Darling Downs Hospital and Health Service

ANNUAL REPORT 2020–2021

Queensland Government

Accessibility

Information about consultancies and the *Queensland Language Services* policy is available at the Queensland Government Open Data website (qld.gov.au/data). There was no overseas travel recorded in 2020-2021.

An electronic copy of this report is available at www.health.qld.gov.au/darlingdowns/

Hard copies of the annual report are available by phoning Strategy and Planning on (07) 4699 8322. Alternatively, you can request a copy by emailing DDHHS-StrategyandPlanning@health.qld.gov.au.

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding this annual report, you can contact us on telephone (07) 4616 6319 and we will arrange an interpreter to effectively communicate the report to you.

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Acknowledgement

Acknowledgement of Traditional Owners

Darling Downs Hospital and Health Service respectfully acknowledges the Traditional Custodians of the region we serve and pays respect to Elders past, present and emerging. Our commitment to improving health outcomes for Aboriginal peoples and Torres Strait Islanders is one we will continue to work diligently towards, creating health equity in line with Australian and State Government policies and initiatives.

Recognition of Australian South Sea Islanders

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

The Honourable Yvette D'Ath MP

Minister for Health and Ambulance Services

GPO Box 48

Brisbane QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2020-2021 and financial statements for Darling Downs Hospital and Health Service.

I certify that this annual report complies with:

• the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2019*; and

• the detailed requirements set out in the Annual Report Requirements for Queensland Government agencies.

A checklist outlining the annual reporting requirements can be found on page 58 of this annual report.

Yours sincerely

Mr Mike Horan AM

Chair

Darling Downs Hospital and Health Board

02/09/2021

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Statement on government objectives for the community

Darling Downs Hospital and Health Service Strategic Plan 2020-2024 supports the priorities outlined in the government's initiative *Our Future State: Advancing Queensland's Priorities*. Our commitment to supporting the state-wide health agenda is demonstrated in our plans, values and actions and their alignment with the Queensland Health priorities in *My health, Queensland's future: Advancing health 2026*.

Unite and Recover –Queensland's Economic Recovery Plan states nine key community government objectives to advance Queensland's priorities and in 2020-2021 Darling Downs Hospital and Health Service (Darling Downs Health) supported these objectives through the initiatives listed below.

Safeguarding our health

The COVID-19 surge workforce strategy was finalised to prepare our region in an event of a COVID-19 outbreak. The strategy ensures qualified and protected workforce are available for deployment to areas of need including testing sites. Staff protection measures have included the implementation of N95/P2 Fit Mask testing for high priority, high risk clinicians, as well as ensuring early access to, and compliance with, the COVID-19 vaccination program.

Protecting the environment

Darling Downs Health published its Community Sustainability Strategy in August 2020. A climate adaptation workshop was also hosted this year, working with climate change experts from the National Climate Change Adaptation Research Facility and the Department of Health. The workshop reviewed the latest guidance on climate-related risks affecting the Darling Downs Health region. Darling Downs Health is committed to reducing energy and water consumption each by 10 per cent over a four-year period.

Localised recycling programs continue in all of our facilities to reduce general and clinical waste in wards and office areas.

My health, Queensland's future: Advancing health 2026

Darling Downs Health contributes to three of the four pillars of the *My health, Queensland's future: Advancing health 2026* vision.

Promoting wellbeing

Healthy Kids, a collaborative five-month program was developed and piloted by dietitians, child health nurses, psychologists and exercise physiologists. The aim of the program is to decrease the rates of childhood obesity by focusing on healthy lifestyle interventions including healthy eating, exercise, sleep and mindfulness. The group targeted children aged 2-17 years and their families. At the conclusion of the pilot there were significant outcomes in increased physical activity, reductions in take away food consumption, improvements to sleep and screen time for the remaining participants. Findings from this pilot program will be used to inform future programs with a focus on recruiting and retaining participants.

Darling Downs Health is transitioning towards *A Better Choice – Healthy Food and Drinks Supply Strategy* in line with the health service directive by increasing the availability and promotion of healthy food and drink choices, limiting the availability and promotion of unhealthy food and drinks, and providing serving sizes that are consistent with dietary recommendations.

A twelve-month healthy eating, exercise and sleep program was rolled out this year to 21 schools in collaboration with the Primary Health Network and The Root Cause. Topics included: food and waste research data report for each school, student Mad Food Science incursion on a range of health and topics, professional development for canteen managers and parent and community engagement sessions.

Pursuing innovation

This year we developed a digital patient consent interface with the ability to adapt to different cultural considerations and languages. This resulted in improvements in patient experience and savings in staff time.

Consumer Integrated Mental Health and Addiction Application (CIHMA) version 5.0 went live in November 2020 and represented significant change with the integration of Queensland public Mental Health and Alcohol and Other Drugs services across the state. This project aligns with the key priorities of the *Connecting Care to Recovery* initiative.

Comprehensive care documents addressing the integration of mental health and alcohol and other drug services have been developed to support improved collaboration and clinical practice across mental health and ensures services align with the National Safety and Quality Health Service Standards.

Connecting healthcare

Genuine partnership with consumers and our communities ensures our services meet their needs. This year we delivered several key projects including:

- Mental Health and Other Drugs Services (MHAODS) continued work with the Department of Education in the delivery of mental health first aid to school communities and Headspace.
- A health forum was held in Millmerran to review the Primary Health Centre and seek consumer and community feedback.
- Following consumer feedback, an outreach primary healthcare service was provided to the Cecil Plains community after the closure of a local private general practice ensuring services continued to be provided close to home.
- The Vulnerable Communities Group (VCG) was established in response to the pandemic to provide open communication and strengthen community resilience. The VCG has fostered greater inclusion and diversity, growing to an intersectoral community of practice comprising of over 40 organisations.
- As a result of the VCG, Toowoomba Hospital created a Clinical Nurse Consultant (CNC), Vulnerable Communities role specifically dedicated to support vulnerable people to improve discharge coordination and as a liaison between the health service and members of the VCG. The key role of the CNC Vulnerable Communities centres on patient advocacy, resources, education and connections with community providers.
- Over 100 Cherbourg residents attended a Health Summit in December 2020 providing feedback on the range of health services available to their community. As an outcome of the summit, a Cherbourg Interagency Liaison Officer was recruited to work alongside Cherbourg Aboriginal Shire Council and lead the development of a Cherbourg Health Plan to improve the health and wellbeing of the community.
- The Darling Downs Public Health Unit (DDPHU) continues to work with the Cherbourg Aboriginal Shire Council as part of the Safe and Healthy Drinking Water in Indigenous Local Government Areas project. The project aims to improve the operation and management of drinking water supplies in Indigenous communities and support public health. Officers continue to work with council staff to develop standard operating procedures and ensure that new equipment upgrades can be effectively operated and maintained.

Message from the Board Chair and Chief Executive

Throughout the 2020-2021 financial year our focus as a health service has been on our COVID-19 pandemic response. We have stood up testing sites, increased our capacity in emergency and intensive care, and vaccinated our frontline health workers and the community. It would be fair to say that our people have gone above and beyond to prepare us for the pandemic and laid the foundations for us to return to our new normal. We regularly say that our biggest strength as a health service is in our ability to quickly evolve and respond to crises, and this year has been no different. We would like to say thank you to our staff for their hard work in keeping our communities safe.

This year saw a number of infrastructure milestones met including the finalisation of Stage One of the Kingaroy Hospital redevelopment project and the commencement of Stage Two, the finalisation of the Detailed Business Case for the Toowoomba Hospital Redevelopment, a helipad in Tara, and the start of construction on medical student accommodation in Goondiwindi. These projects were delivered amidst additional temporary infrastructure projects for COVID-19 testing and vaccinations.

As a health service we are also focused on making sure our next generation make healthier choices and this saw us rollout an innovative new program to help our young people make better nutrition choices. The Healthy Kids Program designed to help young people learn more about physical activity, healthy lunchboxes, sleep habits, and managing screen time. We continually look for opportunities to educate our next generation on health and wellbeing early in life.

We demonstrated our commitment to Aboriginal and Torres Strait Islander health by building on initiatives and introducing innovative projects and programs to help close the health gap for our Indigenous communities.

Staff wellbeing and safety has been a key priority for us this year as we work towards making sure our people arrive safely to work and home each day. We have implemented a number of projects including security upgrades in our rural facilities, extended the Speaking Up for Safety project with our Listening Up for Safety tool – encouraging everyone to know their role in our safety culture, as well as improved oversight and reporting of incidents.

We put a significant amount of work into our Occupational Violence Prevention and Fatigue Risk Management with training and resources available to staff to support safety and wellbeing. The Safety and Wellbeing Strategy ensures that everyone knows their role in being safe and well in the workplace. And finally, we would like to take this opportunity to thank our staff again for their work in keeping our communities safe and well. We are incredibly proud of the services we provide, and we couldn't do what we do without each and every one of our administration, operational, nursing, allied health, medical, and support teams.

About us

Darling Downs Health was established as an independent statutory authority on 1 July 2012 under the *Hospital and Health Boards Act 2011*. Darling Downs Health is governed by the Darling Downs Hospital and Health Board (the Board), which is accountable to the local community and the Minister for Health and Ambulance Services.

Darling Downs Health is one of 16 hospital and health services that together with the system manager (the Department of Health) make up the entity known as Queensland Health. The hospital and health services are the principal providers of public hospital and health services for the community within a defined geographical area. The Department of Health is responsible for the overall management of the Queensland public health system including planning and performance monitoring of all hospital and health services. A formal service agreement is in place between the Department of Health and Darling Downs Health that identifies the services provided, funding arrangements for those services and targets and performance indicators to ensure expected health deliverables and outcomes are achieved. To support the services we provide, Darling Downs Health also has agreements in place with a range of private health providers for highly specialised services and at times patients may require transportation to Brisbane for specialist services provided at tertiary facilities.

Strategic direction

Darling Downs Health is committed to strengthening the public health system by delivering services in alignment with the Queensland Government objectives for the community as well as embody the Queensland public service values.

The annual review of our strategic plan provided an opportunity to be ambitious in our commitment to the region we serve. The *Darling Downs Health Strategic Plan 2020-2024* has five strategic objectives that contribute to achieving our vision and guide our annual priorities. Each of the strategic objectives is further defined through several key strategies for actioning through operational plans and health service planning with the engagement of the community and our healthcare partners. The *Darling Downs Health Strategic Plan 2020-2024* aligns to the Queensland Government priority targets with our strategic objectives:

- **Patients First -** Patients recommend our care and have a ‘hassle free’ experience provided by a compassionate team.
- **Healthy future -** We inspire our communities about healthy lifestyle choices and take action to care for our environment.
- **Our people -** We build a culture of success together, as one team.
- **Safer care -** We deliver safe reliable care every day in every environment for everyone**.**
- **Improving everyday -** We create an environment that embraces and leads innovation, research and learning.

Our Vision

Caring for our communities – healthier together

Our Purpose

Accessible and sustainable care no matter where you live in our region.

Values

Compassion

We engage with others and demonstrate empathy, care, kindness, support and understanding.

Integrity

We are open, honest, approachable, equitable and consistent in everything we do.

Dignity

We treat others with respect, display reasonableness and take pride in what we do.

Innovation

We embrace change and strive to know more, learn more and do better.

Courage

We respectfully question for clarity and have the strength and confidence to speak up.

Priorities

In 2020-2021 Darling Downs Health continued deliver on its Strategic Plan including the following outcomes:

Patients first

Choosing Wisely is one of the ways we are putting patients first by empowering the people using our services to ask questions and genuinely partner in their care. Promoting the five questions to ask your doctor or other healthcare provider before you get any test, treatment or procedure has commenced with extensive communication to both frontline staff and consumers.

Darling Downs Health continues to progress the Clinical Prioritisation Criteria program through the implementation of the GP Smart Referrals (GPSR) — a component of Smart Referrals digital strategy. This year 64 practices, in the region, commenced Smart Referrals and an additional eight practices are finalising installation in early 2021-2022. This will bring the total to 80 per cent coverage. The GPSR makes sending referrals quicker and easier for GPs and includes a comprehensive referrals services directory.

Telehealth services growth provides care continuation

Telehealth services installed an eConsult wound care store and forward platform that enables primary healthcare providers and rural and remote hospitals to request clinical advice for wound care management via a secure platform.

Implementation of telehealth virtual clinics as part of the COVID-19 response grew from 38 clinics last financial year to 80 clinics in 2020-2021, predominantly at the Toowoomba Hospital. Virtual clinics make healthcare easy to access by allowing patients to have a video consultation on their smart device at home, workplace or general practitioner.

Darling Downs Health was also Queensland's highest user and provider of Telehealth Emergency Management Support Unit (TEMSU) which supports medical and nursing staff in rural hospitals.

Our people

Promoting and supporting the health and wellbeing of our people and ensuring our workplaces are safe, supportive and inclusive continues to be a key focus for Darling Downs Health. As part of this commitment, we have invested in the Work Health and Safety Systems Improvement Program. A program that is improving staff safety and wellbeing through the development of an integrated safety and wellbeing management system and working to further embed a safety culture across our health service.

The health service commissioned an external review of its management practices in the prevention of occupational violence and security management in early 2020. A feasibility assessment included a comprehensive assessment of nine specific strategic focus areas that would enable the health service to effectively lead and implement critical improvements across the organisation. The health service has implemented a range of statewide occupational violence prevention initiatives including:

- Development of an occupational violence prevention and security management strategy and framework for implementation
- A strategic occupational violence risk assessment model for implementation
- Streamlined and integration occupational violence prevention and security induction requirements
- Home visiting and home visit risk assessment process
- Visibility of mobile duress requirements of staff working off site or in isolation across the organisation

- A streamlined occupational violence prevention training registration process

Safer care

This year we focused on embedding the Safety Reliability Improvement Program across the health service including:

- Speaking Up for Safety training sessions offered face-to-face and online to accommodate flexible delivery for our staff members to attend and maintain an overall 85% completion rate. The overall completion rate is above this target.
- Delivery of Safer Together information sessions
- A short online Speaking Up for Safety Refresher was created to assist with embedding the Safety C.O.D.E™ language into work practices. This module is available via the Darling Downs Learning Online (DD-LOL) system.

Information on the Safety Reliability Improvement Program (both Speaking Up for Safety and Safer Together) has been made available to staff as they are inducted into the health service.

Aboriginal and Torres Strait Islander Health

Darling Downs Health implemented several initiatives in 2020-2021 to promote accessible, culturally appropriate and integrated services for Aboriginal peoples and Torres Strait Islanders. A key focus for 2020-2021 was maximising partnership opportunities through co-designed projects with Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) to reduce potentially preventable hospitalisations (PPH).

The Bridging Antenatal Care, Indigenous Babies, Smoking Cessations (BAIBS) project launched in 2019 as a partnership between Darling Downs Health birthing hospitals, Aboriginal health service providers, and private medical practices. Cherbourg Regional Aboriginal and Islander Community Controlled Health Services (CRAICCHS), Carbal Medical Services, Goondir Health Services, Goolburri Aboriginal Health Advancement, and private medical practices across Darling Downs. The BAIBS program continues to support the families of Aboriginal peoples and Torres Strait Islanders to quit smoking and improve the health of our next generation. In 2020-2021, referrals have been made easier with the introduction of self-referrals using a QR code.

Midwifery Group Practice, South Burnett

A collaboration between CRAICCHS, South Burnett GPs, and South Burnett hospitals has led to a co-designed Midwifery Group Practice model of care available to areas surrounding the Kingaroy Hospital including Cherbourg. The establishment of the Midwifery Group Practice, including staff recruitment is in progress.

The innovative Midwifery Group Practice model of care has increased attendance in antenatal appointments and provides greater flexibility to reschedule appointments as emergent issues including illness and sorry business and not unnecessarily delay care. Having a known midwife from antenatal to postnatal care provides women with the support to make informed decisions about timing, location, care provider for appointments, and blood tests. This year saw the trial of a Smartphone-Based, Interactive Blood Glucose Management System in women with Gestational Diabetes Mellitus. This system allows for midwives to monitor blood sugar levels remotely and women can enter data about diet and exercise, without having to come to hospital or clinic.

The program has improved communication with the Indigenous Liaison Officers helping to provide transport, cultural support for women and their families and improvements to attendance and care.

Chronic disease

The Indigenous Multidisciplinary Care Team at the Toowoomba Hospital have been working to improve early detection, treatment and management of chronic disease to reduce the rate of potentially preventable hospitalisations and hospital readmissions. The Closing the Gap Team continued to improve integration with primary care services by holding regular clinics at Carbal Medical Services, Goolburri Aboriginal Health Advancement and Goondir Health Services Oakey. The team attended GP appointments with vulnerable patients to establish chronic disease plans and improve compliance through collaboration between patients and their primary care provider.

The South Burnett Renal Services Expansion continues to deliver local service capability through telehealth and specialist outpatient support. Renal assisted care provides treatment in Cherbourg, six days per week, and has potential to expand the number of people requiring dialysis to be treated 'on community'.

Stay and yarn (STaY) Cherbourg

STaY is a program developed within the community to support care coordination and low intensity clinical intervention for patients needing mental health support. The program is available to the people who present to the emergency department and may not need admission but need access to case management services. Key successes of the STaY program include:

- Developing a systematic assessment and intervention with bereaved family and friends after a suicide.
- Creating a 'web' that is a network of close family, work colleagues and friends of a person who died by or attempted suicide.
- The completion of co-design suicide assessment, safety planning, and monitoring tools for use by health staff and the community
- 130 community members trained in I-ASIST and Safetalks suicide intervention models. Initial reporting from community members and service providers shows that they have used their training to intervene or recognise suicide risk.

Walkabout Barber – Cherbourg, Toowoomba and Goondiwindi

Darling Downs Health Indigenous Team, in partnership with the Walkabout Barber, delivered over a hundred haircuts and beauty services in Cherbourg, Toowoomba, and Goondiwindi. The Walkabout Barber gave free haircuts and as a qualified counsellor, offered mental health first aid, trauma counselling, and recovery to our Aboriginal and Torres Strait Islander communities. This innovative outreach program provided vital services to those who need it most, finding ways to de-stigmatise mental health within our First Nations communities.

Cultural Capability and Support Services

Inreach Project

Co-designed with Goondir Health Services, the Inreach Project is a patient-centred model of care that focuses on streamlining patient care across all systems of health. An Indigenous Clinical Care Coordinator is based at

Toowoomba Hospital and coordinates care across Darling Downs, South West and Brisbane for patients admitted to Darling Downs to navigate complex care needs.

After Hours Indigenous Liaison Services Service

The Indigenous Liaison Services (ILO) was expanded to better support Aboriginal and Torres Strait Islander patients presenting to emergency departments, inpatient wards, and patient transfers across Darling Downs Health. The ILO team support people presenting to the emergency department with complex health issues by referring them to appropriate services, providing cultural and social supports, and supporting patients accessing Darling Downs Health services for Mental Health care.

Aboriginal and Torres Strait Islander Workforce

This year planning commenced to establish an Indigenous Nurse Graduate Program and Indigenous Nurse Clinical Placement Program.

The Darling Downs Health Indigenous Health Team have implemented a 'Growing our own local workforce' initiative, with six Aboriginal and Torres Strait Islander Trainee Health Workers currently working towards completing a Diploma in Aboriginal and Torres Strait Islander Health Care, Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice, and a Certificate IV in Mental Health. Positions are based in Western Downs, Southern Downs, South Burnett, and Toowoomba to address the workforce shortage across Darling Downs for Aboriginal and Torres Strait Islander Health Worker and Aboriginal and Torres Strait Islander Health Practitioners. Indigenous Identified Administration Traineeships are being established at Toowoomba Hospital.

Keeping our Indigenous communities COVID-19 safe

The Darling Downs Health First Nations COVID-19 Response Plan was developed and implemented in March 2021 and includes a First Nations COVID-19 Communications Plan. A team of Aboriginal and Torres Strait Islander Health Workers were trained in contact tracing to assist with any outbreaks across Darling Downs and South West Hospital and Health Service regions.

Our community-based and hospital-based services

Darling Downs Health is the major provider of public hospital and health services in the Toowoomba, Western Downs, South Burnett and Southern Downs regions. Darling Downs Health is also a provider of specialist services to residents from surrounding areas, including South West Queensland, northern New South Wales and the Lockyer Valley regions.

The defined geographic region of Darling Downs Health is large and diverse covering approximately 90,000 square kilometres. The area covers the local government areas of the Toowoomba, Western Downs, Southern Downs, South Burnett and Goondiwindi Regional Councils, Cherbourg Aboriginal Shire Council, and the community of Taroom in the Banana Shire Council.

Darling Downs Health provides services to a regional and rural population growing at a rate of about one per cent annually and expected to reach approximately 295,000 by 2021-2022. Aboriginal peoples and Torres Strait Islanders make up five per cent of the Darling Downs population compared to four per cent across the state.

Our services

In 2020-2021, services were provided from 28 facilities across the region, including one large regional referral hospital, one extended inpatient mental health service, three medium-sized regional hub hospitals, 12 rural hospitals, three multipurpose health services, one community outpatient clinic, one community care unit and six residential aged care facilities.

The comprehensive range of services provided by Darling Downs Health throughout the region includes both specialist inpatient and outpatient services including:

- Allied health
- Cancer services
- Cardiac medicine
- Emergency medicine
- Intensive care
- Medical imaging
- Medicine and a range of medical subspecialties
- Mental health and addiction medicine
- Obstetrics and gynaecology
- Paediatrics
- Palliative care
- Rehabilitation
- Surgery and a range of surgical subspecialties.

Services delivered in the community include:

- Aboriginal and Torres Strait Islander health programs
- Community mental health programs
- BreastScreen Queensland
- Child and maternal health services
- Community care services including domestic assistance
- Community rehabilitation
- Infectious diseases
- Oral health
- Public health
- Residential aged care, aged care assessment and home care services
- Sexual health
- Refugee health
- Women's health.

Car parking concession

A total of 8,787 (7,172 on campus and 1,615 undercover) car parking concession passes were issued at a total cost of $84,632.

Targets and challenges

Darling Downs Health faces many challenges and opportunities in delivering our public healthcare services to the community. The *Darling Downs Health Strategic Plan 2020-2024* identifies six key risks the health service must manage in delivering our vision 'Caring for communities – healthier together'. Despite the challenges associated with the COVID-19 pandemic, the health service has delivered against its performance targets in 2020-2021.

The health service has ensured that it remains prepared for responding to a COVID-19 outbreak within the region, whilst returning to delivering a full scope of clinical services. This has been enabled by ensuring the Incident Command role for the COVID-19 response has in place to lead the preparedness, risk management, COVID-19 monitoring, and relevant response on behalf of the health service. To support emergency preparedness and standing up a flexible and agile workforce, the Health Emergency Operations Centre has been in place to support the COVID-19 response.

Challenges

Infrastructure challenges

Darling Downs Health requires significant investment in capital in the short to medium term to prevent continued deterioration of built and digital assets. Darling Downs Health manages a geographically spread and dated asset base which provides ongoing challenges for demand capacity management, patient flow efficiencies, staff and patient security, and staff recruitment and retention, including:

- The condition of our building assets and the remoteness of some of our facilities directly effects our ability to recruit and retain staff.
- Our hospitals, particularly those in our regional areas are often the only provider of primary care leading to increases in patient volume.
- Outdated and repurposed infrastructure, including information communication technology, that will result in an inability to take advantage of emerging technologies and an inability to provide facilities that are fit for purpose to deliver contemporary care.

Service capacity Toowoomba Hospital

The DBC for the Toowoomba Hospital Redevelopment project has been completed and until a decision is made on the business case, many inter-related projects are planned or have been completed to extend capacity in the short term:

- An eighth operating theatre has been installed. The modular operating theatre is a constructed tower which positions the new theatre as an extension to the existing theatre-suite at Toowoomba Hospital.
- Procurement of office and clinical space off-campus, within Toowoomba City, to improve safety and efficiency in service-delivery and to improve patient access.

