



ANNUAL REPORT

2017–2018





Annual Report 2017–18

Feedback

Feedback is important for improving the value of our future reports. We welcome comments, which can be made by contacting us at:

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WMCommunications@health.qld.gov.au

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Open data

Additional information on consultancies, overseas travel and Queensland Language Services Policy has been published on the Queensland Government Open Data website:

www.qld.gov.au/data

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, you can contact us on (07) 3413 5679 and we will arrange an interpreter to effectively communicate the report to you.

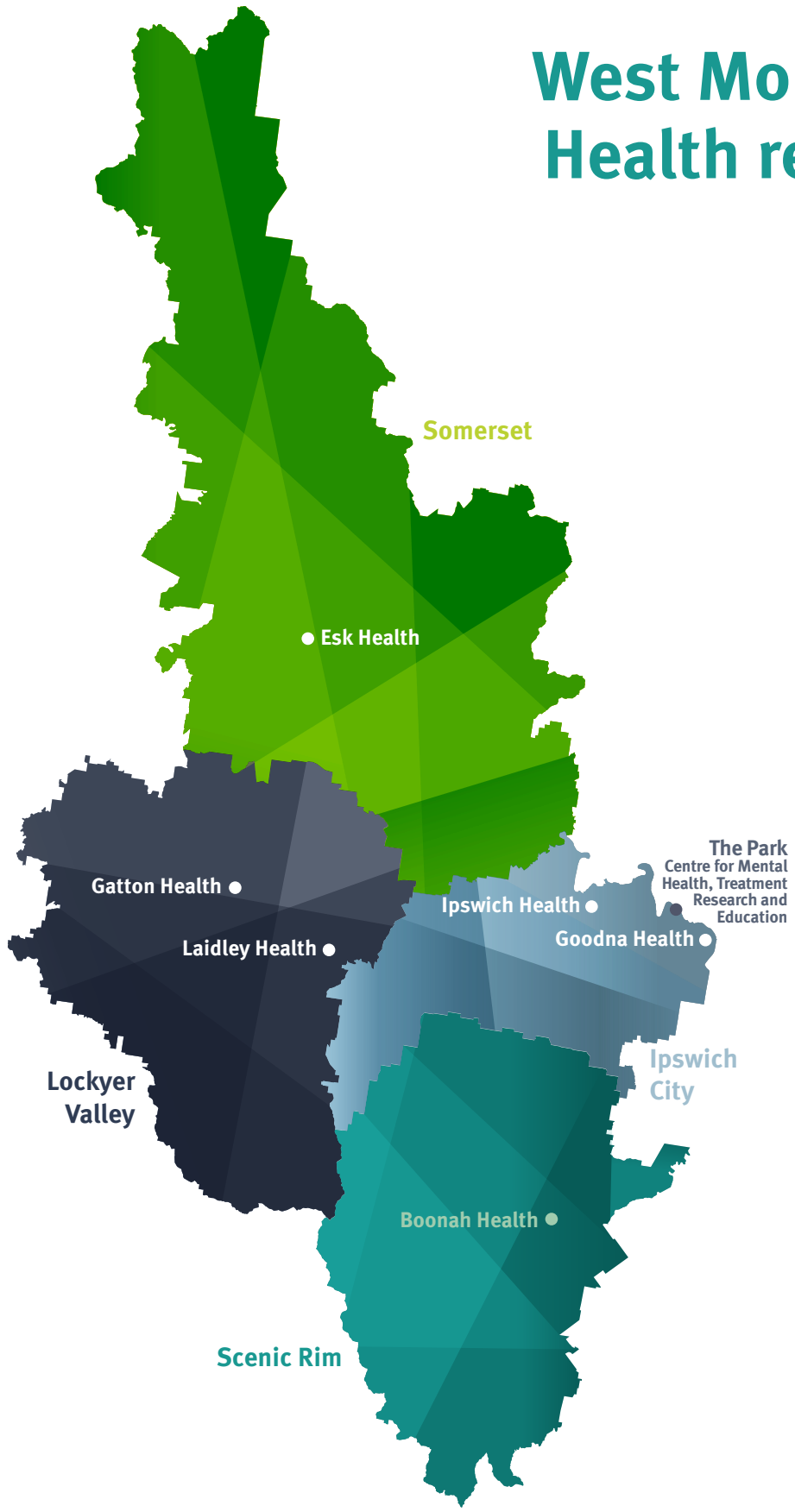
Photography

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West Moreton Health region





Our Life Journey *by Maurice Woodley*

Aboriginal people have a holistic view of health with a life, death, life cycle. The physical health of the individual is connected culturally and spiritually to the land, winds and waters of their traditional country. While the social and emotional wellbeing of the individual is closely connected to, and intertwined with, the wellbeing of their family and community.

This painting represents our life journey. How the places we travel, the people we meet, the things we see all impact on our health, life, social and emotional wellbeing. How they are all connected and intertwined throughout our journey. The tracks and the footprints represent our travels, with the circular symbols representing our meetings and interactions with others. The colours within and surrounding the tracks are our guiding spirits that travel with us all our lives. These colours also represent the West Moreton Health service – which grows and changes for us as we grow and change throughout our journey.

Maurice Woodley is a Yinwum man and artist with traditional lands on the central Cape York Peninsula. Originally from Cairns, Maurice moved to Ipswich with his mother and two sisters in 1992 at the age of 13. In 2015, Maurice registered his art business as Picqui Arts. Maurice devotes much of his time giving back to the community and helping people along their individual health journey.

Acknowledgment

We acknowledge and give our respects to the Jagera, Yuggera and Ugarapul people, Traditional Owners and Caretakers of this land, where they have performed age-old ceremonies of storytelling, healing, music, dance and celebration. We would also like to acknowledge and give our respects to our Elders, past, present and emerging, for they hold the memories, traditions and knowledge of Aboriginal and Torres Strait Islander culture.

Letter of Compliance

10 August 2018

The Honourable Steven Miles MP
Minister for Health and Minister for Ambulance Services
GPO Box 48
Brisbane QLD 4001



Queensland
Government

West Moreton Health

Dear Minister

I am pleased to deliver for presentation to the Parliament the *Annual Report 2017–2018* and financial statements for West Moreton Health.

I certify that this annual report complies with:

- The prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*; and
- The detailed requirements set out in the *Annual Report Requirements for Queensland Government agencies*.

A checklist outlining the annual reporting requirements can be found on page 92 of this annual report.

Yours sincerely

Michael Willis
Chair
West Moreton Hospital and Health Board



Caring Better Together

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West Moreton Health

Message from the Board Chair and Chief Executive

It is a privilege to look back on a year of remarkable achievements at West Moreton Health. The 2017–18 year was challenging, but through good planning, engagement and excellent work by staff, we finished the year stronger than we began it. That work has given us a firm base on which to face future challenges.

“We are optimistic about the future – our strategic plan has clearly set our course”



Michael Willis
Board Chair

Dr Kerrie Freeman
Chief Executive

We saw a 7 per cent year-on-year rise in the number of people attending our emergency departments and a 9 per cent increase in the number of people requiring the most urgent treatment. Despite that rapid growth, in 2017–18 we significantly improved access to care, both in the numbers of people seen within clinically recommended times and through the use of innovative technologies such as telehealth and MeCare, which let community members receive care closer to home.

It was a year in which we realised the rewards of the hard work done in 2016–17 to set a new strategic direction for West Moreton Health. Our 2017–2021 Strategic Plan has four focus areas: person-centred care, caring for our teams, interconnected care and better care. These guided all our clinical, cultural and business decisions as we cared for people with a single goal in mind: to provide safe, excellent, person-centred care.

In 2017–18, we refreshed how we present ourselves to each other and to the world with a new positioning statement: *Caring Better Together*. These three words sum up the West Moreton way – we commit to working with one another and with our external partners, because we recognise that is the best way to meet the health care needs of this community. In 2017–18, that approach has delivered additional and stronger partnerships to deliver better care outcomes.

West Moreton Health enters 2018–19 with more work to do. We have had the welcome announcement of \$124.4 million funding for the first stage of the Ipswich Hospital redevelopment and now must do the hard work that comes with delivering that project.

In 2018–19 we will continue to face challenges and opportunities transparently. We are determined to stamp out bullying and poor workplace culture wherever they occur at West Moreton Health. We are continuing to refine our service delivery models to meet the growing health needs of the community. In addition, we are preparing to shift to the use of electronic medical records, an exercise involving the training of more than 2,500 staff.

We are optimistic about the future – our strategic plan has clearly set our course. We have strong partnerships and we have the support of our hard-working and dedicated staff. We commend this annual report to you as a celebration of their achievements.

1.0 About us



1.1 Our services

West Moreton Hospital and Health Service (West Moreton Health) provides health and wellbeing services to the Somerset, Scenic Rim, Lockyer Valley and Ipswich communities.

We serve a population of 280,000 people across 9,521 square kilometres, from Esk in the north, Gatton to the west, Springfield and Ipswich in the east and Boonah to the south.

We provide preventative and primary health care services, ambulatory services, acute care, sub-acute care and oral health, mental health and other specialised services (including prison health services and alcohol and other drugs services) to our region. Our facilities include:

- Boonah Health
- Esk Health
- Gatton Health
- Goodna Health
- Ipswich Health Precinct:
 - o Ipswich Hospital
 - o Ipswich Oral Health Clinic
 - o Community Health Plaza
- Laidley Health
- The Park – Centre for Mental Health, Treatment Research and Education
- Gailes Community Care Unit
- Prison Health Services.

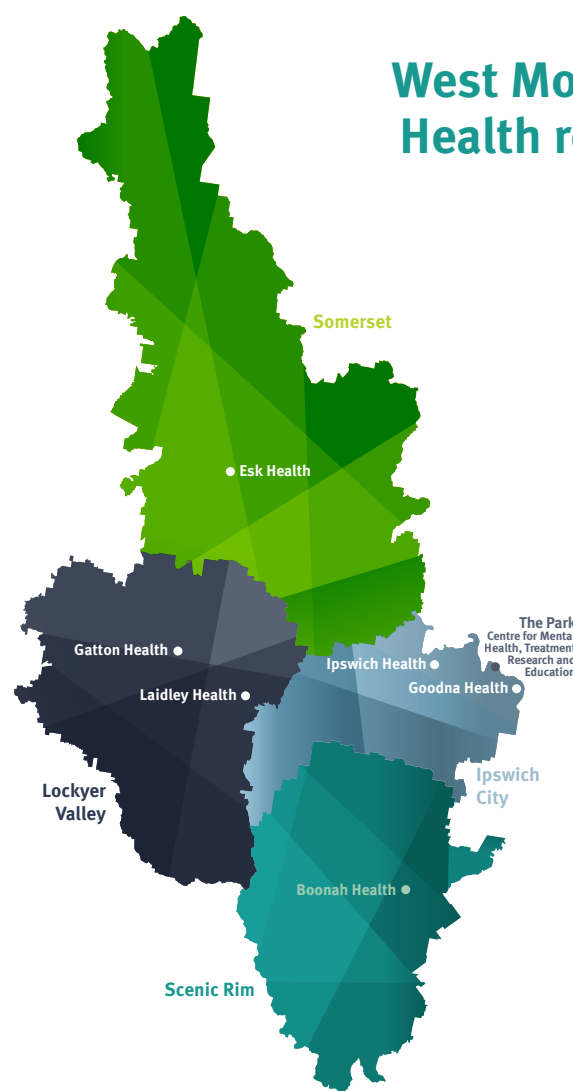
With a Queensland Government budget allocation of \$554.6M in 2017–18, and 3,454 full-time equivalent (FTE) staff members, West Moreton Health is one of the largest employers in the region.

Many of our staff live in this community and so have a personal interest in making sure we achieve our goals. We recognise and welcome the role we play in not only health care, but in the economic development, sustainability and prosperity of the West Moreton region.

The West Moreton Health community is experiencing significant growth, with the population expected to increase 113 per cent to 593,000 people by 2036.

West Moreton Health provides Queensland's only forensic mental health inpatient beds – the High Security Inpatient Service (HSIS), the Extended

West Moreton Health region



Forensic Treatment Rehabilitation Unit (EFTRU) and the Secure Mental Health Rehabilitation Unit (SMHRU).

West Moreton Health provides inpatient services to the most complex forensic consumers from across the state. These services are delivered in a highly supervised, supportive, secure environment to consumers who have allegedly committed serious indictable offences, who are involved in the criminal justice system and who are presenting with complex mental health needs requiring assessment and/or treatment and rehabilitation.

We also provide statewide services such as the Queensland Centre for Mental Health Research (QCMHR), the Queensland Centre for Mental Health Learning (The Learning Centre) and the Queensland Mental Health Benchmarking Unit. In addition, West Moreton Health provides a range of health services to prison facilities in South East Queensland.

We have strong community reference groups who ensure the community has a voice through planning, design, delivery and evaluation of health care services.

Fast facts



84,071

Emergency
department
presentations



72,691

Patients
admitted



740

Hospital In The
Home (HITH)
patients



322,795

Outpatient
appointments

*(including Breastscreen and mental health
provisions of service in the community)*



2,693

Babies born



4,909

Inter-hospital
transfers



2,371

Telehealth
consultations



10,333

Surgeries



206,688

Dental
treatments

**3 July
2017**

BreastScreen Queensland – Ipswich Service celebrated 20 years



**19 July
2017**

MeCare program turned one



**31 July
2017**

New 24/7 Paediatric Emergency Unit opened at Ipswich Hospital



**7 Sept
2017**

West Moreton Health's Executive Leadership Committee is fully recruited



**13 Sept
2017**

Ambulance Week celebrated a fantastic partnership with our Queensland Ambulance Service colleagues



14 Sept 2017

Yarning Circle opened at Ipswich Hospital



3 Nov 2017

Boonah Health celebrated 40 years of operation



5-7 Dec 2017



Celebrated a successful year working in partnership at a series of staff Christmas lunch events

**7 March
2018**

New dedicated Type 1 Diabetes Clinic opened at Ipswich Health Plaza



7 March 2018

West Moreton Health leaders signed the Stop Stigma charter to end mental illness stigma



12 March 2018

Annastacia Palaszczuk MP, Premier and Minister for Trade and Minister for Health and Minister for Ambulance Services Steven Miles announced the \$124.4 million expansion of the Ipswich Health Precinct



**24 April
2018**

Commemorated ANZAC Day



**19 March
2018**

Digital Health program launched for paperless medical records



Annual Highlights

2017 2018

1.4 Operating environment

West Moreton Health was established on 1 July, 2012 as a statutory body under the *Hospital and Health Board Act 2011*. One of 16 hospital and health services in Queensland, West Moreton Health is governed by the West Moreton Hospital and Health Board (the Board) whose members are accountable to the community and to the Minister for Health and Minister for Ambulance Services, the Honourable Steven Miles. Hospital and health services and the Department of Health together make up Queensland Health.

West Moreton Health operates in line with the annually approved Service Agreement with the Department of Health. The agreement can be viewed here:

<https://publications.qld.gov.au/dataset/west-moreton-hhs-service-agreements>

West Moreton Health has a 2017–18 published budget of \$554.6 million, which is an increase of \$42.3 million (or 8.3 percent) over the 2016–17 published budget of \$512.3 million.

The 2017–18 service agreement includes anticipated revenue growth under the 6.5 per cent Commonwealth growth cap, based on 2016–17 forecast delivery of activity.

West Moreton Health has continued to improve Emergency Length of Stay (ELOS) and Patient Off Stretcher Time (POST) in 2017–18. To June 2018 (FYTD), there were 84,071 presentations, including 52,890 in the more urgent 1-3 triage categories (also see section 4.o).

This reflects a 7 per cent increase in overall presentations at Ipswich Hospital and a 9 per cent

increase in category 1-3 patients, as compared to the same time last year.

Emergency Length of Stay for the 2018 financial year was 80.4 per cent, a 1.8 percentage points improvement from the same time last financial year.

West Moreton Health has put a number of initiatives in place to respond to the significant growth in Emergency Department presentations year-on-year:

An eight-bed Clinical Decision Unit was opened in March 2017 at the Ipswich Hospital Emergency Department. The unit is designed to rapidly diagnose adults attending the Emergency Department with more complex cases.

In addition, a dedicated paediatric space was opened at Ipswich Hospital in August 2017, adding an additional five beds.

This space was developed based on Ipswich Hospital's needs and was co-designed with Children's Health Queensland Hospital and Health Service to confirm the most appropriate operating model (also see section 4.o).

West Moreton also received additional funding to better respond to people presenting in crisis and/or during an acute phase of their mental health issues. This enables the community to receive care at home rather than having to present to the Emergency Department.

West Moreton Health has worked closely with the Queensland Ambulance Service on innovations to reduce POST. This is reflected a June 2018 performance of 78.7 per cent, up 2.2 percentage points from 76.5 per cent during the same period last year.



West Moreton Health staff Kathryn Acutt, Anna Wilson and Antina Davis outside our busy Emergency Department, at which many new initiatives were put in place in 2017–18 to better serve the community.

1.5 Risks and challenges

West Moreton Health needs to manage risks and challenges to ensure continued delivery of quality health services to the West Moreton community.

These include:

- continuing to meet the needs of a rapidly growing population
- providing more care for the community closer to home (approximately one third of the community receives public treatment outside West Moreton Health's catchment)
- increasing rates of chronic disease in the West Moreton community
- the level of socio-economic disadvantage within the West Moreton Health catchment and the impact this has on health outcomes (approximately one in two is disadvantaged)
- providing and improving care within an ageing infrastructure
- Closing the Gap in life expectancy for the Aboriginal and Torres Strait Islander Community.

Like neighbouring hospital and health services in South East Queensland, West Moreton is projected to have significant increases in service demand over the next 10 years.

West Moreton Health has the fastest relative population growth of any region in Queensland, with more than 113 per cent growth predicted from 2016 to 2036, a change in estimated resident population from 278,557 to a projected population of 593,000.

At the same time, the existing population is ageing and it is projected that the number of persons aged 70 years and over will almost double by 2026, placing further demand on health services.

We are working closely with other providers of health and community services in the catchment to plan services to meet the health needs of current and future residents.

In response to the increasing demand for services, we boosted our expenditure with our private health partners by approximately 14 per cent in 2017–18 to deliver more public health services to the community.

