

ANNUAL REPORT 2022–23



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Aboriginal people and Torres Strait Islanders are advised that this publication may contain words, names, images and descriptions of people who have passed away.

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 people and Torres Strait Islander people is one we will continue to work diligently towards, creating health equity in line with Commonwealth and Queensland 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: 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.

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Letter of Compliance

31 August 2023

The Honourable Shannon Fentiman MP

Minister for Health, Mental Health and Ambulance Services and Minister for Women

GPO Box48

Brisbane QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2022-2023 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 is provided at page 110 of this annual report.

Your sincerely

A handwritten signature in black ink, appearing to read 'M Horan', with a stylized flourish at the end.

Mr Mike Horan AM

Chair

Darling Downs Hospital and Health Board

Statement on Queensland government objectives for the community

Darling Downs Hospital and Health Service strategic plan 2020-2024 is reviewed annually to ensure alignment with the Queensland Government's objectives for the community; Good jobs, Better services, Great lifestyle and government's vision for Queensland to build future prosperity and growth across the state.

Alignment with the Statement of the Queensland Government's objectives for the community	Darling Downs Hospital and Health Service priorities
Good jobs – Supporting jobs	Our People We aim to attract, retain and empower the right people to create a diverse, inclusive and capable workforce supporting health services in our region.
Good jobs – Investing in skills	Our People Partnering with local universities provides an end-to-end pathway for medical students in our region. We are creating traineeships in a number of professions to attract a workforce and develop their skills.
Better services – Backing our frontline services	Improving Everyday We promote and undertake research and education to lead innovation and learning to deliver world-class care. Patients first We are increasing the number of clinical trials available in our hospitals to deliver more treatment options closer to home for our patients.
Better services – Keeping Queenslanders safe	Healthy future We responded to the Japanese Encephalitis virus mosquito outbreak in Southern Queensland. We provided the Healthy Skin Program in Southern Burnett providing interventions against scabies and skin sores to decrease suffering and complications including rheumatic heart disease.

Alignment with the Statement of the Queensland Government's objectives for the community

Darling Downs Hospital and Health Service priorities

Safer care

We are implementing governance and engagement activities to be a Child Safe Organisation including child centric consumer engagement and staff training to support children and their safety.

Great lifestyle – Growing our regions

Our People

As one of the largest industry sectors in the region, we play an integral role in supporting our regional and rural communities by attracting and retaining our workforce and delivering new infrastructure and investment to the economy.

Message from the Board Chair and Chief Executive

Darling Downs Health delivers world-class health care to our communities, and we are extremely proud of the significant achievements made in the 2022-2023 financial year.

Infrastructure has been a key focus for our health service with construction commencing on several projects across the region. Early enabling works started on the \$1.3 billion New Toowoomba Hospital which will deliver additional overnight beds as well as new and expanded services to cater to our growing population.

The investment in infrastructure extends beyond Baillie Henderson with funding also announced for new hospitals in Tara and Millmerran. The opportunity to build new, modern facilities will enable high-quality care for these communities and we look forward to seeing these projects delivered.

There has certainly been an increase in demand for our services over the past 12 months which is why we were pleased to open an expanded Emergency Department and new Isolation Ward at Toowoomba Hospital at the end of 2022. This has increased capacity, with a new Day Surgery complex also set to increase the surgical capacity for our region with two, new state-of-the-art operating theatres. Construction of this at Baillie Henderson has progressed well throughout the financial year and is on track to open in 2024.

The success of our health service is about more than the bricks and mortar because without our dedicated and compassionate staff, we couldn't care for our communities. During 2022-2023 our staff celebrated innovative ways to bring care closer to home. This includes the first diagnostic angiogram at Toowoomba Hospital, the first contrast enhanced mammography biopsy in Queensland, a new primary health clinic in Millmerran, expansion of our teleoncology service and planning for the state's first trial drone program for medical dispatch.

We are proud of the contemporary models of care our current workforce provide and recognise the importance of continuing to deliver a range of strategies to recruit and grow our workforce. For all of our staff, safety and wellbeing is a key priority and something we take very seriously. We are continuously making improvements to the overall safety culture for staff, patients and their loved ones.

Through the launch of our Health Equity Strategy and Health Equity Implementation Plan, we demonstrated our commitment to Aboriginal and Torres Strait Islander health. This work outlines how we will achieve health equity for Aboriginal and Torres Strait Islander people by putting their needs at the centre of how we design and deliver care.

Finally, we would like to acknowledge the exceptional efforts of our staff who work together to help us deliver our vision of Caring for our Communities – Healthier Together.



Annette Scott PSM
Chief Executive



Mike Horan AM
Board Chair

About us

Darling Downs Hospital and Health Service (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, Mental Health and Ambulance Services and Minister for Women.

Darling Downs Health is one of 16 hospital and health services who together with the Department of Health assist the health system to deliver safe, responsive, quality health services for our region's communities. 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.

Darling Downs Health is responsible for the delivery of public hospital and health services to a population of approximately 290,000 people. The geographical catchment of Darling Downs Health spans 88,510 square kilometres. Our Aboriginal and Torres Strait Islander population comprises 6 per cent, compared with 4.7 per cent being the Queensland average. The region is also a recognised refugee Welcome Zone with high rates of refugee settlement and associated health care needs.

Strategic direction

The *Darling Downs Health Strategic Plan 2020–2024* is developed in consultation with the Board, our Executive team, employees and community. It sets the future direction and priorities for the Health Service to meet the healthcare challenges and opportunities of our region.

Our Vision, Purpose and Values

Our Vision - Caring for our communities – healthier together

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

Our 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.

The *Darling Downs Health Strategic Plan 2020-2024* 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 everyday in every environment for everyone.

Improving everyday –

We create an environment that embraces and leads innovation, research and learning.

Public Service values

The Darling Downs Health strategic plan and our values aligns with the Public Service values of, Customer first, Ideas into action, Unleash potential, Be courageous and Empower people. The annual review of the strategic plan provided an opportunity to reaffirm our commitment to the region we serve. The *Darling Downs Health Strategic Plan 2020-2024* has five strategic objectives that contribute to achieving the vision and guide the annual priorities. Each of the strategic objectives is further defined through several key strategies for actioning through operational plans.

Priorities

Patients first

A snapshot of initiatives undertaken by the health service to improve access to healthcare by those who need our care and to deliver improved services.

Darling Downs Health continues to expand care opportunities no matter where our patients live in our region.

- 22 per cent of all Allied Health outpatient appointments were delivered virtually in 2022-2023.
- Outpatient telehealth utilisation continues to exceed target (>25 per cent above).
- Tele chemotherapy also commenced for patients in the South Burnett area. The service is provided by Toowoomba Hospital to patients at Kingaroy Hospital with specially trained nursing team.
- A Request for Advice (RFA) service launched in 2022-2023, with Physiotherapy and Podiatry trials underway. This service allows General Practitioners to request non-urgent, specialist advice for their patients, ultimately avoiding a referral and unnecessary waiting times.
- Better Cardiac Care service was established in September 2022 comprising a multidisciplinary team to improve cardiac health outcomes for Aboriginal and Torres Strait Islander people, vulnerable patients rural and remote patients and patients with complex comorbidities. The patient cohort has experienced reductions in admissions and 85 per cent reduction in unplanned cardiac readmissions in the first quarter of operations.
- Cardiac investigations unit launched Holter monitor services at Warwick Hospital to reduce the need for patients to travel to Toowoomba as frequently.
- The diagnostic angiography service commenced in September 2022 to provide percutaneous coronary intervention in partnership with private hospitals in the region to reduce the need for patients to transfer to Brisbane for care.
- Transcranial Magnetic Stimulation (TMS) treatment commenced at Toowoomba Hospital as another option to treat specific mental health conditions. TMS is a 30-minute procedure completed in an outpatient setting.
- A temporary expansion of our Allied Health Orthopaedic Physiotherapy Screening Clinic (OPSC) has resulted in double the number of patients being removed from the Specialist Outpatient waiting list this financial year compared to last financial year. These patients would usually wait up to 12 months for a Specialist Orthopaedic appointment, but instead are seen much sooner by an advanced-level clinician, who completes a thorough assessment and detailed plan of care.
- Toowoomba Hospital Medical Imaging team performed a first for the service conducting a contrast enhanced mammography biopsy enabling patients to have services locally.

Healthy future

Darling Downs Health promotes healthy lifestyle choices through education and partnering with our community.

Darling Downs Health Dietetic services launched a Pick of the Crop service in the region. The service partners with local primary schools to implement healthy eating programs and educate kids about the importance of fruit and vegetables. Over the next 12 months the program will be implemented in 25 schools across the district.

Toowoomba Hospital is the second regional centre in Queensland to gain OzDAFNE accreditation (dose adjustment for normal eating). This enables the diabetes service to provide the delivery of an international education program for people living with Type 1 diabetes.

The Darling Downs Health Aboriginal and Torres Strait Islander Health team actively engages with the community providing a range of social and emotional wellbeing programs and initiatives that aim to make a difference to health outcomes for Aboriginal and Torres Strait Islander people. Further details of the programs and initiatives are available on page 13.

The Public Health Unit provided treatment and education to localised community needs including Healthy Skin Program in response to an increase of scabies and Japanese Encephalitis virus in Southern Queensland.

Our people

The ability to attract and retain our workforce is vital to meet the needs of our population.

The Workforce Division plays an important role in making our organisation a truly great place to work: one that is safe and inclusive, with a strong learning focus that supports improved outcomes for everyone (our people, our organisation and our communities). The Division works to enable our workforce by advising, supporting, connecting and partnering with our services to:

- comprehensively plan, analyse and forecast our future demand for both people and skills;
- attract and recruit the right people
- build the capability of our people and nurture their continued growth and development
- keep our people safe and well, physically and mentally
- manage performance effectively and ensure our business goals are met.

Improving everyday

Darling Downs Health embraces and leads innovation research and learning.

In December 2022, the National Clinical Trials Governance Framework Working Group was established to oversee implementation of the framework and action identified gaps. A multi-disciplinary clinical trials manager position for nursing, administration and health

practitioner stream has been developed, evaluated and established for recruitment. The tele-trials coordinator has progressed the uptake of one additional tele-trial to enable patients to access trials closer to home.

Participation in the Statewide Nursing and Midwifery Workforce Dashboard project aims to develop and expand the Nursing and Midwifery credentialling program to support long term investment in enhancing and adding value to practice, top of scope practice and innovation in practice. As a result, new categories of credentialing have been developed and trialled to enhance service delivery and professional top of scope nursing and midwifery practice. Darling Downs Health is the only hospital and health service in the state to have a Treatment Specialist Scope of Clinical Practice (SoCP) credentialing category.

Aboriginal and Torres Strait Islander Health

Darling Downs Health continued to implement initiatives to promote accessible, culturally appropriate, and integrated services for Aboriginal and Torres Strait Islander peoples throughout 2022–2023. This included the development and launch of the Darling Downs Health, *Health Equity Strategy* and *Health Equity Implementation Plan 2022–2025* in partnership and co-designed with Aboriginal and Torres Strait Islander community, Aboriginal and Torres Strait Islander employees, Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs), Darling Downs and West Moreton Primary Healthcare Network (DDWMPHN), Queensland Police Service (QPS), Queensland Ambulance Service (QAS), Education Queensland and other Hospital and Health Services.

Four key actions were identified for Darling Downs Health including designing-in health equity, improved collaboration, proactively seeking patient feedback, and strengthening our workforce. The actions developed in the implementation plan align with health equity priorities.

Health Equity Consultation

Following a period of consultation with prescribed stakeholders which commenced in February 2023 and concluded in June 2023, Darling Downs Health, *Health Equity Implementation Plan 2022–2025* has been endorsed. Consultation involved a wide range of stakeholders including Aboriginal and Torres Strait Islander community members across the Darling Downs Health region, Aboriginal Medical Services, and other health organisations such as Queensland Ambulance Service, Queensland Police Service, North Eastern Alliance for the Mentally Ill (NEAMI), Headspace, and Health Wise. Consultation with Aboriginal and Torres Strait Islander community members used a range of methods such as yarning circles, kitchen table conversations, and surveys, both in person and online. A total of 268 responses were received on the survey.

The Darling Downs Health Board, Health Equity Committee and Darling Downs Health, Health Equity Steering Committee have been established and sub-committees are in the

process of being established to support embedding Aboriginal and Torres Strait Islander people's Health Equity across Darling Downs Health services.

Darling Downs Health Social and Emotional Wellbeing Services

Sit Talk and Yarn (STaY), Cherbourg

People needing to access less-acute services for mental health and suicidal ideation were supported again this year by the STaY team. The service uses trauma informed care to provide a holistic assessment of vulnerable community members that considers the spiritual, cultural, and socio-economic determinants impacting on social and emotional wellbeing. Culturally and clinically safe case plans are developed with the patient, focusing on individual strengths to improve social and emotional wellbeing. The STaY team works in partnership with the Cherbourg community, Cherbourg Health Council, Cherbourg Regional Aboriginal and Islander Community Controlled Health Service (CRAICCHS), Darling Downs and West Moreton Primary Healthcare Network (DDWMPHN) and Murgon State High School Youth Hub. STaY focuses on a strengths-based approach to addressing social and emotional wellbeing, community engagement, and community capacity building. STaY has partnered with First 2000 Days to present: STaY2K: A life course model of social and emotional wellbeing from birth and beyond. Anecdotally the suicide rates in Cherbourg have decreased since the implementation of the STaY program in 2021. The STaY team have trained over 150 community members across the South Burnett in suicide intervention programs and have worked with Murgon High School to train five students in I-assist Suicide Prevention Training. This enables a peer approach to recognising and responding to suicidal ideation.

SafeTALK

Building on the STaY program, the Darling Downs Health Aboriginal and Torres Strait Islander Health team has an Aboriginal and Torres Strait Islander Health Worker accredited to facilitate the LivingWorks safeTALK program. This staff member worked in the STaY team and facilitated these programs with community members of Cherbourg (approx.130). The program teaches the participant how to learn to reach out to someone thinking about suicide, overcome attitudes that act as barriers to help talk openly about suicide, and who to connect with for support.

Community Healing

The Community Healing Program continues to integrate with primary care services by holding regular clinics at Goolburri Aboriginal Health Advancement and Goondir Health Services (Oakey, Dalby, Chinchilla and St George). The program has improved access and engagement of young people (and families) needing mental health support. The program focuses on reducing the need for police intervention and seclusion for young people accessing mental health services. The Community Healing Team provide a case management model, with triage in the community setting, rather than the traditional hospital setting, and facilitate multi-agency care coordination to meet the socio-economic, cultural, and health needs of the patient and their family.

Police, Ambulance and Clinical Early Response (PACER) Model of Care Pilot, Cherbourg

Darling Downs Health Aboriginal and Torres Strait Islander Health, Queensland Police Service (QPS), Queensland Ambulance Service (QAS), and Darling Downs West Moreton Primary Health Network (DDWMPHN) partnered to co-commission a pilot of the PACER model of care in the Darling Downs region. PACER delivers person-centred care in the community to people in crisis or otherwise experiencing mental health issues in the after-hours period. Based in the South Burnett, the PACER team is a secondary unit that can be requested to attend call outs by QPS or QAS. The types of incidents include suicidal ideation and/or self-harm, threatening or harming others, welfare concerns, family violence/domestic violence, person in crisis, or other assistance or education. Some of the positive outcomes of the PACER project are improved patient experience and health outcomes, more timely access to mental health assessments, reduction in emergency department presentations for people with mental health conditions after hours, reduction in the number of individuals being arrested or requiring an escalation to police response.

Big Buddy Program

The Aboriginal and Torres Strait Islander Health team launched the Big Buddy Program developed to break the vicious cycle of poverty and disadvantage through a youth program designed to create intergenerational change. The key to this strategy is to empower our youth to achieve their full potential and thrive by participating in the programs planned activities by increasing their self-esteem, providing valuable and practical life skills and a sense of pride and purpose through Social Inclusion, Mentorship, Promoting Life Skills and Education (SIMPLE).

The Big Buddy program targets youth aged 12-17 years across the Darling Downs Aboriginal and Torres Strait Islander communities of Oakey, St George, Dalby and Toowoomba. Darling Downs Health and Goondir Health Services officially co-implemented the program following the development of a Service Level Agreement in June 2022. Prior to June 2022, the Big Buddy Program was run solely by Goondir Health Services. Currently there are 110 youth registered with Big Buddy Toowoomba.

The Big Buddy program aligns with the Darling Downs Health Aboriginal and Torres Strait Islander Health, *Health Equity Strategy 2022-2025*:

- Initiative that is co-designed, co-developed and co-implemented
- Socio economic benefits
- Strengthening connection to culture
- Partner in health.

Big Buddy coordinators approached schools to promote the Big Buddy program and to register students in the program. Schools engaged with the Big Buddy program include:

- Wilsonton State High School
- Harristown State High School
- Mt Lofty State High School
- Downlands College
- Centenary Heights High School State High School.

Events held this year include:

- Big Buddy Day trip Wet 'n' Wild and NRL game (Titans vs Broncos) Gold Coast
- Genealogy and Dance Education Toowoomba
- 3-day Cultural Camp Moonie
- Red Ant Roundup Kingaroy
- Paint and Yarn Toowoomba.

Feedback regarding the program from youth and parents/guardians has been very positive. The program is coming up to its one-year anniversary and an evaluation of the program is expected to be completed in the near future.

Chronic Disease and Preventative Health Services

The Aboriginal and Torres Strait Islander Health Multidisciplinary Care Team at the Toowoomba Hospital continues working to improve early detection, treatment, and management of chronic disease to reduce the rate of potentially preventable hospitalisations and hospital readmissions. The 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 General Practitioner (GP) appointments with vulnerable patients to establish chronic disease plans and improve compliance through collaboration between patients and their primary care providers.

