHSs and people with lived experience.

Develop a mental health Hospital in the Home residential aged care services model

Consultation with HHSs around the scope of the program and proposed methodology occurred in late 2023. Further scoping and engagement with key stakeholders is underway and the program of work is anticipated to be progressed and finalised in 2024–25.

Expand access to robotic devices for clinical care

The Queensland Health Statewide Robotics Plan 2024–2029 was developed in collaboration with key stakeholders, including consumers, HHSs and departmental divisions. The 5-year plan articulates an aspirational vision for the future of robotics in Queensland Health, and includes key focus areas, objectives, and actions for implementation.

Develop a Queensland Health Artificial Intelligence Plan for use across both clinical and non-clinical applications

A Queensland Health Artificial Intelligence Plan is under development in collaboration with key stakeholders, including consumers, HHSs and departmental divisions. To support the plan, the Queensland Health Artificial Intelligence Framework will deliver a comprehensive framework for AI use in health care. The framework will aim to provide a wide-ranging guide that ensures a standardised, consistent, and evidence-based process for planning, approval, implementation, evaluation and governance of AI technologies across Queensland Health. The plan and framework will be finalised in July 2024.

To enable the development of networked services and contemporary models of care, the department progressed the delivery of ICT

components in collaboration with stakeholders to support the provision of a virtual urgent care service, enabling access to appropriate and safe virtual unplanned acute care.

Progress development of Clinical and Business Intelligence Advanced Analytics and Research Hub

The department's Clinical and Business Intelligence (CBI) team partnered with the trauma and sepsis advanced analytics projects to leverage their capability. This allowed the team to provide better tools, which enabled research and support for clinical improvements

Establish a Non-Government Organisation Operating Framework that supports integration of services and commissioning through transparency and partnership with HHSs in alignment with the *HEALTHQ32* strategy and system priorities

Policy-led alignment of non-government organisation (NGO) agreements has improved across the Department of Health and HHSs.

The department's Community Services Funding Branch has developed principles regarding HHS integration and governance, and these have been approved by the Department of Health Executive Leadership Team for further consultation.

There is ongoing development of the Non-Government Organisation Operating Framework draft in preparation for consultation with key stakeholders.

Commence data linkage between Queensland Health Master Linkage File and Queensland Master Patient Index to support information requirements across clinical and administrative data systems

In 2023–24, the development of linkage processes was finalised and linkage between the Queensland Health Master Linkage File and Queensland Master Patient Index data started.

These 2 systems are used to consolidate information that relates to a person in statistical data sources. This data is used to inform performance reporting, policy, planning

and research and in point-of-care information systems.. Linkage between these systems creates a bridge that allows information to flow, enhancing evidence-based decision making across Queensland Health.

Contribute to national strategic data linkage initiatives including:

- National Master Linkage Key interoperability project
- National Disability Data Asset project
- National Integrated Health Services Information initiative and National Disability Insurance Scheme (NDIS) data sharing Memorandum of Understanding
- Queensland Health's schedule to enable linkage of NDIS and Queensland Health Data.

In 2023–24, Phase 3 of the National Master Linkage Key interoperability project was finalised. This project has enabled design of the national distributed data linkage model that is being used to add data collections to the National Health Data Hub (NHDH) (previously called National Integrated Health Services Information (NIHSI)), managed by the Australian Institute of Health and Welfare. Two pilot projects requiring Queensland Health to add community mental health and perinatal data to the NHDH have commenced.

The distributed linkage design is also being used to enable data sharing and linkage for the National Disability Data Asset (NDDA) that will inform service delivery improvements for people with a disability. Queensland Health is providing data for the first batch to NDDA and is working to finalise data-sharing agreements to support this project.

Queensland Health is also participating in a national project to share and link acute care and primary care data. This project will be a collaborative initiative that aims to improve the sharing and use of data across the interface between primary and acute care to support improved services and patient outcomes. Recruitment and establishment of governance

committees for this project occurred in 2023–24, with the project scheduled to commence in 2024–25.

Queensland Syphilis Action Plan

The *Queensland Syphilis Action Plan 2023-2028* was developed in 2023 by the Communicable Diseases Branch, to address the ongoing increases in infectious syphilis and continued congenital syphilis cases occurring across Queensland.

The plan underwent significant consultation with a range of government agencies and sexual health sector partners, including community-based organisations, relevant professional colleges, and other peak agencies. The plan was released in Parliament on 14 February 2024 by the Hon. Shannon Fentiman, Minister for Health, Mental Health and Ambulance Services and Minister for Women.

Implement the Coronial Business Case and Queensland Statewide Coronial Services Plan: A plan for Queensland's forensic coronial services to 2027

The Queensland Statewide Coronial Services Plan was endorsed by Queensland's Coronial System Board at its 29 February 2024 meeting. As of 29 April 2024, Forensic Pathology and Coronial Services (FPaCS, formerly Forensic and Scientific Services) was on track with implementation of the actions set out in the statewide plan.

On 1 February 2024, the North Queensland Coronial Hub (NQCH) was established at the Townsville University Hospital. Establishment of the NQCH was a key priority area for action in the statewide plan. Deceased in Far North Queensland whose deaths are reportable under the *Coroner's Act 2003* and require autopsy are now being transported directly to the NQCH, and coronial autopsies are no longer being undertaken at Cairns mortuary.

This operational change comes after extensive consultation internally and liaison and collaboration with FPaCS' agency partners.

Subsequently, the transition to the new arrangements has been seamless. The consolidation of coronial autopsies to the Townsville mortuary where there are now 3 practising forensic pathologists ensures effective and timely delivery of services on behalf of the coroner. It ensures a sustainable and robust coronial service for North Queensland with sufficient forensic pathology staff to ensure service continuity is maintained into the future.

FPaCS will maintain close contact with stakeholders to ensure Queensland Health can continue to deliver high-quality coronial services on behalf of Queensland Coroners.

Deliver a quality and sustainable genomic testing service into HHSs

Pathology Queensland (PQ) offers a world-leading genomic testing service for both human and micro-organisms. Investment in information technology, workforce, instrumentation and bioinformatics has provided the infrastructure needed to increase genomic service capability.

- In 2023–24, human genomics has exceeded predicted volumes for complex testing.
- A bacterial genomics dashboard is under development and will further improve our capacity to track activity and assist infection prevention control teams statewide with multi-resistant/significant organism surveillance activities.

There are currently multiple research projects investigating genomic data and the use of genetic testing to increase the diagnostic rate of undiagnosed rare diseases. This will inform the most effective use of genetic testing for rare diseases in a statewide setting.

PQ will continue to strengthen the genomic service through clinical service planning and the generation, translation, and application of scientific and clinical research to move genomics to be standard care.

Youth justice service review

The department undertook a comprehensive review to identify and document the range of health services provided to young people in contact with, or at risk of contact with, the youth justice system.

Queensland Health's submission to the Youth Justice Reform Select Committee provided the opportunity to assess these services and programs and consider potential enhancements to early health-based interventions in a reform environment. Opportunities to enhance whole-of-government approaches from a health perspective are being explored by the Queensland Government through its response to the Youth Justice Reform Select Committee's draft Interim Report as well as through its Community Safety Plan for Queensland and Putting Queensland Kids First early intervention package.

Youth justice policy

The newly established Youth Justice Health Policy Unit acted as a system steward between youth justice stakeholders, the Department of Health and HHSs. The unit represents the department on whole-of-government youth justice initiatives and coordinates health policy advice to:

- help ensure children and young people can access the health assessments and services they require as early in life as possible, to help address health and wellbeing as a contributing factor to youth crime
- inform early intervention and prevention health responses for the youth justice cohort
- leverage existing programs and investment to support health and wellbeing needs
- inform new investment that enables enhanced treatment, care and support
- develop the Youth Justice Reform Select Committee's draft Interim Report – Inquiry into ongoing reforms to the youth justice system and support for victims of crime, and the associated Queensland Government response tabled on 1 May 2024

- develop the Putting Queensland Kids First Plan
- develop and invest in the Community Safety Plan for Queensland.

The department worked closely with the Department of Youth Justice, the Queensland Police Service and local HHSs as appropriate to inform the response to youth detention centre demand.

System priority 6: Public policy

Delivering quality advice to government to drive an agile, future-focused health policy agenda

- Deliver quality advice to government to drive an agile future-focused health policy agenda.
- Develop a policy skills framework describing the behaviours, knowledge and practices required for exceptional public policy for health and to support organisational policy maturity.
- Strengthen connections with key partners to identify key priorities and opportunities and contribute to system improvements that improve the health and wellbeing of Queenslanders.
- Undertake a comprehensive service gap and needs analysis on the delivery of forensic examinations of sexual assault across Queensland. This will inform the development of a statewide service model to provide timely, local, trauma-informed forensic medical services to victim-survivors of sexual violence.

- *A policy skills framework was completed in June 2024.*
- *The Summit for Excellence in Public Policy to engage key internal and external health policy stakeholders was hosted in October 2023.*
- *A report on needs and gaps in the service delivery of forensic examinations of victims of sexual violence was delivered in December 2023.*

Develop a policy skills framework outlining the behaviours, knowledge, and practices required for exceptional public policy for health and to support organisational policy maturity.

The Queensland Health policy skills framework articulates the skills, requirements and expectations of policy professionals at various levels of experience and to help them understand and work towards building their capabilities. The framework is for anyone working or wishing to work within policy roles, and those who contribute to policy development.

The framework is informed by the Australia and New Zealand School of Government (ANZSOG) and is based on contemporary thinking about policy capability. The framework was completed in June 2024.

Public Policy Engagement Host a Summit for Excellence in Public Policy involving key health and other policy stakeholders within and outside government to strengthen connections with key partners, identify key priorities and opportunities and contribute to system

improvements that improve the health and wellbeing of people in Queensland.

The summit, delivered in partnership with the ANZSOG, was held on 27 November 2023 and hosted by the System Policy Branch. 20 external and 20 internal stakeholders attended the summit to discuss Queensland Health's approach to policy development and implementation.

Domestic, Family, and Sexual Violence Reform

Queensland Health is progressing a reform program to enhance hospital-based sexual assault services and provide victim-survivors of sexual assault with timely, local, and trauma-informed forensic medical services.

In response to the Women's Safety and Justice Taskforce *Hear Her Voice: Report Two* and the Commission of Inquiry into Forensic DNA Testing in Queensland, an independent consultant was engaged to undertake a comprehensive gap and needs analysis of the delivery of forensic examinations of sexual assault across Queensland.

The final report and recommendations were provided to Queensland Health and informed the development of state-wide models of care for hospital-based sexual assault services.

On 10 June 2024, an investment of \$56 million from 2024 to 2028 was announced to uplift medical and other services for adult and paediatric sexual assault services in public hospitals across Queensland.

System priority 7: Research

A health system where research and innovation is encouraged, supported and enabled

- Identify and regularly update research fields and questions that have the greatest impact on health outcomes for Queenslanders.
- Develop research, education and training opportunities for Queensland researchers.
- Recognise Queensland Health research excellence.
- Encourage and support research collaborations and partnerships.

- *Number of fellowships and programs supported in First Nations research, genomics research and rural, regional, and remote research.*
- *Hold 10 webinars and a minimum of 3 workshops to upskill business and research commercialisation skills of Queensland Health staff by 30 June 2024.*
- *Design, advertise, conduct and evaluate an annual statewide showcase that recognises research achievements across Queensland Health by 30 June 2024.*
- *Put processes in place to streamline research ethics approvals and the authorisation of research governance by 30 June 2024.*

Convene a Genomics Consumer Group to co-design processes and service models

A Genomics Consumer Group (GCG) consisting of 11 members with diverse lived experience was established with two meetings held in the 2023–24 financial year. The first consumer meeting discussed health literacy, building community awareness and navigating the system as focus areas to guide the groups' work plan.

The GCG is continuing to draft a genomics action plan for the 2024–25 financial year and will continue to meet, pending approval of that plan.

Provide a tailored education and training program to upskill researchers

On 24 November 2024, the Health Innovation Frontier Forum was held in collaboration with the Advanced Robotics for Manufacturing Hub with 72 participants. Expert speakers from health, technology and community sectors shared their insights on robotics and design-led manufacturing.

On 1 December 2023, the Office of Research and Innovation co-hosted a hybrid webinar on Transforming Healthcare for a Sustainable Future

using Artificial Intelligence (AI) with Amazon Web Services. The webinar explored how AI is being used across the healthcare industry to create a more sustainable and resilient system. 67 participants attended in-person and 195 participants attended online.

On 26 March and 24 April 2024, two grant writing skills workshops were delivered to explore how to prepare a compelling grant application and writing for impact. A total of 159 participants attended these sessions.

Establish and hold an annual research showcase

On 3 May 2024, the inaugural Research Excellence Showcase was held with 261 participants from Queensland Health and academic and industry partners. The showcase aimed to advance medical research, workforce development and health care. It included a research poster viewing, keynote address, panel discussions, a translation and commercialisation pitching session, an awards ceremony, and networking opportunities. Michael Walsh, Director-General Queensland Health, and Her Excellency

the Honourable Dr Jeanette Young AC PSM, Governor of Queensland, also attended.

Encourage and support research collaborations and partnerships

The research concierge process was developed in collaboration with the Cairns and Hinterland, Darling Downs, Mackay, North West, and Wide Bay HHSs. Full implementation of the service is scheduled in 2024–25.

Grow capacity and capability across Queensland Health to enable research to address local needs and specific challenges

The Healthcare Purchasing and Funding Branch worked collaboratively with the Office of Research and Innovation to define research revenue flow to HHSs.

An analysis was undertaken to understand the process of how research funding flows through the purchasing pool and work continues to ensure funding is attributed under the National Health Reform Agreement.

Medical Research Future Fund lung cancer screening research

The Health Contact Centre (HCC) collaborated with 11 other institutions including Metro North HHS and the University of Queensland to reach a multi-institutional agreement to participate in lung cancer screening research. The HCC will identify participants for a trial due to commence in August 2024 and offer the intervention consisting of an intensive quit smoking program and lung cancer screening to randomly selected participants.

Other strategic alignment

System enabler: integrated and accessible technology, digital health and analytics

Develop a Queensland Health Data Strategy

The Procurement and Supply Chain Optimisation Portfolio successfully developed the Queensland Health Data Strategy, which was formally approved on 30 November 2023. The strategy was developed through extensive consultation and partnership with stakeholders from across the Department of Health, HHSs, clinicians, and researchers to ensure the best possible health outcomes for all Queenslanders. The strategy will improve the use and application of data across Queensland Health to deliver improved patient outcomes through evidence-based decision making.

Deliver stage 3 of the Integrated Workforce Management Program

The Integrated Workforce Management program aims to provide Queensland Health with a single workforce management platform to inform strategic workforce planning and efficient workforce management decision-making. The electronic rostering solution has now been successfully rolled out to more than 39,000 rostered employees, predominately nursing and midwifery staff, at 10 HHSs, with positive reports received from stakeholders at these sites.

Complete infrastructure re-platforming for S/4HANA, payroll and rostering as a foundation for sustainability and agility

The program business case for the migration of business-critical corporate enterprise solutions that support all Queensland Health pay outcomes and enable finance, business and supply chain services across the health system has now been completed. The re-platforming and upgrade of these solutions to cloud service offerings will ensure sustainable vendor support, unlock contemporary functionality, and enable ongoing innovation which can be leveraged for business transformation. Develop, resource, implement and maintain an agreed statewide S/4HANA improvement plan of system and business process initiatives that enhances

in-system controls, improves data quality and provides new capability to further enable the cost-effective use of S/4HANA across the health system.

In 2023–24, the finance branch delivered workshops and training on site at Darling Downs, North West, and Sunshine Coast HHS to improve finance capability and procure-to-pay processes to 80 participants. In addition, the finance branch delivered face-to-face procure-to-pay training to 59 participants for the department. These training courses and workshops were new initiatives in 2023–24 and were delivered in addition to video conference training provided to 1,700 participants.

The Viewer enhancement

The Viewer provides eligible health practitioners with secure online access to patients' Queensland Health records. In 2023–24, enhancements were implemented to provide additional capabilities and to expand access to support optimised care and integration across the care continuum.

Additional capability enhancements:

- extending access to new cohorts of health practitioners (optometrists). With this access, optometrists can view read-only, real-time public hospital information.
- An additional 28 new document types across a range of health services can now be accessed through the medical imaging, event summary, care plans and procedures tabs. These documents are sourced from multiple HHSs including Metro North, Metro South, Central Queensland, Mackay, Cairns and Hinterland, West Moreton, Sunshine Coast and Darling Downs.
- Improved access to key patient contact information to enable clinicians and care providers to easily contact patients.
- Launching The Viewer in the patient context from the Emergency Department Information System across more than 100 Queensland Health facilities which helps provide clinicians with more timely access to critical health care information.
- Enhanced The Viewer on mobile devices to improve the viewing experience and make it easier for clinicians to access critical information on the go.

Rollout Queensland Health Adaptive Network

The rollout of the Queensland Health Adaptive Network is a key digital enabler for sustainable healthcare delivery and services. In 2023–24, eHealth Queensland progressively rolled out the Queensland Health Adaptive Network across the state to provide access to higher capacity telecommunications links. This included services in rural and remote areas, and improved resilience through parallel telecommunication exchange infrastructure upgrades being undertaken as part of the Department of Education Telecommunications Exchange upgrade program. As of 30 June 2024, more than 250 sites across Queensland Health had been upgraded.

Queensland Health website redevelopment project

In 2023–24, Queensland Health successfully developed and deployed 19 high-quality, user-centric websites, enhancing digital engagement and support service delivery. Ongoing projects and strategic initiatives, including the migration to Squiz DXP and participation in the Queensland Government Design System, will continue to drive digital transformation across our platforms. The 19 websites developed and deployed in 2023–24 are:

- Advance Care Planning Australia
- Children's Health Queensland HHS
- Chronic conditions manual
- Design system – Queensland Government
- Forensic Science Queensland
- Graduate nurses and midwives recruitment
- Healthy career move recruitment
- Hospital performance
- International recruitment content
- Office for Women
- Poisons Information Centre
- Queensland Ambulance Service
- Queensland Department of Health design system uplift
- Queensland Health careers website
- Stop the rise of STIs campaign
- Sun safety campaign
- TORCH
- Vaping exposed campaign Wide Bay HHS

System enabler: system/strategic risk mitigation strategy

Lead centralised procurement of goods and services on behalf of the Department of Health and HHSs (excluding ICT and infrastructure) to create value for our stakeholders

The Department of Health provided support to HHSs by facilitating procurement outcomes that delivered best value for money sourcing arrangements, including regional and remote suppliers, and ensuring it aligns to the government's responsible procurement objectives (social, ethical, social and environmental).

Establish the new North Queensland Distribution Centre in Townsville

The Procurement and Supply Chain Optimisation Portfolio successfully delivered on the commissioning of the North Queensland Distribution Centre (NQDC) in Townsville. The new NQDC was opened on 7 August 2023 and was integrated into the Queensland Health supply chain network, including the configuration of technology and operations and the transition of existing facilities, including stock, to the new NQDC. It is the fourth facility to be commissioned in Queensland Health's integrated supply network since July 2021. The new NQDC joins the South East Queensland Distribution Centre in Brisbane and regional warehouses in Far North Queensland (Cairns) and Central Queensland (Rockhampton) in an integrated supply network that is improving delivery and response timeframes for HHSs. Combined, these new facilities represent a 300% increase in distribution centre and warehouse capacity, enabling the storage of additional critical supplies to keep our frontline workers, and the community, safe.

Managing current and emerging security risk to protect information and the delivery of healthcare services across Queensland Health

In 2023–24, 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:

- identity and access management
- application control
- end point protection
- firewall replacements.

Key achievements include:

- cyber security operations centre improvements
- introduction of a new phishing simulation service
- expanded cyber ambassador program
- cyber security support to the digital health program
- generative AI security awareness
- continued maturity of the Information Security Management System.

Implementation of the Climate Risk Strategy

Throughout the reporting period, the Office of Hospital Sustainability (OHS) advanced the implementation of the *Queensland Health Climate Risk Strategy 2021-2026* and its underpinning operational plan. The OHS maintained a commitment to collaboration and engagement, working closely with climate strategy committee members, executive leaders, and key stakeholders such as the Queensland Ambulance Service.

The OHS has also continued to provide targeted support to HHSs in assessing their climate related risks and in developing their climate risk management plans. The climate risk assessment tools developed under the strategy provided a solid foundation for the development of the national climate risk assessment and adaptation guidelines under the National Health and Climate Strategy.

A significant achievement during the year was the expansion of the scope of the Emissions Reduction Fund, which plays a crucial role in investing in renewable energy alternatives and emissions reduction technologies. By broadening the fund's scope to include activities such as energy audits and support for electric vehicle infrastructure for essential facilities, participation in renewable alternatives across the network increased.

The OHS also undertook initiatives that enhanced environmental sustainability outcomes for Queensland Health, including:

- a procurement process for a statewide emissions reporting system to enhance the ability of Queensland Health to manage and monitor emissions, energy and resource usage.
- collaboration with the HHS network and QFleet to ensure sustainable transport solutions are implemented in line with the QFleet Zero Emissions Vehicle Strategy.
- development of the *Department of Health Waste Reduction and Recycling Plan 2024-26* in collaboration with the department's divisions.

Strengthening the regulatory framework for food safety In 2023, Queensland Health released a consultation paper entitled *Review of the Food Act 2006*. To give effect to the public and industry feedback received, Queensland Health is developing proposed amendments to the *Food Act 2006* for further

consultation and consideration by Government. The proposed amendments would ensure the food act remains effective, streamlined and modern. For example, the amendments would implement a more risk-focused approach to licensing food businesses, strengthen the management of existing and emerging food safety risks, and adopt a more nationally consistent approach to regulating food businesses. In relation to these proposed amendments, during 2023–2024, Queensland Health:

- undertook an impact analysis to examine the potential costs and benefits
- drafted supporting guidance materials and developed communication and implementation plans
- completed a complementary internal review of the *Food Regulation 2016*.

All affected government, industry and community stakeholders will continue to be consulted on any proposed amendments.

DNA Commission of Inquiry implementation

The development of a capital infrastructure plan has been completed as a draft for consideration for capital funding in the upcoming budget announcements. The plan seeks to accommodate increased staffing levels to implement recommendations made within the Commission of Inquiry’s final report.

System enabler: flexible, future-fit infrastructure that enables world-class health care

Develop program-level standardisation of design inputs to deliver high levels of operational efficiencies. Implement a continuous improvement strategy to manage ongoing enhancement of these inputs.

Design principles have been developed to ensure Queensland Health calls out the value it places on design elements. Four key themes have been developed, comprising of people, place, value and technology. These themes address function, flexible form, whole-of-life costs, project budget, place, operational performance, sustainability, user (patient, staff and community) experience, locally appropriate, repeatable, and aesthetic elements. A key component within the value theme is standardised design.

These principles have been developed with the aim to support consistent, high-quality health service delivery through standardised spaces informed by past learnings, consultation within Queensland Health, future trends and clinical evidence. A continuous improvement strategy will provide the structures and processes required for the ongoing enhancement of Queensland Health’s suite of design materials, which will position Queensland Health at the leading edge of infrastructure design, supporting patient care and clinical innovation.

Manage Queensland Health’s capital program expenditure

Health Infrastructure Queensland’s role is to plan and deliver flexible, future-fit infrastructure that enables the delivery of sustainable world-class healthcare for all Queenslanders. This is underpinned by the Health Capital Division¹ Queensland Roadmap 2023–2028, Strong foundations for a healthier Queensland.

In 2023–24, Health Infrastructure Queensland was responsible for delivering over 450 capital infrastructure projects and programs across the state, including projects relating to ICT, medical equipment replacement and asset maintenance under a published capital investment program of \$1.638 billion.

During the reporting year, Health Infrastructure Queensland achieved practical completion of 58 construction

¹ Health Capital Division is now known as Health Infrastructure Queensland with effect 21 June 2024

projects, including:

- 27 projects delivered in rural, remote and regional Queensland
- 7 Satellite Hospital facilities completed and opened to the public
- 5 projects as part of the Accelerated Infrastructure Delivery Program have been delivered and are operational.

Health Infrastructure Queensland adopts a best-practice approach to managing capital program expenditure through a number of separate but distinctly integrated initiatives and activities that occur across a project's lifecycle. Through the initial feasibility stages and the development of project business cases, project cost plans are developed to industry standard by engaged practitioners to P50 and P90 certainty levels, benchmarked to industry data and future trend analysis to determine an accurate cost estimate of project expenditure over the forecast.

Having overlaid this with assurance activities such as peer review, these are aggregated through internal systems to provide a program and portfolio lens, risk adjustment activities and finally, independent assurance and approval through project, program and portfolio governance.

Work with HHSs and Divisions to deliver critical infrastructure to support the delivery of government commitments

Queensland Health delivered 4 key infrastructure projects for a total of \$131.57 million. These include a hospital upgrade, 2 new ambulance stations and solar installations at multiple sites as part of the Solar Panel and Energy Efficiency Program. The delivery of these commitments is in partnership with HHSs, the QAS and other divisions within the Department of Health.

\$27.8 million for 33 renal dialysis treatment spaces in regional Queensland at Proserpine, Clermont, Charters Towers, Ingham and Longreach hospitals, and at the Cooktown Multipurpose Health Service and Kowanyama Primary Health Care Centre

All projects in this program except 2 have been completed and are operational, with Longreach and Proserpine projects delayed. The Longreach renal service located at the Longreach Hospital is linked with the Pathology and Pharmacy Project. Due to market constraints, additional funding was required to award a building contractor, resulting in delays. A building contract has been awarded and the project is due to be complete late 2024. The Proserpine renal service will be located in the Proserpine Hospital, once the mental health services relocate. The relocation of these services has been delayed due to building condition issues which are being rectified. The renal service is due to be completed by mid-2025.

Aeromedical Hub at Brisbane Airport

Construction of the new Queensland Regional Aeromedical Hub will support an estimated 200 jobs and a further 220 indirect jobs, contributing an annual economic benefit to the state of \$100 million. The Aeromedical Hub will integrate and co-locate Queensland Health's statewide aeromedical patient retrieval and transport coordination and telehealth clinical support and education capability with the principal fixed wing and rotary wing aeromedical service providers in South East Queensland. Queensland is reliant on aeromedical services to move patients from referral sites to higher-level care. Due to Queensland's geographical size and large decentralised populations, it is imperative Queensland has a safe, reliable and efficient aeromedical system to support timely access to health care for all Queenslanders, no matter where they live. The facility will have a purpose-built Patient Transfer Facility (PTF) caring for both inbound and outbound patients, similar to a hospital patient discharge/transit lounge. The PTF will improve the efficient

use of aeromedical assets by reducing the need to wait for ground transport during patient transfers in Brisbane.