In the past year, we referred over 3,300 inpatients to our local health partners for elective surgery and other procedures. Services included breast surgery, cardiac interventions, endoscopy, ear nose and throat services, general surgery, gynaecology, maxillofacial surgery, ophthalmology, orthopaedics, plastic surgery and urology.

1.6 Opportunities

West Moreton Health has developed a Strategic Plan to support its response to these strategic risks and challenges. Our key strategic priorities include:

- partnering with the people we care for and their families
- growing our facilities and services in line with community growth
- working with other organisations to improve the health of the community through a population health approach
- delivering more care closer to home
- transforming healthcare with technology and evidence
- providing safe, reliable care that is integrated.

We have developed a population-based, networked service strategy that has informed our Master Plan for current and future sites across the West Moreton catchment.

The West Moreton Master Plan will be implemented in a staged way over 15 years based on service need, population growth and capital funding availability.

Partnerships with other providers to deliver services, including dialysis and some surgical procedures, are already in place and will likely continue to be part of the service solution in the future.

This work is consistent with the Department of Health's regional planning priorities. The aim of this regional planning is to develop a shared high-level blueprint to guide future service development.

1.7 Government objectives

West Moreton Health actively contributes to the Queensland Government's objectives for the Ipswich, Lockyer Valley, Scenic Rim and Somerset communities by:

Creating jobs and a diverse economy

- Increasing workforce participation
- Ensuring safe, productive and fair workplaces
- Stimulating economic growth and innovation
- Delivering new infrastructure and investment.

As one of the largest employers in the region, West Moreton Health plays an integral role in supporting the economic vitality of the community we serve. At the end of 2017–18 financial year, the health service employed 3,454 full-time equivalent people (81 percent of them frontline staff), which is 375 more full-time equivalent staff than were employed at the end of 2016–17. This growth was achieved by securing additional resources to fund new and expanding services – each new addition to the West Moreton Health family helps ensure the health service can meet the needs of the community now and into the future.

Delivering quality frontline services

- Achieving better education and training outcomes
- Strengthening our public health system
- Providing responsive and integrated government services
- Supporting disadvantaged Queenslanders.

West Moreton Health exists to provide quality clinical care – In the 2017–18 financial year, there were 614,475 attendances at West Moreton emergency departments, outpatient and community health services, and 72,691 inpatients in our hospitals. These diverse front-line services are a cornerstone to how we are caring better together for the community we serve.

Protecting the environment

- Protecting the Great Barrier Reef
- Conserving nature and heritage
- Ensuring sustainable management of natural resources
- Enabling responsible development.

West Moreton Health is introducing ways to reduce our environmental footprint, including eliminating unnecessary waste, improving recycling and developing strategies to reduce reliance on paper-based record-keeping through adoption of the integrated electronic Medical Record (ieMR).

Building safe, caring and connected communities

- Ensuring an accessible and effective justice system
- Providing an integrated and reliable transport network
- Encouraging safer and inclusive communities
- Building regions.

Building safe, caring and connected communities is core business for West Moreton Health. Mental Health and Specialised Services and Prison Health Services provide the support that keep prisoners and consumers supported and well, helping their successful return to the community. In providing education and health care services in community health centres for culturally and linguistically diverse community members, we also support their closer engagement with the broader community. Similarly, our Master Plan seeks to identify and progressively deliver the services needed by this growing community over the next 15 years.

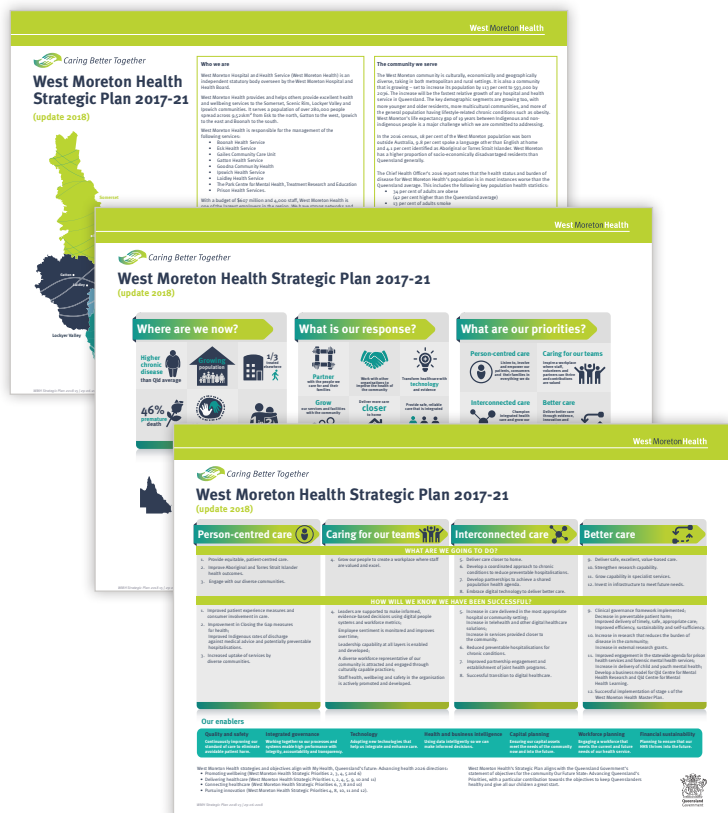
1.8 Strategic Plan 2017-2021

West Moreton Health launched its 2017-2021 Strategic Plan in late June 2017, following extensive engagement, consultation and development under the Shaping our Future Project led by the Board and Chief Executive.

The focus for the 2017–18 financial year has been the implementation of the Strategic Plan. Many of the achievements outlined in this annual report (such as the rollout of the digital ieMR and the West Moreton Health Master Plan) are the direct result of West Moreton Health's successfully executing its strategic objectives.

West Moreton Health has completed a 2018 update to the 2017-2021 Strategic Plan. The update remains true to the extensive staff and stakeholder engagement conducted in the Shaping our Future Project while also clarifying the key strategic priorities for the next three years.

The 2017-2021 Plan (2018 update) is responding to the challenges West Moreton Health faces in serving one of the fastest-growing communities in Queensland. It also provides a clear roadmap for how West Moreton Health can meet this challenge.



Our 12 strategies are grouped in four themes:

1. Person-centred care

- Provide equitable, patient-centred care
- Improve Aboriginal and Torres Strait Islander health outcomes
- Engage with our diverse communities.

2. Caring for our teams

- Grow our people to create a workplace where staff are valued and excel.

3. Interconnected care

- Deliver care closer to home
- Develop a coordinated approach to chronic conditions to reduce preventable hospitalisations
- Develop partnerships to achieve a shared population health agenda
- Embrace digital technology to deliver better care.

4. Better care

- Deliver safe, excellent, value-based care
- Strengthen research capability
- Grow capability in specialist services
- Invest in infrastructure to meet future needs.

To realise our Strategic Plan, we have updated and implemented our Integrated Planning Framework. The framework demonstrates the linkages between each of our planning cycles and clearly articulates how strategic priorities are cascaded throughout the organisation. It provides a coordinated approach to strategy, which ensures translation of our priorities and objectives into actions and outcomes.

By understanding our challenges, having a strategic plan that provides a clear way forward and by working together on our strategic priorities, we will be well-placed to meet the growing and changing needs of patients and families, staff, partners and the wider community.

1.9 Strategies designed for the future

Our Master Plan

Our *Master Plan* maps the development and growth of services within the West Moreton catchment over the next 15 years and will be instrumental in ensuring that we provide the appropriate services to the community we will serve into the future.

In light of an expected population boom, ageing infrastructure and one-third of our current population receiving health care outside of the catchment, the West Moreton Health Board and Chief Executive commissioned the development of a new Master Plan in 2017. This plan covers the entire West Moreton catchment and allows the health service to grow services when and where they are needed.

Developed in consultation with staff, patients and partners, the plan will deliver a state-of-the-art integrated Ipswich Health Precinct with increased bed capacity and community services, as well as essential infrastructure for mental health, rural communities including the Lockyer Valley and the fast-growing Ripley/Springfield areas.

On 12 March, 2018, Annastacia Palaszczuk MP, Premier and Minister for Trade, and the Minister for Health and Minister for Ambulance Services, the Honourable Steven Miles, announced \$124.4 million in funding for the first stage of the Master Plan.

This enabling stage underpins the plan's future success and includes new works on the Ipswich health precinct, including a new mental health facility and an MRI machine at Ipswich Hospital, as well as an integrated

community health care centre, outpatients' facility and a new car park. Work is expected to commence in 2020 with this stage to be completed by the end of 2022.



Annastacia Palaszczuk MP, Premier and Minister for Trade, Minister for Health and Minister for Ambulance Services, the Honourable Steven Miles, and Assistant Minister for Veteran Affairs and Assistant Minister of State, Member for Ipswich, Jennifer Howard, with West Moreton Health staff announcing \$124.4 million to fund the first stage of the Master Plan.

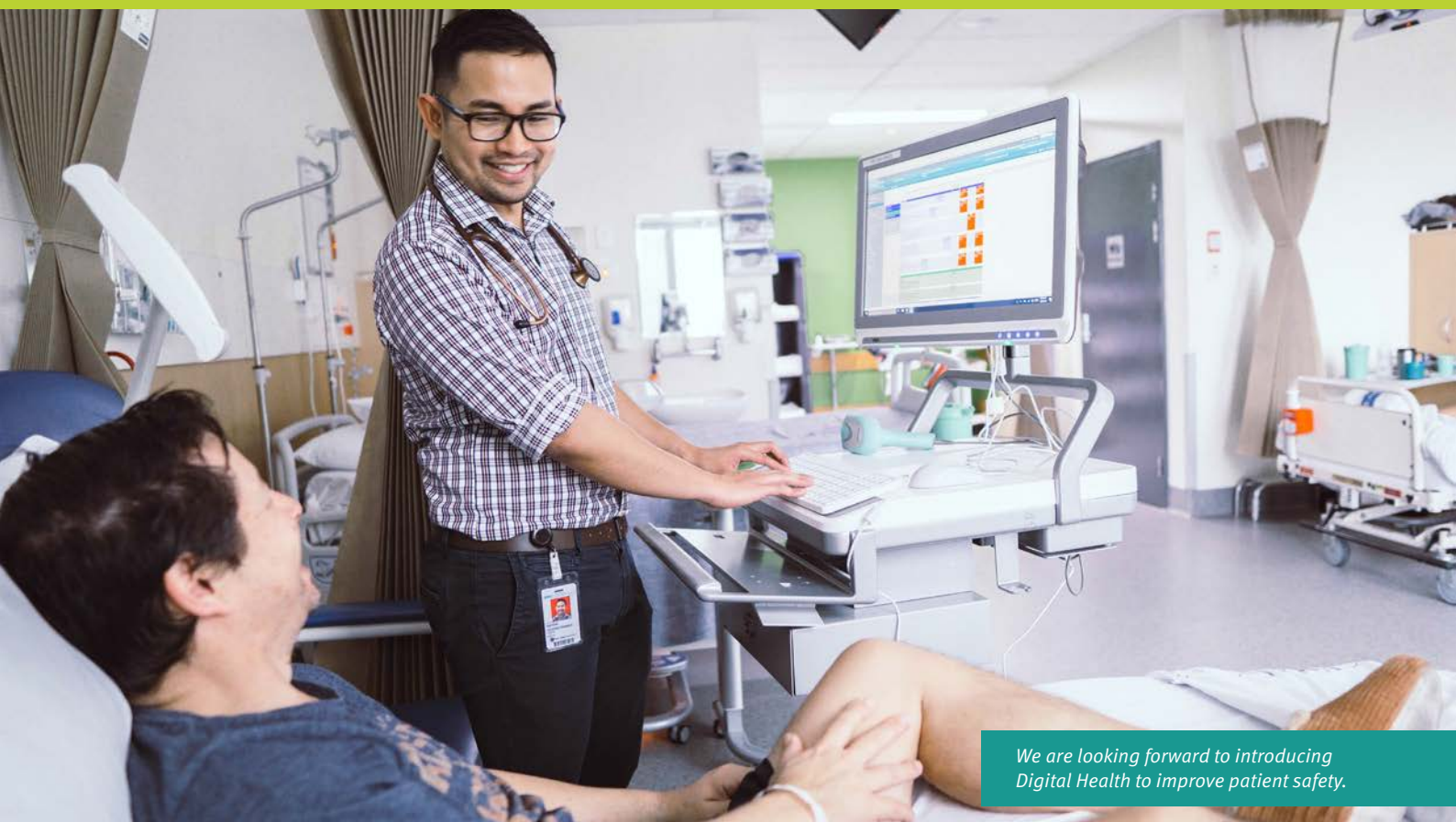


An artist's impression of the new Mental Health building (above) and new MRI machine (right).



An artist's impression of the Ipswich Hospital campus at the conclusion of the Master Plan in 2036.





We are looking forward to introducing Digital Health to improve patient safety.

Digital Health

West Moreton Health is adopting Digital Health, initiatives which includes the statewide integrated electronic Medical Records (ieMR) program. The system will ensure the safest and best outcomes for patients. There are a range of other Digital Health changes underway including the Financial System Renewal state-wide project and implementation of Office 365 (also see section 3.3).

With a proud history of embracing change, we are looking forward to implementing ieMR and introducing new technology that will benefit both consumers and our staff. The new technology will also produce cost savings through increased efficiency. The savings will be used to improve our health service by boosting our facilities and increasing bed and resource capacity to meet the growing needs of the community.

Growing our capability and clinical services

Through the development of our Strategic Plan, we have clearly set out how we will grow our services and capability to meet the needs of the rapidly growing West Moreton population and to ensure we can better care for more of the community, closer to home.

To support this development and sustain the future growth of services, we are in the final stages of

developing a *Clinical Services Plan 2018-2033* as part of our Integrated Planning Framework. The purpose of this plan is to clearly articulate a vision for how clinical services will be delivered in the future by identifying the stages and purposeful actions needed to provide growing, safe and sustainable models of care that meet the needs of the West Moreton community.

The plan to grow our clinical services and capability are already being implemented. Within the next 12 months, a broad range of service planning improvements will increase our ability to better care for the West Moreton community as we prevent hospitalisations and provide care closer to home.

Increasing critical and vital care capacity

West Moreton residents will be reassured to know we are growing renal dialysis services to meet the needs of the community. We have already made strides in expanding this specialised area, opening a new nephrology clinic service at Ipswich Hospital in September 2017. This vital service provides treatment and support for those in end-stage kidney failure and in acute renal failure. In supporting the further expansion of renal dialysis services, we are providing vital care to critically ill patients and enabling the community to receive their care closer to home.



Our vision (The future we want to create)

Quality care and wellbeing provided locally for the community.



Our purpose (What we are here to do)

To inspire, partner with and contribute to health and wellbeing for our local communities. To strive to be leaders in clinical care, integration, prevention, education and research.



Our principles (How we make decisions)

We are committed to the highest standards of patient and staff safety. Our people come first. We are bold and innovative. We aim for reliability and sustainability.

Where are we now?

Higher chronic disease
than Qld average



Growing population



1/3 treated elsewhere



46% premature death



Indigenous life expectancy
9-10 years less*
than non-indigenous

1 in 2 disadvantaged



What is our response?



Partner
with the people we care for and their families



Work with other organisations to improve the health of the community



Transform healthcare with **technology** and evidence

Grow
our services and facilities with the community



Deliver more care **closer** to home



Provide safe, reliable care that is integrated



What are our strategic priorities?

Person-centred care

Listen to, involve and empower our patients, consumers and their families in everything we do



Caring for our teams

Inspire a workplace where staff, volunteers and partners can thrive and contributions are valued



Interconnected care

Champion integrated health care and grow our own services



Better care

Deliver better care through evidence, innovation and research



Our enablers

Quality and safety

Continuously improving our standard of care to eliminate avoidable patient harm.

Integrated governance

Working together so our processes and systems enable high performance with integrity, accountability and transparency.

Technology

Adopting new technologies that help us integrate and enhance care.

Health and business intelligence

Using data intelligently so we can make informed decisions.

Capital planning

Ensuring our capital assets meet the needs of the community now and into the future.

Workforce planning

Engaging workforce that meets the current and future needs of our health service.

Financial sustainability

Planning to ensure that our HHS thrives into the future.

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 the 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

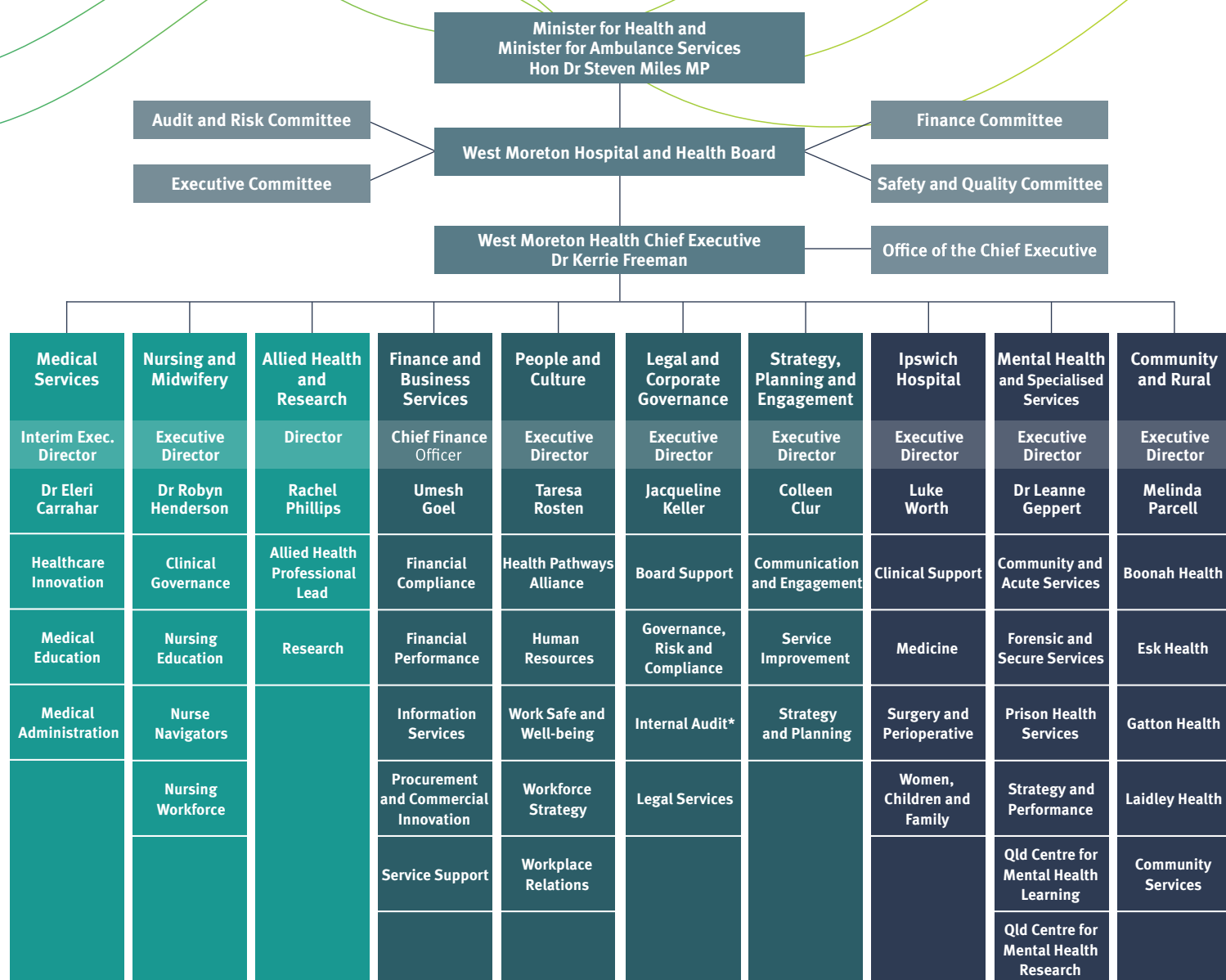
- Lead, empower and trust
- Play to everyone's strengths
- Develop yourself and those around you

*ABS 2013

2.0 Governance



2.1 Organisational structure



*Internal Audit has a direct reporting line to the West Moreton Health Chief Executive and the Board Audit and Risk Committee

- Professional
- Support
- Service

2.2 Board

The Board is comprised of eight non-executive members appointed by the Governor in Council on the recommendation of the Minister for Health and Minister for Ambulance Services in accordance with the *Hospital and Health Boards Act 2011*.