The number of clients accessing this service continued to grow in 2022-2023 with an estimated 358, clients which is an increase of more than 70 clients compared to last year.

An Aboriginal Health Worker led low risk foot clinic has been established to support podiatry services in early intervention and treatment within this team.

Healthy Skin Program – South Burnett

Darling Downs Health Aboriginal and Torres Strait Islander Health and Public Health teams worked collaboratively to roll out the Healthy Skin Program to address the skin health crisis in the region over a 4-week period. There were six aspects to the program that led to the skin clinics mass drug administration of ivermectin and environmental health assessments in week three and week four. An advisory group led by the Aboriginal and Torres Strait Islander Health team coordinated the community consultation with various stakeholders in the community. There was strong support from both local and external workforce that ensured the success of the program with medical, nursing, Aboriginal and Torres Strait Islander Health Workers, community engagement consultants, environmental health officers, council support staff, and medical students across the health service playing a part.

Healthy Skin Healthy Heart: Let's END RHD Together Program – South Burnett

Following on from the success of the Healthy Skin Program, Darling Downs Health Aboriginal and Torres Strait Islander Health and Public Health teams rolled out The Healthy Skin, Healthy Heart program in Cherbourg and Murgon. The program addresses the rise in skin conditions and concerns about acute rheumatic fever (ARF). The two-week program included community engagement, education, capacity building, skin checks, mass drug administration and heart scans for individuals aged between 5-20 years. A multidisciplinary team of doctors, nurses, sonographers, Aboriginal and Torres Strait Islander Health

Workers, community engagement consultants, environmental health officers, and administrative staff conducted the program with strong support from the local community.

Tackle Flu

The Tackle Flu program continued in 2022-2023. It is a culturally safe Influenza Immunisation program for the Aboriginal and Torres Strait Islander community planned and facilitated by Darling Downs Health Aboriginal and Torres Strait Islander Health team in collaboration with Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) across the region. The Tackle Flu program is developed to improve influenza immunisation coverage rates for Aboriginal and Torres Strait Islander community members from the Darling Downs and South West regions. Working in partnership with other organisations, the program works with stakeholders local to the region to promote and improve accessibility to the influenza vaccine. A piece of artwork created by an Aboriginal and Torres Strait Islander person was used to create a Tackle Flu shirt which is used as an incentive to improve the vaccination rates across the region.

An estimated 1600 Aboriginal and Torres Strait Islander people from the Darling Downs and South West region were vaccinated through the Tackle Flu program.

Inpatient and Outpatient Services

Clinical Care Coordinators (CCC)

Following the overwhelming success of the In-reach Clinical Care Coordinator position (CCC), Darling Downs Health Aboriginal and Torres Strait Islander Health team has expanded to a team of five CCC's. These unique positions focus on Aboriginal and Torres Strait Islander care coordination by working collaboratively with Aboriginal and Torres Strait Islander Liaison Officers, Aboriginal and Torres Strait Islander Health Workers/Practitioners, and Aboriginal Community Controlled Organisations in the form of case management style interventions. The service has demonstrated success in creating well-coordinated, streamlined care for patients in the Darling Downs, Southwest, and Northern New South Wales regions. The Aboriginal and Torres Strait Islander Health Clinical Care Coordinators work across inpatients, outpatients, emergency departments, hospital transfers, hospital in the home, aged care, and community, and demand for this service continues to increase.

Aboriginal and Torres Strait Islander Health First 2000 Days Model of Care

The Aboriginal and Torres Strait Islander Health First 2000 Days Model of Care is an Aboriginal and Torres Strait Islander Health Worker and Aboriginal Health Practitioner led model of care across the first 2000 days of life. The Aboriginal and Torres Strait Islander Health Workers and Aboriginal Health Practitioner provide continuity of care for Aboriginal and Torres Strait Islander people, working within a multidisciplinary team, focused on improving health outcomes for Aboriginal and Torres Strait Islander people. The services delivered through this model focus on community-led, place based, co-design principles, to ensure our services are delivered in a way that meets the needs of the community. Darling Downs Health continues to develop and grow the Aboriginal and Torres Strait Islander Health Workforce across this model of care.

Darling Downs Health Aboriginal and Torres Strait Islander key performance indicators and *Darling Downs Health Local Area Needs Assessment* (LANA) was used to identify the priority region for the implementation of this model. This model incorporates the RISE

framework across the first 2000 days of a child's life from conception to the age of five, delivering culturally and clinically safe care. This model incorporates The Bridging Antenatal Care, Aboriginal and Torres Strait Islander Babies, and Smoking Cessation (BAIBS) program. This model of care will continue to expand across Darling Downs Health in partnership between Darling Downs Health birthing hospitals, private medical practices, CRAICCHS, Carbal Medical Services, Goondir Health Services, Goolburri Aboriginal Health Advancement, and Aboriginal and Torres Strait Islander patients.

Reporting for this model focuses on perinatal and child health indicators for Aboriginal and Torres Strait Islander people to improve the health of our next generation.

In the South Burnett, this model has been applied to the South Burnett Midwifery Group Practice and a partnership has been formed with Gundoo Daycare in Cherbourg to develop a community-led, co-designed Child Health Model of Care to meet the needs of the Cherbourg community.

Aboriginal and Torres Strait Islander Health Workforce

Professional Governance for Aboriginal and Torres Strait Islander Health Workforce

Darling Downs Health Aboriginal and Torres Strait Islander Health team has developed local models of care for Aboriginal Health Workers, Aboriginal Health Practitioners, and Aboriginal and Torres Strait Islander Liaison Officers ensuring they will be working to top of scope at all times. This year has seen the introduction of seven Aboriginal Health Practitioners across the region, working closely with medical professionals as their clinical supervisors to develop practice plans whilst also defining their scope of practice.

This project has included the creation of workplace guides, user guides, orientation guide, mandatory training requirements, a review of role required training, streamlined workplace forms, and referral processes. The project will reduce ambiguity with role requirements and expectations whilst also setting a professional standard for our Aboriginal and Torres Strait Islander Health workforce.

After Hours Aboriginal and Torres Strait Islander Liaison Service

The Aboriginal and Torres Strait Islander Liaison Services (ATSILO) has expanded to better support Aboriginal and Torres Strait Islander patients presenting to emergency departments, inpatient wards, and patient transfers across Darling Downs Health. The ATSILO team support people presenting to the emergency department with complex health issues by referring them to appropriate services, providing cultural, social support, and supporting patients accessing all areas of Darling Downs Health services. ATSILO support is accessed through face-to-face and telehealth from any facility within Darling Downs Health.

Growing our own workforce

The Aboriginal and Torres Strait Islander Health Worker Trainee Model continues to focus on 'growing our own' local workforce by partnering with a number of stakeholders including Clontarf Academy, Brisbane Broncos Girls Academy, Murgon Cherbourg Youth Hub, CRAICCHS Youth Program, and the Goondir Big Buddy Program.

Aboriginal and Torres Strait Islander Health (ATSIH) Project Officers are developing a Jobs for our Mob program to promote career opportunities in health through high schools, Career Days, and by working closely with existing youth programs. Jobs for our Mob will not only

promote career opportunities but will provide information on how to apply for positions, resume development, interview skills, and work experience. ATSIH currently has one participant in the work experience program with more opportunities being developed as this program progresses. A partnership with the Deadly Start Program for school-based traineeships commenced in May 2023, with an aim to roll out the program in Toowoomba and Kingaroy in January 2024.

Six participants are currently employed in the traineeship program, one participant enrolled in a Diploma of Nursing and two participants enrolled in a Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care/Practice and three participants enrolled in a Diploma in Aboriginal and Torres Strait Islander Primary Health Care. The Aboriginal and Torres Strait Islander Health team will establish study groups and tutoring to support completion, and placement with relevant teams, such as chronic disease, First 2000 Days Project, Public Health, Public Medicine, and Emergency Departments to support mentorship and on the job work experience.

The Aboriginal and Torres Strait Islander Health team continues to work in collaboration with Darling Downs Health Executive Directors to successfully implement initiatives to increase the Aboriginal and Torres Strait Islander workforce. In addition to working with Nursing and Midwifery, Allied Health and Medical Services, Aboriginal and Torres Strait Islander Health have been working with Toowoomba Hospital to identify opportunities for entry level positions for Aboriginal and Torres Strait Islander people.

Rainbow Tick Accreditation

The STaY program situated in Cherbourg has been assessed for Rainbow Tick compliance. STaY Rainbow Tick Accreditation occurred on 14 March 2023 in Cherbourg, and 15 March 2023 in Toowoomba. The Rainbow Tick is an accreditation program that recognises organisations for being committed to, and demonstrating safe, and inclusive practice, and service delivery for LGBTQI+ people within its community. Rainbow Tick Accreditation will provide the STaY program with a framework to provide an appropriate service for LGBTQI+ people who are vulnerable to suicide, as there isn't a LGBTQI+ service within the South Burnett region that addresses the wellbeing needs of this cohort. The Federal Suicide Prevention Strategy outlines the need to serve vulnerable communities, of which the LGBTQI+ is overrepresented.

Accreditation is conditional upon the organisation addressing the standards by 23 September 2023.

Community led, co-designed services

Cherbourg Health Council

Darling Downs Health Aboriginal and Torres Strait Islander Health team continues to work closely with the Cherbourg Aboriginal Shire Council 'Health Council' with the development of the 'Cherbourg Health Plan'. The Cherbourg Health Council is a local community response to reframe relationships and contribute to the Queensland Health, Health Equity agenda. The Health Council has identified priority areas of Culturally Appropriate Customer Service, Early Years, Mental Health and Chronic Disease to ensure Cherbourg people have access to culturally safe customer service; Cherbourg children are born healthy and strong and thrive in their early years; Cherbourg people enjoy high levels of social and emotional

wellbeing; and Cherbourg people enjoy long, healthy lives. The Cherbourg Health Council significantly contributed to the success of the Healthy Skin Program and the Healthy Skin, Healthy Heart Program by providing an advisory role to the organising team and local engagement through media and messaging within the community.

Aboriginal and Torres Strait Island people Health Consumer Feedback Process

The Aboriginal and Torres Strait Island Health Consumer Feedback Process was introduced following consultation with the Cherbourg Health Council who identified that the community required a separate feedback process outside of the Cherbourg Hospital setting. Through the Health Equity community consultation process, it was decided that the Indigenous Health Consumer Feedback Process could be expanded to service the entire Darling Downs Health region.

Our community-based and hospital-based services

Our services

Services are provided from 28 facilities comprising; 15 hospitals, four multipurpose facilities, six residential aged care facilities, a community outpatient facility (Wandoan), an extended inpatient mental health service and a community care facility.

The comprehensive range of services provided by Darling Downs Health throughout the region is set out below.

Hospital based specialist inpatient and outpatient services include:

- Allied health
- Regional cancer centre
- 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
- School-based health services
- Community rehabilitation
- Infectious and communicable 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

Darling Downs Health is committed to ensuring access to affordable car parking at all hospital facilities for patients, carers and visitors. During the 2022-2023 period 5329 car parking concession passes were issued at a total cost of \$173,020.

Strategic opportunities and challenges

Darling Downs Health continues to address the opportunities and challenges articulated in the Darling Downs Health strategic plan to develop and support a sustainable health system that delivers services to the Darling Downs region and surrounds in a safe manner.

Opportunities

We are developing our leaders

Darling Downs Health's Leadership Capability Framework recognises the importance of leadership at all levels of the organisation and provides a shared understanding about what is required for effective, everyday leadership. The organisation offers a suite of integrated leadership development programs, targeting the capabilities defined in the framework, that provide opportunities for leaders at all levels to develop and improve their skills.

Digital environment

The Darling Downs Health Digital Strategy was completed and endorsed in 2022. It provides a five-year roadmap toward a digital future for our health service, beginning with a focus on improving our digital infrastructure and digital systems to enable the health service to optimise opportunities going forward.

Safety culture

Our investment in an improved contractor management system and, additionally in our electrical systems of work have resulted in significant positive change to our safety culture and represent important steps in continuous improvement in the safety of our staff, visitors and patients.

A partnership between Allied Health and Information Technology team created a Staff Travel Application Journeys, enabling staff to electronically record their work-related travel. An automated notification system reduces the potential for human error whilst maintaining accountability for our staff. The app has been trialled successfully in Allied Health, with a wider roll out and further enhancements planned for the 2023-2024 financial year.

Challenges

Infrastructure in our region

Darling Downs Health has continued in its collaboration with Department of Health to secure funding for improvements to our built and digital infrastructure. Recognised as key strategic risks for Darling Downs Health, our outdated infrastructure and our sustainability in the face of climate change are important drivers to focus on improved infrastructure.

In 2022, the \$1.3 billion new Toowoomba Hospital project was approved by State Government, and this will result in significant improvement at both of the Toowoomba Hospital campuses over the next five years. Redevelopment of Tara Hospital and Millmerran Hospital as part of the Department of Health Building Rural and Regional Hospitals program was also announced. Together with several other smaller projects to replace or refurbish Darling Downs Health built and digital infrastructure, these projects represent a significant investment for Darling Downs Health in addressing the challenges.

The Darling Downs Health Infrastructure Division works to support all Darling Downs Health operational divisions in the safe delivery of care and to support initiatives that align with the Government's objectives for the community.

The following infrastructure works were completed this year to assist our workforce in delivering services for the community we serve.

The Toowoomba Hospital Emergency Department Expansion project and the Toowoomba Hospital Isolation Ward project were both completed, on time and within budget, at the end of the 2022 calendar year. These important improvements at Toowoomba Hospital have provided increased capacity since they have come on-line.

Our project to build a two-theatre day surgery complex at the Baillie Henderson Hospital campus is progressing well. Construction commenced late 2022, and completion and operationalisation of the building is on schedule for early 2024.

Workforce challenges

The health service continues to deliver a range of strategies to recruit and build our workforce to meet current demand for health services. The release of promotional videos for professional streams aims to promote working in rural facilities. Attendance at various career expos and other strategies mentioned in the Strategic Workforce section and Aboriginal and Torres Strait Islander section all aim to grow our workforce.

Climate events

Increased severe weather events due to changes in our climate impact on our ability to provide uninterrupted reliable services and these events will also directly increase service demand. In 2022-2023 the health service focused on emergency preparedness and achieved the following:

- Update the Emergency Response Manual for all Darling Downs Health facilities, which includes emergency response actions to be taken within facilities in response to realised disaster risks

- Procuring satellite phones to enhance resilience of communications within rural Darling Downs Health facilities to loss of landline and mobile telephony during disasters
- Training of key staff in the Queensland Disaster Management Arrangements to enhance Darling Downs Health's capability to contribute to cross-agency coordination of disaster response and recovery activities during disaster events.

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

Original appointment commencement date 18 May 2012.

As well as being the Chair of our Board, Mr Mike Horan also holds the following positions:

- Chair, Board Executive Committee
- Board Member, Toowoomba Hospital Foundation
- Queensland Hospital and Health Board Chairs' Forum.

Mr Horan was the Member for Toowoomba South in Queensland Parliament from 1991 to 2012.

Dr Dennis Campbell

PhD, MBA, FCHSM, FAIM, GAICD

Deputy Chair, Board Member, Toowoomba

Original appointment commencement date 29 June 2012.

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. In 2021 Dr Campbell was awarded a Queensland Museum Medal in recognition of work carried out for the benefit of Queensland Museum Network. Dr Campbell is Chair of the Board Finance Committee and a member of the Board Executive.

Emeritus Professor Julie Cotter

PhD, BCom(Hons), FCPA, CA, GAICD

Board Member, Toowoomba

Original appointment commencement date 18 May 2017.

Emeritus Professor Julie Cotter is also Chair of the Board Audit and Risk Committee and a member of the Board Finance Committee.

Emeritus Professor Cotter is a chartered accountant and a Fellow of CPA Australia and holds the following positions:

- Chair, Australian Institute of Company Director's (AICD) Toowoomba Regional Committee
- Member of Exercise and Sports Science Australia's (ESSA) National Board, and Chair Audit, Finance and Risk Committee
- Chair, Farming Technology Group, Stahmann Webster Pty Ltd.

Emeritus Professor Cotter held senior management positions at the University of Southern Queensland (UniSQ), including Head of School and Research Centre Director roles.

During Emeritus Professor Cotter's time at UniSQ she was a member of many university management boards and committees contributing to strategic and operational management of the University.

Cheryl Dalton

MAICD

Board Member, South Burnett

Original appointment commencement date 29 June 2012.

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. Ms Dalton 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. Ms Dalton is a member of the Board Finance and Board Audit and Risk Committees.

Dr Stephen Harrop

RIPRN, BSc, PhD

Board Member, Southern Downs

Original appointment commencement date 1 April 2022.

Dr Stephen Harrop has a varied professional career, with extensive emergency nursing experience in Queensland. As an educator, Dr Harrop was a Senior Lecturer and Program Convenor for the Bachelor of Nursing Degree at Griffith University and coordinated Aboriginal Health Worker training for the Bachelor Institute of Indigenous Tertiary Education for all Northern Territory. His doctoral research focused on molecular parasitology at QIMR and Tropical Health at the University of Queensland, he then undertook post-doctoral studies at the Queensland University of Technology and was appointed a scientist at the Princess Alexandra Hospital. Dr Harrop holds positions with Independent Chair Headspace Consortium Warwick, Chair Community Advisory Group, Warwick Hospital and Health Service, and Rural Community Consultative Committee and Leadership Group member. Dr Harrop is a member of the Board Safety and Quality Committee.

