

# ANNUAL REPORT 2023–2024

**Children’s Health Queensland  
Hospital and Health Service**



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### Open data

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



### Interpreter service statement

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty understanding this report, contact us on 07 3068 3365 and we will arrange an interpreter to communicate the report to you.



### Acknowledgment to Traditional Custodians

Children's Health Queensland pays respect to the Traditional Custodians of the lands on which we walk, talk, work and live. We acknowledge and pay our respects to Aboriginal and Torres Strait Islander Elders past, present and emerging.

### Recognition of Australian South Sea Islanders

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

## Letter of compliance

3 September 2024

The Honourable Shannon Fentiman MP  
Minister for Health, Mental Health and Ambulance Services and Minister for Women  
GPO Box 48  
Brisbane QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2023–2024 and financial statements for Children's Health Queensland 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*
- 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 97 of this annual report.

Yours sincerely



**Heather Watson**  
Chair  
Children's Health Queensland Hospital and Health Board

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# Statement on Queensland Government objectives for the community

Children's Health Queensland contributes to the Queensland Government's objectives for the community, in particular:

## Good jobs

Good, secure jobs in our traditional and emerging industries

- **Supporting jobs:** Attracting, retaining and investing in a diverse workforce with specialised knowledge and skills to deliver health service priorities.

## Better services

Deliver even better services right across Queensland

- **Backing our frontline services** through building our capacity and capability to deliver world-class paediatric care, research, advocacy and leadership.
- **Keeping Queenslanders safe** by working with our statewide partners to ensure all Queensland children and young people can access world-class healthcare no matter where they live.

## Great lifestyle

Protect and enhance our Queensland lifestyle as we grow

- **Protecting the environment** through our commitment to becoming a leader in sustainable practices by delivering economic, environmental and social benefits for a healthier tomorrow.
- **Building Queensland** by developing integrated family and community hubs that will deliver health services differently and closer to home.
- Honouring and embracing our rich and ancient cultural history by co-designing our care for the next generations of Aboriginal and Torres Strait Islander children and providing culturally safe and appropriate healthcare environments.

Children's Health Queensland has an ethical, social and economic responsibility to ensure children receive the best possible start in life and flourish as part of a healthy, vibrant society. We are committed to improving the health and wellbeing of children and young people, particularly those from vulnerable communities and families, by delivering quality front-line services and building safe, caring and connected communities.

The *Children's Health Queensland Strategic Plan 2020-2024* (updated 2022) – see Appendices, page 91 – supports the 10-year strategy for health in Queensland, *My health, Queensland's future: Advancing health 2026*. The vision is that by 2026 Queenslanders will be among the healthiest in the world. Five principles underpin this vision, direction and strategic agenda: Sustainability, Compassion, Inclusion, Excellence and Empowerment.

1. **Sustainability** – we will ensure available resources are used efficiently and effectively for current and future generations.
2. **Compassion** – we will apply the highest ethical standards, recognising the worth and dignity of the whole person and respecting and valuing patients, consumers, families, carers and health workers.
3. **Inclusion** – we will respond to the needs of all Queenslanders and ensure that, regardless of circumstances, we deliver the most appropriate care and service with the aim of achieving better health for all.
4. **Excellence** – we will deliver appropriate, timely, high-quality and evidence-based care, supported by innovation, research and the application of best practice to improve outcomes.
5. **Empowerment** – we recognise that our healthcare system is stronger when consumers are at the heart of everything we do, and when they can make informed decisions.

## Message from the Board Chair and the Chief Executive

In 2023-2024 Children's Health Queensland continued to deliver life-changing care for Queensland children and young people.

This was only possible through the extraordinary skill and commitment of our people — across the Queensland Children's Hospital, community and mental health services, statewide paediatric outreach teams and telehealth services — dedicated to improving health outcomes for children, regardless of where they live in Queensland.

2023-2024 was our final year to deliver on the commitments outlined in our *Children's Health Queensland Strategic Plan 2020-2024*. Over the past four years we have focused on leading life-changing care for children and young people, for a healthier tomorrow. Guided by our four overarching strategic objectives we have both met and exceeded our commitments and targets.

### Performing at our best every time

Our teams at Queensland Children's Hospital treated more than 75,900 children and young people in the emergency department in 2023-2024 — 3.6 per cent fewer than last year and averaging 207 every day.

Inpatient admissions exceeded 46,500, we delivered more than 304,000 outpatient appointments, and our Hospital in The Home service maintained an average of almost 13 children at any one time receiving in-home, expert care from Children's Health Queensland clinicians.

Our Child and Youth Mental Health Service provided more than 86,200 community appointments for in excess of 7,200 young people.

In our community-based services, there were more than 11,900 new referrals to our Child Health Service, 800 more than last year, and our Child Development Program supported more than 5,800 children, 300 more than in 2022-2023.

At the Queensland Children's Hospital highlights of the year included our cardiac team performing successful open-heart surgery on the smallest baby (16 days old) to undergo the procedure at the hospital, and the medical imaging team performing its 500<sup>th</sup> PET-CT scan. The Queensland Children's Hospital was the first paediatric hospital in Australia to offer the digital PET-CT technology which is used to diagnose and treat young people with cancers, epilepsy and some inflammatory and infectious diseases.

We are particularly proud that the Queensland Children's Hospital was, once again, recognised as one of the top paediatric hospitals in the world, ranking 10th (out of 250) in Newsweek's Best Specialised Hospitals 2024 list.

### Collaborating in care

In the 2023-2024 financial year we placed a significant focus on community health and the importance of partnerships.

Children's Health Queensland recognises that positive, collaborative relationships with our system, academic, community and charity partners are key to achieving our vision of leading life-changing care for children and young people, for a healthier tomorrow.

In community health, the Ellen Barron Family Centre launched its Day Stay Plus Program. The specialised service aims to strengthen the parent-infant relationship by increasing parents' confidence with feeding and sleep challenges. Ellen Barron also launched its Virtual Residential Parenting Service (VRPS) for families living in rural and remote areas. New parents have access to a virtual multi-disciplinary team who support them to build practical parenting skills and confidence.

This year also saw the expansion of the Connecting2u free text messaging service to support Queensland parents of children aged from birth until five years old (previously up to two years old). The statewide SMS service provides health reminders to parents and carers on topics including self-care, bonding and attachment, brain development and immunisation. Now in its tenth year, in 2023-2024, Connecting2u doubled its subscription base to support more than 17,000 new mums, dads and carers across Queensland during the most critical time of their child's development.

In 2023-2024 Children's Health Queensland was excited to partner with Dakabin State High School and Education Queensland to co-design the Dakabin Youth Hub. Now under construction, the fit for purpose hub will provide wraparound support for the Dakabin youth who shared that they need material basics, learning opportunities, and health, social and emotional wellbeing support.

At Children's Health Queensland we value the lived experience of parents, carers, former patients and community members who share their insights and ideas through our Family Advisory Council, Family-Centred Care Committee, and as consumer representatives on numerous panels and projects. These valued members of our extended team play an important role in helping us to improve patient safety and quality across our services.

We are grateful to all of them for generously sharing their time and experiences to ensure the consumer voice remains at the heart of our decision-making and planning.

## Valuing all people

Children's Health Queensland is committed to supporting the health, safety and wellbeing of all staff — recognising that children and families benefit when we prioritise the care and wellbeing of our people. We strive to achieve an engaged workforce by ensuring our workforce is safe — physically and psychologically — and through investment in their continuous learning and development.

Our focus this year has been to build a mentally healthy workforce and continually improve our support services to staff. This year we commenced the implementation of our Mentally Healthy Workforce Project to further understand the psychosocial health and safety of our workforce, raise awareness of the wellbeing supports available to staff, and to provide training and education to leaders to champion a culture of wellbeing.

Throughout 2023-2024 we continued our focus on delivering culturally appropriate care to Queensland's Aboriginal and Torres Strait Islander children, young people and families, and nurturing our First Nations workforce.

In our second year implementing the *Children's Health Queensland Aboriginal and Torres Strait Islander Health Equity Strategy 2022-2025* we developed a co-designed model of care for our Perinatal and Infant Mental Health Service, launched a health equity data dashboard to monitor our progress, and developed a health equity pathway to help eliminate access barriers for Aboriginal and Torres Strait Islander families in our community services. We also launched the first Queensland Health Aboriginal and Torres Strait Islander Talent Pool increasing statewide employment opportunities and more identified roles at the Queensland Children's Hospital.

Our longstanding goal to provide welcoming and inspiring healthcare environments continued with colourful murals commissioned and a dedicated First Nations family lounge established at the Queensland Children's Hospital.

We unveiled a vibrant mural by Aboriginal artist Casey Coolwell-Fisher to create a welcoming and culturally safe environment for families entering the hospital. Titled 'Returning from visit,' the mural represents the experience of children and families returning home, physically and spiritually.

A family lounge, *Jimbulang Nye-nan-ba* or Family Sitting Place, was opened to provide Aboriginal and Torres Strait Islander families with a peaceful place to maintain connection to Country, particularly those from rural and remote communities across Queensland.

We acknowledge and thank our Aboriginal and Torres Strait Islander workforce and our partner stakeholders in the community for continuing to dedicate their time and life experience to health equity at Children's Health Queensland. We appreciate their cultural stewardship, resilience and dedication to creating happy and safe environments for Aboriginal and Torres Strait Islander patients and their families to receive care.

## Generating knowledge and innovating

Research remains at the forefront of everything we do, from our work in prevention and early detection of serious childhood illness and injury, to delivering lifesaving treatments. In the past 12 months, our researchers produced outstanding results with their reach expanding to more than 130 cities across 35 countries, with more than 665 international collaborations with leading institutions worldwide.

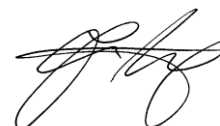
In 2023-2024 our implementation of the *Children's Health Queensland's Research Strategy 2023-2025* included collaboration with strategic partners to develop, share and translate knowledge into practice. This included establishing a dedicated centre of research excellence for Advanced Therapies and Clinical Trials Innovation. The ACTION Centre is a centralised paediatric clinical trials service, offering more clinical trials to a larger cohort of children, young people and their families. It will build Queensland's capacity and capability in advanced therapies for children with rare diseases and become the centre of excellence in the Southern Hemisphere.

Children's Health Queensland will continue to lead clinically informed research, learn through collaboration and apply new information to bring the best healthcare possible to children at home and globally.

In 2023-2024 Children's Health Queensland delivered extraordinary outcomes locally, statewide and internationally. These were only possible because of the outstanding commitment from all our staff and partners. Thank you, everyone, for your expertise, passion and dedication to providing the best care for Queensland's children and young people now and in the future.



**Heather Watson**  
Chair



**Frank Tracey**  
Health Service Chief Executive



# Section 1: About us

## 1.1 Strategic direction

The *Children's Health Queensland Strategic Plan 2020–2024* (updated 2022) describes how we will lead life-changing care for children and young people – for a healthier tomorrow. It outlines our vision, purpose, values and strategies, and describes how we measure our success against broader Queensland Government strategies and objectives.

Our four overarching strategic objectives are:

### Value all people

We will create an inclusive environment where all people feel valued, safe, engaged and empowered.

### Generate knowledge and innovate

We will build and harness creativity, research, technology and collective expertise to prepare for the future.

### Collaborate in care

We will work together with a shared purpose to create a connected system of care.

### Perform at our best every time

We will adapt and improve to achieve sustainable high-quality outcomes.

Our Health Service Chief Executive reports to the Board regularly against the organisation's achievements towards these strategic goals. Reporting includes the progress of principal activities and reporting risks, challenges and opportunities.

See page 91 for the full *Children's Health Queensland Strategic Plan 2020–2024* (updated 2022) or view it online at [https://www.childrens.health.qld.gov.au/data/assets/pdf\\_file/0024/295521/chq-strategic-plan-2020-2024.pdf](https://www.childrens.health.qld.gov.au/data/assets/pdf_file/0024/295521/chq-strategic-plan-2020-2024.pdf)

## Agency role and functions

Children's Health Queensland Hospital and Health Service (HHS) is an independent statutory body, governed by the Children's Health Queensland Hospital and Health Board, which is accountable to the community and the Queensland Minister for Health, Mental Health and Ambulance Services and Minister for Women.

Established on 1 July 2012 under the *Queensland Government's Hospital and Health Boards Act 2011*, Children's Health Queensland is Queensland's only statewide specialist hospital and health service, responsible for the provision of public paediatric health services.

Under the *Hospital and Health Boards Act 2011*, the Queensland Department of Health is responsible for the overall management of the public health system including statewide planning and monitoring the performance of hospital and health services.

A formal Service Agreement is in place between the Department of Health and Children's Health Queensland that identifies the healthcare, teaching, research and other services that Children's Health Queensland will provide, funding arrangements for those services, and targets and performance indicators to ensure outputs and outcomes are achieved.

This Service Agreement is negotiated annually and available publicly at <https://www.publications.qld.gov.au/dataset/children-s-health-queensland-hhs-service-agreements>

## 1.2 Vision, purpose and values

Everything we do at Children's Health Queensland is guided by our vision, our purpose and our values.

### Our vision

Leading life-changing care for children and young people – for a healthier tomorrow.

### Our purpose

To improve the health and wellbeing of children and young people through world-class care, research, advocacy and leadership.

### Our values

#### Respect

*We listen to others.*

#### Integrity

*We do the right thing.*

#### Care

*We look after each other.*

#### Imagination

*We dream big.*

## Queensland Public Service values

Children's Health Queensland's core values of Respect, Integrity, Care and Imagination work in parallel with the five Queensland Public Service values:

### Customers first

- Know your customers
- Deliver what matters
- Make decisions with empathy

### Ideas into action

- Challenge the norm and suggest solutions
- Encourage and embrace new ideas
- Work across boundaries

### Unleash potential

- Expect greatness
- Lead and set clear expectations
- Seek, provide and act on feedback

### Be courageous

- Own your actions, successes and mistakes
- Take calculated risks
- Act with transparency

### Empower people

- Lead, empower and trust
- Play to everyone's strengths
- Develop yourself and those around you.

## 1.3 Priorities

In 2023-2024, we continued to maintain a strong focus on establishing, strengthening, integrating and evolving our healthcare services in line with the four strategic priorities of the *Children's Health Queensland Strategic Plan 2020-2024* (updated 2022). These priorities are:

### Value all people

- Enable a supportive and inclusive culture that values diversity of experience, skills and perspectives.
- Actively listen, learn and respond to the voices of children, young people, families and staff in the design and delivery of care.
- Empower and equip children, young people and families to be knowledgeable and confident navigators of their health and wellbeing.
- Deliver compassionate leadership, respect and professionalism that promotes wellbeing and enables people to be at their best.
- Address the physical, psychological, cultural and social aspects of health and wellbeing.
- Deliver accessible, responsive and culturally safe care that improves health equity for Aboriginal and Torres Strait Islander peoples.
- Actively eliminate racial discrimination and institutional racism.

### Generate knowledge and innovate

- Champion a culture of curiosity, critical enquiry, innovation and improvement.
- Mobilise and empower the Queensland paediatric research community to generate and lead ground-breaking research and translate new knowledge into better health outcomes.
- Invest in leadership and talent development to create a pipeline that can respond to the opportunities ahead.
- Support growth in a sustainable statewide paediatric workforce to deliver care where it is needed.
- Build interprofessional communities of practice whereby knowledge is fostered, and experience is shared.
- Advance health and business intelligence capability to support a population-based approach to planning and investment.

### Collaborate in care

- Work together across boundaries for the best experience and outcomes.
- Advocate as a collective voice to reduce health inequities, by leading, influencing and implementing policy and practice.
- Work with Aboriginal and Torres Strait Islander peoples, communities and organisations to co-design integrated models of care.

- Leverage virtual and alternative models to connect, understand and improve the experience and accessibility of care.
- Demonstrate leadership in local, regional and statewide care and planning.
- Proactively support seamless transition of children and young people through the care continuum.
- Foster genuine connections that build trust and productive collaboration.

### Perform at our best every time

- Embed continuous quality improvement in all that we do.
- Integrate quality and performance mechanisms for safe, reliable, high value care.
- Protect and enhance health and wellbeing through an agile and robust pandemic response.
- Align infrastructure, workforce and service planning to collectively respond to current and future needs.
- Strengthen decision-making and accountability through effective governance and timely access to the right information.
- Demonstrate our commitment to being environmentally responsible.
- Optimise efficiency, productivity and resource management to enable a sustainable system of care.

Throughout 2023-2024, we continued to progress the operationalisation of the *Children's Health Queensland Children's Health and Wellbeing Services Plan 2018-2028*, our 10-year vision for the future of clinical services for children and young people. The document outlines our five key health service directions for optimising the health and wellbeing of children and young people.

These are:

- Promote wellbeing and health equity
- Improve health service design and integration
- Evolve service models
- Deliver services closer to home
- Pursue innovation.

View the full plan at :

[https://www.childrens.health.qld.gov.au/\\_data/assets/pdf\\_file/0024/295521/chq-strategic-plan-2020-2024.pdf](https://www.childrens.health.qld.gov.au/_data/assets/pdf_file/0024/295521/chq-strategic-plan-2020-2024.pdf)

## 1.4 Aboriginal and Torres Strait Islander health

Children's Health Queensland is dedicated to delivering culturally safe care for Aboriginal and Torres Strait Islander children and youth. Our continued commitment involves co-designing services with Aboriginal and Torres Strait Islander communities to better meet the needs of the community.

By embedding culture and empowering the voices of Aboriginal and Torres Strait Islander consumers, workforce and communities, we ensure that the care we offer is culturally safe, respectful and upholds the cultural values of Aboriginal and Torres Strait Islander peoples.

Children's Health Queensland understands that culture must be embedded in the services that we provide, not merely celebrated in the spaces where we provide it. By enhancing the quality of care, we contribute to the wellbeing and cultural continuity of the whole community.

Our efforts are not only focused on improving health outcomes but we are committed to having positive impacts on the social determinants of health by supporting young people to be healthy in education, by supporting healthy and vibrant families and supporting young people to live free and safe lives.

### Health Equity Strategy

The *Children's Health Queensland Aboriginal and Torres Strait Islander Health Equity Strategy 2022-2025* was launched in July 2022 and followed closely by the release of the corresponding co-designed implementation plan in December 2022.

The implementation plan sets out specific actions and performance measures shared across all Children's Health Queensland divisions and prescribed stakeholders and is aligned to operational planning and reporting where possible.

The implementation plan highlights from 2023-2024 include:

- The launch of the Aboriginal and Torres Strait Islander cadetship program. The program provides temporary part time employment to eligible tertiary students in their chosen profession, enabling on-the-job skills while completing their fulltime tertiary studies for a bachelor qualification in Queensland.
- The inclusion of Aboriginal and Torres Strait Islander cultural considerations in recruitment processes, reiterating CHQ's commitment to health equity as a strategic priority and building a culturally safe workforce.
- Cultural immersion training for the Board and Executive Leadership Team.
- The opening of a dedicated First Nations family lounge at the Queensland Children's Hospital, providing Aboriginal and Torres Strait Islander children and their families with a culturally safe space to stay connected with Country during

their hospital stay. The new space, named *Jimbulang Nye-nan-ba* or Family Sitting Place, was co-designed with Aboriginal and Torres Strait Islander patients, families and staff.

### Strategic partnerships

In 2023-2024, Children's Health Queensland and the Institute for Urban Indigenous Health (IUIH) continued a three-year partnership agreement to support culturally safe models of care (including an ear, nose and throat (ENT) surgery pathways and ophthalmology), reduced system barriers, and encourage shared care and collaboration of services for Aboriginal and Torres Strait Islander children and young people in southeast Queensland.

We continued to deliver the Open Doors program throughout the 2023-2024 financial year with four dedicated ENT clinics providing care to 172 children and two Operating Theatre sessions providing operations to 27 children. We also delivered our first Ophthalmology Open Doors clinic providing access to an additional 30 children. These clinics are a joint initiative with IUIH and are exclusive to Aboriginal and Torres Strait Islander peoples. The team created culturally safe environments for children and their families by ensuring patients are supported by Aboriginal and Torres Strait Islander workforce and that access barriers, such as transport and appointment times are eliminated.

### Creating welcoming environments

Children's Health Queensland is committed to creating a welcoming healthcare environment for Aboriginal and Torres Strait Islander families through the inclusion of community artwork in our facilities.

- *The Children's Health Queensland Art Collection Policy* mandates representation of artwork by Aboriginal and Torres Strait Islander artists account for at least 50 per cent of the collection. To this end, further Aboriginal and Torres Strait Islander artworks were acquired for the Children's Health Queensland Arts in Health collection during 2023-2024. These included murals which were commissioned from Aboriginal and Torres Strait Islander artists and co-designed with the aim of creating a warm welcome to everyone who arrives at Ellen Barron Family Centre and the Queensland Children's Hospital. The family lounge specifically for First Nations families features artworks by artists from communities across Queensland including Mornington Island, Moa Arts, Lockhart River, Aurukun, Pormpuraaw, Wujal Wujal, Palm Island, Girringun, and Moreton Bay.

### Workforce diversity

A total of 1.99 per cent of employees identified as Aboriginal and or Torres Strait Islander.

Other workforce initiatives included:

- The Deadly Ears program appointed two program managers who bring many years of clinical and program facilitation experience in Aboriginal and Torres Strait Islander health.
- In addition, the broader cohort of staff has been required to undertake community-based cultural capability yarns with councils and Traditional Owners to continue to enhance a culturally capable workforce that supplies vital care to the communities we serve. Across the 2023-2024 financial year a total of 242 hours of local cultural capability training in six communities was completed for 86 staff members.

## Service delivery

Children's Health Queensland continued and expanded its service delivery programs for Aboriginal and Torres Strait Island children and young people:

- The Deadly Ears program delivered specialist outreach services to Aboriginal and Torres Strait Islander children in 10 regional and remote communities across Queensland. In addition to providing specialist ENT clinical and surgical outreach services, the program delivered more integrated and comprehensive care by increasing access to specialist nurses, Aboriginal and Torres Strait Islander health workers, audiologists, speech pathologists and occupational therapists. In 2023-2024 Deadly Ears ENT specialists saw 620 children (six per cent more than last year) and 95 children received surgery through outreach services. A total of 493 clinical assessments (3.5 per cent more) were performed by a nurse or Aboriginal or Torres Strait Islander health practitioner. Additionally, 1,113 audiological assessments (4.5 per cent more), 478 occupational therapy consultations (55 per cent more) and 459 speech pathology consultations were conducted through the program.
- In 2023-2024, Forensic CYMHS continued to provide critical mental health and wellbeing support to vulnerable children and young people. Forensic CYMHS received 667 referrals for Aboriginal and Torres Strait Islander young people requiring support whilst navigating the youth justice system (including post-release transition support). The Forensic CYMHS team utilises a culturally safe model of care focused on the cultural needs and experiences of each young person.
- Indigenous Respiratory Outreach Care (IROC) conducted 498 face-to-face consultations in 14 communities in 2023-2024. This is a 10 per cent increase on last year. IROC patients continue to receive the same care as if attending the hospital for a respiratory consultation. A respiratory consultant and a clinical nurse consultant coordinated and attended clinics to provide education to patients and

families about respiratory conditions. Physiotherapists reviewed 173 patients and provided education to schools in Cunnamulla and Cherbourg. A total of 293 lung function tests (Spiro +/- Feno) were conducted in the 12-month period. This included a new clinic in Mapoon (100 per cent attendance). In the past, these patients would have been required to travel to Weipa for review. The team is now visiting Cherbourg three times a year due to increased need. Education sessions were also delivered by the respiratory consultants in Mount Isa, Weipa and Thursday Island and surrounding communities to doctors, health workers, nurses and allied health professionals. Following the IROC clinics, 38 children required follow-up care at the Queensland Children's Hospital.

- The Paediatric Palliative Care Service (PPCS) has begun the development of a co-designed First Nations pathway, working with clinicians and families to understand what cultural care needs at the end of life. PPCS has recruited two full time Aboriginal Health Workers to develop the pathway as they continue to provide bedside care to families in their time of need.
- The MOB ED model of care continues to develop as the patient need and demand increases. MOB ED saw 1,573 young people in the Emergency Department and MOB ED clinical nurses yarned with 1,303 kin to support discharge in community. This equates to 2,876 occasions of service supporting mob. Feedback from Aboriginal and Torres Strait Islander families reported 91 per cent of respondents feeling culturally and spiritually safe during their visit. MOB ED received a Queensland Health Clinical Excellence award in the First Nations First category, and the 2023 Australasian College for Emergency Medicine, AI Spilman award for Culturally Safe Emergency Departments.
- The Ellen Barron Family Centre (EBFC) has completed a 12-month project to review and improve cultural safety for Aboriginal and Torres Strait Islander families. Within the year, the service has successfully embedded culture within the physical environment, its services and its people, with permanent identified roles created for an Aboriginal and Torres Strait Islander Health Worker and a Registered Nurse.