In 2023–24, Queensland Health worked with Brisbane Airport Corporation, Queensland Government Air, Royal Flying Doctors Service and LifeFlight Australia to develop designs which suitably represent the requirements of the Aeromedical Hub to enable Brisbane Airport Corporation to tender for and appoint a construction contractor. With the contractor appointed, the detailed design and construction of the purpose-built facilities will progress in 2024–25. The Aeromedical Hub is scheduled to become operational in 2026–27.

System enabler: adaptable and sustainable funding and commissioning approach

Outcomes Framework

The Funding Outcomes Framework program was renamed to the Health Outcomes Program and governance processes developed. Continued engagement and collaboration with clinical networks and key clinical stakeholder groups on outcomes and indicators is occurring. There was a review of Queensland Health outcomes, indicators and measurements and map to clinical domains. Release of outcomes and indicators will occur every 3 months.

Develop a commissioning/purchasing approach and plan that supports HEALTHQ32 vision and wider system priorities and integration goals

To underpin the 2024–25 HHS Service Agreements, a commissioning approach has been developed. The approach has a continued focus on unplanned and planned care, patient flow and capacity expansion.

An industry briefing was held with all HHS board chairs and chief executives in April 2024.

Round 1 Service Agreements have been provided to HHSs with negotiations ongoing for 2024–25. The approach will be published on the intranet in July 2024.

Develop a 10-year commissioning plan looking at future demand projections in line with known projects coming online to determine gaps

An initial funding needs outlook spanning a 10-year horizon, incorporating the anticipated future health service growth projections and the current capital delivery pipeline has been developed. The approach and framework will continue to be matured over time, with planned improvements underway featuring automation and regular reporting.

Revise whole-of-government standing offer arrangement for language services

Leading the development of program guidelines to underpin a future whole-of-government standing offer arrangement (SOA) for language services. The program guidelines seek to establish scaffolding for an improved procurement instrument, ensuring it is fit for purpose for government frontline service environments, enables improved quality and compliance, and supports national policy drivers towards industry sustainability. New program guidelines and a centralised booking system to support the new approach will be finalised in 2024–25.

National Health Reform Agreement

Jurisdictions have commenced work on drafting a new National Health Reform Agreement (NHRA) Addendum 2025–2030, to commence from 1 July 2025. This will replace the current NHRA Addendum 2020–2025, which ends on 30 June 2025.

Queensland Health Funding Envelope

The 4-year Queensland Health Funding Envelope will be negotiated in the lead up to the 2025–26 budget, after the outcome of the final NHRA Addendum 2025–2030 is finalised.

Cape and Torres Health Commissioning Limited

On 1 May 2024, the independent Cape and Torres Health Commissioning (CaTHC) entity was formally registered and incorporated. This occurred as part of what was originally known as the Torres and Cape Health Care Commissioning Fund project (TORCH). Following a project partnership workshop on 23 April 2024 between Queensland Health, the CaTHC Board, Department of Health and Aged Care (DoHAC), and the Queensland Aboriginal and Islander Health Council (QAIHC), the short-term scope of project work was defined. As such, Queensland Health will continue supporting CaTHC to establish agreed governance structures, supporting the entity where required, and creating a supportive legislative and funding environment. An initial funding agreement was agreed in early July 2024 between Queensland Health and CaTHC to allow funding for the priority establishment activities to be transferred to the Entity. A future longer term funding agreement is currently being drafted.

Vision to Value: 1 to 5 year roadmap that leverages corporate enterprise technology solutions and an approved funding source

These collaborative, value-based 1 to 5 year roadmaps will ensure that Queensland Health is investing in the right solutions, at the right time, to address both current challenges and support future business priorities. The roadmap development is complete ready for further consultation and feedback.

System enabler: leadership, culture and governance that supports change

Queensland Public Health Review

Implementation of the Queensland Public Health Review recommendations is underway. As of July 2024, 27 of 103 actions have been closed, and 64 are in progress. Key deliverable includes introduction of a Public Health Service Schedule to Service Agreements.

System enabler: authentic partnerships

Skin cancer prevention

A strong partnership with Skin Cancer Prevention Queensland has shaped the skin cancer prevention and early detection project 2022–2026.

The project has 3 distinct but interconnected elements that create a broad response to the prevention of skin cancer and early detection.

Element 1 - Statewide social marketing to promote sun-safe behaviours and encourage self-skin checks.

This 4-year social marketing program aims to reduce exposure to harmful ultraviolet (UV) radiation and sunburn rates among Queenslanders by promoting the five sun protection behaviours. In 2023–24, Queensland Health launched the ‘Sunshine – the Real Horror Movie’ campaign, targeting 18 to 34-year-olds across the state through digital channels. The campaign received the 2024 Spikes Asia Awards - Gold Award in the healthcare category.

Additionally, local sponsorships and partnerships, such as Beef 2024 and the Queensland Touch Football Association Junior State Cup 2024, have been supported to extend sun safety messages.

Element 2 – Skin cancer early detection outreach clinics in priority locations aim to create more equitable access in rural Queensland to quality skin cancer early detection services. In this first full year of operation, 63 clinics were delivered in 18 locations that had one or no practising GPs. 480 patients received an assessment and/or treatment. Of these, 100 people had a cancer detected and treated, including five people with melanomas, one of which was invasive.

Upskilling workshops for GPs were delivered in Rockhampton, Mackay, Roma, Mount Isa, and Townsville and attended by 95 people.

Element 3 - Community activation and health promotion aims to increase community leadership for sun safety, policy, and shade creation.

Grants were awarded to 16 local governments to support new actions to support sun safety in their community. Livingstone Shire Council and Gladstone Regional Council supported youth to champion sun safety in their communities.

Strategic communication campaigns: Supporting positive behaviour change in Queensland’s health consumers

Queensland Health continued to deliver major strategic communication campaigns that focused on improving the health of Queenslanders through long-term behaviour change and contributed to easing the burden on the health system. A total of 14 major campaigns were conducted, addressing topics such as risky alcohol consumption, mental wellbeing, sun safety, reducing vaping and winter wellness. Recruitment campaigns were launched to encourage local, interstate and international health workers to join Queensland’s public health system and inspire high school-aged Queenslanders to consider pursuing a career with Queensland Health. A campaign also raised awareness of the state’s new satellite hospitals.

Integrated system governance: Biennial governance reviews of each of the Integrated System Governance Boards and Committees (as outlined in the Common Arrangements)

A review of the integrated system governance boards and committees was undertaken. The review identified ways to improve efficiency and effectiveness of the integrated system governance model. The review resulted in the 5 tier 2 committees being replaced by 1 System Leadership Forum (SLF). The new structure is designed to support improved integration and decision making on system strategy, policy and reform priorities. The SLF held its inaugural meeting on 9 April 2024. The SLF will meet once every two months.

Department of Health policy framework review

Reviews of both the Policy Management Policy, and Policy Management Implementation Standard were completed. These documents prescribe the mandatory requirements for Department of Health policies, standards and guidelines that are governed under the Department of Health Policy Framework (the

framework). All divisions in the Department of Health were given the opportunity to provide feedback on the policy and standard during the consultation period. However, consultation focused on stakeholders within the department that have ownership of policies, standards and guidelines under the framework. The review resulted in the modernisation of both documents and clarity on processes relating to initiating, reviewing and rescinding documents under the framework. Stakeholders also identified further areas for framework improvement which will be addressed in future.

Pharmacy Business Ownership Act 2024

In March 2024, the Queensland Parliament passed the *Pharmacy Business Ownership Act 2024* (the Act), giving effect to the government's response to recommendations of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Parliamentary Committee's 2018 Report No. 12 – Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland.

The Act will establish a licensing framework for pharmacy business owners and transfer responsibility for regulating pharmacy business ownership from the department to the Queensland Pharmacy Business Ownership Council, an independent statutory body.

The department is working with stakeholders including pharmacy business owners, the *Interim* Pharmacy Roundtable and the Pharmacy Guild of Australia (Queensland Branch) to support the transition to the new licensing framework. The licensing framework is expected to commence in late 2025.

Other whole-of-government plans and specific initiatives

Plan/Initiative/Strategy	Key achievements in 2023–24
<p>Women’s Safety and Justice Taskforce Hear her voice – Report 2</p>	<p>Work continues to implement the recommendations arising from the Women’s Safety and Justice Taskforce Hear her voice-Report 2 with a number of achievements made during 2023–24.</p> <ul style="list-style-type: none"> • New best-practice forensic medical examination kits were rolled out across Queensland and are now available within every Hospital and Health Service. • A project team was appointed within the Office of the Chief Medical Officer to develop a service delivery model for Queensland. • A budget submission associated with this service delivery model has been developed and provided to government for consideration. • Processes for both ‘collect and analyse’ and ‘collect and store’ kits have been developed and implemented statewide. • A training and education program was rolled out for doctors and nurses performing forensic medical examinations. This education program consists of a series of online modules followed by a face-to-face workshop. As at 30 June, 341 clinicians had attended training, with an ongoing workshop schedule being finalised for 2024–25.
<p>Queensland Women’s Strategy 2022–27</p>	<p>Ongoing efforts to achieve gender equity continued under the Queensland Women’s Strategy 2022–27. Achievements under the strategy are outlined in the Annual Queensland Women’s Statement and include:</p> <ul style="list-style-type: none"> • investment of \$16.3 million in a package to strengthen women’s economic security, including the Jobs Academy Program which supports women to get back into work or training, and additional support for female founders • delivery of the Queensland Women and Girls’ Health Strategy 2032 • progress to apply a gender responsive budgeting approach and improved focus on diversity in government procurement • improved access to termination of pregnancy services.
<p>Queensland Women and Girls’ Health Strategy 2032</p>	<p>As a commitment under the Queensland Women’s Strategy 2022–27, Queensland Health has developed the Queensland Women and Girls’ Health Strategy and Investment Plan to respond to the health needs of women and girls, address the wider determinants of women and girls’ health, and improve health equity.</p> <ul style="list-style-type: none"> • Extensive stakeholder consultation, co-design processes and consumer engagement informed development of the strategy, including a second public survey launched in October 2023 which received more than 12,000 responses – the largest response ever recorded for a Queensland Government survey. <p>Cabinet approval of the strategy in March 2024, backed by \$247.93 million of new investment to drive women’s health reform.</p> <p>Implementation partners have successfully taken over the strategy and are now coordinating and guiding the delivery of 34 new initiatives, which will</p>

	<p>positively benefit the health and wellbeing of women and girls throughout their lives.</p>
<p>DNA services reform in Queensland - 2023 Commission of Inquiry (Bennett Inquiry)</p>	<p>On 13 December 2022, an independent Commission of Inquiry (COI) into Forensic DNA Testing in Queensland delivered its final report to the government, which made 123 recommendations calling for significant reform to the delivery of DNA services in Queensland. Following the COI, Forensic Science Queensland (FSQ) was tasked with implementing a reform agenda that goes beyond the COI recommendations, in the pursuit of becoming a world-class forensic laboratory.</p> <p>Queensland Health is working closely with criminal justice stakeholders to implement the COI recommendations. As at 30 June, 52 recommendations have been fully implemented and closed. Thirteen are completed and awaiting closure, and a further 47 are in progress. This equates to more than 90 per cent of all recommendations either in progress, completed or closed.</p> <p>Achievements during 2023–24 include:</p> <ul style="list-style-type: none"> • the <i>Forensic Science Queensland Act 2024</i> being passed in Parliament • enhancing FSQ operations and scientific service delivery • prepared for the transition of FSQ to the Department of Justice and Attorney-General (DJAG) • established an interim advisory board to provide oversight of forensic DNA operations until the statutory Forensic Science Queensland Advisory Council is established under the <i>Forensic Science Queensland Act 2024</i>. • supporting the interim board with 3 interim advisory sub-committees, which provided subject matter expertise in discrete and complex areas of forensic justice, forensic biology and forensic medical examinations.
<p>Palliative and End-of-Life Care Strategy</p>	<p>In addition to its ongoing investment in Queensland's palliative care system, the Queensland Government has committed approximately \$171 million for palliative care reform until 2025–26. The investment of this funding is being driven by the Palliative and End-of-Life Care Strategy and complementary Queensland Health Specialist Palliative Care Workforce Plan. The funding is being used to expand and strengthen palliative care services for Queenslanders.</p> <p>Achievements in 2023–24 include:</p> <ul style="list-style-type: none"> • grew and invested in Queensland Health's specialist palliative care workforce through the Queensland Health Specialist Palliative Care Workforce Plan • invested in community-based services to improve and promote choice for care at end-of-life, focusing on regional, rural and remote service provision outside of South East Queensland • enhanced digital and telehealth solutions for consumers

	<ul style="list-style-type: none"> • delivered 24/7 secondary consultation for palliative care practitioners through the end-of-life care support service for clinicians, PallConsult • provided education and advocacy about dying, death and advance care planning
Health Workforce Strategy 2032	<p>The Health Workforce Strategy 2032 promotes workforce sustainability and improvements for Queensland Health. Achievements are separated into 3 focus areas.</p> <ol style="list-style-type: none"> 1. Supporting and retaining the current workforce <ul style="list-style-type: none"> • Launched the health and wellbeing framework on 31 October 2023. • Updated Queensland Health’s management essentials program to strengthen capability development opportunities. 2. Building new pipelines of talent <ul style="list-style-type: none"> • Identified clinical coding pathways and outlined future options for education and employment pathways in Queensland. • Stood up a rural and remote candidate care team to support domestic and international recruitment campaigns. 3. Adapting and innovating new ways to deliver such as: <ul style="list-style-type: none"> • Developed the Networked Workforce Model to support networked service delivery arrangements across Hospital and Health Services. • Introduced scholarships for critical health roles in rural and remote areas, in partnership with James Cook University. <p>Additionally, funding under the Medical Practitioner Workforce Plan for Queensland was allocated in 2023–24 to progress initiatives that will address medical workforce issues. These include an undersupply of workers within some specialities, the geographic maldistribution of workers, and growing and retaining a regional, rural and remote workforce.</p>
Research Strategy 2032	<p>The Research Strategy 2032 was launched on 9 April 2024. The 3 areas of focus are:</p> <ol style="list-style-type: none"> 1. Foster innovative ideas 2. Turn ideas into research excellence 3. Translate research into better health care. <p>An annual statewide showcase and an awards program have been delivered, with the inaugural Queensland Health Research Excellence Showcase taking place on 3 May 2024. Other deliverables in progress include:</p> <ul style="list-style-type: none"> • providing a tailored education and training program to upskill researchers • introducing targeted fellowships for women, First Nations peoples and researchers in regional, rural and remote locations

	<ul style="list-style-type: none"> establishing the Queensland Science Concierge service which will coordinate decision making around major research proposals.
Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027	<p>Key initiatives include:</p> <ul style="list-style-type: none"> established 12 new acute response teams across 8 HHSs to provide timely and assertive treatment and care for children and adolescents experiencing mental health crisis and suicidality expanding the mental health Hospital in the Home model, with new sites established on the Gold Coast, West Moreton and Metro South, providing an alternative to hospital admission and allowing people to be cared for in their own home implemented new and innovative models to reduce and respond to alcohol and other drugs related harms, including the introduction of pill testing services.
Joint regional needs assessment framework	<p>The joint regional needs assessment framework was endorsed by the Queensland Commonwealth Partnership Steering Committee on 27 March 2024.</p> <p>It provides a framework for HHSs, PHNs, Aboriginal and Torres Strait Islander Community Controlled Health Organisations, and other agencies to jointly assess the health needs and service needs impacting regions across Queensland.</p> <p>The transition from multiple organisation-based health needs assessments to one overarching joint needs assessment per region will advance collective action and shared priorities. The first joint regional needs assessments for Queensland regions will be completed by the end of 2024.</p>
Queensland Health medical imaging future services model	<p>The Queensland Health medical imaging future services model was endorsed by the Executive Leadership Team in June 2024.</p> <p>The model describes how medical imaging services will be delivered in the future to meet the needs of people in Queensland and recognises 3 predominant patient pathways: a screening pathway, a diagnostic pathway, and an interventional pathway.</p> <p>During development of the future services model across 2023–24, 5 potential options for delivery were identified. The preferred implementation strategy will be considered in 2024–25.</p>
Boost frontline health services	<p>This project delivered on the Queensland Government's commitment to improve the nurse- and midwife-to-patient ratios in places experiencing high demand including:</p> <ol style="list-style-type: none"> operating theatres emergency departments prison health services maternity wards.

	<p>Trials in these 4 clinical settings occurred for a 6-month period and concluded on 30 June 2023. The project included the delivery of an independent evaluation of these trials.</p>
<p>Develop a nursing and midwifery report card that incorporates Positive Practice Environment Standards</p>	<p>This project has delivered on the government's commitment to develop a nursing and midwifery report card that is reflective of and incorporates the Positive Practice Environment Standards.</p> <p>The inaugural nursing and midwifery working environment survey launched on 7 May 2024 and closed on 27 May 2024. Report card results are expected to be published in July 2024.</p>
<p>Transitions of care</p>	<p>The Transition of Care Pharmacy Project (ToCPP) was established to identify and implement a pharmacist-led intervention to improve transitions of care. The aim of this project was to embed a transition of care (ToC) pharmacist model within inpatient care teams. This model provides a seamless, safe, and timely two-way handover of medication-related care between tertiary and primary care teams. The project model of care was piloted in 3 Queensland Health facilities in specific patient populations:</p> <ol style="list-style-type: none"> 1. internal medicine services 2. gerontology 3. vascular surgery. <p>The evaluation report and model of care was disseminated to all HHSs. The project evaluation identified that:</p> <ul style="list-style-type: none"> • the model of care improved the continuity of care and patient safety • patients considered the service beneficial • primary healthcare providers considered the enhanced clinical handover improved patient management • there was support for continuing the service and expanding to additional patient populations and facilities • there is the potential to optimise the model of care.
<p>Hire an extra 9,475 frontline health staff over the next 4 years including 5,800 nurses and midwives</p>	<p>Regular monitoring of actual performance against growth targets has been undertaken since this project began. By May 2024, the growth target of hiring 5,800 new nurses and midwives was met. Queensland Health continues to monitor recruitment activity and works with HHSs on initiatives to attract and increase recruitment of frontline health staff including nurses and midwives.</p>
<p>Hire an extra 9,475 frontline health staff over the next four years including 1,700 new allied health professionals</p>	<p>Regular monitoring of actual performance against growth targets has been undertaken since this project began. By January 2024, the growth target of 1,700 new allied health professionals had been met, ahead of the expected completion timeframe of December 2024. Queensland Health will continue to monitor recruitment activity to ensure targets are maintained.</p>
<p>Cancer screening services</p>	<p>Cancer screening programs help to protect the health of Queenslanders by providing prevention and early detection of selected cancers. Screening tests look for changes and early signs before cancer develops or symptoms emerge. Queensland supports the delivery of the 3 national</p>

	<p>cancer screening programs for breast, bowel and cervical cancer. All eligible people in the target age groups are strongly encouraged to participate.</p> <p>For more than 30 years, Queensland Health has been providing breast screening services to reduce deaths from breast cancer targeting women aged 50 to 74 years.</p> <p>The program is delivered through BreastScreen Queensland screening and assessment services, including 11 main sites, 23 satellites and 11 mobile vans covering more than 230 locations across the state.</p> <p>In the 2023–24 financial year, 206,495 breast screens were performed on women aged 50 to 74 years, which was similar to the 2022–23 calendar year, and 13,226 more than the 2021–22 financial year.</p>
<p>Ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021–2024</p>	<p>The Ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021–2024 was launched in March 2022. The strategy aims to strengthen Queensland’s response across the health system, from early prevention to the care and support of those living with acute rheumatic fever (ARF) and rheumatic heart disease (RHD).</p> <p>The Queensland Government committed \$4.5 million (\$1.5 million annually) over 3 years to implement this strategy. A further \$2.88 million was committed to strengthen primary and secondary prevention activities in communities where First Nations people are at the greatest risk of ARF and RHD. Achievements in 2023–24 include:</p> <ul style="list-style-type: none"> • establishing skin health programs across North Queensland, including outreach skin assessments that support health promotion, early detection, treatment and management of Strep A infections • developing an education framework that guides the delivery of clinical education and training to support prevention, treatment and management of ARF and RHD in Queensland • increasing the permanent health workforce across North Queensland to support prevention efforts and management of patients living with ARF and RHD • expanding mobile laundry facilities in remote First Nations communities to decrease barriers to healthy living practices.
<p>Queensland Syphilis Action Plan 2023–2028</p>	<p>The Queensland Syphilis Action Plan 2023–2028 was released in February 2024 to address the increases in infectious syphilis and continued congenital syphilis cases occurring across Queensland.</p> <p>The Queensland Government committed \$1 million to kickstart the first 12–18 months of actions under the plan. From the \$42 million commitment to improving maternity services across rural and regional Queensland, the Queensland Government allocated \$721,000 over 4 years to establish a statewide midwife consultant position under the Syphilis Action Plan.</p> <p>Achievements in 2023–24 include:</p>

	<ul style="list-style-type: none"> • established 2 dedicated nurse navigator positions (located in Metro North and Metro South) to support the antenatal workforce and support women safely through pregnancy • established a clinical midwife consultant position dedicated to system-level improvements, including education and training for syphilis prevention in antenatal settings • extended of a nurse-led satellite clinic project within a correctional facility to improve sexually transmissible infection and blood borne virus testing for people who are incarcerated • commenced a review of the Queensland Syphilis Surveillance Service • boosted capacity for the Queensland Syphilis Surveillance Service and for contact tracing in regional Queensland • established a dedicated role to review the status of progress against the implementation of the Queensland Syphilis Action Plan.
<p>Forensic Science Queensland: People and culture</p>	<p>Forensic Science Queensland continues to focus on recruiting the right people to enable a high-performing culture and deliver FSQ's strategic mission. A dedicated senior practitioner has been permanently appointed as Director, Culture and Wellbeing to support FSQ staff through the significant changes made since the 2022 Commission of Inquiry as well as promote the cultural shift required. The Director has also implemented a gradual exposure program.</p> <p>A strategic plan and values statement was established via staff consultation to support, guide and inform the work performed by all employees across FSQ. There has been a significant body of work to build management and leadership capability at FSQ including recruitment to new leadership roles to ensure staff feel supported at all levels.</p>
<p>Forensic Science Queensland: Build fit-for-purpose infrastructure and systems</p>	<p>A new purpose-built, FSQ demountable accommodation was built to alleviate accommodation pressures in the short term. Refurbishment of office accommodation in quality, IT, and scientific areas has also been completed. A review of existing FSQ laboratory infrastructure is underway to ensure FSQ infrastructure can meet needs in the short and long term.</p>
<p>Forensic Science Queensland: Deliver valid, reliable, high-quality services</p>	<p>On 15 March 2024, FSQ was advised the National Association of Testing Authority (NATA) would conduct a full reassessment of FSQ for ISO 17025 compliance. Preparation for this reassessment is a significant organisational priority to ensure that FSQ can continue to provide forensic services to our justice stakeholders. The impacts of the 2022 and 2023 COIs have resulted in ongoing backlogs in the FSQ, Forensic Biology Division. FSQ continues to implement measures to address the backlog while ensuring scientific integrity of results, including:</p> <ul style="list-style-type: none"> • an international recruitment campaign for qualified scientists • collaborating with national and international organisations to assist in the interpretation of DNA profiles

	<ul style="list-style-type: none"> • collaborating with the Department of Public Prosecution and Queensland Police Service to prioritise cases for DNA testing and evidentiary statements.
Forensic Science Queensland: Science innovation	<p>Forensic Science Queensland’s fully resourced Innovation Division is responsible for ensuring the laboratory remains contemporary through the following activities:</p> <ul style="list-style-type: none"> • developing and implementing research and innovation frameworks for FSQ (for both Forensic Chemistry and Forensic Biology) • delivering high-quality validation and verification studies for process changes and the implementation of new capabilities • high-quality research output • engagement and research collaboration.

Service delivery statements (SDS)

Acute inpatient care

Queensland Health	2023–2024 Target	2023–2024 Actual
Effectiveness measures		
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ¹	≤1.0	0.8
Percentage of elective surgery patients treated within the clinically recommended times		
• Category 1 (30 days)	>98%	87.2%
• Category 2 (90 days)²	..	74.0%
• Category 3 (365 days)²	..	81.9%
Median wait time for elective surgery treatment (days)		
• Category 1 (30 days)	..	18
• Category 2 (90 days)	..	68
• Category 3 (365 days)	..	243
• All categories	..	40
Percentage of admitted patients discharged against medical advice ³		
• Non-Aboriginal and Torres Strait Islander patients	0.8%	1.3%
• Aboriginal and Torres Strait Islander patients	1.0%	3.1%
Efficiency measure		
Average cost per weighted activity unit for activity-based funding facilities ⁴	\$5,546	\$6,018
Other measures		
Number of elective surgery patients treated within clinically recommended times		
• Category 1 (30 days)	55,153	53,507
• Category 2 (90 days)²	..	42,873
• Category 3 (365 days)²	..	24,651
Total weighted activity units (WAU) – acute inpatients ⁵	1,513,464	1,547,101

Note:

1. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2023–2024. Actual rate is based on data from 1 July 2023 to 31 March 2024 as at 14 May 2024.
2. Treated in time performance targets for category 2 and 3 patients are not applicable for 2023–2024 due to the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–2025.

3. 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% and approaching 4%, there has been an improvement. The 2023–2024 actual is based on admitted patient data for the period 1 July 2023 to 31 May 2024.
4. Cost per WAU is reported in QWAU Phase Q26 and is based on data available on 19 August 2024. 2023–2024 actual includes in-year funding, e.g. cost of living adjustment, enterprise bargaining uplift, special pandemic leave payment and additional funding for new initiatives.
5. All measures are reported in QWAU Phase Q26. The 2023–2024 actual is based on data available on 19 August 2024. As the HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the target can occur.

Outpatient care

Queensland Health	2023–2024 Target	2023–2024 Actual
Effectiveness measures		
Percentage of specialist outpatients waiting within clinically recommended times ¹		
• Category 1 (30 days)	65%	57.7%
• Category 2 (90 days)²	..	44.5%
• Category 3 (365 days)²	..	76.0%
Percentage of specialist outpatients seen within clinically recommended times		
• Category 1 (30 days)	83%	77.2%
• Category 2 (90 days)²	..	49.7%
• Category 3 (365 days)²	..	67.7%
Efficiency measure		
Not identified		
Other measures		
Number of telehealth outpatients service events ³	318,134	338,362
Total weighted activity units (WAU) – outpatients ⁴	473,155	511,926

Note:

1. Waiting within clinically recommended time is a point-in-time performance measure. 2023–2024 actual is as at 1 July 2024.
2. Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long-wait patients and the seen-within-clinically-recommended-time percentage will be lower. To maintain the focus on long-wait reduction, the targets for category 2 and 3 patients are not applicable.
3. Telehealth 2023–2024 actual is as at 20 August 2024.
4. All measures are reported in QWAU Phase Q26. The 2023–2024 actual is based on data available on 19 August 2024. As the HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the target can occur.