The Board is responsible for setting the strategic direction of West Moreton Health, which includes:

- developing, approving and periodically reviewing the strategic plan
- approving West Moreton Health's entering into the service agreement with the Department of Health
- approving the annual budget
- setting performance goals for West Moreton Health
- decision-making in relation to significant strategic initiatives or matters of a sensitive or extraordinary nature
- assessing and determining whether to accept risks outside of the risk appetite set by the Board
- ensuring the health service has the resources necessary to achieve goals, monitor progress and report outcomes.

The Board sets the boundaries, or key policies, within which West Moreton Health must operate and is accountable for the performance of the health service.

In fulfilling this function, the Board:

- approves the annual financial statements, the annual report and the annual service delivery statement
- reports to the Minister for Health and Minister for Ambulance Services on West Moreton Health's performance; and
- makes summaries of the key issues discussed and decisions made at Board meetings available to health professionals, consumers and the community, subject to the Board's obligations relating to confidentiality and privacy.

The Board is committed to ensuring meaningful engagement with consumers of our services and the community and approves policies, strategies and reporting required to deliver on this commitment.

Monitoring and supervising functions of the Board include overseeing the implementation of the strategic plan and monitoring financial, strategic, performance, compliance, risk, internal control, regulatory and legal matters, as well as exercising due diligence to ensure West Moreton Health meets its workplace health and safety obligations.

The Board is also responsible for appointment, removal, succession planning and performance evaluation of the Health Service Chief Executive.

The Board delegates certain functions to the Health Service Chief Executive pursuant to section 30(1) of the *Hospital and Health Boards Act 2011*.

Board members



Michael Willis
Board Chair

Michael Willis is a company director and corporate governance consultant, with over 28 years of governance experience in industry, financial services and the health and education sectors.

He chairs the board of Boyce Chartered Accountants, a leading professional services firm serving rural and regional NSW, and is Deputy Chair of the National Injury Insurance Scheme Qld, where he chairs the Audit and Risk Committee.

Michael is also a Specialist Advisor with Effective Governance, a leading governance advisory firm.

Michael is a Life Member of the Financial Services Institute of Australasia (FINSIA). As the National President of FINSIA, he led its participation in the development of the ASX Corporate Governance Principles. He is also a Fellow of the Australian Institute of Company Directors.

His career in corporate governance and management includes chairing the board of an ASX listed company, founding CEO of Anfin (a specialist financial services provider to independent schools), director and chair of several industry peak bodies, across finance, aged care and education, and professional roles in education management, stockbroking, funds management, financial derivatives and risk management.



Susan Johnson
Deputy Chair

Ms Johnson is a self-employed consultant with a background in law, public policy, research and governance, integrity principles, risk management and effective governance, providing advice to mainly public sector agencies in Queensland. She has worked in, and with, public sector agencies for more than 30 years including in senior executive roles in research and misconduct prevention at the former Criminal Justice Commission and Crime and Misconduct Commission (now the Crime and Corruption Commission) Susan has also been involved in major policy reviews for government in the areas of police powers, domestic violence and child protection.

Susan holds a Bachelor of Arts, a Bachelor of Laws, and a Masters of Business Administration. She has held a number of appointments in the areas of professional standards and disciplinary processes in relation to health practitioners and local councillors including:

- more than a decade as a community representative on the Professional Performance and Standards Panels, dealing with allegations of unprofessional conduct by health practitioners in Queensland
- recently completing three year terms as a community member of the Queensland Nursing and Midwifery Board of Australia and of the Queensland Psychology Board of Australia
- eight years as a member of the Local Government Conduct Review Panels which deal with allegations of misconduct by local councillors across the State.

Susan is currently the Chair of the Local Government Remuneration and Disciplinary Tribunal, having been appointed on 1 July 2018. She is a current member of the Australian Institute of Company Directors.



Lyn Birnie

Lyn Birnie is a finance leader with over 35 years' experience in senior roles in major mining companies and a key Queensland Government-owned power generator. She is currently consulting in the energy sector. Lyn holds a Bachelor of Business and a Master of Business Administration and is a Certified Practising Accountant and a graduate of the Australian Institute of Company Directors. Her career has focused on the commercial and financial management of operations, strategic and business planning and capital investment effectiveness, as well as business transformation and improvement.

Lyn has both led and participated in a number of governance and assurance committees in the course of her career. She maintains a strong commitment to safety, sustainable development, culture improvement and organisational diversity.



**Professor
Jeff Dunn AO**

Professor Jeff Dunn AO retired as the Chief Executive Officer of Cancer Council Queensland in March 2017, a role he held for almost 16 years. He has since been appointed Professor and Chair of Social and Behavioural Science within the University of Southern Queensland's Institute for Resilient Regions and also holds a Professorial appointment with the Griffith University School of Medicine.

He has a strong interest in the social and behavioural aspects of cancer control, spanning the continuum of research, prevention, early detection, supportive care and quality of life. He is actively involved in research in this field and has dedicated his career to the development of novel, evidence-based cancer control strategies that improve the health and wellbeing of our community.

Jeff serves as Treasurer on the Board of the Union for International Cancer Control (UICC), as an editorial Board member for Psycho-Oncology Journal and was recently appointed Honourary President of the Asia Pacific Organisation for Cancer Prevention (APOCP). In June 2014, he was recognised as an Officer of the Order of Australia for distinguished service to medical administration through leadership roles with cancer control organisations and to the promotion of innovative and integrated cancer care programs.



Patricia Evatt

Patricia Evatt has a background in psychology, with a particular interest in organisational psychology. She has more than 20 years' experience in corporate governance in both the public and private sectors and is a former director of a consultancy company specialising in industrial relations, organisational development and human resource management. She holds a Bachelor of Applied Science (Applied Psychology), a Diploma of Psychology, a Master of Organisational Psychology and is a graduate of the Australian Institute of Company Directors.

Patricia is a member of the Ipswich Hospice Care Inc. management committee. She has also been a board member of the former West Moreton-Oxley Medicare Local and a trustee and Deputy Chair of the Ipswich Girls' Grammar School, as well as holding a number of directorships in industry bodies in the aviation and real estate industries.



**Professor
Gerald Holtmann**

Professor Gerald Holtmann is a medical specialist in the field of gastroenterology with extensive academic and leadership experience. He is currently Director of the Department of Gastroenterology and Hepatology at the Princess Alexandra Hospital in Queensland. In addition, he is Associate Dean Clinical for the health faculties of the University of Queensland and obtained a Master of Business Administration in South Australia on top of his medical qualifications.

Since completing clinical training at the University of Essen in Germany and the Mayo Clinic in Rochester, Minnesota in the United States, he has gained substantial leadership and managerial experience within the health care setting as the director of large gastroenterology departments.

Gerald has also served on the Board of the University Hospital Essen and was, for several years, CEO and Medical Director of this organisation. He is currently on the Board of Directors of UQ Health Care and the Gallipoli Foundation.



Stephen Robertson

Stephen Robertson is a partner in Ethical Consulting Services, based in Brisbane. In 2012, he completed a 20-year career as a member of the Queensland Parliament and was a senior minister in successive State Governments between 1999 and 2012.

Over the course of his 13 years of ministerial service, Stephen held the portfolios of Health, Energy, Water, Natural Resources, Mines, Trade and Emergency Services. He has a Bachelor of Arts from Griffith University, graduating with honours from the School of Modern Asian Studies and is currently studying for a Master's Degree in International Relations. He is also a former non-executive director of the West Moreton-Oxley Medicare Local and is currently the Chair of Healthy Land and Water and NRM Regions Queensland.



Sue Scheinplug

Sue Scheinplug is a CEO with over 20 years' experience in the not-for-profit sector. She has worked in the areas of primary health care, mental health, homelessness, youth and family support and education.

Currently the CEO of Brisbane South Primary Health Network, Sue holds qualifications in education and is a graduate of the Australian Institute of Company Directors. She has held numerous advisory and policy development roles at local, state and national government levels and has won awards as a business and community leader, including the 2009 Queensland Telstra Business Woman of the Year Award. She is also a member of the Queensland Mental Health and Drug Advisory Council

The Board acknowledges and thanks the contribution of past members who served this financial year:

- Melinda Parcell (to 1 September 2017)
- Gary Edwards (to 10 April 2018)
- Dr Sonj Hall (to 17 May 2018)

Board committees

Audit and Risk Committee

Current members (appointed from July 2018): Susan Johnson (Chair), Lyn Birnie, Patricia Evatt and Professor Jeff Dunn. The Audit and Risk Committee is responsible for assisting the Board in overseeing West Moreton Health's financial statements, internal control structures, internal audit function, risk management systems and compliance systems. It also oversees West Moreton Health's liaison with the Queensland Audit Office (QAO) and assesses external audit reports and any subsequent action taken. The members of the 2017–18 Committee:

- reviewed and recommended Board approval of the West Moreton Health Annual Report 2016–17
- recommended Board approval of the 2016–17 Internal Audit Plan
- recommended the Board's approval of changes to the Audit and Risk Committee Charter
- recommended the Board's approval of changes to the Internal Audit Charter
- reviewed QAO recommendations and monitored their implementation
- reviewed internal and external audit activities and findings and monitored implementation of recommendations
- recommended the Board's approval of amendments to various policies and procedures
- reviewed and recommended the Board's approval of changes to West Moreton Health's strategic risks.

Executive Committee

Members: Michael Willis (Chair), Patricia Evatt, Professor Gerald Holtmann and Sue Scheinpflug. The chartered role of the committee is to work with the Chief Executive to progress strategic issues, strengthen the relationship with the Chief Executive and deliver accountability. The committee oversees performance against the measures stated in the service agreement. The Committee supports the Board to develop engagement strategies and protocols with primary health organisations and address issues that arise.

Finance Committee

Members: Stephen Robertson (Chair), Lyn Birnie, Michael Willis and Susan Johnson. The Finance Committee is responsible for advising the Board about West Moreton Health's budgets, cash flows, financial and operating performance, financial systems, financial risks or concerns and complex or unusual financial transactions. It also plays a role in overseeing West Moreton Health's assets and infrastructure plans and performance.

Safety and Quality Committee

Members: Professor Gerald Holtmann (Chair), Sue Scheinpflug, Professor Jeff Dunn and Stephen Robertson. The Safety and Quality Committee assists the Board in its oversight of West Moreton Health's safety and quality-related strategies, performance, governance arrangements and improvements. It is also responsible for promoting a culture of open and honest reporting of any situation that may threaten the quality of patient care. The Safety and Quality Committee includes consumer representatives at each of its meetings to bring the perspective of our consumers to the Committee's consideration of safety and quality matters. Their contribution is greatly appreciated and valued by all members of the Committee and the Board.

Board and committee meeting attendance

Member	Position	Board	Finance Committee	Executive Committee	Safety and Quality Committee	Audit and Risk Committee
Michael Willis	Board Chair and Committee Chair	14/14	1/1	5/5	2/2	
Gary Edwards	Member	9/10	3/3			4/4
Patricia Evatt	Member	13/14		5/5	4/4	
Dr Sonj Hall	Member	10/11	2/3			5/5
Prof Gerald Holtmann	Member and Committee Chair	13/14		3/5	3/4	
Susan Johnson	Board Deputy Chair and Committee Chair	13/14	4/4			4/5
Melinda Parcell	Member	1/2				2/2
Sue Scheinpflug	Member	11/14		5/5	2/2	1/1
Lyn Birnie	Member	3/3	1/1			
Prof Jeff Dunn AO	Member	2/3				
Stephen Robertson	Member and Committee Chair	3/3				

2.3 Executive

The role of the Health Service Chief Executive

The Board appoints the Health Service Chief Executive (Chief Executive) and delegates its power and authority to supervise the management of the day-to-day operations of West Moreton Health.

The Board also delegates other powers and functions, such as certain financial and human resources matters, to the Chief Executive by way of an Instrument of Delegation.

The Chief Executive may, with the permission of the Board, sub-delegate certain powers and functions to other staff members.

The Chief Executive may also delegate functions under the *Hospital and Health Boards Act 2011* to an appropriately qualified health executive or employee.

The Chief Executive carries the single point of accountability for ensuring patient safety through effective executive leadership and management of all services within West Moreton Health.

The Chief Executive is accountable to the Board for ensuring West Moreton Health achieves a balance between efficient service delivery and high-quality health outcomes.

The key accountabilities of West Moreton Health's Chief Executive are:

- strategy development
- ensuring delivery of effective, safe, efficient and economical health care
- ensuring development of improved, sustainable health care outcomes
- risk and compliance management
- providing expert strategic advice to the Board
- ensuring resources are planned, allocated and evaluated efficiently
- leading the implementation of West Moreton Health's vision, strategy and management plan for the workforce
- ensuring West Moreton Health engages meaningfully with the community, Traditional Owners, practitioner groups, other health services and relevant stakeholders within the region and Queensland Health.

Executive leadership team



Dr Kerrie Freeman
Health Service
Chief Executive

Dr Kerrie Freeman is an experienced executive with more than 15 years' experience leading the delivery of health care and supporting transformative change management. She holds a Bachelor of Business (BBS), Post Graduate Diploma in Public Health and Doctorate of Philosophy in Community Health (PhD) and is a graduate of the Australian Institute of Company Directors (GAICD). Prior to joining West Moreton Health in January 2017, she held the positions of Director Service Agreement Management within the Department of Health and Executive Director Hospital Services within the Children's Health Queensland Hospital and Health Service.



Dr Eleri Carrahar
Interim
Executive Director
Medical Services

Dr Eleri Carrahar has 14 years' experience in health care, having worked internationally in clinical and managerial roles. After graduating from the University of Liverpool with a Bachelor of Medicine/Bachelor of Surgery, she worked in both the public and private sectors in the United Kingdom before moving to Australia in 2007. She also holds a Master's Degree in Health Management and is a Fellow of the Royal Australasian College of Medical Administrators (FRACMA). Eleri has specialised in medical administration since 2010 and was previously the Director of Medical Services at Cairns and Hinterland Hospital and Health Service. She joined West Moreton Health in 2015.



Dr Robyn Henderson
Executive Director
Nursing and
Midwifery Services

Dr Robyn Henderson carries on a proud family tradition as a third-generation nurse. She is an experienced leader, having held a number of similar executive roles in New Zealand, Ireland and Australia. She holds a Doctorate of Health Science and has a keen interest in the integration of primary health and hospital health care for the benefit of patients and also strategies for reducing the burden of chronic disease within the population. She began her current role in July 2016.



Umesh Goel
Chief Finance Officer

Umesh Goel has more than 25 years' experience leading financial and commercial services within the mining, natural resources and infrastructure sectors, having worked extensively in Western Australia, Queensland and India. He holds a Bachelor of Commerce, Graduate Diploma of Applied Corporate Governance and is a member of Chartered Accountants Australia and New Zealand. Prior to joining West Moreton in August 2017, he held senior positions including Chief Financial Officer at Hancock Coal and Chief Financial Officer at Aditya Birla Minerals.



Rachel Phillips
Director of Allied
Health and Research

Rachel Phillips leads clinical excellence through education, professional development and research for the allied health professions. She drives the development and implementation of the health service's Research and Innovation Strategic Plan. She has a Masters in Clinical Psychology, and her areas of expertise include clinical health psychology, child and youth mental health and complex psychological problems. Rachel maintains a strong presence in the field of psychology and is a supervisor to provisional psychologists and psychologists in leadership roles. She is currently the Deputy Chair of the Psychology Board of Australia and Chair of the National Psychology Examination Committee.



Taresa Rosten
Executive Director
People and Culture

Taresa Rosten has over 15 years' experience in human resources, workplace relations and strategy, having held a number of leadership positions within the public sector. She holds a Bachelor of Commerce with Honours and a Bachelor of Law. She held the position of Executive Director Strategy Management within Children's Health Queensland Hospital and Health Service before joining West Moreton Health in January 2017.



Jacqueline Keller
Executive Director
Legal and Corporate
Governance

Jacqueline Keller is a solicitor with over 15 years' experience in the finance, aviation, mining, IT and health sectors. She holds a Bachelor of Laws, Bachelor of Commerce, Graduate Diploma of Legal Practice and a Graduate Diploma of Applied Corporate Governance and is a graduate of the Australian Institute of Company Directors (GAICD). She joined West Moreton Health in 2013 as General Counsel and Corporate Secretary and was appointed to her current role in January 2017.