## 1.5 Our hospital-based and community-based services

Children's Health Queensland is dedicated to caring for children and young people from across Queensland and northern New South Wales.

We deliver responsive, integrated, high-quality, person-centred care through a network of professionals, services and facilities, incorporating:

- the Queensland Children's Hospital
- Jacaranda Place
- Ellen Barron Family Centre
- Child and Youth Community Health Service
- Child and Youth Mental Health Service
- Yarrabilba Family and Community Place
- statewide services and programs, including specialist outreach and telehealth services.

A recognised leader in paediatric healthcare, education and research, we deliver a full range of clinical services, tertiary and quaternary care, and health promotion programs.

Our services are provided at the Queensland Children's Hospital and from community sites in the Brisbane metropolitan area. We also partner with the 15 other hospital and health services in Queensland, as well as non-government agencies, charities and other healthcare providers, to ensure every child and young person, regardless of where they live, has access to the best-possible care, coordinated services and support.

Our proven commitment to people, partnerships, equity and innovation to provide the best care for Queensland children and young people is internationally recognised through our Gold Certification in Person-Centred Care by Planetree International. We were the first paediatric healthcare provider in the Southern Hemisphere to achieve Gold Certification and the first and only (paediatric or otherwise) in Australia.

Our person-centred care approach considers children, young people and their families as true partners in their care, and places individual social, emotional, cultural, mental and physical care needs at the heart of their healthcare journey.

### Queensland Children's Hospital

The Queensland Children's Hospital in South Brisbane is the major specialist paediatric hospital for Queensland and northern New South Wales and is a centre for teaching and research. Categorised as a level six service under the *Clinical Services Capability Framework for Public and Licensed Private Health Facilities v3.2, 2014*, the Queensland Children's Hospital is responsible for providing general paediatric health services to children and young people in the greater Brisbane metropolitan area, as well as tertiary-level care for the state's sickest and most seriously injured children.

As part of our model of service delivery, we work with Queensland and interstate partners to coordinate, when safe and appropriate to do so, the provision of care as close to home as possible for a child and their family.

The Queensland Children's Hospital also delivers statewide paediatric speciality services, covering areas including burns, rehabilitation, cardiology and cardiac surgery, cerebral palsy, cystic fibrosis, gastroenterology, oncology, neurology and haemophilia care.

As part of our commitment to sharing knowledge, Children's Health Queensland offers training in a broad range of clinical specialities and provides undergraduate, postgraduate and practitioner-level training in paediatrics.

The Queensland Children's Hospital also plays a significant role in clinical research, undertaking research programs with universities, industry and other academic partners.

[childrens.health.qld.gov.au/qch](https://childrens.health.qld.gov.au/qch)

## Concessional parking

To help families with the cost of parking in the hospital precinct, we continue to exercise the Queensland Children's Hospital Concessional Parking Policy developed in alignment with the Queensland Health Patient and Carer Car Parking Concessions Standard. The policy offers discounted parking of \$12 per day or \$100 for a monthly pass (where applicable) to families who:

- are experiencing financial hardship, or attend the hospital two or more days per week, or
- hold a Health Care Card and visit the hospital for an inpatient admission or outpatient appointment.

During the 2023-2024 period, 44,700 concessional parking tickets at a value of \$12 rather than \$35 were issued. An average of 3,702 concessional parking tickets were issued to families per month, which represents a 16 per cent increase on the average of 3,182 per month in 2022-2023.

## Child and Youth Community Health Service

Our Child and Youth Community Health Service unites a variety of primary health services and specialist statewide programs dedicated to helping children and their families lead healthier lives.

Multidisciplinary teams of doctors, child and youth health nurses, early intervention clinicians, allied health professionals, Aboriginal and Torres Strait Islander health workers, multicultural health workers and other health professionals deliver a comprehensive range of health

promotion, assessment, intervention and treatment services across the continuum of care.

We provide access to community care for almost 500,000 children across the Greater Brisbane area from more than 60 community clinics, but also support communities across the state via outreach and statewide services such as the Deadly Ears program, the Good Start program, the Healthy Hearing program, and the Ellen Barron Family Centre.

[childrens.health.qld.gov.au/chq/our-services/community-health-services](https://childrens.health.qld.gov.au/chq/our-services/community-health-services)

## Child and Youth Mental Health Service

Our Child and Youth Mental Health Service provides comprehensive, collaborative, consumer and family-centred care for infants, children, young people and families in need of specialised mental health treatment.

We aim to improve the mental health and wellbeing of children and young people, and their carer networks using a recovery-focused model.

A high priority is placed on collaborative care, consultation, consumer choices and partnering with families and stakeholders to achieve optimal outcomes.

We provide acute and tertiary-level mental health services across the continuum for children and young people at a range of locations including inpatient care at the Queensland Children's Hospital, sub-acute inpatient care for young people at Jacaranda Place, day programs, community-based care at clinics across the greater Brisbane metropolitan area, and a range of specialist services (such as forensic, eating disorders, perinatal and infant mental health, and telepsychiatry services) across the state.

[childrens.health.qld.gov.au/chq/our-services/mental-health-services](https://childrens.health.qld.gov.au/chq/our-services/mental-health-services)

## 1.6 Targets and challenges

### Operating environment

Children's Health Queensland's complex operating environment requires continuous response and adaptation while balancing our core delivery requirements. Our integrated approach to planning and performance is critical to supporting organisational effort towards delivering safe, equitable and person-centred care within the fiscal environment. CHQ has embedded regular horizon synthesis to identify and analyse future trends, challenges and opportunities impacting on the delivery of paediatric healthcare services across Queensland and nationally.

The development of the *CHQ Strategic Plan 2024-2028* involved a comprehensive internal and external analysis to inform CHQ's strategic planning as well as operational planning and service delivery across the next financial year.

View the full plan at [https://www.childrens.health.qld.gov.au/\\_data/assets/pdf\\_file/0025/166642/chq-strategic-plan.pdf](https://www.childrens.health.qld.gov.au/_data/assets/pdf_file/0025/166642/chq-strategic-plan.pdf)

A summary of the macro-level external factors that have impacted our operational context in 2023-2024 are detailed below.

#### Rising demand and access pressures

Capacity pressures are being experienced across the health system locally, nationally, and globally. At the Queensland Children's Hospital, this includes a sustained increase in emergency presentations and admissions involving a large volume of complex specialised cohorts. To meet these needs, Children's Health Queensland is focusing on ways to optimise and evolve how we design, plan and deliver care so that it is delivered at the right time, by the right professional and in the right place. Children's Health Queensland's partnerships with other health and human services across the state are critical in creating a sustainable network of paediatric care.

We will continue to promote and deliver community-based and preventative healthcare, and alternative models of care that improve access, consumer experiences and health outcomes for children, young people and families across the communities we serve. Bolstered by our strengthened partnerships across both health sector and other jurisdictions, Children's Health Queensland will continue to invest in the co-design and co-commissioning of place-based infrastructure. In doing so, we are designing a future where children, young people and their families can access care closer to home.

#### Health equity for Aboriginal and Torres Strait Islander peoples

World-class clinical care requires strong organisational capability and understanding of systemic and sustainable health equity reform. Underpinning this is our understanding and acknowledgement of the social, cultural, and economic determinants of health and their impact on achieving equitable access and outcomes for Aboriginal and Torres Strait Islander children, young people and families.

Children's Health Queensland is continuously striving to create and deliver more person-centric and values-based approaches to empower consumers to be confident navigators of their health journey. Health disparities for Aboriginal and Torres Strait Islander peoples continue to exist, with barriers to accessing healthcare, poor healthcare experiences, and/or poor health outcomes. Children's Health Queensland acknowledges these barriers and strives to positively impact health access and outcomes for Aboriginal and Torres Strait Islander peoples.

Children's Health Queensland continues to apply a critical lens to improve equity in health outcomes and remove systemic discrimination and barriers to access to care from priority populations including Aboriginal and Torres Strait Islander peoples – driving workplace culture and practice change.

#### Health worker wellbeing, capacity and capability

Sustaining workforce wellbeing, prevention and management of compassion fatigue, burnout and emotional exhaustion continue to dominate the global healthcare conversation. There is evidence that the COVID-19 pandemic disproportionately affected the physical and mental health of healthcare workers. Healthcare workers were significantly more likely to contract COVID-19 (2.7 times increased risk) than the general population.

An increase in demand for services, alongside higher staff absentee rates and resource shortages has the global workforce continuing to 'do more with less'. This is situated on a historical background of workforce shortages particularly in regional and remote communities, which at a systems level, increases the demand on acute and/or tertiary services. Staff can experience challenges with working in partnership with consumers while also responding to heightened demand in a timely fashion. Subsequently, workforce dissatisfaction, moral distress and 'moral injury' are becoming increasingly topical across the world. This impacts attraction and development of the future workforce and retention of the existing workforce, perpetuating staffing shortages, and furthering inequities in access for consumers.

Children's Health Queensland will continue to prioritise health worker's wellbeing and engagement at work. *The Children's Health Queensland Employee Experience Plan 2024-2027* situates the roadmap to addressing the needs of our number one asset, our people.

#### Financial sustainability pressures

The Queensland health system has and will continue to navigate increased hospital admissions and healthcare expenditure within a fiscally constrained environment. Balancing the continued provision of acute and planned care with surge demands remains an ongoing challenge.

To maintain our position as a high-performing Hospital and Health Service, and to ensure we remain sustainable and responsive to the changing healthcare needs of children, young people and their families now and into the future,



several initiatives are under way as part of the Children's Health Queensland Sustainable Care Program.

The Sustainable Care Program is designed to embed innovation, value, efficiency and effective leadership at every level of our organisation so that the care we provide continues to be smart, safe and sustainable well into the future. By demonstrating good stewardship and use of our resources now we will continue to lead and drive creativity and innovation in paediatric care, education and research for many years to come.

## Strategic opportunities and risks

The opportunities and challenges outlined below reflect the trends Children's Health Queensland has identified for the medium to long term. Our ability to leverage future opportunities and mitigate risks is vital to achieving our strategic objectives.

### Opportunities

- Co-design culturally safe services to improve health equity and outcomes for all children and young people across Queensland including Aboriginal and Torres Strait Islander people and other vulnerable populations.
- Embed a person-centred approach for care that is inclusive, authentic and delivered in partnership with each child, young person, family and the community.
- Leverage innovative and contemporary digital solutions to enhance paediatric service delivery across the health system to improve accessibility of care and high-quality health outcomes to all children, young people and families within the community.
- Lead and advocate translational research and innovation capability to improve health outcomes for children and young people.

### Challenges

- Health system complexity and our response to changing public health contexts impacts our ability to deliver connected care effectively and efficiently to our patients and families as close to home as possible.
- Attracting, retaining and investing in a diverse workforce with specialised knowledge and skills impacts how we deliver health service priorities.
- Our capacity to sustainably deliver paediatric services is impacted by population growth, increasing demand, changing disease profiles, and resource availability and stewardship.
- Our ability to innovate and expand the provision of high-quality health services and performance of physical assets and facilities is impacted by access to capital funds to respond to growing population needs.

## 1.7 Looking ahead

In 2024-2025 we will continue to prioritise the initiation, delivery and progress of key activities, projects and goals that support our ongoing drive to improve the health and wellbeing of children, young people and their families across Queensland and Northern New South Wales.

The new *Children's Health Queensland Strategic Plan 2024-2028* outlines four strategic priority areas to drive our collective action: engaged workforce, sustainable futures, networked care and strong communities.

### Engaged workforce

At Children's Health Queensland, *we care for and value our people*. Over the next four years we will continue to prioritise initiatives that deliver an inclusive environment where our people are valued, safe, and empowered to make change.

We will do this through our core strategies:

- Proactively provide an environment where physical health, psychological and cultural safety are paramount.
- Invest in learning for leadership, digital capability and experience design through people, processes, and systems.
- Build a diverse and inclusive workforce which includes lived experience and peer workforces.
- Develop and celebrate workforce talent.

### Sustainable futures

At Children's Health Queensland, *we imagine the future and enact plans to get us there*. Over the next four years we will continue to prioritise initiatives that accelerate sustainable, high-value care through integration, innovation and transformation.

We will do this through our core strategies:

- Leverage technology to streamline and simplify healthcare.
- Advance clinical excellence through initiatives that drive transformative health outcomes.
- Actively eliminate racial discrimination and institutional racism.
- Lead internationally recognised research and knowledge translation.
- Deliver healthcare that promotes sustainable development of the planet.
- Integrate governance, operational processes and systems to improve efficiency.

### Networked care

At Children's Health Queensland *we learn and share our skills with integrity to make a real difference*. Over the next four years we will advance the statewide paediatric and adolescent health system through partnership.

We will do this through our core strategies:

- Evolve and deliver statewide models that transform continuity of care.
- Scale and spread statewide paediatric and adolescent capability through innovative workforce models, registered training pathways and virtual opportunities.
- Generate opportunities for networked paediatric and adolescent services using population-based health service insights.
- Utilise Aboriginal and Torres Strait Islander-specific population based and social determinants data to drive equitable healthcare.
- Build services that enable the capability of children, adolescents and young adults to transition beyond Children's Health Queensland's care.

### Strong communities

At Children's Health Queensland, *we respect differences and promote ways to be healthy and well*. Over the next four years we will support prevention, promotion and early intervention that helps keep children and young people healthy in their communities.

We will do this through our core strategies:

- Increase equitable access to person-centred and inclusive healthcare for diverse communities.
- Develop and enhance partnerships with Aboriginal and Torres Strait Islander organisations.
- Enable healthcare decision-making and navigation through health literacy initiatives.
- Work in partnership with community to co-design and deliver integrated community-based services.
- Promote the social, emotional and cultural wellbeing of all infants, children and young people who use Children's Health Queensland's hospital, community and mental health services.

## Section 2: Governance

### 2.1 Our people

#### Board

The Children's Health Queensland Hospital and Health Board is appointed by the Governor in Council on the recommendation of the Minister for Health and Ambulance Services. The Board is responsible for the governance of Children's Health Queensland, in accordance with the *Hospital and Health Boards Act 2011* and the *Hospital and Health Boards Regulation 2023*.

#### Board members

##### David Gow, Chair (1 July 2023 to 31 March 2024)

*Commenced: 18/05/2013. Appointed Chair: 11/05/2018  
Term ended: 31/03/2024*

David has more than 40 years' experience in law, banking and finance, having held senior leadership roles with a multinational bank in Australia and internationally. Since returning to Australia in 2008, David has held several non-executive board roles in government and private sector companies, specialising in governance, financial management, audit and risk management and research commercialisation.

##### Heather Watson, Chair (1 April 2024 to 30 June 2024)

*Commenced: 18/05/2018. Appointed Chair: 01/04/2024  
Current term: 01/04/2024 to 31/03/2028*

Heather brings more than 30 years' legal and governance experience with specialist expertise in the charitable and non-profit sectors. She has been a partner in legal practices in both regional and metropolitan contexts in Queensland. Her non-executive director and industry experience includes aged care, health and community services, infrastructure in transport and housing, and Indigenous communities.

##### Cheryl Herbert, Deputy Chair (1 July 2023 to 31 March 2024)

*Commenced: 26/06/2015. Appointed Deputy Chair:  
6/07/2018 to 31/03/2024  
Current term: 01/04/2024 to 31/03/2028*

Cheryl has more than 20 years' experience as a chief executive officer and leader within not-for-profit and government health and regulatory organisations. A trained midwife and nurse, she is a fellow of the Australian College of Nursing and the Australian Institute of Company Directors, a board member of Lives Lived Well Pty Ltd and a Director of Australian Regional and Remote Community Services Pty Ltd, UnitingCare Qld Pty Ltd. Cheryl was the founding Chief Executive Officer of the Health Quality and Complaints Commission from 2006 and served as the Chief Executive Officer of Anglicare (formerly St Luke's Nursing Service) for 10 years.

##### Inmaculada Beaumont

*Commenced: 01/04/2024  
Current term: 01/04/2024 to 31/03/2028*

Inma is an experienced company director, qualified accountant and stakeholder engagement professional. She has senior executive experience in the health, research, education, energy and banking sectors. Inma is also involved with various not-for-profit organisations focusing on disability, gender equality and health.

##### Associate Professor Martin Byrne

*Commenced: 10/06/2021  
Current term: 01/04/2024 to 31/03/2028*

Martin is a well-respected general practitioner, rural generalist and medical administrator with more than 20 years' experience working in rural and remote health settings in both the public and private sector. Martin is currently working as a rural GP in Nanango and as a rural generalist for Queensland Country Practice. He is an Associate Professor with Griffith University where he serves as Medical Educator and Examiner and holds senior roles with The University of Queensland and University of Southern Queensland. Martin has previously served in executive roles for South West and Darling Downs Hospital and Health Services.

Martin was the Children's Health Queensland Board Chair's nominee on the Children's Hospital Foundation Queensland Board from 15 May 2022 to 31 January 2024.

##### Suzanne Cadigan

*Commenced: 18/05/2019  
Current term: 1/04/2022 to 31/03/2026*

Suzanne has vast experience as a registered nurse in both the public and private health sectors, working in a range of clinical, education and leadership roles in critical care, surgical, paediatric and emergency nursing. Suzanne currently serves on the Board of Karuna Hospice Services, an in-home palliative care service and represents Children's Health Queensland on the Ronald McDonald House Charities Board for South East Queensland. She is also a member of The Queensland Plan Ambassadors Council which fosters community engagement and shared responsibility for achieving the long-term vision of The Queensland Plan.

## Kara Cook

*Commenced: 01/04/2024*

*Current term: 01/04/2024 to 31/03/2028*

Throughout her career which has spanned law, politics and community services, Kara has been an advocate and voice for those who need it most. She has extensive experience in community campaigning and advocacy, domestic violence, women's issues, law reform, policy, fundraising, communication and media. Kara currently has other board roles and advisory positions. Kara's former roles include CEO of Basic Rights Qld and Working Women Queensland, Politician, Founder of Australia's first expert domestic violence law firm, Principal Lawyer at Women's Legal Service Queensland, and Vice President of Queensland Law Society.

## Professor Simon Denny

*Commenced: 10/06/2021*

*Current term: 01/04/2024 to 31/03/2028*

Simon is a paediatrician, and adolescent and young adult physician currently working as Director of the Mater Young Adult Health Centre in South Brisbane. Prior to this, he served as an Associate Professor in the Department of Paediatrics, Child and Youth Health at the University of Auckland. Simon has worked with adolescents and young adults for more than 20 years in Australia, New Zealand and the United States, gaining expertise in a range of health conditions affecting adolescents and young adults including obesity, gender and identity issues, and drug, alcohol and mental health concerns. He is widely published internationally in the field of adolescent health and wellbeing.

## William Fellowes

*Commenced: 18/05/2021*

*Current term: 01/04/2024 to 31/03/2026*

William (Will) is an experienced non-executive director with a finance, consulting and assurance background. After working in finance and commercial leadership roles globally and around Australia, Will is now based in Western Queensland with his young family and sits on numerous Boards and advisory committees with for-purpose organisations including RACQ, Opera Queensland, Royal Flying Doctor Service (Queensland) and Northern Australia Primary Health Limited. Will is a Chartered Accountant and a Graduate of the Australian Institute of Company Directors.

## Karina Hogan

*Commenced: 18/05/2019*

*Current term: 1/04/2022 to 31/03/2026*

Karina is a proud First Nations and South Sea Islander woman, with strong ancestral connections to northern New South Wales. With a wealth of experience in media and governance, she has made significant contributions to the industry. In 2022, Karina and her colleagues were honoured with a prestigious Logie award for their documentary, Incarceration Nation, which shed light on important social issues. Currently

-serving as an ABC journalist, Karina is the Chair of BlakDance, where she advocates for Indigenous representation and storytelling through dance. She also acts as a Non-Executive Director for ATSICHS Brisbane, a community-controlled organisation, and Deadly Coders, promoting digital literacy among Indigenous youth. Karina was appointed as the Children's Health Queensland Board Chair's nominee to the Children's Hospital Foundation Queensland Board with effect from 1 February 2024.

## Meredith Staib

*Commenced: 18/05/2020*

*Current term: 1/04/2022 to 31/03/2026*

Meredith has more than 20 years' clinical and commercial experience in the public, private and community sectors. She has worked in hospital and healthcare management, and global medical assistance and is currently Chief Executive Officer of the Royal Flying Doctor Service (Queensland), one of the largest and most comprehensive aeromedical operations in the world. Meredith also holds membership of the Australian Advisory Council Thankful4Farmers and has previously held international director and board positions.

## Ross Willims

*Commenced: 18/05/2014*

*Term ended: 31/03/2024*

Ross has held several senior executive positions within both the public and private sectors such as Vice President External Affairs BHP Billiton Metallurgical Coal, and Director-General of the Queensland Department of Mines and Energy. He has also worked in a range of Commonwealth Government departments. On his retirement from BHP Billiton, Ross was appointed Chairman of the Australian Coal Association and Australian Coal Association Low Emissions Technologies Limited. He was awarded life membership of the Queensland Resources Council in 2011.

## Our committees

### Health Service Executive Committee

*Membership: Cheryl Herbert (Chair), David Gow (to 31 March 2024), Ross Willims (to 31 January 2024), Suzanne Cadigan, Will Fellowes, Heather Watson, Martin Byrne (from 1 February 2024) and Simon Denny (from 11 April 2024)*

The Health Service Executive Committee supports the Board with its governance responsibilities and makes recommendations to the Board by overseeing select strategic issues, strategic planning and stakeholder engagement strategies of the Hospital and Health Service. Additional responsibilities include supporting the Board with performance arrangements and succession planning for the Health Service Chief Executive and select workforce and culture strategies.

## Safety and Quality Committee

*Membership: Suzanne Cadigan (Chair), Cheryl Herbert, Martin Byrne, Simon Denny and Karina Hogan*

The Safety and Quality Committee makes recommendations to the Board by overseeing quality and safety, including compliance with state and national standards, provision of person-centred care, service accreditation preparedness, periodic industry review outcomes and critical incidents of concern/interest to the Board and workplace health, safety and wellbeing practices.

## Audit and Risk Committee

*Membership: Will Fellowes (Chair), Martin Byrne (to 10 April 2024), Karina Hogan (to 10 April 2024), Heather Watson (to 10 April 2024), Meredith Staib, Suzanne Cadigan (from 11 April 2024), Inmaculada Beaumont (from 11 April 2024) and Kara Cook (from 11 April 2024)*

The Audit and Risk Committee provides independent assurance and oversight to the Chief Executive and the Board on risk, internal control and compliance frameworks, and external accountability responsibilities as prescribed in the Financial Accountability Act 2009, Auditor-General Act 2009, Financial Accountability Regulation 2019 and Financial and Performance Management Standard 2019.

## Finance and Performance Committee

*Membership: Martin Byrne (Chair) (from 1 February 2024), Ross Willims (Chair to 31 January 2024 and member to 31 March 2024), David Gow (to 31 March 2024), Karina Hogan, Meredith Staib, Will Fellowes and Inmaculada Beaumont (from 11 April 2024)*

The Finance and Performance Committee supports and makes recommendations to the Board by overseeing the financial position, performance and resource planning strategies of the Hospital and Health Service in accordance with the *Financial Accountability Act 2009*.

## Research Committee

*Membership: Heather Watson (Chair to 10 April 2024 and member from 11 April 2024), Simon Denny (member to 10 April 2024 and Chair from 11 April 2024), David Gow (to 31 March 2024), Cheryl Herbert, and Suzanne Cadigan. External Members: Professor Craig Munns and Lyndsey Rice (from 2 May 2024)*

The Research Committee provides oversight and recommends strategies to the Board in relation to building long-term collaborations in research and enhanced clinical service delivery founded on sustainable and trusting partnerships. The remit of the Committee has also recently expanded to include oversight of strategy development in clinical and health service education and training.

## Board appointments

New appointments effective 1 April 2024:

- Kara Cook
- Inmaculada Beaumont
- Heather Watson existing Board member appointed Chair.