Emergency care

Queensland Health	2023–2024 Target	2023–2024 Actual
Effectiveness measures		
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	60.4%
Percentage of emergency department patients seen within recommended timeframes		
<ul style="list-style-type: none"> • Category 1 (within 2 minutes) • Category 2 (within 10 minutes) • Category 3 (within 30 minutes) • Category 4 (within 60 minutes) • Category 5 (within 120 minutes) 	<p>100%</p> <p>80%</p> <p>75%</p> <p>70%</p> <p>70%</p>	<p>99.9%</p> <p>69.2%</p> <p>66.9%</p> <p>78.6%</p> <p>93.0%</p>
Percentage of patients transferred off stretcher within 30 minutes ¹	90%	59.7%
Median wait time for treatment in emergency departments (minutes) ²	..	15
Efficiency measure		
Not identified		
Other measure		
Total weighted activity units (WAU) – Emergency Department ³	363,169	341,107

Note:

1. Patient off stretcher 2023–2024 actual is for the period 1 July 2023 to 30 June 2024 as at 15 August 2024.
2. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
3. All measures are reported in QWAU Phase Q26. The 2023–2024 actual is based on data available on 19 August 2024. As the HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the target can occur.

Sub and non-acute care

Queensland Health	2023–2024 Target	2023–2024 Actual
<i>Effectiveness measure</i>		
Not identified		
<i>Efficiency measure</i>		
Not identified		
<i>Other measure</i>		
Total weighted activity units (WAU) – sub-acute ¹	171,711	192,576

Note:

1. All measures are reported in QWAU Phase Q26. The 2023–2024 actual is based on data available on 19 August 2024. As the HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the target can occur.

Mental health, alcohol and other drug services

Queensland Health	2023–2024 Target	2023–2024 Actual
Effectiveness measures		
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ¹		
<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander • Non-Aboriginal and Torres Strait Islander 	<ul style="list-style-type: none"> <12% <12% 	<ul style="list-style-type: none"> 11.1% 8.9%
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ^{2,1}		
<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander • Non-Aboriginal and Torres Strait Islander 	<ul style="list-style-type: none"> >65% >65% 	<ul style="list-style-type: none"> 58.8% 61.9%
Efficiency measure		
Not identified		
Other measures		
Percentage of the population receiving clinical mental health care ³	>2.1%	2.1%
Ambulatory mental health service contact duration (hours) ¹	>956,988	767,951
Queensland suicide rate (number of deaths by suicide/100,000 population) ⁴	..	14.4
Total weighted activity units (WAU) – mental health ⁵	156,985	154,895

Note:

1. Mental health data is as at 19 August 2024.
2. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders.
3. Percentage of the population receiving clinical mental health care measure 2023–2024 actual is as of 19 August 2024 and is based on Queensland estimated resident population as of 30 June 2024.
4. Queensland suicide rate is the most recently available (2022 calendar year) age-standardised rate per 100,000 population data from the Australian Bureau of Statistics (ABS) website. Please note, data is counted per registration year, so may not be directly comparable to previous submissions which were determined by reference year and presented as a 5-year rolling average. No annual targets for this measure were set as progress is expected over the long term.
5. All measures are reported in QWAU Phase Q26. The 2023–2024 actual is based on data available on 19 August 2024. As the HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the target can occur.

Prevention, primary and community care

Queensland Health	2023–2024 Target	2023–2024 Actual
Effectiveness measures		
Percentage of the Queensland population who consume alcohol at risky and high-risk levels (2009 guidelines) ^{1,2}	21.3%	22.0%
<ul style="list-style-type: none"> • Male • Female 	31.3%	32.3%
	11.8%	12.2%
Percentage of the Queensland population who consume alcohol at risky and high-risk levels (2020 guidelines) ^{1,3}	..	36.4%
<ul style="list-style-type: none"> • Male • Female 	..	48.9%
	..	24.5%
Percentage of the Queensland population who smoke daily ¹		
<ul style="list-style-type: none"> • Persons • Male • Female 	10.1%	10.1%
	11.4%	11.3%
	8.8%	8.9%
Percentage of the Queensland population who were sunburnt in the last 12 months ¹		
<ul style="list-style-type: none"> • Persons • Male • Female 	47.8%	47.8%
	53.0%	53.0%
	43.0%	42.8%
Annual notification rate of HIV infection ⁴	<3.0	3.0
Vaccination rates at designed milestones for children 1–5 years		
<ul style="list-style-type: none"> • all children 1 year • all children 2 years • all children 5 years 	95%	92.0%
	95%	90.6%
	95%	92.7%
Percentage of target population screened for		
<ul style="list-style-type: none"> • breast cancer⁵ • cervical cancer⁶ • bowel cancer⁷ 	52.1%	51.3%
	67.6%	67.6%
	42.5%	37.5%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter ⁸	59.6%	59.7%
Ratio of potentially preventable hospitalisations (PPH) – rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations ⁹	1.65	1.72
Percentage of women who, during their pregnancy, were smoking after 20 weeks ^{10,11}		
<ul style="list-style-type: none"> • Non-Aboriginal and Torres Strait Islander women • Aboriginal and Torres Strait Islander women¹¹ 	6.0%	5.1%
	28.0%	32.4%

Queensland Health	2023–2024 Target	2023–2024 Actual
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation ¹⁰		
<ul style="list-style-type: none"> • Non-Aboriginal and Torres Strait Islander women • Aboriginal and Torres Strait Islander women¹² 	98.0% 93.0%	96.9% 89.6%
Percentage of babies born of low birth weight to ¹⁰		
<ul style="list-style-type: none"> • Non-Aboriginal and Torres Strait Islander women • Aboriginal and Torres Strait Islander women 	4.6% 7.3%	5.0% 10.4%
Percentage of public general dental care patients waiting within the recommended timeframe of 2 years ¹³	85%	99.1%
Percentage of oral health weighted occasions of service which are preventative ¹³	15%	18%
Efficiency measure		
Not identified		
Other measures		
Number of rapid HIV tests performed ¹⁴	6,000	7,149
Number of adult oral health weighted occasions of service (ages 16+) ^{13,15}	2,736,000	2,883,660
Number of children and adolescent oral health weighted occasions of service (0–15 years) ^{13,15}	1,200,000	895,391
Total weighted activity units (WAU) – prevention and primary care ¹⁶	43,203	47,220

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. Risky alcohol consumption is based on the 2009 NHMRC alcohol guidelines. To reduce the risk of long-term harm, the 2009 guidelines recommended that adults consume no more than 2 standard drinks per day (14 per week). The most recent results for risky alcohol consumption (2009 guidelines) are from 2022–2023 while sunburn and smoking results are from 2023–2024. Future reporting will use the 2020 guidelines.
3. Risky alcohol consumption is based on the 2020 NHMRC alcohol guidelines. The 2020 guidelines recommend healthy adults consume no more than 10 standard drinks per week and no more than 4 standard drinks on any one day. The most recent results for risky alcohol consumption (2020 guidelines) are from 2022–2023. The 2020 guidelines reduced the amount of alcohol associated with harm from the 2009 guidelines. This change means estimates and targets for the two guidelines are not comparable. Future reporting will use the 2020 guidelines.

4. The annual notification rate of HIV infection 2023–2024 actual is based on the data during the period 1 January 2023 to 31 December 2023.
5. The percentage of target population screened for breast cancer 2023–24 estimated actual is based on the data during the period 1 January 2021 to 31 December 2022.
6. The percentage of target population screened for cervical cancer 2023–24 estimated actual is based on the data during the period 1 January 2018 to 31 December 2022.
7. The percentage of target population screened for bowel cancer 2023–24 estimated actual is based on the data during the period 1 January 2021 to 31 December 2022.
8. There is significant random variation in the size of cancer detected from year to year and therefore a 3-year average is used to calculate this measure. The 2023–2024 actual is based on the 3-year average for financial years 2019–2020 to 2021–2022.
9. The 2023–2024 target is based on a trajectory to achieve PPH parity with other Queenslanders by 2033. The 2023–2024 actual is based on admitted patient data for the period 1 July 2023 to 31 May 2024.
10. Antenatal services, smoking and low birth weight measures actuals for 2023–2024 are based on perinatal data for the period 1 July 2023 to 30 April 2024.
11. Percentages of smoking in pregnant Aboriginal and Torres Strait Islander women post 20 weeks gestation have been decreasing since 2005–2006 when the rate was 51.8%, representing an average decrease of approximately one percentage point per annum.
12. While the 2023–2024 actual is close to the 2023–2024 target, a number of the HHSs have reached the target and overtime there has been sustained long-term improvement in the proportion of Aboriginal and Torres Strait Islander women attending five or more antenatal appointments since 2002–2003 when the rate was 76.7%.
13. Oral health measures 2023–2024 actual are based on actual performance from 1 July 2023 to 30 June 2024 as at 5 July 2024.
14. The HIV rapid test 2023–2024 actual is based on the period 1 January 2023 to 31 December 2023.
15. The actual for children and adolescents for 2023–2024 is similar to 2022–2023 and may reflect changes in service delivery models, ongoing workforce challenges and a shift in Child Dental Benefits Schedule uptake to the private sector.
16. All measures are reported in QWAU Phase Q26. The 2023–2024 actual is based on data available on 19 August 2024. As the HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target can occur.

Queensland Health corporate and clinical support

Department of Health	2023–2024 Target	2023–2024 Actual
Effectiveness measures		
Percentage of wide area network availability across the state ¹		
<ul style="list-style-type: none"> • Metro • Regional • Remote 	<p>99.8%</p> <p>95.7%</p> <p>92.0%</p>	<p>99.84%</p> <p>99.78%</p> <p>98.63%</p>
Percentage of high-level ICT incidents resolved within specified timeframes ²		
<ul style="list-style-type: none"> • Priority 1 • Priority 2 	<p>80%</p> <p>80%</p>	<p>71.43%</p> <p>67.67%</p>
Efficiency measures		
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5% unfavourable tolerance ³	95%	89%
Percentage of correct, on time pays ⁴	98%	99.75%
Other measures		
Percentage of initiatives with a status reported as "action required" (red) ⁵	<15%	3%
Percentage of formal reviews undertaken on HHS responses to significant negative variance in variable life adjusted displays and other national safety and quality indicators ⁶	100%	100%

Note:

1. The wide area network 2023–2024 actual represents average monthly availability across the period from July 2023 to June 2024.
2. The actual 2023–2024 result is mostly attributed to high–level ICT incidents pending external third-party vendor and telecommunications provider support resolution. This is particularly the case for Queensland Health faults affecting regional, rural and remote facilities, where these facilities often present inherent difficulties in third parties and telecommunication carriers ability to attend sites and restore services within specified timeframes. Fault complexity requiring intensive diagnosis and resolution also contributed. Improvement initiatives to continuity of service are ongoing.
3. The percentage of capital infrastructure projects delivered on budget and within time 2023–2024 actual is based on data as at June 2024. Projects continue to be affected by cost escalation and resourcing factors, as well as weather conditions hampering delivery.
4. Payroll Transactional Services reports the SDS Measure by pay period. The current actual percentage is based on pay period 01_23/24 (05 July 2023) to current pay period 26 23/24 (19 June 2024).

5. The 2023–2024 actual is based on percentage initiatives with red status as at June 2024.
6. Formal reviews by statewide clinical experts are undertaken on HHS responses to significant negative variance in variable life adjusted displays 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

Queensland Ambulance Service	2023–2024 Target	2023–2024 Actual
Effectiveness measures		
Time within which code 1 incidents are attended – 50th percentile response time (minutes) ¹		
• Code 1A	8.2	8.5
• Code 1B	8.2	11.6
• Code 1C	8.2	13.3
Time within which code 1 incidents are attended – 90th percentile response time (minutes) ¹		
• Code 1A	16.5	17.3
• Code 1B	16.5	23.0
• Code 1C	16.5	26.1
Percentage of Triple Zero (000) calls answered within 10 seconds ¹	90%	91.27%
Percentage of non-urgent incidents attended to by the appointment time ¹	70%	78.2%
Percentage of patients who report a clinically meaningful pain reduction ¹	85%	79.1%
Patient experience ²	97%	97%
Efficiency measures		
Gross cost per incident ³	\$896	\$1,078
Percentage of calls to 13 HEALTH answered within 20 seconds ¹	80%	79%

Note:

1. The 2023–2024 actuals for Queensland Ambulance Service measures are based on data as at 15 August 2024.
2. The 2023–2024 actual figure for the patient experience percentage is reported from the 2021–2022 performance in the Council of Ambulance Authorities (CAA) report released in September 2023.
3. The variance between the 2023–2024 actual and 2023–2024 target reflects additional costs associated with enterprise bargaining, cost of living adjustment, new superannuation arrangements and an additional 200 frontline staff enhancements. These funds were held centrally with Queensland Health until September 2023 forward estimates and not reflected in the 2023–2024 target.

Public Health (Department of Health) Regulatory Performance Report 23-24

About this report

The Queensland Government Regulator Performance Framework (the framework), available on the Queensland Treasury website, is part of the Queensland Government's commitment to maintain community and environmental safeguards through effective and efficient regulatory practice, without unnecessary compliance burden.

The framework sets out the following five regulator model practices:

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.

Consistent with model practice five, 'Be transparent and accountable in actions', this report outlines the department's regulator performance during 2023-24, in administering public health portfolio legislation (Table 1), against the five regulator model practices.

Introduction

The department's Queensland Public Health and Scientific Services (QPHaSS), has primary responsibility for administering the public health (portfolio) legislation listed in Table 1. The main purpose of this legislation is to protect and promote public health by safeguarding the Queensland community from potential harm or illness caused by dangerous pathogens, hazardous substances or harmful practices.

QPHaSS administers the suite of public health legislation, either solely or in collaboration with other areas of the department, namely the Office of the Chief Health Officer (in relation to the *Private Health Facilities Act 1999*), and in partnership with Hospital and Health Service (HHS) Public Health Units (PHUs) and local governments.

Regulatory activities are also conducted in close cooperation with other Queensland and national government regulators, including the Department of Agriculture and Fisheries, Safe Food Production Queensland, Resources Safety and Health Queensland, Workplace Health and Safety Queensland, Therapeutic Goods Administration (TGA), the Australian Health Practitioner Regulation Agency (AHPRA) and law enforcement agencies.

Regulated entities comprise individuals, organisations and businesses operating across a broad spectrum of the Queensland community.

Key regulator activities include providing education and guidance, granting approvals and licences, registering equipment and premises, receiving and managing notifications and complaints, conducting investigations, compliance monitoring and enforcement.

Table 1: Public health (portfolio) legislation

Act	Subordinate legislation
<i>Food Act 2006</i>	Food Regulation 2016
<i>Medicines and Poisons Act 2019</i>	Medicines and Poisons (Medicines) Regulation 2021 Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021 Medicines and Poisons (Pest Management Activities) Regulation 2021
<i>Pharmacy Business Ownership Act 2001</i>	-
<i>Private Health Facilities Act 1999²</i>	Private Health Facilities Regulation 2016 Private Health Facilities (Standards) Notice 2019
<i>Public Health Act 2005</i>	Public Health Regulation 2018
<i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>	Public Health (Infection Control for Personal Appearance Services) Regulation 2016 Public Health (Infection Control for Personal Appearance Services) (Infection Control Guideline) Notice 2013
<i>Radiation Safety Act 1999</i>	Radiation Safety Regulation 2021 Radiation Safety (Radiation Safety Standards) Notice 2021
<i>Tobacco and Other Smoking Products Act 1998</i>	Tobacco and Other Smoking Products Regulation 2021
<i>Transplantation and Anatomy Act 1979</i>	Transplantation and Anatomy Regulation 2017
<i>Water Fluoridation Act 2008</i>	Water Fluoridation Regulation 2020

Regulatory model practices (RMP)

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

Supporting principles
<ul style="list-style-type: none"> • A proportionate approach is applied to compliance activities, engagement, and regulatory enforcement actions. • Regulators do not unnecessarily impose on regulated entities. • Regulatory approaches are updated and informed by intelligence so that effort is focused on risk.

² The Chief Health Officer is the legislative custodian and the Office of the Chief Health Officer administers this Act. While not part of QPhaSS, the *Private Health Facilities Act 1999* is in-scope for the department's Regulatory Performance Report.

Overview

The department administers health portfolio legislation in accordance with the Department's *Legislative Compliance Management Framework* (LCMF), which promotes risk-based, intelligence driven and proportionate approaches for administering, monitoring, and enforcing compliance with legislation. The LCMF promotes clarity and consistency of regulatory approaches, aligned with the five regulator model practices in the Queensland Government Regulator Performance Framework available on the Queensland Treasury website. The LCMF includes a standard for monitoring and enforcing compliance with portfolio legislation.

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

The regulatory action taken in response to complaints or findings of non-compliance is guided by a risk-based, escalating decision tool (i.e., enforcement matrix), to ensure consistent and proportionate enforcement action. A mix of tools are used, ranging from education, advice or warnings to more serious enforcement actions such as orders, prescribed infringement notices or prosecutions which may result in a significant fine or penalty. The chosen regulatory action depends on 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 and enforcement action.

A focus for public health program areas is identifying opportunities to streamline 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 2023-24 financial year. Smoking product supplier licences began to be granted during 2023-24, following amendments to the *Tobacco and Other Smoking Products Act 1998*. Medicines approvals include authorities for prescribing restricted medicines, such as psychostimulants and those in the Queensland Opioid Treatment Program.

Table 2: Licences and approvals granted by Queensland Health during 2023-24

Act	Number*	%**
<i>Food Act 2006</i>	92	<1%
<i>Radiation Safety Act 1999</i>	18,298	52%
<i>Medicines and Poisons Act 2019 (poisons)</i>	523	1%
<i>Medicines and Poisons Act 2019 (medicines)</i>	10,566	30%
<i>Medicines and Poisons Act 2019 (pest management)</i>	2943	8%
<i>Tobacco and Other Smoking Products Act 1998</i>	2851	8%
Total	35,273	100

*Sources: MAPLE (Management Applications, Permits, Licensing related events), QScript and program area corporate records

**Due to rounding, percentages may not add up to 100%

Compliance monitoring and enforcement activities

During the 2023-24 financial year, Queensland Health authorised officers appointed under public health legislation received and responded to 3527 complaints and potential breaches of legislation. They also undertook 2208 inspections or audits and 768 investigations to assess compliance. A total of 1474 reports to the chief executive were received, as required under the *Medicines and Poisons Act 2019*. A total of 630 of these were for failure to give a prescription and 622 were for lost or stolen medicines.

Table 3 shows the range of enforcement actions undertaken by authorised officers during 2023–24. Compliance monitoring and enforcement activity under the *Tobacco and Other Smoking Products Act 1998* and *Medicines and Poisons Act 2019* was largely in response to the supply of illicit tobacco and nicotine (e.g. e-cigarette) products.

Table 3: Public health legislation enforcement actions by Queensland Health 2023-24

<i>Act</i>	Written advice or warning	Compliance, Remedial notice, Public Health Order, Administrative law action	Improvement Notice	Prescribed Infringement Notices (PINs)	Seizure	Legal proceedings (prosecutions)	Total
<i>Food Act 2006</i>	41	18	0	8	7	1	75
<i>Medicines and Poisons Act 2019</i>	3401	59	0	0	24	10	3494
<i>Public Health Act 2005</i>	33	1	0	0	0	0	34
<i>Radiation Safety Act 1999</i>	21	0	60	0	0	0	81
<i>Tobacco and Other Smoking Products Act 1998</i>	131	85	0	1025	380	15	1636
<i>Water Fluoridation Act 2008</i>	2	0	0	0	0	0	2
Grand Total	3629	163	60	1033	411	26	5322
%*	68%	3%	1%	20%	8%	<1%	100%

Source: MAPLE and program area's corporate records.

*Due to rounding, percentages may not add up to 100%

Examples

Further examples which demonstrate alignment of regulatory activities with this regulatory model practice (RMP 1) are included below.

Medicines and Poisons Act 2019 – Poisons

- Provided 12 evidentiary aid certificates to requesting PHUs to support enforcement activities, including obtaining warrants for seizure of regulated poisons and for prosecution of breaches of the *Medicines and Poisons Act 2019*.
- Reviewed and approved 13 briefs of evidence to support potential prosecutions for breaches of the *Medicines and Poisons Act 2019*, predominantly in relation to illegal nicotine supply.

Public Health (Infection Control for Personal Appearance Services) Act 2003

- Reviewed the Public Health (Infection Control for Personal Appearance Services) (Infection Control Guidelines) to reflect modern practice, to ensure consistency with relevant Australian Standards and to improve usability.

Radiation Safety Act 1999

- Re-assessed each type of radiation practice conducted in Queensland to determine its compliance group category using a risk categorisation methodology. Developed an automated report which can generate a list of possession licence holders according to risk profile.
- Commenced 2 amendments to the Radiation Safety Regulation 2021 on 1 July 2024 to reduce administrative burden for students and simplify the delivery of care for cardiovascular conditions. These amendments deemed certain student health practitioners as 'use licensees', thereby negating the requirement for them to apply for a licence and enabled specialist cardiologists who have completed specialised computed tomography (CT) coronary angiography training to request CT diagnostic imaging procedures.

Tobacco and Other Smoking Products Act 1998

- Introduced significant legislative amendments in response to consumer and business concern about the growing negative impact of illegal tobacco and e-cigarette sales on businesses and Queenslanders' health. This included a new supplier licensing system, new offences with large penalties imposed on corporations that supply or possess illicit tobacco and wholesalers that supply smoking products to unlicensed retailers. Smaller PINs can be imposed on individuals that smoke or vape in newly introduced smoke-free places. The smoking product supplier online licensing system went live on 5 February 2024.
- Further amendments were introduced to Parliament on 12 June 2024 via the Tobacco and Other Smoking Products (Vaping) and Other Legislation Amendment Bill 2024. The amendments are designed to enhance authorised officers' compliance responses. The proposed responses are proportionate to the offence and include closure powers, expansion of the prohibited products covered by the legislation and injunctive relief to address high levels of continued non-compliance among some retailers.
- Established a centralised compliance team to support compliance and enforcement activity and work with other agencies on high-value targets.

Transplantation and Anatomy Act 1979

- Developed an electronic system with online reporting tools to streamline monitoring and reporting of compliance by regulated entities.

RMP 2: Consult and engage meaningfully with stakeholders

Supporting principles

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

Overview

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

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 legislation and policy and 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

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

Food Act 2006

- Progressed planning for the next Australian Total Diet Study Survey about pesticide and heavy metal contamination of food and contributed to the national strategy to reduce foodborne illness and prevention of misleading advertising and labelling.
- Completed consultation with all Queensland Government agencies regarding the Food Amendment Bill 2024.

Medicines and Poisons Act 2019 - Medicines

- Continued to coordinate quarterly meetings with the Office of the Health Ombudsman and Ahpra to develop a joint understanding of agency functions in relation to monitored medicines and to assist each agency to achieve their functions through information sharing, collaboration, and joint monitoring of outcomes.
- Established a QScript Health Practitioner User Advisory Forum to continue engagement and consultation with stakeholders about end-users' experiences of the QScript system, to review and
-

improve system useability, functionality and to support prescribers and dispensers of monitored medicines to meet their regulatory obligations.

Medicines and Poisons Act 2019 - Poisons

- Participated in TGA 'Advisory Committee on Chemical Scheduling' meetings to provide advice and make recommendations to the Secretary of the Department of Health on the level of access required for chemicals and some medicines.

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. ***Public Health Act 2005***
- Convened a stakeholder workshop involving academics, water industry representatives, and regulators to explore issues associated with harmful algal blooms in drinking water storage. Outcomes included development of advice to industry and a harmful bloom incident notification model.
- Amended Schedule 1 of the Public Health Regulation 2018 to support the public health management of notifiable conditions. This included adding acute post-streptococcal glomerulonephritis (APSGN) as a clinical diagnosis notifiable condition, removing haemolytic uraemic syndrome (HUS) as a pathological diagnosis notifiable condition, removing COVID-19 as a provisional diagnosis notifiable condition and removing COVID-19 as notifiable on pathology request.
- Completed public consultation for the review of the '10m² asbestos threshold provision' to achieve the right balance between safeguarding the health of Queenslanders and minimising regulation.
- Supported the Office of Industrial Relations' 'Asbestos awareness advice and information campaign.'
- Developed and circulated a scoping paper to seek internal Queensland Health feedback and advice to inform the design, scope and timeframes for a review of the *Public Health Act 2005*.

Tobacco and Other Smoking Products Act 1998

- Led interdepartmental engagement and development of the Government's response to the Health and Environment Committee's Inquiry into Vaping.
- Continued to consult the retailer working group during the implementation of reforms to the *Tobacco and Other Smoking Product Act 1998*, including the development of the smoking product licensing system.
- Worked with the Office of Liquor and Gaming Regulation to support the implementation of reforms to strengthen the requirements for designated outdoor smoking areas within pubs and clubs and the smoking products licensing scheme.
- Established and maintained key contacts with health and law enforcement agencies and initiated regular compliance-related meetings to share vital intelligence and joint operational planning.

- Continued implementation of the online portal for the community to submit *Tobacco and Other Smoking Product Act 1998* complaints.

Transplantation and Anatomy Act 1979

- Collaborated with Schools of Anatomy, Queensland Police Service and the Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts, to explore and implement the best approach to managing the donation and disposal of human specimens of unknown origin.

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

Public health program areas within the department 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.

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. Online information, on both the department and other Queensland Government websites, and dissemination of tailored and targeted information assists with enabling compliance.

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

Examples

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

Food Act 2006

- Provided training for local government and food safety auditors regarding Queensland's food safety auditing system, responsibilities, procedures and documentation.

Public Health Act 2005

- Promoted awareness of cryptosporidium risks associated with public aquatic facilities and associated water sampling techniques.

Public Health (Infection Control for Personal Appearance Services) Act 2003

- Developed a frequently asked questions document for local government authorised officers to assist in legislative interpretation about personal appearances services.

Radiation Safety Act 1999

- Received and actioned 3419 online enquiries, through online contact forms, to support and assist radiation businesses to navigate licence application and compliance requirements. This also included providing assistance to possession licensees with inventory enquiries and with submitting disposal, incident and relocation notifications.

Tobacco and Other Smoking Products Act 1998

- Continued funding 13QGOV to provide phone-based information about smoking laws. The service supports retailers, liquor-licensed venues, community organisations, and individuals to comply with laws, and facilitates the provision of free signage.
- Produced detailed information for businesses about new smoking product supplier licensing requirements on the Business Queensland website.
- Delivered social marketing campaigns, school-based initiatives and enhanced cessation support to help prevent smoking uptake by young people and assist smokers on their journey to quit smoking.