Compliance with standards

In 2020-2021, Darling Downs Health commenced transition of its Safety and Wellbeing Management System to ISO/ASNZS 45001:2018 Occupational health and safety management systems and to align to the revised Department of Health safety management system. Significant work is required to uplift the system to align to the standard,

ensure compliance and to embed the changes across the organisation.

An integrated approach is being taken to implement the Safety and Wellbeing Management System which considers individual and organisational factors that impact on safety and wellbeing.

Maintaining modern digital hospital solutions

The Integrated Electronic Medical Records project for Toowoomba Hospital was deferred in 2019-2020. Darling Downs Health continues to work with eHealth toward electronic medical record solutions for our facilities.

A Digital Strategy commenced this financial year with the strategy expected to be finalized in the 2021-2022 financial year. The strategy will inform the digital agenda by clearly breaking the roadmap down into three digital horizons that the health service will implement over the coming years.

Governance

Our people

Board membership

The Darling Downs Hospital and Health Board (the Board) is appointed by the Governor in Council on the recommendation of the Minister in accordance with section 23 of the *Hospital and Health Boards Act 2011*. To strengthen local decision making our Board members represent the four regions of the health service – Southern Downs, Western Downs, South Burnett and Toowoomba. The Board is responsible for the oversight of health services in the region and is accountable for its performance in delivering quality health outcomes to meet the needs of our communities.

Mr Mike Horan AM

Chair, Darling Downs Health Board

Mr Mike Horan AM was the Member for Toowoomba South in the Queensland Parliament from 1991 to 2012. During his political career Mike served as the leader of the National Party, leader of the Opposition, Shadow Attorney-General and Shadow Minister for Police, Health, and Primary Industries respectively. Mike regards his time as Minister for Health (1996-1998) as a highlight of his political career. During his time as Health Minister, the Surgery on Time System was established, a 10-year Mental Health Plan introduced, and targets for breast screening and children's immunisation were set and achieved. In June 2013, Mike was awarded a Member of the Order (AM) in the General Division of the Order of Australia for significant service to the Parliament of Queensland and to the community of the Darling Downs. Mike was appointed as Chair of the Darling Downs Health Board in May 2012 and is the Chair of the Board Executive Committee. He was the inaugural Chair of the Queensland Hospital and Health Board Chairs' Forum from 2012 to 2014. Mike is the Queensland Hospital and Health Board Chairs' Forum representative for the Investment Assurance Committee. Mike is a great believer in working with the community to achieve results.

Dr Dennis Campbell PhD, MBA, FCHSM, FAIM, GAICD

Deputy Chair, Darling Downs Health Board (Toowoomba)

Dr Dennis Campbell has been a Chief Executive Officer in both the public and private health sectors, during which he held the positions of Assistant and Acting Regional Director in the Queensland Department of Health as well as Chief Executive Officer at St Vincent's Hospital, Toowoomba, for 10 years. In 2007, he was awarded an Australia Day Achievement Medallion for services to the Australian College of Health Service Executives. In 2008, he was awarded the Gold Medal for Leadership and Achievement in Health Services Management recognising his contribution and professional achievements in shaping healthcare policy at the institutional, state and national levels. Dennis is Chair of the Board Finance Committee and a member of the Board Executive and Board Audit and Risk Committees.

Trish Leddington-Hill BSc, LLB, GAICD

Board member, Darling Downs Health Board (Western Downs)

Ms Patricia (Trish) Leddington-Hill worked for more than 10 years with RHealth, a primary healthcare organisation servicing the Darling Downs and South West Queensland, before being appointed to the Darling Downs Health Board in November 2012. In addition to her Board role, Trish re-joined RHealth as a part-time Executive Manager in January 2019, and currently works in a part-time role supporting the Western Queensland Primary Health Network. Trish is Chair of the Board Safety and Quality Committee and a member of the Board Audit and Risk Committee.

Dr Ross Hetherington MBBS, DRANZOG, FACCRM, PGDipPallMed, FAICD Board Member

Board member, Darling Downs Health Board (Southern Downs)

Dr Ross Hetherington is a medical practitioner and a Designated Aviation Medical Examiner (DAME). Ross also co-founded the Central Queensland Rural Division of General Practitioners. Ross has extensive experience in rural medicine and has been in private practice as a GP in Warwick since 1996. He is a board member of Health Workforce Queensland, which supports the regional, rural and remote health workforce in Queensland. Ross is Board Chair of RHealth, is on the board of Australian General Practice Accreditation Limited and was a foundation member of Regional Health Board, Longreach. Ross is a member of the Board Executive and Board Safety and Quality Committees.

Megan O'Shannessy RN, RM, MPH, GAICD Board Member

Board member, Darling Downs Health Board (Western Downs)

Ms Megan O'Shannessy is a registered nurse and midwife. She has extensive clinical and leadership experience in rural health as Director of Nursing in Thargomindah (1990–1992), Dirranbandi (1992–1995), St George (1995–2001) and Warwick (2001–2013). She was the District Manager of Southern Downs (2007-2008), leading the transition to the district structure. Megan is the Chief Executive Officer of Queensland Rural Medical Education Ltd, partnered with Griffith University to deliver the School of Medicine Rural Program. Megan is a Senior Lecturer at Griffith University, holds a Master of Public Health (JCU) and a Bachelor of Nursing (USQ). Megan is also a member of the Queensland Board of the Medical Board of Australia. Megan is a member of the Board Finance and Board Safety and Quality Committees.

Marie Pietsch MAICD

Board member, Darling Downs Health Board (Southern Downs)

Ms Marie Pietsch is a member of various health committees including the Inglewood Multipurpose Health Service Management Committee and Chair of the Inglewood Community Advisory Network. Marie's work in representing health consumers in her region earned her a 2003 Centenary Medal for distinguished service to the community. Marie also received an Australia Day Achievement Medallion for outstanding service to Queensland Health and in 2014 Marie was awarded Citizen of the Year by the Goondiwindi Regional Council for services to the community, especially in health. She is a member of Australian Institute of Company Directors (AICD). Marie is a member of the Board Audit and Risk and Board Finance Committees and is the Board representative on the Darling Downs Health Regional Consumer Consultative Committee.

Dr Ruth Terwijn RN, MNurs (Hons), PhD GAICD

Board member, Darling Downs Health Board (Toowoomba).

Dr Ruth Terwijn is a registered nurse and academic who started her nursing career at St Vincent's Hospital, Toowoomba. Ruth worked with Family Planning Queensland in clinical, educational and managerial roles. During this time, she completed an Advanced Practice Nursing in Sexual and Reproductive Health course and a Master of Nursing (Hons) through University of Southern Queensland (USQ). After many years at Family Planning Queensland (FPQ), she changed her focus to become a lecturer of nursing at USQ. Her teaching priority during this time was introducing student nurses to the profession of nursing, post graduate rural and remote nursing courses, and part of the team that introduced flexible learning through online nursing courses. Ruth worked closely with nursing students who held a Permanent Humanitarian Visa. In 2015, she completed her PhD with a critical research study of the experiences of English as an Additional Language (EAL) and international nursing students. Ruth is a member of the Board Finance and Board Executive Committees.

Emeritus Professor Julie Cotter PhD, BCom(Hons), FCPA, CA, GAICD

Board member, Darling Downs Health Board (Toowoomba)

Emeritus Professor Julie Cotter is a respected academic with a wealth of experience in business and governance. Emeritus Professor Cotter is a Chartered Accountant and a Fellow of CPA Australia. Emeritus Professor Cotter is the Chair of the AICD Toowoomba Regional Committee, and a board member of Exercise and Sports Science Australia (ESSA). Emeritus Professor Cotter has also held board and advisory roles with organisations including Toowoomba and Surat Basin Enterprise (TSBE) and Australian Agricultural Company (AACo). Emeritus Professor Cotter held senior management positions at USQ between 2006 and 2017, including Head of School and Research Centre Director roles. Julie is the Chair of the Board Audit and Risk Committee and a member of Board Finance Committee.

Cheryl Dalton MAICD

Board member, Darling Downs Health Board (South Burnett)

Ms Cheryl Dalton has extensive experience in governance gained in her 16 years as a local government Councillor in the South Burnett. She is currently the Chief Executive of SBcare, a not for profit aged care and disability service and works closely with and advocates for the community and social service sector. Cheryl has more than 30 years' business management experience through her family agribusiness ventures where she is active as a Managing Director in a variety of agricultural enterprises and works primarily in the financial and quality assurance aspects of the business. Cheryl is a member of the Board Audit and Risk and Board Safety and Quality Committees.

Associate Professor Maree Toombs PhD, GCEF, BPED

Board member, Darling Downs Hospital and Health Board (Toowoomba)

Associate Professor Maree Toombs is the Associate Dean (Indigenous Engagement) for the Faculty of Medicine at The University of Queensland, where her focus is on implementing their Reconciliation Action Plan as well as ensuring the continued support of Indigenous students at the University. Associate Professor Toombs is an Aboriginal woman with cultural linage to the Kooma people of Western Queensland and Euahlayi People of North Western New South Wales. She was the first Aboriginal person to be awarded a PhD from the University of Southern Queensland. Maree is recognised nationally and internationally for her research work around mental health outcomes for Aboriginal people with multiple comorbidities, in particular managing chronic physical illness and mental health in a holistic way and building resilience.

Associate Professor Toombs is a Churchill Fellowship recipient with over 20 years' experience teaching and developing curriculum relating to Indigenous education and health. Associate Professor Toombs is a member of the expert advisory committee for Indigenous Health to the Medical Deans of Australia and New Zealand and is Chair of the Board of Directors at Carbal Medical Services.

Board and committee meeting attendance 2020-2021

Table 1: Board member attendance at Board meetings and committees in 2020-2021

Board Members Attendance at Committees												
Meeting			Board		Executive		Finance		Audit and Risk		Safety and Quality	
Name	Position (Commenced)	Current Term	Held	Attend	Held	Attend	Held	Attend	Held	Attend	Held	Attend
Mike Horan AM	Chair (18/05/2012)	18/05/2020 31/03/2024	11	11	12	12	-	-	-	-	-	-
Dennis Campbell	Deputy Chair (29/06/2012)	18/05/2019 31/03/2022	11	11	12	12	11	11	4	4	-	-
Cheryl Dalton	Member (29/06/2012)	18/05/2021 31/03/2024	11	10	-	-	-	-	4	2	6	5
Julie Cotter	Member (18/05/2017)	18/05/2020 31/03/2022	11	11	-	-	11	11	4	4	-	-
Marie Pietsch	Member (29/06/2012)	18/05/2019 31/03/2022	11	11	-	-	11	9	4	2	-	-
Megan O'Shannessy	Member (18/05/2013)	18/05/2019 17/05/2021	11	9	-	-	11	9	-	-	6	4
Ross Hetherington	Member (29/06/2012)	18/05/2021 31/03/2024	11	11	12	12	-	-	-	-	6	6
Ruth Terwijn	Member (18/05/2016)	18/05/2020 31/03/2022	11	11	12	12	11	9	-	-	-	-
Trish Leddington-Hill	Member (09/11/2012)	18/05/2021 31/03/2024	11	11	-	-	-	-	4	4	6	5
Maree Toombs	Member (18/05/2020)	18/05/2020 31/03/2024	11	10	-	-	-	-	-	-	6	6

Committees

The Board has legislatively prescribed committees to assist the Board in fulfilling its responsibilities. Each committee operates in accordance with a Charter which clearly articulates its role, scope and deliverables.

Executive Committee

The Executive Committee is established under section 32A of the *Hospital and Health Board Act 2011* (the Act). The role of the committee is to work with the Health Service Chief Executive to progress strategic priorities identified by the Board.

The committee also provides a platform for strong communication between the Board and Health Service Chief Executive to ensure accountability in the delivery of health services and to assist in responding to critical emergent issues.

Finance Committee

The Finance Committee is established in accordance with the requirements of section 33 of the *Hospital and Health Boards Regulation 2012* (the HHB Regulation) and is accountable to the Board for overseeing matters relating to the financial position, resource management strategies and the performance objectives of the health service. The committee assesses the health service budget to ensure consistency with identified organisational objectives and monitors financial and operating performance monthly. The Committee provides assurance and oversight to the Board regarding financial risks that may impact on the service's financial performance and ensures appropriate management strategies are in place.

Safety and Quality Committee

The Safety and Quality Committee is established in line with section 32 of *the Hospital and Health Boards Regulation 2012* and advises the Board on matters relating to the safety and quality of health services. The Committee is responsible for providing strategic leadership and promoting improvements to Darling Downs Health strategies, particularly aimed at minimising preventable harm, reducing unjustified variation in clinical care and improving the experience of those receiving health services. The committee provides assurance and assistance to the Board regarding the safety and quality governance arrangements and the service's strategies for compliance with policies, agreements and standards as well as national and state strategies.

Audit and Risk Committee

In 2020-2021 the Audit and Risk Committee observed the terms of its charter and operated with due regard to Queensland Treasury's *Audit Committee Guidelines*. The Committee is established under section 34 of the HHB Regulation and advises the Board on matters relating to:

- The appropriateness of the health service's financial statements, including review of the Chief Finance Officer's assurance statement, ensuring compliance with accounting practices and standards prescribed under the *Financial Accountability Act 2009* and ensuring external scrutiny of the statements.
- Queensland Audit Office - the external auditor for proposed audit strategies and the annual audit plan.
- The finding and recommendations of external audits and ensuring appropriate management response to all actions monitoring the internal audit function and endorsement of the internal audit plan.

Board meetings

Each month the Board meets to provide guidance on the strategic direction of the health service. The Health Service Chief Executive attends as a standing invitee at each Board meeting. The Board visit all areas of the health service with every second meeting held in a rural facility.

Total Board out of pocket expenses were $35,525 and further details on the Board remuneration is provided in Appendix 1.

Executive Management

As at the end of the reporting period, the Darling Downs Health Executive Management Team included the following team members:

Dr Peter Gillies

MBChB, MBA, FRACMA, GAICD

Health Service Chief Executive Darling Downs Health

Dr Peter Gillies was appointed as Health Service Chief Executive in May 2016. Dr Gillies has been with Darling Downs Health Service since 2009 when he moved to Toowoomba to take up the role of Director Medical Services. Dr Gillies was appointed as Executive Director of Medical Services in February 2011 and subsequently General Manager Toowoomba Hospital in July 2013. Dr Gillies is a Fellow of the Royal Australasian College of Medical Administrators and has a Master of Business Administration from Otago University. He is also a Graduate of the AICD. He has been a doctor for over 25 years and has worked in South Africa and the United Kingdom in both hospital and general practice roles prior to immigrating to New Zealand in 1995.

Shirley-Anne Gardiner

BBS, BA (Hons), MMgt (Hons), GAICD

Executive Director Toowoomba Hospital

Shirley-Anne Gardiner has been the Executive Director of Toowoomba Hospital since August 2016. Shirley-Anne is also Chair for the Queensland Health Chief Operating Officer (COO) Forum and a member of the Darling Downs Regional Child, Youth and Family Committee. Shirley-Anne has previously held leadership roles including Operations Manager of Palmerston North Hospital (MidCentral Health), and Executive Director of Population Health and Engagement for the Darling Downs South West Queensland Medicare Local. She is a Graduate of the AICD and is on the Board of four not-for-profit organisations in Toowoomba.

Greg Neilson

FACMHN, GAICD, BHSc(N), Cert Community MH, MHlthM, GCertHlthEcon, PGCertForensicMentalHlthNurs, MNurs, MMHN, MAdvPracNurs, PGCertAdolescentMentalHlthNurs

Executive Director Mental Health, Alcohol and Other Drugs Services

Greg Neilson has over 25 years' experience in senior nursing and management positions in Darling Downs Health, Division of Mental Health, Alcohol and Other Drugs. Greg is a fellow of the Australian College of Mental Health Nurses and a Graduate of the AICD. Greg has been the Executive Director Mental Health since June 2016. In this role Greg is accountable for executive leadership over mental health, and alcohol and other drugs services, which includes acute and extended inpatient and community services.

Dr Hwee Sin Chong

MBChB, MHM, MIPH, FRACMA, GAICD, CHIA

Acting Executive Director Medical Services/Executive Director Queensland Rural Medical Service

Dr Hwee Sin Chong first commenced in Toowoomba as the Deputy Director of Medical Services for Darling Downs Health in 2011. In 2014, she was appointed to the role of Executive Director Medical Services for the health service, and then in 2017 was selected as the new Executive Director of the then named Rural and Remote Medical Support (now known as the Queensland Rural Medical Service). Dr Chong is a Fellow of the Royal Australasian College of Medical Administrators and has a Master of Health Management and Master of International Public Health from the University of New South Wales. Dr Chong is currently the Acting Executive Director Medical Services. In this role Dr Chong is responsible for the Medical Education Unit and providing professional medical leadership across Darling Downs Health.

Joanne Shaw

RN, MNurs, GCertCCNurs, GCertTRNSPRC, GCertCCEngage, GAICD

Executive Director Rural

Joanne Shaw has extensive knowledge of the strategic and operational leadership of tertiary, rural and remote hospitals to provide high quality, safe, sustainable, patient and family centred care. Joanne has previously held leadership roles including, most recently, Director of Nursing Integrated Health Services at North West Hospital and Health Service. Joanne was appointed Executive Director Rural Services, Darling Downs Health in 2018. Notable achievements include graduating from the AICD and publishing in the British Journal of Haematology.

Andrea Nagle

RN, RM, MHM, GCert Child & Family Health, MACN, Adjunct Assoc Professor, USQ School of Nursing and Midwifery

Executive Director Nursing and Midwifery Services

Andrea Nagle is a career nurse who has worked in the public and private health sectors as well as non-government health organisations. Andrea was appointed as the Darling Downs Health Director of Nursing Rural (Western Cluster), before stepping into the Darling Downs Health Executive Director Nursing and Midwifery Services role in July 2017. In this role Andrea is the professional lead responsible for nursing and midwifery services across Darling Downs Health and maximising the potential of nursing and midwifery to enhance health outcomes for the consumers of the health service.

Jane Ranger

BBus (Acc), FCPA, GAICD

Chief Finance Officer

Jane Ranger was appointed to the Chief Finance Officer role in August 2016. In this role, Jane provides single-point accountability for the Finance Division including Financial Control, Commercial Management and Procurement, Health Information Services and the Business Analysis and Development areas ensuring the prudent financial management for Darling Downs Health. Prior to being appointed to this role Jane was the Senior Finance Manager for the Toowoomba Hospital. Jane has extensive experience in many industries, including banking, hospitality, building and construction, manufacturing and public transport and has held senior roles in private healthcare for Healthscope Ltd. Jane is currently the Chair of the statewide Chief Financial Officers' Forum and the Deputy Chair of the S/4HANA Business Advisory Group.

Dr Paul Clayton

BSc, BSc(Hons), PhD, DipBus, GAICD

Executive Director Infrastructure

Paul Clayton joined Darling Downs Health in 2016 after more than 20 years in project management and technical services delivery in infrastructure and in the environment and water sector. With a career that includes direct experience in research, government, and the private sector, Paul brings a professionally balanced and practical approach to corporate governance, project management, strategic oversight and business planning. Paul was appointed to the Executive Director Infrastructure role in October 2016. In this role, Paul provides executive leadership over the Infrastructure Division and ensures the coordinated delivery of Darling Downs Health infrastructure and maintenance projects. Before joining Darling Downs Health, Paul was General Manager for a local division of an international professional services consulting and contractor company working with clients on infrastructure projects for the resources, transport, urban development, and the agricultural sectors, and for all three tiers of government in Australia.

Hayley Farry

Ed, DipMgt

Executive Director Workforce

Hayley Farry joined Darling Downs Health in 2011 and was appointed to the role of Executive Director Workforce in 2018, overseeing learning and development, culture and engagement, workforce planning, workforce relations, recruitment, and workplace health and safety. During her time at Darling Downs Health, Hayley has invested in safety and quality by successfully implementing a partnership with the Cognitive Institute's programs for Speaking Up for Safety and Promoting Professional Accountability under Darling Downs Health's Safer Together initiative. She has developed and embedded a values-based culture which underpins all aspects of human resources including performance appraisal and recruitment. Hayley is passionate about building an organisational culture where there is a high level of importance placed on safety and ensuring that safety performance is supported by strong leadership and management commitment.

Julian Tommei

BA LLB

Executive Director Governance and Legal

Julian Tommei is a lawyer with over 25 years of experience in South Africa, New Zealand and Australia. He spent 12 years in private practice in South Africa in medium to large size law firms, including four years practicing for his own account prior to immigrating to New Zealand in 2002. He has spent the last 16 years in legal and governance roles in public sector health organisations in New Zealand and Australia. Julian was appointed to the position of Legal Counsel at Darling Downs Health in April 2012. He has acted in the role of Director Governance and Assurance since April 2017 whilst continuing the role of Legal Counsel. Julian was appointed to the role of Executive Director Legal and Governance on 1 April 2019. The role provides leadership, direction and management of all corporate governance and legal activities within Darling Downs Health.

Michelle Cleary

BOccThy, GCert HUL Thy

Acting Executive Director Allied Health

Michelle is a career occupational therapist and has worked in the health sector for over 17 years both in Australia and the United Kingdom. Michelle's career expands across both private practice and the public health system, holding senior management and leadership positions. Michelle joined Darling Downs Health as the acting Director of Strategy and Planning in 2018. Michelle is currently acting Executive Director of Allied Health (EDAH) and is the operational lead for allied health workforce within the Toowoomba Hospital and the rural communities of the Darling Downs and South Burnett. Michelle Cleary was in the role of Executive Director Allied Health from March 2020 to 31 October 2020.

Jude Wills

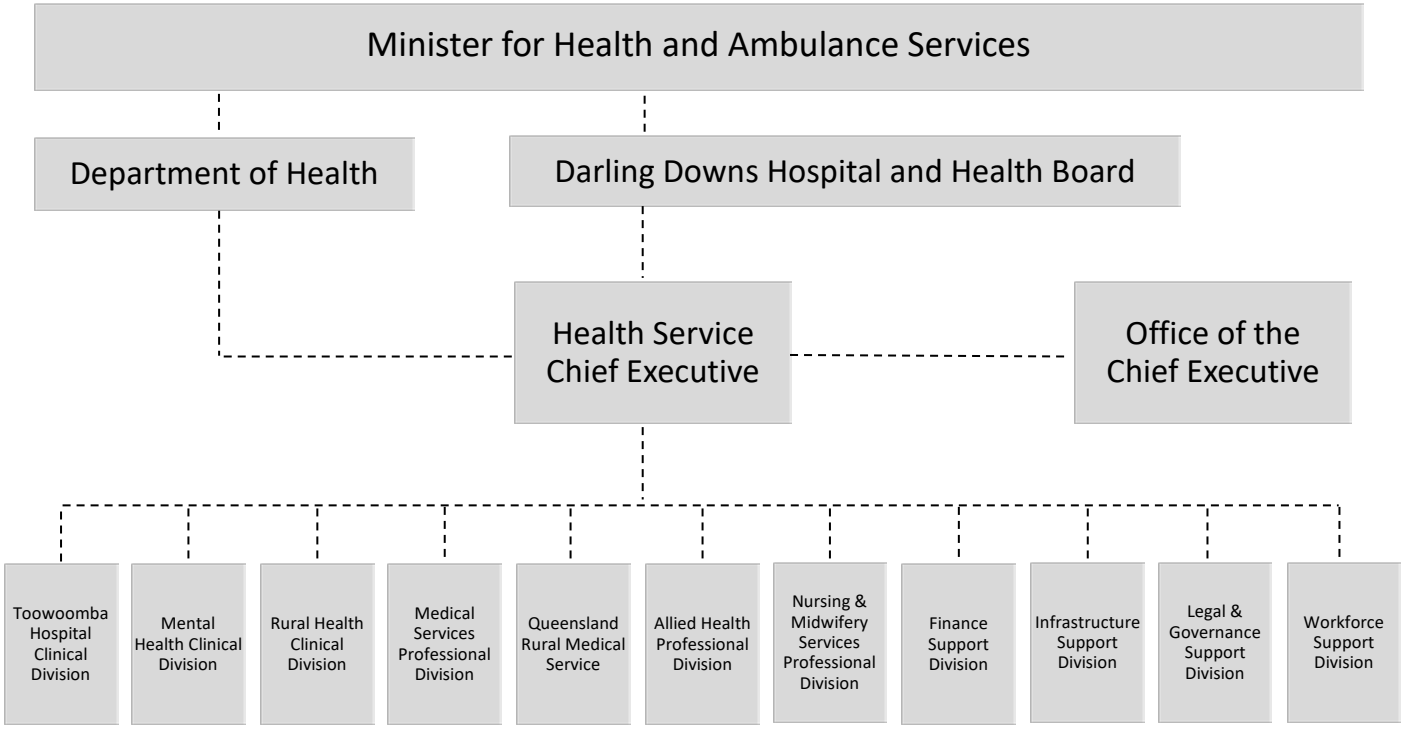
BScApp (Pod), BSc, BEd, GCHSc (Pod)

Acting Executive Director Allied Health

Jude Wills acting Executive Director Allied Health since October 2020, is functioning as the operational lead for the allied health workforce within Toowoomba Hospital and the rural communities of the Darling Downs and South Burnett, as well as the professional lead for the Health Practitioner (HP) workforce across Darling Downs Health.