Appointments ending (both 31 March 2024):

- David Gow
- Ross Willims.

## Meetings

Board meetings were held at the Queensland Children's Hospital and a number of Children's Health Queensland community sites on the following dates:

6 July 2023	1 February 2024
3 August 2023	15 February 2024 (Extraordinary)
23 August 2023 (Extraordinary)	
7 September 2023	7 March 2024
5 October 2023	11 April 2024
2 November 2023	2 May 2024
7 December 2023	6 June 2024.

<b>Table 1: Children's Health Queensland Hospital and Health Board</b>					
<b>Act or instrument</b>	<i>Hospital and Health Boards Act 2011 and Hospital and Health Boards Regulation 2012.</i>				
Functions	<ul style="list-style-type: none"> <li>• Oversee Children's Health Queensland Hospital and Health Service as necessary, including control and accountability systems.</li> <li>• Provide input and final approval of executive development of organisational strategy and performance objectives, including agreeing the terms of the Service Agreement with the Chief Executive (Director-General) of Queensland Health.</li> <li>• Review, ratify and monitor systems of risk management and internal control, and legal compliance.</li> <li>• Monitor Health Service Chief Executive and senior executives' performance (including appointment and termination decisions) and implementation of the strategic plan.</li> <li>• Approve and monitor the progress of minor capital expenditure, capital management, and acquisitions and divestitures.</li> <li>• Approve and monitor the annual budget and financial and other reporting.</li> </ul>				
Achievements	Children's Health Queensland's achievements are outlined in Section 3 of this annual report.				
Financial reporting	The general purpose financial statements of Children's Health Queensland are prepared pursuant to Section 62 (1) of the <i>Financial Accountability Act 2009</i> , relevant sections of the <i>Financial and Performance Management Standard 2019</i> and other prescribed requirements.				
<p>*Remuneration: As approved by the Governor in Council, Board Member annual fees are \$75,000 for Board Chair, and \$40,000 for Deputy Chair and Members. Committee annual fees are \$4,000 per Committee for Committee Chair and \$3,000 per Committee for Committee Members.</p> <p>**Board total remuneration expenses are disclosed in Section G of the Notes to the Financial Statements.</p>					
<b>Position</b>	<b>Name</b>	<b>Meetings/sessions attendance</b>	<b>Approved annual fee</b>	<b>Approved committee fees (including Research Committee)*</b>	<b>Actual fees received**</b>
Chair (to 31 March 2024)	David Gow	8 Board / 12 Committee	\$75,000	\$9,000	\$67,269
Chair (from 1 April 2024) Member (to 31 March 2024)	Heather Watson	10 Board / 9 Committee	\$75,000 (Chair) \$40,000 (Member)	\$10,000	\$60,791
Deputy Chair (to 31 March 2024) Member (from 1 April 2024)	Cheryl Herbert	11 Board / 9 Committee	\$40,000	\$10,000	\$52,704
Member	Inmaculada Beaumont	3 Board / 3 Committee	\$40,000	\$10,000	\$10,579
Member	Associate Professor Martin Byrne	11 Board / 10 Committee	\$40,000	\$10,000	\$47,587
Member	Suzanne Cadigan	10 Board / 10 Committee	\$40,000	\$10,000	\$52,704
Member	Kara Cook	3 Board / 1 Committee	\$40,000	\$6,000	\$10,579
Member	Professor Simon Denny	10 Board / 6 Committee	\$40,000	\$10,000	\$49,637
Member	William Fellowes	11 Board / 10 Committee	\$40,000	\$10,000	\$49,829
Member	Karina Hogan	10 Board / 8 Committee	\$40,000	\$9,000	\$48,142
No. scheduled meetings	11 Board / 19 Committee				
Total out of pocket expenses	\$5,423.03				

## Executive Leadership Team

### Adjunct Professor Frank Tracey

*Health Service Chief Executive*

Frank has over 40 years' experience working in health systems, including executive roles in large health organisations and the non-government sector. He has a clinical background in nursing and holds advanced qualifications in health management and governance. His extensive experience in health commissioning and service provision in clinical and community settings is complemented by strong executive management and leadership skills. Frank has an applied interest in population health planning and translational health research. While working in both government and non-government roles he has focused on delivering sustainable health strategies that serve the best interests of consumers, health professionals, the broader health system and the community.

### Alan Fletcher

*Executive Director Corporate Services and Chief Finance Officer*

Alan is a highly experienced healthcare leader responsible for Children's Health Queensland's financial strategy, compliance, governance and sustainability, procurement, and supply chain services; the digital health and data strategy, cyber and information assurance, health intelligence and informatics, and technical ICT services teams; and the capital asset strategy and various facilities management portfolios for the organisation. He is a member of CPA Australia and has more than 27 years' financial leadership and management within the public health sector with extensive knowledge and experience in financial management, business leadership and corporate strategy.

### Associate Professor Steven McTaggart

*Executive Director Medical Services*

Steven was appointed Executive Director Medical Services for Children's Health Queensland in May 2021, having previously been the Divisional Director of Medicine since 2014. He has also worked as a paediatric nephrologist for 20 years and continues with some limited clinical practice providing care to children with kidney disease and their families. Steven is passionate about person-centred care, patient safety and quality, and clinical excellence, and is the Paediatric Medical Lead, Patient Safety and Quality at Clinical Excellence Queensland. His leadership is pivotal to supporting the workforce to deliver continuous improvement in patient care by embedding best practice and encouraging innovation in clinical care, education and Research.

### Adjunct Professor Callan Battley

*Executive Director Nursing Services*

Callan is a highly respected executive nurse leader who is passionate about the healthcare and wellbeing of children and young people with a particular interest in equity. He holds conjoint roles working in partnership with multiple

universities to develop a paediatric and young person nursing workforce for the future and is actively involved as an investigator in a number of research projects that seek to improve outcomes and reduce harm to children and young people. He has a strong track record of leading transformation across multiple large health services that deliver improvement and high performance and is actively involved in children's health and wellbeing in rural and remote Queensland through volunteer work.

### Associate Professor Leanne Johnston

*Executive Director Allied Health*

Leanne is an advanced clinical paediatric physiotherapist with more than 25 years' experience across clinical, research, management and education roles. Leanne is passionate about improving healthcare quality and reducing health inequality and has dedicated her career to providing high-quality person-centred care and support for children and their families. Leanne has held executive roles across multiple sectors, including Head of Physiotherapy for The University of Queensland, and Allied Health and Research Manager for the Cerebral Palsy League of Queensland. Leanne also served as a founding Board Member for Children's Health Queensland from 2012 to 2019.

### Dominic Tait

*Executive Director Clinical Services*

Dominic is a highly experienced healthcare leader and manager who is passionate about providing high-quality paediatric health services in partnership with patients and families. He commenced in the position of Executive Director Clinical Services for the Queensland Children's Hospital in January 2017. Prior to this, he was the hospital's Divisional Director of Clinical Support. He also served as operations manager across multiple divisions including critical care, surgery and clinical support from 2012. Dominic holds a Bachelor of Physiotherapy, a Master of Business Administration and has worked in clinical paediatric roles both in Australia and the United Kingdom since 2001.

### Belinda Taylor

*Executive Director Communications, Culture and Engagement*

Belinda is a highly experienced communications, corporate and public affairs professional with a career spanning more than 20 years and across a range of industries. She has delivered strategic communications, media and stakeholder engagement programs across private sector and publicly listed companies, political offices, government agencies and consultancies. She specialises in developing strategy that creates value-based stakeholder partnerships and multi-channelled communication programs. Belinda is responsible for Children's Health Queensland's internal and external communications, media, stakeholder engagement, organisational culture and leadership development, as well as the CHQ Arts in Health program.

### Adrian Clutterbuck

*Executive Director Strategy, Planning, Improvement and Innovation*

Adrian has a passion for developing people and teams and has been with Children's Health Queensland since 2017. Adrian has extensive experience leading and delivering strategy and transformation work across health systems internationally. As a Director in a top tier management consultancy company, he has delivered operational efficiency and large-scale reconfiguration and transformation work across the United Kingdom and Australian health systems. A physiotherapist by training, Adrian has held clinical leadership roles in community services as well as business development roles in a multinational pharmaceutical company.

### Angela Young

*Executive Director Aboriginal and Torres Strait Islander Engagement*

Angela is a Kullalli/Koa woman who brings a wealth of experience to Children's Health Queensland. Prior to her appointment, Angela was the General Manager, Policy and Research for the Queensland Aboriginal and Islander Health Council where she was a strong advocate for the health

advancement of Aboriginal and Torres Strait Islander peoples. Angela has a passion for justice and holds a Bachelor of Laws. She commenced her career as a government lawyer and has held senior roles in the areas of Aboriginal and Torres Strait Islander wellbeing, employment and education. Angela is committed to creating a more innovative, culturally safe and engaging healthcare pathway for Aboriginal and Torres Strait Islander children, young people and their families.

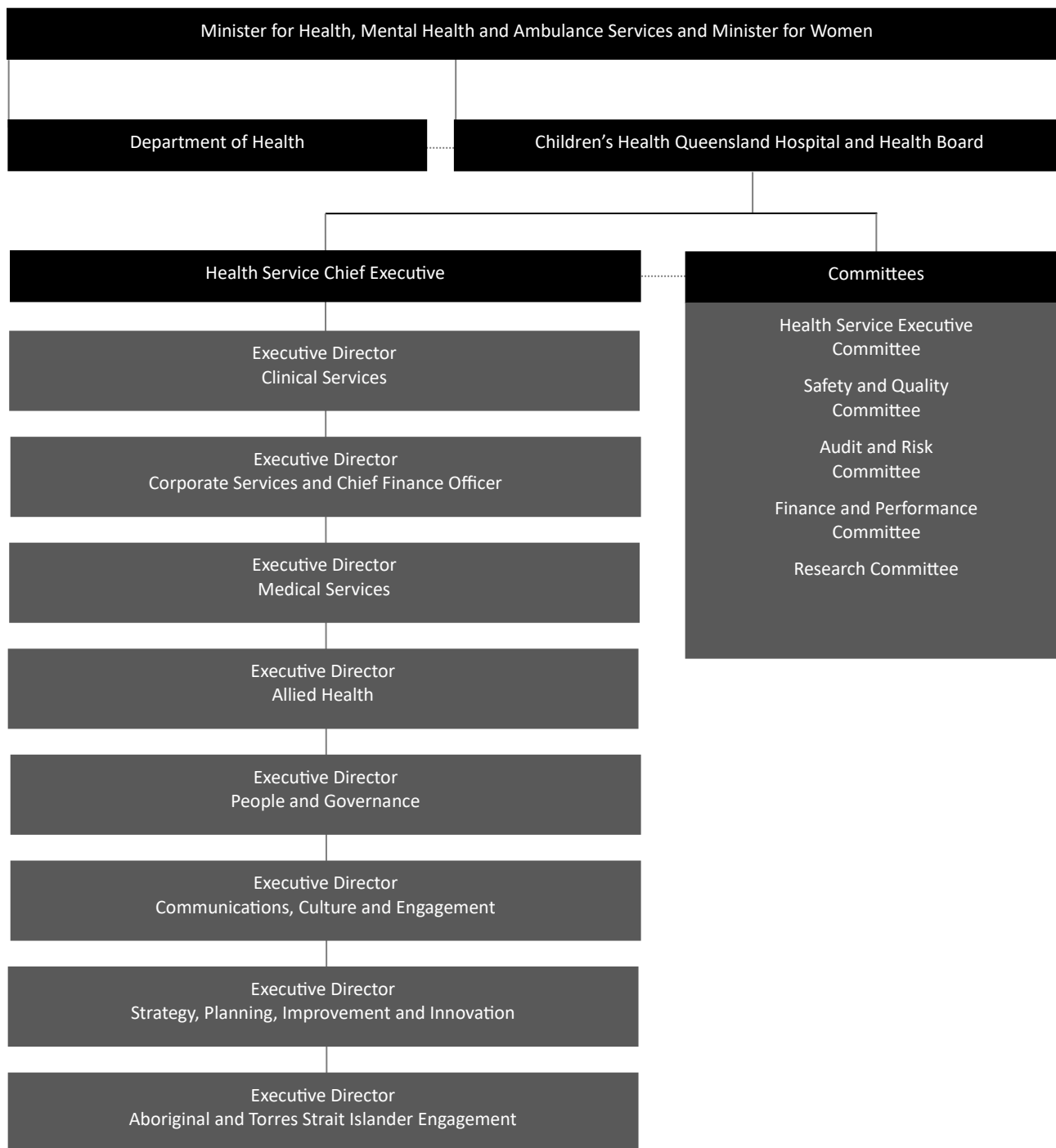
### Naomi Hebson

*Executive Director People and Governance*

Naomi is an experienced health care leader with a clinical background in nursing and advanced qualifications in health management and business. Naomi's executive career spans across health policy, strategy and reform agendas and commissioning. Naomi has led extensive commissioning reforms agendas across Queensland delivering system wide reform and performance improvement programs. Naomi's passion is working to ensure the healthcare sector is enabled to deliver sustainable, person-centred care. She brings her broad healthcare leadership expertise to her role at Children's Health Queensland where her portfolio responsibilities include human resources, quality management systems, integrated governance, legal services, enterprise risk management, legislative compliance and internal audit.



## Organisational structure



## Workforce profile

Children's Health Queensland recognises that our people are our greatest asset. Ongoing investment in our workforce is vital to ensure we can continue to deliver on our core business of providing high-quality care for patients and families. The goal is to provide a professional, collaborative and supportive work environment that meets the needs and developmental expectations of current and prospective staff.

**Table 2: Total staffing and employment status**

Total staffing	Headcount	
Headcount	5,230	
Paid FTE	4,266.07	
Employment status	Headcount	%
Full-time		52.47
Part-time		43.29
Casual		4.24

**Table 3: Occupation and appointment by FTE**

Occupation type	FTE	%
Corporate		5.93
Frontline and Frontline Support		94.07
Employment status	FTE	%
Full-time		71.43
Part-time		26.05
Casual		2.15
Contract		0.38

**Table 4: Gender**

	Headcount	%
Woman	4,357	83.31
Man	867	16.58
Non-binary	6	.011

**Table 5: Diversity target group data**

	Headcount	%
Women	4,357	83.31
Aboriginal and Torres Strait Islander peoples	104	1.99
People with disability	104	1.99
Culturally and linguistically diverse (speak a language at home other than English <sup>^</sup> )	538	10.29

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

**Table 6: Target group data for women in leadership roles**

	Headcount	%
Senior officers (classified and s122 equivalent combined)	6	46.15
Senior executive service and Chief Executives (classified and s122 equivalent combined)	8	47.06

### Organisational changes

In early 2023, the Executive Director of Clinical Services announced the revised Tier 2 Clinical Services structure. The new structure was implemented from 10 July 2023.

## Strategic workforce planning and performance

### Workforce planning, attraction and retention

We are committed to ensuring Children's Health Queensland's workforce is capable, committed and supported, and ensuring we provide the best possible healthcare services to Queensland children and their families.

### Industrial relations

Children's Health Queensland continues to operate within an industrial framework of consultative forums. The framework includes:

- Children's Health Queensland Union Consultative Forum
- Nursing Consultative Forum
- Health Practitioner Local Consultative Forum
- Corporate and Administration Services Local Consultative Forum.

The following enterprise bargaining agreements were certified by the Queensland Industrial Relations Commission during the 2023-2024 financial year:

- Aboriginal and Torres Strait Islander Health Workforce (Queensland Health) Certified Agreement (No.2) 2023 (HWF EB2) (certified 21 June 2024)
- Visiting Medical Officer's employees (Queensland Health) Certified Agreement (No.1) 2023 (certified 20 March 2024).

### Flexible working arrangements

Children's Health Queensland supports and implements Queensland Health's work-life balance policy by offering flexible working arrangements to help staff balance work and other responsibilities. In 2023-2024, 1,986 people (54 per cent of our permanent workforce) were employed on a permanent part-time basis and 22 staff participated in purchased leave arrangements. The purchased leave allowance of one to six weeks contributes to work-life balance by enabling staff to purchase leave in addition to their standard recreational leave entitlements.

## Leadership development and performance

Our people are our greatest strength and as an organisation Children's Health Queensland is committed to supporting employees and accelerating their growth to equip them for whatever the future holds, whether at Children's Health Queensland or further afield.

We are focused on creating a culture where all staff are valued, engaged and committed to delivering results and exceeding expectations. Through our values of respect, integrity, care and imagination we strive to create an understanding of what performance and leadership excellence looks like across every level of our organisation and to build a leadership mindset that is nurtured by our colleagues, our leaders and ourselves.

To support leaders to build the skills and capabilities identified in the Children's Health Queensland Leadership Excellence Framework, and to address priorities identified in the 2023 Working for Queensland (WfQ) survey, Children's Health Queensland introduced the 'Growing Great Leaders' program to better equip leaders to perform at their best and provide critical support and enablement to teams, services, patients and their families.

Children's Health Queensland has continued to work with the Queensland Health Centre for Leadership Excellence to deliver capability development opportunities for leaders at all levels. Almost 360 employees at all stages of their career attended leadership programs to enhance leadership and management capabilities in 2023-2024.

### Working for Queensland survey

The annual *Working for Queensland* (WfQ) survey provides a valuable opportunity for our people to provide feedback to the organisation so we can better understand their experience and continue to collaboratively build a workforce culture that supports them to deliver life-changing care for children and young people.

The 2023 survey was conducted from 21 August to 17 September 2023 and 30 per cent (1,771 employees) of our workforce participated in the survey.

The Queensland Public Service Commission made some amendments to the survey in 2023. Based on feedback and consultation with people with lived experience including the LGBTIQ+ steering committee and group, the Public Sector Commission added new themes to the 2023 survey including:

- length of employment
- sex 'recorded at birth'
- an additional LGBTIQ+ question (option to select how an employee identifies)
- employee valuation proposition (expanded selection of reasons why an employee might be considering leaving the organisation/public sector).

Our workforce consistently reports high levels of agency engagement, with a 71 per cent positive rating in 2023 (3 per cent higher than 2022). Results also highlight that our workforce continues to have pride and confidence in the work done at CHQ, with 88 per cent stating that they would

recommend the services and/or care provided by CHQ to a family member or friend.

Our workforce reported particularly positive experiences in relation to their jobs providing a feeling of accomplishment, being treated fairly and equitably, and in CHQ's strong patient safety culture. Areas of improvement identified in the survey included continuing to build an environment where people feel heard (particularly by senior management), contributing positively to health equity and employee wellbeing.

CHQ built on an organisation-wide program of work to help support leaders to understand the results and take action to enable positive change throughout 2023 and 2024.

## Early retirement, redundancy, and retrenchment

No early retirement, redundancy or retrenchment packages were paid during 2023-2024.

## Work health and safety

### Our safety performance

Children's Health Queensland has a genuine commitment to ensuring the safety of staff, volunteers, patients and their families. The *Children's Health Queensland Work Health and Safety Plan 2021-2024* guides our work health and safety (WHS) systems to ensure they are maintained in line with Queensland Health's Health Safety and Wellbeing policy and standards.

A continuous improvement approach allows our organisation to review our safety practices by focusing on relevance, effectiveness, and efficiency. It also ensures high-risk WHS issues are identified early with appropriate control measures implemented to keep our people safe.

This important work involves:

- Governance and consultation specific to the divisional, profession and service stream psychosocial hazards risk assessment.

Integrated WHS management systems, risk management and frameworks specific to:

- Improved injury management and rehabilitation practices.
- Improved consultation and co-operation pathways throughout the organisation specific to new legislative changes.
- Learning Needs analysis creation and improved occupational violence training methodology and deployment specific to divisions.
- Improved understanding and governance for specific risks including respiratory protection and musculoskeletal disorders within sonography.
- Continuous review of Board, Union Consultative Forum (UCF) and quarterly reporting metrics.

- Continued focus on education and WHS responsibilities towards PCBU and officer obligations and further understanding of 'due diligence' requirements.

For employees who require support due to injury (statutory and non-statutory based), our injury management team regularly meets with WorkCover Queensland and insurance providers to develop strategies to foster positive return-to-work outcomes. Our key performance indicators specific to injury rehabilitation and return to work programs for 2023-2024 include:

- An 18 per cent reduction in our total recordable injury frequency rate from 6.31 in 2022-2023 to 5.27 in 2023-2024.
- A four per cent reduction in 'actual injury frequency rate' (inclusive of first aid reporting) and a 27 percent decrease in 'severity frequency rate' for 2023-2024.
- An average of 156 claims per month (WorkCover, income protection and health management) equating to 52 claims per one FTE.

## 2.2 Our risk management

Children's Health Queensland recognises that proactive identification and effective management of risk is essential for the successful delivery of our operational and strategic objectives and realisation of our vision.

Systems of internal control and risk management have been established and these are maintained through our enterprise risk management framework and oversight by the Board, via the Audit and Risk Committee and Executive Leadership Team. The framework is underpinned by the International Standard 31000:2018 and applies a principles-based approach to risk management.

A centralised electronic information system, RiskMan, is used to document information about risks, their status and responsibilities for ongoing management across corporate and clinical functions, and management levels. Opportunities to further integrate risk-based decision making, build risk consciousness and improve risk management maturity across the organisation continue to be progressed.

The *Hospital and Health Boards Act 2011* requires annual reports to state any direction given by the Minister to the HHS during the financial year and the action taken by the HHS as a result of the direction. During the 2023-2024 period, one direction was given by the Minister to Children's Health Queensland to implement a Crisis Care Process. Children's Health Queensland reviewed and updated systems and processes to ensure compliance with the direction and developed training to support staff knowledge.

### Accountability

The Audit and Risk Committee met on four occasions in 2023-2024. Activities included:

- Reviewing and approving the Children's Health Queensland 2023-2024 Financial Statements.

- Noting the Queensland Audit Office's client service strategy, interim and final management letters, and reviewing the Executive's response to findings and recommendations.
- Reviewing strategic and organisational risk reports and endorsing management plans and status.
- Endorsing revised strategic and organisational risk profiles.
- Reviewing and endorsing the revised risk appetite statement.
- Reviewing and endorsing the fraud and corruption control plan and reporting.
- Reviewing and endorsing the strategic and annual internal audit plans.
- Providing functional oversight on the performance of the internal audit function, including the delivery of the annual internal audit plan and annual quality self-assessment of performance.
- Reviewing and noting internal audit reports, with recommendations and management responses.
- Reviewing and noting quarterly internal audit status reports, including the follow up on implementation of internal audit recommendations.
- Reviewing and noting compliance management status reports.
- Providing oversight on the performance of the risk and compliance functions.

### Compliance management

Children's Health Queensland adopts a systematic and integrated approach to compliance management to identify, monitor and manage its obligations. Our compliance management framework, underpinned by *ISO 37301:2021*, articulates roles and responsibilities, processes and resources that support a standardised and risk-based approach for the effective management of compliance obligations.

Ongoing review of our legislative and regulatory environment has been instrumental in enabling the development of a shared understanding of compliance obligations. We monitor our performance status through the maintenance of a compliance obligations register that records controls and planned actions against obligations. Oversight of the effectiveness of the compliance management framework is provided by the Board, via the Audit and Risk Committee and Executive Leadership Team and is facilitated through the provision of regular status reports.

### Internal audit

By the nature of its organisational independence, internal audit is positioned to provide objective assurance and advice to the Executive Leadership Team and Board (via the Audit and Risk Committee) regarding the efficiency and effectiveness of internal control systems and the alignment of business and operational performance with the organisation's values and strategy. Internal audit consults widely and applies

a risk-based approach to the development and delivery of the annual internal audit plan.

Thirteen engagements were completed in accordance with the annual Internal Audit Plan across the 2023-24 financial year. Engagements were delivered as internal audits, maturity assessments and assurance reviews encompassing clinical, corporate, people, sustainability, service transition, security and ICT functions. In addition to strengthening the organisation's risk management, assurance framework and governance processes, insights gained through internal audit engagements provided opportunities to inform decision making, respond to emerging risks, readiness for business process change and support continuous improvement across the organisation. Quarterly internal audit status reports are provided to the Executive Leadership Team and the Board (via the Audit and Risk Committee) that set out progress on delivery of annual plan, engagement outcomes, monitor the implementation of recommendations, and any other emerging risks or business processes.