Water Fluoridation Act 2008

- Collaborated with Queensland Water Directorate and a private contractor to develop a new training program for water operators engaged in fluoridation activities and Queensland Health authorised officers involved in undertaking compliance activities under the *Water Fluoridation Act 2008*.

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 policy outcomes
- To the extent possible, reform of regulatory activities is prioritised on the basis of impact on stakeholders and the community
- Staff have the necessary training and support to effectively, efficiently and consistently perform their duties.

Overview

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

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

Public health program areas implement continuous reflection and review processes, including benchmarking against best practice standards and regulatory approaches, to reduce the regulatory burden and maximise public health outcomes for the community.

Examples

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

Review of approach to regulatory activities

- Created the Centre for Public Health Regulatory Excellence within Queensland Public Health and Scientific Services Division, following the adoption of recommendations from the Public Health Review. The Centre aims to support operational regulatory practices, operating systems and leverage stakeholder engagement and operational networks to develop regulatory best practice.
- Planned for the implementation of body-worn cameras (BWC) by public health authorised officers to improve community behaviour and reduce occupational violence risks for staff during inspections; improve evidence collection and storage practices/data governance; and promote accountability and transparency for officers working under public health legislation. This included development of Operational Guidelines to support ongoing lawful and best practice use of BWCs, provision of training for authorised officers and procurement of BWCs.
- Developed a 'Nicotine vaping products authorised officer practice guideline' to assist authorised officers to undertake compliance, monitoring and enforcement activities under the two Acts which regulate vaping products; the *Medicines and Poisons Act 2019* (MPA), and the *Tobacco and Other Smoking Products Act 1998* (TOSPA).

Training and support for authorised persons

- Procured additional Certificate IV in Government Investigations training, 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 (2022).
- Rolled out tailored occupational violence training to authorised officers responsible for compliance monitoring activities in smoking product supply settings.
- 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. As shown in Table 4, there were 712 appointments under public health legislation as of 30 June 2024.

Table 4: Number and type of appointments as at 30 June 2024

Type of appointment	Number of appointments	%
Contact tracing officers	477	67%
Vector control inspectors	20	3%
Authorised officers/inspectors with multiple appointments, including emergency officers (general), radiation safety officers, other	174	24%
Medical officers, including emergency officers (medical)	41	6%
Total	712	100%

Source: MAPLE

Food Act 2006

- Engaged with delivery partners of the Food Pantry website to review the *Know your Food Business* advice and checklist for food business operators to include the requirements of the new Standard 3.2.2A Food Safety Management Tools that commenced on 8 December 2023.

Medicines and Poisons Act 2019 - Medicines

- Continued liaison with the Office of Drug Control (ODC), the TGA and various health practitioner organisations to review issues related to medicinal cannabis, such as licensing requirements and complaints about regulatory non-compliance.
- Conducted a survey with various industry groups to determine the nature and extent of concerns regarding medicinal cannabis.

Pharmacy Business Ownership Act 2001

- Introduced the *Pharmacy Business Ownership Act 2024* (the new Act). When it commences, the new Act will repeal and replace the *Pharmacy Business Ownership Act 2001* which will enable the implementation of the recommendations from the Queensland Audit Office and the Parliamentary Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland.

Private Health Facilities Act 1999

- Ongoing monitoring of regulatory methods, practices and standards and liaison with other regulatory agencies in other jurisdictions to provide the best regulatory outcomes.

Public Health Act 2005

- Implemented a project to provide a new platform for the Rheumatic Heart Disease (RHD) Register to automate the flow between case management data on the Register with case notification data on the Notifiable Conditions System.

Public Health (Infection Control for Personal Appearance Services) Act 2003

- Developed and distributed a policy position confirming that cosmetic injectables (including Botox and fillers) administered for non-therapeutic purposes and non-therapeutic skin penetration procedures

such as skin needling involving the implantation of a substance during the procedure and platelet-rich plasma beauty therapy meet the definition of higher risk personal appearance services.

Radiation Safety Act 1999

- Implemented digitally generated decision notices for approvals to acquire, as part of a larger project to move towards more efficient, paperless processes for assessing approval to acquire and approval to relocate applications.
- Participated in training to upskill Radiation Health Unit staff, and started the process of geocoding data, as the first steps towards enabling GIS mapping capabilities.

Tobacco and Other Smoking Products Act 1998

- Progressed mechanisms to enhance the quality of compliance and enforcement activity data including a new intelligence and performance function.
- Benchmarked with other law enforcement agencies to improve field activities; developed compliance monitoring dashboards to see “real time” compliance activity; and commenced geo-spatial mapping of smoking product suppliers and compliance.

Transplantation and Anatomy Act 1979

- Introduced amendments to legislation to remove the additional regulatory burden on doctors seeking to purchase human tissue products that are regulated under the TGA Special Access Scheme and enabled the introduction of consistent consenting processes for organ and tissue donation across public and private hospitals.
- Developed an ICT solution to streamline future management of compliance under the Transplantation and Anatomy legislation.
- Supported a proposed national review of human tissue legislation by the Australian Law Reform Commission.

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 provided in a timely manner, clearly articulating expectations and the underlying reasons for decisions.
- Indicators of regulator performance are publicly available.

Overview

The department promotes the principles of transparent and accountable regulator practice. Divisional procedures require regulatory compliance and enforcement decisions, along with the reasons and the evidence relied upon in reaching decisions, 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 or 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 or 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.

The department 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.

The department also maintains public health regulatory documents, including enforcement guidelines and Act-specific compliance plans, which outline regulatory strategy and regulatory performance targets, in a

central location on the intranet (the Public Health Operational and Regulatory Toolbox) and on a Local Government secure site portal. These resources are readily available for department and HHS staff, PHU authorised officers, other regulatory staff and our Local Government regulatory partners, to promote consistent, best practice decision making and regulatory practice.

In addition, a 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

Examples that demonstrate alignment of regulatory activities with this regulatory model practice (RMP 5) are included below.

Food Act 2006

- Completed the 2022-2023 Annual report for Local Government activities under the *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 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.

Medicines and Poisons Act 2019 – Medicines

- Ongoing liaison with Public Health Intelligence Branch to investigate if reports from QScript can be developed to support regulatory compliance activities.

Medicines and Poisons Act 2019 - Poisons

- Implemented internal monitoring of substance authorities to track the progress and quality assurance of substance authority applications. This internal monitoring and tracking ensures decisions are made and communicated to applicants in a timely manner when further information is required.

Public Health Act 2005

- Published all data pertaining to legionella detections in water samples collected from health facilities.
- Prepared the fourth (2022-23) annual report of the Queensland Notifiable Dust Lung Disease Register (NDLD Register).

Public Health (Infection Control for Personal Appearance Services) Act 2003

- Compiled the 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 a Local Government voluntary compliance survey. 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.

Tobacco and Other Smoking Products Act 1998

- Developed and implemented a disclosure process to enable information-sharing to support compliance with the *Tobacco and Other Smoking Product Act 1998* and other Commonwealth and State laws regulating smoking products.
- Prepared detailed quarterly reports of compliance monitoring and enforcement action for the *Tobacco and Other Smoking Product Act 1998*. These reports are provided to PHUs to track their performance and the Queensland Minister for Health and Ambulance Services. High-level aggregated data is included in public correspondence and media releases.
- Developed a public register of retailers holding smoking product licences and formed a licensing committee to review licence applications with documented processes and forms, including internal reviews.

Transplantation and Anatomy Act 1979

- Provided stakeholder access to the standard criteria used by the department for assessing compliance with the *Transplantation and Anatomy Act 1979* to assist their understanding of the department's considerations.
- Provided a proforma for permit applications to relevant stakeholders to enable a standardised and streamlined approach to decision-making in the approval of permits to buy human tissue.

3. Our Governance

Executive Leadership Team

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 as of 30 June 2024

- Director-General (Chair)
- Executive Director, Office of the Director-General
- Chief Health Officer
- Chief First Nations Health Officer
- Commissioner, Queensland Ambulance Service
- Deputy Director-General, Clinical Excellence Queensland
- Deputy Director-General, Clinical Planning and Service Strategy
- Deputy Director-General, Corporate Services Division
- Deputy Director-General, eHealth Queensland
- Deputy Director-General, Healthcare Purchasing and Service Performance
- Deputy Director-General, Health Infrastructure Queensland
- Associate Director-General, Strategy, Policy and Reform Division
- Deputy Director-General, Queensland Public Health and Scientific Services
- Chief Finance Officer, Corporate Services Division.

ELT Strategic member:

- Executive Director, Strategic Communications Branch.

Changes to the membership occurred in 2023-24 that saw the role of the Department of Health Chief Operating Officer removed from the executive team structure. This change occurred in August 2023.

Number of scheduled meetings/sessions

The Executive Leadership Team met fortnightly on a Thursday for the 2023-24 reporting period.

Integrated System Governance Boards and Committees (ISG)

A review of the tier 2 governance committees identified opportunities for more effective system governance and more efficient use of senior leaders' time. On 16 February 2024, following a review of the ISG at the Health Leaders Forum, the 5 tier 2 committees were replaced by 1 System Leadership Forum (SLF). The

new structure is designed to support improved integration and decision making on system strategy, policy and reform priorities.

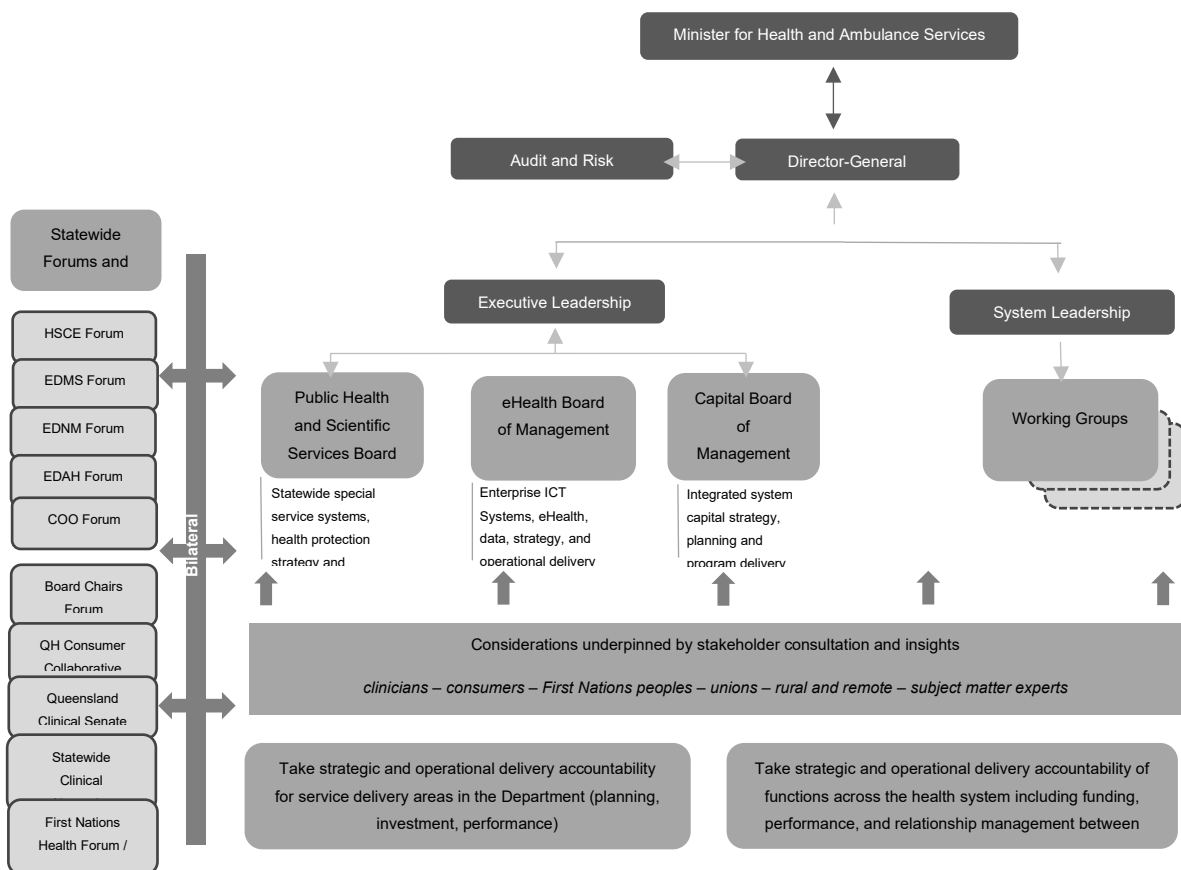
The following committees were closed during the reporting period:

- System Finance, Procurement Strategy and Management Committee
- System Quality, Safety and Performance Management Committee
- System Workforce Strategy and Management Committee.

The following committees were removed as a tier 2 committee:

- Better Care Together Plan Assurance Committee
- Strategic Reform Committee.

The new system governance arrangements are detailed in the below diagram.



ISG Boards and Committees

- Queensland Public Health and Scientific Services Advisory Board
- System Leadership Forum (replaced 5 tier 2 committees in February 2024).

Other Boards, Councils and Committees

- Audit and Risk Committee
- Sexual Health Ministerial Advisory Committee

- Mount Isa Lead Management Committee
- Voluntary Assisted Dying Review Board
- Better Care Together Plan Assurance Committee.

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 Mental Health Commission
- Queensland Mental Health and Drug Advisory Council
- Radiation Advisory Council.

Queensland Public Health and Scientific Services (QPHaSS) Advisory Board (established December 2023)	
Act or instrument	Terms of Reference
Functions	<p>The QPHaSS Advisory Board endorses and provides independent expertise into strategic directions of the division and supports oversight of key operational priorities and performance in line with best practice.</p> <p>The advisory board is the governance mechanism for objective, qualified and high-quality advice to support the Deputy Director-General to deliver strategy and functions that promote health, prevent disease and manage risk across Queensland.</p> <p>Prior to December 2023, the advisory board was established as the QPHaSS Board of Management.</p>
Achievements	<ul style="list-style-type: none"> • Appointed new independent chair and members to support advisory functions following cessation of QPHaSS Board of Management. • Endorsed refresh of QPHaSS leadership, culture and governance including QPHaSS Values Framework.

	<ul style="list-style-type: none"> • Endorsed QPHaSS Strategic Plan for consultation. • Endorsed refresh of HHS Pricing and Engagement Model for Pathology Queensland to strengthen transparency and contribute to high quality and sustainable diagnostic demand across the health system that better aligns to patient needs. 				
Membership	<p>Board Chair</p> <ul style="list-style-type: none"> • Dr Debra Graves, Board Chair (Independent) <p>Board Member (Independent)</p> <ul style="list-style-type: none"> • Dr Tarun Weeramanthri, President, Public Health Association of Australia • Director-General, Department of Agriculture and Fisheries • Ms Renee Williams, Torres and Cape HHS Board Chair, CEO Torres Health Indigenous Corporation <p>Board Member (Queensland Health)</p> <ul style="list-style-type: none"> • 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 <p>Officer of the Board</p> <ul style="list-style-type: none"> • Deputy Director-General, QPHaSS Division. 				
Financial reporting					
Position	Name	Meetings/sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Chair (Independent)	Dr Debra Graves	1	\$2250	N/A	Nil
Independent Member	Dr Tarun Weeramanthri	1	\$1200	N/A	Nil
No. scheduled meetings/sessions	Meetings held in February and April 2024				
Total out of pocket expenses	\$730.35 (GST inclusive) for Convene Licences for distribution of meeting papers.				

Queensland Public Health and Scientific Services Management Board (QPHaSS) - Dissolved January 2024	
Act or instrument	Section 45 of the <i>Hospital and Health Board Act 2011</i> and Terms of Reference.
Functions	<p>The Queensland Public Health and Scientific Services (QPHaSS) Board of Management (the Board) provides governance of the QPHaSS 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.</p> <p>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 <i>Unleashing the potential: an open and equitable health system</i>. As part of its functioning, the Board also provides governance and oversight for QPHaSS.</p> <p>From December 2023, the QPHaSS Board of Management transitioned to become the QPHaSS Advisory Board.</p>
Achievements	<ul style="list-style-type: none"> Established robust transition arrangements to become the QPHaSS Advisory Board with an independent chair, endorsing the new Terms of Reference in October 2023 and disbanding the QPHaSS Board of Management from December 2023. Endorsed the Statewide Coronial Services Plan following consultation with internal and external stakeholders. Endorsed the co-design and consultation process to establish environmental health plans for 16 Aboriginal and Torres Strait Islander local governments.
Membership	<p>As at 30 June 2024, the functions of the QPHaSS Board of Management have ceased. Previous membership included:</p> <ul style="list-style-type: none"> 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). <p>Officer of the Board</p> <ul style="list-style-type: none"> Deputy Director-General, QPHaSS Division.
Financial reporting	Nil
No. scheduled meetings/sessions	2 meetings held between August 2023 and October 2023
Total out-of-pocket expenses	Nil
System Quality, Safety, and Performance Management Committee (SQSPMC)	

Act or instrument	<p>The System Quality, Safety, and Performance Management Committee (SQSPMC) functioned under the authority and delegations of the Director-General and reflects the Director-General's responsibilities to provide strategic leadership and direction for the Queensland public health system under section 45 of the <i>Hospital and Health Boards Act 2011</i>.</p> <p>On 16 February 2024, all tier 2 committees were disbanded and replaced by the System Leadership Forum.</p>
Functions	<p>The core functions of SQSPMC were to:</p> <ul style="list-style-type: none"> • Support system-wide promulgation of best practice in clinical care. • Oversee emerging system-level risks, issues and opportunities impacting the clinical safety and quality, and provision of strategic advice in relation to these. • Provide advice regarding system improvements in: <ul style="list-style-type: none"> ○ Patient and family experience of care ○ Care reliability ○ Preventable patient harm ○ Unwarranted variation in clinical care. • Identify and endorse performance measures by which priority areas for improvement or delivery will be measured. • Identify and develop agreed performance indicators to monitor the performance of the health system and provide feedback and recommendations for interventions, including strategies and change implementation across the system, including Non-Government Organisations and contractors. • Identify and consider performance-related risks facing the system and provide advice on and approve treatments and improvement strategies.
Achievements	<p>Summarise key achievements 25 July 2023 to 4 January 2024:</p> <ul style="list-style-type: none"> • Endorsed the draft Consumer Safety and Quality Strategy in principle and subject to ensuring the strategy articulates the anticipated outcomes and incorporates agreed performance measures and governance, including annual reporting and oversight by the Committee. • Endorsed in principle support for the National Surgical Quality Improvement program and for CEQ to submit a proposal with the relevant funding requirements and engagement undertaken to progress to the Healthcare Purchasing and System Performance Division. • Endorsed the Assessment and Review Panel recommendations for - Genetics Health Queensland; Queensland Tissue Bank; and Queensland - The Radiopharmaceutical Centre of Excellence.
Membership	<p>Members:</p> <ul style="list-style-type: none"> • Deputy Director-General, Clinical Planning and Service Strategy (Chair) • Deputy Director-General, Clinical Excellence Queensland • Deputy Director-General, Healthcare Purchasing and System Performance • Commissioner, Queensland Ambulance Service

	<ul style="list-style-type: none"> • 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. <p>Standing invited observer(s):</p> <ul style="list-style-type: none"> • Executive Director, Contracting and Performance Management, Healthcare Purchasing and System Performance • Executive Director, Patient Safety and Quality, Clinical Excellence Queensland.
Financial reporting	Nil
Remuneration NIL	
No. scheduled meetings/sessions	<i>Five scheduled meetings</i>
Total out of pocket expenses	Nil

The Department of Health Audit and Risk Committee (ARC)	
Act or instrument	<i>Financial Accountability Act 2009</i> , the Financial Accountability Regulation 2019 and the Financial and Performance Management Standard 2019.
Functions	<p>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).</p> <p>The role of the committee is to provide the Director-General of Queensland Health with independent advice and assurance in the areas of:</p> <ul style="list-style-type: none"> • Statewide health system risk, • Department of Health risk, internal control, audit, governance, performance management and compliance; and • Department's external accountability responsibilities prescribed in relevant legislation and standards including the <i>Financial Accountability Act 2009</i>, the Financial Accountability Regulation 2019 and the Financial and Performance Management Standard 2019.
Achievements	<p>Key achievements for 2023–24 include:</p> <ul style="list-style-type: none"> • Endorsed the Annual Internal Audit Plan for 2024-25 prior to approval by the Director-General and monitored the ongoing delivery of the 2023-24 Internal Audit Plan. • Endorsed the Annual Financial Statements for 2022-23 prior to sign-off by the accountable officer. • Endorsed the Information Standard 18 (IS18:2018) annual return prior to sign-off by the Director-General.

	<ul style="list-style-type: none"> Provisioned 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. The Chair of the Audit and Risk Committee is also a member of the Queensland Hospital and Health Boards Finance and Audit Committee (QFAC). 				
Membership	<p>Committee members:</p> <ul style="list-style-type: none"> Chair – Dan Hunt Deputy Chair – Mark Stone Independent member -Katrina Platt Corporate Sponsor - Damian Green Clinical expertise – Chris Raftery QAS – Stephen Zsombok HHS – Alister Whitta <p>Standing invitees include:</p> <ul style="list-style-type: none"> 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 \$24,835 (ex GST). Transactions of the entity are accounted for in the financial statements.				
Remuneration					
Position	Name	Meetings/sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Chair (Independent)	Dan Hunt	10	<p>July – March (prior to remuneration review) \$15,000 p.a. (ex GST)</p> <p>April – June (following remuneration review) \$2,250 (ex GST) per ARC meeting</p>	N/A	\$19,500 (ex GST)

			\$1,000 (ex GST) per QFAC meeting		
Deputy Chair (Independent)	Mark Stone	5	N/A	N/A	N/A
Independent Member	Katrina Platt	2	\$1,200 (ex GST)	N/A	\$2,400 (ex GST)
Member (Corporate Sponsor)	Damian Green	7	N/A	N/A	N/A
Member (Clinical expertise)	Chris Raftery	7	N/A	N/A	N/A
Member (QAS) (current)	Stephen Zsombok	7	N/A	N/A	N/A
Member (HHS expertise)	Alister Whitta	6	N/A	N/A	N/A
No. scheduled meetings/sessions	The ARC held 10 meetings during the 2023-24 financial year.				
Total out of pocket expenses	Nil				

Sexual Health Ministerial Advisory Committee (Committee)	
Act or instrument	Terms of Reference
Functions	Provides advice to the Minister for Health, Mental Health and Ambulance Services and Minister for Women (the Minister) 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	<ul style="list-style-type: none"> The Committee hosted a Hepatitis B and C Roundtable meeting (Roundtable) on 16 May 2024 to explore barriers towards the 2030 viral hepatitis elimination goals. Roundtable recommendations will inform the development of updated Queensland Plans for Hepatitis B and C. Completed a governance and program review of the Sexual Health Research Fund (SHRF). The SHRF supports translational research positively impacting on the sexual and reproductive health of Queenslanders.

	<ul style="list-style-type: none"> Round 5 achieved a 152% increase in applications compared to the previous round, with 50:50 representation between academic researchers and health and social services professionals. Review of SHRF project outcomes from rounds 1, 2 and 3. Some of the project outcomes include: At least 30 novel publications in peer-reviewed scientific literature, <ul style="list-style-type: none"> New screening and diagnostic tools for people living with HIV. Innovative approaches to address BBV/STIs in Queensland's culturally and linguistically diverse communities. Identification of two key genotypes responsible for most syphilis infections in Queensland. Actions to reduce the risk of BBV/STIs by enhancing access to health services and needle and syringe programs by Aboriginal and Torres Strait Islander people who inject drugs. 				
Membership	<ul style="list-style-type: none"> 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) Assistant Director-General, Strategic Engagement, Department of Education (member) Sex Worker Advocate (member) Public Health Physician Sexual Health, MNHHS (member) Medical Director, Child and Youth Mental Health Service, Children's Health Queensland (member) Senior Lecturer in Public Health, Queensland University of Technology with expertise in issues affecting Culturally and Linguistically Diverse Communities (member – resigned January 2024) Community member with expertise in issues affecting gender and sexually diverse peoples (member – passed away March 2024) A/Deputy Director General, Women's Safety, Victims and Community Support Division, Department of Justice and Attorney-General (member – resigned May 2024). 				
Financial reporting	Nil				
Remuneration					
Regulation, Administration and Advice Category, Level 3 of the Remuneration Procedures for Part-time Chairs and Members of Queensland Government Bodies					
Position	Name	Meetings/sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Chair	Emeritus Professor Cindy Shannon AM	4 SHMAC* 4 Research Sub-Committee (as Chair)*	\$390 daily chair fee \$300 daily member fee	50% of daily fee for meetings of 4 hours or less	Chair eligible but declines remuneration payments.

Member	Associate Professor Anthony Allworth	3 SHMAC* 3 Research Sub-Committee*	\$300 daily member fee	50% of daily fee for meetings of 4 hours or less	\$1,650
Member	Phillip Carswell OAM (Passed away March 2024)	3 SHMAC 3 Research Sub-Committee	\$300 daily member fee	50% of daily fee for meetings of 4 hours or less	\$1,650
Member	Dr Ignacio Correa-Velez (Resigned January 2024)	2 SHMAC 2 Research Sub-Committee	\$300 daily member fee	50% of daily fee for meetings of 4 hours or less	\$1,200
Member	Candi Forrest	3 SHMAC*	\$300 daily member fee	50% of daily fee for meetings of 4 hours or less	\$900*
Member	Professor Rebecca Kimble	4* SHMAC	-	-	Queensland public service employee – ineligible for remuneration
Member	Dr Diane Rowling	4 SHMAC*	-	-	Queensland public service employee – ineligible for remuneration
Member	Dr Stephen Stathis	3 SHMAC*	-	-	Queensland public service employee – ineligible for remuneration
Member	Dr Kylie Stephen (Resigned May 2024)	2 SHMAC*	-	-	Queensland public service employee – ineligible for remuneration
Member	Hayley Stevenson	2 SHMAC*	-	-	Queensland public service employee – ineligible for remuneration
No. scheduled meetings/sessions	Sexual Health Ministerial Advisory Committee – 4 (each more than 4 hours) Research Sub-Committee – 4 (each less than 4 hours)				
Total out of pocket expenses	\$363.00 (GST exclusive) in 'out of pocket' costs were claimed by remuneration-eligible Members during 2023–24, relating to travel expenses and mileage. A further \$4,619.72 was spent on catering, venue and hosting costs for meetings.				