Dr Ross Hetherington

MBBS, DRANZOG, FACCRM, PGDipPalMed, FAICD

Board Member, Southern Downs

Original appointment commencement date 29 June 2012.

Dr Ross Hetherington is a member of our Board Executive and Board Safety and Quality Committees and holds the following positions:

- Board Chair, RHealth
- Chair, Rural Health Workforce Australia,
- Foundation member, Regional Health Board, Longreach
- Board member, Australian General Practice Accreditation Limited
- Member, Aviation Medicine Society of Australia and New Zealand.

He was also a foundation member of the Menopause Society of Australasia. Dr Hetherington co-founded the Central Queensland Rural Division of General Practitioners. He holds a number of aviation and medical memberships and is a Designated Aviation Medical Examiner (DAME). Dr Hetherington has held previous directorships with Australian General Practice Network (AGPN) and the Australian Rural and Remote Workforce Agency Group.

Terrence Kehoe

RPEQ 00936 (RET), BE

Board Member, Toowoomba

Original appointment commencement date 1 April 2022.

Mr Terrence (Terry) Kehoe is a member of the Board Finance Committee. Mr Kehoe was a Consulting Engineer and is a founder of the Toowoomba based Engineering Company now known as Kehoe Myers Consulting Engineers Pty Ltd (1978). Mr Kehoe has practised in the

fields of civil, structural, and hydraulic engineering design and construction for various private and institutional clients. With experience working in various roles including:

- Honorary Engineer for The Royal Agricultural Society Queensland (Toowoomba Showgrounds) – 10 years
- Toowoomba Preparatory School Foundation President
- Board Member of TPS School Board
- Engineers Australia Toowoomba Branch President
- Urban Development Institute of Australia
- Founding and Senior Director Kehoe Myers Consulting Engineers Pty Ltd.

Mr Kehoe has engineered and managed the design and construction delivery of infrastructure projects being a Consulting Engineer across varying organisations including Toowoomba Hospital, St. Vincent's Private Hospital Toowoomba, and St. Andrews Private Hospital Toowoomba. Mr Kehoe is a member on the Board Finance Committee.

Trish Leddington-Hill

BSc, LLB, GAICD

Board Member, Western Downs

Original appointment commencement date 9 November 2012.

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, Ms Leddington-Hill 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. Ms Leddington-Hill is Chair of the Board Safety and Quality Committee and a member of the Board Audit and Risk Committee.

Marie Pietsch

MAICD

Board Member, Southern Downs

Original appointment commencement date 29 June 2012.

As well as sitting on our Board, Ms Pietsch is a member, Board Executive Committee and Board Finance Committee.

Ms Pietsch has been a leader across the Darling Downs and throughout Queensland's rural areas in advocating and obtaining better health outcomes for people of these regions.

These include Chair of the Minister's Rural Health Advisory Council and Chair of the Southern Downs Health Community Council. Marie also holds the following positions:

- Member, Inglewood Multipurpose Health Service Management Committee
- Member, Australian Institute of Company Directors (AICD).

Ms Pietsch's leadership and networking skills were acknowledged in 2003 with a Centenary Medal for distinguished service to the community. Ms Pietsch also received an Australia Day Achievement Medallion for outstanding service to Queensland Health. In 2014 Ms Pietsch was awarded Citizen of the Year by the Goondiwindi Regional Council for services to the community, especially in health.

Professor Maree Toombs

PhD, GCEF, BPED

Board Member, Toowoomba

Original appointment commencement date 18 May 2020.

Professor Maree Toombs is a Professor of Public Health at the University of Sydney. Her focus is on implementing their Reconciliation Action Plan as well as ensuring the continued support of Indigenous students at the University.

Professor Toombs is an Aboriginal woman with cultural lineage 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.

Professor Toombs is a Churchill Fellowship recipient with over 20 years' experience teaching and developing curriculum relating to Indigenous education and health. Professor Toombs has published several journal articles related to improving the way people culturally work with Indigenous Australians in regional and remote areas. Professor Toombs is a member of the Audit and Risk Committee.

Table 1 Board member participation and remuneration in 2022-2023

DARLING DOWNS HOSPITAL AND HEALTH 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	Completion of the Toowoomba Hospital Emergency Department expansion and isolation ward. Health Equity Strategy and Health Equity Implementation Plan published, and committee formed Budget announcement of capital investment for Tara Hospital and Millmerran Hospital				
Financial reporting	Not exempted from audit by the Auditor General Annual Financial Statements are audited by the Queensland Audit Office Transactions are accounted for in the annual financial statement.				
Remuneration					
Position	Name	Meetings/sessions attendance	Approved annual, sessional or daily fee	Approved Committee fees if applicable	Actual fees received
Board Chair	Michael (Mike) HORAN	10 of 11 Board Meetings 10 of 12 Executive Committee	\$75,000 pa	\$4,000 pa Chair, Executive Committee	\$ 81,000 (as Chair for 12 mths and on 1 Committee)
Deputy Board Chair	Dr Dennis CAMPBELL	11 of 11 Board Meetings 11 of 12 Executive Committee 12 of 12 Finance Committee	\$40,000 pa	\$3,000 pa Member, Executive Committee \$4,000 pa Chair, Finance Committee	\$51,000 (as Deputy Chair for 12 mths and on 2 Committees)
Board Member	Marie PIETSCH	10 of 11 Board Meetings 10 of 12 Executive Committee 11 of 12 Finance Committee 0 of 1 Health Equity Committee	\$40,000 pa	 \$3,000 pa Member, Executive Committee \$3,000 pa Member Finance Committee \$3,000 pa Member, Heath Equity Committee	\$52,000 (as Board Member for 12 mths and on 3 Committees)
Board Member	Emeritus Professor Julie COTTER	10 of 11 Board Meetings 12 of 12 Executive Committee 3 of 4 Audit and Risk Committee	\$40,000 pa	 \$3,000 pa Member, Executive Committee \$4,000 pa Chair, Audit and Risk Committee	\$48,000 (as Board Member for 12 mths and on 2 Committees)
Board Member	Dr Ross HETHERINGTON	10 of 11 Board Meetings 8 of 12 Executive Committee 4 of 6 Safety and Quality Committee	\$40,000 pa	 \$3,000 pa Member, Executive Committee \$3,000 pa Member, Safety and Quality Committee	\$50,000 (as Board Member for 12 mths and on 3 Committees)

		0 of 1 Health Equity Committee		\$3,000 pa Member, Heath Equity Committee	
Board Member	Patricia (Trish) LEDDINGTON-HILL	10 of 11 Board Meetings 6 of 6 Safety and Quality Committee 4 of 4 Audit and Risk Committee	\$40,000 pa	\$4,000 pa Chair, Safety and Quality Committee \$3,000 pa Member, Audit and Risk Committee	\$50,000 (as Board Member for 12 mths and on 2 Committees)
Board Member	Professor Maree TOOMBS	7 of 11 Board Meetings 5 of 6 Safety and Quality Committee 2 of 4 Audit and Risk Committee 1 of 1 Health Equity Committee	\$40,000 pa	\$3,000 pa Member, Safety and Quality Committee \$3,000 pa Member, Audit and Risk Committee \$4,000 pa Chair, Heath Equity Committee	\$47,000 (as Board Member for 12 mths and on 3 Committees)
Board Member	Cheryl DALTON	10 of 11 Board Meetings 10 of 12 Finance Committee 4 of 4 Audit and Risk Committee 1 of 1 Health Equity Committee	\$40,000 pa	\$3,000 pa Member, Finance Committee \$3,000 pa Member, Audit and Risk Committee \$3,000 pa Member, Heath Equity Committee	\$48,000 (as Board Member for 12 mths and on 3 Committees)
Board Member	Dr Stephen HARROP	10 of 11 Board Meetings 6 of 6 Safety and Quality Committee	\$40,000 pa	\$3,000 pa Member, Safety and Quality Committee	\$47,000 (as Board Member for 12 mths and on 1 Committee)
Board Member	Terrence (Terry) KEHOE	11 of 11 Board Meetings 11 of 12 Finance Committee	\$40,000 pa	\$3,000 pa Member, Finance Committee	\$44,000 (as Board Member for 12 mths and on 1 Committee)
No. scheduled meetings/sessions	11 Board Meetings 12 Executive Committee 12 Finance Committee 4 Audit and Risk Committee 6 Safety and Quality Committee 1 Health Equity Committee				
Total out of pocket expenses	\$13,824				

Note: it should be noted that the Health Equity Committee is not a prescribed committee under the *Hospital and Health Boards Act 2011*

Committees

The Darling Downs Hospital and Health Board is accountable to the Minister for the management of Darling Downs Health business, and as such is responsible for the overall strategy, governance and performance of the health service. The Board is supported by the following Executive Committees to discharge its' duties. Each committee operates with a Charter describing the role, responsibilities, composition and operating guidelines of the committee.

Audit and Risk

The committee operates in accordance with section 34 *Hospital and Health Boards Regulation 2012*.

The role of the Committee is to provide independent assurance and assistance to the Board on the following matters:

- 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
- the Queensland Audit Office – the external auditor in relation to proposed audit strategies and the annual audit plan
- the findings 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
- monitoring legal and compliance risks and internal complication systems as well as risk management strategies for the health service.

Executive Management Committee

The committee operates in accordance with section 32A *Hospital and Health Boards Act 2011*. The function of the committee is to support the Board in its role of controlling the Service for its intended purpose, by working with the Health Service Chief Executive to progress strategic priorities identified by the Board, ensure accountability in the delivery of services by the Service, including performance measures.

Finance Committee

The committee operates in accordance with section 33 *Hospital and Health Boards Regulation 2012*.

The committee 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.

Quality and Safety Committee

The committee operates in accordance with section 32 *Hospital and Health Boards Regulation 2012*.

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.

Board Health Equity Committee

As testament to the Board's commitment to Aboriginal and Torres Strait Islander health equity, the Board has established a Health Equity Committee to oversee the implementation of the Health Equity Strategy to ensure that the specified actions are completed and that performance indicators are met.

Executive management

Annette Scott PSM

Health Service Chief Executive

Ms Annette Scott has an extensive history across the health system both private and public. Ms Scott is an Executive Leader and Board Director recognised for progressing innovative models of allied health practice within the region. She recently managed the planning and preparedness for the COVID-19 response and was the executive lead for the COVID vaccination program roll out.

In addition to being the Chief Executive, Ms Scott also holds the following roles:

- Darling Downs Health senior representative on the Advisory Board of Southern Queensland Rural Health.
- State representative for allied health on the Executive Committee of the Queensland Clinical Senate.

She is a strong advocate for the allied health professions and was a key contributor to the design and implementation of Southern Queensland Rural Health.

Dr Hwee Sin Chong

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.

Andrea Nagle

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. Ms Nagle 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 Ms Nagle 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. Ms Nagle is an Adjunct Associate Professor, UniSQ School of Nursing and Midwifery and holds a Master of Health Administration (Management) from the University of New England.

Dr Christopher Cowling

Executive Director Rural

Dr Christopher Cowling first commenced with Darling Downs Health as a member of the Clinical Governance Unit in 2020. In October of 2020 Dr Cowling commenced in the role of Director of Medical Services – Western Cluster. In this role Dr Cowling provided medical leadership to support employees across the cluster. Dr Cowling continued in this role until his appointment to his current position of Executive Director of Rural.

Prior to this Dr Cowling trained and worked as a Rural Generalist with an advanced skill in Anaesthetics. He studied Medicine at James Cook University in his hometown of Townsville. He commenced his medical career as an Intern at the Townsville University Hospital prior to undertaking his Rural Generalist training across locations including Roma, Bundaberg, Innisfail and Charleville. This included time working for many years with the Royal Flying Doctors Service based out of Charleville.

Dr Cowling is a Fellow of the Australian College of Rural and Remote Medicine and has completed a Master of Health Leadership and Management from the University of New South Wales.

Louise Van Every

Executive Director Allied Health

Ms Louise Van Every was appointed to the Executive Director, Allied Health in January 2023 and has relocated with her family to Toowoomba. Ms Van Every is an Occupational Therapist by background and has completed a Graduate Diploma in Rural and Remote Health.

Ms Van Every commenced her career in the North Burnett as a generalist Occupational Therapist before moving to West Moreton Hospital and Health Service where she performed many roles including clinical service delivery, program management and senior leadership positions. Ms Van Every then joined Children's Health Queensland as the Director of The Child Development Program and led the programs workforce and relocation business case for change. From this position Ms Van Every moved into the Divisional Director of Child and Youth Community Health Services where she was involved in leading a variety of community health partnership initiatives that supported improved outcomes for children and families.

Ms Van Every was then appointed Divisional Director Clinical Support Services providing operational and strategic leadership for a range of services which included a workforce comprised of Allied Health Practitioners, Clinical Nurses, Medical Officers and Administration Staff. Since joining Darling Downs Health Ms Van Every has focussed on innovation and promoting opportunities for Allied Health Practitioners in Darling Downs Health. Ms Van Every looks forward to supporting the delivery of person-centred healthcare for the Darling Downs community.

Greg Neilson

Executive Director Mental Health

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

Shirley-Anne Gardiner

Ms Shirley-Anne Gardiner has extensive knowledge and leadership experience involving people and health service delivery models within large complex organisations with over fifteen years' experience in senior and operational leadership and management positions.

She has been the Executive Director for Toowoomba Hospital since August 2016. In this role Ms Gardiner provides single-point accountability for the Toowoomba Hospital, Darling Downs Health's largest hospital and main provider of services within the region.

Ms Gardiner has previously held leadership roles including Operations Manager of Palmerston North Hospital (MidCentral Health), a 350-bed regional hospital in New Zealand and also Executive Director, Population Health and Engagement for the Darling Downs South West Queensland Medicare Local.

Ms Gardiner holds a Masters in Management (Health Services), Bachelor of Business Studies (Finance) and a Bachelor of Arts (Honours) in Social Anthropology. She has used these skills and experience to improve organisational performance and conduct strategic and operational service planning.

Dr Paul Clayton

Executive Director Infrastructure

Dr 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, Dr Clayton brings a professionally balanced and practical approach to corporate governance, project management, strategic oversight and business planning. Dr Clayton was appointed to the Executive Director Infrastructure role in October 2016. In this role, Dr Clayton 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, Dr Clayton 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.

Jane Ranger

Chief Finance Officer

Ms Jane Ranger was appointed to the Chief Finance Officer role in August 2016. In this role, Ms Ranger 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 Ms Ranger was the Senior Finance Manager for the Toowoomba Hospital. Ms Ranger 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. Ms Ranger is a Fellow Certified Practicing Accountant (FCPA) and a Graduate of the Australian Institute of Company Directors (GAICD).

Kylie Pippos

Executive Director Workforce

Ms Kylie Pippos joined Darling Downs Hospital and Health Service in the role of Executive Director Workforce in January 2023. The Executive Director Workforce provides strategic oversight to the workplace relations, work health and safety, occupational violence prevention and security, recruitment and attraction, workforce planning, learning and development and workforce capability, culture and engagement teams. Ms Pippos is a senior human resource professional with over 20 years' experience across a broad range of industries including health, aged and community care, finance, and retailing. She has worked in a number of leadership roles in large complex organisations, including almost five years as General Manager of Business Partnering (People and Culture) with UnitingCare Queensland and five years in senior leadership positions with Mater Group. Ms Pippos holds a Bachelor of Arts in Industrial Relations and Sociology and is a certified professional member of the Australian Human Resources Institute.

Jude Wills

Acting Executive Director Workforce

Ms Jude Wills is a career podiatrist who, throughout her 25-year career, has worked across Australian public, private and university health sectors in both clinical and non-clinical roles. Ms Wills joined Darling Downs Health in 2013 and has since occupied leadership roles largely orientated towards workforce planning and sustainability and workforce capacity building. In her previous role of acting Executive Director Allied Health, Ms Wills had operational leadership responsibility for the allied health workforce within Toowoomba Hospital and the rural communities of the Darling Downs Health as well as professional leadership for the health practitioner workforce across the health service. In March 2022, Ms Wills transitioned to the position of acting Executive Director Workforce, holding responsibility for learning and development, culture and engagement, workforce planning, workforce relations, recruitment, and workplace health and safety until January 2023.