## External scrutiny

The following external reviews were conducted in 2023-2024:

- The Queensland Audit Office (QAO) reported on the 2023-2024 results of five financial audits, four performance audits and the 2024 status of the Auditor-General's recommendations reports. The annual self-assessment for status of Auditor-General performance audit recommendations was completed and the results were submitted to QAO in May 2024.

## Information systems and record-keeping

Children's Health Queensland's Health Information Services is dedicated to continuous service improvement to ensure availability and timely access to critical information to support the provision of high-quality and safe patient care.

The Health Information Liaison (HIL) team was actively involved in improving clinical documentation and clinical coding quality to accurately reflect the care provided to our patients. This included empowering our people through knowledge, education and use of technology to support improved coding quality and productivity. The team has audited 2,667 admissions and incorporated the findings into coding quality and clinicians' education sessions. The Clinical Coding Service coded approximately 48,305 admissions in 2023-2024.

The Health Information Access team processed 6,102 requests for information in accordance with the *Hospital and Health Boards Act 2011*, the *Right to Information Act 2009* and the *Information Privacy Act 2009* resulting in 572,361 pages being reviewed and processed for release. This was an increase of 23,911 pages in comparison to the previous financial year.

The Health Information Services Scanning Unit continues to support the integrated Electronic Medical Record (ieMR) through the scanning of paper documentation or the

uploading of digitally created documents. The service has a focus on decreasing the need to scan paper documents through promoting direct data entry into ieMR, clinical forms rationalisation and by creating documents digitally and importing those into the ieMR.

## Public Sector Ethics Act 1994

Children's Health Queensland is dedicated to upholding the values and standards of conduct outlined in the Code of Conduct for the Queensland Public Service which reflects the ethics principles and values set out in the *Public Sector Ethics Act 1994* (Qld).

Children's Health Queensland identifies the Code of Conduct as one of 13 mandatory corporate training requirements for all staff, in accordance with the Department of Health's G6 Mandatory Training Policy.

All new employees must complete the mandatory Code of Conduct training within one month of commencement, and yearly thereafter, through Children's Health Queensland's learning management system TEACHQ.

External service providers such as contractors, students, volunteers and other non-government organisations deliver a number of essential services to, or for, Children's Health Queensland patients, families and service areas. A number of the providers engaged in frontline services are obliged to complete Code of Conduct training as it is important that they also uphold the values and standards of conduct expected of the Queensland public service, in providing services to and for Children's Health Queensland. This annual training is available through the Department of Health's learning management system iLearn, or via other local systems.

## Human rights

Children's Health Queensland is dedicated to acting in a manner and making decisions in a manner which support the human rights of patients, families and staff and only limit human rights in a manner that is reasonable and demonstrably justifiable.

Under the *Human Rights Act 2019* (the HRA) Children's Health Queensland are required to include in our annual report particular information about any action taken to further the objects of the HRA, details of human rights complaints received and any review of policies, programs, procedures, practices or services undertaken in relation to compatibility with human rights.

From a human rights perspective, our organisation acted and made decisions which protected the following rights: the right to protection of families and children, the rights to liberty and security of person, and the right to health services. In protecting these rights, other human rights at times were limited such as the right to freedom of movement and the right to protection of families and children. In taking these actions and making these decisions, Children's Health Queensland was mindful of its obligation to act compatibly with human rights by ensuring that any limitations on human rights were reasonable and justified.

Table 7: Summary of complaints with potential human rights limitations 2023-2024			
Total number of complaints	Complaints received with potential human rights limitations	Rights engaged	Outcomes
791	69	<p>In most cases, complaints did not specifically mention human rights and were identified by Children's Health Queensland as follows:</p> <ul style="list-style-type: none"> <li>• Recognition and equality before the law (S15)</li> <li>• Protection from torture and cruel, inhuman or degrading treatment (S17)</li> <li>• Freedom of expression (S21)</li> <li>• Privacy and reputation (S25)</li> <li>• Protection of families and children (S26)</li> <li>• Health services (S37)</li> </ul>	<ul style="list-style-type: none"> <li>• 55 complaints reviewed were assessed as having no limitation on human rights and resolved by way of explanation, apology and/or quality improvement.</li> <li>• 8 complaints reviewed were assessed as justified/lawful limitations on human rights and resolved by way of explanation, apology and/or quality improvement.</li> <li>• 4 complaints reviewed were assessed as unjustified/unlawful limitations on human rights and resolved by way of explanation, apology and/or quality improvement.</li> <li>• 2 complaints are pending assessment.</li> </ul>

Children's Health Queensland undertook the following actions in 2023-2024 to further the objects of the HRA, to protect and promote human rights, to help build a culture in the Queensland public sector that respects and promotes human rights and to help promote a dialogue about the nature, meaning and scope of human rights:

- assessing all complaints for human-rights implications
- the delivery of bespoke advice to and various training for staff across the organisation about application of human-rights in decision making
- using learnings from human-rights complaints to provide targeted training where gaps in understanding were identified

- undertaking a project to review and identify any remaining gaps in governance documents, including guidance tools for staff, to ensure human rights are adequately embedded and supported to guide behaviour and decision-making across Children's Health Queensland.

## Confidential information

Section 160 of 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 2023-2024, no disclosures were authorised under this provision.

## Section 3: Performance

### 3.1 Strategic outcomes and achievements 2023-2024

#### Strategic objective: Value all people

*We will create an inclusive environment where all people feel valued, safe, engaged and empowered.*

- ✔ The achievements of Children's Health Queensland staff were recognised at our annual Excellence Awards in 2023. The awards align with our organisational values and strategic priorities and celebrate individuals and teams who have contributed significantly to our vision of leading life-changing care for children and young people. An additional award, the Children's Health Queensland Medal of Distinction, recognises Queenslanders who have made a significant and sustained contribution to improving the health and wellbeing of children and young people.
- ✔ The Queensland Children's Hospital unveiled a vibrant mural by First Nations artist Casey Coolwell-Fisher, a Quandamooka woman, to create a welcoming and culturally safe environment for families entering the hospital. Titled 'Returning from visit,' the mural represents the experience of children and families returning home, physically and spiritually. The Ellen Barron Family Centre entrance now also features Casey's artwork, proactively working towards creating a culturally safe, responsive and welcoming environment for Aboriginal and Torres Strait Islander families.
- ✔ A dedicated family lounge for Aboriginal and Torres Strait Islander families opened at the Queensland Children's Hospital in May. *Jimbulang Nye-nan-ba* or Family Sitting Place, The family-centred care initiative provides patients, families and staff with a place to gather, take respite, seek help, meet with community members and communicate culturally. A co-design project, the lounge fosters the preservation of cultural knowledge, ensuring children grow up with a strong sense of identity and connection to their roots.
- ✔ Our Arts in Health Consultancy Service collaborated with Arts Queensland in a pilot program to showcase Arts in Health best practice. Working with other hospital and health services, the program aims to demonstrate the power of the arts in fostering change, starting conversations, building connections and supporting recovery and rejuvenation.
- ✔ Juiced TV opened its first in-hospital studio in the Queensland Children's Hospital in February 2024. The Juiced Studio gives patients the unique opportunity to create their own video content and provide greater access to the fun, distraction and stardom of Juiced TV.

#### Strategic objective: Generate knowledge and innovate

*We will build and harness creativity, research, technology and collective expertise to prepare for the future.*

- ✔ Children's Health Queensland launched 132 new research projects across the financial year with \$3.6 million in grant funding.
- ✔ More than 3,500 patients were recruited for 56 new clinical trials in support of our goal to make innovative healthcare accessible to children, young people and their families no matter where they live.
- ✔ The global reach of Children's Health Queensland researchers included a world-first trial at the QCH examining possibilities for midline catheters (inserted in the upper arm) as an alternative to cannulas in children. Up to 50 per cent of cannulas fail during treatment in children causing pain and the need for re-catheterization.

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- ✔ A centre of research excellence was established dedicated to Advanced Therapies and Clinical Trials Innovation. With the support of the Children's Hospital Foundation, the ACTION centre will be a centralised paediatric clinical trials service, offering more clinical trials to a larger cohort of children, young people, and their families. It will build Queensland's capacity and capability in advanced therapies for children with rare diseases and become the centre of excellence in the Southern Hemisphere.
  - ✔ The Children's Health Queensland ECHO® Superhub launched six new networks in 2023-2024 and expanded its reach to support over 3,853 individual frontline professionals, across 423 specific communities, providing approximately 1,967 hours of workforce development and mentorship. Our 22 ECHO® Networks empower frontline professionals to provide enhanced services at the point of care through real-time provision of best-practice advice and support from peers and mentors working across the country.
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## Strategic objective: Collaborate in care

*We will work together with a shared purpose to create a connected system of care.*

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- ✔ Children's Health Queensland and the Institute for Urban Indigenous Health continued a collaboration to deliver dedicated clinics on weekends for Aboriginal and Torres Strait Islander children and young people. The Open Doors project supports an ongoing commitment to providing the right care, at the right time, in the right way for children, young people and their families. The clinics were held in November and December 2023, and January and May 2024, with 172 patients seen and 27 patients referred for surgery.
  - ✔ Head to Health Kids Brisbane was established with our consortia partners Metro North and Metro South Hospital and Health Services, Brisbane North and Brisbane South Primary Health Networks and IUIH, to deliver mental health and wellbeing services to children aged 0-12 years. The services are being offered in the Moreton Bay North and Logan-Beaudesert areas with several satellite sites including at the Family and Community Place and South Rock State School in Yarrabilba, and Act for Kids in Morayfield.
  - ✔ Children's Health Queensland partnered with Braille House to produce Braille versions of all 11 Birdie's Tree storybooks. The books help children emotionally prepare for and recover from natural disasters and to increase their resilience to cope better with stressful or disruptive events.
  - ✔ In community health, the Ellen Barron Family Centre launched its Day Stay Plus Program. The specialised integrated service aims to strengthen the parent-infant relationship by increasing parents' confidence with feeding and sleep challenges. Since the pilot commenced in July 2023, the intensive 4-week program – which includes home visits, day stays and virtual appointments — has assisted 45 families experiencing challenges related to early parenting.
  - ✔ For rural and remote young families with limited access local community health services, the Ellen Barron Family Centre also launched a Virtual Residential Parenting Program (VRPS). Parents have access to a virtual multi-disciplinary team who support them to build practical parenting skills and confidence, with flexibility that fits into the family's schedule and home life. Since July 2023, the Virtual Residential Parenting Program has provided to support to over 180 families.
  - ✔ Connecting2u (C2u) is a universal health promotion text messaging program for parents and carers. The SMS service provides health reminders to parents and carers on topics including self-care, bonding and attachment, brain development and immunisation. Previously providing messages to parents prior to their child turning two, the service was expanded to provide support until children are five years old and has expanded reach across the state in partnership with nine other Hospital and Health Services. The expansion saw subscriber numbers more than double from 8,000 to over 17,000, with the free service supporting mums, dads and carers during the most critical time of their child's development.
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- ✔ Children's Health Queensland's GP Liaison team hosted the annual Paediatric Masterclass for General Practice, the leading paediatric education event for GPs in Queensland. 126 participants attended the 2023 event which included primary care nurses for the first time.

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  - ✔ Children's Health Queensland partnered with Dakabin State High School and Education Queensland to co-design and deliver the Dakabin Youth Hub. Construction of the fit-for-purposed hub commenced in 2023-24 and will ultimately provide wraparound support for Dakabin youth with learning opportunities, and health, social and emotional wellbeing support.

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  - ✔ An innovative first, Co-design@CHQ was launched in April 2024 to support our workforce to apply co-design across big and small initiatives and projects. The interactive co-design toolkit incorporates microlearning on co-design and a range of tip sheets, co-design methods and the innovative 'Co-design Compass' which helps staff create bespoke co-design project plans and provides practical support throughout implementation. The most exciting part of Co-design@CHQ is the focus on co-designing with children and youth to ensure their voices are amplified in decision making and service planning and improvement at CHQ.

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## Strategic objective: Perform at our best every time

*We will adapt and improve to achieve sustainable high-quality outcomes.*

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- ✔ Queensland Children's Hospital won a Brisbane City Council 2023 WasteSMART Awards in recognition of its leadership in resource recovery and community partnerships to reduce the impact of health on the planet.

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  - ✔ Queensland Children's Hospital was voted Newsweek's highest ranked children's hospital in the Southern Hemisphere, and tenth of 200 top paediatric hospitals in the world. Ranking is based on a global industry survey of 40,000 medical experts (medical doctors, healthcare professionals, hospital managers and directors) in over 20 countries.

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  - ✔ The Queensland Children's Hospital medical imaging team performed its 500th digital PET-CT scan. The QCH is the only paediatric hospital in Australia to offer the digital PET-CT technology which is used to diagnose and treat kids with cancers, epilepsy and some inflammatory and infectious diseases.

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  - ✔ The Queensland Children's Hospital's paediatric cardiac team, led by Director of Cardiac Surgery, Dr Prem Venugopal, performed successful open-heart surgery on the smallest baby (16 days old) to undergo the procedure at the hospital. The QCH is one of only three hospitals in Australia accredited by the Royal Australasian College of Surgeons to provide training in paediatric cardiac surgery. Since the hospital opened in 2014, the team has performed more than 4,360 surgeries on almost 3,000 children and young people.

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  - ✔ The Queensland Paediatric Sepsis Program partnered with the Queensland Family and Child Commission to complete Australia's first population-based study on the incidence of childhood deaths from sepsis. The study identified five areas to improve the identification, treatment and prevention of childhood sepsis.

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## Strategic performance indicators

Objectives and strategic outcome statements	Key performance measures	Targets	2023-2024 performance
<b>Value all people</b> The best possible experience for consumers, families and staff	Achieve Planetree Person-Centred Care Gold Certification with Distinction	Maintain	Maintained Planetree Person-Centred Care Gold Certification with Distinction
	Improved Patient Reported Experience Measure (PREMs): <ul style="list-style-type: none"> <li>people who stated that they were involved in decisions about their care and treatment</li> <li>carers who stated that they were involved in decisions about the patient's care and treatment</li> </ul>	≥80%	Q3 and Q4 data derived through the Children's Bedside Audit revealed overall deterioration across the following PREMs: <ul style="list-style-type: none"> <li>62% children and young people understood when staff spoke with them</li> <li>85% parents/carers understood when staff spoke with them</li> <li>61% children/young people were involved in decisions about their care</li> <li>82% parents/carers were involved in decisions about the patient's care.</li> </ul>
	Improved staff engagement demonstrated through Working for Queensland results, including: <ul style="list-style-type: none"> <li>Agency engagement</li> <li>Organisational leadership</li> <li>Leadership and engagement – values focused</li> </ul>	≥60%	Agency engagement increased from 68% to 71% Organisational leadership: <ul style="list-style-type: none"> <li>Perceptions of Senior Management group increased from 52% to 54% (strong performance when compared to HHS average)</li> <li>Perceptions of Executive Leadership group was at 44% (strong performance when compared to HHS and DoH averages).</li> </ul>
<b>Generate knowledge and innovate</b> An informed and equipped network of care for children and young people	Increased number of clinicians across professionals engaged in statewide capability building programs	Annual uplift	<b>Statewide capability building programs delivered this year include:</b> <ul style="list-style-type: none"> <li>3 School-based Youth Health Statewide video conferences were held, with 169 attendees overall. These conferences covered topics including domestic and family violence, relationships and sexuality education, and health promotion.</li> <li>The school-based Youth Health statewide annual conference had a total of 163 attendees, which included 91 in person, 47 online and 25 speakers/presenters.</li> <li>ECHO sessions provided annually have increased from 134 to 145. Additionally, the CHQ ECHO® Superhub launched 6 new networks in 2023-2024 and expanded its reach to support over 3853 individual front-line professionals, across 423 specific communities, providing approximately 1967 hours of workforce development and mentorship. Our 22 ECHO® Networks empower front-line professionals to provide enhanced services at the point of care through real-time provision of best-practice advice and support from peers and mentors working across the country.</li> <li>More than 120 GPs and 20 practice nurses attended the 2023 Paediatric Masterclass conference.</li> <li>78 clinicians participated in a statewide leadership development program.</li> <li>180 sites with multiple viewers joined the Ellen Barron Family Centre Statewide Education Series across a range of topics.</li> <li>Nine professional development sessions and two whole-day training days delivered, focused on discipline specific, transdisciplinary, and case management roles of speech pathologists working in CYMHS.</li> <li>Six new graduate/new to CYMHS speech pathologist practice workshops delivered, focused on integration of speech pathology frameworks about language and communication functioning with mental health frameworks and interventions.</li> </ul>

		<ul style="list-style-type: none"> <li>• Designated new graduate speech pathologist recruited and onboarded to Zero to Four CYMHS.</li> <li>• Discipline-specific lectures delivered into Intro to CYMHS Clinical Practice Seminars and Psychiatry Registrar program (basic trainees and advanced programs).</li> <li>• Professional supervision supported for all CYMHS Speech Pathologists consistent with QH Supervision Guideline 2023.</li> <li>• 317 STORK face-to-face courses delivered in 2023-24 involving 1546 learners. Online: &gt;10,000 online course registrations. &gt;80,000 views of our online educational videos.</li> </ul>	
	<p>Enhanced system capacity demonstrated through uplift in paediatric Clinical Services Capability Framework (CSCF) across Queensland (refer to Queensland Health System outlook to 2026) and associated enhanced self-sufficiency of partner health services</p>	<p>Progressed in partnership with HHSs and DoH</p>	<p>Strong representation and collaboration with Department of Health's System Planning Branch to advise and deliver upon a breadth of clinical service planning activities:</p> <ul style="list-style-type: none"> <li>• Design of a Joint Regional Health Need Framework and its implementation across local Hospital and Health Services.</li> <li>• Co-chair of Statewide Paediatric Planning Program and associated deliverables.</li> <li>• Completed paediatric planning for Queensland's Statewide Cancer Strategy.</li> <li>• Engaged in Genomics</li> <li>• Supported the development of the Networked Service Model Framework and pilot of a new Networked Service Model for Cardiology Services in North Queensland.</li> <li>• Engaged and advised on the Queensland Diabetes Model of Service</li> <li>• Completed annual Statewide Service Annual Reviews for CAR-T cellular therapy; Jacaranda Place; CHQ Retrieval Services.</li> <li>• Active membership in the Townsville Hospital and Health District's Paediatric Hospital Steering Committee.</li> <li>• Active member of Adolescent and Young Adult Subnetwork working group to develop a CSCF Charter and ways of working.</li> <li>• Facilitated quarterly partnership meetings with each HHS to respond to statewide capacity and needs as they emerged.</li> </ul>

Objectives and strategic outcome statements	Key performance measures	Targets	2023-2024 performance
<p><b>Collaborate in care</b></p> <p>Improved health equity and outcomes across the system</p>	Increased Aboriginal and/or Torres Strait Islander workforce representation	≥2% identified	1.99% of workforce identified as Aboriginal and/or Torres Strait Islander. Increase from 1.76% in 2022-2023.
	Reduced number of children and young people waiting longer than clinically recommended timeframes for specialist outpatients and elective surgery, including a target of zero long waits for Aboriginal and Torres Strait Islander peoples	<p>Zero (Aboriginal and Torres Strait Islander peoples)</p> <p>2,663 (non-Indigenous)</p> <p>Zero elective surgery long waits for all patients</p>	<p>There continues to be a strong focus on reducing long waits through a number of targeted initiatives.</p> <p>Specialist outpatient long waits decreased for Aboriginal and Torres Strait Islander peoples:</p> <ul style="list-style-type: none"> <li>• 400 (Aboriginal and Torres Strait Islander peoples) compared to 414 in 2022-23</li> <li>• 4,120 (non-Indigenous) compared to 4,871 in 2022-23.</li> <li>• As at Q4 2023/24 elective surgery long waits have decreased from 2022-23:</li> <li>• 8 from 53 (Aboriginal and Torres Strait Islander peoples)</li> <li>• 40 from 280 (non-Indigenous)</li> </ul>
	Increased number of collaborative strategic initiatives, including joint commissioning	Annual uplift	We continue to pursue opportunities to co-commission and work collaboratively for better outcomes. Initiatives that have progressed to demonstrate this include:

		<ul style="list-style-type: none"> <li>• Dakabin Youth Hub in development in partnership with DoE. Broader community engagement underway to achieve holistic service delivery to meet needs</li> <li>• Partnership established with Hand Heart Pocket philanthropy to support development of culturally safe co-design methods for use across CHQ. With philanthropic support, CHQ has been able to partner with QUT to expand existing co-design toolkit.</li> <li>• CHQ Child Health and Child Development services have partnered with Brisbane South Primary Health Network, Logan Together, Griffith University and other community partners to deliver the Thriving and On Track (TOTs) initiative. This program is delivered in Early Childhood Education Centres and community hubs across Logan and Inala, providing early developmental support to children and families.</li> <li>• Partnering with The Bryan Foundation, Department of Education, Metro South HHS and several community partners in the development of Kingston State School FamilyLinQ hub.</li> <li>• Statewide partnerships developed through the Connected Community Pathways Collaborative with the Queensland Health Reform team and other HHSs. The collaborative has included Child Development and Child Health, with a focus on sharing learnings, developing key outcome measures, workforce strategies and capacity building across the state to support care closer to home.</li> </ul>
<p><b>Perform at our best every time</b></p> <p>Sustainable and responsive healthcare</p>	<p>Improved waste management of (i) general waste, (ii) recycling and (iii) clinical waste (refer to CHQ's Environmental Sustainability Plan 2021-2024)</p> <p>Improved cost per WAU (weighted activity units)</p> <p>Increased planned care volumes per annum per clinical FTE in ambulatory care and elective surgery</p>	<p>7.0 kg/OBD 3.0 kg/OBD 2.0 kg/OBD</p> <p>2%/annum</p> <p>Annual uplift</p> <p>i) General waste – 5.77 kg/OBD from 6.223 kg/OBD in 2022-2023                  (ii) Recycling – 4.39 kg/OBD from 4.86 kg/OBD in 2022-2023                  (iii) Clinical waste – 1.64 kg/OBD from 1.924 kg/OBD in 2022-2023</p> <p>Cost per QWAW increased to \$6,416, compared to \$6,379 in 2022-2023</p> <p>Increased QWAW to sustainable FTE from 25.7 to 26.8</p>

## 3.2 Service standards

Children's Health Queensland Hospital and Health Service	2023–2024 Target	2023–2024 Actual
<b>Effectiveness measures</b>		
Percentage of emergency department patients seen within recommended timeframes		
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	<p>100%</p> <p>80%</p> <p>75%</p> <p>70%</p> <p>70%</p>	<p>100%</p> <p>88%</p> <p>74%</p> <p>82%</p> <p>95%</p>
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	65%
Percentage of elective surgery patients treated within the clinically recommended times		
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>1</sup></li> <li>Category 3 (365 days)<sup>1</sup></li> </ul>	<p>&gt;98%</p> <p>..</p> <p>..</p>	<p>99%</p> <p>72%</p> <p>78%</p>
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>2</sup>	≤1.0	1.6
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit <sup>3,4</sup>	>65%	62.3%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>4</sup>	<12%	10.6%
Percentage of specialist outpatients waiting within clinically recommended times <sup>5</sup>		
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>6</sup></li> <li>Category 3 (365 days)<sup>6</sup></li> </ul>	<p>98%</p> <p>..</p> <p>..</p>	<p>56%</p> <p>48%</p> <p>86%</p>
Percentage of specialist outpatients seen within clinically recommended times		
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>6</sup></li> <li>Category 3 (365 days)<sup>6</sup></li> </ul>	<p>98%</p> <p>..</p> <p>..</p>	<p>77%</p> <p>36%</p> <p>61%</p>
Median wait time for treatment in emergency departments (minutes) <sup>7</sup>	..	14
Median wait time for elective surgery treatment (days)	..	56
<b>Efficiency measure</b>		
Average cost per weighted activity unit for Activity Based Funding facilities <sup>8</sup>	\$5,700	\$6,416
<b>Other measures</b>		

Children's Health Queensland Hospital and Health Service	2023–2024 Target	2023–2024 Actual
Number of elective surgery patients treated within clinically recommended times		
• Category 1 (30 days)	1,858	1,884
• Category 2 (90 days) <sup>1</sup>	..	3,592
• Category 3 (365 days) <sup>1</sup>	..	1,790
Number of Telehealth outpatients service events <sup>9</sup>	16,689	15,286
Total weighted activity units (WAU) <sup>10</sup>		
• Acute Inpatients		
• Outpatients	69,801	66,917
• Sub-acute	16,675	22,423
• Emergency Department	2,742	1,526
• Mental Health	9,269	8,869
• Prevention and Primary Care	4,425	3,344
Ambulatory mental health service contact duration (hours) <sup>4</sup>	>65,767	57,449
Staffing <sup>11</sup>	4,100	4,266

1 Treated in time performance Targets for category 2 and 3 patients are not applicable for 2023–2024 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–2025.