Voluntary Assisted Dying Review Board					
Act or instrument	<i>Voluntary Assisted Dying Act 2021</i> and Voluntary Assisted Dying Regulation 2022				
Functions	<p>The Voluntary Assisted Dying Review Board oversees, monitors and reports on the operation of voluntary assisted dying in Queensland. It promotes compliance with the <i>Voluntary Assisted Dying Act 2021</i> (the Act) and continuous improvement in the compassionate, safe and practical operation of the Act.</p> <p>The Voluntary Assisted Dying Review Board has four key functions under s117 of the Act:</p> <ul style="list-style-type: none"> • Retrospectively review each completed voluntary assisted dying case to ensure the process complied with the Act. • Refer any identified issues to relevant entities, including the Coroner, Queensland Police Service and Office of the Health Ombudsman. • Inform Government about the operation of the Act, including through an annual report. • Research and make strategic recommendations to improve voluntary assisted dying in Queensland. 				
Achievements	The key achievements of the Voluntary Assisted Dying Review Board will be outlined in its 2023-24 annual report.				
Membership	Members are listed below in the remuneration table.				
Financial reporting	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 is included in the Department's financial statements.				
Remuneration					
Position	Name	Meetings/sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Chair	Associate Professor Helen Irving	10	\$10,000 pa	N/A	\$10,000 pa
Deputy Chair	Professor Eleanor Milligan	10	\$7500 pa	N/A	\$7500 pa
Member	Dr Jennifer Brown	11	\$7500 pa	N/A	\$7500 pa
Member	Dr John (Will) Cairns OAM	12	\$7500 pa	N/A	\$7500 pa

Member	Ms Donisha Duff OAM	10	\$7500 pa	N/A	\$7500 pa
Member	Dr Bavahuna Manoharan	8	\$7500 pa	N/A	\$7500 pa
Member	Professor Lisa Nissen	10	\$7500 pa	N/A	\$7500 pa
Member	Mr Geoff Rowe	12	\$7500 pa	N/A	\$7500 pa
Member	Professor Lindy Willmott	12	\$7500 pa	N/A	\$7500 pa
No. scheduled meetings/sessions	12 monthly meetings held from 1 July 2023 to 30 June 2024.				
Total out of pocket expenses	Nil.				

* Meeting/session attendance refers to full regularly scheduled Voluntary Assisted Dying Review Board meetings and does not include additional special-purpose meetings such as strategic planning workshops, sub-committee meetings and out-of-session attendance by members at a range of other forums, including conferences and symposiums and community of practice meeting for 112 authorised practitioners. The Chair also meets weekly with the Queensland Health Voluntary Assisted Dying Unit and regularly with Queensland Health leadership.

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 and 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	<p>Lead and lead compounds are not beneficial or necessary for human health and can be harmful to the human body. Blood lead level is an accurate way of monitoring lead exposure. Health effects resulting from lead exposure differ substantially between individuals.</p> <p>Protecting children from exposure to lead is important to lifelong good health. Lead can be harmful to people of all ages, but the risk of health effects is highest for unborn babies, infants, and children. Even low levels of lead in blood have been shown to negatively affect a child's intelligence, ability to pay attention, and academic achievement. Other factors such as the amount of lead, whether the exposure is over a short-term or a longer period, and</p>

	<p>the presence of other health conditions, will influence the symptoms or health effects experienced.</p> <p>Lead health management strategies focusing on minimising lead health risks to young children in Mount Isa is continuing under the <i>Mount Isa Lead Health Management Strategic Plan 2021-2025</i>. 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 health care management services to the young children of Mount Isa. Further to this, improving the resources of the Mount Isa Public Health Unit and the purchase of an XRF machine to assess lead exposure through easily identifying contaminated soil has enabled a more efficient assessment of lead exposure pathways. The XRF machine enables a quick and accurate assessment of lead exposure around areas where children may play or spend time.</p> <p>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.</p> <p>During 2022-23, the POCT program undertook 279 tests, and during 2023-24 there were 215. This represents 215 individual children being tested during 2023-24, with several children having more than one test during this period.</p> <p>The results of the tests undertaken identified:</p> <ul style="list-style-type: none"> • 106 children had blood lead levels <5 µg/dL • 87 children had blood lead levels ≥ 5 µg/dL but < 10 µg/dL • 22 children had blood lead levels ≥ 10 µg/dL <p>The POCT program allows ‘at risk’ children to be more readily identified at an early stage and referred to their general practitioner for follow-up treatment as appropriate.</p>
Membership	<ul style="list-style-type: none"> • Chief Health Officer - Department of Health (Chairperson) • Federal Representative (Member for Kennedy) • State Representative (Member for Traeger) • 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 and Regulation Branch, Department of Health • Director, Environmental Hazards Unit – Health Protection and Regulation Branch, Department of Health (Secretariat)
Financial reporting	N/A, as no payments are made to the Mount Isa Lead Health Management Committee
Remuneration N/A, as no payments are made to the Mount Isa Lead Health Management Committee	
No. scheduled meetings/sessions	Annual

Total out of pocket expenses	N/A, as no payments are made to the Mount Isa Lead Health Management Committee.
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Statutory bodies

Hospital and Health Services (16)	
Act or instrument	<i>Hospital and Health Boards Act 2011</i>
Functions	<p>The 16 Hospital and Health Services (HHSs) are accountable for the delivery of public HHSs in Queensland.</p> <p>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 (HHBs), accountable to the local community and the Queensland Parliament via the Minister for Health, Mental Health and Ambulance Services and Minister for Women.</p>
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 2023-24.
Hospital and Health Boards (HHBs)	
Act or instrument	<i>Hospital and Health Boards Act 2011</i>
Functions	<p>HHBs govern and control the HHSs for which the board has been established. HHSs are the principal providers of public health services. There are 16 HHBs:</p> <ul style="list-style-type: none"> • 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	<i>Hospital Foundations Act 2018</i>

Functions	<p>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, Mental Health and Ambulance Services and Minister for Women. There are 13 Queensland Hospital Foundations:</p> <ul style="list-style-type: none"> • 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 • 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 2023-24.
QIMR Berghofer Medical Research Institute (QIMR)	
Act or instrument	<i>Queensland Institute of Medical Research Act 1945</i>
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 2023-24.
Office of the Health Ombudsman	
Act or instrument	<i>Health Ombudsman Act 2013</i>
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 2023-24.
Health and Wellbeing Queensland (HWQId)	
Act or instrument	<i>Health and Wellbeing Queensland Act 2019</i>

Functions	Health and Wellbeing Queensland (HWQId) was established to improve the health and wellbeing of the Queensland population. HWQId 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	HWQId 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 2023-24.
Mental Health Court	
Act or instrument	<i>Mental Health Act 2016</i>
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 Mental Health Court is required to prepare its own report. Details can be found in the Mental Health Court's Annual Report 2023-24. Financial transactions are included in the Department of Health's Annual Report 2023-24.
Mental Health Review Tribunal	
Act or instrument	<i>Mental Health Act 2016</i>
Functions	The primary role of the Mental Health Review Tribunal is to provide an independent review of treatment authorities, forensic orders (under the <i>Forensic Disability Act 2011</i>), 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 2023-24. Financial transactions are included in the Department of Health's Annual Report 2023-24.
Queensland Mental Health Commission	
Act or instrument	<i>Queensland Mental Health Commission Act 2013</i>
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 drugs 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 2023-24.
Queensland Mental Health and Drug Advisory Council	
Act or instrument	<i>Queensland Mental Health Commission Act 2013</i>

Functions	The Queensland Mental Health and Drug Advisory Council provides advice to the Queensland Mental Health Commission (the 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 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.
Radiation Advisory Council	
Act or instrument	<i>Radiation Safety Act 1999</i>
Functions	<p>The Radiation Advisory Council advises the Minister on the administration of the <i>Radiation Safety Act 1999</i> (the Act) and makes recommendations for the prevention or minimisation of dangers arising from radiation sources and associated machinery.</p> <p>The Council routinely considers amendments to the <i>Radiation Safety Act 1999</i> and the Radiation Safety Regulation, provides advice on current radiation safety policy and considerations, provides advice on the operation of Queensland's Radioactive Waste Store, provides radiation related advice on matters as requested by the Minister, and on matters raised or investigated by the Council.</p>
Annual reporting arrangements	The Radiation Advisory Council is required to prepare its own Annual Report. Details can be found in Radiation Advisory Council's Annual Report 2023-24. Financial transactions are included in the Department of Health's Annual Report 2023-24.

Independent statutory bodies and authorities

Panels of assessors	
Act or instrument	<i>Health Ombudsman Act 2013</i>
Functions	<p>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:</p> <ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> • 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 2023-24.
Queensland Board of the Medical Board of Australia	
Act or instrument	<i>Health Practitioner Regulation National Law Act 2009</i>
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 2023-24.
Queensland Board of the Nursing and Midwifery Board of Australia	
Act or instrument	<i>Health Practitioner Regulation National Law Act 2009</i>
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 2023-24.

Risk management and assurance

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. This aligns to 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.

To support the Audit and Risk Committee in its oversight of risk management, the department continues to adopt an enterprise risk management approach to identify, manage and monitor strategic, reputational, operational, financial, compliance and other emerging risks.

Strategic challenges and opportunities that have the potential to impact the department's ability to fulfil system priorities, Ministerial Charter/s and HEALTHQ32 outcomes are used to inform strategic and operational planning. They help to determine priorities and inform the distribution of finite resources. Risks are regularly monitored to support decision making across the department.

External scrutiny

During 2023-24, the Queensland Audit Office (QAO) published the following reports to Parliament that directly related to the Department of Health.

<i>Report No. 6 (2023 –24)</i>		
Tabled date	Audit name	Objective
12 December 2023	Health 2023	<p>This report summarises the audit results of Queensland Health entities including the Department of Health and the 16 HHSs. It also summarises the audit results for 13 hospital foundations, 4 other statutory bodies and two organisations controlled by other health entities.</p> <p>Health 2023 included two recommendations:</p> <ul style="list-style-type: none"> • improve controls over rostering and overtime • address inconsistencies in calculating anticipated maintenance of assets, which will be assessed by QAO as a part of the development of Health 2024.

A Commission of Inquiry issued a report during 2023-24:

Tabled date	Name of report	Objective
17 November 2023	Commission of Inquiry to Examine DNA Project 13 Concerns	<p>This Commission of Inquiry (COI) was convened to consider public statements, other documents, and expert evidence in relation to a report prepared by the Queensland Health Forensic and Scientific Services (FSS) Laboratory entitled Project 13: Report on the Verification of an Automated DNA IQ Protocol using the MULTIPROBE II PLUS HT EX with Gripper Integration Platform, dated August 2008 (Project 13 Report). The report made two recommendations: Subject to Recommendation 2, the FSS Laboratory should conduct a retrospective review of all samples previously tested using the MultiProbe Device between 29 October 2007 and 21 November 2016 to determine if they are capable of being re-tested for the purposes of DNA extraction. Samples that are so capable should be subject to DNA extraction and testing.</p> <ul style="list-style-type: none"> • The process of that retrospective review and re-testing should be in accordance with that set out in Recommendations 13 and 14 of the first COI.

Internal audits

Queensland Health's Internal Audit Unit provides risk-based assurance and advisory services to the Director-General, the Audit and Risk Committee (ARC) and senior management. During the 2023–24 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 Internal Audit Unit's annual audit plan is endorsed by the Audit and Risk Committee and approved by the Director-General.

The Chief Audit Officer, as head of the unit, is appropriately qualified as a Fellow of Certified Public Accountants 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 2023–24 financial year.

During 2023–24, 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 the implementation of internal audit recommendations, as well as QAO recommendations associated with their performance audits
- provided reports resulting from internal audits to the ARC and the Director-General
- was externally reviewed by the IIA and assessed at the highest rating of 'generally conforms' with the requirements of the IPPF.

Information systems and record keeping

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.

In the 2023–24 financial year there were no key changes in regulatory requirements for record keeping as the *Public Records Act 2023* will not commence until December 2024. However, improvement activities took place to support upcoming responsibilities from the *Path to Treaty Act 2022*. The department implemented an additional quality review check within its records disposal processes to prevent the disposal of records which may fall within the scope of the Truth Telling and Healing Inquiry. This disposal check was co-designed with the department's First Nations Health Office.

The department continues to support the requirements of the whole-of-government Records Governance Policy with dedicated resources within the department providing governance, training and advice. A review of the *Public Records Act 2023* delegations occurred in the 2023–24 financial year with a new schedule being approved in September 2023. During the period of 1 July 2023 to 30 June 2024 a total of 69 training sessions were provided to staff in the department through the corporate information management function.

Work to transition from physical records to a digital record environment is continuing with the electronic document and records management (eDRMS) user base increasing by of 17% since 30 June 2023. Maintaining current vendor support technologies continues to be a priority, with the eDRMS upgrading to Content Manager version to 10.1 in October 2023.

During 2023–24 eAlerts were used to promote staff awareness of the roles and responsibilities in relation to managing flood and water damaged records. Further security and access responsibilities were communicated with the implementation of a Content Manager user agreement which advised staff about security controls and access to an online record keeping eLearning course was available.

The records disposal program has continued, which enables compliance with retention obligations. Disposals are progressed through established procedures with review checks to verify records are being disposed of in line with retention disposals before seeking the final authorised delegate approval.

Core overarching health directive standards, registers and supporting documents are required to be retained in the department’s electronic document management system.

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 which is relied on for health consumer services across Queensland Health.

The department 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 2023–24. All security recommendations arising from the 2023–24 financial year attestation were actively managed with oversight through the ARC.

Government agreements and legislation

Australian Government agencies

The table below provides a summary of key achievements delivered in 2023-24 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.

Agreement	Key achievements in 2023-24
Adult Public Dental Services	Queensland has met the activity targets under the Federation Funding Agreement on Public Dental Services for Adults which funded 35,694 additional courses of treatment from 1 April 2023 to 31 March 2024. The Queensland Government has accepted an extension of the existing NPA on Public Dental Services for Adults to 30 June 2025 from the Australian Government
Specialist Dementia Care Program	The Specialist Dementia Care Program is a Commonwealth program that funds specialist dementia care units in residential aged care facilities. In 2023-24 there were 3 units operating in Queensland. As required under the project agreement, in-reach specialist clinical services were provided

	by 3 HHSs for residents of the Specialist Dementia Care Program Unit located within their respective catchment area.
Hummingbird House Children's Hospice	The Federation Funding Agreement – Health Schedule for Hummingbird House provides funding to support the operation of Hummingbird House, which is located in Brisbane and provides specialised paediatric palliative care services.
Specialist Palliative Care in Aged Care	<p>Under the Commonwealth Government's Comprehensive Palliative Care in Aged Care measure, funding has been allocated by the Commonwealth and Queensland Governments to provide new and innovative approaches and expansion of existing models to improve palliative and end-of-life care coordination for older people living in residential aged care facilities.</p> <p>Hospital and Health Services have been allocated funding to improve access to specialist palliative care support in residential aged care facilities. A key aim of the project is to increase the capacity and capability of general practice and aged care staff to deliver care at the end of life.</p>
Schedule E of the Project Agreement on Healthcare and Disease Prevention in the Torres Strait Islands between the Commonwealth and Queensland Health	The Commonwealth provides funding to Queensland Health for the provision of health services to Papua New Guinea (PNG) nationals who travel through the Torres Strait Protected Zone. The majority of this work is done by the Torres and Cape Hospital and Health Service (TCHHS). This includes care provided in outpatient facilities, emergency department presentations, inpatient care and cost for medications.
Essential vaccines schedule	<p>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.</p> <p>Information is not yet available for the 2023-24 assessment period. Queensland was considered to have met all five of the performance benchmarks assessed in 2022-23.</p>
Rheumatic Fever Strategy	<p>Under this agreement, the Commonwealth Department of Health and Aged Care and the National Aboriginal Community Controlled Health Organisation has partnered with the Queensland Government to improve detection, monitoring, and management of acute rheumatic fever (ARF) and rheumatic heart disease (RHD) in Queensland, working in partnership with Aboriginal and Torres Strait Islander communities or chosen representatives.</p> <p>Achievements in 2023-24 include:</p> <ul style="list-style-type: none"> • system changes with the transition of the RHD program into the Department of Health to improve whole-of system response

	<ul style="list-style-type: none"> • transition of notifications to public health units across Queensland to improve local visibility and response to disease • commencement of the rebuild of the RHD register to enhance data sharing and disease surveillance • education to healthcare providers on ARF and RHD, strategies to assist in reducing pain of bicillin injections as well as patient and family resources to improve health literacy.
Cancer screening program — participant follow-up function	Queensland Health's Participant Follow Up Function for bowel cancer screening, followed up approximately 9,700 Queenslanders who returned a positive screening result, but were yet to visit their doctor and/or complete their follow up testing procedures.
Newborn bloodspot screening (NBS) expansion	<p>Newborn screening programs have improved health outcomes for thousands of children worldwide. The public health benefits of NBS are now widely acknowledged and supported by parents and clinicians as evidenced by high participation rates.</p> <p>As part of Pathology Queensland's (PQ) commitment to newborn screening during 2023-2024, PQ expanded to second tier testing for remethylation defects.</p>
OzFoodNet	The Queensland OzFoodNet site provides fortnightly and annual surveillance reports and outbreak investigation reports to the Commonwealth Department of Health as per the agreement. Ongoing funding is subject to satisfactory annual performance reports. The 2023 annual report was submitted on 30 April 2024 and has been approved by the Commonwealth Department of Health.

Health portfolio acts and subordinate legislation

Health portfolio legislation

The department administers health portfolio legislation and is committed to ensuring all legislative compliance obligations under this legislation are met.

Legislation	Details	Number of internal breaches
<i>Ambulance Service Act 1991</i> Ambulance Service Regulation 2015	The <i>Ambulance Service Act 1991</i> and the Ambulance Service Regulation 2015 are the primary legislation for the Queensland Ambulance Service (QAS). This serves to: <ul style="list-style-type: none"> • establish the QAS • establish membership of the QAS • enable and regulate the functions and powers of the ambulance service and its officers. 	No breaches of this legislation have been identified.
<i>Food Act 2006</i> Food Regulation 2016	The main purposes of the <i>Food Act 2006</i> and the Food Regulation 2016 are to: <ul style="list-style-type: none"> • Ensure food for sale is safe and suitable for human consumption • Prevent misleading conduct relating to the sale of food • Apply the food standards code. 	No breaches of this legislation have been identified.
<i>Health Transparency Act 2019</i> Health Transparency Regulation 2020	The <i>Health Transparency Act 2019</i> enables the collection and publication of information about public sector health service facilities, private health facilities, and state and private aged care facilities. The collection and publication of this information improves the transparency of the quality and safety of health services provided in Queensland and helps people make better informed decisions about healthcare.	No breaches of this legislation have been identified.
<i>Hospital and Health Boards Act 2011</i> Hospital and Health Boards Regulation 2023 Hospital and Health Boards (Nursing and Midwifery Workload Management Standard) Notice 2016	The <i>Hospital and Health Boards Act 2011</i> establishes a public health sector system that delivers high-quality hospital and other health services to people 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: <ul style="list-style-type: none"> • appointment of members to Hospital and Health Boards • management and funding of the health system • disclosure of confidential information 	No breaches of this legislation have been identified.

	<ul style="list-style-type: none"> • appointment of the Chief Health Officer • conduct on health service land • clinical reviews. 	
<i>Mater Public Health Services Act 2008</i>	The <i>Mater Public Health Services Act 2008</i> provides for the department and Mater to enter into arrangements about the funding and delivery of public health services by Mater hospitals, providing additional public health service capacity to people of Queensland.	No breaches of this legislation have been identified.
<i>Medicines and Poisons Act 2019</i> Medicines and Poisons (Medicines) Regulation 2021 Medicines and Poisons (Pest Management Activities) Regulation 2021 Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021	The <i>Medicines and Poisons Act 2019</i> ensures: <ul style="list-style-type: none"> • particular substances are made, sold, used and disposed of in appropriate, effective and safe ways • 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.
<i>Mental Health Act 2016</i> Mental Health Regulation 2017	The <i>Mental Health Act 2016</i> establishes statutory roles and appointments for the effective administration of the Act and sets out legislative requirements for HHS, clinicians, statutory bodies and other persons, including members of the public, in fulfilling their functions and rights under the Act. Non-compliance with the <i>Mental Health Act 2016</i> is monitored by and reported in the Chief Psychiatrist Annual Report.	No breaches of this legislation have been identified.
<i>Pharmacy Business Ownership Act 2001</i> <i>Pharmacy Business Ownership Act 2024</i>	The <i>Pharmacy Business Ownership Act 2001</i> : <ul style="list-style-type: none"> • promotes the professional, safe and competent provision of pharmacy services • maintains public confidence in the pharmacy profession. The <i>Pharmacy Business Ownership Act 2024</i> was passed by the Queensland Parliament in March 2024 but has not commenced. The Act will commence progressively and completely replace the <i>Pharmacy Business Ownership Act 2001</i> by late 2025.	No breaches of this legislation have been identified.
<i>Private Health Facilities Act 1999</i> Private Health Facilities Regulation 2016 Private Health Facilities (Standards) Notice 2016	The <i>Private Health Facilities Act 1999</i> provides a framework to protect the health and wellbeing of consumers receiving health services at private health facilities.	No breaches of this legislation have been identified.

<p><i>Public Health Act 2005</i></p> <p>Public Health Regulation 2018</p>	<p>The <i>Public Health Act 2005</i> protects and promotes the health of all Queenslanders.</p>	<p>One internal breach of this legislation was identified. This matter was investigated, and measures have been taken to remedy the breach and ensure no ongoing breaches will occur.</p>
<p><i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i></p> <p>Public Health (Infection Control for Personal Appearance Services) Regulation 2016</p> <p>Public Health (Infection Control for Personal Appearance Services) (Infection Control Guideline) Notice 2013</p>	<p>The purpose of the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> is to minimise the risk of infection that may result from the provision of personal appearance services.</p>	<p>No breaches of this legislation have been identified.</p>
<p><i>Radiation Safety Act 1999</i></p> <p>Radiation Safety Regulation 2021</p> <p>Radiation Safety (Radiation Safety Standards) Notice 2021</p>	<p>The <i>Radiation Safety Act 1999</i> protects people and the environment from the harmful effects of sources of ionising radiation and harmful non-ionising radiation.</p>	<p>No breaches of this legislation have been identified.</p>
<p><i>Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Act 2003</i></p> <p>Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Regulation 2015</p>	<p>The National Health and Medical Research Council's Embryo Research Licensing Committee (NHMRC ERLC) monitors compliance with legislation and license conditions. Compliance is required under the department's Research Ethics and Government Health Service Directive and research funding agreements.</p>	<p>No breaches of this legislation have been identified.</p>
<p><i>Termination of Pregnancy Act 2018</i></p>	<p>The <i>Termination of Pregnancy Act 2018</i> provides clarity for women, pregnant people, health practitioners and the community about the circumstances in which a termination is lawfully permitted. The Act:</p> <ul style="list-style-type: none"> • Ensures termination of pregnancy is treated as a health issue rather than a criminal issue. • Enables reasonable and safe access by women and pregnant people to terminations of pregnancy and to regulate the conduct of registered health practitioners in relation to terminations. 	<p>No breaches of this legislation have been identified.</p>

	<ul style="list-style-type: none"> • Supports a person's right to health, including reproductive health and autonomy. • Provides clarity and safety for health practitioners providing terminations of pregnancy. • Brings Queensland legislation in line with other Australian jurisdictions. 	
<p><i>Therapeutic Goods Act 2019</i></p> <p>Therapeutic Goods Regulation 2021</p>	<p>The <i>Therapeutic Goods Act 2019</i> adopts the <i>Therapeutic Goods Act 1989 (Cwth)</i> and the regulations, order, permissions and manufacturing principles under it as laws of Queensland. The Act ensures national regulatory controls are applied consistently to Queensland-based manufacturers of therapeutic goods.</p>	No breaches of this legislation have been identified*
<p><i>Tobacco and Other Smoking Products Act 1998</i></p> <p>Tobacco and Other Smoking Products Regulation 2021</p>	<p>The <i>Tobacco and Other Smoking Products Act 1998</i> creates a regulatory framework for the supply of smoking products in Queensland through a licensing system for retailers and wholesalers. Controls include prohibitions of the supply of tobacco and other smoking products to children, restrictions on advertising and promotion of smoking products, and limitations on smoking and e-cigarette use in certain places.</p>	No breaches of this legislation have been identified.
<p><i>Transplantation and Anatomy Act 1979</i></p> <p>Transplantation and Anatomy Regulation 2017</p>	<p>The <i>Transplantation and Anatomy Act 1979</i> provides for:</p> <ul style="list-style-type: none"> • the removal of human tissues for transplantation and other medical and scientific purposes • post-mortem examinations • the definitions of death • the regulation of schools of anatomy • other related purposes. 	No breaches of this legislation have been identified.
<p><i>Voluntary Assisted Dying Act 2021</i></p> <p>Voluntary Assisted Dying Regulation 2022</p>	<p>The <i>Voluntary Assisted Dying Act 2021</i> established a legal framework for voluntary assisted dying in Queensland, allowing eligible consumers to choose the timing and circumstances of their medically assisted 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.</p>	No breaches of this legislation have been identified.
<p><i>Water Fluoridation Act 2008</i></p> <p>Water Fluoridation Regulation 2020</p>	<p>The <i>Water Fluoridation Act 2008</i> promotes good oral health in Queensland by the safe fluoridation of public potable water supplies.</p>	No breaches of this legislation have been identified.

*The effect of the Therapeutic Goods Act 2019 (Qld) is to give all powers and administrative compliance and enforcement powers to the Commonwealth. Therefore, the legislative custodian is not responsible for administering or managing compliance with this Act.