Dr Lynnette Knowles

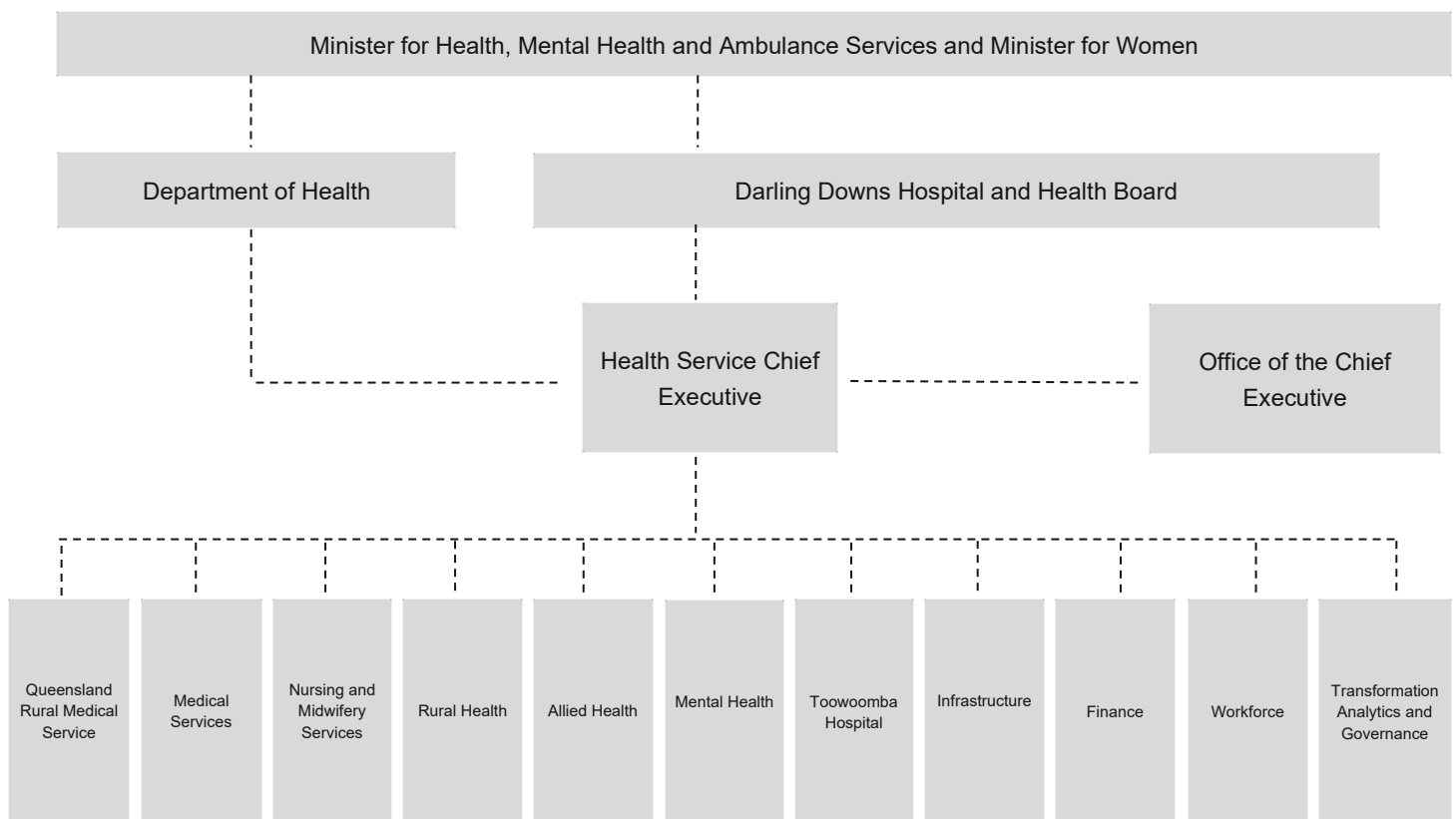
Executive Director Transformation, Analytics and Governance

Dr Lynnette Knowles was appointed as Executive Director Transformation, Analytics and Governance in January 2023. Prior to this she was the Director Clinical Governance for Darling Downs Health. Dr Knowles provides strategic oversight to the Governance (Safety, Engagement, Reliability Quality, Risk and Compliance), Program Management, Research, Emergency Preparedness, Strategy, Planning and Analytics units within Darling Downs Health.

Dr Knowles has experience across multiple settings including private and public secondary, tertiary and quaternary health services in both metropolitan and regional settings. Dr Knowles is a Fellow of the Royal Australasian College of Medical Administrators, a Certified Health Informatician and holds a Master of Health Management.

Dr Knowles has long-standing interest and experience in research, completing a Bachelor of Science (Hons) and Master of Philosophy. She has set up new technology services for the university sector in Australia and Europe and has experience in diverse research areas including developmental biology, medical leadership and healthcare workforce development. Dr Knowles is an avid proponent for innovation and compassion in healthcare. She is driven to ensure that our systems enable our staff to support safe, quality care delivery for our patients, consumers and communities.

Organisational structure and workforce profile



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.

Office of the Chief Executive

The Office of the Chief Executive supports the health service through the functions of Media and Communications, Aboriginal and Torres Strait Islander health, Board secretariat and Corporate Correspondence.

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

The Queensland Rural Medical Service division is responsible for running the medical training pathways for the state including:

- Queensland Rural Generalist Pathway
- Queensland Basic Physician Training (Adult Medicine) Network
- Queensland Basic Paediatric Training Network
- Queensland Neonatal and Perinatal Medicine Advanced Training Network
- Queensland Intensive Care Training Pathway
- Queensland General Medicine Advanced Training Network
- Queensland General Paediatric Advanced Training Network.

Queensland Rural Medical Service also provides the Commonwealth funded Rural Generalist Coordination Unit for Queensland.

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 with program numbers at their highest ever provided in every staff category.

Nursing and Midwifery Service

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.

Rural Health Services

This division operates 14 hospitals, four multipurpose health services (MPHSs), one community outpatient clinic and six 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).

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 Aged Care Assessment Team, Community Care Services and BreastScreen Queensland Toowoomba Service.

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 Aboriginal Health and Torres Strait Islander health team, co-management of the Aboriginal and Torres Strait Islander Mental Health, Alcohol and Other Drugs Service.

Toowoomba Hospital

The largest of the clinical divisions responsible for the operation of the main regional hospital in Darling Downs Health with 491 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.

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 five departments or support-service portfolios:

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

Finance

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

Workforce

The Workforce Division supports the health service to ensure it has the available workforce to deliver planned and future services:

- Attract the right people and provide an engaging, safe experience that nourishes their wellbeing to ensure we retain them
- Ensure a sustainable workforce by actively managing every stage of the employee lifecycle
- Promoting our organisation to others as a great place to work; safe and inclusive, with a strong focus on learning, supporting patient centre practice and improved health outcomes for our communities.

Transformation, Analytics and Governance

In May 2023 the Division of Transformation, Analytics and Governance was established. This Division is formed from three service units:

- Governance
- Planning, Analytics and Programs
- Research.

The division provides oversight and support to the clinical, professional and support divisions of the organisation particularly in Governance, Quality and Safety.

Strategic workforce planning and performance

Strategic Workforce Planning

Darling Downs Health is in the process of developing a comprehensive workforce strategy, People First, which will inform our approach to planning, acquiring, enabling and retaining, our people. Work towards the strategy will commence in the 2023-2024 year.

Our Workforce Strategy planning processes and templates are aligned with Queensland Health's strategic workforce planning framework. We continue to support divisions and facilities in investigating and analysing workforce data to inform and develop workforce plans and assist with succession planning.

Darling Downs Health's Leadership Capability Framework recognises the importance of leadership at all levels of the organisation and provides a shared understanding about what is required for effective, everyday leadership. The organisation offers a suite of integrated leadership development programs, targeting the capabilities defined in the framework, that provide opportunities for leaders at all levels to develop and improve their skills.

Darling Downs Health recognises that promoting diversity and creating environments that support inclusion are of paramount importance to both culture and engagement. Employees have the right to feel safe, included and supported and to feel that they can bring their whole selves to work. A priority action for the organisation has included the completion of a diversity and inclusion gap analysis of the Department of Health's Diversity and Inclusion Maturity Model. This analysis has now been used to inform the development of a Diversity and Inclusion Plan which highlights the priority actions over the next five years.

Darling Downs Health has continued to work on priority actions identified in its Mental Health Wellbeing Framework which outlines a shared responsibility model for safeguarding the psychological wellbeing and mental health of our employees. Significant work has been undertaken in 2022-2023 towards the development of a best practice debrief process as a core component of post event support. Pilot initiatives are currently underway at Dalby Hospital, Mental Health and Toowoomba Hospital Emergency Department and will be evaluated with a view to scaling the initiative for broader organisation wide roll out. The organisation has also recently launched an online program called Lets's Talk Mental Health Awareness, which aims to equip our staff with the knowledge and skills necessary to reach out and offer support to colleagues who may be experiencing mental health challenges.

The Darling Downs Health commitment to occupational violence prevention and security management is synergistic with the strategic direction and provide organisational support for occupational violence prevention and security management. An Occupational Violence and Prevention and Security Management Framework has been implemented and the organisation is actively integrating security solutions as a prevention strategy for occupational violence. Darling Downs Health continues to, through the central function, consolidate governance, systems and processes that enable a systematic and coordinated approach to occupational violence prevention and security management.

Medical Workforce

The newly established Darling Downs South West Medical Pathway; an end-to-end pathway comprising University of Southern Queensland's Bachelor of Biomedical Science (3 years), University of Queensland Doctor of Medicine (4 years), and Prevocational and Vocational Training in Darling Downs and South West Health Services commenced with the first cohort of 22 students commencing UniSQ's 3-year Bachelor of Biomedical Science (Medicine Pathway) at the Toowoomba campus this year. This cohort will enter UQ Doctor of Medicine from 2026, also at the Toowoomba campus.

Darling Downs Health saw a moderate retention of international medical graduates into the health service, particularly in psychiatry, a department that has relied heavily on locums and international registrars in the past. Currently we have four registrars that came through the

hospital as international medical graduates. Another ten psychiatry registrars have been interns and registered medical officers (RMOs) at Toowoomba Hospital prior to commencing psychiatry training. Many of the other international medical graduates go into General Practitioner training in the Darling Downs area. Currently 19 international medical graduates with provisional registration and another seven working as rotational Senior House Officer.

The Australian Medical Council rolls out their new prevocational framework for junior doctors from 2024 which requires the Medical Education Unit to re-evaluate our processes and terms for interns and postgraduate year (PGY) 2 doctors. This has been a good opportunity to consider ways in which to improve and change.

Queensland Rural Medical Service

The six state-wide medical specialty training pathways continue to provide a structured framework for the assessment, selection and training of junior doctors with approximately 900 trainees in different specialties in metropolitan, regional and rural areas of Queensland. The pathways have recently introduced a number of initiatives to support trainees including flexible training arrangements, wellbeing and exam preparation educational programs and pathways to support Aboriginal and Torres Strait Islander doctors in training.

In 2023 the Queensland Rural Generalist Pathway (QRGP) is supporting more than 380 trainees from postgraduate year (PGY)1 to complete their rural generalist training. More than 230 fellows having completed training since the QRGP commenced in 2007. 293 trainees and fellows are working in Modified Monash Model (MMM) 4+ locations across Queensland this year.

Queensland's National Rural Generalist Pathway coordination unit has established a career advisory support service for any medical officer interested in pursuing a rural career. 23 medical officers have sought support since the service was established in late 2022.

"A better practice guide" for the National Rural Generalist Program has been published to assist Hospital and Health Services explore and develop integrated private general practice models that share a common medical workforce to sustain both local general practices and rural hospitals. The guide brings together existing policy and legislation that permits salaried medical officers to undertake private general practice and is supported with an online resource library of links, information sheets, tools and templates on topics such as understanding Medicare, estimating earnings and workforce requirements and establishing a hospital and health service operated general practice.

The Commonwealth funded Rural Junior Doctor Training Innovation Fund (RJDTIF) programs were finalised at the end of 2022 with 153 rotations undertaken across the State in the 2022 Medical Training Year. From January 2023, the RJDTIF programs have been replaced by the Commonwealth funded John Flynn Prevocational Doctor Program (JFPDP) which will be delivered across the State, coordinated through Darling Downs Health. The JFPDP aims to further increase the number of junior doctors experiencing rural primary care and promote their interest in pursuing careers in rural medicine.

The Japanese Rural Generalist Observership program recommenced in 2023 after the COVID-19 pandemic enforced international travel restrictions halted the program. There are five Japanese Rural Generalists allocated for the 2023, with the first Japanese Rural

Generalist undertaking an Observership in St George and another allocated to Innisfail Hospital. These Japanese Rural Generalists are seeking to learn how Australia delivers rural medicine to enhance the rural generalist program being established in Japan.

Darling Downs Health workforce profile

The Darling Downs Health workforce comprises 5,153 full time equivalent employees, and a headcount of 6,499 people, 77.75 per cent of which are women (Figure 3). At Darling Downs Health three per cent of our workforce identifies as Aboriginal people and Torres Strait Islander people which is below the six per cent target. Initiatives to increase representation of Aboriginal people and Torres Strait Islander people are documented on page 13.

Total staffing*	
Headcount	6,499
Paid Full time equivalent (FTE)	5,152.54

Occupational Types by FTE*	FTE	Percentage of total workforce (Calculated on headcount)
Corporate	278.11	5.40%
Frontline	3572.13	69.33%
Frontline Support	1302.30	25.27%

Appointment type by FTE*	FTE	Percentage of total workforce (Calculated on headcount)
Permanent	4010.40	77.83%
Temporary	922.12	17.90%
Casual	208.98	4.06%
Contract	11.04	0.21%

Employment Status by Headcount*	FTE	Percentage of total workforce (Calculated on headcount)
Full-time	3013	46.36%
Part-time	3017	46.42%
Casual	469	7.22%

*Minimum Obligatory Human Resources Information (MOHRI) data as reported June quarter 2023 Public Sector Commission.

Figure 1: Gender

Gender	Number (Headcount)	Percentage of total workforce (Calculated on headcount)
Woman	5053	77.75%
Man	1402	21.57%
Non-binary	44	0.68%

Figure 2: Diversity target group data

Diversity Groups	Number (Headcount)	Percentage of total workforce (Calculated on headcount)
Women	5053	77.75%
Aboriginal Peoples and Torres Strait Islander Peoples	195	3.00%
People with disability	146	2.25%
Culturally and Linguistically Diverse – Speak a language at home other than English [^]	635	9.77%

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

Figure 3: Target group data for Women in Leadership Roles

	Women (Headcount)	Women as percentage of total leadership cohort (Calculated on headcount)
Senior Officers (Classified and s122 equivalent combined)	5	55.56%
Senior Executive Service and Chief Executives (Classified and s122 equivalent combined)	4	66.67%

Early retirement, redundancy and retrenchment

There were no early retirement, redundancy or retrenchment packages paid by Darling Downs Health during 2022–2023.

Open Data

Darling Downs Health has Open Data to report on Overseas Travel and the Queensland Language Services Policy. The data can be found on the Queensland Government Open Data Portal.¹

There is no Open Data to report for consultancy activity.

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 Executive and Board. The Board Audit and Risk Committee role, functions, responsibilities and membership are referenced on page 30.

The *Hospital and Health Boards Act 2011* requires annual reports to state each direction given by the Minister to the Health Service during the financial year and the action taken by the Health Service as a result of the direction. During the 2022-2023 period, no directions were given by the Minister to Darling Downs Health.

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 the 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

¹ <https://www.data.qld.gov.au/>

operational risks for the health service. The 2022-2023 Internal Audit plan included audits covering topics such as:

- Management of Staff Visas
- Pharmacy Medication Management
- Staff Accommodation
- Fraud Risk Management
- Patient Travel Subsidy Scheme
- Fleet Management
- Occupational Violence Prevention
- Role Specific Training
- Workforce Planning

Implementation of recommendations arising from these audits is monitored and regularly reported to the Audit and Risk Committees of both the Executive and the Board.

External scrutiny, information systems and recordkeeping

Darling Downs Health's operations are subject to regular scrutiny from external oversight bodies. These may include Office of the Health Ombudsman, The Queensland Coroner and the Crime and Corruption Committee, Queensland Audit Office (QAO) and various accreditation bodies.

There were no reportable recommendations for Darling Downs Health from external state oversight bodies in 2022–2023.

The Health Service underwent ISO 9001 Quality Management Systems Surveillance audit in 2022-2023 with nil non-conformance reported. The surveillance audit is a sample audit that encompassed four rural facilities and a sample clinical unit of Toowoomba Hospital and Mental Health.

Karingal nursing home and Dr EAF McDonald nursing home both received re-accreditation for another two years following assessment in 2022-2023.

Information systems and record keeping

Darling Downs Health has continued to work towards using digital technologies to improve patient safety and experiences; this is most notable in the preparation of a very detailed business case for introduction of an integrated electronic medical record (ieMR). Interacting systems to streamline secure collection of consumer information, minimisation of repetition and reduction in double handling of information are well utilised in the Consumer Liaison and Clinical Governance area. The Chief Financial Officer is responsible for Health Information Services and the Executive Director Transformation, Analytics 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, the Information Services team and Health Information Services.

Monitoring of record compliance, data quality and confidentiality requirements is supported through a range of audit processes. Darling Downs Health complies with the Health Sector (Clinical Records) Retention and Disposal Schedule (QDAN 683 v.1), the General Retention and Disposal Schedule (QDAN 249) and the Health Sector (Corporate Records) Retention and Disposal Schedule. This compliance ensures that all public records within Darling Downs Health are maintained as legislatively required. Records which have reached their retention period have letters of approval for destruction and certificates of disposal are supplied.

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

Data and information security breaches are reported as part of the Risk Register compliance and each is managed contemporaneously by an appropriately identified team of expert staff. Darling Downs Health is also focusing attention on mandatory breach reporting and the quality processes this will involve. Legislative compliance audits are conducted annually and these track progress of information management.

During the 2022-2023 financial year, the Darling Downs Health have an informed opinion that information security risks were actively managed and assessed against Darling Downs Health's risk appetite with appropriate assurance activities undertaken in line with the requirements of the Queensland Government Enterprise Architecture (QGEA) Information security policy (IS18:2018).

Public Sector Ethics

Darling Downs Health always expects the highest level of conduct from its employees 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. Darling Downs Health employees 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, employees have a responsibility to disclose any suspected wrongdoing and to ensure any disclosure is in accordance with the ethics expected within the organisation. Employees are supported in the making of public interest disclosures. To support employees in their understanding of the expectations of the organisation, mandatory training packages are available on the Darling Downs Learning On-Line training portal. Code of conduct, fraud awareness and public interest disclosure training packages must be completed on an annual and biennial basis. Training module completion rates are monitored weekly.

Human Rights

Darling Downs Health has continued to integrate the *Human Rights Act 2019* into our organisational processes. The *Human Rights Act 2019* Managers Decision-making Toolkit provides tools for staff to support their understanding and promotion of human rights.

Employees are also able to access online human rights training packages to further support their understanding.