2 *Staphylococcus aureus* (including MRSA) bloodstream (SAB) infections 2023–2024 Actual rate is based on data from 1 July 2023 to 31 March 2024 as at 14 May 2024.

3 Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders.

4 Mental Health data is as at 19 August 2024.

5 Waiting within clinically recommended time is a point in time performance measure. 2023–2024 Actual is as at 1 July 2024.

6 Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the targets for category 2 and 3 patients are not applicable.

7 There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

8 Cost per WAU is reported in QWAU Phase Q26 and is based on data available on 19 August 2024. 2023–2024 Actual includes in-year funding, e.g. Cost of Living Allowance (COLA), Enterprise Bargaining uplift, Special Pandemic Leave payment, and additional funding for new initiatives.

9 Telehealth 2023–2024 Actual is as at 20 August 2024.

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

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. 2023–2024 Actual is for pay period ending 23 June 2024.

## 3.3 Chief Finance Officer's report

### Summary

This financial summary provides an overview of Children's Health Queensland's financial results for 2023–2024. In addition, a comprehensive set of financial statements covering the organisation's activities is provided in this report (refer page 43).

The organisation recorded an operating surplus of \$10,990 million for the 2023-2024 financial year. This result was driven by sustained improvements and benefits realised from the Sustainable Care Program which has seen improvements to CHQ's relative service efficiency, as well as non-recurrent

benefits from the full activity-based funding recognition for very complex long stay patients that were discharged in the early part of the 2023-24 financial year whilst the majority of service costs were incurred the prior financial year. In addition, Non-Operating Trust and Research Funds also contributed to the surplus largely due to increased grant funding for paediatric clinical research programs and clinical trials.

Table 9 summarises the key financial results of the organisation's operations for the past three financial years:

**Table 9: Key financial results of Children's Health Queensland's operations**

	2023-2024 \$'000	2022-2023 \$'000	2021-2022 \$'000
<b>Financial performance</b>			
Total income	1,063,028	996,347	919,122
Total expenses	1,052,099	991,444	933,261
<b>Operating result</b>	<b>10,990</b>	<b>4,903</b>	<b>(14,139)</b>
<b>Financial position</b>			
Current assets	94,431	85,905	53,150
Non-current assets	1,245,658	1,200,009	1,156,266
<b>Total assets</b>	<b>1,340,089</b>	<b>1,285,914</b>	<b>1,209,416</b>
Current liabilities	93,195	99,720	68,464
<b>Total liabilities</b>	<b>93,195</b>	<b>99,720</b>	<b>68,464</b>
<b>Total equity</b>	<b>1,246,894</b>	<b>1,186,194</b>	<b>1,140,952</b>
<b>Ratios</b>			
Current ratio <sup>(a)</sup>	1.0	0.9	0.8
Equity <sup>(b)</sup>	0.93	0.92	0.94

Notes:

(a) Current assets divided by current liabilities

(b) Total equity divided by total assets

## Financial performance

### Income

Children's Health Queensland's income from all funding sources was \$1.063 billion, a total increase of \$66.742 million or seven per cent from the previous year (refer to Section B1 of the Financial Statements for additional information).

This was mainly attributable to:

- an increase in health service funding received through funding amendments to the Service Agreement between Children's Health Queensland and the Department of Health. This additional funding was primarily to cover employee Enterprise Bargaining increases.
- an increase in own source revenue which was mostly driven by an increase in Pharmaceutical Benefits Scheme (PBS) revenue for the Zolgensma drug which is 100 per cent PBS reimbursable and approximately \$2.6 million per dose. This is offset by a corresponding variance in drugs expenditure.

**Table 10: Income by source 2023-2024**

Health service funding	89%
User charge and fees	9%
Grants and other income	1%

### Expenses

Total expenses for 2023-24 increased by \$60.655 million or six per cent to \$1.052 billion (refer to Section B2 of the Financial Statements for additional information).

This was primarily attributable to:

- an increase in employee and health service employees' expenses, mainly due to funded Enterprise Bargaining (EB) increases across all labour streams and an increase in costs aligned to programs funded via periodic Service Agreement amendments
- an increase in drugs expense for the Zolgensma drug which is 100 per cent PBS reimbursable and approximately \$2.6 million per dose. This is offset by a corresponding variance in PBS revenue
- an increase in computer expenses due to a statewide change to reallocate the costs and associated funding for the Integrated Electronic Medical Record (ieMR) charged to each HHS rather than maintaining within eHealth Queensland.

**Table 11: Expenditure summary 2023-2024**

Workforce costs	67%
Supplies and services expenses	26%
Depreciation and amortisation	7%

### How the money was spent

The majority of Children's Health Queensland's actual expenditure in 2023-2024 was incurred on acute hospital services, accounting for 58 per cent of total spending. Community-based health services accounted for 16 per cent of total expenditure while corporate and infrastructure services' costs (including depreciation) were 23 per cent. The remaining three per cent related to strategic projects (mainly digitally focused to enable health service improvements), non-operating research and trust activities.

### Deferred maintenance

Deferred maintenance is a common building maintenance strategy used by public and private sector industries (also referred to as backlog or anticipated maintenance). All Hospital and Health Services (HHSs) are required to comply with the *Queensland Government Building Policy Framework – Growth and Renewal and Building Policy Guideline* which requires the reporting of deferred maintenance and development of an *Asset Management and Maintenance Plan (AMMP)* which documents what asset management principles are in place across the asset life cycle to maintain the required service levels to achieve optimum health service outcomes. The AMMP forms part of the Strategic Asset Management Planning (SAMP) documents including five-year lifecycle replacement planning.

The Building Policy Guideline defines deferred maintenance as all maintenance work that has not been conducted within a financial year and is deemed necessary to bring the condition of the building to a required standard or acceptable level of risk. Deferred maintenance is the maintenance work that is postponed to a future budget cycle, or until funds become available. It excludes work earmarked in anticipation of a level of deterioration that did not occur (e.g., forecast repainting).

The AMMP identifies the current and future maintenance strategies that ensure that Children's Health Queensland facilities and buildings are maintained to an appropriate state supporting contemporary clinical service delivery that assures compliance. This framework requires reporting of deferred maintenance which is defined as maintenance necessary to prevent the deterioration of an asset or its function but has not been carried out. 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 at 30 June 2024, Children's Health Queensland had reported deferred maintenance funded and unfunded, totaling \$62.144 million (up from the previous year \$33.820 million reflecting the age of major hospital building assets). Children's Health Queensland spent \$18.798 million on maintaining hospital and healthcare assets in 2023-2024. Children's Health Queensland undertakes systematic reviews to identify individual deferred maintenance tasks and prioritise corrective action from available capital or operational funding sources.



## Total assets

Total assets increased by \$54.175 million or four per cent during the year to \$1.340 billion. Property, plant, and equipment are the predominant asset class comprising the Queensland Children's Hospital and associated infrastructure.

The net increase in total assets primarily reflects:

- net valuation increments of \$110.604 million for land and building assets, offset by depreciation and amortisation charges amounting to \$76.784 million
- total current assets increased by \$8.526 million mainly due to increased cash and cash equivalents
- property, plant, equipment, and intangible asset acquisitions of \$11.841 million.

## Total equity

Total equity is at \$1.247 billion, an increase of \$60.700 million from the previous year. This reflects an increase in the asset revaluation reserve and accumulated surplus balance, offset by a reduced contributed equity balance.

## Outlook

In 2024-2025 Children's Health Queensland will continue to deliver quality frontline and statewide paediatric health services that strengthen the public health system and contribute to safe, caring and connected communities.

Delivering sustainable futures through high-value care, innovation, and transformation is a strategic priority of Children's Health Queensland. Accordingly, the Board and Executive are committed to investing in services within available funds, delivering productivity and efficiency improvements and managing financial risks and challenges as they are identified.

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# Section 4: Financial Statements

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## Statement of Comprehensive Income

Operating result	Note	2024 \$'000	2023 \$'000
<b>Income from continuing operations</b>			
Health services funding	B1.1	946,426	891,767
User charges and fees	B1.2	93,132	79,957
Grants and other contributions	B1.3	10,859	13,070
Other revenue	B1.4	12,611	11,540
<b>Total revenue</b>		<b>1,063,028</b>	<b>996,334</b>
Gains on disposal / revaluation of assets		61	13
<b>Total income from continuing operations</b>		<b>1,063,089</b>	<b>996,347</b>
<b>Expenses from continuing operations</b>			
Employee expenses	B2.1	154,314	139,245
Health service employee expenses	B2.2	555,432	535,614
Supplies and services	B2.3	250,816	232,892
Grants		5,335	3,333
Depreciation and amortisation	C4/C5	76,784	71,482
Losses on disposal		32	6
Other expenses	B2.4	9,386	8,872
<b>Total expenses from continuing operations</b>		<b>1,052,099</b>	<b>991,444</b>
<b>Total operating result from continuing operations</b>		<b>10,990</b>	<b>4,903</b>
<b>Other comprehensive income</b>			
Items that will not be reclassified to operating result:			
- Increase in asset revaluation surplus	C8.2	110,604	95,900
<b>Total other comprehensive income</b>		<b>110,604</b>	<b>95,900</b>
<b>Total comprehensive income</b>		<b>121,594</b>	<b>100,803</b>

The accompanying notes form part of these financial statements.

## Statement of Financial Position

	Note	2024 \$'000	2023 \$'000
<b>Current assets</b>			
Cash and cash equivalents	C1	63,127	48,337
Receivables	C2	12,028	11,002
Inventories		7,403	7,757
Other current assets	C3	11,873	18,809
<b>Total current assets</b>		<b>94,431</b>	<b>85,905</b>
<b>Non-current assets</b>			
Property, plant and equipment	C4	1,240,068	1,193,881
Right-of-use assets		22	34
Intangible assets	C5	5,568	6,094
<b>Total non-current assets</b>		<b>1,245,658</b>	<b>1,200,009</b>
<b>Total assets</b>		<b>1,340,089</b>	<b>1,285,914</b>
<b>Current liabilities</b>			
Payables	C6	85,165	89,368
Employee benefits	C7	3,483	9,166
Contract liabilities		4,547	1,186
<b>Total current liabilities</b>		<b>93,195</b>	<b>99,720</b>
<b>Total liabilities</b>		<b>93,195</b>	<b>99,720</b>
<b>Net assets</b>		<b>1,246,894</b>	<b>1,186,194</b>
<b>Equity</b>			
Contributed equity	C8.1	860,586	921,480
Accumulated surplus		46,517	35,527
Asset revaluation surplus	C8.2	339,791	229,187
<b>Total equity</b>		<b>1,246,894</b>	<b>1,186,194</b>

The accompanying notes form part of these financial statements.

## Statement of Changes in Equity

	Accumulated Surplus	Asset Revaluation Surplus	Contributed Equity	Total
Note	\$'000	\$'000	\$'000	\$'000
Balance as at 1 July 2023	35,527	229,187	921,480	1,186,194
Operating result for the year	10,990	-	-	10,990
<i>Other comprehensive income:</i>				
- Increase in asset revaluation surplus	-	110,604	-	110,604
<i>Total comprehensive income for the year</i>	10,990	110,604	-	121,594
<i>Transactions with owners as owners:</i>				
- Equity injections for capital funding	-	-	15,892	15,892
- Equity withdrawals for non-cash depreciation and amortisation funding	-	-	(76,784)	(76,784)
- Asset transfers	-	-	(2)	(2)
<i>Net transactions with owners as owners</i>	-	-	(60,894)	(60,894)
<b>Balance as at 30 June 2024</b>	<b>46,517</b>	<b>339,791</b>	<b>860,586</b>	<b>1,246,894</b>
Balance as at 1 July 2022	30,624	133,287	977,041	1,140,952
Operating result for the year	4,903	-	-	4,903
<i>Other comprehensive income:</i>				
- Increase in asset revaluation surplus	-	95,900	-	95,900
<i>Total comprehensive income for the year</i>	4,903	95,900	-	100,803
<i>Transactions with owners as owners:</i>				
- Equity injections for capital funding	-	-	15,529	15,529
- Equity withdrawals for non-cash depreciation and amortisation funding	-	-	(71,482)	(71,482)
- Asset transfers	-	-	392	392
<i>Net transactions with owners as owners</i>	-	-	(55,561)	(55,561)
<b>Balance as at 30 June 2023</b>	<b>35,527</b>	<b>229,187</b>	<b>921,480</b>	<b>1,186,194</b>

The accompanying notes form part of these financial statements.

## Statement of Cash Flows

	Note	2024 \$'000	2023 \$'000
<b>Cash flows from operating activities</b>			
<i>Inflows:</i>			
Health services funding		882,639	816,346
User charges and fees		89,478	78,964
Grants and other contributions		4,965	6,703
Interest receipts		378	222
GST collected from customers		2,093	2,146
GST input tax credits from ATO		16,839	14,038
Other		13,235	13,362
<i>Outflows:</i>			
Employee expenses		(129,955)	(131,045)
Health service employee costs		(596,046)	(516,028)
Supplies and services		(238,720)	(223,609)
Grants		(4,420)	(3,409)
GST paid to suppliers		(16,911)	(14,178)
GST remitted to ATO		(2,224)	(2,010)
Other		(10,483)	(10,294)
<b>Net cash provided by operating activities</b>		<b>10,868</b>	<b>31,208</b>
<b>Cash flows from investing activities</b>			
<i>Inflows:</i>			
Sales of property, plant and equipment		61	19
<i>Outflows:</i>			
Payments for property, plant and equipment		(11,721)	(18,167)
Payments for intangibles		(120)	(778)
<b>Net cash used in investing activities</b>		<b>(11,780)</b>	<b>(18,926)</b>
<b>Cash flows from financing activities</b>			
<i>Inflows:</i>			
Equity injections		15,713	15,529
<i>Outflows:</i>			
Lease payments		(11)	(11)
<b>Net cash provided by financing activities</b>		<b>15,702</b>	<b>15,518</b>
<b>Net increase in cash and cash equivalents</b>		<b>14,790</b>	<b>27,800</b>
Cash and cash equivalents at beginning of the year		48,337	20,537
<b>Cash and cash equivalents at end of the year</b>	C1	<b>63,127</b>	<b>48,337</b>



## Notes to the Statement of Cash Flows

### Reconciliation of operating result to net cash from operating activities

	<b>2024</b>	<b>2023</b>
	<b>\$'000</b>	<b>\$'000</b>
Operating result for the year	10,990	4,903
<i>Non-cash items included in operating result:</i>		
Depreciation and amortisation expense	76,784	71,482
Depreciation and amortisation funding	(76,784)	(71,482)
Trade receivable impairment losses	443	275
Inventory written off	33	97
Bad debts written off	458	266
Donations of plant and equipment	(22)	-
Gains on disposal of property, plant and equipment	(61)	(13)
Losses on disposal of property, plant and equipment	32	6
<i>Changes in assets and liabilities:</i>		
(Increase)/decrease in receivables	(1,927)	(1,583)
(Increase)/decrease in inventories	321	(966)
(Increase)/decrease in other current assets	7,115	(3,044)
Increase/(decrease) in payables	(4,192)	25,260
Increase/(decrease) in employee benefits	(5,683)	7,150
Increase/(decrease) in contract liabilities	3,361	(1,143)
<b>Net cash provided by operating activities</b>	<b>10,868</b>	<b>31,208</b>

## Section A Basis of financial statements preparation

### A1 General information

Children's Health Queensland Hospital and Health Service (Children's Health Queensland) is a not-for-profit statutory body established on 1 July 2012 under the *Hospital and Health Board Act 2011*. Children's Health Queensland is controlled by the State of Queensland which is the ultimate parent.

The principal address of Children's Health Queensland is:

Queensland Children's Hospital  
Level 7, 501 Stanley Street  
South Brisbane, QLD, 4101

For information in relation to Children's Health Queensland's financial statements, email [CHQ\\_Comms@health.qld.gov.au](mailto:CHQ_Comms@health.qld.gov.au) or visit the website at: <https://www.childrens.health.qld.gov.au>.

### A2 Objectives and principal activities

A description of the nature, objectives and principal activities of Children's Health Queensland is included in the Annual Report.

### A3 Statement of compliance

These general purpose financial statements have been prepared pursuant to Section 62(1) of the *Financial Accountability Act 2009*, relevant sections of the *Financial and Performance Management Standard 2019* and other prescribed requirements. The financial statements are general purpose financial statements and have been 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. In addition, the financial statements comply with Queensland Treasury's Minimum Reporting Requirements for reporting periods beginning on or after 1 July 2023 and other authoritative pronouncements.

## A4 Presentation details

### **Rounding and comparatives**

Amounts included in the financial statements are in Australian dollars and have been rounded to the nearest \$1,000 or where the amount is less than \$500, to zero unless the 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.

### **Current/non-current classification**

Assets and liabilities are classified as either current or non-current in the Statement of Financial Position and associated notes.

Assets are classified as current where their carrying amount is expected to be realised within 12 months after the reporting date.

Liabilities are classified as current when they are due to be settled within 12 months after the reporting date, or there are no unconditional right to defer settlement to beyond 12 months after the reporting date.

All other assets and liabilities are classified as non-current.

## A5 Authorisation of financial statements for issue

The financial statements are authorised for issue by the Hospital and Health Board Chair and the Health Service Chief Executive at the date of signing the Management Certificate.

## A6 Basis of measurement

### **Historical cost**

The historical cost convention is used as the measurement basis except where stated. Under historical cost, assets are recorded at the amount of cash or cash equivalents paid or the fair value of the consideration given to acquire assets at the time of their acquisition. Liabilities are recorded at the amount of proceeds received in exchange for the obligation or at the amount of cash or cash equivalents expected to be paid to satisfy the liability in the normal course of business.

### **Fair value**

The fair value convention is used as the measurement basis for property, plant and equipment and is further explained in Note D1.

### **Net realisable value**

Children's Health Queensland's inventories are measured using the lower of cost or net realisable value measurement. Net realisable value represents the amount of cash or cash equivalents that could currently be obtained by selling an asset in an orderly disposal.

## A7 The reporting entity

The financial statements include the value of all income, expenses, assets, liabilities and equity of Children's Health Queensland.

## Section B Notes about our financial performance

### B1 Revenue

#### B1.1 Health services funding

	<b>2024</b>	<b>2023</b>
	<b>\$'000</b>	<b>\$'000</b>
Activity-based funding	608,080	529,767
Block funding	136,996	134,735
Depreciation	76,784	71,482
Other funding	124,566	155,783
<b>Total</b>	<b>946,426</b>	<b>891,767</b>

Health services funding mainly comprises funding from the Department of Health for specific public health services purchased in accordance with a service agreement. The service agreement is reviewed periodically and updated for changes in activities and funding of services. The Department of Health receives its revenue for funding from the Queensland and Commonwealth Governments.

#### **Activity-based funding**

Ordinarily, activity-based funding is recognised as public health services are delivered. At the end of the financial year, an agreed technical adjustment between the Department of Health and Children's Health Queensland may be required for the level of services performed above or below the agreed levels, which may result in a receivable or unearned revenue. This technical adjustment process is undertaken annually according to the provisions of the service agreement and ensures that the revenue recognised in each financial year reflects Children's Health Queensland's delivery of health services.

#### **Block funding**

Block funding is received for services agreed in the service agreement. Block funding does not have sufficiently specific performance obligations whereby Children’s Health Queensland can determine and assign transaction prices. Accordingly, it is recognised as revenue on receipt.

#### **Depreciation**

State funding includes a non-cash appropriation for depreciation and amortisation and is disclosed in the Statement of Changes in Equity as an equity withdrawal.

#### **Other funding**

Other funding includes funding for specific programs, as per the service agreement with the Department of Health, which are not classified as activity-based or block funding. Recognition of revenue is dependant on the specific performance obligations attached to each funding sub-type. Funding with sufficiently specific obligations, are recognised over time as the services/goods are provided and obligations met. Where the obligations are not sufficiently specific, revenue is recognised as it is received.

## B1.2 User charges and fees

	<b>2024</b>	<b>2023</b>
	<b>\$'000</b>	<b>\$'000</b>
Hospital fees	28,899	22,741
Sale of goods and services	62,362	55,456
Rental revenue	1,871	1,760
<b>Total</b>	<b>93,132</b>	<b>79,957</b>

User charges and fees from contracts with customers is recognised as revenue when the performance obligations are satisfied and can be measured reliably with a sufficient degree of certainty. This involves either invoicing for related goods and services and/or the recognition of accrued revenue.

Hospital fees include inpatient, outpatient and medical ineligible patient fees.

The sale of goods and services includes reimbursement of medication costs in accordance with the Pharmaceutical Benefit Scheme (PBS) with revenue recognised when medications are dispensed to patients and claims lodged for co-payments through the PBS arrangement. It also includes research programs and other medical services provided to other hospital and health services, the Department of Health and other organisations.

Rental revenue is recognised on a periodic straight-line basis over the lease term.

## B1.3 Grants and other contributions

Grants	3,497	6,114
Donations	343	170
Services received below fair value	7,019	6,786
<b>Total</b>	<b>10,859</b>	<b>13,070</b>

### Services received below fair value

Children’s Health Queensland has entered into a number of arrangements with the Department of Health where services are provided for no consideration. These include payroll services, accounts payable services and finance transactional services for which the fair value is reliably estimated and recognised as a revenue contribution and an equivalent expense (Note B2.3). The fair value of additional services provided such as taxation services, supply services and information technology services are unable to be reliably estimated and not recognised.

## B1.4 Other revenue

Recoveries	11,307	8,415
Interest income	385	240
Other	919	2,885
<b>Total</b>	<b>12,611</b>	<b>11,540</b>

### Recoveries

Recoveries mainly include revenue recoveries from the Department of Health for non-capital projects in accordance with project agreements.

## B2 Expenses

### B2.1 Employee expenses

	Note	2024 \$'000	2023 \$'000
Wages and salaries		121,626	109,977
Board member fees		531	502
Employer superannuation contributions		8,729	9,055
Annual leave levy		15,400	13,474
Long service leave levy		3,111	2,766
Other employee related expenses		4,917	3,471
<b>Total</b>		<b>154,314</b>	<b>139,245</b>
Number of employees at end of the year	B2.2	284	271

The number of employees (rounded to the nearest whole number) represents full-time or part-time staff, measured on a full-time equivalent basis reflecting Minimum Obligatory Human Resource Information as at 30 June 2024. Members of the Board, operational service contractors and volunteers are not included in this total. Key management personnel and remuneration disclosures are detailed in Note G1.

### B2.2 Health service employee expenses

Health service employee expenses	555,432	535,614
<b>Total</b>	<b>555,432</b>	<b>535,614</b>
Number of health services employees at end of the year	3,980	3,831

Under the current employment arrangements, the Department of Health is the employer of all non-executive health service employees. A non-executive health service employee is any employee who is not a Senior Health Service employee (including Senior Medical Officers and Visiting Medical Officers) or a member of the Health Service Executive.

As at 30 June 2024, the \$555.432 million represents the employee costs for the 3,980 Department of Health employees working for Children’s Health Queensland. The \$154.314 million figure recorded in Note B2.1 represents the employee costs for the 284 Children’s Health Queensland employees. The total number of employees and health service employees as at 30 June 2024 is 4,264 (2023: 4,102).

Under these employment arrangements, the Department of Health enables Children’s Health Queensland to perform its functions and exercise powers under the *Hospital and Health Boards Act 2011* and to ensure delivery of the services prescribed in the Service Agreement. The arrangement operates as follows:

- The Department of Health provides non-executive employees to perform work for Children’s Health Queensland and the Queensland health system, acknowledging and accepting its obligations as the employer of the Queensland Health employees.
- Children’s Health Queensland is responsible for the day-to-day workforce management.
- Children’s Health Queensland reimburses the Department of Health for the salaries and on-costs of non-executive employees.