Jude is a career podiatrist who, throughout her 20-year career, has worked across Australian public, private and university health sectors in both clinical and non-clinical roles. Jude joined Darling Downs Health in 2013 and has since occupied leadership roles largely orientated towards workforce planning and sustainability and workforce capacity building.

Organisational structure



Darling Downs Health maintained a Health Emergency Operation Centre (HEOC) to respond to the COVID-19 pandemic. The HEOC structure provides executive level command oversight, governance and resource support to rapidly stand up the required response to COVID-19 surge testing response as well as rolling out the COVID-19 vaccination program. A core HEOC remains in place to manage ongoing COVID-19 planning and response preparedness.

Table 2: More doctors and nurses*

	2016-17	2017-18	2018-19	2019-20	2020-21
Medical staff [a]	384	395	426	469	494
Nursing staff [a]	1,919	2,042	2,109	2,190	2,253
Allied Health staff[a]	478	485	502	525	628

Table 3: Greater diversity in our workforce*

	2016-17	2017-18	2018-19	2019-20	2020-21
Persons identifying as being First Nations [b]	84	104	109	128	131

Note: * Workforce is measured in MOHRI – Full-Time Equivalent (FTE). Data presented reflects the most recent pay cycle at year's end. Data presented is to June 2021.

Source: [a]DSS Employee Analysis, [b] Queensland Health MOHRI, DSS Employee Analysis

Our workforce profile consists of a total of 4,855 full-time equivalent staff with a permanent separation rate of seven per cent in 2020-2021.

Our divisions

Darling Downs Health management is divided into 11 divisions and the Office of the Chief Executive that work in partnership to deliver health services to our communities. The divisions are grouped into clinical, professional, and support roles with each division having specific responsibilities and accountabilities for the effective performance of the organisation.

Clinical divisions

There are three clinical divisions that lead the delivery of high quality, safe and evidence-based patient care across Darling Downs Health:

Toowoomba Hospital

The largest of the clinical divisions responsible for the operation of the main regional hospital in Darling Downs Health with 427 beds. Toowoomba Hospital serves as the regional referral hospital for parts of the South West Hospital and Health Service, including Roma and Charleville. The Clinical Services Capability Framework (CSCF) rates Toowoomba Hospital as a level five hospital, managing all but the most highly complex patients and procedures.

Mental Health Services

This division provides a comprehensive range of acute child and youth, adult and older persons inpatient services at the Toowoomba Hospital campus as well as extended inpatient and rehabilitation services at the Baillie Henderson Hospital in Toowoomba. In addition to inpatient services the division provides a range of outpatient and community mental health services in Toowoomba and at a number of rural centres within the Darling Downs. The division is also responsible for Darling Downs Health Alcohol and Other Drugs Service and in collaboration with the Indigenous Health unit, co-management of the Aboriginal and Torres Strait Islander Mental Health, Alcohol and Other Drugs Service.

Rural Health Services

This division operates 15 hospitals, three multipurpose health services (MPHSs), one community outpatient clinic and 6 residential aged care facilities (RACFs), noting that one of the RACFs is in Toowoomba. The division is managed via a cluster model with three geographic clusters (Southern, Western and South Burnett).

Professional and Support Divisions

Office of the Chief Executive

The Office of the Chief Executive supports the health service in the development of strategy and planning, clinical redesign, media and communications, Aboriginal and Torres Strait Islander health, and clinical governance.

Medical Services

This division provides professional leadership for medical staff and services across Darling Downs Health and has responsibility for the medical professional standards, medical workforce, and medical education.

Queensland Rural Medical Service

This division provides state-wide services and strategic leadership for rural and remote medical services through Queensland Country Practice (QCP) and the Queensland Rural Generalist Program. Other services include:

- The provision of vocational training pathways (Basic and Advanced General Adult Medicine, Basic and Advanced Paediatrics, and Intensive Care Medicine)
- Health Practitioner Relieving Services
- Junior doctor rural and General Practice rotations
- Senior doctor relieving services
- Medical Education and Training program.

Allied Health

This division provides professional and operational leadership for allied health professionals and services across Darling Downs Health, including workforce planning and development, clinical education, research, and standards. This division also includes the Darling Downs Health Research Unit, the Allied Health Education and Training Team, Aged Care Assessment Team, Community Care Services and BreastScreen Queensland Toowoomba Service.

Nursing and Midwifery Services

This division provides professional leadership for nursing and midwifery services, including workforce planning, standards, education, and training across Darling Downs Health. Community Health Services including Oral Health and Public Medicine and the Public Health Unit are also operationally aligned to this division.

Finance

This division supports the health service in ensuring resources are balanced, sustainable, and efficient. Finance provides health service support functions comprising Financial Control, Activity and Costing Services, Management Accounting and Business Management, Commercial Management and Health Information Services which are designed to optimise quality healthcare through compliant and efficient business processes.

Infrastructure

This division supports the organisation to plan for and deliver key capital infrastructure projects, infrastructure refurbishment projects, and routine maintenance and engineering programs across the health service. The division contributes to meeting several of the health service's strategic objectives, including optimising Darling Downs Health asset use.

This division is the largest of the Darling Downs Health support divisions and operates with four departments or support-service portfolios:

- Information and Communications Technology
- Projects, Planning and Property
- Maintenance and Engineering
- Facility Services.

Legal and Governance

This division supports Darling Downs Health through the provision of legal and corporate governance advice and support. The following key areas are managed within the Legal and Governance Division:

- Board support
- Legal services
- Compliance management
- Risk management
- Internal Audit
- Policy
- Corporate Correspondence
- Service Planning
- Emergency Management

Workforce

This division supports the health service to create a culture of success delivering on the key objectives of developing and engaging a dedicated, accountable, and trained workforce. Workforce is responsible for supporting staff in:

- Embedding a values-based culture.
- Planning, recruiting and retaining an appropriately skilled workforce.
- Developing, educating and training the workforce.
- Engaging employees to improve the service.Promoting employee health and wellbeing.
- The Workforce Division is a supporting service enabling and partnering with other Divisions to engage the Darling Downs Health workforce to promote professional and personal well-being and to ensure the dedicated delivery of services.

Strategic workforce planning and performance

Workforce strategies

Our workforce strategic planning aligns with *Queensland Health's Advancing health service delivery through workforce: A strategy for Queensland 2017–2026*. This year the emphasis was on supporting leadership development through the Leadership Capability Framework and raising awareness about the accountability all employees share for leadership across the organisation. Other workforce planning and performance strategies in 2020-2021 included:

- Contemporary attraction strategies and selection techniques using the Right Fit recruitment process.
- Safe workplace programs including the Safety Reliability Improvement program.
- Diversity and inclusion community of practice with participation in the Domestic and Family Violence Action group and Making Tracks committees.

Right Fit Recruitment

The Recruitment and Attraction team developed a Selection Strategies document to assist hiring managers with recruiting for the right fit. This document is an additional tool to the, 'Recruitment Kit – how to recruit for the Right Fit'.

The Selection Strategies document designed to assist hiring managers to assess applicants who embrace, exhibit and model behaviours that reflect both the Leadership Capability Framework and Darling Downs Health values. Hiring Managers are guided through the selection process with 'how to' instructions and the tool identifies 17 different selection strategies, their benefits, disadvantages, and examples. This tool demonstrates a fresh way of thinking and introduces a better way of recruiting.

Critical Events Support

Darling Downs Health has undertaken a review of the support provided to staff during, directly after and more longitudinally following critical events. The project aims to develop a tiered response pathway to help guide responses to critical events and better safeguard the mental health and wellbeing of our staff. The project encompassed a review of current and evidence based best practice and sought the views of internal stakeholders through focus group sessions. The information gathered from internal stakeholders has helped shape the new Mental Health Wellbeing Framework for the organisation. It is expected the framework to be implemented in 2021-2022 to better safeguard the mental health and wellbeing of our staff everyday through prevention and early intervention, as well as supporting recovery in response to critical events.

Workforce strategies and COVID-19

This year we continued to see an ongoing need to staff the COVID-19 testing clinics and subsequently in March 2021, the COVID-19 vaccination program commenced. Recruitment of a sustainable workforce for both testing and vaccination clinics has continued to be a challenge. Multiple recruitment campaigns, both internal and external, for administrative and nursing staff, have resulted in several new appointments, with continued recruitment expected for 2021-2022.

Medical workforce

Darling Downs welcomed a record intake of 46 interns in January 2021. The majority are at Toowoomba Hospital with others located at Stanthorpe and Warwick Hospitals, as well as general practices in Toowoomba, Clifton and Goondiwindi.

Queensland Rural Medical Service

The Queensland Rural Medical Service division is responsible for running the medical training pathways for the state including Rural Generalist, Basic and Advanced General Adult Medicine, Basic and Advanced Paediatrics, and Intensive Care Medicine pathways. Of specific focus has been implementing and planning the transition to the National Rural Generalist Pathway, a direction of the Commonwealth Government, to address the issues with attracting and retaining a rural medical workforce across Australia. Queensland Rural Medical Service has established the Commonwealth funded National Coordination Unit for Queensland. This coordination unit will influence and implement the national direction and link existing junior doctor general practice programs and the Queensland Rural Generalist Pathway. In addition to training the next generation of specialist and rural generalist doctors, the division remains focused on clinical relief services, augmenting the rural workforce across Queensland by engaging and supplying relievers for medical, allied health and BreastScreen practitioners.

Staff Awards

Two Darling Downs Health staff members were acknowledged for their contribution to health in 2021:

- Shirley-Anne Gardiner, Executive Director Toowoomba Hospital received Toowoomba Citizen of the Year at the Australia Day awards for her work with vulnerable community groups.
- Annette Scott, Silver Command COVID-19 Response/Executive Lead COVID-19 Vaccine Roll Out was awarded a Public Service Medal in the Queen's Birthday Honours for her leadership in the COVID-19 response for the Darling Downs region.

Early retirement, redundancy, and retrenchment

During the period 2020-2021, three employees received a redundancy package at a total cost of $611,147.05 (including accrued leave entitlements). No retrenchments were made during 2020-2021.

Our risk management

Darling Downs Health is committed to effectively managing risk in alignment with best practice and a thorough assessment of risk priorities balanced against the costs and benefits of action or inaction. The Darling Downs Health Risk Management Framework uses an integrated risk management approach to describe how risks are identified, managed, and monitored within the health service. A fully integrated compliance management framework provides assurance to the Board and Executive that the organisation is meeting its various legislative and regulatory obligations. Risk management and compliance management reports are submitted to the Audit and Risk Committees of both the Board and Executive.

Risk Management has been expanded to incorporate planning of mitigation strategies for risks associated with the rollout of a large-scale community COVID-19 Vaccination program, widespread community transmission of COVID-19 in the region and impacts on service delivery due to an outbreak.

The *Hospital and Health Boards Act 2011* requires annual reports to state each direction given by the Minister to the HHS during the financial year and the action taken by the HHS as a result of the direction. During the 2020-2021 period, no directions were given by the Minister to Darling Downs Hospital and Health Service.

Internal audit

Darling Downs Health's internal audit function operates under a Board-approved charter in accordance with the requirements of the *Financial and Performance Management Standard 2019*, and the Institute of Internal Auditors' Professional Practice Standards. The Internal Audit Charter gives due regard to Queensland Treasury's Audit Committee Guidelines.

In the conduct of its activities internal audit assists in maintaining a culture of accountability, integrity, and promoting a culture of cost-consciousness, self-assessment and adherence to high ethical standards.

Internal audit work is carried out using a model of contracted auditors that are engaged through a transparent procurement process. Internal audit work is independent of, but collaborative with, the external financial audit.

The role of internal audit is to conduct independent assessment and evaluation of the effectiveness and efficiency of organisational systems, processes, and controls, thereby providing assurance and value to the Board and Executive.

Internal audit works in accordance with annual strategic audit plan endorsed by Executive and approved by the Darling Downs Health Board. This plan is developed using a risk-based approach that considers both strategic and significant operational risks for the health service. The 2020-2021 Internal Audit plan included eight audits covering topics such as gifts and payments, cyber security, discipline management, controlled drugs, mandatory training, bed stock utilisation, alcohol and other drugs, and waitlist management. Implementation of recommendations arising from these audits is monitored and regularly reported to the Audit and Risk Committees of both the Board and the Executive.

External scrutiny, Information systems and recordkeeping

Darling Downs Health operations are subject to regular scrutiny from external state oversight bodies such as the Auditor-General, the Office of the Health Ombudsman, the Queensland Coroner, Queensland Audit Office and Crime and Corruption Commission. There were no reportable recommendations for Darling Downs Health from external

state oversight bodies in 2020-2021.

Coronial findings

There were no recommendations for Darling Downs Health from inquests held during 2020-2021.

Information systems and recordkeeping

Darling Downs Health has continued to work towards using digital technologies to improve patient safety and experiences. The Chief Financial Officer is responsible for Health Information Services and the Executive Director Legal and Governance is responsible for the governance of corporate non-clinical records. All Darling Downs Health Staff have access to training regarding the making and keeping of public records through orientation, local induction, and the Information Services Team.

Darling Downs Health complies with the Health Sector (Clinical Records) Retention and Disposal Schedule (QDAN 683 v.1) and the General Retention and Disposal Schedule (QDAN 249). This compliance ensures that all public records within Darling Downs Health are kept as legislatively required.

Audits from Queensland Audit Office and KPMG have focused on data quality, process control and security. Each of these areas is highlighted through the final reports without a need for change in practice.

A focused effort has been put into the first version of the Darling Downs Health Information Security Management System (ISMS) to align with Queensland Health ISMS. Identification of data assets will continue to be developed, finessed, and expanded to assist with risk mitigation, information management and data governance.

Queensland Public Service ethics

Darling Downs Health expects the highest level of conduct from its staff at all times and, as a public service agency, the Code of Conduct for the Queensland Public Service under the *Public Sector Ethics Act 1994* is applicable to all employees of the health service. Staff of Darling Downs Health are expected to act in accordance with the principles of the Code of Conduct and report any actions which do not meet this expected level. In this regard, staff have a responsibility to disclose any suspected wrongdoing and to ensure any disclosure is in accordance with the ethics expected within the organisation. Staff are supported in the making of public interest disclosures. To support staff in their understanding of the expectations of the organisation, mandatory training packages are available on the Darling Downs Learning On-Line training portal. Ethics, integrity and accountability, and fraud awareness training packages must be completed on an annual and biennial basis.

Human Rights

Darling Downs Health has continued to integrate the *Human Rights Act 2019* (HR Act) into our processes.

The Human Rights Act Managers Toolkit has been circulated within Darling Downs Health, providing tools for staff to support them in their understanding and promotion of human rights. Staff are also able to access online human rights training packages to further support their understanding. Additionally, targeted information has been provided to key staff in identified areas where human rights concerns are more likely to be raised.

The current review of the Darling Downs Health Documents Framework provides further opportunity to consider ways in which the promotion of human rights can be embedded within our internal documents and to ensure compliance with the objectives of the HR Act in our guiding documentation.

Darling Downs Health received 11 human rights complaints this financial year with no further action required. The majority of these related to mental health patients under treatment authorities.

Confidential information

The *Hospital and Health Boards Act 2011* requires annual reports to state the nature and purpose of any confidential information disclosed in the public interest during the financial year. During the 2020-2021 period, two disclosures were authorised in relation to specified patient information. The patient information was disclosed to Health Executives for the purpose of investigating an allegation of a criminal offence potentially committed in their hospitals; the second disclosure was authorising access to clinical records by authorised health staff to assist with completing Census forms for admitted patients unable to complete census information themselves on Census night.

Performance

The Darling Downs Hospital and Health Service Strategic Plan 2020-2024 states the strategic objectives and key performance measures to be achieved over a four-year period. Progress for the 2020-2021 period is outlined below.

Patients First

Engagement of consumer representation on all Tier 2 committees and Tier 3 advisory groups is a key objective for the health service by 2024. A recruitment process was undertaken this financial year to identify suitable consumers – approximately 75 per cent of Tier 2 committees and 90 per cent of Tier 3 groups have one or two consumer representatives as part of the committee terms of reference. Presently over 230 consumer representatives are involved in various committees, advisory groups, working groups and auxiliaries. Further recruitment of consumers will be undertaken in the next financial year to ensure effective partnership with consumers and representation on key committees and meetings.

This year we expanded hospital avoidance programs targeting older people as a commitment to delivering more care locally and where possible in alternative settings.

- Toowoomba Hospital's Specialist Palliative Aged Care Service (SPACE) employed an additional two full-time equivalent nurses to assess, educate and support staff in residential aged care facilities in the provision of palliative care to their residents. Forty-two aged care facilities have been assessed and received model of care education.
- An additional 15-20 beds provided Hospital in the Home Community Aged Care (HITH-CAC) program with an average occupancy of 87 per cent enabling eligible patients to remain in their residence rather than being transferred to hospital.
- The 7-day RaSS service (Residential Acute Care Support Services) was also expanded this year to provide telephone triage and advice as well as an on-call rapid response service as a partnership with RACFs (residential aged care facility) to avoid unnecessary hospital transfer.

Invest in high value care and reduce investment in low value care

High-risk foot services are having a positive impact on the number of lower limb amputations in our region. 86 per cent of high-risk foot patients were seen or managed within 48-hours of referral to an ambulatory podiatry high-risk foot service, resulting in a reduction of amputations and an estimated $1.5 million reduction in inpatients costs (54 per cent reduction) from 2018-2019 to 2020-2021 and an approximate saving of 817 occupied bed days (51 per cent reduction).

Improve Patient Satisfaction score by 5 per cent

The initial plan was to engage BPA Analytics to deliver both a staff satisfaction survey and a patient satisfaction survey. With the adoption of Working for Queensland staff survey, a subsequent decision was made to implement the Queensland Health Patient Reported Experience Measures (PREMs). PREMS was implemented March 2021 with

a 12 per cent response rate over a four month period. The next step will be to analyse the findings and manage the outcomes over the next 12-month period.

Reduce patient complaints by 50 per cent

Darling Downs Health is committed to improving patient experience by reducing complaints by 50 per cent. In 2020-2021 there was a 3 per cent reduction in complaints. Resolution of complaints within 35 working days improved from 80 per cent in 2019-2020 to 86 per cent in 2020-2021. Further analysis is in progress to develop targeted actions to achieve the indicator by 2024.

Achieve pre-COVID Key Performance levels

The health service has undertaken to put patients first by meeting pre-COVID performance levels that matter to our patients.

Table 4: Comparison of performance measures

Performance Measures	Actual 2018-19	Actual 2020-21[a]
Percentage of elective surgery patients treated within clinically recommended times:		
Category 1 (30 days)	98%	98%
Category 2 (90 days)	94.3%	91%
Category 3 (365 days)	97.9%	79%
Percentage of specialist outpatients seen within clinically recommended times		
Category 1 (30 days)	98.4%	97%
Category 2 (90 days)	95.7%	78%
Category 3 (365 days)	98.2%	63%
Percentage of specialist outpatients waiting within clinically recommended times		
Category 1 (30 days)	100%	100%
Category 2 (90 days)	100%	89%
Category 3 (365 days)	100%	98%

Performance measures are derived from the Service Delivery Statements Annual Report 2018-2019 and 2020-2021.

[a] 2020-2021 activity levels continue to be affected by COVID-19 response.

Healthy future

Develop programs that identify and address our most at-risk populations including: the frail, the vulnerable and those with chronic disease

The Health and Wellness Centre is a collaboration between Darling Downs Health and Southern Queensland Rural Health (SQRH) and aims to work towards improving the health and wellness of staff, patients, and the community. The appointment of a Program Lead this year aims to ensure strategic and operational objectives align with community needs and provide programs to address the needs of our most at-risk populations such as Indigenous, refugee, disadvantaged, low socioeconomic or vulnerable groups. The centre has experienced a 43 per cent increase in monthly attendance compared to pre-pandemic times. The centre is conducting student resourced programs and services for the community and this year returned to face-to-face service provision providing 1770 occasions of service.

Reduce potentially preventable hospitalisations by 5 per cent

In 2020-2021 there was a reduction from 9.8 per cent to 9.4 per cent in potentially preventable hospitalisations. It is acknowledged that key strategies to reduce potentially preventable hospitalisations are realised over the longer term. (Reference: SPR DDHHS Performance Report July 2021)

Reduce paediatric obesity rates by 5 per cent

Darling Downs Health is actively involved in several programs to reduce obesity rates in the paediatric age group. The activities and programs delivered are previously reported in the section Statement on government objectives for the community.

Reduce energy consumption and water consumption each by 10 per cent

As previously reported under Statement on government objectives for the community, Darling Downs Health is committed to creating opportunities to reduce energy consumption and water consumption at a work unit, facility and organisational level as published in the Community Sustainability Strategy. The next step is to focus on collecting quantitative data to measure progress.

≥0.5 per cent point reduction in low birthweight babies born to our Aboriginal and Torres Strait Islander women

≥0.5 per cent point reduction in low birthweight babies born to our Aboriginal and Torres Strait Islander women was not achieved this year. The number of Aboriginal and Torres Strait Islander women birthing has remained stable over the last two years whilst there has been an increase in babies born with a low birthweight – increasing from 33 to 46 babies. To address this, Darling Downs Health are partnering with hospital-based Midwifery Group Practice, Inreach kids project Western Downs, BAIBS Project and Boomagam Caring, as well as developing a First 2000 days Model of Care to ensure all babies a healthy start to life. In addition, partner with Darling Downs and West Moreton Primary Health Network to implement a regional approach across the primary healthcare sector to address smoking during pregnancy.

Our people

5 per cent Indigenous workforce by 2024

Currently 2.5 per cent of the Darling Downs Health workforce identifies as Aboriginal and/or Torres Strait Islander. This profile has remained a continual trend and is higher than the Queensland Health average of 2.1 per cent. A number of workforce strategies are in development to reach the target by 2024 and these are referenced in the Aboriginal and Torres Strait Islander Health section of this report.

3 per cent of the workforce identifies with having a disability by 2024

1.9 per cent of the Darling Downs Health workforce identify with having a disability and is above the Queensland Health average of 1.6 per cent. The Darling Downs Health Diversity and Inclusion Community of Practice Action Plan 2020-21 sets minimum targets to support the achievement of this key performance indicator by 2024.