In 2022–2023 Darling Downs Health assessed four complaints where the *Human Rights Act 2019* provisions were considered. One complaint was referred to an internal division for resolution, one is currently under review and the remaining two were deemed not to breach the *Human Rights Act 2019*.

Confidential information

Section 160 of the *Hospital and Health Boards Act 2011* requires that confidential information disclosures made in the public interest by a service are outlined in the annual report for the service.

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 2022–2023 period, two disclosures were authorised in relation to specific patient information. The first disclosure of patient information was to the Queensland Police Service to contain a threat of suicide or violence by a patient. The second disclosure of patient information was to the Toowoomba High Risk Panel in order to assess risk and manage safety needs of the patient and staff.

Performance

Non-financial performance

The *Darling Downs Health Strategic Plan 2020-2024* states the strategic priorities and key performance measures to be achieved over a four-year period. Progress for the 2022-2023 period is detailed below.

Patients first

A 10 per cent reduction in patient complaints related to communication

Darling Downs Health is committed to improving the patient experience and reducing consumer complaints. The health service has focused on raising awareness of compassion, not only to our patients and their families, but also to themselves and their work colleagues. The Compassionate Conversation Clinician workshops have continued over the last 12 months providing staff with the tools and practical experience in having compassionate conversations. With the increasing community demand on services there has been a 10 per cent increase in communication related complaints compared to the previous year. Further work is being undertaken to improve communication relating to elective surgery.

Year on year increasing trend of consumer representation on Tier 2 and Tier 3 committees

Consumer and community engagement is an essential element of planning, designing and delivering high quality health services that meet the health needs of our communities.

Engagement at Darling Downs Health takes many forms including consumer-initiated feedback, surveys, consumer representation on committees and advisory groups and consumer publication reviews in addition to various information sharing channels.

As at June 2023, more than 370 consumer and community representatives were engaged with Darling Downs Health in various ways. Representation on tier 2 and tier 3 groups remained steady compared to previous years.

Increase Toowoomba Hospital capacity to align to demand projections and within physical constraints

The Toowoomba Hospital Emergency Department expansion and modular isolation ward was commissioned in 2022-2023. The expansion included additional treatment space including dedicated areas for patients requiring mental health care. In addition, a 17-bed isolation ward was installed on the hospital site to allow for the appropriate and safe treatment of infectious patients if the need was required. The capital investment has enabled improved patient flow and increased bed capacity within the Toowoomba Hospital footprint.

Reduce proportion of bed days used by long stay patients to 30 per cent

Darling Downs Health implemented a number of initiatives to assist with managing long stay patients in our hospitals and improve discharges by:

- Developing a long stay dashboard that enables visibility of current long stay patient status, barriers to discharge and assists with identification and allocation of resources to support discharge.
- A complex care unit to accommodate slow stream rehabilitation type patients waiting NDIS (National Disability Insurance Scheme) or experiencing functional decline or requiring ongoing complex discharge planning.
- Hospital in the Home – Community Age Care to bridge care provision of frail older persons from the acute setting back to their residence in the community providing ongoing care under a hospital in the home substitution care model.

As a result, Darling Downs Health managed to trend under 30 per cent on average throughout the year.

Healthy future

Reduction year on year of low birthweight babies born to First Nations women

As at March 2023 the program is achieving target (≤ 10.6 per cent) reaching 8.6 per cent which is comparable to the previous year. This has been achieved by partnering with hospital-based Midwifery Group Practice, the First 2000 Days model of care, BAIBS project, and Boomagam Caring. Reducing the number of low birthweight babies will remain a focus for the health service.

Achieve a year-on-year increase in the use of renewable energy sources and efficient technologies to reduce energy consumption

Darling Downs continues with numerous initiatives to reduce energy and water consumption. Whilst a firm commitment by the organisation, the challenge remains in data capture. Several initiatives to reduce our impact on the environment are:

- Additional five electric vehicles were added to the fleet pool
- Installation of solar panels across our region continues
- The Green Warriors program continues to adopt innovative recycling programs and waste reduction strategies in our facilities.

Reduce potentially preventable hospitalisations (PPH) for First Nations people from 14.6 per cent to 14.4 per cent progressively over 2 years.

As at March 2023, 9.6 per cent of admissions were PPH, no change was recorded compared to March 2022 for Darling Downs Health. A breakdown by population group shows a minor increase for non-Indigenous however it should be noted the Aboriginal and Torres Strait Islander population PPH has reduced from 13.9 per cent to 13.4 per cent during the same timeframe.

Our people

5 per cent of workforce identify as First Nations over life of plan

Currently, 2.75 per cent of the Darling Downs Health workforce identifies as Aboriginal people and Torres Strait Islander people which is higher than the Queensland Health average of 2.45 per cent. The Health Equity workforce target is set at six per cent. Several 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.

Improve Working for Queensland staff survey response rate by 10 per cent on previous survey

Working for Queensland Survey response rates for 2022 were 34 per cent, up 2 per cent on 2021. Increasing survey completion rates remains challenging with fluctuating employee numbers.

Improve retention of graduate students in the Darling Downs Health workforce

Darling Downs Health has engaged a number of strategies across all professional streams to improve retention of graduate students in our workforce.

Nursing

- Pilot of the Rural and Remote Generalist Nurse Program (RRGNP) commenced in September 2022 for a six-month period. Four participants from Darling Downs Health (one at Warwick, two at Kingaroy, one at Dalby) undertook the program, with one withdrawing in February 2023.
- There were two graduate applications for the 2023 Indigenous Graduate Registered Nurse/Midwife (IGRNM) program to increase representation of Aboriginal people and Torres Strait Islander people in the Nursing and Midwifery workforce.
- The design and implementation of an Early Career Pathways Model that delivers centralised recruitment, placement and candidate care across the early career spectrum (undergraduate, 1st year of practice and 2nd year of practice) reduced graduate vacancies.
- Design of the Early Career Specialisation Pathways (specified second year of practice positions) was completed, ready for implementation in 2024.

Medical

- Partnering with local universities is providing an end-to-end pathway for medical students in our region. The pathway will allow university students to complete all their undergraduate and postgraduate studies and clinical training in the region, with Darling Downs Health and Southwest Hospital and Health Service to provide student placements, internships and specialist training.

Allied Health

- Allied Health is progressing the development of a traineeship program for undergraduate Allied Health students. The program targets final year university students, providing opportunities to experience the many benefits of working in

Darling Downs Health prior to graduation. This serves as a pathway for post graduate opportunities across the region, aiming to enhance graduate student retention.

Safer care

Up to 5 per cent decrease in musculoskeletal injuries to staff over 2 years

The Darling Downs Health patient handling training program was reviewed to meet the requirements of the Safety Management System and to assist in the reduction of musculoskeletal injuries. Proactive early intervention remains a targeted strategy towards preventing and reducing musculoskeletal injuries by five per cent.

Darling Downs Health implemented the following proactive strategies to reduce manual handling injuries:

- Established trial specialist position within Safety and Wellbeing Services – Program Coordinator Hazardous Manual Tasks
- Patient handling training and materials handling training updated
- Ergonomic assessments and telecommuting assessments reviewed
- Review of Safe Operating Procedures (SOPs) structure
- Mandatory Training via online training platform reviewed
- Established a Darling Downs Health Manual Handling trainers support network
- Addition of ergonomics section in Quarterly Safety Checklist
- Review of bariatric equipment use and patient air lift equipment – HoverTech Work instructions.

Since implementing these strategies, Darling Downs Health has seen a decrease of 15.5 per cent from 2021–2022 to 2022–2023 in musculoskeletal related incidents resulting in injury.

A sustained improvement in at least one measure for hospital acquired complications

Darling Downs Health has continued to focus on improving care and reducing hospital acquired complications. Over the last 12 months the organisation has focused on improving performance on perineal laceration (3rd and 4th degree tears) for maternity consumers. This has seen a sustained improvement of outcomes for our patients and improved their healthcare experience. Work continues in the reduction in health care associated infections and medication complications across the health service.

Improving everyday

Increase number of Darling Downs Health led collaboratives approved by Human Research and Ethics committee compared to previous year

In the 2022-2023 financial year there were 21 Darling Downs Health led projects and eight collaborative research projects approved by Human Research and Ethics Committee (HREC) making a total of 29 projects. Overall, this is a small decrease of three projects compared to the previous financial year. However, it represents an increase in projects led by Darling Downs Health (up two counts compared to last financial year).

Increase number of research publications year on year

As of June 2023, there have been 41 journal publications confirmed for the 2022–2023 financial year with a Darling Downs Health affiliation. This is a decrease from the previous year with a count of 54 at the same time. Darling Downs Health have already achieved a 25 per cent increase in publications overall since the commencement of the strategic plan.

Establish two joint appointments with collaborating universities

Darling Downs Health continues to sustain well developed partnerships with the university sector to create an environment that embraces innovation, research and learning. A Director of Podiatry joint appointment with University of Southern Queensland (UniSQ) has been established with plans to recruit in 2023–2024. The strategy aims to enhance research opportunities through a conjoint appointment.

Increase number of clinical trials occurring across Darling Downs Health year on year

In the 2022–2023 financial year there were six clinical trials approved through the Site-Specific Authorisation process at Darling Downs Health representing a decrease from the previous financial year. In 2022-2023 Darling Downs Health Research Unit completed an analysis to identify potential for growth in clinical trials in the region. This resulted in recruitment of two positions to support the development and expansion of clinical trials in the region.

Service Standards

Darling Downs Health delivers services in accordance with its obligations outlined in the Service Agreement with the Department of Health. The Service Agreement identifies the health services provided by Darling Downs Health the funding for the provision of those services and performance measures to ensure the achievement of outcomes.

Darling Downs Health's Emergency Departments experienced a seven per cent increase in attendances in the higher acuity categories (Category 1, Category 2, Category 3 combined) compared to 2021-2022. Specialist outpatients seen within clinically recommended times Category 1, increased by eight per cent compared to 2021-2022. Darling Downs Health is working to increase opportunities to optimise resources and transform the way care is delivered.

Table 2 Service Standards - Performance 2022-2023

Darling Downs Hospital and Health Service	2022-2023 Target	2022-2023 Actual
Effectiveness measures		
Percentage of emergency department patients seen within recommended timeframes		
• Category 1 (within 2 minutes)	100%	100%
• Category 2 (within 10 minutes)	80%	67%
• Category 3 (within 30 minutes)	75%	60%
• Category 4 (within 60 minutes)	70%	77%
• Category 5 (within 120 minutes)	70%	94%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	77%
Percentage of elective surgery patients treated within the clinically recommended times ¹		
• Category 1 (30 days)	>98%	98%
• Category 2 (90 days) ²	..	85%
• Category 3 (365 days) ²	..	52%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	<2	0.4
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁴	>65%	64.0%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	13.3%
Percentage of specialist outpatients waiting within clinically recommended times		
• Category 1 (30 days)	98%	100%
• Category 2 (90 days) ⁶	..	64%
• Category 3 (365 days) ⁶	..	77%

Darling Downs Hospital and Health Service	2022-2023 Target	2022- 2023 Actual
Percentage of specialist outpatients seen within clinically recommended times		
• Category 1 (30 days)	98%	95%
• Category 2 (90 days) ⁶	..	77%
• Category 3 (365 days) ⁶	..	64%
Median wait time for treatment in emergency departments (minutes)	..	16
Median wait time for elective surgery treatment (days) ¹	..	42
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities ⁷	\$5,322	\$5,845
Other measures		
Number of elective surgery patients treated within clinically recommended times ¹		
• Category 1 (30 days)	2,168	2,159
• Category 2 (90 days) ²	..	2,541
• Category 3 (365 days) ²	..	294
Number of Telehealth outpatients service events ⁸	15,376	19,795
Total weighted activity units (WAU) ⁹		
• Acute Inpatients	63,298	65,397
• Outpatients	15,079	15,805
• Sub-acute	7,698	11,471
• Emergency Department	21,936	24,525
• Mental Health	15,803	15,132
• Prevention and Primary Care	3,269	3,206
Ambulatory mental health service contact duration (hours) ¹⁰	>72,612	53,234
Staffing ¹¹	5,170	5,153

1	In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021-2022 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies.
2	Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery and the continual impacts to services as a result of responding to COVID-19, treated in time performance targets for category 2 and 3 patients are not applicable for 2022-2023.
3	Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2022-2023 Actual rate is as at 7 August 2023.
4	Mental Health rate of community follow up 2022-2023 Actual is as at 14 August 2023.
5	Mental Health readmissions 2022-2023 Actual is for the period 1 July 2022 to 31 May 2023 as at 14 August 2023.
6	Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time targets for category 2 and 3 patients are not applicable for 2022-2023.
7	All measures are reported in QWAU (Queensland Weighted Activity Unit) Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic.
8	Telehealth 2022-2023 Actual is as at 21 August 2023.

9	The 2022-2023 target varies from the published 2022-2023 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. 2022-2023 Actuals are as at 14 August 2023.
10	Ambulatory Mental Health service contact duration 2022-2023 Actual is as at 14 August 2023.
11	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. 2022-2023 Actual is for pay period ending 25 June 2023.

Financial Summary

Darling Downs Health reported a surplus of \$2.9 million in 2022-2023 compared to \$8.2 million in 2021-2022.

Table 3 Financial summary

Revenue and expenses	FY ending 30 Jun 23 \$(000)	FY ending 30 Jun 22 \$(000)
Revenue	1,133,379	1,014,523
Expenses		
Labour and employment	772,260	692,516
Non-labour	309,782	272,429
Depreciation and amortisation	48,447	41,391
Total Expenses	1,130,489	1,006,336
Net surplus or deficit from operations	2,890	8,187

Financial outlook

In 2023-2024 Darling Downs Health will have a budget of \$1.11 billion which is an increase of \$103 million or ten per cent from the published 2022-2023 operating budget of \$1.01 billion.

Deferred maintenance

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

The Maintenance Management Framework defines deferred maintenance as maintenance work that is postponed to a future budget cycle or until funds become available. Some maintenance activities can be postponed without immediately having noticeable effect on the functionality of the building. All deferred maintenance items are risk assessed to identify

any potential impact on users and services and are closely managed to ensure all facilities are safe,

As of 30 June 2023, Darling Downs Health had reported deferred maintenance of \$256,227,796.

Darling Downs Health has the following strategies in place to mitigate any risks associated with these items:

- Seek assistance from Sustaining 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 the health and safety of staff and patients or directly impacting on continuity of health services delivery).

Darling Downs Hospital and Health Service

ABN 64 109 516 141

Financial Statements - 30 June 2023

DARLING DOWNS HOSPITAL AND HEALTH SERVICE
Financial Statements
for the year ended 30 June 2023

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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.darlingdowns.health.qld.gov.au>.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE
Statement of Comprehensive Income
for the year ended 30 June 2023

		2023	2022
	Notes	\$'000	\$'000
OPERATING RESULT			
Income from continuing operations			
Funding for public health services	4	985,301	886,436
User charges and fees	5	83,547	71,021
Grants and other contributions	6	59,787	50,293
Interest		728	129
Other revenue	7	3,674	3,452
Total revenue		1,133,037	1,011,331
Gains on disposal/revaluation of assets		342	3,192
Total income from continuing operations		1,133,379	1,014,523
Expenses from continuing operations			
Employee expenses	8	124,170	111,375
Health service employee expenses	9	648,090	581,141
Supplies and services	11	297,964	262,181
Grants and subsidies		3,985	3,247
Depreciation and amortisation	17 & 18	48,447	41,391
Impairment losses		2,375	2,194
Finance/ borrowing costs		163	82
Other expenses	12	5,295	4,725
Total expenses from continuing operations		1,130,489	1,006,336
Operating result from continuing operations		2,890	8,187
OTHER COMPREHENSIVE INCOME			
Items not reclassified to operating result			
Increase/(decrease) in asset revaluation surplus	22	35,306	41,614
Total items not reclassified to operating result		35,306	41,614
Total other comprehensive income		35,306	41,614
TOTAL COMPREHENSIVE INCOME		38,196	49,801

The accompanying notes form part of these financial statements

DARLING DOWNS HOSPITAL AND HEALTH SERVICE
Statement of Financial Position
as at 30 June 2023

		2023 \$'000	2022 \$'000
	Notes		
Current assets			
Cash and cash equivalents	13	67,169	70,826
Receivables	14	9,169	7,192
Inventories	15	8,480	8,159
Other current assets	16	54,388	10,489
Total current assets		139,206	96,666
Non-current assets			
Property, plant and equipment	17	564,181	487,888
Right-of-use assets	18	7,972	7,383
Other non-current assets		-	26
Total non-current assets		572,153	495,297
Total assets		711,359	591,963
Current liabilities			
Payables	19	107,080	75,091
Lease liabilities	18	1,941	2,106
Accrued employee benefits		9,956	1,736
Unearned revenue	20	279	3,041
Total current liabilities		119,256	81,974
Non-current liabilities			
Lease liabilities	18	5,971	5,161
Total non-current liabilities		5,971	5,161
Total liabilities		125,227	87,135
Net assets		586,132	504,828
Equity			
Contributed equity	21	307,032	263,924
Accumulated surplus/(deficit)		75,130	72,240
Asset revaluation surplus	22	203,970	168,664
Total equity		586,132	504,828