### B2.3 Supplies and services

	Note	2024 \$'000	2023 \$'000
Clinical supplies and services		61,974	64,974
Consultants and contractors - clinical		6,412	3,869
Consultants and contractors - non-clinical		23,229	18,170
Pharmaceuticals		51,768	50,557
Catering and domestic supplies		16,228	15,176
Communications		4,224	4,002
Repairs and maintenance		18,798	18,596
Computer services		21,633	16,326
Building utilities		20,062	19,045
Rental agreements		6,270	5,962
Patient travel		1,238	1,182
Other travel		2,264	1,677
Office supplies		1,719	1,518
Minor works and equipment		4,214	1,584
Services received below fair value	B1.3	7,019	6,786
Other		3,764	3,468
<b>Total</b>		<b>250,816</b>	<b>232,892</b>

### B2.4 Other expenses

External audit fees		196	187
Other audit fees		261	173
Inventory written off		33	97
Bad debts written off		458	266
Transfer to allowance for impairment of receivables	C2	504	360
Legal costs		788	622
Insurance		7,043	7,109
Special payments		20	5
Other		83	53
<b>Total</b>		<b>9,386</b>	<b>8,872</b>

#### External audit fees

Total audit fees paid or payable to the Queensland Audit Office (QAO) relating to the 2023-24 financial year are \$195,800 (2023: \$186,550). There were no non-audit services provided by the QAO during the period.

#### Insurance premiums

Property and general losses are insured through the Queensland Government Insurance Fund (QGIF) under the Department of Health's insurance policy with a maximum exposure of \$10,000. Health litigation payments and associated legal fees are also insured through QGIF and the maximum exposure to Children's Health Queensland under this policy is limited to \$20,000 for each insurable event. Premiums are calculated by QGIF on a risk assessed basis. Children's Health Queensland also maintains separate Directors and Officers liability insurance.

#### Special payments

Special payments relate to ex-gratia expenditure that is not contractually or legally obligated to be made to other parties. In compliance with the *Financial and Performance Management Standard 2019*, Children's Health Queensland maintains a register setting out details of all special payments greater than \$5,000. There is one ex-gratia payment exceeding \$5,000 during the year. This was a co-contribution towards a complex medical procedure performed externally to support the discharge and management of a patient.

## Section C Notes about our financial position

### C1 Cash and cash equivalents

	<b>2024</b>	<b>2023</b>
	<b>\$'000</b>	<b>\$'000</b>
Imprest accounts	11	12
Cash at bank and on hand	55,699	41,964
Cash on deposit	7,417	6,361
<b>Total</b>	<b>63,127</b>	<b>48,337</b>

Cash assets include all cash on hand and in banks, cheques receipted but not banked at the reporting date and at call deposits.

Children’s Health Queensland bank accounts are grouped within the whole-of-government set-off arrangement with the Commonwealth Bank of Australia. As a result, Children’s Health Queensland does not earn interest on surplus funds and is not charged interest or fees for accessing its approved cash debit facility.

Cash on deposit relates to General Trust Fund monies which are not grouped within the whole-of-government set-off arrangement and are able to be invested and earn interest. Cash on deposit with the Queensland Treasury Corporation earned interest at an annual effective rate of 4.82 per cent (2023: 4.23 per cent).

### C2 Receivables

Trade debtors	12,199	10,933
Less: allowance for impairment loss	(1,675)	(1,232)
	10,524	9,701
GST receivable	1,724	1,652
GST payable	(220)	(351)
	1,504	1,301
<b>Total</b>	<b>12,028</b>	<b>11,002</b>

#### Receivables

Trade debtors are recognised at the agreed purchase or contract price due at the time of sale or service delivery. Settlement of these amounts is required within 30 days from invoice date. The collectability of receivables is assessed on a monthly basis. All known bad debts are written off as at 30 June 2024.



## C2 Receivables (continued)

### Ageing trade debtors position

2024	Gross	Loss	Expected	Net
Trade debtors	\$'000	rate	credit	\$'000
		%	losses	
			\$'000	\$'000
Not yet due	3,564	1.21%	(43)	3,521
Less than 30 days	2,859	1.54%	(44)	2,815
30 - 60 days	1,196	3.18%	(38)	1,158
61 - 90 days	916	8.95%	(82)	834
More than 90 days	3,664	40.08%	(1,468)	2,196
<b>Total</b>	<b>12,199</b>		<b>(1,675)</b>	<b>10,524</b>
<b>2023</b>				
Not yet due	5,298	1.21%	(64)	5,234
Less than 30 days	1,763	3.91%	(69)	1,694
30 - 60 days	1,032	7.75%	(80)	952
61 - 90 days	828	13.53%	(112)	716
More than 90 days	2,012	45.08%	(907)	1,105
<b>Total</b>	<b>10,933</b>		<b>(1,232)</b>	<b>9,701</b>

Movement in allowance for impairment of trade debtors	2024	2023
	\$'000	\$'000
Opening balance	1,232	957
Amounts written off during the year	(61)	(85)
Increase in allowance recognised in operating result	504	360
<b>Closing balance</b>	<b>1,675</b>	<b>1,232</b>

### Impairment of receivables

The loss allowance for trade debtors (excluding inter-government agency receivables) reflects lifetime expected credit losses and incorporates reasonable and supportable forward-looking information. Children's Health Queensland assesses if there is objective evidence that receivables are impaired or uncollectible on a monthly basis. Objective evidence includes financial difficulties of the debtor, the class of debtor or delinquency in payments. After an appropriate range of debt recovery actions are undertaken, if the amount becomes uncollectible it is written off.

Debts representing inter-government agency receivables are expected to have an insignificant level of credit risk exposure and therefore are excluded from any loss allowance.

### C3 Other current assets

	<b>2024</b>	<b>2023</b>
	<b>\$'000</b>	<b>\$'000</b>
Contract assets		
- Contracted health services	2,784	8,444
- Others	5,745	7,418
Prepayments	3,344	2,947
<b>Total</b>	<b>11,873</b>	<b>18,809</b>

#### **Contract assets**

Contract assets arise from contracts with customers and are transferred to receivables when Children’s Health Queensland’s right to payment becomes unconditional. This occurs when the invoice is issued to the customer.

## C4 Property, plant and equipment

	<b>2024</b>	<b>2023</b>
	<b>\$'000</b>	<b>\$'000</b>
Land at fair value:	102,254	96,914
Buildings:		
At fair value	1,852,145	1,655,623
Less: accumulated depreciation	<u>(760,461)</u>	<u>(604,250)</u>
	1,091,684	1,051,373
Heritage and cultural assets at fair value:	1,187	1,175
Plant and equipment:		
At cost	105,311	103,670
Less: accumulated depreciation	<u>(67,821)</u>	<u>(65,708)</u>
	37,490	37,962
Capital works in progress at cost:	7,453	6,457
<b>Total</b>	<b><u>1,240,068</u></b>	<b><u>1,193,881</u></b>

### C4.1 Property, plant and equipment reconciliation

	Land (Level 2)	Buildings (Level 2)	Buildings (Level 3)	Heritage and cultural	Plant and equipment	Work in progress	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2023	96,914	575	1,050,798	1,175	37,962	6,457	1,193,881
Acquisitions	-	-	-	12	6,022	5,687	11,721
Donations	-	-	-	-	22	-	22
Disposals	-	-	-	-	(32)	-	(32)
Net revaluation increments	5,340	-	105,264	-	-	-	110,604
Transfers to other HHS	-	-	-	-	(2)	-	(2)
Transfers between asset classes	-	301	3,869	-	521	(4,691)	-
Depreciation for the year	-	(26)	(69,097)	-	(7,003)	-	(76,126)
<b>Balance at 30 June 2024</b>	<b>102,254</b>	<b>850</b>	<b>1,090,834</b>	<b>1,187</b>	<b>37,490</b>	<b>7,453</b>	<b>1,240,068</b>
Balance at 1 July 2022	82,099	599	1,026,157	1,175	34,458	5,886	1,150,374
Acquisitions	-	-	-	-	10,114	8,053	18,167
Disposals	-	-	-	-	(12)	-	(12)
Net revaluation increments	14,815	-	81,085	-	-	-	95,900
De-recognition	-	-	-	-	-	(56)	(56)
Transfers from DoH/Other HHS	-	-	-	-	392	-	392
Transfers between asset classes	-	-	6,873	-	553	(7,426)	-
Depreciation for the year	-	(24)	(63,317)	-	(7,543)	-	(70,884)
<b>Balance at 30 June 2023</b>	<b>96,914</b>	<b>575</b>	<b>1,050,798</b>	<b>1,175</b>	<b>37,962</b>	<b>6,457</b>	<b>1,193,881</b>

## **C4.2 Property, plant and equipment accounting policies**

### ***(a) Recognition thresholds***

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

Land	\$1
Buildings	\$10,000
Heritage and cultural assets	\$5,000
Plant and equipment	\$5,000

Items with a lesser value are expensed in the year of acquisition.

Children’s Health Queensland has an annual maintenance program for its plant and equipment and infrastructure assets. Expenditure is only capitalised if it increases the service potential or useful life of the existing asset. Maintenance expenditure that merely restores original service potential (arising from ordinary wear and tear) is expensed.

Land improvements undertaken by Children’s Health Queensland are included within the buildings asset class.

### ***(b) Acquisition***

Property, plant and equipment are initially recorded at consideration plus any other costs incidental to the acquisition, including all other costs directly incurred in bringing the asset ready for use. Separately identified components of significant value are measured on the same basis as the assets to which they relate.

Where assets are acquired for no consideration from another Queensland Government entity, the acquisition cost is recognised as the gross carrying amount in the books of the transferor immediately prior to the transfer together with any accumulated depreciation.

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

### ***(c) Subsequent measurement***

Costs incurred subsequent to initial acquisition are capitalised when it is probable that future economic benefits, in excess of the originally assessed performance of the asset, will flow to the entity in future years. Costs that do not meet the criteria for capitalisation are expensed as incurred.

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

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

### ***(d) Depreciation***

Land and heritage and cultural assets are not depreciated as they have 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 over the estimated useful life. This is consistent with the even consumption of service potential of these assets over their useful life.

#### **C4.2 Property, plant and equipment accounting policies (continued)**

Assets under construction (work in progress) are not depreciated until they reach service delivery capacity or are ready for use.

For each class of depreciable assets, the range of estimated useful lives of the assets are as follows:

Buildings 13 to 74 years

Plant and equipment 2 to 38 years

Separately identifiable components of assets are depreciated according to the useful lives of each component.

The depreciable amount of improvements to or on leasehold buildings is allocated progressively over the shorter of the estimated useful lives of the improvements or the unexpired period of the lease. The unexpired period of leases includes any option period where exercise of the option is probable.

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

Management estimates the useful lives of property, plant and equipment based on expected period of time over which economic benefits from use of the asset will be derived. Management reviews useful life assumptions on an annual basis having given consideration to variables including historical and forecast usage rates, technological advancements and changes in legal and economic conditions.

For Children's Health Queensland'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.

##### **(e) Impairment**

All property, plant and equipment assets are 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. In accordance with AASB 13 Fair Value Measurement, the recoverable cost of buildings revalued under replacement cost methodology are deemed to be materially the same as their fair values.

If an indicator of impairment exists, Children's Health Queensland determines the asset's recoverable amount (higher of value in use and fair value less costs to sell). Any amount by which the asset's carrying amount exceeds the recoverable amount is considered an impairment loss.

For assets measured at cost, an impairment loss is recognised immediately in the Statement of Comprehensive Income, unless the asset is carried at a revalued amount. When the asset is measured at a revalued amount, the impairment loss is offset against the asset revaluation surplus of the relevant class to the extent available.

Impairment indicators were assessed in 2023-24 with no asset requiring an adjustment for impairment.

#### **C4.3 Property, plant and equipment valuation**

The fair value of land and buildings are assessed on an annual basis by independent professional valuers. Comprehensive revaluations are undertaken at least once every five years. 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. This requirement applies to the extent that either the valuation results wholly or partially from a change in the service potential/capacity of the asset or the application of an indexation method would not result in a materially correct estimation of fair value.

### **C4.3 Property, plant and equipment valuation (continued)**

In line with the above stated requirements, where assets have not been specifically appraised in the reporting period, previous valuations are materially kept up-to-date via the application of relevant indices. The valuers supply the indices used for the various types of assets. Such indices are either publicly available, or are derived from market information available to the valuer. The valuers provide assurance of their robustness, validity and appropriateness for application to the relevant assets.

Through this process, which is undertaken annually, Management assesses and confirms the relevance and suitability of indices provided by the valuer based on Children Health Queensland's particular circumstances.

Revaluation increments are 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 that 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.

#### **(a) Land**

Land is valued by the market approach, using the direct comparison method. Under this valuation technique, the assets are compared to recent comparable sales as the available market evidence. The valuation of land is determined by analysing the comparable sales and reflecting the shape, size, topography, location, zoning, any restrictions such as easements and volumetric titles and other relevant factors specific to the asset being valued. From the sales analysed, the valuer considers all characteristics of the land and may apply an appropriate rate per square metre to the subject asset.

All land was revalued by an independent professional valuer, Acumentis, using comprehensive and indexed valuation methods with an effective date of 30 June 2024. Management has assessed the valuations as appropriate and recognises the significant market volatility this financial year in line with broader market factors.

Restriction: Children's Health Queensland controls land subject to a legal restriction, being the land footprint for the Queensland Children's Hospital (QCH) with a fair value of \$66.912 million as at 30 June 2024. This land is subject to a Memorandum of Understanding and a Call Option to Buy Hospital between the State of Queensland (the State) represented by the Department of Health and Mater Misericordiae Limited (Mater), which provides for the granting of an option to Mater to acquire the footprint for consideration of \$1. Mater may exercise the option by notice in writing within 30 days after the earlier of the 60th anniversary of the opening of the QCH (29 November 2074), or the date when the State ceases to use QCH as a tertiary paediatric hospital. The State may, on or before the 60th anniversary of the opening of the hospital, exercise an option to extend the term to a date not less than 90 years from the opening date. However, Mater may then elect for the State to demolish the buildings on the footprint (at the cost of the State) prior to transferring the land to Mater. The asset has been recognised under the land asset class at fair value.

#### **(b) Buildings**

##### **Health service buildings**

Reflecting the specialised nature of health service buildings for which there is not an active market, fair value is determined using current replacement cost.

The methodology applied by the valuer is a financial simulation in lieu of a market based measurement as these assets are rarely bought and sold on the open market.

### **C4.3 Property, plant and equipment valuation (continued)**

A replacement cost is estimated by creating a cost plan (cost estimate) of the asset through the measurement of key quantities such as:

- Gross floor area/ building footprint
- Number of lifts and staircases
- Number of floors
- Height of the building
- Girth of the building
- Location

The model developed by the valuer creates an elemental cost plan using these quantities. It can apply to multiple building types and relies on the valuer's experience with construction costs.

The cost model is updated each year and tests are done to compare the model outputs on actual recent projects to ensure it produces a true representation of the cost of replacement. The costs are at Brisbane prices and published location indices are used to adjust the pricing to suit local market conditions.

The key assumption on the replacement cost is that the estimate is based on replacing the current function of the building with a building of the same form (size and shape). This assumption has a significant impact if an asset's function changes. The cost to bring to current standards is the estimated cost of refurbishing the asset to bring it to current standards. Adjustment to the replacement cost is then made to reflect the gross value of the building. The valuer in conjunction with Management have identified items of functional and economic obsolescence. These items have been costed and used to adjust the replacement cost to produce the gross value which reflects the replacement cost less any utility not present in the asset.

The gross value is then adjusted for physical obsolescence using a straight line adjustment using the asset capitalisation date (depreciation start date) and the estimated remaining useful life of each of the building elements. The valuer and Management agree on the estimated remaining useful life of each building element.

Estimates of remaining life are based on the assumption that the asset remains in its current function and will be maintained. No allowance has been provided for significant refurbishment works in the estimate of remaining life as any refurbishment should extend the life of the asset.

Children's Health Queensland has adopted the gross method of reporting comprehensively revalued assets. This method restates separately the gross amount and related accumulated depreciation of the assets comprising the class of revalued assets. Accumulated depreciation is restated in accordance with the independent advice of the valuers. The proportionate method has been applied to those assets that have been revalued by way of indexation.

All health service buildings were revalued by an independent professional valuer, AECOM, using comprehensive, desktop and indexed valuation methods with an effective date of 30 June 2024. Management has assessed the valuations as appropriate and recognises the significant market volatility this financial year in line with broader market factors. The outcome of the valuation resulted in an 9.5% increase in indexation rate for 2023-24 mainly due to rising construction costs. Management has received confirmation from the independent valuer that, at the reporting date, these factors have not had any material impact to the building asset values provided.

#### ***Commercial office building***

Children's Health Queensland owns a commercial office building that is valued under the income valuation approach. Such valuation technique capitalises the adjusted market net income to determine the fair value of the asset using readily available market data. The fair value measurement reflects current market expectations about these future amounts.

### **C4.3 Property, plant and equipment valuation (continued)**

Children's Health Queensland has adopted the net method of reporting this asset. This method eliminates accumulated depreciation and accumulated impairment losses against the gross amount of the asset prior to restating for the revaluation.

Management assesses that there is no cumulative material changes in the critical assumptions used since the last comprehensive valuation (30 June 2021) and as such no revaluation was undertaken during the year. Management has assessed that the carrying amount represents fair value.

#### ***(c) Plant and equipment***

Plant and equipment is measured at cost in accordance with Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector. The carrying amount for plant and equipment at cost does not materially differ from fair value.



## C5 Intangible assets

	<b>2024</b>	<b>2023</b>
	<b>\$'000</b>	<b>\$'000</b>
Developed software:		
At cost	8,811	8,700
Less: accumulated amortisation	(3,604)	(2,994)
	<u>5,207</u>	<u>5,706</u>
Purchased software:		
At cost	628	628
Less: accumulated amortisation	(567)	(531)
	<u>61</u>	<u>97</u>
Software work in progress:		
At cost	300	291
<b>Total intangible assets</b>	<u><b>5,568</b></u>	<u><b>6,094</b></u>

### Intangibles reconciliation

	<b>Developed software</b>	<b>Purchased software</b>	<b>Software work in progress</b>	<b>Total</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Balance at 1 July 2023	5,706	97	291	<b>6,094</b>
Acquisitions	-	-	120	<b>120</b>
Transfer between classes	111	-	(111)	-
Amortisation for the year	(610)	(36)	-	<b>(646)</b>
<b>Balance at 30 June 2024</b>	<u><b>5,207</b></u>	<u><b>61</b></u>	<u><b>300</b></u>	<u><b>5,568</b></u>
Balance at 1 July 2022	4,770	168	909	<b>5,847</b>
Acquisitions	-	-	778	<b>778</b>
Recognition	-	-	56	<b>56</b>
Transfer between classes	1,452	-	(1,452)	-
Amortisation for the year	(516)	(71)	-	<b>(587)</b>
<b>Balance at 30 June 2023</b>	<u><b>5,706</b></u>	<u><b>97</b></u>	<u><b>291</b></u>	<u><b>6,094</b></u>

An intangible asset is recognised only if its historical cost is equal to or greater than \$100,000. Items with a lesser cost are expensed. As there is no active market for any of the intangibles held by Children's Health Queensland, the assets are recognised and carried at cost less accumulated amortisation.

Software is amortised on a straight-line basis over the period in which the related benefits are expected to be realised. The useful life and amortisation method is reviewed annually and adjusted appropriately. The current estimated useful life for Children's Health Queensland software systems is 6 to 13 years.

Intangibles are assessed for indicators of impairment on an annual basis with no asset requiring an adjustment for impairment in 2023-24.

## C6 Payables

	Note	2024 \$'000	2023 \$'000
Trade creditors		39,335	34,904
Health services employee payables	B2.2	11,638	20,473
Lease liabilities		23	34
Other accrued payables		34,169	33,957
<b>Total</b>		<b>85,165</b>	<b>89,368</b>

Payables are recognised for amounts to be paid in the future for goods and services received. Payables are measured at the agreed purchase or contract price, gross of applicable trade and other discounts. The amounts owing are unsecured and generally settled on 30 day terms.

## C7 Employee benefits

Accrued salary, wages and related costs	3,415	9,007
Other	68	159
<b>Total</b>	<b>3,483</b>	<b>9,166</b>

### Accrued salary, wages and related costs

Salaries, wages and related costs due but unpaid at reporting date are recognised in the Statement of Financial Position at current salary rates. Unpaid entitlements are expected to be paid within 12 months and as such any liabilities are recognised at their undiscounted values.

As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

### Annual leave and long service leave

Under the Queensland Government’s Annual Leave Central Scheme and Long Service Leave Central Scheme, levies are payable by Children’s Health Queensland to cover the cost of employees’ annual leave (including leave loading and on-costs) and long service leave. No provisions for long service leave or annual leave are recognised in Children’s Health Queensland’s financial statements as the provisions for these schemes are reported on a whole-of-government basis pursuant to AASB 1049 Whole-of-Government and General Government Sector Financial Reporting. These levies are expensed in the period in which they are payable. Amounts paid to employees for annual leave and long service leave are claimed from the schemes quarterly in arrears.

### Superannuation

Employer superannuation contributions relating to employees and Board members are expensed in the period in which they are paid or payable. Children’s Health Queensland’s obligation is limited to its contributions to the respective superannuation funds.

### Other employee benefits

The liability for employee benefits includes provisions for accrued rostered days off entitlements.

## C8 Equity

### C8.1 Contributed equity

Non-reciprocal transfers of assets and liabilities between wholly-owned Queensland State Public Sector entities 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.

Children’s Health Queensland receives funding from the Department of Health to cover depreciation and amortisation costs. However, as depreciation and amortisation are non-cash expenditure items, the Minister for Health, Mental Health and Ambulance Services and Minister for Women has approved a withdrawal of equity by the State for the same amount, resulting in non-cash revenue and non-cash equity withdrawal.

### C8.2 Asset revaluation surplus by asset class

	<b>Land</b>	<b>Building</b>	<b>Total</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Balance at 1 July 2023	30,391	198,796	<b>229,187</b>
Revaluation increment for the year	5,340	105,264	<b>110,604</b>
<b>Balance at 30 June 2024</b>	<b>35,731</b>	<b>304,060</b>	<b>339,791</b>
Balance at 1 July 2022	15,576	117,711	<b>133,287</b>
Revaluation increment for the year	14,815	81,085	<b>95,900</b>
<b>Balance at 30 June 2023</b>	<b>30,391</b>	<b>198,796</b>	<b>229,187</b>

## Section D Notes about our risks and other accounting uncertainties

### D1 Fair value measurement

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

Observable inputs are publicly available data that are relevant to the characteristics of the assets/liabilities being valued, and include, but are not limited to, published sales data for land and the commercial office building.

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 Children's Health Queensland include, but are not limited to, subjective adjustments made to observable data to take account of the specialised nature of health service buildings, 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 benefit by using the asset in its highest and best use.

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

- Level 1: represents fair value measurements that reflect unadjusted quoted market prices in active markets for identical assets and liabilities;
- Level 2: represents fair value measurements that are substantially derived from inputs (other than quoted prices included 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 Children's Health Queensland's valuations of assets or liabilities are eligible for categorisation into level 1 of the fair value hierarchy and there were no transfer of assets between fair value hierarchy levels during the period. More specific fair value information about the entity's property, plant and equipment is outlined further in Notes C4.

Trade and other receivables are measured at cost less any allowance for impairment. Due to the short-term nature of these assets the fair value does not differ significantly from their amortised cost.

## D2 Financial risk disclosures

### **(a) Financial instruments categories**

Children's Health Queensland has the following categories of financial assets and financial liabilities as reflected in the Statement of Financial Position – Cash and cash equivalents (Note C1), Receivables (Note C2), Other current assets (Note C3) and Payables (Note C6).

No financial assets and financial liabilities have been offset and presented net in the Statement of Financial Position.

### **(b) Financial risk management**

Children's Health Queensland is exposed to a variety of financial risks – credit risk, liquidity risk and market risk. Financial risk is managed in accordance with Queensland Government and agency policies. Children's Health Queensland policies provide written principles for overall risk management and aim to minimise potential adverse effects of risk events on the financial performance of the agency.

<b>Risk exposure</b>	<b>Measurement method</b>
Credit risk	Ageing analysis
Liquidity risk	Sensitivity analysis, monitoring of cash flows by management of accrual accounts
Market risk	Interest rate sensitivity analysis

### **(c) Credit risk exposure**

Credit risk is the potential for financial loss arising from a counterparty defaulting on its obligations. The maximum exposure to credit risk at reporting date is equal to the gross carrying amount of the financial asset, inclusive of any allowance for impairment.

Credit risk, excluding receivables, is considered minimal given all Children's Health Queensland cash on deposits are held by the State through Queensland Treasury Corporation.