>60 per cent of staff positively engaged as measured by BPA staff survey

Our strategy to have >60 per cent of staff positively engaged as measured by BPA staff survey is under review. The

health service is aligning with the Working for Queensland (WfQ) Survey endorsed by Queensland Health and will provide an opportunity for sector wide analysis and benchmarking.

Zero preventable harm by 2024

There is a synergy between the strategic objectives of *Our people* and *Safer care* to achieve zero preventable harm by 2024 for staff. Several strategies and systems have been implemented this year and these include:

- Commenced the Work Health and Safety Systems Improvement Program which is delivering recommendations and activities from various safety audits and reviews. The program will deliver a robust and efficient safety and wellbeing management system, enhance understanding of everyone's role and responsibility for safety in the workplace, embed a safety culture across all levels of the organisation, and provide assurance that the workplace is safe.
- Commenced development of the safety and wellbeing management system for phased implementation in 2021-22, this includes a dedicated Safety and Wellbeing Strategy that outlines Darling Downs Health's commitment to creating a safe, inclusive and health workplace for staff, empowering them to lead safe and healthy lifestyles.
- Completed Stage 1 of the Occupational Violence Prevention (OVP) and Security review project and commenced Stage 2 which includes implementing an integrated OVP and security management structure, a tiered risk assessment model, tiered training model and improved home visiting and induction practices.
- Implemented fatigue risk management tools (online calculator, checklist, and decision matrix) to help staff assess and manage fatigue related hazards and risks in the workplace.
- Developed a fatigue risk management system and procedure, to ensure effective management of fatigue risk across the organisation, for implementation in first quarter 2021-22.
- Commenced roll out of fit testing as part of the respiratory protection program in early 2021 with 1,342 successful fit tests performed between from March to June 2021.

Safer Care

To achieve zero preventable harm by 2024 for patients, the health service has a multi-pronged approach comprised of:

- Development and commencement of a "learning from patient safety program" including an accelerated clinical incident review process (RCA2) which focuses on quick analysis and review turnaround, commencement of multi-incident analysis and shared recommendation and action learning using podcast and on ward debriefing and handover.
- Rollout of a sepsis prevention and sepsis pathway campaign across Darling Downs Health, including education, sepsis identification and prevention tools and sepsis champion support.
- Development of the clinical incident dashboard for access by wards and facilities providing real-time analytics on performance in clinical care and providing internal and external benchmarking with other wards and facilities across the Darling Downs Health.
- Implementation of SAFE2, a risk-based auditing tool for clinical care which is standardised across the Darling Downs Health. This information provides clear analysis for individual facilities highlighting areas of excellent

performance and areas for targeted actions. Areas identified as requiring action are risk rated, with those areas of highest risk prioritised for action.

Improving everyday

Increase the number of Darling Downs Health led and / or collaboratives approved by Human Research Ethics committee by 25 per cent

In the 2020-2021 financial year, there was five Darling Downs Health led projects and 16 collaborative research projects approved by HREC making a total of 21 projects in total, which is 50 per cent less than the prior year. The decrease is attributable to the extra-ordinary number of COVID-19-related research collaboratives put forward in early 2020.

Increase number of research publications by 25 per cent

This year there were 50 journal publications indicating that research publication output from Darling Downs Health achieved an increase of 25 per cent.

Establish two joint appointments with collaborating universities

The appointment of the Program Lead, Health and Wellness Centre position is the first conjoint appointment between Darling Downs Health and Southern Queensland Rural Health.

Establish 24/7 Interventional Cardiology at Toowoomba Hospital by 2024

The transition to an interventional cardiology service has commenced with the provision of emergency percutaneous coronary interventions (PCI) for STEMI (ST Elevation Myocardial Infarction) public patients at St Andrews Hospital and weekly lists for diagnostic and interventional cardiology by Toowoomba Hospital cardiologists at St Vincent's Hospital. Toowoomba Hospital commenced an implantable device service for implantable pacemakers and implantable defibrillators. A business case to commence diagnostic angiography was approved and will commence in 2021-2022. Plans to co-locate the Cardiac Investigations Unit and Cardiology Department are longer term plans dependent on other infrastructure projects.

Service Standards

Darling Downs Health delivers services in accordance with its obligations outlined in the Service Agreement with the Department of Health and the Service Delivery Statement (SDS). The Service Agreement identifies the health services provided by Darling Downs Health and the funding arrangements, performance indicators and targets to ensure the achievement of outcomes.

Table 5: Service Standards – Performance 2020-2021

Darling Downs Hospital and Health Service	**2020-21 Target**	**2020-21 Actual**
Effectiveness measures		
Percentage of emergency department patients seen within recommended timeframes[1]		
Category 1 (within 2 minutes)	100%	98%
Category 2 (within 10 minutes)	80%	79%
Category 3 (within 30 minutes)	75%	67%
Category 4 (within 60 minutes)	70%	82%
Category 5 (within 120 minutes)	70%	97%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[1]	>80%	82%
Percentage of elective surgery patients treated within the clinically recommended times[2]		
Category 1 (30 days)	>98%	98%
Category 2 (90 days)[3]	..	91%
Category 3 (365 days)[3]	..	79%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[4]	<2	1.2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[5]	>65%	69.4%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[6]	<12%	14.0%
Percentage of specialist outpatients waiting within clinically recommended times[7]		
Category 1 (30 days)	98%	100%
Category 2 (90 days)[8]	..	89%
Category 3 (365 days)[8]	..	98%
Percentage of specialist outpatients seen within clinically recommended times[9]		
Category 1 (30 days)	98%	97%
Category 2 (90 days)[8]	..	78%
Category 3 (365 days)[8]	..	63%
Median wait time for treatment in emergency departments (minutes)[1]	..	12
Median wait time for elective surgery treatment (days)[2]	..	43

Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities[10]	$4,632	$5,050
Other measures		
Number of elective surgery patients treated within clinically recommended times [2]		
Category 1 (30 days)	2,168	2,611
Category 2 (90 days)[3]	..	2,354
Category 3 (365 days)[3]	..	1,135
Number of Telehealth outpatients service events[11]	12,906	14,356
Total weighted activity units (WAU)[12]		
Acute Inpatients	64,848	63,252
Outpatients	12,421	14,090
Sub-acute	6,936	8,017
Emergency Department	18,972	20,624
Mental Health	11,452	12,713
Prevention and Primary Care	2,931	3,056
Ambulatory mental health service contact duration (hours)[5]	>72,612	70,282
Staffing[13]	4,904	4,855

Explanatory notes:

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

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

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

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

5 Mental Health measures reported as at 22 August 2021.

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

7 Waiting within clinically recommended time is a point in time performance report and was impacted by preparing for COVID-19 in 2019-20.

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

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

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

11 Telehealth data reported as at 23 August 2021.

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

13 Corporate FTEs are allocated across the service to which they relate. The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments.

Our performance in 2020-2021 as summarised in the table above, reflects the challenges and successes of meeting the health needs of our community during the COVID-19 pandemic.

- Telehealth non-admitted service events exceeded target by 11 per cent.
- Our health service met the emergency department seen in time targets for category 4 and category 5. Category 3 remains a challenge as our largest hospital experienced an 8 per cent growth in total presentations.
- Elective surgery category 1 patients achieved the target.

Financial Summary

Darling Downs Health reported a surplus of $10.6 million compared to a deficit of $8.7 million in 2019-2020 noting the National Partnership Agreement contribution to support healthcare COVID-19 did not over all costs including loss of revenue (See the Financial Statement for financial impacts from COVID-19 pandemic).

Table 6: Financial summary

Revenue and expenses	FY ending 30 Jun 21 $(000)	FY ending 30 Jun 20 $(000)
Revenue	945,504	883,602
Expenses		
Labour and employment	649,803	616,672
Non-labour	246,397	240,239
Depreciation and amortisation	38,678	35,370
Total Expenses	934,878	892,281
Net surplus or deficit from operations	10,626	(8,679)

Financial outlook

In 2021-2022 Darling Downs Health will have a budget of $937 million, which is an increase of $36 million or 4 per cent from the published 2020-21 operating budget of $901 million.

Anticipated maintenance

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

All Queensland Health entities comply with the Queensland Government Maintenance Management Framework which requires the reporting of anticipated maintenance. As of 30 June 2021, Darling Downs Health had reported anticipated maintenance of $178.8 million. Darling Downs Health has the following strategies in place to mitigate any risks associated with these items:

- Seek assistance from Priority Capital Program

- Engage with the Department of Health around adequate levels of funding for repairs and maintenance (annual negotiations through Service Agreement and periodical negotiations or funding requests to address maintenance events directly relating to health and safety of staff and patients or directly impacting on continuity of healthcare services delivery).

Darling Downs Hospital and Health Service

ABN 64 109 516 141

Financial Statements - 30 June 2021

DARLING DOWNS HOSPITAL AND HEALTH SERVICE
Financial Statements
for the year ended 30 June 2021

Contents

General information

The Darling Downs Hospital and Health Service (Darling Downs Health) is a Queensland Government statutory body established under the *Hospital and Health Boards Act 2011* and its registered trading name is Darling Downs Hospital and Health Service.

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

The principal address of the Darling Downs Hospital and Health Service is:

Jofre
Baillie Henderson Hospital
Cnr Hogg & Tor Streets
Toowoomba QLD 4350

A description of the nature of the operations of Darling Downs Health and its principal activities is included in the notes to the financial statements.

For information in relation to the financial statements of Darling Downs Health, email DDHHS@health.qld.gov.au or visit the Darling Downs Health website at http://www.health.qld.gov.au/darlingdowns/default.asp

DARLING DOWNS HOSPITAL AND HEALTH SERVICE
Statement of Comprehensive Income
for the year ended 30 June 2021

	Notes	2021 $'000	2020 $'000
OPERATING RESULT			
Income from continuing operations			
Funding for public health services	4	824,777	770,599
User charges and fees	5	66,502	64,061
Grants and other contributions	6	48,990	45,197
Interest		175	377
Other revenue	7	4,545	3,048
Total revenue		**944,989**	**883,282**
Gains on disposal/revaluation of assets		515	320
Total income from continuing operations		**945,504**	**883,602**
Expenses from continuing operations			
Employee expenses	8	96,970	86,535
Health service employee expenses	9	552,833	530,137
Supplies and services	11	239,632	231,821
Grants and subsidies		2,974	2,949
Depreciation and amortisation	17 & 18	38,678	35,370
Impairment losses		1,077	1,166
Loss on revaluation of non-current assets	17	-	369
Finance/ borrowing costs		87	53
Other expenses	12	2,627	3,881
Total expenses from continuing operations		**934,878**	**892,281**
Operating result from continuing operations		**10,626**	**(8,679)**
OTHER COMPREHENSIVE INCOME			
Items not reclassified to operating result			
Increase/(decrease) in asset revaluation surplus	17	6,004	4,603
Total items not reclassified to operating result		**6,004**	**4,603**
Total other comprehensive income		**6,004**	**4,603**
TOTAL COMPREHENSIVE INCOME		**16,630**	**(4,076)**

The accompanying notes form part of these financial statements

DARLING DOWNS HOSPITAL AND HEALTH SERVICE
Statement of Financial Position
as at 30 June 2021

	Notes	2021 $'000	2020 $'000
Current assets			
Cash and cash equivalents	13	53,472	56,002
Receivables	14	6,634	6,775
Inventories	15	7,113	7,289
Other current assets	16	11,796	7,753
Total current assets		**79,015**	**77,819**
Non-current assets			
Property, plant and equipment	17	455,746	438,627
Right-of-use assets	18	8,229	2,896
Other non-current assets		48	-
Total non-current assets		**464,023**	**441,523**
Total assets		**543,038**	**519,342**
Current liabilities			
Payables	19	49,670	55,021
Lease Liabilities	18	1,978	1,020
Accrued employee benefits		1,617	4,058
Unearned revenue	20	6,050	5,560
Total current liabilities		**59,315**	**65,659**
Non-current liabilities			
Lease Liabilities	18	6,125	1,776
Total non-current liabilities		**6,125**	**1,776**
Total liabilities		**65,440**	**67,435**
Net assets		**477,598**	**451,907**
Equity			
Contributed equity	21	286,495	277,434
Accumulated surplus/(deficit)		64,053	53,427
Asset revaluation surplus	22	127,050	121,046
Total equity		**477,598**	**451,907**

The accompanying notes form part of these financial statements

DARLING DOWNS HOSPITAL AND HEALTH SERVICE
Statement of Changes in Equity
for the year ended 30 June 2021

	Notes	*Contributed Equity* $'000	*Accumulated Surplus/ (Deficit)* $'000	*Asset Revaluation Surplus* $'000	*Total Equity* $'000
Balance as at 1 July 2019		**263,451**	**62,106**	**116,443**	**442,000**
Operating result from continuing operations		-	(8,679)	-	(8,679)
Other comprehensive income					
Increase/(decrease) in asset revaluation surplus		-	-	4,603	4,603
Total comprehensive income for the year		**-**	**(8,679)**	**4,603**	**(4,076)**
Transactions with owners as owners					
Net assets received / (transferred) during year		(51)	-	-	(51)
Non appropriated equity injections (Inc capital works)		49,404	-	-	49,404
Non appropriated equity withdrawals (depreciation funding)		(35,370)	-	-	(35,370)
Total transactions with owners as owners		**13,983**	**-**	**-**	**13,983**
Balance as at 30 June 2020		**277,434**	**53,427**	**121,046**	**451,907**
Balance as at 1 July 2020		**277,434**	**53,427**	**121,046**	**451,907**
Operating result from continuing operations		-	10,626	-	10,626
Other comprehensive income					
Increase/(decrease) in asset revaluation surplus	17	-	-	6,004	6,004
Total comprehensive income for the year		**-**	**10,626**	**6,004**	**16,630**
Transactions with owners as owners					
Net assets received / (transferred) during year		(100)	-	-	(100)
Non appropriated equity injections (Inc capital works)		47,839	-	-	47,839
Non appropriated equity withdrawals (depreciation funding)		(38,678)	-	-	(38,678)
Total transactions with owners as owners		**9,061**	**-**	**-**	**9,061**
Balance as at 30 June 2021		**286,495**	**64,053**	**127,050**	**477,598**

The accompanying notes form part of these financial statements

DARLING DOWNS HOSPITAL AND HEALTH SERVICE
Statement of Cash Flows
for the year ended 30 June 2021

	Notes	2021 $'000	2020 $'000
Cash flows from operating activities			
Inflows:			
Funding for public health services		784,515	732,754
User charges and fees		64,166	67,276
Grants and other contributions		40,956	36,800
Interest receipts		175	377
GST input tax credits from ATO		17,085	15,499
GST collected from customers		973	819
Other		4,546	3,049
Total cash provided by operating activities		**912,416**	**856,574**
Outflows:			
Employee expenses		99,330	85,962
Health service employee expenses		570,458	524,993
Supplies and services		220,033	219,003
Funding for public health services returned		-	-
Outsourced service delivery		-	-
Grants and subsidies		3,074	2,774
Insurance		-	-
Finance/ borrowing costs		87	53
GST paid to suppliers		16,735	16,544
GST remitted to ATO		1,037	756
Other		2,504	3,723
Total cash used in operating activities		**913,258**	**853,808**
Net cash provided by / (used in) operating activities[1]		**(842)**	**2,766**
Cash flows from investing activities			
Inflows:			
Sales of property, plant and equipment		367	464
Total cash provided by investing activities		**367**	**464**
Outflows:			
Payments for property, plant and equipment		47,921	59,717
Total cash used in investing activities		**47,921**	**59,717**
Net cash provided by / (used in) investing activities		**(47,554)**	**(59,253)**
Cash flows from financing activities			
Inflows:			
Proceeds from machinery-of-Government change		-	-
Proceeds from equity injections		47,839	49,404
Movements in equity - other		-	-
Total cash provided by financing activities		**47,839**	**49,404**
Outflows:			
Equity withdrawals		-	
Lease payments		1,973	1,296
Total cash used in financing activities[2]		**1,973**	**1,296**
Net cash provided by / (used in) financing activities		**45,866**	**48,108**
Net increase (decrease) in cash and cash equivalents		**(2,530)**	**(8,379)**
Cash and cash equivalents at beginning of financial year		56,002	64,381
Cash and cash equivalents at end of financial year	13	**53,472**	**56,002**

[1] Refer to the reconciliation of operating result to net cash provided by / (used in) operating activities in the *Notes to the Statement of Cash Flows*

[2] Refer to the changes in liabilities arising from financing activities in the *Notes to the Statement of Cash Flows*.

The accompanying notes form part of these financial statements

DARLING DOWNS HOSPITAL AND HEALTH SERVICE
Notes to the Statement of Cash Flows
for the year ended 30 June 2021

(a) Reconciliation of operating result to net cash provided by / (used in) operating activities

	2021	*2020*
	$'000	*$'000*
Operating result from continuing operations	10,626	(8,679)
Non-cash items included in operating result		
Depreciation and amortisation	38,678	35,370
Depreciation grant funding	(38,678)	(35,370)
Net gain on revaluation of non-current assets	(315)	-
Net loss on revaluation of non-current assets	-	369
Net (gain)/loss on disposal of non-current assets	(77)	(161)
Assets donated revenue	-	(10)
Change in assets and liabilities		
(Increase)/decrease in trade receivables	(147)	356
(Increase)/decrease in GST input tax credits receivable	350	(1,046)
(Increase)/decrease in other receivables	2	2,862
(Increase)/decrease in inventories	176	(662)
(Increase)/decrease in contract assets	(1,257)	(4,301)
(Increase)/decrease in other current assets	(2,834)	(2,372)
Increase/(decrease) in trade payables	16,406	7,134
Increase/(decrease) in accrued employee benefits	(2,441)	654
Increase/(decrease) in other payables	(21,757)	3,562
Increase/(decrease) in GST input tax credits payable	(64)	63
Increase/(decrease) in contract liabilities and unearned revenue	490	4,997
Net cash provided by / (used in) operating activities	**(842)**	**2,766**

(b) Changes in liabilities arising from financing activities

	2021	*2020*
	$'000	*$'000*
Non-cash changes		
Opening balance	2,796	3,784
New leases acquired	7,280	278
Other	-	30
Cash Flows		
Cash repayments	(1,973)	(1,296)
Closing Balance	**8,103**	**2,796**

DARLING DOWNS HOSPITAL AND HEALTH SERVICE
Notes to the Financial Statements
for the year ended 30 June 2021

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DARLING DOWNS HOSPITAL AND HEALTH SERVICE
Notes to the Financial Statements
For the year ended 30 June 2021

1. Objectives and principal activities of the Darling Downs Hospital and Health Service

Darling Downs Hospital and Health Service (Darling Downs Health) is an independent statutory body, overseen by a local Hospital and Health Board. Darling Downs Health provides public hospital and healthcare services as defined in the service agreement with the Department of Health (DoH).

Details of the services undertaken by Darling Downs Health are included in the Annual Report.

2. Basis of financial statement preparation

(a) Statement of compliance

These financial statements are prepared in compliance with section 62(1) of the *Financial Accountability Act 2009* and section 39 of the *Financial and Performance Management Standard 2019.* The financial statements comply with Queensland Treasury's Minimum Reporting Requirements for periods beginning on or after 1 July 2020.

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

The financial statements are authorised for issue by the Chair of the Board and the Chief Finance Officer at the date of signing the Management Certificate.

(b) Presentation matters

Presentation matters relevant to the financial statements include the following:

- Except where stated, the historical cost convention is used;
- Amounts included in the financial statements are in Australian dollars and have been rounded to the nearest $1,000 or where that amount is $500 or less, to zero, unless disclosure of the full amount is specifically required;
- Comparative information has been restated where necessary to be consistent with disclosures in the current reporting period; and
- Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as 'current' when they are due to be settled within 12 months after the reporting date, or when Darling Downs Health does not have an unconditional right to defer settlement beyond 12 months after the reporting date. All other assets and liabilities are classified as non-current.

(c) Accounting estimates and judgements

The preparation of financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions, and management judgements that have the potential to cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year. Such estimates, judgements and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods as relevant. Reference should be made to the respective notes for more information.

Estimates and assumptions with the most significant effect on the financial statements are outlined in the following notes:

- Revenue recognition (refer to Note 4, Note 5, and Note 6).
- Allowance for impairment of receivables (refer to Note 14(b));
- Revaluation of non-current assets (refer to Note 17(d));
- Estimation of useful lives of assets (refer to Note 17(e)); and
- Fair value and hierarchy of financial instruments (refer to Note 23).

(d) Taxation

Darling Downs Health is exempt from Commonwealth taxation with the exception of Fringe Benefit Tax (FBT) and Goods and Services Tax (GST). All FBT and GST reporting to the Commonwealth is managed centrally by DoH, with payments/receipts made on behalf of Darling Downs Health reimbursed to/from DoH on a monthly basis. GST credits receivable from, and GST payable to, the Australian Tax Office (ATO) are recognised on this basis.

Darling Downs Health, other Hospital and Health Services (HHSs) and DoH satisfy section 149-25(e) of the *A New Tax System (Goods and Services) Act 1999 (Cth)* (the GST Act). Consequently these entities are part of a group for GST purposes under Division 149 of the GST Act. Any transactions between the members of the "group" do not attract GST.

3. New and revised accounting standards

Darling Downs Health did not voluntarily change any of its accounting policies during the year. In addition, no Australian Accounting Standards have been early adopted in the current period.

Accounting Standard AASB 1059 *Service Concession Arrangements: Grantors* applied for the first time in 2020-21. Darling Downs Health is not impacted by the adoption of AASB 1059, as it does not currently have any in-scope arrangements.

All other Australian Accounting Standards and Interpretations with new or future commencement dates are either not applicable to Darling Downs Health's activities, or have no material impact on Darling Downs Health.

4. Funding for public health services

	2021	*2020*
	$'000	*$'000*
Activity based funding	511,927	482,480
Block funding	189,435	190,792
Other system manager funding	123,415	97,327
Total funding for public health services	**824,777**	**770,599**

Funding is provided predominately from DoH for specific public health services purchased by DoH in accordance with a service level agreement. The Commonwealth Government pays its share of National Health funding directly to DoH, for onforwarding to the Hospital and Health Service. The service agreement is reviewed periodically and updated for changes in activities and prices of services delivered by Darling Downs Health. Cash funding from the Department of Health is received fortnightly for State payments and monthly for Commonwealth payments and is recognised as revenue as the performance obligations under the service level agreement are discharged. Commonwealth funding to Darling Downs Health in 2021 was $269.5M (2020: $258.6M). At the end of the year, an agreed technical adjustment between DoH and Darling downs Health may be required for the level of services performed above or below the agreed levels, which may result in a receivable or unearned revenue. The technical adjustment process is undertaken annually according to the provisions of the service level agreement and ensures that the revenue recognised in each financial year correctly reflects Darling Downs Health's delivery of health services.

The service agreement between DoH and Darling Downs Health specifies that DoH funds Darling Downs Health's depreciation charge via non-cash revenue. DoH retains the cash to fund future major capital replacements. This transaction is shown in the Statement of Changes in Equity as a non-appropriated equity withdrawal.

Revenue is recognised as follows:

(a) Activity based funding

The service agreement with DoH provides funding for patient care in activity base funded hospitals. The funding is based on an agreed target number of activities and a state-wide price.

Ordinarily, activity based funding is recognised as public health services are delivered, however due to the impacts of COVID-19 activity based funding was guaranteed by the Commonwealth Government for 2019-20 and 2020-21 financial years under the National Health Reform Agreement. As such DoH has not made any adjustments for under delivery against activity based funding targets.

(b) Block funding

Block funding includes funding for smaller hospitals not funded through activity based funding, specialist mental health hospitals, community mental health, and teaching, training and research.

The service level agreement with DoH does not include any sufficiently specific performance measures for block funding. Revenue is recognised when received.

(c) Other system manager funding

Other system manager funding is for items not covered by the National Health Reform Agreement including items such as prevention, promotion and protection, depreciation and other health services.