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 2023

		Contributed	Accumulated	Asset	
		Equity	Surplus/ (Deficit)	Revaluation	Total
	Notes	\$'000	\$'000	Surplus \$'000	Equity \$'000
Balance as at 1 July 2021		286,495	64,053	127,050	477,598
<i>Operating result from continuing operations</i>		-	8,187	-	8,187
<i>Other comprehensive income</i>					
Increase/(decrease) in asset revaluation surplus		-	-	41,614	41,614
Total comprehensive income for the year		-	8,187	41,614	49,801
<i>Transactions with owners as owners</i>					
Net assets received/(transferred) during year		444	-	-	444
Non appropriated equity injections (inc capital works)		18,376	-	-	18,376
Non appropriated equity withdrawals (depreciation funding)		(41,391)	-	-	(41,391)
Total transactions with owners as owners		(22,571)	-	-	(22,571)
Balance as at 30 June 2022		263,924	72,240	168,664	504,828
Balance as at 1 July 2022		263,924	72,240	168,664	504,828
<i>Operating result from continuing operations</i>		-	2,890	-	2,890
<i>Other comprehensive income</i>					
Increase/(decrease) in asset revaluation surplus	22	-	-	35,306	35,306
Total comprehensive income for the year		-	2,890	35,306	38,196
<i>Transactions with owners as owners</i>					
Net assets received/(transferred) during year	21	649	-	-	649
Non appropriated equity injections (inc capital works)		90,906	-	-	90,906
Non appropriated equity withdrawals (depreciation funding)		(48,447)	-	-	(48,447)
Total transactions with owners as owners		43,108	-	-	43,108
Balance as at 30 June 2023		307,032	75,130	203,970	586,132

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 2023

	2023	2022
Notes	\$'000	\$'000
Cash flows from operating activities		
Inflows:		
Funding for public health services	895,288	846,238
User charges and fees	74,890	64,917
Grants and other contributions	50,227	41,030
Interest receipts	728	129
GST input tax credits from ATO	21,203	15,011
GST collected from customers	1,188	824
Refundable accommodation receipts	9,393	5,160
Other	3,674	3,452
Total cash provided by operating activities	1,056,591	976,761
Outflows:		
Employee expenses	115,949	111,256
Health service employee expenses	632,115	579,111
Supplies and services	275,722	245,278
Grants and subsidies	3,771	2,994
Finance/ borrowing costs	163	82
GST paid to suppliers	22,218	15,105
GST remitted to ATO	1,179	828
Refundable accommodation payments	6,366	4,900
Other	5,120	4,374
Total cash used in operating activities	1,062,603	963,928
Net cash provided by/(used in) operating activities¹	(6,012)	12,833
Cash flows from investing activities		
Inflows:		
Sales of property, plant and equipment	397	254
Total cash provided by investing activities	397	254
Outflows:		
Payments for property, plant and equipment	86,195	26,588
Total cash used in investing activities	86,195	26,588
Net cash provided by/(used in) investing activities	(85,798)	(26,334)
Cash flows from financing activities		
Inflows:		
Proceeds from equity injections	90,906	18,376
Total cash provided by financing activities	90,906	18,376
Outflows:		
Lease payments	2,753	2,288
Total cash used in financing activities²	2,753	2,288
Net cash provided by/(used in) financing activities	88,153	16,088
Net increase (decrease) in cash and cash equivalents	(3,657)	2,587
Cash and cash equivalents at beginning of financial year	70,826	68,239
Cash and cash equivalents at end of financial year	67,169	70,826

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 2023

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

	2023	2022
	\$'000	\$'000
Operating result from continuing operations	2,890	8,187
Non-cash items included in operating result		
Depreciation and amortisation	48,447	41,391
Depreciation grant funding	(48,447)	(41,391)
Net gain on revaluation of non-current assets	-	(2,966)
Net (gain)/loss on disposal of non-current assets	(167)	124
Donated assets received	(11)	-
Change in assets and liabilities		
(Increase)/decrease in trade receivables	(926)	(434)
(Increase)/decrease in GST input tax credits receivable	(1,015)	(94)
(Increase)/decrease in other receivables	(45)	(27)
(Increase)/decrease in inventories	(321)	(1,046)
(Increase)/decrease in contract assets	(21,982)	1,228
(Increase)/decrease in other current assets	(21,891)	101
Increase/(decrease) in trade payables	12,553	1,137
Increase/(decrease) in accrued employee benefits	8,220	119
Increase/(decrease) in other payables	19,436	9,516
Increase/(decrease) in GST input tax credits payable	9	(3)
Increase/(decrease) in contract liabilities and unearned revenue	(2,762)	(3,009)
Net cash provided by/(used in) operating activities	(6,012)	12,833

(b) Changes in liabilities arising from financing activities

	2023	2022
	\$'000	\$'000
Non-cash changes		
Opening balance	7,267	8,103
New leases acquired	3,398	1,452
Cash flows		
Cash repayments	(2,753)	(2,288)
Closing balance	7,912	7,267

DARLING DOWNS HOSPITAL AND HEALTH SERVICE
Notes to the Financial Statements
for the year ended 30 June 2023

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DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

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 2022.

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 assets and liabilities measured at fair value (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.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

3. New and revised accounting standards and policies

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

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

4. Funding for public health services

	2023	2022
	\$'000	\$'000
Activity based funding	570,227	562,371
Block funding	194,495	209,965
Other system manager funding	220,579	114,100
Total funding for public health services	985,301	886,436

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 DoH 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 2023 was \$308.9M (2022: \$308.8M). 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 contract asset or contract liability. 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 based funded hospitals. The funding is based on an agreed target number of activities and a state-wide price.

Revenue is recognised progressively as activity is delivered each month.

Where activity delivered exceeds the target no additional revenue (or corresponding contract asset) is generally recognised, as the transaction price is unable to be reliably determined, unless agreed with DoH.

Where activity delivered is less than the target, a contract liability and corresponding reduction in revenue is recognised consistent with the service agreement with DoH.

(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.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

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 or 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
Breast Screen	<p>Funding is provided for the provision of breast screen services on the basis of the number of screens to be performed.</p> <p>Incentive funding for target groups is also provided on the basis of the number of screens to be performed.</p> <p>Revenue is recognised as services are delivered to clients.</p>
Oral Health Services	<p>Funding is provided based on the target number of dental occasions of service to be provided.</p> <p>Revenue is recognised as services are delivered to clients.</p>

5. User charges and fees

	2023 \$'000	2022 \$'000
Hospital fees	33,951	31,501
Pharmaceutical benefits scheme reimbursement	37,239	28,267
Sales of goods and services	12,129	11,108
Other user charges - rental income	228	145
Total user charges and fees	83,547	71,021

(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.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

6. Grants and other contributions

	2023 \$'000	2022 \$'000
Nursing home grants	21,369	15,825
Home support programme	7,665	7,421
Other specific purpose grants	17,547	14,677
Corporate support services received from DoH	8,880	9,128
Other grants and donations	4,326	3,242
Total grants and other contributions	59,787	50,293

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 nation wide price adjusted for the characteristics of services and individual residents care needs.

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.

Revenue is 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
Home care packages	<p>Home care packages are designed for those with more complex care needs that go beyond what the CHSP can provide.</p> <p>The Australian Government provides funding on behalf of each person receiving government-subsidised home care.</p> <p>Funding is based on the daily subsidy level. The subsidy level is dependant on the level of care required.</p> <p>Revenue is recognised as services are delivered to clients.</p>
Transition care	<p>Transition care provides short-term care for older people to help them recover after a hospital stay.</p> <p>The Australian Government provides funding through flexible care subsidies.</p> <p>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.</p> <p>Revenue is recognised as services are delivered to clients.</p>

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

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
Specialist training program	<p>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.</p> <p>The program is administered through the specialist medical colleges under funding agreements with the Australian Government.</p> <p>Funding is provided on a pro rata basis for each full time equivalent trainee employed during the year.</p> <p>Revenue is recognised in line with the full time equivalent trainees employed during the year.</p>
National Rural Generalist Pathway and Rural Junior Doctor Training Innovation Fund	<p>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.</p> <p>Funding is provided according to a defined number of rural primary care rotations.</p> <p>The Rural Junior Doctor Training Innovation Fund (RJDTIF) aims to provide junior doctors with a training period in a rural primary care setting, develop rural training capacity, and strengthen the rural training pathway to improve services within regional settings.</p> <p>From 1 January 2023, the RJDTIF has been consolidated into the new John Flynn Prevocational Doctor Program. This program aims to increase rural primary care rotations for hospital-based doctors in rural areas.</p> <p>Revenue for these programs is recognised as placements/rotations occur.</p>
Multipurpose Services Program - Minor Capital Grants	<p>The Multipurpose Services Program (MPS) - Minor Capital Grants program gives MPS providers the opportunity to undertake minor capital projects relating to the provision of residential aged care.</p> <p>Darling Downs Health was successful in obtaining this funding to upgrade the Multipurpose Health Service (MPHS) facilities at Millmerran, Texas and Inglewood.</p> <p>Revenue is recognised as costs are incurred to upgrade these facilities.</p>

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

Type of good or service	Nature and timing of satisfaction of performance obligations, including significant payment terms
Student placements	<p>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.</p> <p>Funding is provided at agreed rates per student undertaking a placement with Darling Downs Health.</p>

(e) Corporate support services received from DoH

Darling Downs Health receives corporate support services 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.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

8. Employee expenses	2023 \$'000	2022 \$'000
Wages and salaries	99,040	93,424
Annual leave levy	11,719	6,944
Employer superannuation contributions	9,727	7,238
Long service leave levy	2,492	2,356
Other employee related expenses	1,107	1,398
Redundancies and termination payments	85	15
Total employee expenses	124,170	111,375

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.

(a) Wages and salaries

Wages and salaries due but unpaid at the 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 the reporting date, the liabilities are recognised at undiscounted amounts.

Recoveries of salary and wage 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 Australian Retirement Trust 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.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

8. Employee expenses (continued)

(e) Superannuation (continued)

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 the Australian Retirement Trust 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 31. 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 salary and wage costs for health service employees working for other agencies are recorded as other revenue (Note 7).

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 had to be taken prior to 31 March 2023 or the leave was lost. The entire value of the leave was paid in advance by Darling Downs Health to DoH in a prior period. The leave was expensed in the period in which it was taken and the remaining balance treated as a prepayment to DoH. As this agreement ceased on 31 March 2023, the prepayment for any leave not used has been reimbursed to Darling Downs Health in 2023.

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:

	2023	2022
Number of employees	248	234
Number of health service employees	4,897	4,766
Total full-time equivalent	5,145	5,000

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

11. Supplies and services	2023	2022
	\$'000	\$'000
Clinical supplies and services	40,605	39,579
Pharmaceuticals	45,145	35,736
Consultants and contractors	40,611	22,595
Outsourced service delivery contracts (clinical services)	33,790	30,911
Repairs and maintenance	16,415	15,110
Pathology and laboratory supplies	23,092	24,010
Catering and domestic supplies	12,360	11,347
Corporate support services from DoH	8,880	9,128
Other health service employee related expenses	6,990	7,130
Patient travel	9,582	8,012
Computer services and communications	18,123	16,380
Inter-entity supplies (paid to DoH)	1,229	1,926
Water and utility costs	8,932	8,547
Insurance premiums (paid to DoH)	8,334	8,020
Leases - buildings (including office accommodation and employee housing)	485	1,119
Leases - motor vehicles	2,607	2,513
Leases - other	43	390
Minor works, including plant and equipment	4,272	6,341
Other travel	2,423	1,735
Building services	3,739	4,664
Motor vehicles	1,094	808
Other supplies and services	9,213	6,180
Total supplies and services	297,964	262,181

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 \$235,900 (2022: \$214,800) 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 \$17K (2022: \$14K) were made during the period.

Special payments during 2022-23 include the following payments over \$5,000:

- A compensation payment to cover the cost of hired equipment which was not able to be located after the Covid-19 response.

13. Cash and cash equivalents	2023	2022
	\$'000	\$'000
Operating cash on hand and at bank	43,209	50,108
Refundable accommodation deposits	18,054	15,027
Internally restricted at-call deposits	5,887	5,671
Internally restricted cash at bank	19	20
Total cash and cash equivalents	67,169	70,826

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

13. Cash and cash equivalents (continued)

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.

Refundable accommodation deposits (RADs) represent amounts received from residents in aged care facilities for their accommodation. These amounts are permitted to be used for the purposes specified in Section 52N-1(2) of the *Aged Care Act 2011* including investments and facilitating ongoing capital investment in aged care infrastructure. Refundable accommodation deposits are refundable to residents when they leave a residential aged care facility. These funds are retained in the Queensland Treasury Corporation Cash Fund.

Interest earned from RADs is offset against operating and capital costs of the aged care facilities concerned.

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 1.93% and 4.26% (2022: 0.29% and 0.90%).

14. Receivables

	2023	2022
	\$'000	\$'000
Trade receivables	8,452	6,798
Less: Allowance for impairment loss	(2,224)	(1,496)
Total trade receivables	6,228	5,302
GST receivable	2,965	1,950
GST (payable)	(102)	(93)
Total GST receivable	2,863	1,857
Other	78	33
Total other receivables	78	33
Total receivables	9,169	7,192

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 2023 is \$8,148K (1 July 2022: \$6,539K).

(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 \$3,333K or 36% (2022: \$2,583K or 36%) 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.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

14. Receivables (continued)

(b) Impairment of receivables (continued)

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.

	2023			2022		
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	50	(50)	-	117	(117)	-
30 to 60 days	143	(143)	-	107	(107)	-
60 to 90 days	194	(194)	-	87	(87)	-
Greater than 90 days	889	(889)	-	550	(550)	-
Total overdue	1,276	(1,276)	-	861	(861)	-
General impairments	7,176	(948)	6,228	5,937	(635)	5,302
Total allowance for impairment	8,452	(2,224)	6,228	6,798	(1,496)	5,302

Movements in the allowance for impairment loss

	2023	2022
	\$'000	\$'000
Balance at the beginning of the financial year	1,496	1,130
Amounts written off during the year in respect of bad debts	(1,528)	(1,735)
Increase/(decrease) in allowance recognised in operating result	2,256	2,101
Balance at the end of the financial year	2,224	1,496

15. Inventories

	2023	2022
	\$'000	\$'000
Clinical supplies and equipment	5,181	5,028
Pharmaceuticals	2,975	2,818
Catering and domestic	283	288
Other	41	25
Total inventories	8,480	8,159

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

	2023	2022
	\$'000	\$'000
Contract assets	26,312	4,330
Non-contract assets	27,011	4,088
Prepayments	1,065	2,071
Total other current assets	54,388	10,489

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.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

16. Other current assets (continued)

Significant changes in contract asset balances during the year include:

- \$17,091K increase for amendments to the service level agreement with DoH. Predominately for enterprise bargaining agreements and above target activity.

Non-contract assets primarily comprise recoveries from DoH, including reimbursements for capital projects.

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	42,749	1,356,489	128,879	65,688	-	1,593,805
Accumulated depreciation/amortisation	-	(964,119)	(65,505)	-	-	(1,029,624)
Carrying amount at 30 June 2023	42,749	392,370	63,374	65,688	-	564,181

Represented by movements in carrying amount

Carrying amount at 1 July 2022	39,150	386,992	49,823	11,923	-	487,888
Acquisitions	-	874	24,107	61,214	-	86,195
Transfers in from other Queensland						
Government entities	-	-	650	-	-	650
Donations received	-	-	11	-	-	11
Disposals	(23)	-	(207)	-	-	(230)
Transfers out to other Queensland						
Government entities	-	-	(1)	-	-	(1)
Transfer between asset classes	-	6,984	465	(7,449)	-	-
Net revaluation increments/(decrements)	3,622	31,684	-	-	-	35,306
Depreciation and amortisation	-	(34,164)	(11,474)	-	-	(45,638)
Carrying amount at 30 June 2023	42,749	392,370	63,374	65,688	-	564,181

	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	39,150	1,229,601	111,061	11,923	498	1,392,233
Accumulated depreciation/amortisation	-	(842,609)	(61,238)	-	(498)	(904,345)
Carrying amount at 30 June 2022	39,150	386,992	49,823	11,923	-	487,888

Represented by movements in carrying amount

Carrying amount at 1 July 2021	35,370	350,042	48,759	21,440	135	455,746
Acquisitions	-	-	10,962	15,627	-	26,588
Transfers in from other Queensland						
Government entities	-	-	456	-	-	456
Disposals	-	-	(378)	-	-	(378)
Transfers out to other Queensland						
Government entities	-	-	(12)	-	-	(12)
Transfer between asset classes	-	25,127	17	(25,144)	-	-
Net revaluation increments/(decrements)	3,780	40,800	-	-	-	44,580
Depreciation and amortisation	-	(28,977)	(9,981)	-	(135)	(39,093)
Carrying amount at 30 June 2022	39,150	386,992	49,823	11,923	-	487,888

*All software assets were derecognised during the 2022-23 financial year.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

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

(a) Recognition of property, plant and equipment and intangible assets

Items of property, plant and equipment and intangible assets 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 Non-Current Assets in the following classes. Items below these values are expensed in the year of acquisition.

Class	Threshold
Buildings (including improvements)	\$10,000
Land	\$1
Plant and equipment	\$5,000
Software	\$100,000

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).

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.

(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 (MoG) 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.

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.

(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.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

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

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

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 2022-23 revaluation program resulted in an increment of \$3,622K (2022: increment of \$3,780K) to the carrying amount of land, which is recognised as an asset revaluation surplus (2022: \$2,966K recognised in the Statement of Comprehensive Income as a gain on revaluation of assets and \$814K recognised as an asset revaluation surplus).

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).

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).

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

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

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

Fair value measurement - buildings and improvements (continued)

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 \$31,684K (2022: \$40,800K) to the carrying amount of buildings.

(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.