Luke Worth
Executive Director
Ipswich Hospital

Luke Worth has 20 years' experience in the health sector, both in Australia and New Zealand, as a transformational leader. Having held executive roles within both New South Wales and Queensland Health, he is committed to delivering effective, efficient, safe and person-centered care to the community. He joined West Moreton Health in October 2017 in the newly created position of Executive Director Ipswich Hospital.



Colleen Clur
Executive Director
Strategy, Planning
and Engagement

For the past 10 years, Colleen Clur has worked extensively in the public and private health sectors in senior consulting, engagement, marketing and communication roles. She has a strong interest in leading teams to improve health outcomes for all members of the community. Prior to living and working in Queensland for the past 19 years, she was an executive editor, writer, publisher and journalist in South Africa. She is an author of two biographies. Before joining West Moreton Health in August 2017, Colleen worked at Children's Health Queensland Hospital and Health Service as Senior Director Communication and Engagement. She holds a Master of Arts and a Graduate Diploma in Business Administration.



Dr Leanne Geppert
Executive Director
Mental Health and
Specialised Services

Dr Leanne Geppert has over 20 years' experience in the planning, delivery and improvement of mental health, drug and alcohol services. She holds both a Masters and a Doctorate of Clinical Psychology and is a member of the Griffith University School of Applied Psychology Advisory Board. She held the position of Director Strategy and Performance at West Moreton Health before being appointed to her current role in January 2017.



Melinda Parcell **Executive Director** **Community and Rural** **Services**

Melinda Parcell has over 20 years' experience as a registered nurse and midwife. Her areas of expertise include mental health nursing and community nursing. In her former role as Director of Operations and Nursing at West Moreton Health, she was responsible for the provision of clinical care across women's, children's and surgical services at Ipswich Hospital, as well as operational responsibility for both Gatton and Laidley hospitals. An active community member, Ms Parcell chairs the Ipswich Hospital Museum and participates in a range of professional activities to promote the positive impact that nursing and midwifery has on health outcomes.

West Moreton Health acknowledges and thanks the contribution of past members of the executive leadership team who served this financial year:

- John Burns, Chief Operating Officer (to 4 October, 2017)
- Dr Pieter Pike, Executive Director Medical Services (to 2 November, 2017)

2.4 Risk management, compliance and audit

Governance

West Moreton Health has been operating as a statutory body since 2012 and has established governance arrangements that meet the requirements of the Hospital and Health Boards Act 2011 and other applicable legislation. In addition, our Service Agreement with the Department of Health has formal performance measures that are closely monitored to ensure our health services continue to meet the needs and expectations of our local community.

The governance system is designed to complement and support our front-line clinical services. Structured approaches to managing our compliance obligations and risks are fundamental components of the governance system.

Compliance

Known compliance requirements for West Moreton Health have been registered, with individual accountabilities for compliance assigned at appropriate levels within the organisation. The register of requirements is kept current by monitoring new legislation and changes to existing legislation and working with the accountable officers to assess and address associated operational impacts.

Over the previous year, several tools and processes were developed and made available to staff to assist them with managing the organisation's compliance obligations, primarily through the completion of self-assessment activities and ongoing implementation of the organisation's policies and procedures. The provision of education and advice to staff is an integral part of the compliance program.

The maturity of the compliance system was reviewed by internal audit with assessment against ISO 19600:2014 – Compliance Management Systems – Guidelines. The assessment found that West Moreton Health's compliance management framework continues to mature at a pleasing rate of progress.

Risk

Our risk management system was also designed to meet legislative and accreditation requirements, as well as best practice as prescribed in ISO 31000:2009 – Risk Management – Principles and Guidelines. The last 12 months has seen the risk system continue to evolve in our operational areas, with risk practices and risk reporting becoming further embedded in the organisational culture.

The development of a new approach to identifying, defining and managing strategic risk was a priority for the organisation, driven by a significant and complex program of project work with competing priorities and short time frames for implementation. The Board and Executive worked together to identify key risks to our strategic direction and appropriate mitigating actions to ensure achieving our objectives was not impeded in the long-term. This work continues to be incorporated into existing risk processes.

Other governance support

West Moreton Health staff are further supported with effectively managed and available policies and procedures and is provided with regular and timely information and training in governance practices. These activities undergo review and improvement on an ongoing basis.

Significant work was undertaken this financial year to centralise all delegations across the organisation and to make them available in an online register that was readily accessible to staff. This has been of great assistance in ensuring appropriate delegations are consistently applied and the organisation continues to operate with integrity, accountability and transparency.

The Coroner

When required, West Moreton Health participates in investigations and inquests conducted by the Coroner that examine care provided by West Moreton Health.

As a provider of primary health care and mental health care services into numerous correctional facilities, West Moreton Health participated in four inquests during the 2017–18 period.

These inquests examined the health care, including mental health care, provided to prisoners who died in custody.

Findings have been handed down for two of these inquests. The findings reported that the care provided to the relevant prisoners was reasonable and appropriate.

Findings for the third inquest are yet to be handed down. The fourth inquest is scheduled to commence in August 2018.

External scrutiny

In June 2018, West Moreton Health underwent an AS4801 Safety Management system audit with the final report due to be finalised in July 2018. An External Quality Assessment of West Moreton Health's Internal Audit function was conducted by certified Quality Assessors during 2017–18. The external quality assessment found there was general conformance with the mandatory internal auditing requirements including the International Standards for the Professional Practices of Internal Audit (the Standards).

External agencies responsible for scrutinising the governance arrangements of Queensland public sector agencies reported no significant adverse findings or issues against West Moreton in 2017–18.

Internal audit

West Moreton Health's internal audit function is a key component of our corporate governance, providing an independent and objective assurance and advisory service to improve and add value to the operation of the health service.

The Internal Audit Unit is independent of management and reports to the Chief Executive and operationally to the Executive Director Legal and Corporate Governance. Board-level support is provided by the Audit and Risk Committee, which oversees internal audit planning, monitoring and reporting processes. This forms part of the governance processes that ensure an internal audit operates effectively, efficiently and economically.

The Internal Audit Charter, together with the strategic plan and annual plan, endorsed by the Audit and Risk Committee and approved by the Board, directed the unit's activities and provided a framework for its effective operation. The Internal Audit Charter is consistent with the Institute of Internal Auditors' International Professional Practices Framework. The plans were developed using a risk-based approach that considered both strategic and operational risk.

Audit reports include recommendations based on a root-cause analysis and the implementation of these recommendations is followed up regularly, with progress reported to the Audit and Risk Committee.

Key achievements during 2017–18 included the:

- ongoing delivery of the approved audit plan, targeting high-risk areas and improving the effectiveness of systems, processes and risk management
- development of a KPI reporting and tracking tool with quantitative performance measures to enhance reporting to the Executive and the Audit and Risk Committee on the effectiveness and efficiency of the internal audit function
- streamlining the follow-up process of audit recommendations yet to be implemented
- continued development of in-house capability and knowledge.

2.5 Public Sector Ethics Act 1994

The Public Sector Ethics Act 1994 details the ethical principles, values and standards of conduct required by employees in the Queensland Public Service. A single Code of Conduct for the Queensland Public Service, reflecting the ethical principles and values set out in the Act, was adopted in 2011.

The Code of Conduct applies to all West Moreton Health employees including volunteers, students, contractors, consultants and casual staff, regardless of their employment status.

West Moreton Health is committed to upholding the values and standards of conduct outlined in the Code of Conduct:

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

West Moreton Health's positioning statement of Caring Better Together complements the Code of Conduct.

Training in the Code of Conduct is a mandatory requirement for all employees of West Moreton Health, and is provided through the workplace behaviours and ethics, corrupt conduct and public interest disclosures courses.

The Code of Conduct is also available to all staff on the West Moreton Health intranet site, along with an online learning program. Staff also has the option to complete the program as a face-to-face course.

2.6 Information and record-keeping

Queensland State Archives (QSA) is the lead agency for record-keeping and is responsible for the development and implementation of a whole-of-government record-keeping policy framework. QSA was established under section 21 the *Public Records Act 2002* as Queensland's archives and records management authority.

West Moreton Health has a number of corporate record-keeping systems across various functions of the health service, including financial, payroll, legal and contract management. Our Chief Information

Officer, within the Finance and Business Services Division, is responsible for corporate records. West Moreton Health's policies and procedures and ongoing improvement program support compliance with the Public Records Act 2002 through the following measures:

- West Moreton Health complies with the General Retention and Disposal Schedule (GRDS) for corporate records management. This compliance ensures that public records are kept for as long as they are required
- the Corporate Records Management Procedure and the Information Security Procedure and Protocol guides staff on record-keeping within the health service
- a Corporate Records Management policy has been developed and is currently being endorsed
- the West Moreton Health Corporate Records Management intranet page has been established to provide a central location for helping staff gain access to the resources they need
- the QSA internet page provides a comprehensive range of resources, including information standards for staff to access to help define corporate records, file management, confidentiality and retention, storage and disposal requirements
- staff members are encouraged to undertake the corporate records training programs provided on the QSA website
- the Information Technology Service facilitates mandatory Information Security training in West Moreton Learning Online (WMLOL) for all staff.

For clinical records, West Moreton Health complied with the Queensland Disposal Authority Number (QDAN) Health Sector (Clinical Records) Retention and Disposal Schedule (QDAN 683 v.1) via the following actions:

- an internal audit into the clinical records management practices across West Moreton Health was undertaken in 2017. All recommendations from the internal audit unit were successfully implemented

- a clinical records training program was implemented in 2017 to provide records management education to all staff
- the *Information Privacy Act 2009*, *Right to Information Act 2009* and *Hospital and Health Boards Act 2011* govern access to and disclosure of clinical and corporate records. There has been growth in the number of information access applications over the previous two years
- a reduction of onsite storage of clinical records at Ipswich Hospital occurred in 2017–18 to facilitate space for the Digital Health Project
- the Digital Health Project began in 2017, with its implementation planned for November 2018
- a new Clinical Coding staffing structure was implemented to retain existing staff and provide them with career paths to help their professional development
- three external Clinical Coding audits were undertaken focusing on Diagnosis-Related Group (DRG) optimisation
- health Round Table data was used to support internal DRG optimisation auditing

- West Moreton Health began Clinical and Administrative consultation to support the Federal Government's My Health Record expansion in 2018
- during Health Information Management Awareness Week in May, health professionals in the field undertook a rural roadshow focusing on the important work that rural staff perform in information management
- throughout Privacy Awareness Week in May, the Corporate Governance and the Information Access Unit provided education sessions across West Moreton Health on privacy and confidentiality.

Section 160 of the *Hospital and Health Boards Act 2011* requires that confidential information disclosures made in the public interest by a service are outlined in the annual report for that service. There was a release of confidential information by West Moreton Hospital and Health Service under this provision in 2017–18:

- release of information to assist with the Department of Justice and Attorney-General Youth Justice Special Project regarding the case reviews of 25 young people in youth detention centres as at 12 September 2017, for the purposes of contributing to planning and delivery of targeted health service responses to this vulnerable group.

The Health Information Management team at Esk Hospital celebrating Health Information Management week.



3.0 Delivering on our Strategic Plan



West Moreton Health Engagement and Partner Strategy

The strategy outlines how West Moreton Health will engage with patients, consumers, families and organisational stakeholders to provide better care for our community. Our aim is to work more closely with these groups, and with staff, to develop services and co-design programs and activities for the wider health benefits of the West Moreton community.

West Moreton works with stakeholders across the health sector, and beyond, to improve health outcomes and to deliver innovative services for the West Moreton community. As part of the Engagement and Partner Strategy, West Moreton will continue to seek out more partnership opportunities with key stakeholders in the community. Some of these existing key stakeholders include:

The partnership between West Moreton Health and the Queensland Ambulance Service (QAS) is crucial to the delivery of patient care within our health service. West Moreton is proud to partner with QAS to ensure we provide timely, first-class care.

This partnership extends to co-design of processes to help improve the time it takes to transfer patients from the ambulance stretcher to the hospital, and QAS involvement in daily safety briefings.



In Ambulance Week 2017, West Moreton Health recognised the great work QAS staff does daily by giving them a small token of appreciation, which included a positive affirmation card. Through working together better, West Moreton Health can keep providing high-quality care.

West Moreton Health stands in proud partnership with the Queensland Ambulance Service to deliver excellent care to the community.

West Moreton Health continues to have a strong partnership with the Queensland Police Service (QPS). This collaborative approach has led to a number of joint initiatives that aim to provide better health outcomes for the West Moreton community.

The Coffee and Cops Program is helping to reduce the stigma associated with people who are experiencing mental health challenges. The aim of the program is to build positive relationships between police and mental health consumers.

The Coffee and Cops Program introduces police to the complexity of mental health services and provides them with an effective way to engage with people with mental health issues. Consumers, in turn, have the opportunity to develop a more positive perception of police, being able to chat with them and ask questions in an informal setting, rather than when they are in the middle of a crisis or confrontation.

Police officers from the Mt Ommaney Police Station are now regulars at The Park – Centre for Mental Health, where they chat and interact with patients in the medium-secure unit on a fortnightly basis. Senior Sergeant Greg Graham of Mount Ommaney Police believes the program's informal setting helps bridge the gap between officers and people with a mental illness.

We also work closely with Queensland Police Service through the Mental Health Co-Responder Program (also see section 3.3).

Department of Education

In 2017–18, West Moreton Health was pleased to partner with Education Queensland (EQ) around first aid awareness. Emergency Department nurses were invited to talk to Minden State School students about the importance of first aid and how this can assist people who are sick or injured before help arrives. Through partnering with the Department of Education, important health information is reaching more students, which benefits the entire community.

Ipswich Hospital Foundation

The Ipswich Hospital Foundation (IHF) is proud to serve the community by providing support to the staff, patients and family members of West Moreton Health. In 2017–18, IHF was a key partner in the consultation and formulation around the West Moreton Health's

Strategic Plan. In return, in February 2018, West Moreton Health Board and Executive members were invited to attend IHF's major strategic planning workshop.

IHF also partnered with West Moreton Health to deliver a range of successful fundraising events within the community. One positive outcome was the development of an outdoor children's playground, thanks to West Moreton Health and IHF working collaboratively to secure funding and capability from within the local business community and the Queensland Government Community Gambling Benefit Fund.

IHF has continued to develop successful partnerships in this financial year with professional organisations such as Physiotherapy Networks, Youth Mental Health First Aid courses, "Talkin' it Up" (Regional Youth Mental Health Forum) and the Research Advisory Group to deliver outstanding outcomes for the West Moreton community. IHF was also pleased to again lead the Woolworths Wall Token Campaign in the region, raising funds for patient-support equipment such as blanket-warmers and parent-overnight chairs and making the important connection between financial goodwill in the community and the priority needs of consumers.



Play date: West Moreton Health and the Ipswich Hospital Foundation joined forces to develop this scenic, outdoor children's playground.



Onsite Ipswich Hospital Foundation volunteers help consumers navigate their way around the hospital.

Volunteers

The Ipswich Hospital Foundation manages a 90-strong team of volunteers within the Ipswich Hospital and 80 volunteers outside the hospital, delivering an outstanding 20,000 hours of effort each year.

The team supports a variety of hospital spaces, including Parents in Theatre, Rehabilitation and Aged Care, the Special Care Nursery and Children's Ward, Renal Unit, Palliative Care and Outpatients area. In addition, IHF perform special functions such as assisting the undertaking of patient surveys (PETs) and delivering newspapers to patients.

The volunteers play a vital role in supporting West Moreton Health to deliver high-quality care, with staff and patients alike welcoming the volunteers' presence.

IHF is also an accredited workplace rehabilitation provider for WorkCover Queensland. As part of this program, West Moreton Health staff members who are recovering from workplace injuries can volunteer with the foundation at the hospital in a reduced capacity until they have recovered and can return to work.

This strong, collaborative relationship between West Moreton Health and IHF, which sees onsite volunteers assist with the navigation of the health service, continues to enhance health outcomes for consumers, carers and staff.

Ipswich Hospital Foundation volunteers perform vital acts of community service at our health facilities.

Darling Downs and West Moreton Primary Health Network

The past 12 months has seen increased collaboration between West Moreton Health and the Darling Downs and West Moreton Primary Health Network to work toward greater integration of health care for our community.

Together, we have driven a number of initiatives to improve health services in the West Moreton region. HealthPathways is a combined project that uses a web-based information portal to support primary-care clinicians in planning patient care through our primary, community and secondary health-care systems with localised referral pathways.

This project aligns with the implementation of statewide Clinical Prioritisation Criteria (CPC) for specialist outpatient referrals and is supported by the Department of Health's Clinical Excellence Division. Strong general practitioner engagement has been instrumental in developing resources and connections to effectively work with doctors to introduce the new criteria at West Moreton Health.

Another joint initiative, Clinical Team Learning Education Sessions, allows clinical teams in general practitioner offices and residential aged care facilities to access specialist training by consultants from West Moreton Health. Two successful rounds of Clinical Team Learnings were hosted this financial year, focusing on diabetes and obstetrics.

The Grand Rounds Integrated Care joint initiative provides an opportunity for health-care providers to participate in case-based, multidisciplinary education and discussion through bi-monthly case study presentations. Diabetes was the first topic delivered in March, followed by Persistent Pain and Codeine Management Grand Rounds in May.

The Darling Downs and West Moreton Primary Health Network is also working with us to implement case conferencing for heart/lung failure patients. The project, managed by the Integrated Care Working Group, brings together specialists, general practitioners and allied health professionals to collaboratively plan and manage patient care. This ensures patients and carers are well supported, and this demonstrates the practical value of strong partnerships at West Moreton Health.

We continue to improve information on primary care options for people who present to the Emergency Department with non-urgent conditions, helping ensure we provide the right care in the right place at the right time.

Health Consumers Queensland

West Moreton Health is working with Health Consumers Queensland (HCQ) to enhance the delivery of the West Moreton Health Engagement and Partner Strategy. HCQ provides guidance on best-practice consumer engagement thanks to its insight on what is working well in other health services.

West Moreton Health consumers and staff participated in HCQ's annual forum, at which they raised awareness of how consumer engagement is improving health services in Queensland. This shared knowledge will help shape the health service's future consumer engagement activities.

This year has seen HCQ provide invaluable information and support to West Moreton Health on ways to further build consumer participation in the region – a key component of the West Moreton Health Engagement and Partner Strategy.