No collateral is held as security and no credit enhancements relate to financial assets held by Children's Health Queensland.

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

### **(d) Liquidity risk**

Liquidity risk is the risk that Children's Health Queensland will not have the resources required at a particular time to meet its obligations to settle its financial liabilities. Children's Health Queensland is exposed to liquidity risk through its trading in the normal course of business. It aims to reduce the exposure to liquidity risk by ensuring sufficient funds are available to meet employee and supplier obligations at all times. Children's Health Queensland has an approved debt facility of \$10.500 million (2023: \$10.500 million) under whole-of-government banking arrangements to manage any short term cash shortfalls. This facility has not been drawn down as at 30 June 2024 and is available for use in the next reporting period.

The liquidity risk of financial liabilities held by Children's Health Queensland is limited to the payables category as reflected in the Statement of Financial Position. All payables are less than 1 year in term.

### **(e) Market risk**

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises interest rate risk. Children's Health Queensland has interest rate exposure on the cash on deposits with Queensland Treasury Corporation. Children's Health Queensland does not undertake any hedging in relation to interest rate risk. Changes in interest rates have a minimal effect on the operating result of Children's Health Queensland.

## D3 Commitments

2024	2023
\$'000	\$'000

**(a) Non-cancellable rental agreements commitments - payables**

Rental agreements commitments are payable as follows:

Not later than 1 year	1,173	3,602
Later than 1 year and not later than 5 years	1,786	2,708
<b>Total</b>	<b>2,959</b>	<b>6,310</b>

**(b) Capital expenditure commitments**

Capital expenditure commitments are payable as follows:

Not later than 1 year	17,719	5,818
Later than 1 year and not later than 5 years	1,390	668
<b>Total</b>	<b>19,109</b>	<b>6,486</b>

**(c) Non-cancellable rental agreements commitments - receivables**

Future minimum rental income under non-cancellable operating leases are as follows:

Not later than 1 year	145	339
Later than 1 year and not later than 5 years	-	145
<b>Total</b>	<b>145</b>	<b>484</b>

## D4 Contingencies

### *Litigation in progress*

As at 30 June 2024 there were 4 cases filed with the courts as follows:

	<b>2024</b>	<b>2023</b>
Supreme court	2	1
District court	1	-
Tribunals, commissions and boards	1	1
<b>Total</b>	<b>4</b>	<b>2</b>

Health and property litigation is underwritten by Queensland Government Insurance Fund (QGIF) and Children's Health Queensland's liability in this area is limited to an excess per insurance event.

All Children's Health Queensland's indemnified claims are managed by QGIF. As at 30 June 2024, there were 60 claims being managed by QGIF, some of which may never be litigated or result in claim payments. The maximum exposure to Children's Health Queensland under this policy is limited to \$20,000 for each insurable event.

## D5 Events occurring after the reporting date

No matters or circumstances have arisen since 30 June 2024 that have significantly affected, or may significantly affect Children's Health Queensland's operations, the results of those operations, or the state of affairs in future years.

## D6 New and revised accounting standards

### *(a) Changes in accounting policy*

Children's Health Queensland did not voluntarily change any accounting policies during 2023-24.

### *(b) Accounting standards early adopted in 2023-24*

No Australian Accounting Standards have been early adopted for 2023-24.

### *(c) Accounting standards applied for the first time in 2023-24*

No Australian Accounting Standards have been applied for the first time for 2023-24.

## D7 Future impact of accounting standards not yet effective

At the date of authorisation of the financial statements, Children's Health Queensland has assessed there are no new or amended Australian Accounting Standards, issued but with future commencement dates that will have a material impact on Children's Health Queensland's activities.

## Section E Notes about our performance compared to Budget

This section discloses Children's Health Queensland's original budgeted figures for 2023-24 compared to actual results, with explanations of major variances, in respect of the Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows.

### E1 Budget to actual comparison – Statement of Comprehensive Income

	Variance Notes	Original Budget 2024 \$'000	Actual 2024 \$'000	Variance \$'000
<b>Income from continuing operations</b>				
Health services funding		905,306	946,426	41,120
User charges and fees		70,062	93,132	23,070
Grants and other contributions		12,093	10,859	(1,234)
Other revenue		3,750	12,611	8,861
<b>Total revenue</b>		<b>991,211</b>	<b>1,063,028</b>	<b>71,817</b>
Gains on disposal / revaluation of assets		-	61	61
<b>Total income from continuing operations</b>		<b>991,211</b>	<b>1,063,089</b>	<b>71,878</b>
<b>Expenses from continuing operations</b>				
Employee expenses	(a)	144,876	154,314	9,438
Health service employee expenses	(a)	537,007	555,432	18,425
Supplies and services	(b)	215,737	250,816	35,079
Grants		2,532	5,335	2,803
Depreciation and amortisation		73,460	76,784	3,324
Loss on disposal		575	32	(543)
Other expenses		17,024	9,386	(7,638)
<b>Total expenses from continuing operations</b>		<b>991,211</b>	<b>1,052,099</b>	<b>60,888</b>
<b>Total operating result</b>		<b>-</b>	<b>10,990</b>	<b>10,990</b>
<b>Other comprehensive income</b>				
Items that will not be reclassified to operating result:				
- Increase in asset revaluation surplus		-	110,604	110,604
<b>Total other comprehensive income</b>		<b>-</b>	<b>110,604</b>	<b>110,604</b>
<b>Total comprehensive income</b>		<b>-</b>	<b>121,594</b>	<b>121,594</b>



## E2 Budget to actual comparison – Statement of Financial Position

	Variance Notes	Original Budget 2024 \$'000	Actual 2024 \$'000	Variance \$'000
<b>Current assets</b>				
Cash and cash equivalents	(c)	25,849	63,127	37,278
Receivables	(d)	23,662	12,028	(11,634)
Inventories		6,966	7,403	437
Other current assets	(d)	2,921	11,873	8,952
<b>Total current assets</b>		<b>59,398</b>	<b>94,431</b>	<b>35,033</b>
<b>Non-current assets</b>				
Property, plant and equipment	(e)	1,047,797	1,240,068	192,271
Right of use assets		-	22	22
Intangible assets		5,042	5,568	526
<b>Total non-current assets</b>		<b>1,052,839</b>	<b>1,245,658</b>	<b>192,819</b>
<b>Total assets</b>		<b>1,112,237</b>	<b>1,340,089</b>	<b>227,852</b>
<b>Current liabilities</b>				
Payables	(f)	69,905	85,165	15,260
Employee benefits		2,494	3,483	989
Contract liabilities		829	4,547	3,718
<b>Total current liabilities</b>		<b>73,228</b>	<b>93,195</b>	<b>19,967</b>
<b>Total liabilities</b>		<b>73,228</b>	<b>93,195</b>	<b>19,967</b>
<b>Net assets / Total equity</b>		<b>1,039,009</b>	<b>1,246,894</b>	<b>207,885</b>

## E3 Budget to actual comparison – Statement of Cash Flows

	Variance Notes	Original Budget 2024 \$'000	Actual 2024 \$'000	Variance \$'000
<b>Cash flows from operating activities</b>				
<i>Inflows:</i>				
Health services funding		905,306	882,639	(22,667)
User charges and fees		69,299	89,478	20,179
Grants and other contributions		5,050	4,965	(85)
Interest receipts		204	378	174
GST collected from customers		-	2,093	2,093
GST input tax credits from ATO		4,875	16,839	11,964
Other		3,546	13,235	9,689
<i>Outflows:</i>				
Employee expenses	(a)	(144,634)	(129,955)	14,679
Health service employee costs	(a)	(537,007)	(596,046)	(59,039)
Supplies and services	(b)	(216,214)	(238,720)	(22,506)
Grants		(2,532)	(4,420)	(1,888)
GST paid to suppliers		-	(16,911)	(16,911)
GST remitted to ATO		-	(2,224)	(2,224)
Other		(9,981)	(10,483)	(502)
<b>Net cash provided by operating activities</b>		<b>77,912</b>	<b>10,868</b>	<b>(67,044)</b>
<b>Cash flows from investing activities</b>				
<i>Inflows:</i>				
Sales of property, plant and equipment		-	61	61
<i>Outflows:</i>				
Payments for property, plant and equipment	(g)	-	(11,721)	(11,721)
Payments for intangibles		-	(120)	(120)
<b>Net cash used in investing activities</b>		<b>-</b>	<b>(11,780)</b>	<b>(11,780)</b>
<b>Cash flows from financing activities</b>				
<i>Inflows:</i>				
Equity injections	(h)	-	15,713	15,713
<i>Outflows:</i>				
Equity withdrawals	(i)	(73,460)	-	73,460
Lease payments		-	(11)	(11)
<b>Net cash provided by/(used in) financing activities</b>		<b>(73,460)</b>	<b>15,702</b>	<b>89,162</b>
<b>Net increase in cash and cash equivalents</b>		<b>4,452</b>	<b>14,790</b>	<b>10,338</b>
Cash and cash equivalents at beginning of the year		21,397	48,337	26,940
<b>Cash and cash equivalents at end of the year</b>		<b>25,849</b>	<b>63,127</b>	<b>37,278</b>

## E4 Budget to actual comparison – Explanation of major variances

- a) Overall employee-related expenses (i.e. Employee expenses and Health service employee expenses) have increased by \$27.863 million. The major driver of this increase relates to services or programs where funds were transacted at designated amendment windows throughout the year, post sign-off of the original budget (\$18.441 million). The other key driver for the variance relates to enterprise bargaining (EB) agreements increases and other EB related payments including the Cost-of-Living Allowance (COLA) where the actuals are higher than the estimates when setting the budget.
- b) An increase in supplies and services of \$35.079 million predominantly relates to higher than anticipated clinical non-labour related costs such as prosthetics, pathology and high-cost drugs. Movements include, additionally funded costs relating to services and programs commissioned part way through the year following agreed service agreement amendments (\$11.201 million) and general pricing increases across all non-labour categories beyond the original funding provided.
- c) An increase in the cash asset position is mainly due to a higher than originally expected cash balance at the beginning of the year (\$26.940 million) due to additional funding received and further impacted by the operating surplus generated this year (\$10.990 million).
- d) In the original budget, accrued revenue was classified as Receivables, however, in line with the terminology in AASB 15, accrued revenue is to be recognised as Contract assets. The net increase of \$2.682 million in the combined categories mainly relates to an increase in contracted health services funding to be received from the Department of Health, following the scheduled end of year funding reconciliation.
- e) An increase in property, plant and equipment mainly relates to land and building valuation increments (\$110.604 million).
- f) An increase in payables is mainly due to higher outstanding creditors than originally expected for the end of year.
- g) An increase in payments for property, plant and equipment mainly relates to higher than anticipated capital projects expenditure (\$4.171 million) and medical equipment (\$5.904 million).
- h) An increase in equity injections relates to higher than anticipated funding towards capital expenditure for facility projects (\$6.152 million) and equipment purchases under the Health Technology Equipment Replacement (HTER) Program (\$9.740 million).
- i) Funding for depreciation was budgeted as a cash item. It was subsequently accounted for as a non-cash equity withdrawal.

## Section F What we look after on behalf of third parties

### F1 Restricted assets

Children's Health Queensland holds a number of General Trust accounts which meet the definition of restricted assets. These accounts ensure the associated income is only utilised for the purposes specified by the issuing body.

Children's Health Queensland receives cash contributions from benefactors in the form of gifts, donations and bequests for stipulated purposes. Contributions are also received from private practice clinicians and from external entities to provide for education, study and research in clinical areas.

	<b>2024</b>	<b>2023</b>
	<b>\$'000</b>	<b>\$'000</b>
Opening balance	7,267	7,018
Income	1,908	2,985
Expenditure	<u>(1,560)</u>	<u>(2,736)</u>
<b>Closing balance</b>	<b><u>7,615</u></b>	<b><u>7,267</u></b>

## F2 Third party monies

	2024	2023
	\$'000	\$'000
<b>(a) Grant of private practice accounts</b>		
<b>Revenue and expense:</b>		
<i>Revenue</i>		
Billings	5,561	4,846
<b>Total revenue</b>	<b>5,561</b>	<b>4,846</b>
<i>Expense</i>		
Payments to medical practitioners	3,783	3,545
Payments to Children's Health Queensland for recoverable costs	1,759	1,301
Payments to medical practitioners' trust	19	-
<b>Total expenditure</b>	<b>5,561</b>	<b>4,846</b>
<b>Assets and liabilities:</b>		
<i>Current assets</i>		
Cash at bank	782	1,081
<b>Total assets</b>	<b>782</b>	<b>1,081</b>
<i>Current liabilities</i>		
Payables to medical practitioners	177	385
Payables to Children's Health Queensland for recoverable costs	592	696
Payables to medical practitioners' trust	13	-
<b>Total liabilities</b>	<b>782</b>	<b>1,081</b>
<b>(b) Patient trust accounts</b>		
Opening balance	8	8
Cash receipts	1	2
Cash payments	(1)	(2)
<b>Closing balance</b>	<b>8</b>	<b>8</b>

Children's Health Queensland acts as a billing agency for medical practitioners who use Children's Health Queensland facilities for the purpose of seeing patients under the Grant of Private Practice agreement (GOPP). Under this agreement, Children's Health Queensland deducts a service fee (where applicable) from private patient fees received to cover the use of the facilities and administrative support provided to the medical practitioner.

In addition, Children's Health Queensland acts in a custodian role in relation to patient trust accounts. As such, these transactions and balances are not recognised in the financial statements, but are disclosed for information purposes. The Queensland Audit Office undertakes a review of such accounts as part of the audit of the Children's Health Queensland financial statements.

## Section G Other information

### G1 Key management personnel and remuneration expenses

The following details for key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of Children’s Health Queensland during 2023-24.

#### (a) Minister for Health, Mental Health and Ambulance Services and Minister for Women

The Minister for Health, Mental Health and Ambulance Services and Minister for Women is identified as part of Children’s Health Queensland’s key management personnel, consistent with AASB 124 Related Party Disclosures.

#### (b) Board

Position and Name	Responsibilities, Appointment Authority and Memberships	Date of Initial Appointment	Date of Resignation or Cessation
Board Chair - Ms Heather Watson	Perform duties of Chair as prescribed in the <i>Hospital and Health Boards Act 2011</i> . Governor-in-Council Appointment.  Member – Health Service Executive Committee Member – Research Committee	1 April 2024  (Appointed as Board member 18 May 2018)	-
Deputy Chair - Ms Cheryl Herbert	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> . Governor-in-Council Appointment.  Chair – Health Service Executive Committee Member – Safety and Quality Committee Member – Research Committee	6 July 2018  (Appointed as Board member 26 June 2015)	-
Board Member - Ms Inmaculada Beaumont	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> . Governor-in-Council Appointment.  Member – Finance and Performance Committee Member – Audit and Risk Committee	1 April 2024	-
Board Member - Mr Martin Byrne	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> . Governor-in-Council Appointment.  Chair – Finance and Performance Committee Member – Health Service Executive Committee Member – Safety and Quality Committee	10 June 2021	-
Board Member - Ms Suzanne Cadigan	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> . Governor-in-Council Appointment.  Chair – Safety and Quality Committee Member – Health Service Executive Committee Member – Audit and Risk Committee	18 May 2019	-
Board Member - Ms Kara Cook	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> . Governor-in-Council Appointment.  Member – Audit and Risk Committee Member – Research Committee	1 April 2024	-
Board Member - Mr Simon Denny	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> . Governor-in-Council Appointment.  Chair – Research Committee Member – Health Service Executive Committee Member – Safety and Quality Committee	10 June 2021	-

**Children's Health Queensland Hospital and Health Service**  
For the year ended 30 June 2024

**(b) Board (continued)**

Position and Name	Responsibilities, Appointment Authority and Memberships	Date of Initial Appointment	Date of Resignation or Cessation
Board Member - Mr William Fellowes	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> . Governor-in-Council Appointment.  Chair – Audit and Risk Committee Member – Health Service Executive Committee Member – Finance and Performance Committee	18 May 2021	-
Board Member - Ms Karina Hogan	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> . Governor-in-Council Appointment.  Member – Finance and Performance Committee Member – Safety and Quality Committee	18 May 2019	-
Board Member - Ms Meredith Staib	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> . Governor-in-Council Appointment.  Member – Finance and Performance Committee Member – Audit and Risk Committee	18 May 2020	-
Board Chair (Former) Mr David Gow	Perform duties of Chair as prescribed in the <i>Hospital and Health Boards Act 2011</i> . Governor-in-Council Appointment.  Member – Health Service Executive Committee Member – Finance and Performance Committee Member – Research Committee	11 May 2018  (Appointed as Board member 18 May 2013)	31 March 2024
Board Member (Former) Mr Ross Willims	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> . Governor-in-Council Appointment.  Chair – Finance and Performance Committee Member – Health Service Executive Committee	18 May 2014	31 March 2024

**(c) Executive management**

**Health Service Chief Executive**

Responsibilities				
The single point of accountability for ensuring patient safety through the effective executive leadership and management of Children's Health Queensland, as well as associated support functions. Accountable for ensuring Children's Health Queensland achieves a balance between efficient service delivery and high quality health outcomes.				
Name	Incumbent status	Contract Classification and Appointment Authority	Date of Initial Appointment	Date of Resignation or Cessation
Francis Tracey	Current	Individual contract <i>Hospital and Health Boards Act 2011</i> S24/70 Award Free Section 24	23 July 2019	-

**Executive Director Corporate Services / Chief Financial Officer**

Responsibilities				
Lead the corporate services function, including Finance and Business Services, Digital Health Service and Facilities and Capital Infrastructure with a core focus on sustainability to ensure support for the delivery of high quality healthcare, and provide strategic advice, leadership and management oversight of the financial and corporate services functions for Children's Health Queensland. Work in conjunction with the executive team to ensure that financial stewardship and governance arrangements are in place to meet financial performance targets and imperatives.				
Name	Incumbent status	Contract Classification and Appointment Authority	Date of Initial Appointment	Date of Resignation or Cessation
Alan Fletcher	Current	Health Executive Service (HES 3) <i>Hospital and Health Boards Act 2011</i>	3 July 2017	-

**(c) Executive management (continued)**

**Executive Director, Medical Services**

<b>Responsibilities</b>				
Provide medical executive leadership, strategic focus, managerial direction, authoritative and expert advice on professional and policy issues, leading development of a generative culture that draws the best talent and enhances the attraction and retention of high quality child and family focused medical specialists. To lead paediatric patient safety and quality improvement for Children's Health Queensland.				
<b>Name</b>	<b>Incumbent status</b>	<b>Contract Classification and Appointment Authority</b>	<b>Date of Initial Appointment</b>	<b>Date of Resignation or Cessation</b>
Steven McTaggart	Current	Senior Medical Officer (Level 28 – MMOI3), <i>Medical Officer (Queensland Health) Certified Agreement (No.6) 2022 (MOCA 6)</i>	27 July 2020	-

**Executive Director, Nursing Services**

<b>Responsibilities</b>				
Provide nursing executive leadership, direction, authoritative and expert advice on a wide range of professional and policy issues and alignment to relevant standards, for the safe and effective delivery of nursing services across Children's Health Queensland. Shape and lead strategic thinking at the executive management level in a complex, diverse and dynamic environment, to develop and establish an integrated nursing service delivery model and workforce. Cultivate a working environment which actively promotes a collaborative performance culture that includes values of trust and respect for consumers, carers and other stakeholders.				
<b>Name</b>	<b>Incumbent status</b>	<b>Contract Classification and Appointment Authority</b>	<b>Date of Initial Appointment</b>	<b>Date of Resignation or Cessation</b>
Callan Battley	Current	Nurse Grade 13 <i>Nurses and Midwives (Queensland Health) Award – State 2015</i>	16 September 2019	-

**Executive Director, Allied Health**

<b>Responsibilities</b>				
Provide allied health executive leadership, strategic focus, authoritative and expert advice on a wide range of professional and policy issues to the Health Service Chief Executive, members of the Executive Team and other relevant stakeholders. Achieve policy and operational alignment with national, state and Children's Health Queensland strategic directions, policies and professional standards for the effective and safe delivery of contemporary allied health services.				
<b>Name</b>	<b>Incumbent status</b>	<b>Contract Classification and Appointment Authority</b>	<b>Date of Initial Appointment</b>	<b>Date of Resignation or Cessation</b>
Leanne Johnston	Current	Health Practitioners (HP8-2) <i>Queensland Health Certified Agreement (No.2) 2011</i>	24 April 2023	-

**Executive Director, Clinical Services**

<b>Responsibilities</b>				
Provide strategic leadership and ultimate accountability for the effective and efficient delivery of operational services across the organisation including community, mental health and services delivered from the Queensland Children's Hospital.				
<b>Name</b>	<b>Incumbent status</b>	<b>Contract Classification and Appointment Authority</b>	<b>Date of Initial Appointment</b>	<b>Date of Resignation or Cessation</b>
Dominic Tait	Current	Health Executive Service (HES 3) <i>Hospital and Health Boards Act 2011</i>	15 October 2017	-



**(c) Executive management (continued)**

**Executive Director, Strategy, Planning, Improvement and Innovation**

<b>Responsibilities</b>				
Provide leadership, advice and management oversight for strategy, planning, improvement and innovation processes and activities for Children's Health Queensland to support the delivery of safe, integrated and life-changing care to children, young people and their families.				
<b>Name</b>	<b>Incumbent status</b>	<b>Contract Classification and Appointment Authority</b>	<b>Date of Initial Appointment</b>	<b>Date of Resignation or Cessation</b>
Adrian Clutterbuck	Current	Health Executive Service (HES 2) <i>Hospital and Health Boards Act 2011</i>	1 January 2021	-

**Executive Director, Communications, Culture and Engagement**

<b>Responsibilities</b>				
Responsible for the proactive and strategic management of Children's Health Queensland internal and external communications, marketing and media, stakeholder engagement, organisational culture, leadership development and Arts in Health program.				
<b>Name</b>	<b>Incumbent status</b>	<b>Contract Classification and Appointment Authority</b>	<b>Date of Initial Appointment</b>	<b>Date of Resignation or Cessation</b>
Belinda Taylor	Current	Health Executive Service (HES 2) <i>Hospital and Health Boards Act 2011</i>	12 November 2018	-

**Executive Director, People and Governance**

<b>Responsibilities</b>				
Lead Children's Health Queensland's human resource services, governance, legal and risk management functions, ensuring their capacity to support Children's Health Queensland to achieve the highest standards in human resource management, clinical and corporate governance and risk and compliance management.				
<b>Name</b>	<b>Incumbent status</b>	<b>Contract Classification and Appointment Authority</b>	<b>Date of Initial Appointment</b>	<b>Date of Resignation or Cessation</b>
Naomi Hebson	Current	Health Executive Service (HES 2) <i>Hospital and Health Boards Act 2011</i>	10 January 2022	-

**Executive Director, Aboriginal and Torres Strait Islander Engagement**

<b>Responsibilities</b>				
Provide strategic advice, guidance and support to the Children's Health Queensland Board, Health Service Chief Executive and members of the Executive Team on matters relating to equitable health outcomes for Aboriginal and Torres Strait Islander children and young people, which prioritises their cultural, emotional and spiritual needs.				
<b>Name</b>	<b>Incumbent status</b>	<b>Contract Classification and Appointment Authority</b>	<b>Date of Initial Appointment</b>	<b>Date of Resignation or Cessation</b>
Angela Young	Current	Health Executive Service (HES 2) <i>Hospital and Health Boards Act 2011</i>	22 February 2021	-

**(d) Remuneration expenses**

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

Ministerial remuneration entitlements are outlined in the Legislative Assembly of Queensland's Members' Remuneration Handbook. Children's Health Queensland does not bear any cost of remuneration of the Minister. 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 and Whole of Government Consolidated Financial Statements which are published as part of Queensland Treasury's Report on State Finances.

***Board***

The remuneration of members of the Board is approved by Governor-in-Council as part of the terms of appointment. Each member is entitled to receive a fee, with the exception of appointed public service employees unless otherwise approved by the Government. Members may also be eligible for superannuation payments.

***Executive Management***

In accordance with section 67 of the *Hospital and Health Boards Act 2011*, the Director-General of the Department of Health determines the remuneration for Children's Health Queensland key executive management employees. The remuneration and other terms of employment are specified in employment contracts or in the relevant Enterprise Agreements and Awards.