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 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:

<u>Class</u>	<u>Depreciation / amortisation rates</u>	
	2023	2022
	%	%
Buildings and improvements	0.78 - 7.69	0.78 - 7.69
Plant and equipment	2.27 - 20.00	2.56 - 20.00
Software - purchased	Nil	20.00

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

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

(f) Impairment of non-current assets

All property, plant and equipment is assessed for indicators of impairment on an annual basis or, where the asset is measured at fair value, for indicators of a change in fair value/service potential since the last valuation was completed. If an indicator of possible impairment exists, Darling Downs Health determines the asset's recoverable amount under *AASB 136 Impairment of Assets*. Recoverable amount is determined as the higher of the asset's fair value less costs to sell and value in use.

As a not-for-profit entity, 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.

For other non-specialised property, plant and equipment measured at fair value, where indicators of impairment exist, the only difference between the assets fair value and its fair value less costs of disposal is the incremental costs attributable to disposal of the asset. Consequently, the fair value of the asset determined under AASB 13 will materially approximate its recoverable amount where the disposal costs attributable to the asset are negligible. After the revaluation requirements of AASB 13 are first applied to these assets, applicable disposal costs are assessed and, in the circumstances where such costs are not negligible, further adjustments to the recoverable amount are made in accordance with AASB 136.

For assets measured at fair value, the impairment loss is treated as a revaluation decrease and 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.

For assets measured at cost, an impairment loss is recognised immediately in the Statement of Comprehensive Income.

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 the asset through the asset revaluation surplus.

For assets measured at cost, impairment losses are reversed through income.

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
Cost	15,016	203	15,219
Accumulated depreciation	(7,216)	(31)	(7,247)
Carrying amount at 30 June 2023	7,800	172	7,972
<i>Represented by movements in carrying amount</i>			
Opening balance at 1 July 2022	7,377	6	7,383
Additions	3,215	183	3,398
Depreciation	(2,792)	(17)	(2,809)
Closing balance at 30 June 2023	7,800	172	7,972
Opening balance at 1 July 2021	8,204	25	8,229
Additions	1,441	11	1,452
Depreciation	(2,268)	(30)	(2,298)
Closing balance at 30 June 2022	7,377	6	7,383

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

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

(a) Right-of-use assets (continued)

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.

(b) Lease liabilities

	2023	2022
	\$'000	\$'000
Current		
Lease liabilities	1,941	2,106
Non-current		
Lease liabilities	5,971	5,161
Total	7,912	7,267

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	<p>Darling Downs Health leases commercial premises from which it provides various health services.</p> <p>The lease for its BreastScreen premises commenced in April 2016, and has 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.</p> <p>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.</p> <p>Other commercial leases include the leases of medical centres at Inglewood and Millmerran, demountable buildings, and premises for Public Health, Women's and Children's, and Indigenous Health services.</p>
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DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

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

(c) Details of leasing arrangements as lessee (continued)

Employee housing	<p>Darling Downs Health routinely enters into residential leases to facilitate the provision of employee accommodation across the health service.</p> <p>Short-term leases are expensed on a straight-line basis consistent with the lease term.</p> <p>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.</p>
Equipment	<p>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.</p>

(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

	2023 \$'000	2022 \$'000
Payable to Department of Health	24,329	12,284
Accrued expenses	20,641	16,433
Trade payables	43,243	30,690
Refundable accommodation deposits	18,054	15,027
Other	813	657
Total payables	107,080	75,091

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.

Refundable accommodation deposits (RADs) are recognised upon receipt of RADs from residential aged care facility residents. RADs are refundable to residents within 14 days of their leaving a residential aged care facility. Amounts are unsecured. Darling Downs Health has a liquidity management standard to ensure that it is able to repay RADs that may be due within the following 12 months.

20. Unearned revenue

	2023 \$'000	2022 \$'000
Contract liabilities	279	2,972
Revenue in advance	-	69
Total unearned revenue	279	3,041

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

Of the amount included in the contract liability balance at 1 July 2022, \$2,962K has been recognised as revenue in 2022-23.

Revenue recognised in 2022-23 from performance obligations satisfied or partially satisfied in previous periods is nil.

Significant changes in contract liabilities during the year:

- \$937K decrease for front line staff to access COVID response leave
- \$762K decrease for the Rural Junior Doctor Training Innovation Fund
- \$602K decrease for the Commonwealth Home Support Programme

Contract liabilities at 30 June 2023 include student placement services to be delivered and revenue received to deliver a disaster recovery program in a future period.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

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 funded by DoH. For projects that are managed by DoH, assets are transferred from DoH to Darling Downs Health, upon practical completion, by the Minister for Health, Mental 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:

	2023 \$'000	2022 \$'000
Transfers from DoH	650	456
Transfers to DoH	(1)	(12)
Total net assets received or transferred	649	444

22. Asset revaluation surplus

	Land \$'000	Buildings & improvements \$'000	Total \$'000
Balance at 1 July 2021	-	127,050	127,050
Revaluation increment/(decrement)	814	40,800	41,614
Balance at 30 June 2022	814	167,850	168,664
Revaluation increment/(decrement)	3,622	31,684	35,306
Balance at 30 June 2023	4,436	199,534	203,970

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.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

23. Fair value measurement (continued)

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.

(a) Categorisation of fair value of assets and liabilities measured at fair value

	Level 2		Level 3		Total	
	2023	2022	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Land	42,749	39,150	-	-	42,749	39,150
Buildings and improvements	558	546	391,812	386,446	392,370	386,992
Total	43,307	39,696	391,812	386,446	435,119	426,142

(b) Reconciliation of non-financial assets categorised as Level 3: \$'000

As at 1 July 2021	349,499
Transfer between asset classes	25,127
Net revaluation increments/(decrements)	40,760
Depreciation and amortisation charge for the year	(28,940)
As at 30 June 2022	386,446
Acquisitions (including upgrades)	874
Transfer between asset classes	6,984
Net revaluation increments/(decrements)	31,634
Depreciation and amortisation charge for the year	(34,126)
As at 30 June 2023	391,812

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 fair value (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 HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

24. Financial instruments (continued)

(c) Financial risk management objectives (continued)

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

<i>Risk exposure</i>	<i>Measurement method</i>
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

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 (2022: \$11 million) under WoG banking arrangements to manage any short term cash shortfalls. This facility has not been drawn down as at 30 June 2023 (2022: 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:

	2023	2022
	\$'000	\$'000
Buildings and improvements		
Not later than 1 year	18,835	6,951
Total capital expenditure commitments	18,835	6,951
Plant and equipment		
Not later than 1 year	467	3,303
Total capital expenditure commitments	467	3,303

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

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.

At balance date, the following number of cases were filed in the courts naming the State of Queensland acting through Darling Downs Health as defendant.

	2023 cases	2022 cases
Supreme Court	8	5
District Court	2	-
	<u>10</u>	<u>5</u>

(b) Guarantees and undertakings

As at reporting date, Darling Downs Health held bank guarantees from third parties for capital works projects totalling \$3,091K (2022: \$2,372K). 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.

<i>Patient fiduciary funds</i>	2023 \$'000	2022 \$'000
Balance at the beginning of the year	1,031	1,836
Patient fiduciary fund receipts	23,054	16,437
Patient fiduciary fund payments	(23,427)	(17,242)
Balance at the end of the year	658	1,031

Closing balance represented by:

Cash at bank and on hand	658	1,031
Patient fiduciary fund assets at the end of the year	658	1,031

(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.

<i>Right of Private Practice (ROPP) receipts and payments</i>	2023 \$'000	2022 \$'000
<i>Receipts</i>		
Private practice receipts	4,898	6,054
Bank interest	9	2
Total receipts	4,907	6,056
<i>Payments</i>		
Payments to medical officers	1,140	621
Payments to Darling Downs Health for recoverable costs	3,749	5,397
Payments to Darling Downs Health's General Trust	18	38
Total payments	4,907	6,056
Increase in net private practice assets	-	-

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

27. Fiduciary trust transactions and balances (continued)

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

<i>Right of Private Practice (ROPP) receipts and payments (continued)</i>	2023	2022
	\$'000	\$'000
<i>Current assets</i>		
Cash - RoPP	407	480
Total current assets	407	480
<i>Current liabilities</i>		
Payable to medical officers	84	54
Payable to Darling Downs Health for recoverable costs	308	409
Payable to Darling Downs Health's General Trust	15	17
Total current liabilities	407	480

28. Controlled entities

As at 30 June 2023 and 30 June 2022, Darling Downs Health did 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, and Climate Action Plan 2030.

30. Budget to actual comparison

This section discloses Darling Downs Health's original published budgeted figures for 2022-23 compared to actual results, with explanations of major variances, in respect of the Darling Downs Health's Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows.

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

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

30. Budget to actual comparison (continued)

Statement of Comprehensive Income

		<i>Original Budget 2023 \$'000</i>	<i>Actual 2023 \$'000</i>	<i>Variance* 2023 \$'000</i>
	<i>Variance Note</i>			
Income from continuing operations				
Funding for public health services	1	896,242	985,301	89,059
User charges and fees	2	62,494	83,547	21,053
Grants and other contributions	3	48,381	59,787	11,406
Interest		138	728	590
Other revenue		2,607	3,674	1,067
Total revenue		1,009,862	1,133,037	123,175
Gains on disposal/valuation of assets		-	342	342
Total income from continuing operations		1,009,862	1,133,379	123,517
Expenses from continuing operations				
Employee expenses	4	117,096	124,170	(7,074)
Health service employee expenses	5	602,937	648,090	(45,153)
Supplies and services	6	240,665	297,964	(57,299)
Grants and subsidies		2,984	3,985	(1,001)
Depreciation and amortisation	7	42,116	48,447	(6,331)
Impairment losses		1,063	2,375	(1,312)
Finance/ borrowing costs		88	163	(75)
Other expenses		2,913	5,295	(2,382)
Total expenses from continuing operations		1,009,862	1,130,489	(120,627)
Operating result from continuing operations		-	2,890	2,890
OTHER COMPREHENSIVE INCOME				
Items not reclassified to operating result				
Increase/(decrease) in asset revaluation surplus	8	-	35,306	35,306
Total items not reclassified to operating result		-	35,306	35,306
Total other comprehensive income		-	35,306	35,306
TOTAL COMPREHENSIVE INCOME		-	38,196	38,196

* Favourable/(Unfavourable)

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

30. Budget to actual comparison (continued)

Statement of Financial Position

		<i>Original</i>		
	<i>Variance</i>	<i>Budget</i>	<i>Actual</i>	<i>Variance*</i>
	<i>Note</i>	<i>2023</i>	<i>2023</i>	<i>2023</i>
		<i>\$'000</i>	<i>\$'000</i>	<i>\$'000</i>
Current assets				
Cash and cash equivalents	1	73,039	67,169	(5,870)
Receivables		6,549	9,169	2,620
Inventories		7,477	8,480	1,003
Other current assets	2	5,154	54,388	49,234
Total current assets		92,219	139,206	46,987
Non-current assets				
Property, plant and equipment	3	418,056	564,181	146,125
Right-of-use assets		4,803	7,972	3,169
Total non-current assets		422,859	572,153	149,294
Total assets		515,078	711,359	196,281
Current liabilities				
Payables	4	72,514	107,080	(34,566)
Lease liabilities		1,258	1,941	(683)
Accrued employee benefits	5	2,000	9,956	(7,956)
Unearned revenue		4,490	279	4,211
Total current liabilities		80,262	119,256	(38,994)
Non-current liabilities				
Lease liabilities		3,384	5,971	(2,587)
Total non-current liabilities		3,384	5,971	(2,587)
Total liabilities		83,646	125,227	(41,581)
Net assets		431,432	586,132	154,700
Equity				
Contributed equity	6	223,817	307,032	83,215
Accumulated surplus/(deficit)	7	64,052	75,130	11,078
Asset revaluation surplus	8	143,563	203,970	60,407
Total equity		431,432	586,132	154,700

* Favourable/(Unfavourable)

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

30. Budget to actual comparison (continued)

Statement of Cash Flows

		Original		
	Variance	Budget	Actual	Variance*
	Note	2023	2023	2023
		\$'000	\$'000	\$'000
Cash flows from operating activities				
Inflows:				
Funding for public health services	1	854,126	895,288	41,162
User charges and fees	2	61,687	74,890	13,203
Grants and other contributions	3	39,099	50,227	11,128
Interest receipts		138	728	590
GST input tax credits from ATO		14,414	21,203	6,789
GST collected from customers		878	1,188	310
Refundable accommodation receipts	4	-	9,393	9,393
Other		2,607	3,674	1,067
Total cash provided by operating activities		972,949	1,056,591	83,642
Outflows:				
Employee expenses		116,665	115,949	716
Health service employee expenses	5	602,937	632,115	(29,178)
Supplies and services	6	228,774	275,722	(46,948)
Grants and subsidies		2,984	3,771	(787)
Finance/ borrowing costs		88	163	(75)
GST paid to suppliers		14,414	22,218	(7,804)
GST remitted to ATO		969	1,179	(210)
Refundable accommodation payments	4	-	6,366	(6,366)
Other		2,935	5,120	(2,185)
Total cash used in operating activities		969,766	1,062,603	(92,837)
Net cash provided by/(used in) operating activities		3,183	(6,012)	(9,195)
Cash flows from investing activities				
Inflows:				
Sales of property, plant and equipment		-	397	397
Total cash provided by investing activities		-	397	397
Outflows:				
Payments for property, plant and equipment	7	-	86,195	(86,195)
Total cash used in investing activities		-	86,195	(86,195)
Net cash provided by/(used in) investing activities		-	(85,798)	(85,798)
Cash flows from financing activities				
Inflows:				
Proceeds from equity injections	8	1,801	90,906	89,105
Total cash provided by financing activities		1,801	90,906	89,105
Outflows:				
Lease payments		1,801	2,753	(952)
Total cash used in financing activities		1,801	2,753	(952)
Net cash provided by/(used in) financing activities		-	88,153	88,153
Net increase in cash and cash equivalents		3,183	(3,657)	(6,840)
Cash and cash equivalents at beginning of financial year		69,856	70,826	970
Cash and cash equivalents at end of financial year		73,039	67,169	(5,870)

* Favourable/(Unfavourable)

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

30. Budget to actual comparison (continued)

Statement of Comprehensive Income variance notes

- 1 Funding for public health services exceeded the original budget by \$89.1M. Darling Downs Health received these additional funds through amendments to the service level agreement with DoH. These amendments included \$48.1M for enterprise bargaining agreements in line with the Queensland Government Public Sector Wages Policy, \$15.9M for activity increases including exceeding target levels for the treatment of public patients, \$8.3M for COVID-19 related activities, \$6.8M for various community care, mental health and indigenous health initiatives, and \$6.3M for depreciation.
- 2 User charges and fees exceeded the original budget by \$21.1M. The variance is predominately due to the recovery of non-capital expenditure from DoH (\$8.5M) and recovery of high cost pharmaceuticals under the Pharmaceutical Benefits Scheme (\$10.9M). Non-capital projects funded by DoH include the Toowoomba Hospital Redevelopment (\$5.5M) and Toowoomba Hospital Emergency Department and Modular COVID Ward (\$0.9M).
- 3 Grants and other contributions exceeded the original budget by \$11.4M. Key variances included:
 - \$4.3M for the continuation of Commonwealth funded rural doctor training programs in 2022-23
 - \$3.7M due to the introduction of the new Australian National Aged Care Classification (AN-ACC) funding model for residential aged care in November 2022
 - \$2.1M in donations for capital works and equipment from the Toowoomba Hospital Foundation
 - \$1.3M from the Commonwealth for upgrades to Multipurpose Health Service (MPHS) facilities across the Health Service.
- 4 Employee expenses exceeded the original budget by \$7.1M. \$4.1M relates to increased cost per FTE consistent with enterprise bargaining agreements finalised during the year. Enterprise bargaining agreements include a 4% wage rise (original budget 2.5%) and a 3% cost of living allowance for Senior Medical Officers (SMO) (original budget 0%). \$3.0M reflects an increase of 6FTE. The increase is due to increased investment in senior medical officers to meet patient activity levels across specialities within Toowoomba Hospital including the expanded emergency department.
- 5 Health service employee expenses exceeded the original budget by \$45.1M. \$56.3M relates to increased cost per FTE consistent with enterprise bargaining agreements finalised during the year. Enterprise bargaining agreements include a 4% wage rise (original budget 2.5%) and a 3% cost of living allowance for nursing and medical officers (original budget 0%). Offsetting this, FTE were approximately 90 FTE or \$11.1M lower than originally budgeted primarily due to increased reliance on external medical and nursing contractors in rural locations during the year (refer to Supplies and services below).
- 6 Supplies and services exceeded the original budget by \$57.3M. An additional \$20.2M was incurred for external contractors to cover leave and roster deficits. \$10.4M additional expenditure on high cost pharmaceuticals for the treatment of cancer and respiratory illnesses was incurred. This increase was funded through the Pharmaceutical Benefits Scheme reimbursement (refer to User charges and fees above). \$11.1M for clinical supplies, outsourced clinical services and pathology was incurred for the treatment of patients above original target levels. \$7.7M additional non-capital expenditure was funded by DoH for projects conducted on their behalf (refer to User charges and fees above).
- 7 Depreciation and amortisation exceeded the original budget by \$6.3M predominately due to revaluation of buildings and site improvements in 2021-22 and 2022-23.
- 8 The Increase/decrease in asset revaluation surplus exceeded the original budget by \$35.3M. The results were driven by the escalation of building costs consistent with current market conditions.