Working together to find solutions

West Moreton Health has welcomed the opportunity to partner with key stakeholders to workshop solutions to improve consumer access to the Ipswich Hospital. Car parking is a challenging issue and West Moreton Health is working with the Electrical Trades Union, United Voice, Australian Medical Association, Together Queensland, Australian Worker's Union, Queensland Nurses and Midwife Union and Queensland Nurses Union, to find a resolution that best meets the community's needs. In conjunction with West Moreton Health staff, the working group also gauged feedback from consumers and the Ipswich Hospital Foundation on car parking options. This collaborative approach endeavoured to meet the parking needs of both staff and consumers.



Community Reference Group members like John Michael and Belinda Barrie, and Linda and Peter Tully offer West Moreton Health vital feedback on our health care services and programs from a community perspective, allowing us to constantly evolve.

Engaging with the community

Community Reference Groups

West Moreton Health works with the community to enhance health services. Our Community Reference Groups are a vital means of connecting with community members to hear their views.

West Moreton's Community Reference Groups at Ipswich, Fassifern, Somerset and Lockyer Valley meet quarterly to share local perspectives on health services and provide input into new health initiatives, such as the West Moreton Health Strategic Plan and revised West Moreton visual identity. The collective community perspectives have informed how the health service will look into the future including in Springfield/Ripley.

Community events

Last September, West Moreton Health participated in several community expos and events to share information and answer questions about local health

services. West Moreton Health, in partnership with the IHF, University of Southern Queensland (USQ), and St Andrew's Private Hospital Ipswich, held the All Things Healthy – a Health, Wellbeing and Careers Expo at USQ Ipswich. A highlight was inspirational guest presenter, three-time Paralympic gold medallist, Kurt Fearnley. The expo combined the University's Open Day with more than 40 stall holders, wellness activities, presentations, and entertainment.

The Fresh Futures Market was another opportunity to engage with the West Moreton community. West Moreton Health staff provided information on health career pathways for school leavers, healthy living, access to health services and health education programs. This community event was established to provide people with disabilities and those experiencing mental health issues with local information on support pathways, employment opportunities and available services. Community members and other stall holders directly benefited from being able to liaise with West Moreton Health staff on services in the region.

Anzac Day Ceremony

West Moreton Health's Anzac Day Ceremony on 24 April was a great example of the community coming together to show respect for soldiers past and present. Representatives from Parliament, Ipswich Hospice Care, Queensland Police Service, Department of Defence, Queensland Ambulance Service, West Moreton Health Board, Ipswich Hospital Museum, IHF and retired Defence members united with West Moreton staff, patients and family members to commemorate this occasion.

It was a morning of reflection and celebration with the Yugara Dancers performing the Welcome to Country with a number of dances celebrating the land. This was followed by Royal Australian Air Force Flying Officer, Kirsty Lewis (also a nurse), presenting the commemorative address. It was a great show of the West Moreton community spirit.



Royal Australian Air Force Flying Officer, Kirsty Lewis, gave the Anzac Day Ceremony commemorative address.

Community hubs

In February 2018, five community hubs were established at local primary schools including Staines Memorial College, Redbank Plains State School, Fernbrooke State School, WoodLinks State School and Riverview State School.

The community hubs allowed West Moreton Health to better support local parents and their children,

predominantly from refugee and migrant backgrounds, in a safe environment with the support of their peers. The service provided families with information on health services and education on a range of life skills, including health and wellbeing programs. In coming months, West Moreton Health will continue to work with the hubs to provide the right health information to best meet the community's needs.

Patient and consumer experience

Consumer and Carer Engagement Service

The Consumer and Carer Engagement Service (CCES) promotes consumer-focused, recovery-orientated service delivery. It achieves this by engaging consumers, families, carers and staff in activities such as education, mentoring, peer support, information sharing and service planning. In addition, CCES promotes consumer and carer participation across all aspects of service provision, development and evaluation.

The team operates across Mental Health and Specialised Services (MHSS) within West Moreton Health and is staffed by dedicated individuals with a lived experience of mental illness, both as consumers and/or carers. The CCES team has permanent, full-time and part-time staff and casuals in the following roles: Consumer and Carer Consultants, a Consumer Advocate, Mental Health Peer Workers and Consumer Companions.

Recent feedback from Patient Evaluation Surveys showed consumers felt CCES had treated them with dignity and that the peer workforce was helpful and supportive.

Through their ongoing commitment and dedication, the team continues to:

- review service delivery initiatives
- actively promote consumer participation in recovery
- challenge mental health stigma and associated stereotypes
- normalise mental illness
- foster hope and optimism with consumers through role modelling recovery.

The CCES recently extended its support services to the High Security Inpatient Service at The Park – Centre for Mental Health and to the Community Care Team to provide essential peer support to consumers and their families.

Other highlights included a team meet and greet with Annastacia Palaszczuk MP, Premier and Minister for Trade and Minister for Health and Minister for Ambulance Services, the Honourable Steven Miles, on 12 March, 2018.

After attending The Park – Centre for Mental Health in March, the Minister spoke in Parliament, commending staff for their efforts. He was particularly impressed with the High Security Inpatient Service, highlighting the outcomes achieved through the Consumer Companion Program. During his visit, the Minister met with staff and consumers and saw first-hand how Consumer Companions' peer support provided hope and recovery.

The CCES (pictured with Nurse Navigators and medical staff) was honoured to meet with Annastacia Palaszczuk MP, Premier and Minister for Trade and Minister for Health and Minister for Ambulance Services, the Honourable Steven Miles, who commended them for their service to the community.



Patient Experience Trackers

In 2017–18, West Moreton Health introduced Patient Experience Trackers (PETs) to a number of key locations throughout Ipswich Hospital to provide patients, carers and visitors with the ability to provide real-time feedback on their experience within our health service.

A PET is an electronic survey device used to collect anonymous consumer and patient feedback at the point of care. Patients provide feedback by taking a five-question survey which only takes 20 seconds to complete. PETs were mounted on promotional stands at the main entrances on levels 2 and 6, as well as the Specialist Outpatients Departments at Ipswich Hospital.

IHf volunteers participated in PET training and visited the inpatient wards on a weekly basis to give patients the opportunity to complete the short survey and provide feedback on our services.

The feedback gathered has helped West Moreton Health to make changes to improve the services we provide. The PETs data has also helped West Moreton Health find out what we as a health service are doing well so we can continue to provide high-quality care (also see section 3.4).



Patient Experience Trackers (PETs) provide patients, carers and visitors with the ability to provide real-time feedback on our health service.

Consumer Liaison Office

The Consumer Liaison Office at West Moreton Health is an avenue for the community to provide the valuable complaints, compliments and feedback which allow our health service to continually improve.

Consumers can provide feedback via letters, emails and Facebook, as well as at suggestion boxes available throughout the hospitals. Consumer Liaison

Officers support consumers by helping to resolve issues that arise and by talking to them about their feedback to help find positive resolutions. We are always looking at better ways to work with consumers so they can have a say about our health service. This year, the office identified the need to provide more support to consumers of the Centre for Mental Health. The Consumer Liaison Office now has one officer who is predominantly working with these consumers so they can more easily provide feedback on the service.



Yarning Circle opening
in September 2017

Closing the Gap

West Moreton Health acknowledges and pays respect to the Jagera, Yuggera and Ugarapul people, the Traditional Owners and Caretakers of the land on which the health service is located, and recognises their continuing connection to land, waters and community. We also pay our respects to Elders past, present and emerging.

Working to Close the Gap

Our health service is responding to the challenges highlighted in the Queensland Closing the Gap Performance Report 2017, which found that while there have been some positive movements towards the Council of Australian Governments (COAG) targets to close the gap in life expectancy by 2031 and halve the gap in child mortality by 2018, the state has not

achieved the level of health improvement required. The report acknowledges the health gap cannot be closed by the health sector alone and that the social determinants of health, including historical injustice, education, employment, income and housing, have a major impact on poor health outcomes.

The West Moreton Health Strategic Plan is underpinned by a population-health approach, including working actively with our partners to address health inequality. This is a long-term challenge to which we are steadfastly committed.

The report also notes that a key element of improved health outcomes for Indigenous peoples has been the development of Indigenous-led and staffed health services that engage with the community and allow for community ownership of health service delivery.

In mid-2018, West Moreton Health began engaging staff and the community on how it provides Indigenous health services, focusing on services delivered at Ipswich Hospital and mental health and community sites. We also began consultation with Elders and community members on a new governance structure, made up of Elders and consumers, who will partner with us to improve health outcomes for Aboriginal and Torres Strait Islander people in West Moreton. We aim to implement the new governance structure and a new action plan to improve Aboriginal and Torres Strait Island health outcomes in 2018–19.

Cultural Capability Action Plan

In the past year, West Moreton Health refreshed its Cultural Capability Action Plan, which works to build a culturally capable workforce responding to the health needs of Aboriginal and Torres Strait Islander people. The plan, developed in collaboration with community, Elders and West Moreton Health staff, focuses on:

- ensuring culturally safe and welcoming environments
- leadership and capacity building
- workforce development
- culturally inclusive systems and services.

Some 1,466 staff completed the West Moreton Health Cultural Practice Program in 2017–18.

Key health programs

West Moreton Health worked to provide equitable, person-centred care through a range of dedicated programs and activities. Highlights included:

Partnership with the Aboriginal and Torres Strait Islander community

West Moreton Health is proud of the strong connections we have forged with the region's Aboriginal and Torres Strait Islander peoples. We are committed to meeting the needs of this population group, which is susceptible to poor health outcomes and quality of life. The life expectancy of our Indigenous community members is 19 years less than our non-Indigenous community – this is unacceptable and we are actively working with Aboriginal and Torres Strait Islander community members to identify ways to close this gap.

Elders' invaluable input, ideas and feedback helps us to shape our health service now and into the future. In the coming financial year, we will look for further opportunities to formalise the ways in which the community's first inhabitants can inform how we deliver patient care.



West Moreton Health Executive Director People and Culture, Taresa Rosten with community Elders and Traditional Owners.

Indigenous Hospital Liaison Service

The Indigenous Hospital Liaison Service (IHLS), based at Ipswich Hospital, works to provide a positive, culturally safe environment of care for our Aboriginal and Torres Strait Islander community. Through their work, the IHLS aims to reduce discharge against medical advice and potentially preventable hospitalisations, facilitate linkages between inpatient care and outpatient or community-based GPs and increase self-identification on presentation to ensure the best-possible care is provided to Aboriginal and Torres Strait Islander people.

Consumers are supported on presentation to the Emergency Department and on admission at Ipswich, Boonah, Esk, Laidley and Gatton hospitals. Strong follow-up mechanisms were put in place to ensure that after discharge, patients were provided with the support they required. The total number of patients seen during 2017–18 was 1,486. In recognition of the outstanding work of the IHLS team, West Moreton Health has twice acknowledged the commitment to Closing the Gap in annual staff awards.

The Didgeridoo Lung Health Program

In 2017–18, our Advanced Aboriginal and Torres Strait Islander Health Worker taught school students across the region to play the didgeridoo as part of his role helping the community to achieve better health. The Didgeridoo Lung Health Program was designed to teach boys and young men leadership, respect for themselves and others, and importantly, how to take care of their health. West Moreton Health took the program to 90 students in nine schools in the West Moreton region, from Gatton to Springfield. Lung capacity tests showed the program had led to a 20 per cent improvement in lung health over a 10-week period. Students also showed significant improvements in behaviour and school attendance.

Community engagement

To build engagement and recognise health and social inequality, we partnered with our Indigenous community to hold a series of events including:

- marking NAIDOC Week in July 2017 with a flag-raising ceremony and special Welcome to Country at an event attended by Elders, our Board and staff. At a staff forum, we awarded staff with special certificates for embodying our values and improving the lives of Indigenous people in our community
- remembering National Apology Day on 13 February, 2018 with an event attended by staff to mark the 10th anniversary of the apology to Aboriginal and Torres Strait Islander Australians, especially the Stolen Generations
- National Close the Gap Day on 15 March, 2018 was of particular significance as we acknowledged the work that remains to be done to close the gap in health outcomes for Aboriginal and Torres Strait Islander people.



The West Moreton Advance Health Worker for Sexual Health, Deborah Broome, was awarded an Excellence Award at the Deadly Sex Congress 2018 for her outstanding work in educating Aboriginal and Torres Strait Islander women about the importance of pap smears to prevent and detect cervical cancer.



Dean Smith playing the didgeridoo in the Ipswich Hospital Yarning Circle.

A series of events were held at Ipswich Hospital, including a “Good quick tukka demonstration” with Kambu Health, a demonstration of our Digeridoo Lung Health Program (men’s business), a “Caring better together” (women’s business) discussion and an “Everyday business for clinicians” symposium held in the Yarning Circle at Ipswich Hospital.

Engagement of Elders

West Moreton Health began formal engagement with Indigenous Elders in May 2015. This partnership has flourished, with regular meetings attended by Elders and members of the West Moreton Health Executive in 2017–18. Elders have been involved in panels for recruitment of senior staff and have provided invaluable advice, guidance and support on issues such as how West Moreton Health can respond to the health concerns of Aboriginal and Torres Strait Islander families.

Yarning Circle

Conversations about care and treatment can now take place beyond the clinical walls at Ipswich Hospital, following a collaborative project to better meet the needs of West Moreton's Aboriginal and Torres Strait Islander communities. A Yarning Circle, created outside the hospital's East Street entrance, was launched at a special ceremony in September 2017. It was a collaboration between West Moreton Health and Traditional Owners and Indigenous Elders, supported by Ipswich City Council and the Darling Downs and West Moreton Primary Health Network.

West Moreton is a vibrant, diverse community and one whose members are well aware of their health and wellbeing needs. As West Moreton's largest provider of health and wellbeing services, we look to partner with groups and individuals in this community, such as local Indigenous Elders, to ensure that the services we provide meet their needs as best as possible. We strive to do this by forming partnerships across the full spectrum of health care, from clinical excellence,

research and education, through to primary health care and community engagement.

The Yarning Circle is a culturally safe and appropriate place where Indigenous patients and their families can meet with Elders or Indigenous Hospital Liaison Officers to discuss any concerns and help make a decision that will lead to better health outcomes. It was created using sandstone and granite rocks and ironbark timber donated by West Moreton Health project manager Justin Bowman from his own property.

Traditional Owner and Ugarapul Elder, Uncle Ross Anderson, said the Yarning Circle would provide a place for Elders to sit and talk and share their wisdom and knowledge with patients and their families. "It will be a place of emotional, spiritual and social healing and by connecting with others, we hope Aboriginal and Torres Strait Islander patients will find comfort at a time when they are away from their families and homes."



Yarning Circle opening
in September 2017

3.2 Caring for our teams

West Moreton Health strives to be a workplace where staff care for one another. A number of targeted initiatives were put in place in 2017–18 to achieve the aim of delivering a “caring better together” culture.

Our achievements

The passion, dedication and resolve that our staff show each day to provide better care for the West Moreton community does not go unnoticed. It is important for us to celebrate the daily triumphs of our people, as well as the major milestones within the life of the organisation and our workforce.

O-Day Operational Support Services Day



Operational Support Services' outstanding work was honoured during our first O-Day celebration.

Our inaugural O-Day celebration on 6 November, 2017 commended the valuable contributions of Operational Support Services team members to the safe, reliable delivery of care at West Moreton Health. The day was marked at sites across the health service to thank staff from Hotel Services, Food Services and Building and Engineering and Maintenance for their work.

The celebration acknowledged that the health service would not function day-to-day without the significant, behind-the-scenes efforts of Operational Support Services members – from cooks and cleaners through to ward staff and gardeners. At an afternoon tea service, Certificates of Appreciation were also awarded to long-serving members of the team who had marked a milestone year in their employment in 2017.

NAIDOC Week Awards

West Moreton Health's NAIDOC Week celebrations honoured Indigenous culture and saw seven staff receive awards.

In July 2017, we marked NAIDOC Week to celebrate Aboriginal and Torres Strait Islander culture. A highlight of the celebrations, which included a flag-raising ceremony, cultural displays and story-telling, was the presentation of seven NAIDOC Week Awards on 7 July, 2017. The awards were presented at a staff forum to recognise West Moreton Health staff who embody our organisational values and strive to improve the lives of Aboriginal and Torres Strait Islander peoples.

The recipients of the NAIDOC Week Awards were:

- Cassandra Tratt
- Cathy Stanbrook
- Daphne Toby
- Lesley Robertson
- Lyn Wright
- Trish Brown
- Valentine Brown

International Nurses Day and International Day of the Midwife



Our passionate and dedicated nurses celebrating International Nurses Day.

Nurses and midwives represented almost 48 per cent of our workforce – the largest of any professional group at West Moreton Health.

In May 2018, we celebrated the passion, compassion and determination of our nurses and midwives through a series of events and celebrations for International Nurses Day and International Day of the Midwife.

Highlights included the presentation of the 2018 West Moreton Health Nursing and Midwifery Excellence Award winners, as well as advice from guest speakers Beth Mohle, Secretary Queensland Nursing and Midwifery Union; Professor Helen McCutcheon, Head of the School of Nursing, Midwifery and Social Work, The University of Queensland (UQ); and Dr Jocelyn Toohill, Director of Midwifery, Office of the Chief Nursing and Midwifery Office.

The recipients of the Nursing and Midwifery Excellence Awards were:

- Rachel Crawford – Nursing Graduate of the Year
- Felicity Morgan – UQ International Nurse of the Year
- Minu Parayil – WMHHS/Nurses Association Nurse of the Year
- Donna Long – International Aid Nurse of the Year
- Natalie Poole – UQ Midwife of the Year
- Caitlin Morrell – WMHHS/Nurses Association Midwife of the Year.

Acknowledging years of service

We are proud to be represented by a diverse, passionate workforce of people who choose to be part of the West Moreton Health family. The dedication, drive and loyalty of our people is something we routinely celebrate through the recognition of years of service milestones. In 2017–18, hundreds of staff members received Certificates of Appreciation during celebrations, including Boonah Hospital's 40th birthday, Mental Health Week and O-Day, as well as special team events to mark personal milestones. These involved recognition for long-serving team members including Dale Barnett, Robert O'Donohue, Ron Morley and Daryle Carr.