Where the specific funding line in the service level agreement with the DoH contains sufficiently specific performance obligations, revenue is initially deferred (as a contract liability) and recognised as or when the performance obligations are satisfied.

4. Funding for public health services (continued)

(c) Other system manager funding (continued)

Otherwise, revenue for the specific funding line is recognised upon receipt, except for special purpose capital funding provided for the acquisition/construction of assets to be controlled by Darling Downs Health. Special purpose capital funding is recognised as unearned revenue when received, and subsequently recognised progressively as Darling Downs Health satisfies its obligations for acquisition/construction of the asset.

Other system manager funding recognised as performance obligations are satisfied

Type of good or service	Nature and timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Breast Screen	Funding is provided for the provision of breast screen services on the basis of the number of screens to be performed. Incentive funding for target groups is also provided on the basis of the number of screens to be performed.	Revenue is recognised under AASB 15 as services are delivered to clients.
Oral Health Services	Funding is provided based on the target number of dental occasions of service to be provided.	Revenue is recognised under AASB 15 as services are delivered to clients.

5. User charges and fees

	2021	*2020*
	$'000	*$'000*
Hospital fees	30,068	27,584
Pharmaceutical benefits scheme reimbursement	23,870	22,496
Sales of goods and services	12,420	13,865
Other user charges - rental income	144	116
Total user charges and fees	**66,502**	**64,061**

(a) Hospital fees

Hospital fees comprise inpatient and outpatient revenue including private patients, Medicare ineligible patients, Workcover and other compensable patients.

Revenue is recognised as services are delivered (i.e. inpatient admission or outpatient occasion of service).

(b) Pharmaceutical benefits scheme reimbursement

Under the Pharmaceutical Benefits Scheme (PBS), the Australian Government subsidises the cost of a wide range of necessary prescription medicines for most medical conditions. In 2002, Queensland Health entered into an agreement with the Australian Government to allow hospital patients (who are being discharged, attending outpatient clinics or are day-admitted to receive chemotherapy treatment) access to medicines listed on the PBS at subsidised prices. Patients are invoiced at the reduced PBS rate and Darling Downs Health's pharmacies lodge monthly claims for co-payments through the PBS arrangement at which time the revenue is recognised.

(c) Sales of goods and services

Sales of goods and services includes recoveries of costs for goods and services provided by Darling Downs Health to DoH and other HHSs, courses and conferences and the National Disability Insurance Scheme.

Revenue is recognised when it is earned and can be measured reliably with a sufficient degree of certainty. This involves either invoicing for the related goods and/or the recognition of accrued revenue.

(d) Other user charges - rental income

Rental revenue is recognised as income on a straight-line basis over the term of the lease. No amounts were recognised in respect of variable lease payments other than CPI-based or market rent reviews.

6. Grants and other contributions

	2021 $'000	2020 $'000
Nursing home grants	15,878	15,358
Home support programme	6,406	6,965
Other specific purpose grants	13,753	11,659
Corporate support services received from DoH	8,880	8,338
Other grants and donations	4,073	2,877
Total grants and other contributions	**48,990**	**45,197**

Where the grant agreement is enforceable and contains sufficiently specific performance obligations for Darling Downs Health to transfer goods or services to a third-party on the grantor's behalf, the transaction is accounted for under AASB 15 *Revenue from Contracts with Customers*. In this case, revenue is initially deferred (as a contract liability) and recognised as or when the performance obligations are satisfied.

Otherwise, the grant is accounted for under *AASB 1058 Income of Not-for-Profit Entities*, 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 Darling Downs Health. Special purpose capital grants are recognised as unearned revenue when received, and subsequently recognised progressively as revenue as Darling Downs Health satisfies its obligations under the grant through construction of the asset.

Goods and services received below fair value are recognised at their fair value, however services are only recognised in the statement of comprehensive income if they would have been purchased had they not been donated, and their fair value can be measured reliably. Where this is the case, an equal amount is recognised as revenue and an expense.

Darling Downs Health has a number of grant agreements that have been identified as having sufficiently specific performance obligations under enforceable grant agreements. The revenue associated with these grants is recognised progressively as the performance obligations are satisfied under AASB 15. The remaining grants do not contain sufficiently specific performance obligations and these grants are recognised upon receipt.

(a) Nursing home grants

Funding is received from the Australian Government for the provision of care in residential aged care facilities. Funding received is based on a daily rate per nursing home resident. The daily rate is determined by the level of care required by the resident. The transaction price is established by the Australian Government and stipulated in the terms of the agreement.

Revenue is recognised as services are provided to nursing home residents.

(b) Home support programme

The Commonwealth Home Support Programme (CHSP) provides entry level support for older people who need help to stay at home. Service providers work with them to maintain their independence. Support can include help with daily tasks, home modifications, transport, social support and nursing care.

Funding is received in advance for individual clients with revenue recognised based on the agreed transaction price as services are delivered to clients.

(c) Other specific purpose grants recognised as performance obligations are satisfied

Type of good or service	Nature and timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Home care packages	Home care packages are designed for those with more complex care needs that go beyond what the CHSP can provide. The Australian Government provides funding on behalf of each person receiving government-subsidised home care. Funding is based on the daily subsidy level. The subsidy level is dependant on the level of care required.	Revenue is recognised under AASB 15 as services are delivered to clients.

6. Grants and other contributions (continued)

(c) Other specific purpose grants recognised as performance obligations are satisfied (continued)

Type of good or service	Nature and timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Transition care	Transition care provides short-term care for older people to help them recover after a hospital stay. The Australian Government provides funding through flexible care subsidies. Funding is based on the basic daily subsidy amount for the day for the care recipient and the dementia and veterans supplement equivalent amount for the day for the care recipient.	Revenue is recognised under AASB 15 as services are delivered to clients.
Specialist training program	The Specialist training program (STP) aims to extend vocational training for specialist registrars into settings outside the traditional metropolitan teaching hospitals, including regional, rural and remote, and private facilities. The program is administered through the specialist medical colleges under funding agreements with the Australian Government. Funding is provided on a pro rata basis for each full time equivalent trainee employed during the year.	Revenue is recognised under AASB 15 in line with the full time equivalent trainees employed during the year.
Remote rural medical benefits scheme	The Rural and Remote Medical Benefits Scheme (RRMBS) has been operating in Queensland since 1997. The Scheme provides an exemption from s19(2) of the *Health Insurance Act 1973* to allow listed sites to claim against the Medicare Benefits Schedule (MBS) for non-admitted primary healthcare services. The Scheme was set up by the Australian Government as a method of providing additional funding for the states in recognition of the additional expenses incurred by the public health system in the provision of primary healthcare services to Aboriginal and Torres Strait Islander patients. RRMBS sites specifically encompass those communities which have a significant Aboriginal and Torres Strait Islander population and whose members have little to no access to these services through the private sector, either due to affordability or the absence of private sector services (i.e. general practitioners).	Revenue is recognised under AASB 15 as services are delivered to clients.
Council of Australian Governments (COAG) - s19(2) exemption initiative	The Council of Australian Governments (GOAG) introduced the Section 19(2) Exemptions Initiative (the initiative) - Improving Access to Primary Care in Rural and Remote Areas Initiative in 2006-07. The Initiative provides for exemptions under s19(2) of the *Health Insurance Act 1973* to allow exempted eligible sites to claim against the Medicare Benefits Schedule (MBS) for non-admitted, non-referred professional services (including nursing, midwifery, allied health and dental services) provided in emergency departments and outpatient clinic settings.	Revenue is recognised under AASB 15 as services are delivered to clients.

6. Grants and other contributions (continued)

(c) Other specific purpose grants recognised as performance obligations are satisfied (continued)

Type of good or service	Nature and timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
National Rural Generalist Pathway	The National Rural Generalist Pathway (NRGP) program aims to extend the Queensland rural generalist program, and implement the Rural Generalist Network (the Network), to improve attraction and retention of Rural Generalists in Queensland. The program provides access to national vocational general practice education and training to medical practitioners seeking specialist general practice registration. Funding is provided according to a defined number of rural primary care rotations.	Revenue is recognised under AASB 15 as services are delivered to clients.

(d) Other grants & donations recognised as performance obligations are satisfied

Type of good or service	Nature and timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Student placements	Darling Downs Health has agreements with tertiary institutions to fund nursing student placements. Practical training/experience is provided to nursing students on placement under these arrangements Funding is provided at agreed rates per student undertaking a placement with Darling Downs Health.	Revenue is recognised under AASB 15 based on student numbers during the period.

(e) Corporate support services received from DoH

Darling Downs Health receives corporate support services support from DoH for no cost. Corporate services received include payroll services, accounts payable services, some taxation services, some supply services and some information technology services. The fair value of these services is listed above. A corresponding expense is recognised in Supplies and Services in the Statement of Comprehensive Income.

7. Other revenue

Other revenue primarily reflects recoveries of payments for contracted staff from third parties such as other government agencies and universities, insurance recoveries, and other recoveries.

8. Employee expenses

	2021	*2020*
	$'000	*$'000*
Wages and salaries	81,894	72,537
Annual leave levy	5,792	5,264
Employer superannuation contributions	6,242	5,478
Long service leave levy	1,993	1,788
Other employee related expenses	1,045	1,178
Redundancies and termination payments	4	290
Total employee expenses	**96,970**	**86,535**

Under section 20 of the *Hospital and Health Boards Act 2011* a Hospital and Health Service (HHS) can employ health executives and contracted senior health service employees, including Senior Medical Officers (SMO) and Visiting Medical Officers (VMO). Non-executive staff working in a HHS, with the exception of SMO and VMO, legally remain employees of DoH (Health service employees, refer to Note 9).

The number of full-time equivalent employees (reflecting health executives and contracted senior health service employees), and the number of full-time equivalent staff (health service employees) that legally remain employees of DoH, is disclosed in Note 10.

8. Employee expenses (continued)

(a) Wages and Salaries

Wages and salaries due but unpaid at reporting date are recognised in the Statement of Financial Position at current salary rates. As Darling Downs Health expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted amounts.

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

(b) Workers compensation premium

Darling Downs Health is insured via a direct policy with WorkCover Queensland. The policy covers health service executives, senior health service employees engaged under a contract, and health service employees. A portion of the premiums paid are reported under other employee related expenses and a portion of the premiums paid are reported under other health service employee related expenses (Note 11) in accordance with the underlying employment relationships.

(c) Sick leave

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

(d) Annual and long service leave levy

Under the Queensland Government's Annual Leave Central Scheme and Long Service Leave Central Scheme, levies are made on Darling Downs Health to cover the cost of employees' annual and long service leave including leave loading and on-costs.

The levies are expensed in the period in which they are payable. Amounts paid to employees for annual and long service leave are claimed from the scheme quarterly in arrears. DoH centrally manages the levy and reimbursement process on behalf of Darling Downs Health.

(e) Superannuation

Post-employment benefits for superannuation are provided through defined contribution (accumulation) plans or the Queensland Government's QSuper defined benefit plan as determined by the employee's conditions of employment.

i) Defined Contribution (Accumulation) Plans

Contributions are made to eligible complying superannuation funds based on the rates specified in the relevant EBA or other conditions of employment. Contributions are expensed when they are paid or become payable following completion of the employee's service each pay period. Effective from 1 July 2017, Board Members, Visiting Medical Officers, and employees can choose their superannuation provider, and Darling Downs Health pays contributions into complying superannuation funds.

ii) Defined Benefit Plan

The liability for defined benefits is held on a whole-of-government basis and reported in those financial statements pursuant to *AASB 1049 Whole of Government and General Government Sector Financial Reporting.* The amount of contributions for defined benefit plan obligations is based upon the rates determined by the Treasurer on the advice of the State Actuary. Contributions are paid by Darling Downs Health to QSuper at the specified rate following completion of the employee's service each pay period. Darling Downs Health's obligations are limited to those contributions paid.

(f) Key management personnel and remuneration

Key management personnel and remuneration disclosures are detailed in Note 32. These may include board members, executives, contracted senior health service employees and health service employees.

9. Health service employee expenses

All non-executive staff, with the exception of SMO and VMO, are employed by DoH. Provisions in the *Hospital and Health Boards Act 2011* enable Darling Downs Health to perform functions and exercise powers to ensure the delivery of its operational plan.

Under this arrangement:

- DoH provides employees to perform work for Darling Downs Health, and acknowledges and accepts its obligations as the employer of these employees;
- Darling Downs Health is responsible for the day-to-day management of these employees; and
- Darling Downs Health reimburses DoH for the salaries and on-costs of these employees.

As a result of this arrangement, Darling Downs Health treats the reimbursements to DoH for departmental employees in these financial statements as Health service employee expenses.

Recoveries of salaries and wages costs for health service employees working for other agencies are recorded as other revenue (Note 7).

Health service employee expenses includes $2,820K of $1,250 one-off, pro-rata payments for 2,256 full-time equivalent employees (announced in September 2019) (2020: $3,135K for 2,508 FTE).

An additional 2 days of leave was granted to all non-executive employees of DoH and HHS's in November 2020, based on set eligibility criteria, as recognition of the effects of the COVID-19 pandemic on staff wellbeing. This leave must be taken within 2 years, or the leave is lost. The entire value of the leave was paid by Darling Downs Health to DoH in advance. The leave is expensed in the period in which it is taken and the remaining balance is treated as a pre-payment to DoH.

10. Full-time equivalent numbers

The full-time equivalent numbers as at 30 June, as calculated by reference to the Minimum Obligatory Human Resource Information (MOHRI) is disclosed below:

	2021	*2020*
Number of employees	228	203
Number of health service employees	4,629	4,562
Total full-time equivalent	**4,857**	**4,765**

11. Supplies and services

	2021 *$'000*	*2020* *$'000*
Clinical supplies and services	37,857	33,011
Pharmaceuticals	31,313	29,670
Consultants and contractors	18,348	23,921
Outsourced service delivery contracts (clinical services)	28,684	20,754
Repairs and maintenance	14,519	14,084
Pathology and laboratory supplies	19,798	16,786
Catering and domestic supplies	10,682	11,152
Corporate support services from DoH	8,880	8,338
Other health service employee related expenses	6,382	6,876
Patient travel	9,097	9,843
Computer services and communications	15,914	14,898
Inter-entity supplies (paid to DoH)	1,422	1,068
Water and utility costs	8,101	8,156
Insurance premiums (paid to DoH)	7,868	7,706
Leases - buildings (including office accommodation and employee housing)	313	320
Leases - motor vehicles	2,308	1,986
Leases - other	406	7
Minor works, including plant and equipment	7,731	14,031
Other travel	1,930	2,255
Building services	2,883	2,778
Motor vehicles	667	778
Other supplies and services	4,529	3,403
Total supplies and services	**239,632**	**231,821**

11. Supplies and services (continued)

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

(a) Insurance premiums

Darling Downs Health is insured under a DoH insurance policy with the Queensland Government Insurance Fund (QGIF) and pays a fee to DoH as a fee for service arrangement. QGIF covers property and general losses above a $10,000 threshold and medical indemnity payments above a $20,000 threshold and associated legal fees. QGIF collects an annual premium from insured agencies intended to cover the cost of claims occurring in the premium year, calculated on a risk assessment basis.

(b) Leases

Leases include lease rentals for short term leases, lease of low value assets and variable lease payments. Refer to Note 18 for a breakdown of lease expenses and other disclosures.

12. Other expenses

External audit fees of $211,900 (2020: $221,260) relates to the audit of the financial statements.

Special payments include ex-gratia expenditure and other expenditure that Darling Downs Health is not contractually or legally obligated to make to other parties. In compliance with the *Financial and Performance Management Standard 2019,* Darling Downs Health maintains a register setting out details of all special payments approved by Darling Downs Health's delegates. Special payments (ex-gratia payments) totaling $60K (2020: $12K) were made during the period.

Special payments during 2020-21 include the following payments over $5,000:

- Payments for matters relating to employment contract disputes
- A compensation payment for out-of-pocket expenses paid to a member of the public

13. Cash and cash equivalents

	2021	*2020*
	$'000	*$'000*
Operating cash on hand and at bank	47,964	49,742
Internally restricted at-call deposits	5,459	6,227
Internally restricted cash at bank	49	33
Total cash and cash equivalents	**53,472**	**56,002**

For the purposes of the Statement of Financial Position and the Statement of Cash Flows, cash assets include all cash and cheques receipted but not banked at reporting date as well as deposits at call with financial institutions.

Darling Downs Health's operating bank accounts are grouped as part of a Whole-of-Government (WoG) set-off arrangement with Queensland Treasury Corporation, which does not earn interest on surplus funds nor is it charged interest or fees for accessing its approved cash debit facility. Any interest earned on the WoG fund accrues to the Consolidated Fund.

Internally restricted cash at bank and at-call deposits represents cash contributions received by Darling Downs Health, primarily from private practice clinicians 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 for stipulated purposes. These funds are retained in the Queensland Treasury Corporation Cash Fund

Internally restricted cash at bank and at-call deposits do not form part of the WoG banking arrangement, and incur fees as well as earn interest. Interest earned from internally restricted accounts is used in accordance with the terms of the contribution. Interest is calculated on a daily basis reflecting market movements in cash funds. Annual effective interest rates (payable monthly) achieved throughout the year range between 0.51% and 1.04% (2020: 0.86% and 2.38%).

14. Receivables

	2021 $'000	2020 $'000
Trade receivables	5,998	5,875
Less: Allowance for impairment loss	(1,130)	(1,154)
Total trade receivables	**4,868**	**4,721**
GST receivable	1,856	2,206
GST (payable)	(96)	(160)
Total GST receivable	**1,760**	**2,046**
Other	6	8
Total other receivables	**6**	**8**
Total receivables	**6,634**	**6,775**

Receivables are measured at amortised cost less any impairment, which approximates their fair value at reporting date. Trade receivables are recognised at the amount due at the time of sale or service delivery i.e. the agreed purchase/contract price. Settlement of these amounts is generally required within 30 days from invoice date. The collectability of receivables is assessed periodically with allowance being made for impairment.

The closing balance of receivables arising from contracts with customers at 30 June 2021 is $5,523K (1 July 2020: $5,875K).

(a) Credit risk exposure of receivables

The maximum exposure to credit risk at balance date for receivables is the gross carrying amount of those assets inclusive of any allowance for impairment. Credit risk on receivables is considered minimal given that $2,508K or 38% (2020: $2,546K or 38%) of total receivables is due from Government, including GST receivable and amounts owing from DoH and other Hospital and Health Services.

(b) Impairment of receivables

Darling Downs Health calculates impairment based on an assessment of individual debtors within specific debtor groupings, including geographic location and service stream (e.g. Aged Care, Home care, Pharmaceutical Services). A provision matrix is then applied to measure expected credit losses. The allowance for impairment reflects Darling Downs Health's assessment of the credit risk associated with receivables balances and is determined based on historical rates of bad debts (by category) and management judgement. The level of allowance is assessed taking into account the ageing of receivables, historical collection rates, and specific knowledge of the individual debtor's financial position.

The COVID-19 pandemic is not expected to result in a significant change to Darling Downs Health's credit risk exposure or allowance for impairment. A significant portion of debts owing to Darling Downs Health are considered to be low risk of default including amounts owing from Government, amounts owing from private health insurers, and amounts owing for long stay residents at nursing homes. Darling Downs Health already considers some debtor categories such as Medicare Ineligible overseas patients as a higher risk of default and recognises a sufficient allowance for impairment for these categories.

When a trade receivable is considered uncollectable, it is written-off against the allowance account. Subsequent recoveries of amounts previously written-off are credited to other revenue. Changes in the carrying amount of the allowance account are recognised in the Statement of Comprehensive Income.

	2021			2020		
Individually Impaired Receivables	**Gross receivables**	**Allowance for impairment**	**Carrying Amount**	**Gross receivables**	**Allowance for impairment**	**Carrying Amount**
Overdue	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Less than 30 days	83	(83)	-	68	(68)	-
30 to 60 days	154	(154)	-	71	(71)	-
60 to 90 days	66	(66)	-	80	(80)	-
Greater than 90 days	393	(393)	-	392	(392)	-
Total overdue	**696**	**(696)**	-	**611**	**(611)**	-
General impairments	5,302	(434)	4,868	5,264	(543)	4,721
Total allowance for impairment	**5,998**	**(1,130)**	**4,868**	**5,875**	**(1,154)**	**4,721**

14. Receivables (continued)

(b) Impairment of receivables (continued)

Movements in the allowance for impairment loss	*2021*	*2020*
	$'000	*$'000*
Balance at the beginning of the financial year	1,154	1,615
Amounts written off during the year in respect of bad debts	(1,019)	(1,467)
Increase/(decrease) in allowance recognised in operating result	995	1,006
Balance at the end of the financial year	**1,130**	**1,154**

15. Inventories

	2021	*2020*
	$'000	*$'000*
Clinical supplies and equipment	4,582	4,412
Pharmaceuticals	2,419	2,778
Catering and domestic	86	78
Other	26	21
Total inventories	**7,113**	**7,289**

Inventories are stated at the lower of cost and net realisable value. Cost comprises purchase and delivery costs, net of rebates and discounts received or receivable. Inventories are measured at weighted average cost, adjusted for obsolescence.

Inventories consist mainly of clinical supplies and pharmaceuticals held for distribution to hospitals or residential aged care facilities within Darling Downs Health and other HHSs. These inventories are provided to the facilities at cost. Darling Downs Health provides a central store enabling the distribution of supplies to other HHSs and utilises store facilities managed by DoH.

Unless material, inventories do not include supplies held ready for use in the wards throughout hospital facilities. These are expensed on issue from Darling Downs Health's central store. Items held on consignment are not treated as inventory, but are expensed when utilised in the normal course of business.

16. Other current assets

	2021	*2020*
	$'000	*$'000*
Contract assets	5,558	4,301
Prepayments	2,853	1,235
Other	3,385	2,217
	11,796	**7,753**

Contract assets arise from contracts with customers, and are transferred to receivables when Darling Downs Health's right to payment becomes unconditional, this usually occurs when the invoice is issued to the customer.

Accrued revenue that does not arise from contracts with customers is reported as part of Other.

Significant changes in contract assets balances during the year:

- $1,233K (2020: $2,334K) from the service level agreement with DoH;

Prepayments include payments for maintenance agreements, deposits and other payments of a general nature made in advance.

17. Property, plant and equipment and intangible assets

	Land at fair value $'000	Buildings & improvements at fair value $'000	Plant & equipment at cost $'000	Work in progress at cost $'000	Software purchased at cost $'000	Total $'000
Fair value / cost	35,370	1,155,760	104,563	21,440	498	1,317,631
Accumulated depreciation / amortisation	-	(805,718)	(55,804)	-	(363)	(861,885)
Carrying amount at 30 June 2021	**35,370**	**350,042**	**48,759**	**21,440**	**135**	**455,746**
Represented by movements in carrying amount						
Carrying amount at 1 July 2020	35,232	303,878	43,928	55,394	195	438,627
Acquisitions	-	13	12,213	35,695	-	47,921
Transfers in from other Queensland Government entities	-	-	337	-	-	337
Donations received	-	-	-	-	-	-
Disposals	-	-	(290)	-	-	(290)
Transfers out to other Queensland Government entities	(177)	(257)	(3)	-	-	(437)
Transfer between asset classes	-	68,062	1,587	(69,649)	-	-
Net revaluation increments/(decrements)	315	6,004	-	-	-	6,319
Depreciation and amortisation	-	(27,658)	(9,013)	-	(60)	(36,731)
Carrying amount at 30 June 2021	**35,370**	**350,042**	**48,759**	**21,440**	**135**	**455,746**

	Land at fair value $'000	Buildings & improvements at fair value $'000	Plant & equipment at cost $'000	Work in progress at cost $'000	Software purchased at cost $'000	Total $'000
Fair value / cost	35,232	1,116,476	94,578	55,394	498	1,302,178
Accumulated depreciation / amortisation	-	(812,598)	(50,650)	-	(303)	(863,551)
Carrying amount at 30 June 2020	**35,232**	**303,878**	**43,928**	**55,394**	**195**	**438,627**
Represented by movements in carrying amount						
Carrying amount at 1 July 2019	35,625	319,133	44,318	9,828	291	409,195
Acquisitions	-	213	7,946	51,557	-	59,716
Transfers in from other Queensland Government entities	-	-	15	-	-	15
Donations received	-	-	10	-	-	10
Disposals	(24)	-	(279)	-	-	(303)
Transfers out to other Queensland Government entities	-	-	(66)	-	-	(66)
Transfer between asset classes	-	5,979	12	(5,991)	-	-
Net revaluation increments/(decrements)	(369)	4,603	-	-	-	4,234
Depreciation and amortisation	-	(26,050)	(8,028)	-	(96)	(34,174)
Carrying amount at 30 June 2020	**35,232**	**303,878**	**43,928**	**55,394**	**195**	**438,627**

17. Property, plant and equipment and intangible assets (continued)

(a) Recognition of property plant and equipment

Items of property, plant and equipment with a cost or other value equal to or in excess of the following thresholds and with a useful life of more than one year are reported as Property, Plant and Equipment in the following classes. Items below these values are expensed in the year of acquisition.