Statement of Financial Position variance notes

- 1 Cash and cash equivalents exceeded the original budget by \$5.9M predominately due to movements in Other current assets and Payables as detailed below.
- 2 Other current assets exceeded the original budget by \$49.2M. \$21.8M reflects reimbursements for capital works undertaken on behalf of DoH including \$8.4M for the Capital Maintenance and Renewal program, \$3.8M for the Health Technology Equipment Replacement program, \$3.7M for the Toowoomba Hospital Day Surgery and \$3.1M for the New Toowoomba Hospital project. \$21.8M reflects end of financial year amendments to the service level agreement with DoH. Key amendments to the service level agreement include:
 - \$10.3M for delivery of patient activity above original target levels
 - \$3.5M for enterprise bargaining agreements

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

30. Budget to actual comparison (continued)

Statement of Financial Position variance notes (continued)

- 3 Property, plant and equipment exceeded the original budget by \$146.1M driven by the revaluation of Land and Building assets in both 2021-22 and 2022-23 (\$63.5M) and asset acquisitions (\$84.9M). Revaluations were higher than budgeted reflecting current market conditions within the construction industry. The additional asset acquisitions were primarily the result of capital works and capital replacement programs undertaken on behalf of and funded by DoH. Significant projects/programs include:
- \$19.5M under the Capital Maintenance and Renewal program for equipment and minor capital works
 - \$11.3M under the Health Technology Equipment Replacement program for the renewal of medical equipment
 - \$14.8M for the construction of a new day surgery for Toowoomba Hospital
 - \$12.5M for the New Toowoomba Hospital
 - \$7.6M to expand the Toowoomba Hospital Emergency Department
 - \$4.7M for the construction of an additional modular ward at Toowoomba Hospital
 - \$4.5M for heating ventilation and air conditioning at Goondiwindi
- 4 Payables exceeded the original budget by \$34.5M. \$12.3M represents enterprise bargaining agreements certified late in 2023 that required additional payroll system configuration before the payments could be made. \$8.0M reflects additional amounts payable to DoH for Health service employee expenses reflecting a 4% wage increase (original budget 2.5% increase). \$9.3M reflects amounts payable to contractors for capital works programs undertaken on behalf of DoH. Refundable accommodation deposits for nursing home residents exceeded the original budget by \$3.0M due to an increase in occupancy rates across residential aged care facilities within the Health Service.
- 5 Accrued employee benefits exceeded the original budget by \$8.0M. Enterprise bargaining agreements were certified late in 2023 with the payroll system requiring additional configuration before payments could be made.
- 6 Contributed equity exceeded the original budget by \$83.2M consistent with additional asset acquisitions funded by DoH (refer Property, plant and equipment above).
- 7 Accumulated surplus/(deficit) exceeded the original budget by \$11.1M consistent with both the prior and current financial year operating surpluses.
- 8 The Asset revaluation surplus exceeded the original budget by \$60.4M. This is consistent with the results of both the 2021-22 and 2022-23 Land and Building revaluation programs.

Statement of Cash Flows variance notes

- 1 The movement in Funding for public health services is consistent with the movement in Funding for public health services in the Statement of Comprehensive Income (\$89.1M) offset by the increase in amounts receivable from DoH (\$21.8M) for amendments to the service level agreement (refer to Other current assets in the Statement of Financial Position above) and additional non-cash funding for Depreciation (\$6.3M).
- 2 The movement in User charges and fees is consistent with the movement in User charges and fees in the Statement of Comprehensive Income.
- 3 The movement in Grants and contributions is consistent with the movement in Grants and contributions in the Statement of Comprehensive Income.
- 4 The net movement in Refundable accommodation receipts and Refundable accommodation payments reflects the overall increase in Refundable accommodation deposits consistent with the increased residential aged care occupancy rates across the Health Service. Refundable accommodation receipts reflect amounts received from residents as they enter residential aged care facilities whilst Refundable accommodation payments reflect amounts refunded to residents upon discharge.
- 5 The movement in Health service employee expenses is consistent with the movement in Health service employee expenses in the Statement of Comprehensive Income offset by amounts payable for enterprise bargaining agreements (refer to Payables in the Statement of Financial Position).
- 6 The movement in Supplies and services is consistent with the movement in Supplies and services in the Statement of Comprehensive Income.
- 7 Payments for Property, plant and equipment is consistent with the capital acquisitions identified in the Statement of Financial Position.
- 8 Proceeds from equity injections is consistent with the capital acquisitions identified in the Statement of Financial Position.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

31. Key management personnel and remuneration

(a) KMP remuneration policy

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, 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 Minister for Health, Mental 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*.

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 increased by 2.5% in September 2022 (September 2021: 2.5% and March 2022: 2.5%), 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 either the 2022-23 or 2021-22 financial year.

(b) 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 2022-23. Further information on these positions can be found in the body of the Annual Report under the section relating to Governing our Organisation.

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 the *Hospital and Health Boards Act 2011*.

Name (date appointed and date resigned if applicable)	Year	Short-Term Employee Expenses		Post-Employment Expenses	Total Remuneration
		Base \$'000	Non-Monetary Benefits \$'000	\$'000	\$'000
Mike Horan AM 18 May 2012	2023	81	-	8	89
	2022	81	-	8	89
Dr Dennis Campbell 29 June 2012	2023	51	-	5	56
	2022	51	-	5	56
Professor Julie Cotter 18 May 2017	2023	48	-	5	53
	2022	47	-	5	52
Cheryl Dalton 29 June 2012	2023	48	-	5	53
	2022	47	-	5	52

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

31. Key management personnel and remuneration (continued)

(b) Board members (continued)

Name (date appointed and date resigned if applicable)	Year	Short-Term Employee Expenses		Post-Employment Expenses	Total Remuneration
		Base \$'000	Non-Monetary Benefits \$'000	\$'000	\$'000
Dr Stephen Harrop 1 April 2022	2023	47	-	5	52
	2022	10	-	1	11
Dr Ross Hetherington 29 June 2012	2023	50	-	5	55
	2022	49	-	5	54
Terrence Kehoe 1 April 2022	2023	44	-	5	49
	2022	11	-	1	12
Patricia Leddington-Hill 9 November 2012	2023	50	-	5	55
	2022	49	-	5	54
Marie Pietsch 29 June 2012	2023	52	-	5	57
	2022	49	-	5	54
Associate Professor Maree Toombs 18 May 2020	2023	47	-	5	52
	2022	40	-	4	44
Dr Ruth Terwijn 17 May 2016 to 31 March 2022	2023	-	-	-	-
	2022	36	-	3	39

(c) Executive

i) Details of key management personnel

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.

Position	Position Responsibility
Health Service Chief Executive	Responsible for the overall management of Darling Downs Health through major functional areas to ensure the delivery of key government objectives in improving the health and well-being of all Darling Downs residents.
Executive Director Toowoomba Hospital	Provides single point accountability and leadership for Toowoomba Hospital.
Executive Director Rural	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.
Executive Director Mental Health	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.
Chief Finance Officer	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.
Executive Director Infrastructure	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.
Executive Director Transformation Analytics & Governance	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.
Executive Director Workforce	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.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

31. Key management personnel and remuneration (continued)

(c) Executive (continued)

i) Details of key management personnel (continued)

Position	Position Responsibility
Executive Director Queensland Rural Medical Service	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.
Executive Director Medical Services	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.
Executive Director Nursing and Midwifery Services	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.
Executive Director Allied Health	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.
COVID-19 Response Lead Executive	Provides single point accountability and leadership, strategic planning, delivery and evaluation of the Darling Downs Health COVID-19 response to optimise quality health care and business outcomes.

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

Name and position (date appointed and date resigned if applicable)	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
Annette Scott Health Service Chief Executive 4 October 2021	2023	338	7	8	34	-	387
	2022	241	-	5	19	-	265
Dr Peter Gillies Health Service Chief Executive 18 January 2016 to 3 October 2021	2023	-	-	-	-	-	-
	2022	125	8	3	11	-	147
Shirley-Anne Gardiner Executive Director Toowoomba Hospital 1 August 2016	2023	215	-	5	17	-	237
	2022	207	-	4	16	-	227
Jeffrey Reeves Acting Executive Director Toowoomba Hospital 7 November 2022 to 20 January 2023 & 17 March 2023 to 16 April 2023	2023	79	-	1	9	-	89
	2022	-	-	-	-	-	-

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

31. Key management personnel and remuneration (continued)

(c) Executive (continued)

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

Name and position (date appointed and date resigned if applicable)	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 Christopher Cowling Executive Director Rural 25 April 2022	2023	480	-	10	36	-	526
	2022	81	-	2	6	-	89
Sharon Shelswell Acting Executive Director Rural 1 November 2021 to 24 April 2022	2023	-	-	-	-	-	-
	2022	117	-	3	11	-	131
Joanne Shaw Executive Director Rural 30 April 2018 to 5 December 2021	2023	-	-	-	-	-	-
	2022	82	-	1	8	-	91
Malcolm Neilson Executive Director Mental Health 27 June 2016	2023	240	-	5	22	-	267
	2022	211	-	5	21	-	237
Jane Ranger Chief Finance Officer 22 August 2016	2023	231	-	6	22	-	259
	2022	232	-	5	23	-	260
Paul Clayton Executive Director Infrastructure 14 October 2016	2023	241	-	6	24	-	271
	2022	222	-	5	22	-	249
Dr Lynnette Knowles Executive Director Transformation Analytics and Governance 11 January 2023	2023	211	-	5	19	-	235
	2022	-	-	-	-	-	-
Julian Tommei Executive Director Legal and Governance 14 December 2018 to 30 January 2022	2023	-	-	-	-	-	-
	2022	107	-	2	8	-	117

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

31. Key management personnel and remuneration (continued)

(c) Executive (continued)

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

Name and position (date appointed and date resigned if applicable)	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
Kylie Pippas Executive Director Workforce 3 January 2023	2023	110	-	3	10	-	123
	2022	-	-	-	-	-	-
Jude Wills Acting Executive Director Workforce 7 March 2022 to 2 January 2023	2023	135	-	3	9	-	147
	2022	61	-	1	5	-	67
Hayley Farry Executive Director Workforce 3 September 2018 to 20 March 2022	2023	-	-	-	-	-	-
	2022	145	-	2	7	6	160
Dr Hwee Sin Chong Executive Director Queensland Rural Medical Service 24 July 2017 Acting Executive Director Medical Services 24 February 2020	2023	647	-	13	45	-	705
	2022	548	-	12	44	-	604

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

Name and position (date appointed and date resigned if applicable)	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	2023	316	-	7	31	-	354
	2022	248	-	5	24	-	277
Louise Van Every Executive Director Allied Health 16 January 2023	2023	126	-	3	14	-	143
	2022	-	-	-	-	-	-

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

31. Key management personnel and remuneration (continued)

(c) Executive (continued)

iii) Darling Downs Health Executives employed by the Department of Health under Award (continued)

Name and position (date appointed and date resigned if applicable)	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
Angela O'Shea Acting Executive Director Allied Health 7 March 2022 to 23 January 2023	2023	94	-	2	9	-	105
	2022	70	-	2	5	-	77
Jude Wills Acting Executive Director Allied Health 29 October 2020 to 6 March 2022	2023	-	-	-	-	-	-
	2022	126	-	3	11	-	140
Annette Scott* Executive Director Allied Health 4 August 2014 to 3 October 2021	2023	-	-	-	-	-	-
	2022	60	-	1	7	-	68
Michelle Forrest COVID-19 Response Lead Executive 5 October 2021 to 21 October 2022	2023	49	-	1	4	-	54
	2022	164	-	4	14	-	182

*During the 2021-22 financial year, the officer occupying the Executive Director Allied Health position was seconded to lead the Darling Downs Health COVID-19 response team.

32. Related party transactions

(a) Transactions with joint control entities

As at 30 June 2023 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

All transactions in the year ended 30 June 2023 between Darling Downs Health and key management personnel including their related parties were on standard commercial terms and conditions or were immaterial in nature.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

32. Related party transactions (continued)

(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:

Entity	For the year ending 30 June 2023		As at 30 June 2023	
	Revenue Received	Expenditure Incurred	Asset	Liability
	\$'000	\$'000	\$'000	\$'000
Department of Health	1,039,865	909,734	45,363	28,952
Queensland Treasury Corporation	682	33	24,196	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.

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 Australian Retirement Trust, 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.

33. Events occurring after balance date

No other matter or circumstance has arisen since 30 June 2023 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.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2023

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 2023 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
29/08/2023



Jane Ranger FCPA GAICD BBus CDec

Chief Finance Officer

Darling Downs Hospital and Health Service
29/08/2023

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 2023, and its financial performance and cash flows for the year then ended
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2023, 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 material accounting policy information, and the management certificate.

Basis for opinion

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

I am independent of the 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 \$392 million

Refer to Note 17 in the financial report

Key audit matter	How my audit addressed the key audit matter
<p>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.</p> <p>Darling Downs Hospital and Health Service performed a comprehensive revaluation of buildings in the South Burnett region this year as part of a rolling revaluation program. All other buildings were assessed using relevant indices.</p> <p>The current replacement cost method comprises:</p> <ul style="list-style-type: none"> gross replacement cost, less accumulated depreciation. <p>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:</p> <ul style="list-style-type: none"> identifying the components of buildings with separately identifiable replacement costs developing a unit rate for each of these components, including: <ul style="list-style-type: none"> estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre) 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. <p>The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components.</p> <p>The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense.</p> <p>Using indexation required:</p> <ul style="list-style-type: none"> significant judgement in determining changes in cost and design factors for each asset type since the previous revaluation reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used. 	<p>My procedures included, but were not limited to:</p> <ul style="list-style-type: none"> assessing the adequacy of management's review of the valuation process and results reviewing the scope of the 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 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: <ul style="list-style-type: none"> reviewing management's annual assessment of useful lives at an aggregate level, reviewing asset management plans for consistency between renewal budgets and the gross replacement of assets 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.

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 material accounting policy information used and the reasonableness of accounting estimates and related disclosures made by the entity.
- Conclude on the appropriateness of the entity's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

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

Report on other legal and regulatory requirements

Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2023:

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

Prescribed requirements scope

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



D J Toma
as delegate of the Auditor-General

30 August 2023

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)	<p>A management tool with the potential to enhance public accountability and drive technical efficiency in the delivery of health services by:</p> <ul style="list-style-type: none"> • 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 care	Care in which the intent is to perform surgery, diagnostic or therapeutic procedures in the treatment of illness or injury. Management of childbirth is also included.
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).
Alcohol, tobacco and other drugs service (ATODs)	Alcohol and other drugs services provide people with a range of interventions that influence and support the decision to reduce or cease harmful substance use.
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.

Term	Meaning
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

Term	Meaning
	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.
Modified Monash Model (MMM)	The model measures remoteness and population size on a scale of Modified Monash (MM) category MM1 to MM7. MM1 is a major city and MM7 is very remote.

Term	Meaning
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 specialty 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 hospitalisations, continuing care of chronic diseases, education, and advocacy.

Term	Meaning
Primary Health Network	<p>Primary Health Networks (PHNs) replaced Medicare Locals from July 1, 2015. PHNs are established with the key objectives of:</p> <ul style="list-style-type: none"> • 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.
RISE	<p>The RISE framework drives reform to encapsulate Indigenous ways of seeing, knowing and doing. The RISE framework has four pillars to drive reform:</p> <ul style="list-style-type: none"> • Redesign the health service • Invest in the workforce • Strengthen families; and • Embed Aboriginal and/or Torres Strait Islander community governance and control.
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.

Term	Meaning
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.
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: <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> A letter of compliance from the accountable officer or statutory body to the relevant Minister/s 	ARRs – section 7	5
Accessibility	<ul style="list-style-type: none"> Table of contents Glossary 	ARRs – section 9.1	4 104
	<ul style="list-style-type: none"> Public availability 	ARRs – section 9.2	2
	<ul style="list-style-type: none"> Interpreter service statement 	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	2
	<ul style="list-style-type: none"> Copyright notice 	<i>Copyright Act 1968</i> ARRs – section 9.4	2
	<ul style="list-style-type: none"> Information Licensing 	<i>QGEA – Information Licensing</i> ARRs – section 9.5	2
General information	<ul style="list-style-type: none"> Introductory Information 	ARRs – section 10	9
Non-financial performance	<ul style="list-style-type: none"> Government's objectives for the community and whole-of-government plans/specific initiatives 	ARRs – section 11.1	6
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 11.2	9, 48
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 11.3	53
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 12.1	55
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 13.1	36
	<ul style="list-style-type: none"> Executive management 	ARRs – section 13.2	31
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 13.3	28
	<ul style="list-style-type: none"> Public Sector Ethics 	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	46
	<ul style="list-style-type: none"> Human Rights 	<i>Human Rights Act 2019</i> ARRs – section 13.5	46
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 13.6	10
Governance – risk management and accountability	<ul style="list-style-type: none"> Risk management 	ARRs – section 14.1	44
	<ul style="list-style-type: none"> Audit committee 	ARRs – section 14.2	30
	<ul style="list-style-type: none"> Internal audit 	ARRs – section 14.3	44
	<ul style="list-style-type: none"> External scrutiny 	ARRs – section 14.4	45
	<ul style="list-style-type: none"> Information systems and recordkeeping 	ARRs – section 14.5	45
	<ul style="list-style-type: none"> Information Security attestation 	ARRs – section 14.6	46

Summary of requirement		Basis for requirement	Annual report reference
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	39
	• Early retirement, redundancy and retrenchment	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	43
Open Data	• Statement advising publication of information	ARRs – section 16	2
	• Consultancies	ARRs – section 31.1	https://data.qld.gov.au
	• Overseas travel	ARRs – section 31.2	https://data.qld.gov.au
	• Queensland Language Services Policy	ARRs – section 31.3	https://data.qld.gov.au
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	99
	• Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	100

FAA

Financial Accountability Act 2009

FPMS

Financial and Performance Management Standard 2019

ARRs

Annual report requirements for Queensland Government agencies