Remuneration expenses for key executive management personnel comprise the following components:

- Short-term employee expenses which include:
  - Monetary expenses: salaries, allowances and leave entitlements earned and expensed for the entire year or for that part of the year during which the employee occupied the specified position.
  - Non-monetary benefits: other benefits provided to the employee including performance benefits recognised as an expense during the year with fringe benefits tax where applicable.
- Long-term employee expenses include amounts expensed in respect of long service leave entitlements earned.
- Post-employment expenses include amounts expensed in respect of employer superannuation obligations.
- Termination benefits are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu of notice on termination, regardless of the reason for termination.

Employment contracts for key management personnel do not provide for any performance payments.

**Children's Health Queensland Hospital and Health Service**  
For the year ended 30 June 2024

**(i) Board – Remuneration expenses**

Position and name		Short-term employee expenses		Long-term employee expenses	Post-employment expenses	Termination benefits	Total expenses
		Monetary expenses \$'000	Non-monetary benefits \$'000	\$'000	\$'000	\$'000	\$'000
Ms Heather Watson Board Chair	2024	61	17	-	9	-	87
	2023	46	17	-	5	-	68
Ms Cheryl Herbert Deputy Chair	2024	53	-	-	8	-	61
	2023	47	-	-	5	-	52
Ms Inmaculada Beaumont Board Member	2024	11	-	-	2	-	13
Mr Martin Byrne Board Member	2024	48	1	-	7	-	56
	2023	46	1	-	5	-	52
Ms Suzanne Cadigan Board Member	2024	53	16	-	8	-	77
	2023	47	17	-	5	-	69
Ms Kara Cook Board Member	2024	11	-	-	2	-	13
Mr Simon Denny Board Member	2024	50	-	-	7	-	57
	2023	43	-	-	5	-	48
Mr William Fellowes Board Member	2024	50	17	-	7	-	74
	2023	50	17	-	5	-	72
Ms Karina Hogan Board Member	2024	48	-	-	7	-	55
	2023	49	-	-	5	-	54
Ms Meredith Staib Board Member	2024	46	17	-	7	-	70
	2023	46	17	-	5	-	68
Mr David Gow Former Board Chair	2024	66	-	-	10	-	76
	2023	81	-	-	9	-	90
Mr Ross Willims Former Board Member	2024	34	-	-	5	-	39
	2023	47	-	-	5	-	52
<b>Total Remuneration: Board</b>	<b>2024</b>	<b>531</b>	<b>68</b>	<b>-</b>	<b>79</b>	<b>-</b>	<b>678</b>
	<b>2023</b>	<b>502</b>	<b>69</b>	<b>-</b>	<b>54</b>	<b>-</b>	<b>625</b>

**Children's Health Queensland Hospital and Health Service**  
For the year ended 30 June 2024

**(ii) Executive Management - Remuneration expenses**

Position	Incumbent Status	Year	Short-term employee expenses		Long-term employee expenses	Post-employment expenses	Termination benefits	Total expenses
			Monetary expenses \$'000	Non-monetary benefits \$'000	\$'000	\$'000	\$'000	\$'000
Health Service Chief Executive	Current	2024	427	-	10	55	-	492
	Current	2023	376	-	9	40	-	425
Executive Director Corporate Services / Chief Finance Officer	Current	2024	225	16	7	30	-	278
	Current	2023	221	17	5	21	-	264
Executive Director, Medical Services	Current	2024	586	-	13	72	-	671
	Current	2023	549	17	11	39	-	616
Executive Director, Nursing Services	Current	2024	283	17	6	37	-	343
	Current	2023	280	17	6	28	-	331
Executive Director, Allied Health	Current	2024	220	-	5	25	-	250
	Current	2023	41	-	1	5	-	47
	Former	2023	138	17	3	17	-	175
Executive Director, Clinical Services	Current	2024	250	17	6	31	-	304
	Current	2023	239	17	6	25	-	287
Executive Director, People and Governance	Current	2024	234	17	5	31	-	287
	Current	2023	189	16	4	18	-	227
	Former Acting	2023	143	12	3	13	-	171
Executive Director, Strategy, Planning, Improvement and Innovation	Current	2024	223	17	5	29	-	274
	Current	2023	208	17	5	20	-	250
Executive Director, Communications, Culture and Engagement	Current	2024	204	17	5	27	-	253
	Current	2023	198	17	5	19	-	239
Executive Director, Aboriginal and Torres Strait Islander Engagement	Current	2024	236	-	5	31	-	272
	Current	2023	199	-	4	20	-	223
<b>Total Remuneration: Executives</b>		<b>2024</b>	<b>2,888</b>	<b>101</b>	<b>67</b>	<b>368</b>	<b>-</b>	<b>3,424</b>
		<b>2023</b>	<b>2,781</b>	<b>147</b>	<b>62</b>	<b>265</b>	<b>-</b>	<b>3,255</b>

## G2 Related party transactions

### ***(a) Transactions with Queensland Government controlled entities***

Children’s Health Queensland 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.

Material transactions between Children’s Health Queensland and Queensland Government controlled entities are as follows:

#### ***Department of Health***

Children’s Health Queensland receives funding from the Department of Health for specific public health services in accordance with a service agreement (Note B1.1). Children’s Health Queensland also incurs expenditure for supplies and services provided by the Department of Health.

Related transactions for the year are as follow:

	<b>2024</b>	<b>2023</b>
	<b>\$'000</b>	<b>\$'000</b>
Revenue received	979,785	910,353
Expenditure incurred (including cost of health service employees)	621,491	596,697
Receivables	857	215
Payables	53,475	65,564

In addition, the Department of Health provides some corporate services support to Children’s Health Queensland for no consideration as outlined in Note B1.3.

#### ***Other Hospital and Health Services***

Payments to and receipts from other Hospital and Health Services occur to facilitate the transfer of patients, drugs, staff and other incidentals.

#### ***Children’s Hospital Foundation***

The Children’s Hospital Foundation (Foundation) raises funds for research, equipment and services for Children’s Health Queensland. Ms Karina Hogan (nominee of the Chair of the Children’s Health Queensland Board) and Mr Francis Tracey (Health Service Chief Executive) are the nominated members on the Foundation Board at reporting date. Membership of the Board is in line with the Foundation’s Constitution and the governance terms of such an arrangement.

### ***(b) Transactions with other related parties***

No transactions with members of the Board, key executive management, and their related entities were identified for the reporting period.

## G3 Taxation

Children’s Health Queensland is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation with the exception of Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). FBT and GST are the only Commonwealth taxes accounted for by Children’s Health Queensland.

Both Children’s Health Queensland and the Department of Health satisfy section 149-25(e) of the *A New Tax System (Goods and Services) Act 1999 (Cth) (the GST Act)* and were able, with other Hospital and Health services, to form a “group” for GST purposes under Division 149 of *the GST Act*. This means that any transactions between the members of the “group” do not attract GST.

## G4 Climate risk disclosure

Children’s Health Queensland has not identified any material climate related risks relevant to the financial report at the reporting date. No adjustments to the carrying value of recorded assets or other adjustments to the amounts recorded in the financial statements were recognised during the financial year.

Children’s Health Queensland continues to monitor the emergence of material related risks that may impact the financial statements, including those arising under the Queensland Government’s Queensland 2035 Clean Economy Pathway and other Government publications or directives.

## Management Certificate

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 Children's Health Queensland Hospital and Health Service for the financial year ended 30 June 2024 and of the financial position of Children's Health Queensland 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.



Ms Heather Watson  
Chair  
Children's Health Queensland  
Hospital and Health Board

27 August 2024



Mr Francis Tracey  
Health Service Chief Executive  
Children's Health Queensland  
Hospital and Health Service

27 August 2024

## INDEPENDENT AUDITOR'S REPORT

To the Board of Children's Health Queensland Hospital and Health Service

### Report on the audit of the financial report

#### Opinion

I have audited the accompanying financial report of Children's Health Queensland Hospital and Health Service.

The financial report comprises the statement of financial position as at 30 June 2024, 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.

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2024, and its financial performance and cash flows for the year then ended; and
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

#### Basis for opinion

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

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

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

#### 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. I addressed these matters 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.



**Fair value of buildings \$1,091 million**

Refer to note C4 in the financial report.

Key audit matter	How my audit addressed the key audit matter
<p>Buildings were material to Children Health Queensland Hospital and Health Service (CHQHHS) at balance date and were measured at fair value using the current replacement cost method.</p> <p>Children's Health Queensland Hospital and Health Service performed a comprehensive revaluation of 15 building assets across the following locations this year as part of the rolling revaluation program:</p> <ul style="list-style-type: none"> <li>• Queensland Children's Hospital</li> <li>• Child and Youth Mental Health Service Wynnum</li> <li>• Beenleigh Centre</li> <li>• Mount Gravatt Centre</li> <li>• Kallangur, and</li> <li>• Adolescent Extended Treatment Centre (AETC).</li> </ul> <p>All other buildings were assessed using relevant indices.</p> <p>The current replacement cost method comprises:</p> <ul style="list-style-type: none"> <li>• gross replacement cost, less</li> <li>• accumulated depreciation.</li> </ul> <p>Children's Health Queensland Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for:</p> <ul style="list-style-type: none"> <li>• identifying the components of buildings with separately identifiable replacement costs</li> <li>• developing a unit rate for each of these components, including: <ul style="list-style-type: none"> <li>○ estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre)</li> <li>○ identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating the adjustment to the unit rate required to reflect this difference.</li> </ul> </li> </ul> <p>The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components.</p> <p>The significant judgements required for gross replacement cost and useful lives are also significant judgements for calculating annual depreciation expense.</p> <p>Using indexation required:</p> <ul style="list-style-type: none"> <li>• significant judgement in determining changes in cost and design factors for each asset type since the previous revaluation</li> <li>• reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used.</li> </ul>	<p>My procedures included, but were not limited to:</p> <ul style="list-style-type: none"> <li>• assessing the adequacy of management's review of the valuation process and results</li> <li>• reviewing the scope and instructions provided to the valuer</li> <li>• assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices</li> <li>• assessing the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices</li> <li>• assessing the competence, capabilities and objectivity of the experts used to develop the models</li> <li>• for unit rates, on a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: <ul style="list-style-type: none"> <li>○ modern substitute (including locality factors and oncosts)</li> <li>○ adjustment for excess quality or obsolescence</li> </ul> </li> <li>• evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices</li> <li>• evaluating useful life estimates for reasonableness by: <ul style="list-style-type: none"> <li>○ reviewing management's annual assessment of useful lives</li> <li>○ at an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement cost of assets</li> <li>○ testing that no building asset still in use has reached or exceeded its useful life</li> <li>○ enquiring of management about their plans for assets that are nearing the end of their useful life</li> <li>○ reviewing assets with an inconsistent relationship between condition and remaining useful life</li> </ul> </li> <li>• where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.</li> </ul>

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

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

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

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

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

A further description of my responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at:  
[https://www.auasb.gov.au/auditors\\_responsibilities/ar6.pdf](https://www.auasb.gov.au/auditors_responsibilities/ar6.pdf)

This description forms part of my auditor's report.

## **Statement**

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2024:

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

## **Prescribed requirements scope**

The prescribed requirements for the establishment and keeping of accounts are contained in the *Financial Accountability Act 2009*, any other Act and the Financial and Performance Management Standard 2019. The applicable requirements include those for keeping financial records that correctly record and explain the 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

28 August 2024  
Queensland Audit Office  
Brisbane

## Section 5: Appendices

### Strategic Plan 2020-2024 (updated November 2022)

#### Our challenges

- Health system complexity and our response to changing public health context impacts our ability to deliver connected care as close to home as possible.
- Attracting, retaining and investing in a diverse workforce with specialised knowledge and skills, impacts how we deliver health service priorities.
- Our capacity to meet demand for paediatric services is impacted by population growth, changing disease profiles, and resource availability and stewardship.
- Our ability to innovate is impacted by the health system environment and performance of assets and facilities to respond to population needs.

#### Our opportunities

- Co-design culturally safe services to improve health equity outcomes for Aboriginal and Torres Strait Islander people.
- Embed a person-centred approach to care that is inclusive, authentic and delivered in partnership with each child, young person, family and community.
- Leverage digital enablement to enhance paediatric service delivery efficiencies across the health system to improve accessibility of care and high-quality health outcomes.
- Lead and advocate translational research and innovation capability to improve health outcomes for children and young people.

Children's Health Queensland will continue to contribute to Queensland Government objectives for the community through:

*Good jobs:* Good, secure jobs in our traditional and emerging industries. *Better services:* Deliver even better services right across Queensland. *Great lifestyle:* Protect and enhance our Queensland lifestyle as we grow. This is demonstrated through specifically aligned strategies below.

*Keeping Queenslanders safe* by working with our statewide partners as we learn to live with COVID-19 and ensure all Queenslanders can access world-class healthcare no matter where they live.

- CHQ will protect and enhance health and wellbeing through an agile and robust pandemic response.
- *Building and connecting Queensland* through designing services that will build community

resilience and deliver better health services, closer to home

- Leverage virtual and alternative models to connect, understand and improve the experience and accessibility of care.
- Advance health and business intelligence capability to support a population-based approach to planning and investment.
- Align infrastructure, workforce and service planning to collectively respond to current and future needs.

*Backing our frontline services*, investing in skills and supporting jobs by building capacity and capability to deliver world-class paediatric care, research, advocacy and leadership

- Support growth in a sustainable statewide paediatric workforce to deliver care where needed.
- Invest in leadership and talent development to create a pipeline that can respond to the opportunities ahead.
- Mobilise and empower the Queensland paediatric research community to generate and lead groundbreaking research and translate new knowledge into better health outcomes.

*Protecting the environment* through our commitment to becoming a leader in environmentally sustainable practices that deliver social benefits for a healthier tomorrow

- Demonstrate our commitment to being environmentally responsible.
- Optimise efficiency, productivity and resource management to enable a sustainable system of care.
- *Honouring and embracing our rich and ancient cultural history* by working together across boundaries for the best experience and outcomes
- Deliver accessible, responsive and culturally safe care that improves health equity for Aboriginal and Torres Strait Islander people.
- work with Aboriginal and Torres Strait Islander peoples, communities and organisations to co-design integrated models of care.
- Actively eliminate institutional racism and racial discrimination.

# Children's Health Queensland Hospital and Health Service

For the year ended 30 June 2024

## Our strategies

### 1. Value all people

We will create an inclusive environment where all people feel valued, safe, engaged and empowered.

- Enable a supportive and inclusive culture that values diversity of experience, skills and perspectives.
- Actively listen, learn and respond to the voices of children, young people, families and staff in the design and delivery of care.
- Empower and equip children, young people and families to be knowledgeable and confident navigators of their health and wellbeing.
- Deliver compassionate leadership, respect and professionalism that promotes wellbeing and enables people to be at their best.
- Address the physical, psychological, cultural and social aspects of health and wellbeing.
- Deliver accessible, responsive and culturally safe care that improves health equity for Aboriginal and Torres Strait Islander peoples.
- Actively eliminate racial discrimination and institutional racism.

### 2. Generate knowledge and innovate

We will build and harness creativity, research, technology and collective expertise to prepare for the future.

- Champion a culture of curiosity, critical enquiry, innovation and improvement.
- Mobilise and empower the Queensland paediatric research community to generate and lead ground-breaking research and translate new knowledge into better health outcomes.
- Invest in leadership and talent development to create a pipeline that can respond to the opportunities ahead.
- Support growth in a sustainable statewide paediatric workforce to deliver care where it is needed.
- Build interprofessional communities of practice whereby knowledge is fostered, and experience is shared.
- Advance health and business intelligence capability to support a population-based approach to planning and investment.

### 3. Collaborate in care

We will work together with a shared purpose to create a connected system of care.

- Work together across boundaries for the best experience and outcomes.
- Advocate as a collective voice to reduce health inequities, by leading, influencing and implementing policy and practice.
- Work with Aboriginal and Torres Strait Islander peoples, communities and organisations to co-design integrated models of care.
- Leverage virtual and alternative models to connect, understand and improve the experience and accessibility of care.
- Demonstrate leadership in local, regional and statewide care and planning.
- Proactively support seamless transition of children and young people through the care continuum.
- Foster genuine connections that build trust and productive collaboration.

### 4. Perform at our best every time

We will adapt and improve to achieve sustainable high-quality outcomes.

- Embed continuous quality improvement in all that we do
- Integrate quality and performance mechanisms for safe, reliable, high-value care.
- Protect and enhance health and wellbeing through an agile and robust pandemic response.
- Align infrastructure, workforce and service planning to collectively respond to current and future needs.
- Strengthen decision-making and accountability through effective governance and timely access to the right information.
- Demonstrate our commitment to being environmentally responsible.
- Optimise efficiency, productivity and resource management to enable a sustainable system of care.

View the full plan at [https://www.childrens.health.qld.gov.au/\\_data/assets/pdf\\_file/0024/295521/chq-strategic-plan-2020-2024.pdf](https://www.childrens.health.qld.gov.au/_data/assets/pdf_file/0024/295521/chq-strategic-plan-2020-2024.pdf)

## Glossary of terms

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.	the following areas: audiology, clinical measurement sciences, dietetics and nutrition, exercise physiology, leisure therapy, medical imaging, music therapy, nuclear medicine technology, occupational therapy, orthoptics, pharmacy, physiotherapy, podiatry, prosthetics and orthotics, psychology, radiation therapy, sonography, speech pathology and social work.
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"> <li>• creating an explicit relationship between funds allocated and services provided</li> <li>• capturing consistent and detailed information on hospital sector activity and accurately measuring the costs of delivery</li> <li>• 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</li> <li>• providing mechanisms to reward good practice and support quality initiatives.</li> </ul>	Best-practice
Acute care	<p>Care in which the clinical intent or treatment goal is to:</p> <ul style="list-style-type: none"> <li>• cure illness or provide definitive treatment of injury</li> <li>• perform surgery</li> <li>• relieve symptoms of illness or injury (excluding palliative care)</li> <li>• reduce severity of an illness or injury</li> <li>• protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function</li> <li>• perform diagnostic or therapeutic procedures.</li> </ul>	Cooperative way in which organisations and their employees undertake business activities in all key processes, and use benchmarking that can be expected to lead to sustainable positive outcomes.
Acute hospital	Generally, a recognised hospital that provides acute care and excludes dental and psychiatric hospitals.	Clinical workforce
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).	Staff who are or who support health professionals working in clinical practice, have healthcare specific knowledge/experience, and provide clinical services to health consumers, either directly and/or indirectly, through services that have a direct impact on clinical outcomes.
Admitted patient	A patient who undergoes a hospital’s formal admission process as an overnight-stay patient or a same-day patient.	Full-time equivalent (FTE)
Allied health staff	Professional staff who meet mandatory qualifications and regulatory requirements in	Refers to full-time equivalent staff currently working in a position.
		Health outcome
		Change in the health of an individual, group of people or population attributable to an intervention or series of interventions.
		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
		Hospital and Health Boards are made up of a mix of members with expert skills and knowledge relevant to managing a complex healthcare organisation, charged with authority under the <i>Hospital and Health Boards Act 2011</i> .
		Hospital and Health Service
		A Hospital and Health Service (HHS) is a separate legal entity established by Queensland Government to deliver public hospital services. The first HHSs commenced on 1 July 2012. Queensland’s 17 HHSs will replace existing health service districts.
		Hospital in the Home
		Provision of care to hospital-admitted patients in their place of residence, as a substitute for hospital accommodation.
		Immunisation
		Process of inducing immunity to an infectious agent by administering a vaccine.
		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 a Category 1 patient,

# Children’s Health Queensland Hospital and Health Service

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	more than 90 days for a Category 2 patient and more than 365 days for a Category 3 patient.		Statutory bodies can include corporations, regulatory authorities and advisory committees or councils.
Medical practitioner	A person who is registered with the Medical Board of Australia to practice medicine in Australia, including general and specialist practitioners.	Sustainable	A health system that provides infrastructure, such as workforce, facilities and equipment, and is innovative and responsive to emerging needs, for example, research and monitoring within available resources.
Outpatient	An individual who accesses non-admitted health services at a hospital or health facility.	Telehealth	Delivery of health-related services and information via telecommunication, including: <ul style="list-style-type: none"> <li>live, audio and/or video interactive links for clinical consultations and educational purposes</li> <li>store-and-forward telehealth, including digital images, video, audio and clinical (stored) data on a client computer, then transmitted securely (forwarded) to a clinic at another location where they are studied by relevant specialists</li> <li>teleradiology for remote reporting and clinical advice for diagnostic images</li> <li>telehealth services and equipment to monitor people’s health in their home.</li> </ul>
Outpatient service	Examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a specialty unit or under an organisational arrangement administered by a hospital.		
Performance indicator	A measure that provides an ‘indication’ of progress towards achieving the organisation’s objectives and usually has targets that define the level of performance expected against the performance indicator.		
Registered nurse	An individual registered under national law to practise in the nursing profession as a nurse, other than as a student.		
Statutory bodies	A non-departmental government body, established under an Act of Parliament.		

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## Glossary of acronyms

AASB	Australian Accounting Standards Board	IFC	Inside front cover
ABF	Activity Based Funding	IROC	Indigenous Respiratory Outreach Care
CSCF	Clinical Services Capability Framework	ISO	International Organization for Standardization
CYMHS	Child and Youth Mental Health Service	IUIH	Institute for Urban Indigenous Health
EB	Enterprise Bargaining	KMP	Key management personnel
ED	Emergency Department	KPI	Key performance indicators
ENT	Ear, nose and throat	PCBU	Person conducting a business or undertaking
FAA	Financial Accountability Act 2009	POS	Point of Service
FBT	Fringe Benefits Tax	QAO	Queensland Audit Office
FPMS	Financial and Performance Management Standard 2019	QCH	Queensland Children’s Hospital
FTE	Full-time equivalent	QGIF	Queensland Government Insurance Fund
GOPP	Grant of Private Practice	QUT	Queensland University of Technology
GST	Goods and Services Tax	UCF	Union Consultative Forum
HHS	Hospital and Health Service	UQ	The University of Queensland
ICT	Information and Communication Technology	WAU	Weighted Activity Unit
		WfQ	Working for Queensland

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For the year ended 30 June 2024

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## Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference (page)
Letter of compliance	A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7	3
Accessibility	Table of contents Glossary	ARRs – section 9.1	2 93-95
	Public availability	ARRs – section 9.2	IFC
	Interpreter service statement	Queensland Government Language Services Policy ARRs – section 9.3	IFC
	Copyright notice	Copyright Act 1968 ARRs – section 9.4	IFC
	Information licensing	QGEA – Information Licensing ARRs – section 9.5	IFC
General information	Introductory information	ARRs – section 10	7-15
Non-financial performance	Government’s objectives for the community and whole-of-government plans/specific initiatives	ARRs – section 11.1	6
	Agency objectives and performance indicators	ARRs – section 11.2	9, 34-36
	Agency service areas and service standards	ARRs – section 11.3	12-13, 37-38
Financial performance	Summary of financial performance	ARRs – section 12.1	39-41
Governance – management and structure	Organisational structure	ARRs – section 13.1	25
	Executive management	ARRs – section 13.2	19-24
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3	19
	Public Sector Ethics	Public Sector Ethics Act 1994 ARRs – section 13.4	29
	Human Rights	Human Rights Act 2019 ARRs – section 13.5	29
	Queensland public service values	ARRs – section 13.6	10
Governance – risk management and accountability	Risk management	ARRs – section 14.1	28
	Audit and Risk Committee	ARRs – section 14.2	21
	Internal audit	ARRs – section 14.3	28
	External scrutiny	ARRs – section 14.4	29
	Information systems and recordkeeping	ARRs – section 14.5	29

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Summary of requirement		Basis for requirement	Annual report reference (page)
	Information security attestation	ARRs – section 14.6	29
Governance – human resources	Strategic workforce planning and performance	ARRs – section 15.1	26-28
	Early retirement, redundancy and retrenchment	Directive No.04/18 Early Retirement, Redundancy and Retrenchment ARRs – section 15.2	27
Open Data	Statement advising publication of information	ARRs – section 16	IFC
	Consultancies	ARRs – section 31.1	data.qld.gov.au
	Overseas travel	ARRs – section 31.2	data.qld.gov.au
	Queensland Language Services Policy	ARRs – section 31.3	data.qld.gov.au
Financial statements	Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	87
	Independent Auditor’s Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	88

FAA Financial Accountability Act 2009

FPMS Financial and Performance Management Standard 2019

ARRs Annual report requirements for Queensland Government agencies

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