Class	Threshold
Buildings (including site improvements)	$10,000
Land	$1
Plant and equipment	$5,000

Expenditure on property, plant and equipment is capitalised where it is probable that the expenditure will produce future service potential for Darling Downs Health. Subsequent expenditure is only added to an asset's carrying amount if it increases the service potential or useful life of that asset. Maintenance expenditure that merely restores original service potential (lost through ordinary wear and tear) is expensed.

Complex assets comprise separately identifiable components (or groups of components) of significant value, that require replacement at regular intervals and at different times to other components comprising the complex asset. The accounting policy for depreciation of complex assets, and estimated useful lives of components, are disclosed in Note 17(e).

Intangible assets of Darling Downs Health comprise purchased software. Intangible assets with a historical cost or other value equal to or greater than $100,000 are recognised in the financial statements. Items with a lesser value are expensed. Any training costs are expensed as incurred.

There is no active market for any of Darling Downs Health's intangible assets. As such, the assets are recognised and carried at historical cost less accumulated amortisation and accumulated impairment losses.

No intangible assets have been classified as held for sale or form part of a disposal group held for sale.

(b) Cost of acquisition of assets

Cost is used for the initial recording of all non-current property, plant and equipment acquisitions. Cost is determined as the fair value given as consideration plus costs incidental to the acquisition, including all other costs incurred in getting the assets ready for use, including architects' fees and engineering design fees. However, any training costs are expensed as incurred.

Where assets are received free of charge from another Queensland Government entity (whether as a result of a machinery-of-government change or other involuntary transfer), the acquisition cost is recognised as the carrying amount in the books of the transferor immediately prior to the transfer.

(c) Measurement of non-current assets

Plant and equipment is measured at cost net of accumulated depreciation and accumulated impairment losses in accordance with Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector. The carrying amounts for plant and equipment at cost do not materially differ from their fair value.

Land, buildings and improvements are measured at their fair value in accordance with *AASB 116 Property, Plant and Equipment*, *AASB 13 Fair Value Measurement* and Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector. These assets are reported at their revalued amounts, being the fair value at the date of valuation, less any subsequent accumulated depreciation and accumulated impairment losses where applicable.

In respect of the above mentioned asset classes, the cost of items acquired during the financial year has been judged by management to materially represent their fair value at the end of the reporting period. Assets under construction are not revalued until they are ready for use.

17. Property, plant and equipment and intangible assets (continued)

(d) Revaluation of non-current assets

Land, buildings and improvements classes measured at fair value are revalued on an annual basis by comprehensive or desktop valuations, or by the use of appropriate and relevant indices provided by independent experts. Comprehensive valuations are undertaken at least once every four years. However, if a particular asset class experiences significant and volatile changes in fair value, that class is subject to specific appraisal in the reporting period, where practicable, regardless of the timing of the last specific appraisal. Materiality is considered in determining whether the difference between the carrying amount and the fair value of an asset warrants a revaluation.

Where assets have not been comprehensively valued in the reporting period, their previous valuations are materially kept up to date via a desktop valuation, or the application of relevant indices. Darling Downs Health ensures that the application of such indices results in a valid estimation of the assets' fair values at reporting date. The external valuer supplies the indices used. Such indices are either publicly available, or are derived from market information available to the valuer. The valuer provides assurance of their robustness, validity and appropriateness for application to the relevant assets.

Indices used are also tested for reasonableness by applying the indices to a sample of assets, comparing the results to similar assets that have been valued by an independent professional valuer, and analysing the trend of changes in values over time. Through this process, which is undertaken annually, management assesses and confirms the relevance and suitability of indices provided by the valuer based on Darling Downs Health's own particular circumstances.

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, in which case, it is recognised as income. A decrease in the carrying amount on revaluation is charged as an expense, to the extent it exceeds the balance, if any, in the revaluation surplus relating to that asset class.

The comprehensive valuations are based on valuation techniques that maximise the use of available and relevant observable inputs and minimise the use of unobservable inputs. Details of Darling Downs Health's fair value classification of non-current assets are provided in Note 23.

Fair value measurement - land

Darling Downs Health has engaged the State Valuation Service (SVS) to provide a market based valuation in accordance with a four year rolling revaluation program (with indices applied in the intervening periods). Desktop valuations were undertaken for high-value land parcels outside the geographic area being comprehensively valued, based on their unique and complex nature.

The revaluation program excludes properties which do not have an active market, for example properties under Deed of Grant (recorded at a nominal value of $1).

The fair value of land was based on publicly available data on sales of similar land in nearby localities prior to the date of the revaluation. In determining the values, adjustments were made to the sales data to take into account the location of the land, its size, street/road frontage and access, and any significant restrictions. The extent of the adjustments made varies in significance for each parcel of land.

The 2020-21 revaluation program resulted in an increment of $315K (2020: decrement of $369K) to the carrying amount of land, and is recognised in the Statement of Comprehensive Income as a gain on revaluation of assets.

The COVID-19 pandemic has resulted in uncertainty in the property market leading to significant valuation uncertainty. Valuations are based upon sales information and statistical economic information at the time of valuation. The assessed value may change significantly and unexpectedly over time. It is expected that the property market may experience greater uncertainty due to the COVID-19 pandemic, however the future effects on asset valuations are unable to be reliably predicted at this point in time.

Fair value measurement - buildings and improvements

Darling Downs Health engaged independent experts, AECOM Pty Ltd to undertake building revaluations in accordance with a four year rolling revaluation program (with indices applied in the intervening periods).

17. Property, plant and equipment and intangible assets (continued)

(d) Revaluation of non-current assets (continued)

Fair value measurement - buildings and improvements (continued)

Reflecting the specialised nature of health service buildings and on hospital-site residential facilities, for which there is no active market, fair value is determined using the current replacement cost methodology. Current replacement cost is a valuation technique that reflects the amount that would be required today to replace the service capacity of an asset. Current replacement cost is calculated as replacement cost less adjustments for obsolescence.

To determine the replacement cost, the lowest cost that would be incurred today, to replace the existing building with a modern equivalent, is assessed. The valuation assumes a modern equivalent building will comply with current legislation (e.g. building code) and provide the same service function and form (shape and size) as the original building but with more contemporary design, materials, safety standards and construction approaches.

In determining the revalued amount the measurement of key quantities of certain elements includes:

- Building footprint (roof area);
- Girth of the building;
- Height of the building;
- Number of staircases; and
- Number of lift 'stops'.

Key quantities are measured from drawings provided and verified on site during inspections. These measured quantities are assigned unit rates to determine a base replacement cost for each element. The unit rates are derived from recent similar projects analysed at an elemental level. 'On-costs' have been incorporated to provide for:

- Contractors preliminary items (establishment, supervision, scaffolding, tower cranes, etc.);
- Project contingencies;
- Professional and statutory fees; and
- Client costs (management of the project etc).

The replacement cost of an asset is adjusted for obsolescence. There are three types of obsolescence factored into current replacement cost, functional, economic and physical obsolescence. Functional and economic obsolescence are adjustments to the gross value of the asset. This adjustment reflects the value embodied in components of a modern equivalent building that are either not present in the existing asset or that are inefficient or inadequate relative to a modern equivalent building due to technological developments or other external factors.

Physical obsolescence is time based and is therefore reflected in the calculation of accumulated depreciation. This adjustment reflects the loss in value of the building caused by factors such as wear and tear, physical stressors and other environmental factors Physical obsolescence is calculated as straight-line depreciation, that is, the replacement cost depreciated over the total useful life of the asset. The total useful life of the asset is a combination of expired useful life and an estimate of remaining useful life.

Significant judgement is also used to assess the remaining service potential of the facility, given local climatic and environmental conditions, and records of the current condition assessment of the facility.

The revaluation program resulted in an increment of $6,004K (2020: $4,603K) to the carrying amount of buildings.

The fair value of buildings is not currently expected to be significantly impacted by the economic effects of COVID-19.

(e) Depreciation and amortisation

Land is not depreciated as it has an unlimited useful life.

Property, plant and equipment is depreciated on a straight-line basis so as to allocate the net cost or revalued amount of each asset progressively over its estimated useful life to Darling Downs Health.

Assets under construction (work-in-progress) are not depreciated until the earlier of construction being complete or the asset is ready for its intended use. These assets are then reclassified to the relevant class within property, plant and equipment.

17. Property, plant and equipment and intangible assets (continued)

(e) Depreciation and amortisation (continued)

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

Major components purchased specifically for particular assets are capitalised and depreciated on the same basis as the asset to which they relate. Where components are not separately accounted for, a review is undertaken annually to confirm there is no material effect on reported depreciation expense.

The depreciable amount of improvements to or on leasehold land is allocated progressively over the shorter of the estimated useful lives of the improvements or the unexpired period of the lease.

All asset useful lives are reviewed annually to ensure that the remaining service potential of the assets is reflected in the financial statements. Darling Downs Health determines the estimated useful lives for its property, plant and equipment based on the expected period of time over which economic benefits arising from the use of the asset will be derived. Significant judgement is required to determine useful lives which could change significantly as a result of technical innovations or other circumstances and events. The depreciation charge will increase where the useful lives are less than previously estimated, or the asset becomes becomes technically obsolete or non-strategic assets that have been abandoned or sold are written-off or written-down. For Darling Downs Health's depreciable assets, the estimated amount to be received on disposal at the end of their useful life (residual value) is determined to be zero.

All intangible assets of Darling Downs Health have finite useful lives and are amortised on a straight line basis over their estimated useful life. Straight line amortisation is used reflecting the expected consumption of economic benefits on a progressive basis over the intangibles useful life. The residual value of Darling Downs Health's intangible assets is zero.

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

Class	Depreciation / amortisation rates	
	2021	*2020*
	%	*%*
Buildings and land improvements	0.75 - 7.69	0.75 - 7.69
Plant and equipment	2.27 - 20.00	2.00 - 20.00
Software - purchased	14.29 - 16.67	20.00

(f) Impairment of non-current assets

All property, plant and equipment is assessed for indicators of impairment on an annual basis. If an indicator of possible impairment exists, Darling Downs Health determines the asset's recoverable amount. Recoverable amount is determined as the higher of the asset's fair value less costs to sell and value in use. Any amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss.

As a not-for-profit enity, certain property, plant, and equipment is held for the continuing use of its service capacity, and not for the generation of cash flows. Such assets are typically specialised in nature. In accordance with *AASB 136 Impairment of Assets*, where such assets are measured at fair value under *AASB 13 Fair Value Measurement,* that fair value (with no adjustment for disposal costs) is effectively deemed to be the recoverable amount. As a consequence, *AASB 136* does not apply to such assets unless they are measured at cost.

An impairment loss is recognised immediately in the Statement of Comprehensive Income, unless the asset is carried at a revalued amount, in which case the impairment loss is offset against the asset revaluation surplus of the relevant class to the extent available. Where no asset revaluation surplus is available, in respect of the class of asset, the loss is expensed in the Statement of Comprehensive Income as a revaluation decrement.

Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior years. For assets measured at fair value, to the extent the original decrement was expensed through the Statement of Comprehensive Income, the reversal is recognised in income, otherwise the reversal is treated as a revaluation increase for the class of asset through the asset revaluation surplus. For assets measured at cost, impairment losses are reversed through income.

17. Property, plant and equipment and intangible assets (continued)

(f) Impairment of non-current assets (continued)

All intangible assets are assessed for indicators of impairment on an annual basis. If an indicator of possible impairment exists, Darling Downs Health determines the asset's recoverable amount. Any amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss.

Intangible assets are principally assessed for impairment by reference to the actual and expected continuing use of the asset, including discontinuing the use of the software. Recoverable amount is determined as the higher of the asset's fair value less costs to sell and depreciated replacement cost.

18. Right-of-use assets and lease liabilities

(a) Right-of-use assets

	Buildings & improvements	Plant & equipment	Total
	$'000	$'000	$'000
Fair value / cost	11,316	56	11,372
Accumulated depreciation	(3,112)	(31)	(3,143)
Carrying amount at	**8,204**	**25**	**8,229**
Represented by movements in carrying amount			
Opening balance at 1 July 2020	2,850	46	2,896
Additions	7,285	(5)	7,280
Depreciation charge for the year	(1,931)	(16)	(1,947)
Closing balance at 30 June 2021	**8,204**	**25**	**8,229**
Opening balance at 1 July 2019	3,743	41	3,784
Additions	278	-	278
Depreciation	(1,180)	(16)	(1,196)
Other adjustments	9	21	30
Closing balance at 30 June 2020	**2,850**	**46**	**2,896**

Right-of-use assets are initially recognised at cost comprising the following:

- the amount of the initial measurement of the lease liability;
- lease payments made at or before the commencement date, less any lease incentives received;
- initial direct costs incurred; and
- the initial estimation of restoration costs.

Right-of-use assets are subsequently depreciated over the lease term and are subject to impairment testing on an annual basis.

The carrying amount of right-of-use assets are adjusted for any remeasurement of the lease liability in the financial year following a change in discount rate, a reduction in lease payments payable, changes in variable lease payments that depend upon variable indexes/rates or a change in lease term.

Darling Downs Health measures right-of-use assets from concessionary leases at cost on initial recognition, and measures all right-of-use assets at cost subsequent to initial recognition.

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

Where a contract contains both lease and non-lease components such as asset maintenance services, Darling Downs Health allocates the contractual payments to each component on the basis of their stand alone prices. However, for leases of plant and equipment, Darling Downs Health has elected not to separate lease and non-lease components and instead accounts for them as a single lease component.

18. Right-of-use assets and lease liabilities (continued)

(b) Lease liabilities

	2021	*2020*
Current	*$'000*	*$'000*
Lease liabilities	1,978	1,020
Non-current		
Lease liabilities	6,125	1,776
Total	**8,103**	**2,796**

Lease liabilities are initially recognised at the present value of lease payments over the lease term that are not yet paid. The lease term includes any extension or renewal options that Darling Downs Health is reasonably certain to exercise. The future lease payments included in the calculation of the lease liability comprise the following:

- fixed payments (including in-substance fixed payments), less any lease incentives receivable;
- variable lease payments that depend on an index or rate, initially measured using the index or rate as at the commencement date;
- amounts expected to be payable by Darling Downs Health under residual value guarantees;
- the exercise price of a purchase option that Darling Downs Health is reasonably certain to exercise; and
- payments for termination penalties, if the lease term reflects the early termination.

When measuring the lease liability, Darling Downs health uses its incremental borrowing rate as the discount rate where the interest rate implicit in the lease cannot be readily determined, which is the case for all of Darling Downs Health's leases. To determine the incremental borrowing rate, Darling Downs Health uses loan rates provided by Queensland Treasury Corporation that correspond to the commencement date and term of the lease.

(c) Details of leasing arrangements as lessee

Specialist medical facilities	Darling Downs Health leases commercial premises from which it provides various health services. The lease for its BreastScreen premises commenced in April 2016, and has a two options to extend the lease, each for a further four years. The lease payments are adjusted every year based on market rent reviews. If Darling Downs Health exercises the option to renew the lease, then the lease payments will reflect the market rate at that point. Darling Downs Health commenced the lease for its modular theatre as at 1 December 2020, and has an option to extend the lease for a further three years after the initial lease period. An adjustment to the lease payments will only occur at the point that Darling Downs Health chooses to exercise the option. Other commercial leases include the lease of a medical centre, as well as demountable buildings, and new premises for Women's and Children's Health services.
Employee housing	Darling Downs Health routinely enters into residential leases to facilitate the provision of employee accommodation across the health service. Short-term leases are expensed on a straight-line basis consistent with the lease term. Lease terms and conditions are generally at market prices. Darling Downs Health regularly assesses the requirement for the leases, and rental agreements are ordinarily renewed prior to finalisation of the current lease term.
Equipment	Darling Downs Health's equipment leases are generally on a short-term basis, or leases of low value assets. Lease terms for plant and equipment recognised on balance-sheet can range from 1 to 5 years.

(d) Office accommodation, employee housing and motor vehicles

The Department of Energy and Public Works (DEPW) provides Darling Downs Health with access to office accommodation, employee housing and motor vehicles under government-wide frameworks. These arrangements are categorised as procurement of services rather than as leases because DEPW has substantive substitution rights over the assets. The related service expenses are included in Note 11.

19. Payables

	2021 $'000	2020 $'000
Payable to Department of Health	4,958	24,639
Accrued expenses	14,685	16,784
Trade payables	29,553	13,147
Other	474	451
Total payables	**49,670**	**55,021**

Trade payables are recognised upon receipt of the goods or services ordered and are measured at the nominal amount i.e. agreed purchase/contract price, net of applicable trade and other discounts. Amounts owing are unsecured and generally settled in accordance with the vendor's terms and conditions but within 60 days.

20. Unearned revenue

	2021 $'000	2020 $'000
Contract liabilities	5,349	4,581
Revenue in advance	701	979
Total unearned revenue	**6,050**	**5,560**

Contract liabilities arise from contracts with customers while other unearned revenue arise from transactions that are not contracts with customers.

Of the amount included in the contract liability balance at 1 July 2020, $4,390K has been recognised as revenue in 2020-21.

Revenue recognised in 2020-21 from performance obligations satisfied or partially satisfied in previous periods is nil.

Significant changes in contract liabilities during the year:

- $793K for unachieved activity in Commonwealth Home Support packages (CHSP)

Contract liabilities at 30 June 2021 include:

- $1,984K from the Commonwealth Department of Health for the Rural Junior Doctor Training Innovation Fund
- $1,030K Home Care Package client balances
- $833K for delivery of the National Rural Generalist Program
- $793K for delivery of Commonwealth Home Support packages (CHSP)

21. Contributed equity

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

Transactions with owners as owners include equity injections for non-current asset acquisitions. Assets received or transferred by Darling Downs Health are accounted for in line with the accounting policy outlined in Note 17(b). Transactions with owners as owners also includes non-cash equity withdrawals to offset non-cash depreciation funding received under the service agreement with DoH.

Construction of major health infrastructure continues to be managed and funded by DoH. Upon practical completion of a project, assets are transferred from DoH to Darling Downs Health by the Minister for Health and Ambulance Services as a contribution by the State through equity.

The value of assets received or transferred are outlined in the table below:

	2021 $'000	2020 $'000
Transfers from DoH	337	66
Transfers to DoH	(437)	(15)
Total net assets received or transferred	**(100)**	**51**

22. Asset revaluation surplus

	Land	Buildings & improvements	Total
	$'000	$'000	$'000
Balance at 1 July 2019	-	116,443	116,443
Revaluation increment/(decrement)	-	4,603	4,603
Balance at 30 June 2020	**-**	**121,046**	**121,046**
Revaluation increment/(decrement)	-	6,004	6,004
Balance at 30 June 2021	**-**	**127,050**	**127,050**

The asset revaluation surplus represents the net effect of upwards and downwards revaluations of assets to fair value.

23. Fair value measurement

Fair value is the price that would be received upon sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date under current market conditions (i.e. an exit price) regardless of whether that price is directly derived from observable inputs or estimated using another valuation technique. Fair value measurement can be sensitive to various valuation inputs selected. Considerable judgement is required to determine what is significant to fair value.

Observable inputs are publicly available data that are relevant to the characteristics of the assets/liabilities being valued. Observable inputs used by Darling Downs Health include, but are not limited to, published sales data for land and buildings.

Unobservable inputs are data, assumptions and judgements that are not available publicly, but are relevant to the characteristics of the assets/liabilities being valued. Significant unobservable inputs used by Darling Downs Health include, but are not limited to, subjective adjustments made to observable data to take account of the specialised nature of health service buildings and on hospital-site residential facilities, including historical and current construction contracts (and/or estimates of such costs), and assessments of physical condition and remaining useful life. Unobservable inputs are used to the extent that sufficient relevant and reliable observable inputs are not available for similar assets/liabilities.

A fair value measurement of a non-financial asset takes into account a market participant's ability to generate economic benefits by using the asset in its highest and best use or the current replacement cost for a specific-use asset.

Details of the valuation approach as well as the observable and unobservable inputs used in deriving the fair value of non-financial assets are disclosed in Note 17(d).

Darling Downs Health does not recognise any financial assets or liabilities at fair value, except for cash and cash equivalents. The fair value of trade receivables and payables is assumed to approximate the value of the original transaction, less any allowance for impairment.

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

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

None of Darling Downs Health's valuations of assets or liabilities are eligible for categorisation into Level 1 of the fair value hierarchy.

There were no transfers of assets between fair value hierarchy levels during the period.

23. Fair value measurement (continued)

Categorisation of fair value of assets and liabilities measured at fair value

	Level 2		Level 3		Total	
	2021	2020	2021	2020	2021	2020
	$'000	$'000	$'000	$'000	$'000	$'000
Land	35,370	35,232	-	-	35,370	35,232
Buildings and improvements	543	634	349,499	303,243	350,042	303,877
Total	**35,913**	**35,866**	**349,499**	**303,243**	**385,412**	**339,109**

Reconciliation of non-financial assets categorised as Level 3:

As at 1 July 2019	318,473
Acquisitions (including upgrades)	213
Transfer between asset classes	5,979
Net revaluation increments/(decrements)	4,585
Depreciation and amortisation charge for the year	(26,007)
As at 30 June 2020	**303,243**
Acquisitions (including upgrades)	13
Transfers out to other Queensland Government entities	(201)
Transfer between asset classes	68,062
Net revaluation increments/(decrements)	6,004
Depreciation and amortisation charge for the year	(27,622)
As at 30 June 2021	**349,499**

24. Financial instruments

(a) Recognition

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

(b) Classification

Financial instruments are classified and measured as follows:

- Cash and cash equivalents - held at amortised cost (Note 13);
- Receivables - held at amortised cost (Note 14); and
- Payables - held at amortised cost (Note 19).

Darling Downs Health does not enter into transactions for speculative purposes, nor for hedging.

(c) Financial risk management objectives

Financial risk is managed in accordance with Queensland Government and Darling Downs Health policy. These policies provide written principles for overall risk management, as well as policies covering specific areas, and aim to minimise potential adverse effects of risk events on the financial performance of Darling Downs Health.

Darling Downs Health's activities expose it to a variety of financial risks: credit risk, liquidity risk, and market risk.

Darling Downs Health measures risk exposure using a variety of methods as follows:

Risk exposure	***Measurement method***
Credit risk	Ageing analysis, earnings at risk
Liquidity risk	Monitoring of cash flows by management of accrual accounts, sensitivity analysis
Market risk	Interest rate sensitivity analysis

24. Financial instruments (continued)

(c) Financial risk management objectives (continued)

i) Credit risk exposure

Credit risk exposure refers to the situation where Darling Downs Health may incur financial loss as a result of another party to a financial instrument failing to discharge their obligation.