Boonah Hospital – 40th birthday

On 3 November, 2017, we celebrated the 40th birthday of Boonah Hospital, which opened in 1977 to replace its turn-of-the-century predecessor, built in 1900. The 22-bed facility, which includes a 24-hour emergency department, has a strong rehabilitation program as well as specialist outpatient services, allied health, dental and child health clinics.

The ruby anniversary celebration welcomed past and present staff, as well as patients and community members for an afternoon tea event. Boonah Hospital

Director of Nursing Leonie Gavioli paid tribute to all those who had made a significant contribution to the life and operation of the hospital. Three trees were presented to staff and key hospital supporters representing the past, present and future of Boonah Hospital.

Health Pathways Alliance



Nurse Jess Suffolk (second from left) with Surgical Ward Nurse Unit Manager Madonna Britton, Chief Executive Dr Kerrie Freeman and Engagement and Development Officer Annette Halls.

In January 2018, we celebrated a major milestone in our “grow your own” initiative when the first trainee from the School Based Traineeship and Mentoring Program began her full-time nursing career at Ipswich Hospital.

Jess Suffolk is among 47 school-based trainees who have signed on to the program since we launched the Health Pathways Alliance in 2013 to encourage young people to pursue career opportunities in health care.

After completing her Certificate III in Aged Care, the aspiring nurse worked at Ipswich Hospital as an Assistant in Nursing (AIN) while she studied nursing at the University of Southern Queensland.

In January, the graduate nurse was proud to join our Surgical Ward team as a registered nurse – the first of the original traineeship group to make the milestone transition.

Since its launch, the Health Pathways Alliance has seen high school students gain invaluable industry experience through completing certificate qualifications in areas including aged care, business administration, kitchen operations and allied health assistance.



Ipswich Hospital Surgical Ward clinical nurse Alyce Stephenson proudly represented Australia in weightlifting at the 2018 Commonwealth Games.

Commonwealth Games participants

We were honoured to support the 2018 Commonwealth Games at the Gold Coast and celebrated the direct involvement of several staff members.

Ipswich Hospital Surgical Ward clinical nurse Alyce Stephenson made her Commonwealth Games debut when she represented Australia in the women's 48kg weightlifting division. She achieved a personal best and impressed her colleagues by placing seventh in the event.

Gatton Hospital nurse Michelle Hunter and BreastScreen Queensland image operator Pauline Alchin were nominated as Queen's Baton Relay bearers, carrying the baton through Gatton and Ipswich respectively. Several staff also signed up as volunteers at the Games, including Assistant Director of Pharmacy Cal Winckel, Ipswich Transition Care Program nurse Megan Papworth and Esk Hospital clinical nurse Cindy Kinion, who put her skills to use as a First-Line Medical Responder.

BreastScreen Queensland – Ipswich Service

In July 2017, BreastScreen Queensland - Ipswich Service marked a milestone 20 years' of service. With a mobile van at 15 locations, the service has provided more than 170,000 screenings for women in the West Moreton catchment. In 2017–18, it provided 11,970 breast screens, including 5,150 breast screens via its mobile service.

The mobile van travelled to areas including Springfield, Boonah, Toogoolawah, Esk, Plainland, Redbank, Winston Glades, Kambu, Goodna, Bundamba, The Park and Riverlink to ensure women across the region had regular access to a screening service close to their homes. To increase client accessibility, the service's hours of operation have increased with some earlier and later bookings, including more Saturday appointments. The team also continued to advocate for women's health and to raise awareness of the importance of regular breast screens and early detection.

Revenue Team

In April 2018, the West Moreton Health Revenue team celebrated increased revenue collection throughout the year. The team worked tirelessly to improve capture of private patient and outpatient revenue in 2017–18. Patient revenue in 2017–18 increased by 9 per cent on 2016–17; this money will help us improve our services and allow us to deliver excellent care to the community.

Workforce engagement

Aboriginal and Torres Strait Islander - Cultural Capability Action Plan 2017–18

West Moreton Health's vision is to inspire, partner with and contribute to the health and wellbeing of our local communities. One of the health service's priorities is to listen to, involve and empower our Aboriginal and Torres Strait Islander patients, consumers and their families in everything we do. This engagement is an important way to help close the gap in health outcomes and life expectancies.

It is widely acknowledged that Aboriginal and Torres Strait Islander people continue to experience a significant gap in health status compared to other members of our community. West Moreton Health recognises that cultural safety, responsiveness and the capability of the various health services delivered to the community directly influences participation in health care and health outcomes across the region.

In partnership with our people and our community, West Moreton Health aims to increase the representation of Aboriginal and Torres Strait Islander people within our workforce through three focus areas:

- reducing the employment gap between Aboriginal and Torres Strait Islander employees and non-Indigenous employees within West Moreton Health.
- building a sustainable and culturally competent workforce to improve health outcomes for Aboriginal and Torres Strait Islander people in West Moreton.
- improving career development and retention of Aboriginal and Torres Strait Islander employees through culturally appropriate education, training and employment.

The following achievements and continued undertakings indicate our progress towards Closing the Gap:

- quarterly Elders and Traditional Owners meetings with the West Moreton Health Chief Executive and Executive Team
- Aboriginal and Torres Strait Islander Elders on Senior Management Recruitment panels
- Aboriginal and Torres Strait Islander representation on recruitment panels for identified/specified positions
- single point of contact for Aboriginal and Torres Strait Islander recruitment
- weekly dissemination of the health service vacancy list to Aboriginal and Torres Strait Islander networks
- audit of Aboriginal and Torres Strait Islander identified positions
- assistance in reviewing Aboriginal and Torres Strait Islander position descriptions
- Aboriginal and Torres Strait Islander students' participation in our Health Pathways Alliance program
- provision of cultural support and advice
- quarterly Aboriginal and Torres Strait Islander Job Application Workshops
- attendance at community events to promote the health service as an employer of choice
- audit of Indigenous Health intranet/internet page

- celebration of culturally significant days such as National Close the Gap Day, NAIDOC and Reconciliation week
- cultural awards (NAIDOC)
- screen savers for culturally significant days.

Culture conversations

As an organisation, we want to inspire a healthy workplace culture where staff feel engaged, listened to and proud to work at West Moreton Health. A healthy workplace culture ensures we continue to provide our community with high-quality, person-centred care now and into the future. The key characteristics of a healthy workplace culture include: collective leadership; trust, support and compassion; learning and innovation; teamwork; goals and performance and inspiring vision and values.

The 2017 Working for Queensland Survey results gave us an insight into what it is like to work at West Moreton Health. Our People and Culture team has mapped these results into culture dashboards at divisional and whole of health service level to guide

conversations about our workplace culture. Led by the Executive, and supported by West Moreton Health's human resources business partners, culture conversations were undertaken throughout April and May exploring topics such as:

- what is already working really well within our team?
- what are some key themes from the dashboard?
- what are the behaviours and things we do each and every day that influence our culture?
- what are the areas each division can focus their attention on?
- which healthy culture characteristic/s will we choose to focus on?
- how will we demonstrate improvement to our healthy workplace culture for 2018?

The workplace culture improvement initiatives will be implemented by teams across West Moreton Health in the coming year.

Working for
Queensland
survey

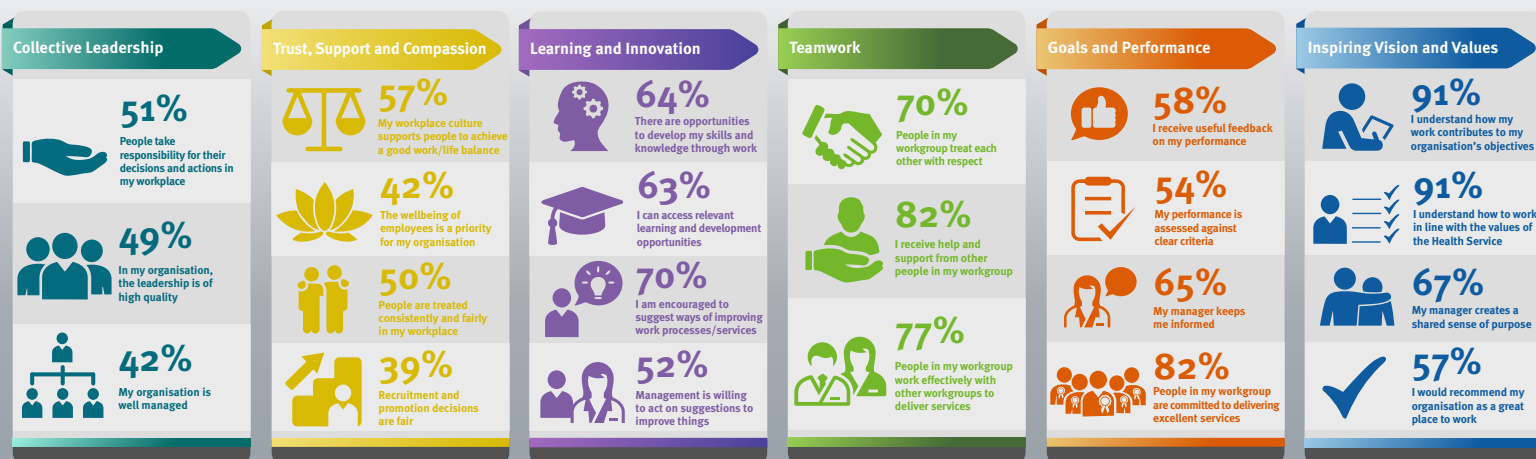
2017 Survey Results



Standout themes



Characteristics of a healthy culture



Leader capabilities

Combined leadership

One of the four themes in our strategic plan is Caring for our Teams – a commitment to continuously focusing on supporting our people and inspiring a workplace where staff, volunteers and partners can thrive, contributions are valued and performance excels. Leadership is a core part of this and has been a priority for West Moreton Health during 2017–18.

#everyoneisaleader

One vital piece of work that has emerged from this priority is the #everyoneisaleader initiative. The purpose of this leadership initiative is to set clarity by establishing the layers of leadership within West Moreton Health (the Leadership Pipeline); create accountability by defining the value that people at every layer of leadership contribute to patients and the community (Leadership Standards); establish a process which enables leadership capability to be identified (Self-Assessment); and drive performance with a new performance appraisal process that provokes meaningful conversations about growth and development.

The key to the success of the #everyoneisaleader initiative has been workforce engagement. Since its inception in November 2017, more than 200 of our people have been personally consulted to contribute to the development of the Leadership Standards. This will be a key self-assessment tool for our people on how they perform at their layer of leadership and will help promote meaningful conversations with their leaders – its accuracy is vital.

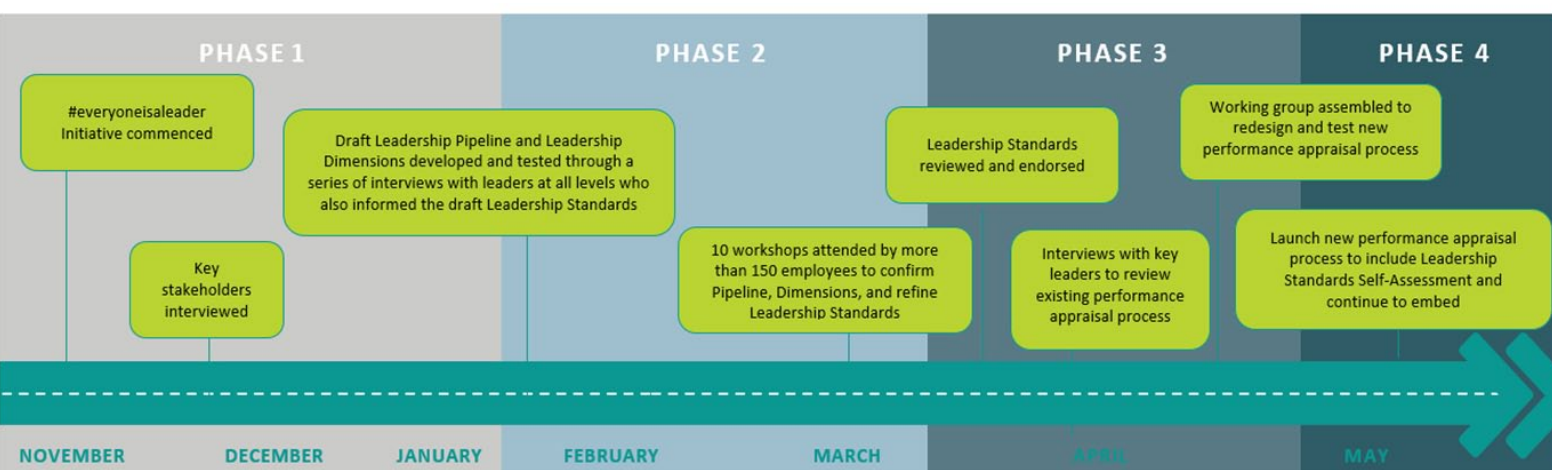
We received the following feedback about the Leadership Standards:

“Thank you, this is great work, and I really appreciate the effort going into this. I can see the differences between the levels, which is critical. I also like that it is not specific to discipline, or about clinical versus non-clinical – it is inclusive.”

Comments from the performance appraisal re-design working group, who tested the new process incorporating the Leadership Standards Self-Assessment, included:

“A level 5 midwife and I found the self-assessment a far better tool to have a constructive conversation to address work concerns and issues.”

“Overall, the feedback is good, the staff thought it was a more collaborative way of looking at the process where they felt valued.”



Manage4Improvement Program



Stacy Agar and Ruth O'Brien enjoyed the Manage4Improvement Program networking event.

For our existing and emerging Leaders of Others, we offered the 2017–18 Manage4Improvement Program. The program is an interactive, challenging and engaging six-month course aimed at providing clinical leaders, managers and directors the tools they need to succeed in an ever-changing, complex health environment. This program is an opportunity to learn how health care and business systems can operate simultaneously. Program outcomes included:

- learning how to implement organisational change and system improvement
- understanding our overarching funding, budget and business case development system
- developing an ability to negotiate and strategically achieve outcomes
- skills to better communicate and engage with patients and colleagues.

Up to 25 West Moreton Health employees were part of the 2017–18 cohort who attended the three workshops occurring in October 2017 and March and May 2018. We received this feedback from a participant:

“I’ve worked within Queensland Health for almost five years now (Ipswich Hospital is my third hospital I’ve called home) and I was really blown away with how professional the session was. It’s a fantastic opportunity (especially for Administrative staff such as myself) to learn about clinical governance, risk, HR and (last but not least) clinical engagement. I have really enjoyed the entire program and look forward to presenting my improvement project in a few months’ time.”

Partway between the first and second workshops, West Moreton Health hosted a networking event for our 2017–18 participants. The event was an opportunity

for Manage4Improvement Program participants to connect with their fellow program participants, their line managers and divisional executives, who will become a source of support for their improvement projects and future initiatives based on their key learning from the program.

Executive teaming

Our West Moreton Executive Team, Mental Health and Specialised Services Leadership Team and Ipswich Hospital Leadership Team participated in tailored Leadership Programs consisting of group workshops and one-on-one coaching sessions.

The Ipswich Hospital Divisional Leadership Team program was aimed at supporting the transition of highly effective clinical leaders into leaders of significant parts of West Moreton Health. It provided an opportunity for the group to recognise the traits of a high-performing leadership team, to help break down siloes across divisions and gain an intensive understanding of relevant finance and HR practices.

We received this feedback from Luke Worth, Executive Director of the Ipswich Hospital Leadership Team:

“We had the Ipswich Hospital Senior Leadership Team workshop today. It was an outstanding day with a number of key proactive actions agreed upon and already underway. Next month, we have another one-day workshop, but this time with the Combined Leadership Team, which we are looking forward to.”

The Executive Team program was the perfect mechanism to align the newly formed executive team with West Moreton Health’s values and strategic direction. It was also an opportunity for the team to refine how they work together to tackle issues and drive greater collaboration in order to manage constructive conflict and make better decisions. In addition to the workshops, each Executive participated in one-on-one coaching sessions during which they identified their strengths and development needs in order to best perform in their leadership roles.

Workforce diversity

The West Moreton population is highly diverse, made up many different nationalities, including Vietnamese, Chinese, Samoan, Indigenous and other African nations, as well as people of all age groups, religions, sexual orientations and abilities. Similarly, West Moreton Health seeks to achieve diversity in our own workforce. We are proud to be represented by a large body of employees who embrace and celebrate our unique cultural and ethnic differences. A diverse workforce not only reflects the diversity of the community that we care for, but it also provides a more supportive and enriching workplace in which to share ideas.

The West Moreton family is made up of 4,161 people and 3,454 full-time equivalent (FTE) employees. Throughout the year, West Moreton Health



West Moreton Health promotes diversity in our workforce.

We employ 66 people – or 1.59 per cent – who identify as Aboriginal or Torres Strait Islander. In addition, there is a dedicated Preventative Health Co-Ordinator experienced a 5.95 per cent permanent separation rate. More than 600 people – or 14.62 per cent – of our workforce are from non-English speaking backgrounds, which is above the Queensland Health target of 13.5 per cent.

(Multicultural Health) included in the West Moreton Health Strategic Plan to ensure strong engagement within a diverse community.