Monitored agency legislation

Legislation	Details	Instruction/Number of Breaches
<p><i>Health and Wellbeing Queensland Act 2019</i></p> <p><i>Health Ombudsman Act 2013</i></p> <p>Health Ombudsman Regulation 2014</p> <p><i>Health Practitioner Regulation National Law Act 2009</i></p> <p>Health Practitioner Regulation National Law (Queensland)</p> <p>Health Practitioner Regulation National Law Regulation 2018</p> <p><i>Hospital Foundations Act 2018</i></p> <p>Hospital Foundations Regulation 2018</p> <p><i>Mental Health Act 2016</i> (to the extent of administering provisions relevant to the Mental Health Review Tribunal)</p> <p>Mental Health Regulation 2017</p> <p><i>Queensland Institute of Medical Research Act 1945</i></p> <p><i>Queensland Mental Health Commission Act 2013</i></p> <p><i>Voluntary Assisted Dying Act 2021</i> (to the extent of administering provisions relevant to the Voluntary Assisted Dying Review Board)</p> <p>Voluntary Assisted Dying Regulation 2022</p>	<p>The Department is committed to meeting all legislative compliance obligations and applies effective strategies to administer it including:</p> <ul style="list-style-type: none"> • Providing oversight of statutory appointments made under health portfolio legislation. • Supporting good board governance and compliance including annual reporting requirements. 	<p>No breaches of this legislation have been identified</p>

Mandatory reporting of confidential information

Section of the Act	Details of disclosure
<i>Hospital and Health Boards Act 2011</i>	
Section 160 of the <i>Hospital and Health Boards Act 2011</i>	Disclosed identifiable patient-level data on consumers who were admitted or received care from Queensland public hospitals from July 2023 to June 2024, to Philips Electronics Australia Limited, to assist with surveying patients for the Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMS) statement program.
Section 151(1) provides that a designated person may disclose confidential information if the disclosure is: <ul style="list-style-type: none"> • to the Commonwealth or another State, an entity of the Commonwealth or another State, or an entity of the State of Queensland • required or allowed under an agreement prescribed under a regulation • authorised in writing by the chief executive, or health service chief executive, to be in the public interest. 	The BreastScreen Queensland program provides free breast cancer screening and assessment to consumers in the target group. To enable Queensland Health to invite consumers in the target age group aged from 50 to 74 years to participate in the program, sharing confidential information is required. The Australian Government Department of Human Services (DHS) holds Medicare data, including names and dates of birth. Queensland Health and DHS have an agreement to facilitate sharing of confidential information where Queensland Health provides data to DHS relating to consumers currently participating in the BreastScreen Queensland program. DHS then identify eligible Queensland consumers who are not participating and shares their details with Queensland Health. This agreement allows Queensland Health to invite eligible Queensland consumers to increase participation in the breast screening.
Section 160 of HHBA and Section 147(6) of PHFA	Disclosure of confidential information to the Queensland Police Service for admitted consumers in Queensland hospitals for firearm injuries aids in a strategic intelligence assessment product relating to illegal firearms in Queensland. It addresses intelligence gaps in unreported and under-reported hospitalisations involving gunshot victims. Data covers the period 2018–19 to 2022–23 financial years from the Queensland Hospital Admitted Patient Data Collection (QHAPDC) for both public and private hospitals.
Section 160 of HHBA and Section 147(6) of PHFA	Disclosure of confidential health information to Maritime Safety Queensland (MSQ) to undertake analysis on water transport injuries. The information disclosed consists of 2021–22 financial year data related to hospital admissions for water transport injuries with additional data items to identify Hospital and State/HHS/SA2 of usual residence. <p>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.</p>
Section 160 of HHBA and Section 223(1) of PHA	Disclosure of confidential information to the University of Queensland (UQ) to allow independent evaluation and reporting about nurse-to-patient and midwife-to-consumer and baby ratio trials. The information covers all

	<p>Queensland public hospitals from 31 October 2018 and includes data sources from QHAPDC, Queensland Perinatal Data Collection (QPDC), Queensland Emergency Department Collection (QEDC), Queensland Health Non-admitted Patient Data Collection (QHNAPDC), Riskman; SurgiNet and ORMIS.</p>
Section 160 of HHBA	<p>Disclosure of confidential information to the Commonwealth Scientific and Industrial Research Organisation (CSIRO) to undertake two separate projects – the ‘Study on Patient Flow’ and the ‘Digital Twin for the Queensland Patient Access Coordination Hub’ (QPACH).</p> <p>The confidential information includes data from the Queensland Hospital Admitted Patient Data Collection for episodes of care from 1 January 2017 to 31 December 2022, in selected public hospitals in Queensland. Data for in-scope patients will be linked to relevant records in the Emergency Department Collection, Elective Surgery Waiting List and the Queensland Ambulance Service data.</p> <p>The ‘Study on Patient Flow’ is a competitively awarded whole-of-system study commissioned by Queensland Health’s Healthcare Improvement Unit (HIU) 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.</p> <p>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.</p>
Section 160 of the HHBA and sections 81 and 109 of the PHA	<p>Disclosure of confidential information to two students from the Australian National University undertaking the ‘Master of Philosophy in Applied Epidemiology’ (MAE) who were on work placement with the Communicable Diseases Branch.</p> <p>The information was disclosed to allow the students to contribute to Queensland Health’s public health functions and activities. Tasks undertaken by the students included data collection, analysis and interpretation, and response to disease outbreaks. This forms part of the core requirements for the MAE program of study.</p>
Section 160 of the HHBA and sections 81 and 109 of the PHA.	<p>Disclosure of information about newly diagnosed acute rheumatic fever (ARF) and rheumatic heart disease (RHD) cases, from the Notifiable Condition System (NoCS) database to enrol patients on the Queensland Rheumatic Heart Disease Register. Confidential information disclosed includes details about the diagnosis, notification, treatment, and clinical management. The authorities allow confidential information obtained under the PHA and the HHBA to be lawfully disclosed to enroll patients on the RHD Register to support the ongoing clinical management of ARF and RHD patients.</p>
Private Health Facilities Act 1999	
Section 147 (4)	Disclosure of confidential information to:

	<ul style="list-style-type: none"> • The department 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 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. <p>The information disclosed contained information about publicly funded patients treated in private hospitals relating to avoidable hospital readmissions.</p>
Section 147(6)	<p>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 2022–23.</p> <p>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.</p>
Section 147(6) of PHFA and Section 223(1) of PHA (in relation to the Perinatal Statistics Collection Register)	<p>Disclosure of confidential perinatal data to the Torres and Cape Hospital and Health Service (TCHHS) to investigate the delivery of public sector health services by the TCHHS to First Nations people.</p> <p>Perinatal Statistics Collection Register data including (but not limited to): hospitalisations, potentially preventable hospitalisations, births, deaths (including perinatal deaths), calendar year, Indigenous status, hospital name, mother’s age, smoking status, gestation, baby weight, gestational diabetes millitus status, perinatal deaths type, areas of usual residence, over the period 1996–1997 to 2022–2023.</p>
<i>Ambulance Service Act 1991</i>	
Section 50P(2a)	Disclosed confidential patient information for the study titled ‘Road Crash Data Linkage in Queensland / Road Safety Bureau (update).’
Section 50P(2a)	Disclosed confidential patient information to inform the Child Death Register
Section 50P(2a)	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.’
<i>Information Privacy Act 2009</i>	
	On Thursday 21 September 2023, the Chief Executive Officer, Forensic Science Queensland (FSQ), directed the FSQ Quality Division to conduct an

	<p>urgent internal audit of the FSQ DNA Staff Elimination Database. This audit was triggered in response to the discovery of a FSS staff member's DNA profile being held on this database without evidence of their consent.</p>
	<p>On Wednesday 3 April 2024 it was identified that documents due to be released through direction of a subpoena were sent incorrectly to the requesting party rather than to the issuing Court.</p>
<p><i>Public Health Act 2005</i></p>	
<p>Section 81 and 109</p>	<p>This Authority applies to confidential information that is subject to a duty of confidentiality under sections 77(1) of the Act (relevant to the Notifiable Conditions Register) and 105(1) of the Act (relevant to contact tracing) until 5 December 2025.</p> <p>The confidential information is being disclosed until 5 December 2025 for the following purposes:</p> <ul style="list-style-type: none"> • providing a public sector health service to a person • performing the student's or another relevant person's functions under Chapter 3 part 2 of the Act • the student's study for the degree titled 'Master of Philosophy in Applied Epidemiology'.
<p>Section 223(1)</p>	<p>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 First Nations peoples for Queensland. A long-standing Memorandum of Understanding exists between the Statistical Services Branch (SSB) and RBDM, allowing for the RBDM to provide SSB with identifiable information from the RBDM registration databases.</p> <p>The Queensland Perinatal Data Collection (QPDC) data disclosed to the RBDM consists of the consumer's date of birth, baby's Indigenous status and RBDM record number/ID for all Queensland birth registrations, provided quarterly, throughout the year for year-to-date available data for a 12-month period.</p>
<p>Section 124 (in relation to the Queensland Cancer Register)</p>	<p>Disclosure of Queensland Cancer Register data to the Chief Executive Officer of Cancer Council Queensland and persons employed by Cancer Council Queensland. Queensland Cancer Register incidence and mortality data, including unique person number, unique cancer number, month and year of death and cause of death (if person deceased), site for each cancer the person has, and details of breast or melanoma tumour (if applicable) was disclosed.</p> <p>The information was disclosed for the specific purpose of enabling continued epidemiological research to understand patterns and trends in cancer incidence, prevalence, mortality, and survival with a view to identifying areas or improvement or need, and to investigate factors that impact on diagnosis, clinical management, health services delivery and cancer outcomes.</p>

Human Rights Act 2019

Queensland Health is committed to fulfilling its obligations under the *Human Rights Act 2019* and, in particular, to building a culture that respects, protects and promotes human rights. During 2023–24, Queensland Health continued to build a human rights culture. Actions taken during the reporting period to further the objects of the Act include:

- The Queensland Health Human Rights Network engaged representatives from across Queensland Health to share learnings and promote a positive culture of human rights.
- The Chief Legal Counsel, as the Queensland Health Human Rights Champion, chaired the Human Rights Network and oversaw and coordinated human rights awareness-raising activities.
- Tailored education sessions delivered by the Human Rights Champion included senior forums such as the department's Executive Leadership Team, Strategic Procurement team, System ICT Advisory Committee and Queensland Clinical Senate, Hospital and Health Services (HHS) Chief Executive and the Chief Operating Officers' Forums. Tailored sessions were also delivered to divisions and HHSs, including the Patient Safety Net Stewards.
- Membership on the Human Rights and Interdepartmental Committee and its S28 Aboriginal and Torres Strait Islander Cultural Rights Subgroup, led by the Department of Justice and Attorney-General.
- Health Infrastructure Queensland, in conjunction with the First Nations Health Office and Blaklash, developed the First Nations Design Framework. The framework, directly related to S28 of the HRA, is intended to shape social, environmental and economic outcomes for Aboriginal and Torres Strait Islander people in Queensland.
- Queensland Ambulance Service Complaints Management System was improved to better capture and identify potential human rights complaints.
- HR Branch added a 'Human Rights' tag in ServiceNow to tag any employee complaints/matters with a human rights component.
- HHSs established consumer complaints ambassadors, independent patient rights advisors or human rights champions.
- The 'Triaging Human Rights' webinar was presented during Human Rights Week 2023 by the Human Rights Champion and Crown Law.
- In June 2024, nearly 300 human resource practitioners from across Queensland Health attended a human rights training workshop delivered by Crown Law.

Formalisation of the Queensland Health-wide process for referring complaints involving human rights to the Legal Unit for advice and to assist decision-makers was commenced.

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 2023–24 financial year, the department received 1,516 complaints from members of the public which were identified as human rights complaints .

A significant number of human rights complaints received 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 the department in 2023-24:

Total number of human rights complaints identified 2023-24	<ul style="list-style-type: none">• 1,516 human rights complaints.
Outcome of complaints	<ul style="list-style-type: none">• 960 required further action.• 179 required no further action.• As at 30 June 2024, 377 human rights complaints were open/ongoing, for conciliation, withdrawn or closed/lapsed.

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 year included giving an explanation, offering an apology, making changes to practices or processes, conciliation, further staff training and local management.

4. Definitions

Acronyms and glossary

Acronym	Definition
AIHW	Australian Institute of Health and Welfare
BSQ	BreastScreen Queensland
CAA	Council of Ambulance Authorities
CCAP	Cultural Capability Action Plan
CEQ	Clinical Excellence Queensland
CHO	Chief Health Officer
CHQ	Children's Health Queensland
CLE	Centre for Leadership Excellence
COAG	Council of Australian Governments
COO	Chief Operating Officer
CPSS	Clinical Planning and Service Strategy Division
CSD	Corporate Services Division
DDG	Deputy Director-General
DG	Director-General
DoH	Department of Health
eHQ	eHealth Queensland
ELT	Executive Leadership Team
ESU	Ethical Standards Unit
FSQ	Forensic Science Queensland
FNHO	First Nations Health Office
GP	General Practitioner
HIQ	Health Infrastructure Queensland
HHB	Hospital and Health Board
HHS	Hospital and Health Service
HIU	Healthcare Improvement Unit
HPSP	Healthcare Purchasing and System Performance Division
HR	Human Resources
HRB	Human Resources Branch
HW	Health and Wellbeing Queensland
ICT	Information and Communication Technology
ieMR	integrated electronic Medical Record

Acronym	Definition
LGBTIQ+	Lesbian, gay, bisexual, transgender/gender diverse, intersex and queer
MESU	Ministerial and Executive Services Unit
MHAODB	Mental Health Alcohol and Other Drugs Branch
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
OCAHO	Office of the Chief Allied Health Officer
OCDO	Office of the Chief Dental Officer
OCFNHO	Office of the Chief First Nations Health Officer
OCHO	Office of the Chief Health Officer
ODG	Office of the Director-General
ODDG	Office of Deputy Director-General
OHSA	Office of Health Statutory Agencies
PAH	Princess Alexandra Hospital
PHNs	Primary Health Networks
PID	Public Interest Disclosure
PSC	Public Service Commission
PSQ	Patient Safety and Quality
QAO	Queensland Audit Office
QAS	Queensland Ambulance Service
QLHB	Queensland Health Leadership Board
QMPQC	Queensland Maternity and Perinatal Quality Council
QPHaSS	Queensland Public Health and Scientific Services
QPS	Queensland Police Service

Acronym	Definition
RACFs	Residential Aged Care Facilities
RBWH	Royal Brisbane and Women's Hospital
SDLO	System and Department Liaison Officer
SPR	System Performance Reporting
SPRD	Strategy, Policy and Reform Division
SSB	Statistical Services Unit

Compliance check list

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 8 Definitions and compliance; page 136-139
	Public availability	ARRs – section 9.2 Accessibility; page 2
	Interpreter service statement	<i>Queensland Government Language Services Policy</i> ARRS – section 9.3 Interpreter accessibility; page 3
	Copyright notice	<i>Copyright Act 1968</i> ARRs – section 9.4 Copyright; page 2
	Information licensing	<i>QGEA – Information Licensing</i> ARRs – section 9.5 License summary statement; page 2
General information	Introductory information	ARRs – section 10 About us; page 12
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 79
Financial performance	Summary of financial performance	ARRs – section 12.1 Financial highlights; page 36
Governance – management and structure	Organisational structure	ARRs – section 13.1 Our organisation structure; page 15
	Executive management	ARRs – section 13.2 Executive leadership team; page 101
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3 Our governance; Leadership teams, Boards Councils and Committees, Statutory bodies; pages 101 - 119
	Public Sector Ethics	Public Sector Ethics Act 1994 ARRs – section 13.4 Our people; Public Sector Ethics Act; page 36
	Human Rights	Human Rights Act 1994 ARRs – section 13.5 Our governance; Human Rights Act 2019, page 134
	Queensland public service values	ARRs – section 13.6 About us; Our values; page 12
Governance – risk management and accountability	Risk management	ARRs – section 14.1 Our governance; Risk management; page 119
	Audit committee	ARRs – section 14.2 Our governance; The Department of Health Audit and Risk Committee; page 107
	Internal audit	ARRs – section 14.3 Our governance; Internal audit; page 120

	External scrutiny	ARRs – section 14.4	Our governance; External scrutiny; page 119
	Information systems and recordkeeping	ARRs – section 14.5	Our governance; Information systems and recordkeeping; page 121
	Information security attestation	ARRs – section 14.6	Our governance; Information security attestation; page 122
Governance – human resources	Strategic workforce planning and performance	ARRs – section 15.1	Our people; strategic workforce planning and performance; page 31
	Early retirement, redundancy and retrenchment	Directive No. 04/18 Early Retirement, Redundancy and Retrenchment ARR – section 15.2	Our people; Early retirement, redundancy and retrenchment; page 33
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 139
	Independent Auditor’s Report	FAA – section 62 FPMS – section 46 ARR – section 17.2	Financial Statements 30 June 2022; page 140

FAA *Financial Accountability Act 2009*
FPMS *Financial and Performance Management Standard 2019*
ARRs *Annual report requirements for Queensland Government agencies*

5. Financial Statements 30 June 2024

Department of Health

Financial Statements - 30 June 2024

Department of Health

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For the year ended 30 June 2024

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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 2024

	Note	2024 \$'000	Original Budget 2024 \$'000	2023 \$'000	Ref*	Actual vs budget variance \$'000
REVENUE						
Appropriation revenue	2	16,608,381	15,379,942	14,673,411	i.	1,228,439
User charges	3	2,548,904	1,986,769	2,241,055	ii.	562,135
Labour recoveries	3	12,176,556	11,479,924	11,315,228	iii.	696,632
Grants and other contributions	3	7,010,637	6,696,348	6,612,795	iv.	314,289
Other revenue	3	56,665	23,599	93,986		33,066
Share of gain from associates	22	2,883	-	-		2,883
Interest revenue		6,494	2,035	6,484		4,459
TOTAL REVENUE		38,410,520	35,568,617	34,942,959		2,841,903
EXPENSES						
Employee expenses	4	(14,538,837)	(13,698,409)	(13,362,569)	v.	(840,428)
Supplies and services	7	(2,630,501)	(2,528,946)	(2,128,399)		(101,555)
Health services	8	(20,983,302)	(19,144,599)	(19,050,340)	vi.	(1,838,703)
Grants and subsidies	9	(73,145)	(89,217)	(107,165)	vii.	16,072
Depreciation and amortisation	16, 17, 18	(160,595)	(51,860)	(135,538)	viii.	(108,735)
Net impairment losses on financial and contract assets		(17,103)	(1,743)	(11,071)	ix.	(15,360)
Share of loss from associates	22	-	-	(709)		-
Other expenses	10	(29,959)	(53,843)	(147,608)		23,884
TOTAL EXPENSES		(38,433,442)	(35,568,617)	(34,943,399)		(2,864,825)
SURPLUS/(DEFICIT) FOR THE YEAR		(22,922)	-	(440)		(22,922)
OTHER COMPREHENSIVE INCOME						
Items that will not be reclassified subsequently to profit or loss						
Increase/(decrease) in asset revaluation surplus	21	76,869	-	66,270		76,869
OTHER COMPREHENSIVE INCOME FOR THE YEAR		76,869	-	66,270		76,869
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		53,947	-	65,830		53,947

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

Department of Health

Statement of financial position

As at 30 June 2024

	Note	2024 \$'000	Original Budget 2024 \$'000	2023 \$'000	Ref*	Actual vs budget variance \$'000
ASSETS						
<i>Current Assets</i>						
Cash and cash equivalents	12	428,931	315,451	701,852	x.	113,480
Loans and receivables	14	2,765,166	1,708,785	2,837,783	xi.	1,056,381
Inventories	15	211,849	221,162	178,278		(9,313)
Prepayments		71,564	59,703	77,213	xii.	11,861
Other assets		927	-	13		927
TOTAL CURRENT ASSETS		3,478,437	2,305,101	3,795,139		1,173,336
<i>Non-current Assets</i>						
Loans and receivables	14	108,533	78,370	91,403		30,163
Property, plant and equipment	16	2,216,791	2,197,110	1,859,224		19,681
Right-of-use assets	17	19,716	14,842	13,104		4,874
Intangibles	18	281,125	419,722	298,028	xiii.	(138,597)
Interests in associates	22	72,307	70,133	69,425		2,174
Other assets		75,464	29,026	33,427	xiv.	46,438
TOTAL NON-CURRENT ASSETS		2,773,936	2,809,203	2,364,611		(35,267)
TOTAL ASSETS		6,252,373	5,114,304	6,159,750		1,138,069
LIABILITIES						
<i>Current Liabilities</i>						
Payables	19	1,830,812	539,633	2,064,792	xv.	1,291,179
Accrued employee benefits	20	1,344,806	1,363,601	1,559,515		(18,795)
Lease liabilities	17	4,187	2,660	1,731		1,527
Other liabilities		1,550	373	61		1,177
TOTAL CURRENT LIABILITIES		3,181,355	1,906,267	3,626,099		1,275,088
<i>Non-current Liabilities</i>						
Lease liabilities	17	56,306	58,815	53,148		(2,509)
Other liabilities		-	59	-		(59)
TOTAL NON-CURRENT LIABILITIES		56,306	58,874	53,148		(2,568)
TOTAL LIABILITIES		3,237,661	1,965,141	3,679,247		1,272,520
NET ASSETS		3,014,712	3,149,163	2,480,503		(134,451)
EQUITY						
Contributed equity		1,259,518		779,254		
Asset revaluation surplus	21	411,162		368,198		
Retained surpluses		1,344,032		1,333,051		
TOTAL EQUITY		3,014,712	3,149,163	2,480,503	xvi.	(134,451)

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

Department of Health

Statement of changes in equity

For the year ended 30 June 2024

	Contributed equity \$'000	Asset revaluation surplus \$'000	Retained surpluses \$'000	Total equity \$'000
BALANCE AT 1 JULY 2023	779,254	368,198	1,333,051	2,480,503
Surplus/(Deficit) for the year	-	-	(22,922)	(22,922)
Increase/(decrease) in asset revaluation surplus	-	76,869	-	76,869
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	-	76,869	(22,922)	53,947

Transactions with owners in their capacity as owners:

Equity injections	1,808,355	-	-	1,808,355
Equity withdrawals	(1,074,053)	-	-	(1,074,053)
HHS equity transfers*	242,550	-	-	242,550
Reclassification between equity classes	-	(33,905)	33,905	-
Net assets transferred from/(to) HHSs	(496,588)	-	-	(496,588)
Other equity adjustments	-	-	(2)	(2)
BALANCE AT 30 JUNE 2024	1,259,518	411,162	1,344,032	3,014,712

	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

Material 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.

Department of Health

Statement of cash flows

For the year ended 30 June 2024

	Note	2024 \$'000	Original Budget 2024 \$'000	2023 \$'000	Ref*	Actual vs budget variance \$'000
CASH FLOWS FROM OPERATING ACTIVITIES						
<i>Inflows</i>						
Appropriation revenue receipts		16,064,280	15,373,713	14,899,045	xvii.	690,567
User charges		2,135,288	1,886,491	2,017,143	xviii.	248,797
Labour recoveries		12,378,683	11,479,924	11,014,293	xix.	898,759
Grants and other contributions		7,034,773	6,597,045	6,650,170	xx.	437,728
GST collected from customers		12,745	12,651	14,519		94
GST input tax credits		457,243	359,351	382,796		97,892
Other revenue		35,567	25,244	42,514		10,323
<i>Outflows</i>						
Employee expenses		(14,790,162)	(13,585,948)	(12,852,331)	xxi.	(1,204,214)
Supplies and services		(2,127,479)	(3,009,133)	(2,118,672)	xxii.	881,654
Health services		(19,930,687)	(18,570,639)	(17,734,279)	xxiii.	(1,360,048)
Grants and subsidies		(73,145)	(89,217)	(107,165)		16,072
GST paid to suppliers		(456,786)	(359,351)	(379,126)		(97,435)
GST remitted		(13,143)	(12,651)	(14,413)		(492)
Other expenses		(42,138)	(46,370)	(79,748)		4,232
Payroll receivables		(14,710)	2,911	5,454		(17,621)
Cash recoupment from HHSs/(payments made on behalf of HHSs)		25,256	-	(111,747)	xxiv.	25,256
NET CASH FROM/(USED BY) OPERATING ACTIVITIES	11	695,585	64,021	1,628,453		631,564
CASH FLOWS FROM INVESTING ACTIVITIES						
<i>Inflows</i>						
Proceeds from sale of property, plant and equipment		60	1,650	354		(1,590)
<i>Outflows</i>						
Payments for property, plant and equipment		(896,209)	(1,587,983)	(634,439)	xxv.	691,774
Payments for intangibles		(32,043)	(31,393)	(30,343)		(650)
NET CASH FROM/(USED BY) INVESTING ACTIVITIES		(928,192)	(1,617,726)	(664,428)		689,534
CASH FLOWS FROM FINANCING ACTIVITIES						
<i>Inflows</i>						
Equity injections**		1,838,984	2,403,742	1,356,205	xxvi.	(564,758)
<i>Outflows</i>						
Equity withdrawals**		(1,875,966)	(921,498)	(1,850,718)	xxvii.	(954,468)
Lease principal payments		(3,332)	(4,085)	(2,054)		753
NET CASH FROM/(USED BY) FINANCING ACTIVITIES		(40,314)	1,478,159	(496,567)		(1,518,473)
NET INCREASE/(DECREASE) IN CASH HELD		(272,921)	(75,546)	467,458		(197,375)
Cash and cash equivalents at the beginning of the financial year		701,852	390,997	234,394		310,855
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	12	428,931	315,451	701,852		113,480

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

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

Department of Health

Notes to and forming part of the financial statements

For the year ended 30 June 2024

Actual vs budget comparison

Statement of profit or loss

i. The \$1.2B variance in Appropriation revenue is predominantly due to non-recurrent State funding, representing unspent funding deferred from 2022-23 (\$767.1M), additional funding reclassifications from capital in nature to operating (\$355.3M), and additional depreciation funding (\$185.2M), offset by a funding deferral mostly relating to Queensland Government Critical Supply Reserve (QGCSR) (\$90.4M).

ii. The \$562.1M 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 (\$397.7M) is largely driven by growth in telecommunications and computer recoveries (\$149.5M), and an increase in pharmacy recoveries (\$41.1M). The Hospital fees variance (\$164.5M) was predominantly due to the recovery of an additional \$53.4M in DVA funding relating to prior years and cross border fee revenue of \$97.6M from another jurisdiction.

iii. The \$696.6M variance in Labour recoveries is due to a combination of salary and wage increases and growth in HHS FTEs across the year. HHS FTEs increased by 6,012, predominantly due to an increase in activity demand, driven by factors such as population growth in Queensland.

iv. The \$314.3M variance in Grants and contributions is mostly owing to additional funding received from National Health Reform Agreement, resulting from an increase in health service activity delivered in the current year exceeding budgeted activity.

v. The \$840.4M 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 6,012, predominantly due to an increase in activity demand, driven by factors such as population growth in Queensland.

vi. The \$1.8B variance in Health services is mainly due to additional funding (\$1.6B) 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 (\$138.0M) delivering services as part of the "Better Care Together", a five year plan for Queensland's mental health alcohol and other drug services to 2027.

vii. The \$16.1M variance in Grants and subsidies expense is mainly due to the winding up of the provision of COVID-19 related public health programs, both State and Commonwealth, in private hospitals during the year.

viii. The \$108.7M variance in Depreciation and amortisation is due to the sought budget being limited to the extent of funded depreciation available at the time of the budget finalisation.

ix. The \$15.4M variance in Impairment losses is largely due to unrecoverable debts not provided for in the budget, including Financial Viability Payments recoverable from private hospitals, and health services and supply of

Personal Protective Equipment (PPE) stock recoverable from Residential Aged Care Facilities.