Credit risk on cash and cash equivalents is considered minimal given all Darling Downs Health's deposits are held through the Commonwealth Bank of Australia and by the State through Queensland Treasury Corporation. The maximum exposure to credit risk is limited to the balance of cash and cash equivalents shown in Note 13.

Credit risk on receivables is disclosed in Note 14(a).

No financial assets have had their terms renegotiated as to prevent them from being past due or impaired and are stated at the carrying amounts as indicated.

ii) Liquidity risk

Liquidity risk refers to the situation where Darling Downs Health may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

Darling Downs Health has an approved debt facility of $11 million (2020: $11 million) under WoG banking arrangements to manage any short term cash shortfalls. This facility has not been drawn down as at 30 June 2021 (2020: nil). The liquidity risk of financial liabilities held by Darling Downs Health is limited to the payables balance as shown in Note 19.

iii) Market risk

Market risk refers to the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.

Darling Downs Health is exposed to interest rate changes on 24 hour at-call deposits but there is no interest rate exposure on its cash and fixed rate deposits.

Darling Downs Health does not undertake any hedging in relation to interest rate risk and manages its risk as per Darling Downs Health liquidity risk management strategy articulated in Darling Downs Health's Financial Management Practice Manual. Changes in interest rates have a minimal effect on the operating result of Darling Downs Health.

25. Commitments for expenditure

Capital expenditure commitments

Commitments for capital expenditure at reporting date (inclusive of non-recoverable GST input tax credits) are payable:

	2021	*2020*
	$'000	*$'000*
Buildings		
Not later than 1 year	8,199	27,960
Total capital and operating expenditure commitments	**8,199**	**27,960**
Plant and Equipment		
Not later than 1 year	3,029	5,408
Total capital and operating expenditure commitments	**3,029**	**5,408**

26. Contingencies

(a) Litigation in progress

Medical indemnity is underwritten by the Queensland Government Insurance Fund (QGIF). Darling Downs Health's liability in this area is limited to an excess of $20,000 per insurance event (refer Note 11(a) Insurance premiums). Darling Downs Health's legal advisers and management believe it is not possible to make a reliable estimate of the final amounts payable (if any) in respect of the litigation before the courts at this time.

As at 30 June 2021, the following number of cases were filed in the courts naming the State of Queensland acting through Darling Downs Health as defendant.

	2021 Number of cases	2020 Number of cases
Supreme Court	4	6
District Court	2	2
	6	**8**

(b) Guarantees and undertakings

As at reporting date, Darling Downs Health held bank guarantees from third parties for capital works projects totalling $8,466K (2020: $98K). These amounts have not been recognised as assets in the financial statements.

27. Fiduciary trust transactions and balances

(a) Patient fiduciary funds

Darling Downs Health acts in a fiduciary trust capacity in relation to patient fiduciary funds and Right of Private Practice trust accounts. Consequently, these transactions and balances are not recognised in the financial statements. Although patients funds are not controlled by Darling Downs Health, trust activities are included in the audit performed annually by the Auditor-General of Queensland.

Patient fiduciary funds	*2021 $'000*	*2020 $'000*
Balance at the beginning of the year	16,430	13,833
Patient fiduciary fund receipts	20,938	22,439
Patient fiduciary fund payments	(20,765)	(19,842)
Balance at the end of the year	**16,603**	**16,430**
Closing balance represented by:		
Cash at bank and on hand	1,836	846
Refundable patient fiduciary fund deposits *	14,767	15,584
Patient fiduciary fund assets closing balance 30 June	**16,603**	**16,430**

* Following the introduction of new aged care agreements from 1 July 2014 by the Commonwealth Department of Health and Ageing, Darling Downs Health is required to manage payments from residents for refundable accommodation deposits and daily accommodation payments. These funds are treated in a similar manner to patient fiduciary funds, however interest earned is offset against operating and capital costs of the facilities concerned.

(b) Right of private practice (RoPP) scheme

A Right of Private Practice (RoPP) arrangement is where clinicians are able to use Darling Downs Health's facilities to provide professional services to private patients. Darling Downs Health acts as a billing agency in respect of services provided under a RoPP arrangement. Under the arrangement, Darling Downs Health deducts from private patient fees received, a service fee (where applicable) to cover costs associated with the use of Darling Downs Health's facilities and administrative support provided to the medical officer. In addition, where applicable under the agreement, some funds are paid to the General Trust. These funds are used to provide staff with grants for study, research, or educational purposes. Transactions and balances relating to the RoPP arrangement are outlined in the following table.

27. Fiduciary trust transactions and balances (continued)

(b) Right of private practice (RoPP) scheme (continued)

Right of Private Practice (ROPP) receipts and payments	*2021*	*2020*
	$'000	*$'000*
Receipts		
Private practice receipts	5,934	4,456
Bank interest	2	4
Total receipts	**5,936**	**4,460**
Payments		
Payments to medical officers	597	602
Payments to Darling Downs Health for recoverable costs	5,245	3,853
Payments to Darling Downs Health's General Trust	94	4
Total payments	**5,936**	**4,460**
Increase in net private practice assets	**-**	**-**
Current assets		
Cash - RoPP	615	398
Total current assets	**615**	**398**
Current liabilities		
Payable to medical officers	31	28
Payable to Darling Downs Health for recoverable costs	552	366
Payable to Darling Downs Health's General Trust	32	4
Total current liabilities	**615**	**398**

28. Controlled entities

As at 30 June 2021 Darling Downs Health does not have a controlling interest in any entity.

29. Climate Risk Disclosure

Darling Downs Health has not identified any material climate related risks relevant to the financial report at the reporting date, however constantly monitors the emergence of such risks under the Queensland Government's Climate Transition Strategy.

30. Budget to actual comparison

This section discloses Darling Downs Health's original published budgeted figures for 2020-21 compared to actual results, with explanations of major variances, in respect of the Darling Downs Health's Statement of Comprehensive Income.

The original budget has been reclassified to be consistent with the presentation and classification adopted in the financial statements.

Statement of Comprehensive Income

	Variance Note	Original Budget 2021 $'000	Actual 2021 $'000	Variance* 2021 $'000
Income from continuing operations				
Funding for public health services	1	790,191	824,777	34,586
User charges and fees		61,595	66,502	4,907
Grants and other contributions		46,442	48,990	2,548
Interest		324	175	(149)
Other revenue		2,802	4,545	1,743
Total revenue		**901,354**	**944,989**	**43,635**
Gains on disposal/revaluation of assets of assets		-	515	515
Total income from continuing operations		**901,354**	**945,504**	**44,150**
Expenses from continuing operations				
Employee expenses	2	87,866	96,970	(9,104)
Health service employee expenses		551,337	552,833	(1,496)
Supplies and services	3	219,380	239,632	(20,252)
Grants and subsidies		4,826	2,974	1,852
Depreciation and amortisation		35,124	38,678	(3,554)
Impairment losses		723	1,077	(354)
Loss on revaluation of non-current assets		-	0	0
Finance/ borrowing costs		9	87	(78)
Other expenses		2,089	2,627	(538)
Total expenses from continuing operations		**901,354**	**934,878**	**(33,524)**
Operating result from continuing operations		**-**	**10,626**	**10,626**
OTHER COMPREHENSIVE INCOME				
Items not recyclable to operating result				
Increase/(decrease) in asset revaluation surplus	5	-	6,004	6,004
Total items not recyclable to operating result		**-**	**6,004**	**6,004**
Total other comprehensive income		**-**	**6,004**	**6,004**
TOTAL COMPREHENSIVE INCOME		**-**	**16,630**	**16,630**

** Favourable / (Unfavourable)*

30. Budget to actual comparison (continued)

Statement of Comprehensive Income variance notes

1 Funding for public health services exceeded the original budget by $34.6M. Darling Downs Health received these additional funds through amendments to the service level agreement with DoH. These amendments included $15.3M for activities related to COVID-19 preparedness, $6.4M for additional activity related payments including $1.3M to address waitlists as a result of the COVID-19 pandemic, $5.0M for enterprise bargaining agreements, $3.6M for depreciation, $1.8M for Evolve therapeutic mental health services, and $1.1M for the Commonwealth Aged Care Assessment program. Offsetting these increases in funding were reductions for changes in the model for supply services with Supply Chain Surety Division ($1.4M).

2 Employee expenses exceeded the original budget by $9.1M. $7.8M relates to an increase of 17 FTE. The FTE increase is due to investment in additional senior medical officers to meet patient activity levels in surgery (6 FTE), emergency department activities (4 FTE) and mental health services (2 FTE). 1 FTE relates to specific funding received for COVID-19 related activities.

3 Supplies and services exceeded the original budget by $20.3M. Additional expenditure ($14.8M) was incurred to ensure waitlists were minimised including purchasing additional surgical and dental procedures from external suppliers ($10.0M), surgically implanted prosthetics ($2.2M), clinical supplies ($1.7M) and pathology ($0.9M). Darling Downs Health's COVID-19 response and vaccination program resulted in additional expenditure of $5.9M. Additional expenditure ($5.0M) was incurred for minor works including the Kingaroy Hospital Redevelopment ($2.2M) and the preparation of business cases for the Toowoomba Hospital Redevelopment ($1.3M). Expenditure on Consultants and contractors was $4.9M below budgeted levels with expenditure partially recognised against both Employee expenses and Health service employee expenses.

4 The Asset revaluation surplus exceeded the budgeted levels by $6.0M primarily due to increases in the remaining useful life of built infrastructure in the Southern Downs Region consistent with the results of the 2020-21 building revaluation program.

31. Significant financial impacts from COVID-19 pandemic

The following significant transactions were recognised by Darling Downs Health during the 2020-21 financial year in response to the COVID-19 pandemic.

Statement of Operating Position

Significant expense items arising from COVID-19

	2021	*2020*
	$'000	*$'000*
Public hospital care	6,361	3,029
Clinical support costs	3,989	1,029
Workforce management	3,508	957
Community screening	811	707
Aged and disability care	1,772	589
Public health	3,816	447
System management	-	168
Disaster management	1,160	147
System support	126	102
Community Quarantine	40	-
Expenses relating to COVID-19 response	**21,583**	**7,175**
Other expenses (funding received for COVID-19 response to be returned)	-	605
Total Expenses	**21,583**	**7,780**

Significant revenue items arising from COVID-19

Additional revenue to fund COVID-19 initiatives	**21,573**	**7,780**

Statement of Financial Position	*2021*	*2020*
	$'000	*$'000*
Significant changes in assets arising from COVID-19		
Funding receivable to fund COVID-19 initiatives	2,206	536
Property, plant and equipment	586	2,487
	2,792	**3,023**
Significant changes in liabilities arising from COVID-19		
Return unexpended funding for COVID-19 initiatives	**-**	**605**
Significant equity transactions arising from COVID-19		
Equity transfers to fund asset property, plant and equipment acquisitions	**1,544**	**1,528**

32. Key management personnel and remuneration

(a) Board members

The following details for Board members include those positions that had authority and responsibility for planning, directing and controlling the activities of Darling Downs Health during 2020-21. Further information on these positions can be found in the body of the Annual Report under the section relating to Governing our Organisation.

Name (date appointed and date resigned if applicable)	Responsibilities	Contract classification and appointment authority	Year	Short-term Employee Expenses		Post-Employment Expenses	Total Remuneration
				Base $'000	Non-Monetary Benefits $'000	$'000	$'000
Mike Horan AM 18 May 2012	Chair	Government Board B1	**2021**	81	-	8	89
			2020	80	-	8	88
Dr Dennis Campbell 29 June 2012	Deputy Chair	Government Board B1	**2021**	51	-	5	56
			2020	50	-	5	55
Professor Julie Cotter 18 May 2017	Board Member	Government Board B1	**2021**	47	-	4	51
			2020	47	-	4	51
Cheryl Dalton 29 June 2012	Board Member	Government Board B1	**2021**	47	-	4	51
			2020	46	-	4	50
Dr Ross Hetherington 29 June 2012	Board Member	Government Board B1	**2021**	44	-	4	48
			2020	46	-	4	50
Patricia Leddington-Hill 9 November 2012	Board Member	Government Board B1	**2021**	49	-	4	53
			2020	47	-	4	51
Megan O'Shannessy 18 May 2013 to 17 May 2021	Board Member	Government Board B1	**2021**	41	-	4	45
			2020	46	-	4	50
Marie Pietsch 29 June 2012	Board Member	Government Board B1	**2021**	50	-	4	54
			2020	46	-	4	50
Dr Ruth Terwijn 17 May 2016	Board Member	Government Board B1	**2021**	46	-	4	50
			2020	46	-	4	50
Associate Professor Maree Toombs 18 May 2020	Board Member	Government Board B1	**2021**	40	-	4	44
			2020	4	-	1	5

The date of appointment shown for Board members is the original date of appointment. From time to time, Board members are re-appointed in accordance with *Hospital and Health Boards Act 2011*.

32. Key management personnel and remuneration (continued)

(b) Executive

The following details for key executive management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of Darling Downs Health. Further information on these positions can be found in the body of the Annual Report under the section relating to Executive Management.

i) Darling Downs Health Executives (Employed by Darling Downs Health)

Name and position (date appointed and date resigned if applicable)	Responsibilities	Contract classification and appointment authority	Year	Short-term Employee Expenses		Long-Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Remuneration
				Base $'000	Non-Monetary Benefits $'000	$'000	$'000	$'000	$'000
Dr Peter Gillies Health Service Chief Executive 18 January 2016	Responsible for the overall management of Darling Downs Health through major functional areas to ensure the delivery of key govemment objectives in improving the health and well-being of all Darling Downs residents.	s24 & s70 Appointed by Board under *Hospital and Health Boards Act 2011 (Section 7(3))*	**2021**	503	3	11	43	-	560
			2020	520	3	11	45	-	579
Shirley-Anne Gardiner Executive Director Toowoomba Hospital 1 August 2016	Provides single point accountability and leadership for Toowoomba Hospital.	HES 2-3 Appointed by Chief Executive (CE) under *Section 74 Hospital and Health Boards Act 2011*	**2021**	207	-	4	16	-	227
			2020	210	-	5	16	-	231
Joanne Shaw Executive Director Rural Services 30 April 2018	Provides single point accountability and leadership for the Rural Division within Darling Downs Health. This Division includes twenty hospital and health care services, including co-located residential aged care services, and Mt Lofty Heights Residential Aged Care Facility.	HES 2-3 Appointed by Chief Executive (CE) under *Section 74 Hospital and Health Boards Act 2011*	**2021**	206	-	4	21	-	231
			2020	196	-	4	20	-	220
Malcolm Neilson Executive Director Mental Health Alcohol and Other Drug Services 27 June 2016	Provides single point accountability and leadership for Darling Downs Health's Mental Health, Alcohol and Other Drugs services, including acute in-patient services at Toowoomba Hospital, extended in-patient services at Baillie Henderson Hospital and ambulatory care services located throughout Darling Downs Health.	HES 2-3 Appointed by Chief Executive (CE) under *Section 74 Hospital and Health Boards Act 2011*	**2021**	204	-	4	21	-	229
			2020	199	-	4	20	-	223

32. Key management personnel and remuneration (continued)

(b) Executive (continued)

i) Darling Downs Health Executives (Employed by Darling Downs Health) (continued)

Name and position (date appointed and date resigned if applicable)	Responsibilities	Contract classification and appointment authority	Year	Short-term Employee Expenses		Long-Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Remuneration
				Base $'000	Non-Monetary Benefits $'000	$'000	$'000	$'000	$'000
Jane Ranger Chief Finance Officer 22 August 2016	Provides single point accountability for the Finance Division and coordinates Darling Downs Health's financial management consistent with the relevant legislation and policy directions to support high quality health care within Darling Downs Health.	HES 2-3 Appointed by Chief Executive (CE) under *Section 74 Hospital and Health Boards Act 2011*	**2021**	212	-	5	21	-	238
			2020	230	-	5	23	-	258
Paul Clayton Executive Director Infrastructure 14 October 2016	Provides single point accountability for the Infrastructure Division and coordinates Darling Downs Health's infrastructure projects to support high quality health care within Darling Downs Health.	HES 2-3 Appointed by Chief Executive (CE) under *Section 74 Hospital and Health Boards Act 2011*	**2021**	219	-	5	22	-	246
			2020	223	-	5	22	-	250
Julian Tommei Executive Director Legal and Governance 14 December 2018	Provides leadership, direction, and management of corporate governance and legal activities, and provides assurance to the Board, Health Service Chief Executive and senior management that compliance with legal, financial, corporate or statutory obligations is being maintained.	HES 2-1 Appointed by Chief Executive (CE) under *Section 74 Hospital and Health Boards Act 2011*	**2021**	185	-	4	15	-	204
			2020	184	-	4	15	-	203
Hayley Farry Executive Director Workforce 3 September 2018	Provides executive leadership for workforce services of Darling Downs Health. The position leads Human Resources, People and Culture, Work Health and Safety and Emergency preparedness functions to support employee engagement, safety and productivity to meet service delivery needs.	HES 2-1 Appointed by Chief Executive (CE) under *Section 74 Hospital and Health Boards Act 2011*	**2021**	194	-	4	18	-	216
			2020	196	-	4	19	-	219

32. Key management personnel and remuneration (continued)

(b) Executive (continued)

i) Darling Downs Health Executives (Employed by Darling Downs Health) (continued)

Name and position (date appointed and date resigned if applicable)	Responsibilities	Contract classification and appointment authority	Year	Short-term Employee Expenses		Long-Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Remuneration
				Base $,000	Non-Monetary Benefits $,000	$,000	$,000	$,000	$,000
Dr Hwee Sin Chong Executive Director Queensland Rural Medical Service 24 July 2017	Provides executive leadership for Queensland Country Practice (QCP), including, Relieving Services, Service and Workforce Design and Medical Education Pathways which are all delivered on a State-wide basis. Provides leadership for the promotion of clinical service improvement, consumer satisfaction, clinician engagement, clinical governance, professional and clinical standards as well as clinical workforce education.	20MMOI1 Appointed by Executive (CE) under *Section 74 Hospital and Health Boards Act 2011*	**2021**	521	-	11	40	-	572
Acting Executive Director Medical Services 24 February 2020	Provides professional leadership for the medical services of Darling Downs Health. Leads the development and implementation of strategies that will ensure the medical workforce is aligned with identified service delivery needs, and an appropriately qualified, competent and credentialed workforce is maintained. In addition, the position oversees Medical Research and Clinical Governance, including patient safety and quality.		**2020**	498	1	11	36	-	546

32. Key management personnel and remuneration (continued)

(b) Executive (continued)

i) Darling Downs Health Executives (Employed by Darling Downs Health) (continued)

Name and position (date appointed and date resigned if applicable)	Responsibilities	Contract classification and appointment authority	Year	Short-term Employee Expenses		Long-Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Remuneration
				Base $,000	Non-Monetary Benefits $,000	$,000	$,000	$,000	$,000
Dr Dilip Dhupella Acting Executive Director Queensland Rural Medical Service 18 November 2020 to 23 August 2020	Provides executive leadership for Queensland Country Practice (QCP), including, Relieving Services, Service and Workforce Design and Medical Education Pathways which are all delivered on a State-wide basis. Provides leadership for the promotion of clinical service improvement, consumer satisfaction, clinician engagement, clinical governance, professional and clinical standards as well as clinical workforce education.	20MMOI1 Appointed by Executive (CE) under *Section 74 Hospital and Health Boards Act 2011*	**2021**	61	-	1	5	-	67
			2020	234	-	5	17	-	256
Dr Martin Byrne Executive Director Medical Services 11 July 2016 to 23 February 2020	Provides professional leadership for the medical services of Darling Downs Health. Leads the development and implementation of strategies that will ensure the medical workforce is aligned with identified service delivery needs, and an appropriately qualified, competent and credentialed workforce is maintained. In addition, the position oversees Medical Research and Clinical Governance, including patient safety and quality.	20MMOI1 Appointed by Chief Executive (CE) under *Section 67(2) Hospital and Health Boards Act 2011*	**2021**	-	-	-	-	-	-
			2020	264	1	5	18	-	288

32. Key management personnel and remuneration (continued)

(b) Executive (continued)

ii) Darling Downs Health Executives employed by the Department of Health under Award

Name and position (date appointed and date resigned if applicable)	Responsibilities	Contract classification and appointment authority	Year	Short-term Employee Expenses		Long-Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Remuneration
				Base $,000	Non-Monetary Benefits $,000	$,000	$,000	$,000	$,000
Andrea Nagle Executive Director Nursing and Midwifery Services 24 July 2017	Provides professional leadership for the nursing services of Darling Downs Health. The position leads the development of strategies that will ensure the nursing and midwifery workforce is aligned with service delivery needs.	Nursing and Midwifery - NRG 13-2	**2021**	265	-	6	27	-	298
			2020	272	-	6	28	-	306
Annette Scott* Executive Director Allied Health 4 August 2014	Provides single point accountability and leadership, strategic planning, delivery and evaluation of the Allied Health Professional functions, and Commonwealth Programs, within Darling Downs Health, to optimise quality health care and business outcomes.	Health Practitioner - HP8-4	**2021**	222	-	5	25	-	252
			2020	217	-	5	24	-	246
Jude Wills Acting Executive Director Allied Health 29 October 2020	Provides single point accountability and leadership, strategic planning, delivery and evaluation of the Allied Health Professional functions, and Commonwealth Programs, within Darling Downs Health, to optimise quality health care and business outcomes.	Health Practitioner - HP8-1	**2021**	126	-	3	11	-	140
			2020	-	-	-	-	-	-
Michelle Cleary Acting Executive Director Allied Health 27 March 2020 to 1 August 2020	Provides single point accountability and leadership, strategic planning, delivery and evaluation of the Allied Health Professional functions, and Commonwealth Programs, within Darling Downs Health, to optimise quality health care and business outcomes.	Health Practitioner - HP8-1	**2021**	31	-	1	2	-	34
			2020	81	-	2	8	-	91

*During the 2019-20 and 2020-21 financial year, the officer occupying the Executive Director Allied Health position was seconded to lead the Darling Downs Health COVID-19 response team.

32. Key management personnel and remuneration (continued)

(c) KMP Remuneration Policy

As from 2016-17, the Minister for Health and Ambulance Services is identified as part of Darling Downs Health's KMP, consistent with additional guidance included in *AASB 124 Related Party Disclosures*.

Ministerial remuneration entitlements are outlined in the Legislative Assembly of Queensland's Members' Remuneration Handbook. Darling Downs Health does not bear the cost of remunerating Ministers. The majority of Ministerial entitlements are paid by the Legislative Assembly, with the remaining entitlements being provided by Ministerial Services Branch within the Department of the Premier and Cabinet. As all Ministers are reported as KMP of the Queensland Government, aggregate remuneration expenses for all Ministers is disclosed in the Queensland General Government Whole of Government Consolidated Financial Statements as from 2016-17, which are published as part of Queensland Treasury's Report on State Finances.

The Governor in Council approves the remuneration arrangements for Hospital and Health Board Chair, Deputy Chair and Members. The Chair, Deputy Chair and Members are paid an annual salary consistent with the Government policy titled: *Remuneration of Part-time Chairs and Members of Government Boards, Committees and Statutory Authorities*.

The remuneration policy for Darling Downs Health's Executive personnel is set by the Director-General, Department of Health, as provided for under the *Hospital and Health Boards Act 2011*. The remuneration and other terms of employment for the executive management personnel are specified in employment contracts. In the current reporting period, the remuneration of executive management personnel did not increase (2020: 0.0%), in accordance with Government policy.