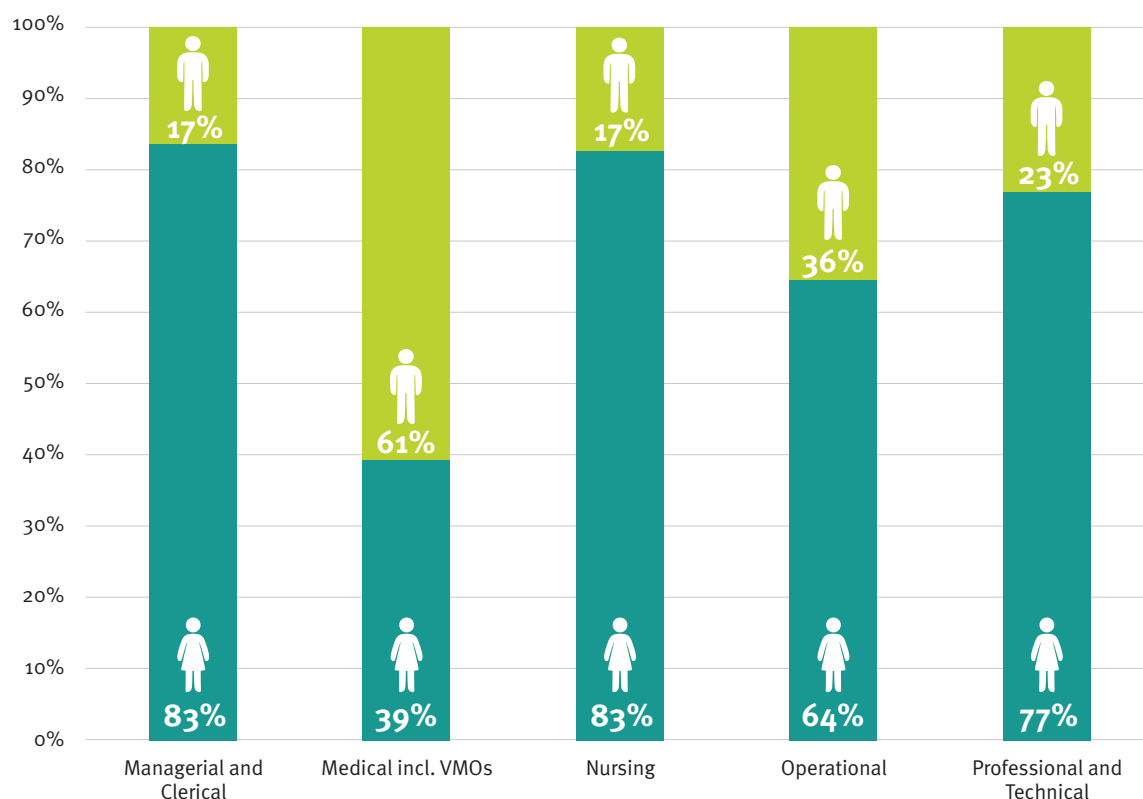
Of our 3,454 FTE (full-time equivalent) employees, 72.54 per cent are female and 27.46 per cent are male. The strongest representation of female employees is in our managerial and clerical, nursing and professional and technical streams. The average age of employees is 42.04 years.

Early retirement, redundancy and retrenchment

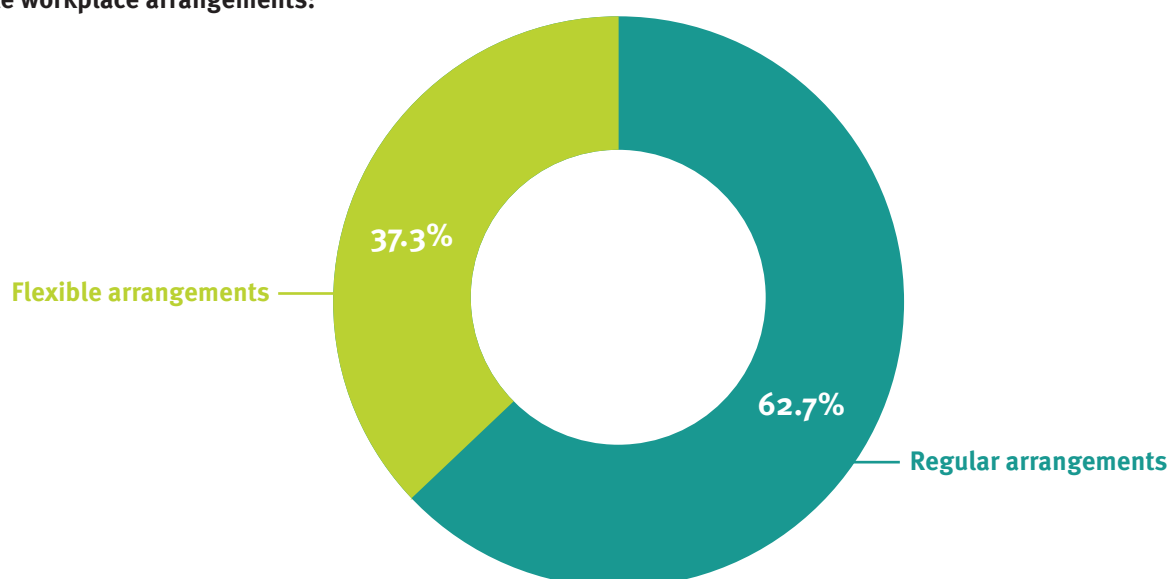
No redundancies, early retirements or retrenchments were paid during 2017–18.

West Moreton Health workforce:

	2018
Casual	193
Permanent	2,566
Temporary	695
Total	3,454

Workforce gender diversity:**Supporting our employees**

West Moreton supports flexible working arrangements for our staff. We support a variety of work options, subject to operational requirements, including part-time work, job sharing, career breaks, telecommuting, variable shift lengths and patterns, access to leave and phased retirement. Currently, there are 1,540 part-time arrangements in place across West Moreton Health, representing approximately 37.3 per cent of the workforce.

Flexible workplace arrangements:

Staff health and wellbeing

While we might be renowned for caring for patients and community members, West Moreton Health also recognises the importance of caring for our staff. To ensure that as an organisation we are high-performing and can care better for the community, we take a holistic approach to supporting the health and wellbeing of our people. Following the ChooseWell program, we look after all four dimensions of wellbeing – physical, mental, financial and social – to help our people live and function at their best.

Physical health and wellbeing

The Work Safety and Wellbeing Team supports the physical health of staff, focusing on empowering people to help create a safe working environment. By providing education on safe physical working postures, workstation functionality and correct physical techniques for patient movement and handling, the team works to reduce the number of preventable workplace injuries.

A targeted initiative was launched this year to reduce such avoidable injuries in Ipswich Hospital sonographers, who often suffer from musculoskeletal injuries associated with maintaining downward pressure and static postures when using ultrasound machines. To keep our sonographer workforce pain-free and uninjured, they underwent an intensive 10-week program, including education, physical demonstrations and exercises overseen by trained physiotherapists from the Ipswich Hospital Rehabilitation Unit. This program aims to equip staff with the tools and knowledge they need to maintain peak physical health

and wellbeing and is now offered to all medical imaging professionals throughout the year.

Mental health and wellbeing

As the state leader in mental health education, research and treatment, we look to support the mental health of our staff members. Through a broad range of mental health and wellbeing initiatives and activities across West Moreton Health, staff is supported to take care of their own mental health and to learn how to support those around them, about whom they may be concerned.

Fostering a mentally healthy, safe and supportive workplace, we invest a lot of energy into creating and maintaining a positive working culture. We treat all allegations of bullying and harassment extremely seriously and staff can be confident that they can raise any concerns without fear of retribution. Within the past year, we have conducted three independent reviews into cultural issues within specific working areas in the health service and have implemented a number of recommendations from the review to improve workplace culture, workforce stability and to support staff.

Our business exists to take care of people and we take the welfare of our employees very seriously; we are determined to offer them a safe, supportive workplace. We strongly believe that a mentally healthy workplace has flow-on effects for the community and through helping to support our staff at work, we are also helping to positively influence the lives of families and the wider community.



Accredited Practising Dietitian
Andrea Cruickshank

Healthy Drinks Campaign

In February 2018, we launched the “Rethink your drink: Healthy drinks campaign” across West Moreton facilities. In a drive to help inspire a healthier, happier workforce and community, sugary drinks were significantly reduced in onsite canteens and vending machines. With the support of suppliers and retailers, West Moreton Health followed in the footsteps of other Queensland hospital and health services that have already reduced sugary drinks for sale at canteens and vending machines. This small but powerful change is a positive step in reducing the obesity rates and supporting improved health in our staff and the community.



Executive Director Mental Health and Specialised Services Dr Leanne Geppert and West Moreton Health Chief Executive Dr Kerrie Freeman with the West Moreton Health 'Stop Stigma' pledge.

Stop Stigma

As an organisation, we have made it a priority to end stigma against mental illness this year. In December 2017, members of the West Moreton Health leadership team, including Executive and Board members, signed a 'Stop Stigma' charter and made a personal pledge to be part of positive change within the organisation and wider community. Since then, every member of the West Moreton family has been encouraged to sign and publicly display their own personal pledge to end stigma and consider whether their own actions and behaviour, and that of those around them, are supportive of those with a mental illness.

The 'Stop Stigma' pledge consists of seven commitments: we will be informed; we will listen; we will be mindful of our language; we will be inclusive; we will challenge the stereotypes; we will be supportive; and we will promote recovery.

Each month, until Mental Health Week in October 2018, we have been sharing a staff message with the entire West Moreton workforce to help spread awareness of stigma and its impact, as well as provide education around mental illness and support and recovery. The stories each reflect the theme of one of the seven commitments.

Executive Director Mental Health and Specialised Services, Dr Leanne Geppert, who launched the Stop Stigma campaign, said around half the population experience a mental health issue at some stage of their lives, with most such people also encountering stigma.

As health professionals, we are determined to be role models within our work teams, our family and wider community circles to help stamp out myths, prejudices and negative stereotyping of people with

mental health issues. The campaign also challenges staff to set an example so others in the workplace feel confident and comfortable to raise their own issues around mental health.

Financial health and wellbeing

Regular "Wellness Zone" events are held across the health service to help keep staff feeling financially secure and informed. These zones offer our people the opportunity to gain financial advice, inspiration and information from a range of organisations, including QSuper, Smart Salary, Smart Leading, Remserv, Bupa and Medibank Private. Staff can also access informative modules via the West Moreton Health Learning On-Line (WM LOL) system to assist them to develop a higher level of financial fitness.

Social health and wellbeing

To improve the social connectivity of our people and help staff create a wider support network, the Work Safety and Wellbeing team facilitated a number of staff networking opportunities in informal settings.

The West Moreton Health Social Club, Ipswich Hospital Nursing Association and the Junior Doctor Association allow our people the opportunities to establish professional connections in an informal and supportive setting.

In addition, Mental Health and Specialised Services (MHSS) runs a staff Social and Emotional Wellbeing Action Plan. This incorporates a range of initiatives, including R U OK Day and the extension of the Peer Support Program (PSP). This program provides innovative staff debriefing and support following a workplace episode of violence.

3.3 Interconnected care

Delivering care closer to home

Health care is no longer confined to the four walls of a hospital. To better respond to the complex health needs of a rapidly growing population, we are mobilising our workforce and embracing emerging technology to deliver more flexible health services to people closer to home.

Telehealth services

We are continuing to expand our telehealth services to give more consumers the option of receiving care either in home, or closer to home. In 12 months, the use of telehealth has expanded to deliver 2,371 occasions of service – an increase of more than 44 per cent. Teams such as Cardiac Rehabilitation, Pharmacy and Diabetes Services can connect with patients who are continuing their recovery in the community via videoconference, saving consumers and their families time and money.

Inpatient telehealth services also ensure all patients receive equal access to specialised, quality care regardless of which hospital they are admitted to. It means patients no longer have to travel from their rural or regional homes to Ipswich Hospital for follow-up care, such as orthopaedic or oncology consultations or to discuss pain management or recovery.

On average, telehealth services have saved West Moreton patients 7,611.5km each month, or the equivalent of 54 roundtrips between Gatton and Ipswich. The travel saving has increased from an average 4,817.5km a month the previous financial year – a 58 per cent improvement. The expansion of the service also correlates to a time-saving improvement of 59.5 per cent on last year. Patients across the health service saved 6,594.6 minutes a month by using telehealth services, up from 4,135.5 minutes a month the previous year. Patients in the Gatton Health Service district recorded the greatest time and travel savings of all the rural areas.

Hospital in The Home (HITH)

The Hospital in The Home (HITH) service continues to support people's recovery outside the traditional hospital environment. It offers three key services:

- an alternative to admission in a traditional ward, to help people transition from the hospital to home through the development of an appropriate treatment plan and the provision of ongoing health-care support
- patients who require ongoing blood or drug infusions can access the HITH clinic for regular appointments without the need to be admitted to hospital
- wound care and longer-term intravenous antibiotics can be provided for patients recovering from both acute and less intensive treatment.

In 2017–18, HITH provided an inpatient hospital substitution to an average of 63 people a month – up 16 per cent year-on-year – and provided its day infusion service to an average of 75 people a month – up 71 per cent year-on-year. This means people can avoid hospitalisation, remaining close to their loved ones throughout their treatment, while also freeing up hospital beds. Through the program, clinicians can develop a discharge plan; schedule medical reviews and help facilitate necessary medical appointments; give advice on what to do in an emergency and provide after-hours telephone support.

The service attracted a 95 per cent satisfaction rate of surveyed patients who welcomed its flexibility and convenience.

HITH effectively helps more than 130 people a month to avoid unnecessary hospitalisation.

HealthPathways and the Clinical Prioritisation Criteria

In April 2018, we started on our journey to implement HealthPathways at West Moreton. This web-based information portal will support GPs and other primary care providers to better plan their patients' care journeys through the primary, community and secondary health care systems. The HealthPathway provides health professionals with access to evidence-based information, assessment, management and referral tools so they can plan the best health pathway for their patients to receive the right treatment, at the right time.

Linking in with HealthPathways is the introduction of statewide Clinical Prioritisation Criteria (CPC) at West Moreton. CPC will improve the referral relationship between primary health care professionals and our specialised outpatient services. Most importantly, it will ensure that those patients most in need of treatment are prioritised and cared for appropriately.



Laura McLean, Andrea Stephan and Sara Riggs are managing the implementation of HealthPathways and the Clinical Prioritisation Criteria across West Moreton Health.

Acute Care Team

The expansion of the mental health Acute Care Team (ACT) in 2017–18 has given more people access to mental health services within the West Moreton community. ACT provides community-based assessment, crisis response and acute interventions. In the past year, staff has made more than 1,000 home visits and the 1300 MH CALL number has taken an average of 330 calls per month from people seeking help to access appropriate mental health services.

In addition, ACT provides crisis care in the community, enabling people to remain in their homes while receiving mental health interventions, thereby reducing the need for hospitalisation admissions and presentations at the Emergency Department.

Assertive Mobile Youth Outreach Service

The Assertive Mobile Youth Outreach Service (AMYOS) was launched in West Moreton in September 2017 to ensure young people with complex mental health needs receive timely treatment as close to home as possible. A community-based clinical team provides mental health support for young people and their families in their own homes, effectively removing some of the barriers various people may have to accessing mental health services in a clinical setting. AMYOS is delivered by teams of multidisciplinary mental health clinicians under the leadership of a psychiatrist. Proactive support for young people exhibiting high-risk behaviours significantly lowers their risk of harm to self and others and helps reduce the number of admissions and lengths of stay in hospital.

Oral Health service

More than 24,000 children and adults have received dental care through West Moreton Oral Health in 2017–18. The Child and Adolescent Oral Health Service has provided oral health care to approximately 80 schools this year. The mobile dental van has visited schools in areas including Lockyer Valley, Gatton, Laidley, Esk, Boonah, Ipswich, Goodna and the Springfield areas. The travelling van ensures West Moreton children and youth – aged predominantly from two to 18 years – can access dental health services close to their homes.

Children accessing the service receive a full mouth examination and teeth clean, X-rays, preventative and educational advice and clinical care, including fillings and extractions as required. Oral Health care professionals also refer patients to specialist services as needed. In the same period, about 3,650 children from nine West Moreton schools participated in education sessions through the Oral Health education van. The program aims to increase children's knowledge of dietary acids, preventive care, and dental disease and help boost children's confidence around the dental experience. Planning is underway to duplicate the existing resources to develop a travelling roadshow to allow students in more rural areas of the Lockyer Valley to participate in the education sessions.

Adult patients' oral health services are delivered through a network of dental clinics across West Moreton. These include the Ipswich Community Dental Clinic and Boonah, Gatton, Laidley, Esk and Collingwood Park dental clinics.

The majority of adult patients access the service through the Oral Health contact centre which directs them to the most appropriate care according to their area and urgency. West Moreton Oral Health also works in partnership with the local private providers to deliver care where funding allows.



West Moreton's Oral Health education van team visited Redbank State School to teach primary school children the importance of dental care.

Mental Health Co-Responder Program

In January 2018, the Mental Health Co-Responder (MH-CORE) Program was expanded to a seven-day model of care. MH-CORE is a collaboration between West Moreton Health and the Queensland Police Service (QPS), with support from the Queensland Ambulance

Service. The program was introduced on a trial basis in March 2017 to provide on-the-spot mental health assessments for people experiencing a crisis. It allows a mental health nurse to jointly respond to police call-outs involving a mental health issue and gives people immediate support and advice about the most appropriate services available without their needing to go to an Emergency Department. MH-CORE recognises that police do not have the specialised mental health training to properly assess a person and establish their needs.

In the six months before the program was launched, 274 people were taken to an Emergency Department in the region by police or ambulance under an Emergency Examination Authority (EEA). In the subsequent six months, there was a 17.5 per cent reduction in EEAs. In that same period, co-responders attended to 316 call-outs, with 28 – or less than 9 per cent – requiring an EEA. The success of the program – which has delivered better outcomes for people with a mental illness and reduced the time pressure on the QPS and Emergency Departments – led to the expansion of the program this year. The program now operates 70 hours a week and employs two experienced clinical nurse consultants. In the program's first year, co-responders attended 625 call-outs.



Mental Health Co-Responder Program clinical nurses Chris Watkins and Janet Brack with Springfield Police Acting Sergeant Ian McGookin.

Laidley Hospital therapy stairs

Patients can now receive safe, appropriate and evidenced-based rehabilitation treatment at Laidley Hospital after the generous donation of a set of therapy stairs. The stairs were given to the hospital by the Lockyer Valley Community Activities Shed, with the support of the local Men's Shed and Laidley Hospital Auxiliary, and allow patients to receive care in their home community instead of at a larger facility like Ipswich Hospital.

Used to help patients regain their physical strength or assess a person's capability after injury, physical therapy stairs are vital in the rehabilitation of the lower extremities, especially for patients with knee injuries. This equipment will be of great benefit to the many patients undergoing physical therapy at the rural facility and help them to put their best foot forward before returning to their homes.

Expanded antenatal and maternity services

The decision to expand antenatal services into community settings has allowed mums-to-be to receive important health care closer to home. Run out of the Goodna Community Centre and South Ripley Health Hub, expectant low-risk mums are able to get the support and medical advice they need within their own communities. With appointments available on Thursdays and Fridays, the experienced team of clinical midwives can keep track of important antenatal health issues such as blood pressure monitoring, foetal movement and early labour pregnancy-induced hypertension.

In January 2018, we expanded our maternity services by opening a new Maternity Day Assessment Unit in a new purpose-built space at Ipswich Hospital. The 24/7 service focuses on providing antenatal care for women who are 20 weeks' pregnant or more and gives expectant mums a place to go to discuss their pregnancy concerns with a dedicated team of three clinical midwives. Allowing women to form a more personal connection with their treating teams helps to reassure and support them during this very special and important time in their lives.