Statement of Financial Position

x. The \$113.5M variance in Cash and cash equivalents results from movements to actual net cash from operating activities (\$695.6M) being \$631.6M greater than budgeted, actual cash flows used by investing activities (\$928.2M) being \$689.5M less than budgeted and actual cash flows (\$40.3M) used by financing activities being \$1.5B greater than the budgeted. Refer to the Statement of Cash Flows and applicable comments below.

xi. The \$1.1B variance in Loans and receivables (current) is largely owing to Appropriation Receivables (\$733.8M) and Receivables from HHSs (\$340.6M), which could not be accounted for at the time of the budget due to significant uncertainty surrounding any unplanned activity within a year.

xii. The \$11.9M 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.

xiii. The \$138.6M variance in Intangibles is mainly due to delays in expected timing of budgeted capital expenditure. In addition, project related expenditure is budgeted as capital, but when incurred is reclassified to operating should the expenditure not meet the capital recognition criteria. These movements are not known at the time of budget preparation.

xiv. The \$46.4M variance in Other assets (non-current) is mostly due to the recognition of an advance payment (\$43.2M) made to Mater Misericordiae Ltd for the public portion of the Mater Springfield Stage 2 development, as the amount and payment date were agreed subsequent to budget finalisation.

xv. The \$1.3B variance in Payables is mainly due to appropriations payable (\$858.1M), HHS payables (\$285.9M) and PAYG withholdings (\$153.6M), which were not known at the time of the budget.

xvi. The \$134.4M 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 HHSs and the Department for depreciation and operating expenses.

Department of Health

Notes to and forming part of the financial statements

For the year ended 30 June 2024

Statement of Cash Flows

xvii. The \$690.6M variance in Appropriation revenue is predominantly due to additional state funding for enterprise bargaining outcomes (\$284.0M), additional depreciation funding (\$283.0M) and funding reclassified from capital in nature to operating (\$257.5M), and additional funding for Queensland Ambulance frontline employees (\$52.6M). These are partly offset by timing adjustments for various programs including clinical and frontline programs (\$144.6M).

xviii. The \$248.8M variance in User charges is mainly due to Sale of Goods and Services and Hospital fees. The increase in Sales of Goods and Services (\$85.5M) is driven by growth in telecommunications and computer recoveries, and an increase in pharmacy recoveries. The Hospital fees variance (\$162.6M) was predominantly due to the recovery of an additional DVA funding relating to prior years and cross border fee revenue from another jurisdiction.

xix. The \$898.8M variance in Labour recoveries is due to a combination of salary and wage increases and growth in HHS FTEs across the year. HHS FTEs increased by 6,012, predominantly due to an increase in activity demand, driven by factors such as population growth in Queensland.

xx. The \$437.7M variance in Grants and contributions is mostly owing to additional National Health Reform Agreement (NHRA) funding received (\$276.6M) from the Commonwealth due to an increase in health service activity delivered in the current year exceeding budgeted activity, and the receipt (\$130.4M) of 2022-23 funding arising from Commonwealth Government finalisation in 2023-24 of the funding redistribution process related to prior year.

xxi. The \$1.2B 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 6,012, predominantly due to an increase in activity demand, driven by factors such as population growth in Queensland.

xxii. The \$881.6M 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.

xxiii. The \$1.4B 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.

xxiv. The \$25.3M variance in Cash recoupment from HHSs is due to this amount not being known at the time of the budget.

xxv. The \$691.8M variance for Property, plant and equipment is mainly due to project related expenditure included in the budget as capital, but when incurred is reclassified to operating should the expenditure not meet the capital recognition criteria.

xxvi. The \$564.8M variance in Equity injections is mainly due to capital works program funding brought forward into 2023-24 (\$611.0M), offset by reclassification of HHS depreciation

expense funding recognised as a non-cash transaction in actuals (\$1.1B).

xxvii. The \$954.5M variance in Equity withdrawals is mainly due to HHSs non appropriated equity transfers relating to capital reimbursement programs of \$1.1B.

Department of Health

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

For the year ended 30 June 2024

	Inpatient Care		Emergency Care		Mental Health and Alcohol and Other Drug Services		Outpatient Care		Sub and Non-Acute Care		Prevention, Primary and Community Care		Office for Women		Ambulance Services		Inter Service/Unit Eliminations		Total Major Departmental Services		
	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
REVENUE																					
Appropriation revenue	7,385,143	6,661,348	1,686,941	1,507,505	1,503,147	1,344,938	1,923,807	1,606,865	811,309	655,093	2,093,128	1,835,737	7,096	-	1,197,810	1,061,925	-	-	16,608,381	14,673,411	
User charges	1,203,269	1,077,404	274,855	243,823	244,909	217,530	313,448	259,894	132,187	105,954	341,035	296,912	-	-	61,972	61,609	(22,771)	(22,071)	2,548,904	2,241,055	
Labour recoveries	5,838,008	5,537,579	1,333,539	1,253,189	1,188,248	1,118,047	1,520,783	1,335,787	641,346	544,578	1,654,632	1,526,048	-	-	-	-	-	-	12,176,556	11,315,228	
Grants and other contributions	3,283,741	3,188,587	750,084	721,598	668,361	643,781	855,405	769,159	360,742	313,574	1,076,882	960,402	337	-	15,085	15,694	-	-	7,010,637	6,612,795	
Other revenue	26,076	45,245	5,956	10,239	5,307	9,135	6,793	10,914	2,865	4,449	7,390	12,469	4	-	2,274	1,535	-	-	56,665	93,986	
Share of gain from associates	1,280	-	211	-	257	-	240	-	161	-	734	-	-	-	-	-	-	-	2,883	-	
Interest revenue	3,114	3,174	711	718	634	641	811	765	342	312	882	874	-	-	-	-	-	-	6,494	6,484	
TOTAL REVENUE	17,740,632	16,513,338	4,052,297	3,737,072	3,610,863	3,334,072	4,621,287	3,983,384	1,948,952	1,623,960	5,174,683	4,632,442	7,437	-1,277,140	1,140,762	(22,771)	(22,071)	(22,071)	38,410,520	34,942,959	
EXPENSES																					
Employee expenses	6,567,060	6,160,559	1,487,621	1,385,113	1,318,920	1,242,557	1,696,500	1,476,406	724,611	601,171	1,727,786	1,591,193	1,252	-	1,015,087	905,570	-	-	14,538,837	13,362,569	
Supplies and services	1,155,979	953,071	237,555	193,286	232,184	189,794	270,908	206,026	133,749	82,174	426,335	347,304	3,015	-	193,547	178,815	(22,771)	(22,071)	2,630,501	2,128,399	
Health services	10,033,448	9,287,459	2,334,924	2,141,371	2,015,057	1,879,410	2,662,778	2,282,511	1,091,268	933,754	2,834,927	2,520,723	3,545	-	7,355	5,112	-	-	20,983,302	19,050,340	
Grants and subsidies	48	37,765	8	6,196	48,118	7,945	9	6,604	6	2,502	24,923	46,112	-	-	33	41	-	-	73,145	107,165	
Depreciation and amortisation	50,393	42,903	8,299	7,039	10,123	8,351	9,464	7,503	6,355	2,842	28,920	23,639	-	-	47,041	43,261	-	-	160,595	135,538	
Net impairment losses on financial and contract assets	5,711	3,712	941	609	1,147	722	1,073	649	720	246	3,278	2,045	-	-	4,233	3,088	-	-	17,103	11,071	
Share of loss from associates	-	329	-	54	-	64	-	58	-	22	-	182	-	-	-	-	-	-	-	709	
Other expenses	8,726	67,863	1,473	12,529	1,751	13,371	1,679	13,354	1,092	5,215	4,836	30,666	609	-	9,793	4,610	-	-	29,959	147,608	
TOTAL EXPENSES	17,821,365	16,553,661	4,070,821	3,746,197	3,627,300	3,342,214	4,642,411	3,993,111	1,957,801	1,627,926	5,051,005	4,561,864	8,421	-1,277,089	1,140,497	(22,771)	(22,071)	(22,071)	38,433,442	34,943,395	
(DEFICIT)/SURPLUS FOR THE YEAR	(80,733)	(40,323)	(18,524)	(9,125)	(16,437)	(8,142)	(21,124)	(9,727)	(8,849)	(3,966)	123,678	70,578	(984)	-	51	265	-	-	(22,922)	(440)	
ITEMS THAT WILL NOT BE RECLASSIFIED SUBSEQUENTLY TO PROFIT OR LOSS																					
Increase/(decrease) in asset revaluation surplus	20,805	11,350	3,426	1,862	4,179	2,209	3,907	1,985	2,624	752	11,940	6,253	-	-	29,988	41,859	-	-	76,869	66,270	
OTHER COMPREHENSIVE INCOME	20,805	11,350	3,426	1,862	4,179	2,209	3,907	1,985	2,624	752	11,940	6,253	-	-	29,988	41,859	-	-	76,869	66,270	
TOTAL COMPREHENSIVE INCOME	(59,928)	(28,973)	(15,098)	(7,263)	(12,258)	(5,933)	(17,217)	(7,742)	(6,225)	(3,214)	135,618	76,831	(984)	-	30,039	42,124	-	-	53,947	65,830	

The accompanying notes form part of these statements.

Department of Health

Notes to and forming part of the financial statements

For the year ended 30 June 2024

Major services

Material 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 support 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. There was an additional major service delivered by Department of Health to the community through the Office for Women. 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.

Office for Women

Aims to collaborate with other agencies, to progress a range of initiatives to improve women's economic security. This comprises a range of new programs supporting women into employment and working across government and strengthening gender analysis as part of policy and program development.

Note 1: Material accounting policies

This note provides a list of the material 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 financial reporting requirements and authoritative pronouncements for reporting periods beginning on or after 1 July 2023.

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 2023-24 fair value of these services is estimated to be \$142.4M (\$132.6M for 2022-23) for payroll and \$9.4M (\$8.8M for 2022-23) 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.

Special Payments

Special payments include ex-gratia expenditure and other expenditure that the Department is not contractually or legally obligated to make, under a contract or otherwise, to other parties. In accordance with the *Financial and Performance Management Standard 2019*, the Department maintains a register setting out the details of all reportable special payments greater than \$5,000. The total of all special payments (including those of \$5,000 or less) is within the category of Other expenses in the financial statements.

Notes to and forming part of the financial statements

For the year ended 30 June 2024

Note 1. Material accounting policies (continued)

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.

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.

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 2023.

A number of other amendments and interpretations apply for the first time for the year ended 30 June 2024, but do not have any material 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 2024 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.

Department of Health
Notes to and forming part of the financial statements
For the year ended 30 June 2024

Note 2: Appropriation revenue

	2024 \$'000	2023 \$'000
RECONCILIATION OF PAYMENTS FROM CONSOLIDATED FUND TO APPROPRIATED REVENUE RECOGNISED IN OPERATING RESULT		
Original budgeted appropriation	15,373,713	13,831,521
Unforeseen expenditure*	690,567	1,067,524
TOTAL APPROPRIATION RECEIPTS (CASH)	16,064,280	14,899,045
Less: Opening balance appropriation revenue receivable	(541,908)	(829,063)
Add: Closing balance appropriation revenue receivable	619,799	541,908
Add: Opening balance appropriation revenue payable	857,358	918,879
Less: Closing balance appropriation revenue payable	(391,148)	(857,358)
APPROPRIATION REVENUE FOR SERVICES RECOGNISED IN THE STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME	16,608,381	14,673,411
	2024 \$'000	2023 \$'000
RECONCILIATION OF PAYMENTS FROM CONSOLIDATED FUND TO EQUITY ADJUSTMENT		
Budgeted equity adjustment appropriation	502,175	350,776
Unforeseen expenditure*	317,149	21,652
EQUITY ADJUSTMENT RECEIPTS (CASH)	819,324	372,428
Less: Opening balance appropriated equity injection receivable	(53,933)	(384,380)
Add: Closing balance appropriated equity injection receivable	113,959	53,933
Add: Opening balance appropriated equity withdrawal payable	322,169	339,549
Less: Closing balance appropriated equity withdrawal payable	(467,217)	(322,169)
EQUITY ADJUSTMENT RECOGNISED IN CONTRIBUTED EQUITY	734,302	59,361

* In 2023-24 unforeseen expenditure was primarily related to additional State funding provided for collective bargaining outcomes, depreciation adjustments, reclassified funding from capital to operating in nature, and the capital expansion program. In 2022-23 unforeseen expenditure was primarily related to additional State funding provided for managing the COVID-19 response, negotiated outcomes of enterprise bargaining agreements reached in 2022-23, and for changes to whole-of government superannuation arrangements.

Material accounting policies

Appropriations provided under the *Appropriation Act 2023* are recognised as revenue when received, or as a receivable when approved by Queensland Treasury.

Where the department has an obligation to return unspent (or unapplied) appropriation receipts to Consolidated Fund at year end (a deferred appropriation repayable to Consolidated Fund), a liability is recognised with a corresponding reduction to appropriation revenue, reflecting the net appropriation revenue position with Consolidated Fund for the reporting period.

Where the department has obtained approval to recognise a receivable for additional appropriation receipts from Consolidated Fund at year end (appropriations receivable from Consolidated Fund), a receivable is recognised with a corresponding increase to appropriation revenue, reflecting the net appropriation revenue position with Consolidated Fund for the reporting period.

Department of Health
Notes to and forming part of the financial statements
For the year ended 30 June 2024

Note 3: Revenue

2024	User charges \$'000	Labour recoveries \$'000	Grants and other contributions \$'000	Other revenue \$'000	Total \$'000
CONTRACTS WITH CUSTOMERS					
Sale of goods and services	2,094,761	-	-	-	2,094,761
Hospital fees	375,642	-	-	-	375,642
Labour recoveries from non-prescribed HHSs	-	12,176,556	-	-	12,176,556
Australian Government - National Health Funding Pool - Activity based funding	-	-	5,963,335	-	5,963,335
Quarantine Fees	-	-	-	7	7
Licence charges	-	-	-	5,627	5,627
	2,470,403	12,176,556	5,963,335	5,634	20,615,928
NON-CONTRACT REVENUE					
Hospital fees	72,014	-	-	-	72,014
Rental income	6,487	-	-	-	6,487
Australian Government - National Health Funding Pool - Other funding	-	-	806,822	-	806,822
Other grants and donations	-	-	240,480	-	240,480
Recoveries and reimbursements	-	-	-	9,080	9,080
Grants returned	-	-	-	21,498	21,498
Sale proceeds of non-capitalised assets	-	-	-	1,470	1,470
Net gains from disposal/transfer of non-current assets	-	-	-	1,474	1,474
Other	-	-	-	17,509	17,509
	78,501	-	1,047,302	51,031	1,176,834
TOTAL	2,548,904	12,176,556	7,010,637	56,665	21,792,762

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

Department of Health
Notes to and forming part of the financial statements

For the year ended 30 June 2024

Note 3. Revenue (continued)

Material 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 HHSs (HHSs are not prescribed as employers under the *Hospital and Health Boards Act 2011*) to work for the HHSs under a service agreement. These employees 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

	2024	2023
	\$'000	\$'000
Wages and salaries	11,325,247	10,394,941
Employer superannuation contributions	1,386,630	1,290,443
Annual leave levy	1,408,034	1,310,699
Long service leave levy	287,523	265,016
Termination payments	8,656	15,848
Workers' compensation premium	22,988	13,827
Other employee related expenses	99,759	71,795
	14,538,837	13,362,569

Material 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.

The Department pays premiums to WorkCover Queensland in respect of its obligations for employee compensation.

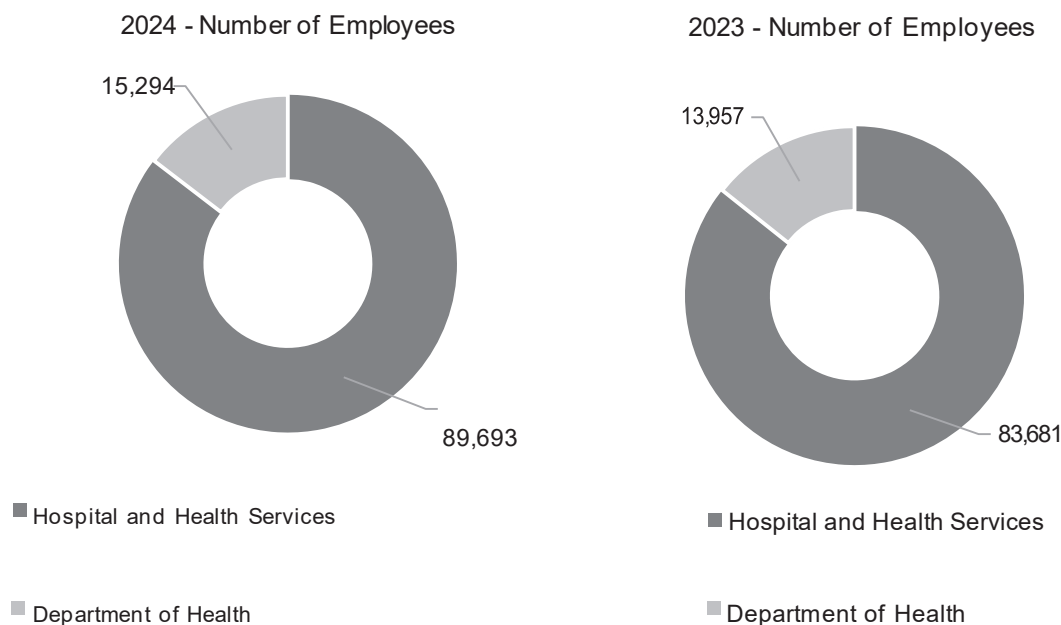
Under current Employer Arrangements, all HHS non-executive employees are employed directly by the Director-General in the Department of Health and contracted to the HHSs.

Department of Health
Notes to and forming part of the financial statements

For the year ended 30 June 2024

Note 4. Employee expenses (continued)

The number of employees includes full-time employees and part-time employees measured on a full-time equivalent basis as at 30 June 2024. Hospital and Health Service employees are those of the HHS 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 the Minister for Health, Mental Health and Ambulance Services and the Minister for Women and 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 Sector 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 2023-24, the remuneration of key management personnel generally increased by 4 per cent 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	Other employee benefits
<p>Base salary, allowances and leave entitlements expensed for the period during which the employee occupied the specified position.</p> <p>Non-monetary benefits consisting of the provision of car parking and fringe benefit taxes applicable to other benefits.</p>	<p>Long term employee benefits including long service leave accrued.</p> <p>Post-employment benefits including superannuation benefits.</p> <p>Termination benefits. Employment contracts only provide for notice periods or payment in lieu of termination, regardless of the reason.</p>

Department of Health
Notes to and forming part of the financial statements

For the year ended 30 June 2024

Note 5. Key management personnel disclosures (continued)

Position title Position holder	Short-term benefits				Other employee benefits						Total Benefits \$'000	
	Monetary benefits \$'000		Non-monetary benefits \$'000		Long term benefits \$'000		Post-employment benefits \$'000		Termination benefits \$'000		2024	2023
	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023
<p>Director-General, Department of Health* Current: Michael Walsh (acting from 24 July 2023, appointed from 21 December 2023 to current). Former: Shaun Drummond (ceased duties on 23 July 2023). 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. Chief Operating Officer (Abolished position)** Former: Dr David Rosengren (ceased duties on 28 August 2023). 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). Former: David Sinclair Interim: Nicholas Steele Responsible for providing strategic leadership to deliver corporate and operational services, capital works, business enhancement and legal services both within the Department and, in certain circumstances, to the broader Queensland public health system. Further responsibilities include leading the Department's financial and human resource services, knowledge management, industrial relations, and major capital infrastructure activities. Deputy Director-General, Clinical Excellence Queensland Current: Dr Helen Brown Responsible for providing strategic leadership to the patient safety and service quality, clinical improvement and innovation, and research and professional clinical leadership activities of the Department. Deputy Director-General, Healthcare Purchasing and System Performance Division Current: Melissa Carter Interim: Karen Bayntun (acting across various times during the year). Responsibilities include purchasing of clinical activity from service providers and managing the performance of those service providers to achieve whole-of-system outcomes.</p>	675	-	47	-	6	-	25	-	-	-	753	-
	28	458	-	7	1	11	7	44	-	-	36	520
	95	718	2	5	2	15	6	53	352	-	457	791
	355	47	6	-	8	1	51	4	-	-	420	52
	-	191	-	3	-	4	-	19	-	-	-	217
	-	103	-	1	-	2	-	10	-	-	-	116
	488	561	6	5	11	11	63	50	-	-	568	627
	333	254	5	-	8	6	43	29	-	-	389	289
	84	-	-	-	2	-	9	-	-	-	95	-

Department of Health
Notes to and forming part of the financial statements
For the year ended 30 June 2024

Note 5. Key management personnel disclosures (continued)

Position title Position holder	Short-term benefits						Other employee benefits						Total Benefits \$'000	
	Monetary benefits \$'000		Non-monetary benefits \$'000		Long term benefits \$'000		Post-employment benefits \$'000		Termination benefits \$'000				2024	2023
	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023
Queensland Chief Health Officer Current: Dr John Gerrard 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. Deputy Director-General, Strategy, Policy and Reform Division Interim: Patricia Matthias (acting from 15 January 2024 to 28 January 2024 and 25 March 2024 to current). Interim: David Sinclair (ceased duties on 24 March 2024). Former: Jasmina Joldic Responsible for providing strategic leadership to drive the design, execution, and evaluation of the strategic agenda for health in Queensland. Commissioner, Queensland Ambulance Services Current: Craig Eneary Responsible and accountable for the strategic direction and overall operations of the Queensland Ambulance Service. Deputy Director-General, eHealth Queensland Interim: Dr Tanya Kelly (acting from 2 May 2023 to current). Current: Damian Green 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. Chief First Nations Health Officer Current: Haylene Grogan 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.	550	562	7	6	12	13	64	58	-	-	633	639		
	94	-	-	-	2	-	11	-	-	-	107	-		
	226	39	5	-	5	1	29	4	-	-	265	44		
	-	288	-	4	-	6	-	28	-	-	-	326		
	410	391	-	-	11	10	52	46	-	-	473	447		
	415	78	6	-	9	2	51	7	-	-	481	87		
	-	268	-	3	-	6	-	20	-	-	-	297		
	346	317	14	5	8	7	44	33	-	-	412	362		

Department of Health
Notes to and forming part of the financial statements

For the year ended 30 June 2024

Note 5. Key management personnel disclosures (continued)

Position title Position holder	Short-term benefits				Other employee benefits						Total Benefits \$'000		
	Monetary benefits \$'000		Non-monetary benefits \$'000		Long term benefits \$'000		Post-employment benefits \$'000		Termination benefits \$'000		2024	2023	
	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	
<p>Chief Finance Officer Current: Luan Sadikaj Interim: Natasha McCarthy 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 <i>Financial Accountability Act 2009</i>. Executive Director, Office of the Director-General Current: Peta Bryant (appointed 4 March 2024). Interim: Renate Tesch (acting over various times during the year). Interim: Jacqueline Heywood (acting from 25 September 2023 to 14 January 2024). Former: Matthew Rigby (ceased duties on 25 August 2023). 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. Deputy Director-General, Health Infrastructure Queensland Current: Priscilla Radice Interim: Luan Sadikaj 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. Deputy Director-General, Clinical Planning and Service Strategy Current: Colleen Jen 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. Deputy Director-General, Queensland Public Health and Scientific Services Current: Nicholas Steele Responsible for providing leadership in the surveillance, prevention, and control of communicable diseases in Queensland.</p>	231	216	6	5	5	5	30	23	-	-	272	249	
	-	27	-	1	-	-	-	2	2	-	-	-	30
	95	-	-	-	2	-	11	-	-	-	108	-	
	100	-	1	-	2	-	7	-	-	-	110	-	
	83	-	3	-	2	-	9	-	-	-	97	-	
	37	265	3	5	1	6	8	24	-	-	49	300	
	389	351	7	2	9	8	48	38	-	-	453	399	
	-	28	-	-	-	1	-	2	-	-	-	31	
	339	281	7	2	8	7	42	31	-	-	396	321	
	308	260	4	3	7	6	39	27	-	-	358	296	

* The former 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) were paid, and recognised as an expense, by the Department of the Premier and Cabinet.

** Chief Operating Officer position remained vacant from the end date of the substantive holder until the abolishment of the position.

Department of Health
Notes to and forming part of the financial statements
For the year ended 30 June 2024

Note 6: Related party transactions

Transactions with Queensland Government related entities in the normal course of business

The Department's primary ongoing sources of funding from the Queensland Government for its services are appropriation revenue (refer Note 2) and equity injections (Statement of changes in equity), both of which are provided in cash via Queensland Treasury. As at 30 June 2024, there were outstanding balances for receivables and payables relating to these transactions (refer Notes 14 and 19).

The Department recognises revenue for goods and services provided to the HHSs. This primarily relates to user charges and labour recoveries (refer Note 3). The labour recoveries relate to employee expenses where under current Employer Arrangements, all HHS non-executive employees are employed by the Director-General in the Department of Health and contracted to the HHSs (refer Note 4). In addition, the Department charges HHSs for central services provided to HHSs such as pathology, drugs and other hospital supplies, ICT support, procurement, and linen (refer Note 3) and provides corporate services below fair value to HHSs (refer Note 1).

The Department procures health services from the HHSs. As at 30 June 2024, there were outstanding balances for receivables and payables relating to these transactions (refer Notes 14 and 19). Expenditure captured and reflected in the table below is representative of the cash funding and depreciation movements that have occurred between the Department and HHSs within the year for hospital and health services. This does not include non-cash entries such year-end technical adjustments for payables and receivables, reported in other notes to the statements.

Entity	2024	2024	2024	2023	2023	2023
	Cash funding	Depreciation funding	Total	Cash funding	Depreciation funding	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Cairns and Hinterland HHS	1,199,632	75,366	1,274,998	1,083,663	66,101	1,149,764
Central Queensland HHS	742,402	52,777	795,179	657,564	44,972	702,536
Central West HHS	91,778	9,163	100,941	85,039	8,433	93,472
Children's Health Queensland HHS	882,292	76,784	959,076	816,786	71,482	888,268
Darling Downs HHS	1,048,932	54,217	1,103,149	913,886	48,447	962,333
Gold Coast HHS	2,063,235	112,442	2,175,677	1,838,401	101,809	1,940,210
Mackay HHS	579,029	39,817	618,846	507,735	38,909	546,644
Metro North HHS	3,675,200	180,776	3,855,976	3,269,313	170,246	3,439,559
Metro South HHS	3,087,923	135,285	3,223,208	2,700,600	130,764	2,831,364
North West HHS	240,949	15,467	256,416	206,232	12,995	219,227
South West HHS	177,664	15,632	193,296	163,483	13,463	176,946
Sunshine Coast HHS	1,440,913	163,849	1,604,762	1,266,378	144,461	1,410,839
Torres and Cape HHS	273,684	26,504	300,188	238,912	23,857	262,769
Townsville HHS	1,215,003	77,666	1,292,669	1,099,966	68,913	1,168,879
West Moreton HHS	918,116	37,998	956,114	795,230	27,232	822,462
Wide Bay HHS	795,661	32,349	828,010	712,512	27,857	740,369

The Department pays an annual premium to Workcover Queensland for all Divisions which covers all employees of the Department in case of sustaining a work-related injury or illness (refer Note 4). The Department insures with the Queensland Government Insurance Fund (QGIF) (refer Note 10). The Department has bank accounts with the Queensland Treasury Corporation for General Trust monies and receives interest and incurs bank fees on these accounts.