Remuneration expenses for executive management personnel comprise the following components:

- Short-term employee expenses which include:
  - (i) Base – consisting of base salary, allowances and leave entitlements earned and expensed for the entire year or for that part of the year during which the employee was key management personnel. Amounts disclosed equal the amount expensed in the Statement of Comprehensive Income; and
  - (ii) Non-monetary benefits – consisting of provision of vehicle and expense payments together with fringe benefits tax applicable to the benefit. Amounts disclosed equal the taxable value of motor vehicles provided to key management personnel including any fringe benefit tax payable;
- Long term employee expenses include long service leave entitlements earned;
- Post employment benefits include amounts expensed in respect of employer superannuation obligations;
- Redundancy payments are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu on termination, regardless of the reason for termination;
- There were no performance bonuses paid in the 2020-21 financial year.

33. Related party transactions

(a) Transactions with joint control entities

As at 30 June 2021 Darling Downs Health does not have a controlling interest in any entity. Darling Downs Health has joint operational control of Southern Queensland Rural Health (SQRH), in collaboration with University of Queensland (UQ), University of Southern Queensland (USQ), and South West Hospital and Health Service (SWHHS). Darling Downs Health provides a building at the Baillie Henderson Hospital campus for the exclusive use of SQRH.

(b) Transactions with KMP or persons and entities related to KMP

A company controlled by a KMP member provides services to Darling Downs Health for the purpose of supporting rural doctors, hospitals and health students to work in rural communities. Services provided include education and training, co-ordination of student research activities, maintenance, furniture and equipment at clinical education facilities in line with the training or accommodation requirements of students and co-ordination of accommodation services at rural facilities. The services are provided to Darling Downs Health at no cost.

All other transactions in the year ended 30 June 2021 between Darling Downs Health and key management personnel including their related parties were on standard commercial terms and conditions or were immaterial in nature.

(c) Transactions with other Queensland Government controlled entities

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

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

	For the year ending 30 June 2021		At 30 June 2021	
	Revenue Received	Expenditure Incurred	Asset	Liability
	$'000	$'000	$'000	$'000
Entity				
Department of Health	877,980	889,056	5,663	9,137
Queensland Treasury Corporation	165	32	20,462	3

Darling Downs Health receives funding in accordance with a service agreement with the DoH. DoH receives the majority of its revenue from the State Government and the Commonwealth.

Darling Downs Health is funded for eligible services through block funding, activity based funding or a combination of both. Activity based funding is based on an agreed number of activities per the service agreement and a state-wide price. The service agreement is reviewed periodically and updated for changes in activities and prices of services delivered by Hospital and Health Services.

Darling Downs Health purchases a number of supplies and services from the DoH including pharmaceuticals, pathology and laboratory services, Information and Communication Technology, aeromedical transport services, and insurance services.

Darling Downs Health has bank accounts with the Queensland Treasury Corporation for internally restricted and patient fiduciary trust monies and receives interest and incurs bank fees on these bank accounts.

33. Related party transactions (continued)

(c) Transactions with other Queensland Government controlled entities (continued)

There are a number of other transactions which occur between Darling Downs Health and other government related entities. These transactions include, but are not limited to, superannuation contributions made to QSuper, rent paid to the Department of Energy and Public Works, audit fees paid to the Queensland Audit Office, payments to and receipts from other Hospital and Health Services to facilitate the treatment of patients, pharmaceuticals, staff, training and other incidentals. These transactions are made in the ordinary course of Darling Downs Health's business and are on standard commercial terms and conditions.

(d) Other

There are no other individually significant transactions with related parties.

34. Events occurring after balance date

No other matter or circumstance has arisen since 30 June 2021 that has significantly affected, or may significantly affect, Darling Downs Health's operations, the results of those operations, or Darling Downs Health's state of affairs in future financial years.

Management Certificate of Darling Downs Hospital and Health Service

These general purpose financial statements have been prepared pursuant to section 62(1) of the *Financial Accountability Act 2009* (the Act), section 39 of the *Financial and Performance Management Standard 2019* and other prescribed requirements. In accordance with 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 financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of Darling Downs Hospital and Health Service for the financial year ended 30 June 2021 and of the financial position of the Darling Downs Hospital and Health Service at the end of that year; and

We acknowledge responsibility under section 7 and section 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.

Mike Horan AM

Chair
Darling Downs Hospital and Health Board
27 / 08 / 2021

Jane Ranger FCPA GAICD BBus CDec

Chief Finance Officer
Darling Downs Hospital and Health Service
27 / 08 / 2021

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INDEPENDENT AUDITOR'S REPORT

To the Board of Darling Downs Hospital and Health Service

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of Darling Downs Hospital and Health Service.

In my opinion, the financial report:

a) gives a true and fair view of the entity's financial position as at 30 June 2021, and its financial performance and cash flows for the year then ended

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

The financial report comprises the statement of financial position as at 30 June 2021, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

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

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

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

Key audit matters

Key audit matters are those matters that, in my professional judgement, were of most significance in my audit of the financial report of the current period. These matters were addressed in the context of my audit of the financial report as a whole, and in forming my opinion thereon, and I do not provide a separate opinion on these matters.

Valuation of specialised buildings $350.04 million.

Refer to the Note 17 in the financial report.

Key audit matter	How my audit addressed the key audit matter
Fair value of buildings Buildings were material to Darling Downs Hospital and Health Service at balance date and were measured at fair value using the current replacement cost method. Darling Downs Hospital and Health Service performed a combination of comprehensive revaluation of approximately 12.8% of its buildings this year with the remaining assets being revalued using indexation. The current replacement cost method comprises: • Gross replacement cost, less • Accumulated depreciation Darling Downs Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for: • identifying the components of buildings with separately identifiable replacement costs • developing a unit rate for each of these components, including: - estimating the current cost for a modern substitute (including locality factors and on costs) - identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so, estimating the adjustment to the unit rate required to reflect this difference. The measurement of accumulated depreciation involved significant judgements for forecasting the remaining useful lives of building components. The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense. Using indexation required: • significant judgement in determining changes in cost and design factors for each asset type since the previous comprehensive valuation • reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used.	My procedures included, but were not limited to: • assessing the adequacy of management's review of the valuation process. • reviewing the scope and instructions provided to the valuer • assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices • assessing the appropriateness of the components of buildings used for measuring gross replacement costs with reference to common industry practices • assessing the competence, capabilities and objectivity of the experts used to develop the models • for unit rates associated with buildings that were comprehensively revalued this year, on a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: - modern substitute (including locality factors and oncosts) - adjustment for excess quality or obsolescence. • evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices • evaluating useful life estimates for reasonableness by: - reviewing management's annual assessment of useful lives; - at an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement of assets - testing that no building asset still in use has reached or exceeded its useful life - inquiring of management about their plans for assets that are nearing the end of their useful life - reviewing assets with an inconsistent relationship between condition and remaining useful life. Where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.

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Responsibilities of the entity for the financial report

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

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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

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

Report on other legal and regulatory requirements

Statement

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

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

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

Prescribed requirements scope

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

31 August 2021

David Toma
as delegate of the Auditor-General

Queensland Audit Office
Brisbane

Glossary

Term	Meaning
Accessible	Accessible healthcare is characterised by the ability of people to obtain appropriate healthcare at the right place and right time, irrespective of income, cultural background or geography
Accreditation	Accreditation is independent recognition that an organisation, service, program, or activity.
Activity Based Funding (ABF)	A management tool with the potential to enhance public accountability and drive technical efficiency in the delivery of health services by: • capturing consistent and detailed information on hospital sector activity and accurately • measuring the costs of delivery • creating an explicit relationship between funds allocated and services provided • strengthening management's focus on outputs, outcomes and quality • encouraging clinicians and managers to identify variations in costs and practices so they can be managed at a local level in the context of improving efficiency and effectiveness • providing mechanisms to reward good practice and support quality initiatives.
Acute	Having a short and relatively severe course
Acute hospital	Is generally a recognized hospital that provides acute care and excludes dental and psychiatric hospitals
Admission	The process whereby a hospital accepts responsibility for a patient's care and/or treatment. It follows a clinical decision, based on specified criteria, that a patient requires same-day or overnight care or treatment, which can occur in hospital and/ or in the patient's home (for hospital-in-the-home patients).
Allied Health staff (Health Practitioners)	Professional staff who meet mandatory qualifications and regulatory requirements in the following areas: audiology; clinical measurement sciences; dietetics and nutrition; exercise physiology; medical imaging; nuclear medicine technology; occupational therapy; orthoptics; pharmacy; physiotherapy; podiatry; prosthetics and orthotics; psychology; radiation therapy; sonography; speech pathology and social work.

Ambulatory	Care provided to patients who are not admitted to the hospital, such as patients of emergency departments, outpatient clinics and community based (non-hospital) healthcare services.
Antenatal	Antenatal care constitutes screening for health, psychosocial and socioeconomic conditions likely to increase the possibility of specific adverse pregnancy outcomes, providing therapeutic interventions known to be effective; and educating pregnant women about planning for safe birth, emergencies during pregnancy and how to deal with them (WHO, 2011).
Block funding	Block funding is typically applied for small public hospitals where there is an absence of economies of scale that mean some hospitals would not be financially viable under Activity Based Funding (ABF), and for community based services not within the scope of Activity Based Funding.
Breast screen	A breast screen is an x-ray of the breast that can detect small changes in breast tissue before they can be felt by a woman or her doctor. A breast screen is for women who do not have any signs or symptoms of breast
Chronic Disease	Chronic disease: Diseases which have one or more of the following characteristics: (1) is permanent, leaves residual disability (2) is caused by non-reversible pathological alteration. (3) requires special training of the individual for rehabilitation, and/or may be expected to require a long period of supervision, observation or care.
Clinical governance	A framework by which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.
Clinical Services Capability Framework (CSCF)	The Clinical Service Capability Framework for Public and Licensed Private Health Facilities outlines the minimum support services, staffing, safety standards and other requirements required in both public and private health facilities to ensure safe and appropriately supported clinical services.
Closing the Gap	A government strategy that aims to reduce disadvantage among Aboriginal peoples and Torres Strait Islanders with respect to life expectancy, child mortality, access to early childhood education, educational achievement, and employment outcomes.
Department of Health	The Department of Health is responsible for the overall management of the public sector health system in Queensland and works in partnership with Hospital and Health Services to ensure the public health system delivers high quality hospital and other health services.

Emergency department waiting time	Time elapsed for each patient from presentation to the emergency department to start of services by the treating clinician. It is calculated by deducting the date and time the patient presents from the date and time of the service event.
Endoscopy	Internal examination of either the upper or lower gastrointestinal tract.
Full-time equivalent (FTE)	Refers to full-time equivalent staff currently working in a position.
Governance	Governance is aimed at achieving organisational goals and objectives, and can be described as the set of responsibilities and practices, policies and procedures used to provide strategic direction, ensure objectives are achieved, manage risks, and use resources responsibly and with accountability.
GP (General Practitioner)	A general practitioner is a registered medical practitioner who is qualified and competent for general practice in Australia. General practitioners operate predominantly through private medical practices.
Hospital	Healthcare facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day-procedure unit and authorised to provide treatment and/or care to patients.
Hospital and Health Board	The Hospital and Health Boards are made up of a mix of members with expert skills and knowledge relevant to managing a complex healthcare organisation.
Hospital and Health Service	Hospital and Health Service (HHS) is a separate legal entity established by Queensland Government to deliver public hospital services.
ieMR (Integrated electronic medical record)	The integrated electronic Medical Record solution allows healthcare professionals to simultaneously access and update patient information.
Inpatient	A patient who is admitted to a hospital or health service for treatment that requires at least one overnight stay.
Internal audit	Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.
Interns	A medical practitioner in the first postgraduate year, learning further medical practice under supervision.
Interventional Cardiology	Interventional cardiology is a branch of cardiology that deals specifically with the catheter based treatment of structural heart diseases.

Key performance indicators	Key performance indicators are metrics used to help a business define and measure progress towards achieving its objectives or critical success factors.
Long wait	A 'long wait' elective surgery patient is one who has waited longer than the clinically recommended time for their surgery, according to the clinical urgency category assigned. That is, more than 30 days for an urgent (category 1) operation, more than 90 days for a semi-urgent (category 2) operation and more than 365 days for a routine (category 3) operation.
Medical practitioner	A person who is registered with the Medical Board of Australia to practice medicine in Australia, including general and specialist practitioners.
Minimum Obligatory Human Resource Information (MOHRI)	MOHRI is a whole of Government methodology for producing an Occupied Full Time Equivalent (FTE) and headcount value sourced from the Queensland Health payroll system data for reporting and monitoring.
Multidisciplinary team	Health professionals employed by a public health service who work together to provide treatment and care for patients. They include nurses, doctors, allied health, and other health professionals.
Multipurpose Health Service (MPHS)	Provide a flexible and integrated approach to health and aged care service delivery for small rural communities. They are funded through pooling of funds from Hospital and Health Services (HHS) and the Australian Government Department of Health and Ageing.
National Disability Insurance Scheme	The National Disability Insurance Scheme (NDIS) is a scheme of the Australian Government that funds costs associated with disability. The scheme was legislated in 2013 and went into full operation in 2020.
National Safety and Quality Health Service Standards (NSQHS)	The NSQHS Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations.
Occasion of service	Any examination, consultation, treatment, or other service provided to a patient.
Outpatient	Non-admitted health service provided or accessed by an individual at a hospital or health service facility.
Outpatient clinic	Provides examination, consultation, treatment, or other service to non-admitted nonemergency patients in a speciality unit or under an organisational arrangement administered by a hospital.
Outreach	Services delivered to sites outside of the service's base to meet or complement local service needs.
Palliative care	Palliative care is an approach that improves quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention of suffering by means of early identification and assessment and treatment of pain and other problems, physical, psychological and spiritual.

Pastoral care	Pastoral Care Services exist within a holistic approach to health, to enable patients, families, and staff to respond to spiritual and emotional needs, and to the experiences of life and death, illness, and injury, in the context of a faith or belief system.
Performance indicator	A measure that provides an 'indication' of progress towards achieving the organisation's objectives. Usually has targets that define the level of performance expected against the performance indicator.
Patient Reported Experience Measures (PREMs)	PREMs –a patient reported experience survey asks patients and parents/carers about their recent experience with the care they/their child received at the hospital. Queensland Health Patient Reported Experience Measures provide the ability to capture real-time patient experience to support clinicians in partnering with patients to achieve safe, high quality care.
Primary healthcare	Primary healthcare services include health promotion and disease prevention, acute episodic care not requiring hospitalisation, continuing care of chronic diseases, education and advocacy.
Primary Health Network	Primary Health Networks (PHNs) replaced Medicare Locals from July 1 2015. PHNs are established with the key objectives of: • increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and • improving coordination of care to ensure patients receive the right care in the right place at the right time. • PHNs work directly with general practitioners, other primary healthcare providers, secondary care providers and hospitals to ensure improved outcomes for patients.
Public Health Unit	Public Health Unit (PHU) focus on protecting health; preventing disease, illness and injury; and promoting health and wellbeing at a population or whole of community level. This is distinct from the role of the rest of the health system which is primarily focused on providing healthcare services to individuals and families.
Public hospital	Public hospitals offer free diagnostic services, treatment, care and inpatient accommodation to Medicare eligible patients. Patients who elect to be treated as a private patient in a public hospital, and patients who are not Medicare eligible are charged for the cost of treatment.
Public patient	A public patient is one who elects to be treated as a public patient, so cannot choose the doctor who treats them, or is receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority.
Queensland Weighted Activity Unit	QWAU is a standardised unit to measure healthcare services (activities) within the Queensland Activity Based Funding (ABF) model.

Registered Nurse	An individual registered under national law to practice without supervision in the nursing.
Renal dialysis	Renal dialysis is a medical process of filtering the blood with a machine outside of the body.
Risk	The effect of uncertainty on the achievement of an organisation's objectives.
Risk management	A process of systematically identifying hazards, assessing and controlling risks, and monitoring and reviewing activities to make sure that risks are effectively managed.
Safety and Reliability	Safety and Reliability Improvement Partners are an exclusive group of healthcare organisations, led by the Cognitive Institute, committed to a quantum leap in the delivery of safer and reliable healthcare.
Separation	Separation The process by which an episode of care for an admitted patient ceases. A separation may be formal or statistical.
Service Delivery Statement (SDS)	Service Delivery Statements provide budgeted financial and non-financial information for the Budget year; https://www.treasury.qld.gov.au/resource/service-deliverystatements/
Statutory bodies / authorities	A non-departmental government body, established under an Act of Parliament.
Sub-acute	Sub-acute care focuses on continuation of care and optimisation of health and functionality.
SUFS Speaking Up for Safety	A Cognitive Institute program implanted by Darling Downs Health to promote safety in the workplace.
Telehealth	Delivery of health-related services and information via telecommunication technologies, including: • live, audio and/or video inter-active links for clinical consultations and educational purposes • store-and-forward Telehealth, including digital images, video, audio and clinical (stored) on a client computer, then transmitted securely (forwarded) to a clinic at another location where they are studied by relevant specialists • Telehealth services and equipment to monitor people's health in their home.
Triage category	Urgency of a patient's need for medical and nursing care.
Visiting Medical Officer	A medical practitioner who is employed as an independent contractor or an employee to provide services on a part time, sessional basis.
Weighted activity unit (WAU)	A single standard unit used to measure all activity consistently.

Working for Queensland (WfQ)	Queensland Health Working for Queensland employee opinion survey. WfQ is an annual survey which measures Queensland public sector employee perceptions of their work, manager, team and organisation.

Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	• **A letter of compliance from the accountable officer or statutory body to the relevant Minister/s**	ARRs – section 7	4
Accessibility	• **Table of contents** • **Glossary**	ARRs – section 9.1	5 97
	• **Public availability**	ARRs – section 9.2	2
	• **Interpreter service statement**	*Queensland Government Language Services Policy* ARRs – section 9.3	2
	• **Copyright notice**	*Copyright Act 1968* ARRs – section 9.4	2
	• **Information Licensing**	*QGEA – Information Licensing* ARRs – section 9.5	2
General information	• **Introductory Information**	ARRs – section 10	10
Non-financial performance	• **Government's objectives for the community and whole-of-government plans/specific initiatives**	ARRs – section 11.1	6
	• **Agency objectives and performance indicators**	ARRs – section 11.2	10 - 11, 39 - 43
	• **Agency service areas and service standards**	ARRs – section 11.3	44
Financial performance	• **Summary of financial performance**	ARRs – section 12.1	46
Governance – management and structure	• **Organisational structure**	ARRs – section 13.1	29
	• **Executive management**	ARRs – section 13.2	25
	• **Government bodies (statutory bodies and other entities)**	ARRs – section 13.3	105
	• **Public Sector Ethics**	*Public Sector Ethics Act 1994* ARRs – section 13.4	37
	• **Human Rights**	*Human Rights Act 2019* ARRs – section 13.5	37
	• **Queensland public service values**	ARRs – section 13.6	10 - 11
Governance – risk management and accountability	• **Risk management**	ARRs – section 14.1	36
	• **Audit committee**	ARRs – section 14.2	24
	• **Internal audit**	ARRs – section 14.3	36
	• **External scrutiny**	ARRs – section 14.4	36
	• **Information systems and recordkeeping**	ARRs – section 14.5	36
	• **Information Security attestation**	ARRs – section 14.6	Not applicable
Governance – human resources	• **Strategic workforce planning and performance**	ARRs – section 15.1	34
	• **Early retirement, redundancy and retrenchment**	Directive No.04/18 *Early Retirement, Redundancy and Retrenchment* ARRs – section 15.2	35
Open Data	• **Statement advising publication of information**	ARRs – section 16	2
	• **Consultancies**	ARRs – section 33.1	https://data.qld.gov.au
	• **Overseas travel**	ARRs – section 33.2	2
	• **Queensland Language Services Policy**	ARRs – section 33.3	https://data.qld.gov.au
Financial statements	• **Certification of financial statements**	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	92
	• **Independent Auditor's Report**	FAA – section 62 FPMS – section 46 ARRs – section 17.2	93

FAA Financial Accountability Act 2009

FPMS Financial and Performance Management Standard 2019

ARRs Annual report requirements for Queensland Government agencies.

Appendix 1

Annual report requirements for Queensland Government agencies for the 2020-21 reporting period

Section 13.3 Government bodies (statutory bodies and other entities)

Name of Government body: Darling Downs Hospital and Health Service Board					
Act or instrument	*Hospital and Health Board Act 2011*				
Functions	The Board provides governance of Darling Downs Hospital and Health Service and is responsible for strategic direction, oversight of financial performance, delivery of quality health outcomes and engagement with consumers and the community.				
Achievements	Overseeing: • Completion of Stage 1 of the Kingaroy Hospital Redevelopment. • Completion of the Toowoomba Hospital Redevelopment Detailed Business Case. • The safe response to the COVID-19 pandemic.				
Financial reporting	Not exempted from audit by the Auditor-General'. Annual financial statements are audited by the QAO. Transactions are accounted for in the annual financial statement.				
Remuneration					
Position	Name	Meetings/sessions attendance	Approved annual, sessional, or daily fee	Approved sub-committee fees if applicable	Actual fees received
Chair	Mr Mike Horan AM	11 of 11 Board Meetings 12 of 12 Executive Committee	$75,000 pa	$4,000 pa Chair, Executive Committee	$87,124
Deputy Chair	Dr Dennis Campbell	11 of 11 Board Meetings 12 of 12 Executive Committee 11 of 11 Finance Committee 4 of 4 Audit & Risk Committee	$40,000 pa	$3,000 pa Member, Executive Committee $4,000 pa Chair, Finance Committee $3,000 pa Member, Audit & Risk Committee	$54,572
Board Member	Emeritus Professor Julie Cotter	11 of 11 Board Meetings 11 of 11 Finance Committee 4 of 4 Audit & Risk Committee	$40,000 pa	$3,000 pa Member, Finance Committee $4,000 pa Chair, Audit & Risk Committee	$51,298

Board Member	Ms Cheryl Dalton	10 of 11 Board Meetings 2 of 4 Audit & Risk Committee 5 of 6 Safety & Quality Committee	$40,000 pa	$3,000 pa Member, Audit & Risk Committee $3,000 pa Member, Safety & Quality Committee	$50,207
Board Member	Dr Ross Hetherington	11 of 11 Board Meetings 12 of 12 Executive Committee 6 of 6 Safety & Quality Committee	$40,000 pa	$3,000 pa Member, Executive Committee $3,000 pa Member, Safety & Quality Committee	$46,253
Board Member	Ms Trish Leddington-Hill	11 of 11 Board Meetings 4 of 4 Audit & Risk Committee 5 of 6 Safety & Quality Committee	$40,000 pa	$3,000 pa Member, Audit & Risk Committee $4,000 pa Chair, Safety & Quality Committee	$51,298
Board Member	Ms Megan O'Shannessy	9 of 11 Board Meetings 9 of 11 Finance Committee 4 of 6 Safety & Quality Committee	$40,000 pa	$3,000 pa Member, Finance Committee $3,000 pa Member, Safety & Quality Committee	$45,371
Board Member	Ms Marie Pietsch	11 of 11 Board Meetings 9 of 11 Finance Committee 2 of 4 Audit & Risk Committee	$40,000 pa	$3,000 pa Member, Finance Committee $3,000 pa Member, Audit & Risk Committee	$50,207
Board Member	Dr Ruth Terwijn	11 of 11 Board Meetings 12 of 12 Executive Committee 9 of 11	$40,000 pa	$3,000 pa Member, Executive Committee	$50,207

		Finance Committee		$3,000 pa Member, Finance Committee	
Board Member	Associate Professor Maree Toombs	10 of 11 Board Meetings 6 of 6 Safety & Quality Committee	$40,000 pa	$3,000 pa Member, Safety & Quality Committee	$43,658
No. scheduled meetings/sessions	11 Board meetings 12 Executive meetings 11 Finance meetings 4 Audit and Risk 6 Safety and Quality				
Total out of pocket expenses	Travel Expenses - $23,744 Motor Vehicle Allowances - $11,781				