The Department receives services from the Department of Energy and Climate (DEC) and its commercialised business units. These mainly relate to motor vehicle leases from QFleet.

The Department receives services from the Department of Housing, Local Government, Planning and Public Works (DHLGPPW) (formerly the Department of Housing). These mainly relate to office accommodation and facilities and repairs and maintenance and capital works provided by QBuild.

The Department receives shared services provided by the Department of Transport and Main Roads (DTMR). The Department receives IT services and IT related capital projects work from the Queensland Police Service (QPS).

Individually significant transactions with Queensland Government-related entities

There were no significant individual transactions with Government-related entities outside of transactions in the normal course of business.

Department of Health
Notes to and forming part of the financial statements
For the year ended 30 June 2024

Note: Supplies and services

	2024	2023
	\$'000	\$'000
Drugs	766,925	628,360
Clinical supplies and services*	562,928	487,537
Consultants and contractors	342,895	249,843
Expenses relating to capital works	90,696	3,309
Repairs and maintenance	240,641	215,861
Rental expenses	56,174	54,149
Lease expenses	5,886	9,307
Computer services	216,345	212,412
Communications	44,364	51,937
Advertising	15,651	17,668
Catering and domestic supplies	7,016	5,826
Utilities	15,764	11,026
Motor vehicles and travel	40,400	29,675
Building services	19,990	15,659
Interstate transport levy	6,165	5,433
Freight and office supplies	22,665	24,341
Other	175,996	106,056
	2,630,501	2,128,399

Material accounting policies

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

The Department receives free information technology services from the Department of Transport and Main Roads, for service access by Queensland Ambulance Service to the Government Wireless Network. The fair value of these services for 2023-24 is estimated to be \$7.7M (\$7.4M for 2022-23).

Note 8: Health services

	2024	2023
	\$'000	\$'000
Hospital and Health Services	19,513,367	17,868,410
Mater Hospitals	689,266	565,282
National Blood Authority	65,516	58,281
Aeromedical services	197,174	175,170
Community health service providers	163,877	139,842
Mental health service providers	138,065	97,019
Other health service providers	216,037	146,336
	20,983,302	19,050,340

Note 9: Grants and subsidies

	2024	2023
	\$'000	\$'000
Medical research programs	24,895	25,304
Public hospital support services	109	32,260
Mental health and other support services	48,141	49,601
	73,145	107,165

Department of Health
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Note 10: Other expenses

	2024	2023
	\$'000	\$'000
Insurance QGIF	2,840	3,021
Insurance other	3,289	2,881
Net losses from disposal/transfer of non-current assets	4,426	838
Journals and subscriptions	11,947	10,569
Legal costs	7,411	10,491
Audit fees*	1,617	1,729
Special payments**	270	2,046
Interest - lease liabilities	3,021	2,221
Net (decrease)/increase in allowance for loss of service potential***	(19,625)	(17,645)
Quarantine Fees	5	73
Pandemic leave payments****	-	40,918
Donated inventory*****	173	63,377
Donated land*****	-	10,612
Other	14,585	16,477
	29,959	147,608

Material 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 2023-24 include \$0.8M for financial statements audit (\$0.8M in 2022-23) and \$0.7M for the assurance engagement and other audits (\$0.7M in 2022-23).

** In 2023-24, there were four special payments exceeding \$5,000 (six payments in 2022-23). These included three out of court settlements and one ex-gratia payment.

*** Decrease in allowance for loss of service potential in 2023-24 includes an adjustment for the write down of inventory to net realisable value, mostly related to current market price adjustments of Rapid Antigen tests (Refer Note 15).

**** Pandemic leave payments, related to the COVID-19 pandemic, made to the Australian Government in 2022-23. The Australian Government has discontinued the requirement for these payments and no payment has been incurred in 2023-24.

***** 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 in 2022-23.

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

	2024	2023
	\$'000	\$'000
Surplus/(deficit) for the year	(22,922)	(440)
Adjustments for:		
Depreciation and amortisation	160,595	135,538
Impairment of non-current and other assets	(10,462)	(4,683)
Net (gain)/loss on disposal of non-current assets	(1,639)	(1,248)
Share of (gain)/loss - associates	(2,883)	709
Net impairment losses on financial and contract assets	17,103	11,071
Donated non-cash assets	(153,936)	(90,879)
Non-cash depreciation funding expense	1,106,092	999,941
Other non-cash items	8,048	(52,427)
Changes in assets and liabilities:		
(Increase)/decrease in loans and receivables	111,096	58,234
(Increase)/decrease in inventories	120,365	121,753
(Increase)/decrease in prepayments	(36,388)	(15,282)
Increase/(decrease) in payables	(386,264)	(80,233)
Increase/(decrease) in accrued employee benefits	(214,709)	546,896
Increase/(decrease) in unearned revenue	1,489	(497)
Net cash from operating activities	695,585	1,628,453

Notes to and forming part of the financial statements

For the year ended 30 June 2024

Note 12: Cash and cash equivalents			Material accounting policies
	2024	2023	
	\$'000	\$'000	
Cash at bank	400,304	673,871	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
24-hour call deposits	8,627	7,981	readily convertible to known amounts of cash and
Fixed rate deposit	20,000	20,000	which are subject to an insignificant risk of changes
	428,931	701,852	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 2023-24 the annual effective interest rate on the 24-hour call deposit was 4.82 per cent per annum (4.23 per cent per annum in 2022-23).

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 2023-24 the weighted average interest rate on this deposit was 4.25 per cent per annum (2.13 per cent per annum in 2022-23).

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			
	2024	2023	
	\$'000	\$'000	
General Trust	11,450	10,251	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.
Clinical drug trials	620	472	
	12,070	10,723	

Department of Health
Notes to and forming part of the financial statements
For the year ended 30 June 2024

Note 14: Loans and receivables

	Current	Non-Current	Total	Current	Non-Current	Total
	2024	2024	2024	2023	2023	2023
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
TRADE AND OTHER RECEIVABLES						
Trade Receivables	337,960	-	337,960	183,656	-	183,656
<i>Less: Loss allowance for impairment of receivables</i>	(45,980)	-	(45,980)	(47,874)	-	(47,874)
Receivables from HHSs	1,231,401	-	1,231,401	1,421,515	-	1,421,515
Appropriation Receivable	733,758	-	733,758	595,841	-	595,841
Grants receivable	-	-	-	199,018	-	199,018
Annual leave reimbursements	376,736	-	376,736	354,932	-	354,932
Long service leave reimbursements	70,129	-	70,129	64,830	-	64,830
Right of use asset lease receivable	1,294	39,099	40,393	1,229	40,393	41,622
Other Receivables	513	-	513	472	15	487
	2,705,811	39,099	2,744,910	2,773,619	40,408	2,814,027
PAYROLL RECEIVABLES						
Payroll Overpayments	20,227	47,396	67,623	24,189	25,596	49,785
<i>Less: loss allowance for impairment of overpayments</i>	(1,381)	(5,688)	(7,069)	(391)	(4,704)	(5,095)
Payroll Cash Advances	58	-	58	73	-	73
<i>Less: Loss allowance for impairment of payroll cash advances</i>	(33)	-	(33)	(60)	-	(60)
Payroll Pay Date Loan	4,256	33,498	37,754	4,130	36,737	40,867
<i>Less: Pay date loan fair value adjustment</i>	63	(5,308)	(5,245)	-	(6,161)	(6,161)
<i>Less: Loss allowance for impairment of pay date loan</i>	-	(464)	(464)	-	(473)	(473)
	23,190	69,434	92,624	27,941	50,995	78,936
GST						
GST input tax credits receivable	36,753	-	36,753	37,210	-	37,210
<i>Less: GST payable</i>	(588)	-	(588)	(987)	-	(987)
	36,165	-	36,165	36,223	-	36,223
	2,765,166	108,533	2,873,699	2,837,783	91,403	2,929,186

Material accounting policies

Trade and other receivables are recognised as amounts due at the time of the sale or service delivery i.e., the agreed purchase/contract price. Trade receivables are generally settled within 60 days. However, some debt may take longer to recover.

Payroll receivables includes a payroll transitional pay date loan and salary overpayments and advances. No interest is charged on these balances. The pay date loan was to provide a transitional loan equal to two weeks' net pay and was measured at the inception date 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 cessation 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 nine years.

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.

Receivables – contract assets

Contract assets arise from contracts with customers and are transferred to receivables when the Department's right to payment becomes unconditional, this usually occurs when the invoice is issued to the customer. The closing balance of receivables arising from contracts with customers at 30 June 2024 is \$477.0M (\$326.9M in 2022-23).

Department of Health
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For the year ended 30 June 2024

Note 14. Loans and receivables (continued)

Loss allowance for impairment of trade and other receivables

The loss allowance for trade receivables reflects lifetime expected credit losses and incorporates reasonable and supportable forward-looking information, including forecast economic changes expected to impact the Department's debtors. The Department's other receivables are mostly from Queensland Government agencies or Australian Government agencies. No loss allowance is recorded for these receivables as they represent high credit rating and are therefore considered low risk for default.

Where the Department has no reasonable expectation of recovering an amount owed by a debtor, the debt is written-off by directly reducing the receivable against the loss allowance. This typically occurs after a robust review process and the Department has concluded that the debt is not recoverable. If the amount of debt written off exceeds the loss allowance, the excess is recognised as an impairment loss in the Statement of Profit or Loss and Other Comprehensive Income.

Credit risk exposure of trade and other receivables

The maximum credit risk at reporting date for receivables is the gross carrying amount of those assets. No collateral is held as security and there are no other credit enhancements relating to the Department's receivables. The Department has not experienced any significant delays in receiving payments from other receivables to 30 June 2024, as the majority of the debt is with other government agencies.

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 five years preceding 30 June 2024. 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 five year period, an expected credit loss calculation matrix is prepared.

Historical default rates are adjusted by reasonable and supportable forward-looking information for expected changes in macroeconomic indicators that affect the future recovery of those receivables. To reflect the expected future changes the following relevant economic factors were considered: Australian GDP Annual Growth Rate; Unemployment Rate; and Australian Government Net Debt to GDP percentage. Accordingly, the historical loss rates have been adjusted based on the expected change in Australia's economic forecast. The credit loss rate is reviewed twice a year.

The total adjusted credit loss rate has been applied to the aged trade receivables (excluding any government and other receivables) to derive the expected credit loss value as at 30 June 2024. Set out below is the Department's credit risk exposure with trade receivables broken down by ageing band.

Loss allowance for impairment of Trade receivables

	Gross receivables		Expected	Gross receivables		Expected
	2024	Loss rate	credit	2023	Loss rate	credit
	\$'000	2024	losses	\$'000	2023	losses
		%	2024		%	2023
Ageing						
Not Due	2,287	4.72%	(108)	2,760	6.41%	(177)
0 to 30 days	1,328	4.37%	(58)	1,264	7.83%	(99)
31 to 60 days	781	6.40%	(50)	1,037	9.64%	(100)
61 to 90 days	651	11.67%	(76)	761	11.96%	(91)
91 to 120 days	1,155	9.35%	(108)	1,069	14.59%	(156)
More than 120 days	48,023	94.91%	(45,580)	46,961	100.00%	(46,962)
	54,225		(45,980)	53,852		(47,585)

Loss allowance for impairment and credit risk exposure of payroll receivables

Payroll overpayments that relate to current employees are not considered impaired as the debt is not a credit risk while the debtor remains employed by the Department. Former employees who have not entered into signed agreement plans are considered for impairment. The expected credit loss reflects the anticipated default from former employees without an agreed plan.

The loss allowance for payroll cash advances and the payroll pay date loan similarly reflect the value of terminated employees in relation to the total debt and historically observed data.

Department of Health
Notes to and forming part of the financial statements
For the year ended 30 June 2024

Note 14. Loans and receivables (continued)

Movement in loss allowance for trade receivables and payroll receivables

2024	Trade Receivables \$'000	Payroll Over- payments \$'000	Payroll cash advances \$'000	Payroll pay date loan \$'000	Impaired \$'000
Loss allowance as at 1 July 2023	47,874	5,095	60	473	53,502
Increase/(Decrease) in loss allowance recognised	(1,317)	5,420	(27)	97	4,173
Amounts realised during the year	(577)	(3,446)	-	(106)	(4,129)
Loss allowance as at 30 June 2024	45,980	7,069	33	464	53,546

2023	Trade Receivables \$'000	Payroll Over- payments \$'000	Payroll cash advances \$'000	Payroll pay date loan \$'000	Impaired \$'000
Loss allowance as at 1 July 2022	73,862	25,968	60	590	100,480
Increase/(Decrease) in loss allowance recognised	(22,953)	1,229	-	-	(21,724)
Amounts realised during the year	(3,035)	(22,102)	-	(117)	(25,254)
Loss allowance as at 30 June 2023	47,874	5,095	60	473	53,502

Note 15: Inventories

	2024 \$'000	2023 \$'000
Medical supplies and drugs	163,613	342,713
Less: Allowance for loss of service potential*	(42,116)	(218,815)
	121,497	123,898
Non-medical, engineering and other	84,578	49,071
Catering and domestic	5,774	5,309
	211,849	178,278

Material 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). The decrease

in FY2023-24 is mainly due to the write-off of Rapid Antigen Test kits.

Department of Health
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For the year ended 30 June 2024

Note 16: Property, plant and equipment

2024	Land \$'000	Buildings \$'000	Plant and equipment \$'000	Capital works in progress \$'000	Total \$'000
Gross	244,138	1,331,393	960,907	1,100,222	3,636,660
Less: Accumulated depreciation	-	(748,735)	(671,134)	-	(1,419,869)
Carrying amount at end of period	244,138	582,658	289,773	1,100,222	2,216,791

Categorisation of fair value hierarchy

Level 2 & 3

Level 3

Movement

Carrying amount at start of period	262,909	528,305	271,818	796,192	1,859,224
Additions	990	597	50,523	844,099	896,209
Donations received	-	-	11	-	11
Disposals	-	(27)	(2,666)	-	(2,693)
Revaluation increments/(decrements)	13,929	62,940	-	-	76,869
Transfers (to)/from HHSs	(38,025)	(444,122)	(14,440)	-	(496,587)
Transfers (to)/from intangibles	-	-	399	-	399
Transfers between classes	4,335	467,859	67,875	(540,069)	-
Depreciation expense	-	(32,894)	(83,747)	-	(116,641)
Carrying amount at end of period	244,138	582,658	289,773	1,100,222	2,216,791

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

* The 2022-23 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.

Material accounting policies

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

Note 16. Property, plant and equipment (continued)

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 8 to 51 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 20 years for Medical equipment, with exceptions up to 50 years
- 3 to 26 years for Engineering equipment, with exceptions up to 52 years
- 3 to 17 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 Acumentis Pty Ltd (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.

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 \$6.3M increment (\$32.5M increment in 2022-23) to the carrying amount of land. For land not subject to comprehensive valuations, indices of between 3.07 to 4.76 per cent were applied, which were sourced from Acumentis Pty Ltd.

The Department has recognised seven land parcels at nominal value. These sites represent parcels that are reserves and those owned by third parties and leased to the Department under various agreements, which results in the Department having restricted use of these land parcels.

Buildings

The Department recognises five heritage buildings held at value of \$4.2M (five buildings at value of \$3.7M in 2022-23).

An independent fully comprehensive revaluation of 293 buildings and site improvements was performed during 2023-24. In accordance with new Queensland Health guidelines regarding Environmental Sustainability Design (ESD), the valuer has included consideration for these requirements in their comprehensive revaluations of all buildings and site improvements in 2023-24. This needs to be factored into the requirements of the particular asset. For all remaining buildings and site improvements not subject to independent fully comprehensive revaluations during 2023-24, indices of between 9.5 (Metropolitan

Notes to and forming part of the financial statements

For the year ended 30 June 2024

Note 16. Property, plant and equipment (continued) zones) to 12.0 (Rural zones) per cent 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. 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. The building valuations for 2023-24 resulted in a net increment to the building portfolio of \$33.4M (\$32.1M increment in 2022-23).

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

2024	Buildings \$'000	Equipment \$'000	Total \$'000
Gross	25,003	123	25,126
Less: Accumulated depreciation	(5,346)	(64)	(5,410)
Carrying amount at end of period	19,657	59	19,716
Movement			
Carrying amount at start of period	13,003	101	13,104
Additions	7,288	-	7,288
Re-measurements	1,658	-	1,658
Depreciation expense	(2,292)	(42)	(2,334)
Carrying amount at end of period	19,657	59	19,716
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

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.

Department of Health
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Note 17. Leases (continued)

Lease liabilities

	2024	2023
	\$'000	\$'000
Current	4,187	1,731
Non-current	56,306	53,148
	60,493	54,879

Material 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 Housing, Local Government, Planning and Public Works (DHLGPPW) for non-specialised, commercial office accommodation through the Queensland Government Accommodation Office (QGAO) and residential accommodation through the Government Employee Housing (GEH) program.

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 DHLGPPW having substantive substitution rights over the non-specialised, commercial office accommodation, and residential premises assets used within these arrangements. These services continue to be expensed.

Motor vehicles provided under QFleet program are exempt from lease accounting under AASB 16. This is due to DEC holding substantive substitution rights for vehicles provided under the scheme. 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 that correspond to the commencement date and term of the lease.

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 lease principal payments in 2023-24 was \$3.3M (\$2.1M in 2022-23).

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.

Notes to and forming part of the financial statements

For the year ended 30 June 2024

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 (refer Note 14)

	2024	2023
	\$'000	\$'000
Current	1,294	1,229
Non-current	39,099	40,393
	40,393	41,622

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

The statement of profit or loss shows the following amounts relating to lessors:

	2024	2023
	\$'000	\$'000
Rentals received from operating leases (included in other revenue)	6,487	6,388
Interest received (Included in interest revenue)	2,109	1,864
	8,596	8,252

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	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
In year 1	7,169	4,437	3,339	3,339
In year 2	5,955	4,437	3,339	3,339
In year 3	5,761	4,415	3,339	3,339
In year 4	5,350	4,393	3,339	3,339
In year 5	4,528	4,393	3,339	3,339
Later than 5 years	63,392	65,895	46,742	50,080
	92,155	87,970	63,437	66,775

Department of Health
Notes to and forming part of the financial statements
For the year ended 30 June 2024

Note 18: Intangibles

	Software purchased		Software generated		Software work in progress		Total	
	2024	2023	2024	2023	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Gross	122,522	123,119	660,765	649,597	43,782	37,690	827,069	810,406
Less: Accumulated amortisation	(115,725)	(113,133)	(430,219)	(399,245)	-	-	(545,944)	(512,378)
Carrying amount at end of period	6,797	9,986	230,546	250,352	43,782	37,690	281,125	298,028

Represented by movements in carrying amount:

Carrying value at 1 July	9,986	13,373	250,352	227,060	37,690	62,085	298,028	302,518
Additions	-	-	307	11,581	31,736	18,762	32,043	30,343
Disposals	-	-	(2,499)	(572)	-	-	(2,499)	(572)
Transfers (to)/from property, plant & equipment	-	-	(399)	-	-	(80)	(399)	(80)
Transfers (to)/from HHSs	-	(158)	-	-	-	-	-	(158)
Transfers between classes	-	-	21,217	43,077	(21,217)	(43,077)	-	-
Write-off of software work in progress	-	-	-	-	(4,427)	-	(4,427)	-
Amortisation expense	(3,189)	(3,229)	(38,432)	(30,794)	-	-	(41,621)	(34,023)
Carrying amount at end of period	6,797	9,986	230,546	250,352	43,782	37,690	281,125	298,028

Material 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 2 to 17 years, with exceptions up to 28 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

	2024	2023
	\$'000	\$'000
Trade payables	508,454	359,645
Appropriations payable	858,365	1,179,527
Hospital and Health Service payables	285,926	338,138
PAYG withholdings	173,565	185,563
Other payables	4,502	1,919
	1,830,812	2,064,792

Material 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.

Notes to and forming part of the financial statements

For the year ended 30 June 2024

Note 20: Accrued employee benefits

	2024	2023
	\$'000	\$'000
Salaries and wages accrued	687,496	904,154
Annual leave levy payable	445,484	448,213
Long service leave levy payable	99,557	94,007
Other employee entitlements payable	112,269	113,141
	1,344,806	1,559,515

Material 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.

Note 21: Asset revaluation surplus

	Land	Land	Buildings	Buildings	Total	Total
	2024	2023	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at start of period	111,656	78,976	256,542	223,026	368,198	302,002
Asset revaluation increment/(decrement)	13,929	32,682	62,940	33,588	76,869	66,270
Asset revaluation transferred to retained surplus*	(6,299)	(2)	(27,606)	(72)	(33,905)	(74)
Carrying amount at end of period	119,286	111,656	291,876	256,542	411,162	368,198

* 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 2023 to 30 June 2024, 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 2023. 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.

Department of Health
Notes to and forming part of the financial statements
For the year ended 30 June 2024

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)	
	2024	2023
	\$'000	\$'000
SUMMARISED STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME		
Revenue	58,003	38,949
Expenses	(46,472)	(41,782)
SURPLUS/(DEFICIT)	11,531	(2,833)
Other comprehensive income	-	-
TOTAL COMPREHENSIVE INCOME	11,531	(2,833)
THE DEPARTMENT'S SHARE OF TOTAL COMPREHENSIVE INCOME	2,883	(709)

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

	2024	2023
	\$'000	\$'000
SUMMARISED STATEMENT OF FINANCIAL POSITION		
Current assets	51,219	58,976
Non-current assets	271,041	249,060
TOTAL ASSETS	322,260	308,036
Current liabilities	17,003	13,590
Non-current liabilities	16,031	16,751
TOTAL LIABILITIES	33,034	30,341
NET ASSETS	289,226	277,695
THE DEPARTMENT'S SHARE OF NET ASSETS	72,307	69,425

Note 23: Contingencies

Guarantees

As at 30 June 2024 the Department held guarantees of \$89.1M (\$65.5M in 2022-23) 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 2024, the Department had 15 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 2024, Queensland Health received 10 human rights complaints, of which there was one related case remaining open.

At 30 June 2023 the Department reported on a litigation case waiting outcome in relation to Queensland Industrial Relations Commission applications on the applicability of specialty allowances in certain regions. This case has now been withdrawn as at 30 June 2024, with no liability eventuating from the matter.

Department of Health
Notes to and forming part of the financial statements
For the year ended 30 June 2024

Note 24: Commitments for expenditure

	Capital 2024 \$'000	Capital 2023 \$'000	Leases 2024 \$'000	Leases 2023 \$'000
Committed at reporting date but not recognised as liabilities, payable:				
within 1 year	931,590	782,752	54,799	57,590
1 year to 5 years	40,919	85,526	110,169	120,797
more than 5 years	-	-	18,017	20,210
	972,509	868,278	182,985	198,597

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 9 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. As described in Note 17, not all leases entered into are required to be recognised under AASB 16 Leases, and these have been disclosed as lease commitments in the table above.

Note 25: Administered transactions and balances

Material 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.

	2024 \$'000	Original Budget 2024 \$'000	2023 \$'000	Ref	Actual vs budget variance \$'000
Administered revenues					
Administered item appropriation	78,292	57,055	71,535	i.	21,237
Taxes, fees and fines	920	4	61		916
Total administered revenues	79,212	57,059	71,596		22,153
Administered expenses					
Grants	78,292	57,059	71,535	i.	21,233
Other expenses	920	-	61		920
Total administered expenses	79,212	57,059	71,596		22,153
Administered assets					
Current					
Cash	153	2	12		151
Total administered assets	153	2	12		151
Administered liabilities					
Current					
Payables	153	2	12		151
Total administered liabilities	153	2	12		151

Actual vs budget comparison

i. The variance (\$21.2M) for Administered appropriation and Grants relates to Office of the Health Ombudsman (\$18.5M) mostly due to an uplift in funding to meet increased employee costs, and the Health and Wellbeing Queensland (\$2.7M) mostly due to the Queensland Government Non-Government Organisations (NGO) indexation to support inflationary costs.

Department of Health

Notes to and forming part of the financial statements

For the year ended 30 June 2024

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

	2024	2023
	\$'000	\$'000
Budgeted appropriation	57,055	71,129
Unforeseen expenditure	21,237	406
Administered revenue recognised in Note 25	78,292	71,535

Note 27: Activities and other events

Effective 1 July 2024, the Forensic Science Queensland function transferred from the Department of Health to the Department of Justice and Attorney-General. The basis of this transfer is Public Service Departmental Arrangements Notice (No.4) 2024, gazetted 31 May 2024.

Effective 19 August 2024, the transition of specific ICT functions that have been predominantly provided by Queensland Police Service (QPS) since the disestablishment of the Public Safety Business Agency (PSBA), will transfer from QPS to Queensland Health. The basis of this transfer is Public Service Departmental Arrangements Notice (No.6) 2024, gazetted 2 August 2024.

There were no other material events after the reporting date of 30 June 2024 that have a bearing on the Department's operations, the results of those operations or these financial statements.

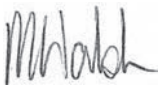
Department of Health
Management Certificate

For the year ended 30 June 2024

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 2024 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 - Director-General
Department of Health

Date 26/8/2024



Luan Sadikaj CPA - Chief Finance Officer
Department of Health

Date 26/8/2024

INDEPENDENT AUDITOR'S REPORT

To the Accountable Officer of Department of Health

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of the Department of Health.

The financial report comprises the statement of financial position and statement of assets and liabilities by major departmental services as at 30 June 2024, the statement of profit and loss and other comprehensive income, statement of changes in equity, statement of cash flows and statement of profit and 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.

In my opinion, the financial report:

- a) gives a true and fair view of the department's financial position as at 30 June 2024, and its financial performance for the year then ended; and
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

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 (including Independence Standards)* (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 accountable officer for the financial report

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

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

Auditor's responsibilities for the audit of the financial report

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

A further description of my responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at:

https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of my auditor's report.

Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2024:

- 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.



Rachel Vagg
Auditor-General

27 August 2024

Queensland Audit Office
Brisbane