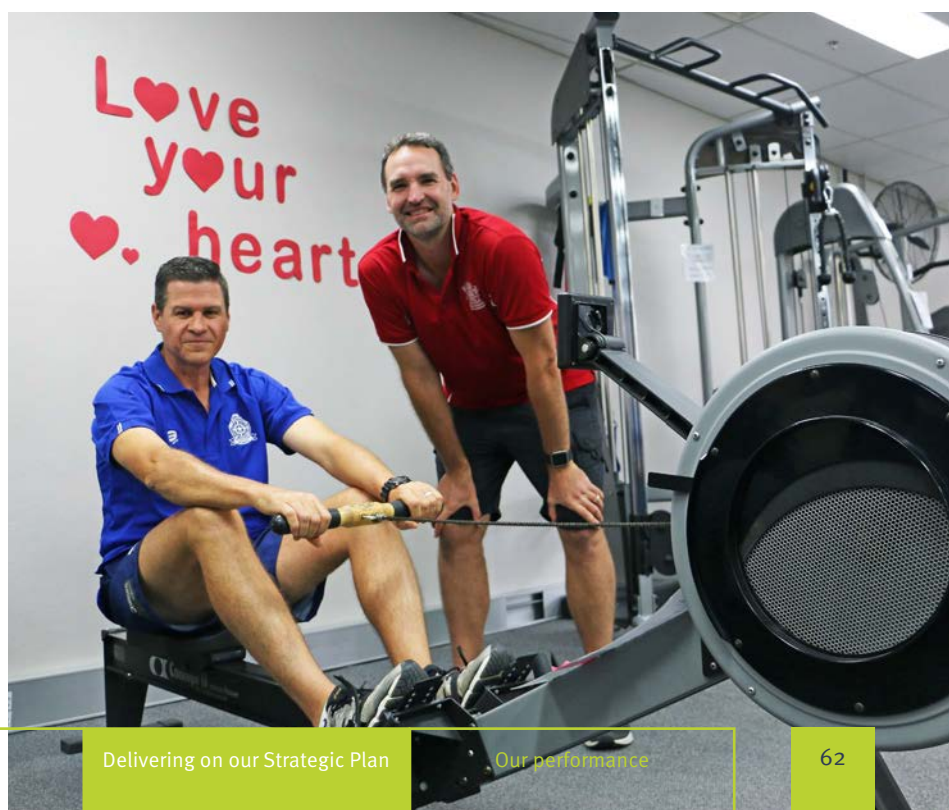
Cardiac patient Dale O'Connell is with West Moreton Health exercise physiologist Stephen Woodriffe.

Cardiac rehabilitation and heart failure services in care closer to home

West Moreton Health prides itself on delivering vital cardiac rehabilitation and heart failure services at a tertiary level in a non-tertiary setting. As one of only a handful of six-star rehabilitation services in Queensland, our team of clinical nurse educators, dietitians, exercise physiologists, social workers and Indigenous Health Workers provides a holistic approach to improving cardiac knowledge.

The team offers personalised and tailored care and support to people who have experienced a heart attack, had heart surgery, or been diagnosed with a heart condition. Our evidenced-based approach ensures patients receive the gold standard of care and start their health journey as soon as four weeks after diagnosis or discharge from hospital.

As one of the regions in the state with the highest rates of cardiovascular disease and disorders, this service is critical to supporting West Moreton residents on their health journeys within their own community. Recently, we expanded our service to include non-hospital alternatives, such as community-based and telehealth support, to help increase participation and reduce the likelihood of a patient experiencing another cardiac event. These new options have allowed more patients to receive health care in their home communities and will help reduce the number of people presenting with a known cardiac condition to the health service.





Executive Director Community and Rural Services Melinda Parcell with MeCare nurses, who have helped boost patients' health.

Reducing preventable hospitalisations

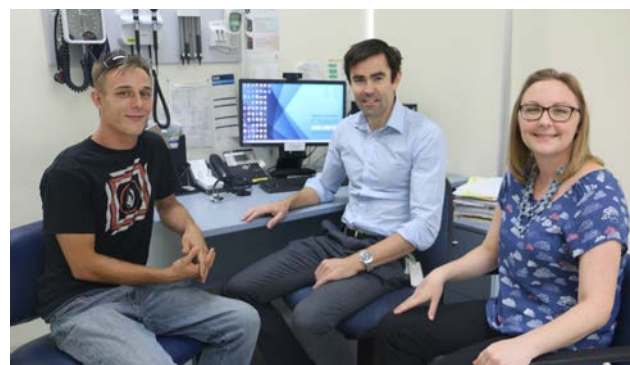
By involving people in decisions about their health care and empowering them to take control, we are helping to build a happier, healthier community. Our proactive approach to health care aims to address the cause of concerns, not just the symptoms, and keeps more people in the community and out of hospital.

Mobile Enabled Care

Mobile Enabled Care (MeCare) integrates community and hospital-based chronic disease management for complex, chronically ill patients via in-home technology and support. Since launching in 2016, in collaboration with Philips Healthcare, the program has helped patients with complex needs to achieve greater independence and to take control of their own health without hospital-based care.

Analysis of patient data shows the rate of presentations to the Emergency Department, and the number of inpatient services, have reduced by 30 per cent among program participants. The mental health of patients has also improved significantly. Patients use in-home technology to track their daily health targets, including their blood pressure and weight. The MeCare clinical team talks with patients via daily video conference to track their health status and quickly respond to any changes without the need for a trip to hospital. In December 2017, MeCare celebrated a milestone with the enrolment of 100 patients. More than 130 patients have now joined the program.

New Type 1 Diabetes Clinic



Patient Ryan Finocchio with Endocrinologist Dr Tom Dover and Nurse Navigator Kay Dean at the new Type 1 Diabetes Clinic in Ipswich.

In March 2018, we launched a new dedicated Type 1 Diabetes Clinic at Ipswich Health Plaza. The clinic provides a one-stop-shop where patients can access specialist information from a doctor, dietitian, pharmacist and psychologist, as well as nurse educators and a nurse navigator.

Previously, health services were delivered to people with diabetes in a mixed clinic of both Type 1 and Type 2 diabetes patients and they would normally require a referral to meet with specialists such as a psychologist or dietitian. The dedicated clinic recognises the need for targeted care for Type 1 diabetes patients and allows more people to receive timely care closer to home, without the need to travel to Brisbane for specialised care.

Domestic and family violence screening



Ipswich Hospital Emergency Department Senior Social Worker Craig Birrell and Emergency Department Staff Specialist Dr Eric Richman.

In December 2017, Ipswich Hospital joined a program to determine current practices for screening emergency department patients for domestic and family violence, as well as the frequency of referrals to social work. Led by the Gold Coast Hospital and Health Service, the trial involved eight hospital and health services across the state. We hope the trial will lead to improvements in domestic and family violence detection in hospitals and connect people to support services that will help them to leave abusive situations sooner. By looking at the holistic needs of people in our care, we are better able to address the causes of their health and wellbeing concerns, reducing the likelihood of their needing to return to an Emergency Department in the future.

The trial, which received Emergency Medicine Foundation funding, will continue at Ipswich Hospital until late 2018 under the direction of principal investigator, Emergency Department Staff Specialist Dr Eric Richman and Emergency Department Senior Social Worker Craig Birrell.

Alcohol and Other Drug Services

Alcohol and Other Drug Services (AODS) provides an important service for people whose lives have been impacted by addiction. A multidisciplinary team – including medical and nursing staff, social workers and a psychiatrist and psychologist – provide assessment, treatment and support options.

Each month, the team delivers an average of 570 occasions of service to people through a series of programs and initiatives such as medical reviews, an opiate treatment program and group therapy and counselling sessions.

In 2018, the AODS team expanded its services to introduce an anger management group for both men and women. The support group assists those experiencing substance abuse issues who also express an issue with anger management. We are the only provider in West Moreton to cater for female participants.

The groups reinforce the success of the Back in Control Group, a six-week program that offers participants practical strategies to help them overcome their addiction, which has proved to be very useful for those motivated to change. Sessions target everything from how to manage emotion or challenge unhelpful thinking through to relapse prevention, problem-solving and goal-setting. In 2017–18, 36 people completed the program, with another 31 in progress. In June 2018, it was also expanded to include patients receiving mental health treatment at The Park – Centre for Mental Health.

AODS has also helped nursing staff in rural hospitals at Esk and Laidley to improve their responses to patients with an addiction. It has achieved this through a series of educational initiatives designed to help staff recognise the signs and symptoms of addiction and withdrawal and encourage effective communication and support actions.

In April 2018, AODS also introduced a Hepatitis B vaccination so providing more vaccination opportunities for clients.

Digital Health

Through digital technology, West Moreton Health is transforming the way we deliver health care to the community we serve.

While West Moreton Health has embraced a range of new digital technologies and initiatives in 2017–18, our rationale for doing so has been patient-centred, and our focus has been on identifying those technologies that will improve outcomes for those we care for.

In addition, our Information Technology Services department recently introduced a new statewide Prison Health Service Project (PHSP) in response to a coroner's finding into the inquest of a death in custody. West Moreton Health led the project on behalf of the Department of Health. The program, which was run across 21 Queensland prison health service (PHS) centres, at eight different hospital and health services, saw West Moreton address:

- the adequacy of communication between acute hospitals and prison facilities
- inadequate access to Queensland Health ICT devices due to prison staff's using Queensland Corrective Service computers and email accounts
- Queensland Health Prison staff's not having access to a range of electronic clinical resources which are available in similar primary health service facilities.

West Moreton Health has now successfully delivered a contemporary information system workspace into all Queensland Correctional Centres for use by PHS staff.

To date, the following connectivity and communication improvements have been realised:

- immediate access for medical staff to clinical applications
- immediate access for medical and administration staff to email and online mandatory training courses
- Queensland Health and Queensland Corrective Service are now using video-conferencing for health consultations instead of prisoner transfer to hospital specialist clinics, this encourages better collaboration and delivery of health care between internal and external providers and enables immediate access to QH facilities and specialist care

- all correctional centres now have access to a fully managed print service.

The Integrated Electronic Medical Record

We are transforming care at Ipswich Hospital and community services through digital technology. This includes the introduction of the integrated electronic medical record (ieMR) as part of a broader roll-out across hospitals and health services in Queensland.

Digital Health is an exciting project that will bring West Moreton facilities into line with the Western Corridor of Queensland hospitals; it will help us to reach a tertiary status and importantly improves patient safety.

As part of the project, new digital technology and electronic medical records will be introduced, allowing us to be less paper dependent, more efficient and allows for greater collaboration, as our clinicians will be able to view a patient's electronic medical record at any time.

We are creating a 'health service without walls' where clinicians who care for patients and consumers can access secure and up-to-date patient information anytime, anywhere.

Through technology we will improve support for consumers and their families on their healthcare journey and provide safer, more integrated care.

By creating a single patient health record, all health staff involved in the care of a patient can access and use important patient information.

Complementary devices

New monitoring devices can accurately upload a patient's vital signs and observations, such as blood pressure, temperature and heart rate, to their ieMR and health professionals can be alerted if changes in vital signs occur.

Mobile computers will be strategically placed throughout patient areas and Rapid Access Readers will be installed with computers to let clinicians use their staff card to quickly log into the ieMR.

New printers and scanners, some with wireless capability, will enable patient armbands, specimen labels and prescriptions to be printed and scanned close to the patient to reduce labelling errors and to make identification a quicker and more exact process.

The Digital Health team

West Moreton's Digital Health team has been assembled to help implement the ieMR technology, as well as providing training and support staff through the transition to the new way of health care in November 2018 and beyond.

As this project will transform the way health professionals work, a large proportion of the Digital Health Team is comprised of clinical advisors who know the intricacies of the workflows of each stream of health care, including the Emergency Department, Surgery, Anaesthetics, Radiology and Pathology, Pharmacy, Midwifery and Allied Health.

These "support crew" clinicians, in conjunction with advanced-trained "super user" clinicians from each medical area, will be on the wards providing hands-on help to their colleagues through the implementation process.

The remainder of the Digital Health Team are business experts across fields such as education and training,

communications, IT and reporting. As West Moreton Health is a person-centred health service, there are also dedicated representatives who advocate on behalf of patients within the team.

More than 150 staff members have joined Digital Health Governance Groups, which are the decision-making bodies tasked with ensuring workflows and technology are suitable for each health service line and the administrative area.

Our health staff will receive the information, training and support they need to be confident that they can work with the new technology proficiently. Tailored and layered training options, including simulation events and practice labs, will be provided to ensure the continual delivery of safe, reliable care throughout the ieMR implementation.

West Moreton Health will also be engaging and communicating with consumers and the wider community to raise awareness of the benefits this new technology will bring to our region (also see section 1.9).



Financial System Renewal (FSR) Project

West Moreton Health is contributing to the statewide Financial System Renewal (FSR) Project which is replacing the existing 24-year-old Finance and Materials Management Information System (FAMMIS) with SAP S/4 Hana and Ariba for all hospital and health services and the Department of Health.

West Moreton Health has established a team to coordinate this change initiative locally and a project control group to ensure appropriate governance. The teams have worked with our broader business to understand the impact of the new system and are completing a training-needs assessment. There has been significant input from numerous West Moreton Health subject-matter experts, helping us to shape local working practices to suit the new system and providing important input into the central decision-making processes.

West Moreton Health is looking forward to the following benefits from this project:

- a reliable, modern finance system with full vendor support
- increased cost and commitment visibility through increased use of procurement.
- a finance system that supports compliance with financial delegations
- easy and more transparent access to live information
- capability uplift and systems training to staff in areas of finance, assets management and procurement, increasing the skills and capability of our staff.

3.4 Better care

Safe, excellent and value-based care

The “better care” theme under West Moreton Health’s Strategic Plan 2017-2021 sets out our promise to deliver excellent services to consumers and communities based on evidence, innovation and research.

West Moreton Health’s determination to deliver safe, excellent, value-based care is a focus for every staff member across all services. This focus is supported by our quality improvement, patient safety, consumer liaison and infection prevention teams who are part of the Clinical Governance service. In 2017–18 we undertook a range of initiatives that emphasised the value we place on delivering health care that is safe and high-quality.

RiskMan implementation

RiskMan – the new statewide incident management system used to manage workplace health and safety incidents – was safely implemented across West Moreton Health in 2017. Its introduction during the project phase was managed by a dedicated change management team who conducted 128 training sessions across eight locations, reaching 1,194 staff at completion of the formal training period in October 2017.

RiskMan training is now a one-off, mandatory online training requirement for all staff, with separate subject matter expert training. A total of 78.63 per cent of staff had completed their training by the end of the financial year. RiskMan’s major benefit is that it provides real-time, electronic reporting of clinical and workplace health and safety incidents in one integrated system. This helps staff track, manage and respond to incidents to improve patient safety and workplace safety for our staff and visitors. We are also able to benchmark against national and state safety indicators which enables a cycle of continuous improvement.

Preparing for accreditation

Throughout 2017–18, West Moreton Health staff prepared for periodic accreditation review to be carried out by the Australian Council of Healthcare Standards in September 2018. This periodic review will focus on three National Safety and Quality Health Service (NSQHS) standards: governance of safety and quality, partnering with consumers, and preventing and controlling infections. In addition, the periodic review covers five EQuIP (Evaluation and Quality

Improvement Program) National Standards: service delivery, provision of care, workforce planning and management, information management and corporate systems and safety.

West Moreton Health achieved full accreditation in the last organisation-wide review conducted in November 2016. The 2016 ACHS review confirmed our ability to provide safe, high-quality care with several services acknowledged for excellence. In addition, the review contained several recommendations for improvement, which have been a key focus at West Moreton Health over the past financial year.

To ensure staff was supported for the 2018 accreditation, the quality improvement team launched a new software solution, CGov, to help monitor and track progress. Two modules were successfully implemented across our service: the Clinical Audit System, which supports the scheduling, tracking and review of clinical audits, and the Quality Improvement and Recommendation Tracking module, which allows for centralised submission and publishing of quality improvements.

Quality champions

A passion for rural health care and a commitment to patient safety is why Clinical Development Facilitator Angela Kok loves her job at Gatton Hospital. Angela’s role, which she began in 2015, sees her combine clinical practice, education, quality improvement, leadership and mentoring. She is part of the hospital team monitoring safety and quality indicators at Gatton, committed to continual improvement in patient care. Each year, Gatton Hospital accepts a number of students from different universities and TAFE colleges on clinical placement. An important part of Angela’s role is to educate students and highlight the importance of patient-centred care in their daily practice.

“I am extremely fortunate to be supported by colleagues and a management team who sees safety and quality as core business. They embrace change, strive to innovate, care about each other as individuals, but also above all show compassion, respect and dignity every day to the community we care for.”

Blake Ponting is a health professional determined to make a difference to prison health consumers. For the past two years, Blake has been operating as a Clinical Nurse Consultant within the Prison Health Service. He provides support to advanced clinical practitioners

and the clinical educator and has input into policy and procedure development and planning for the delivery of contemporary evidence-based health care to corrections consumers. Every day, he collaborates with the broader multidisciplinary teams, other hospital and health services and colleagues across Mental Health and Specialised Services and Queensland Corrective Services.

“We have patients from all sections of the community, which includes some of the most disadvantaged consumer groups, who often have poor health literacy which presents unique challenges. It is essential that our consumers receive the same level of health care provided to others in the community.”

Blake believes that contemporary evidence-based quality initiatives are essential to developing and maintaining high standards of care.

Clinical Information and Audit – Compliance Program

The West Moreton Health Clinical Information and Audit Program is designed to ensure we use information wisely to drive improvement in clinical safety and quality. This includes measuring, evaluating and benchmarking clinical safety and quality data to identify opportunities for clinical practice improvement.

In January 2018, the Quality Improvement team carried out an audit of the documentation of food and medication allergies of 82 inpatients at Ipswich Hospital. Although 94 per cent of patients had their allergy recorded on the medication chart, the audit identified room for improvement. It found that only 70 per cent of patients with a medication or food allergy had their reactions recorded in their clinical notes and just half had the ALERT allergy stickers applied to their medication chart. Only 64 per cent had medication allergies recorded in the Patient Flow Manager system while only 50 per cent had food allergies recorded. Following the audit, an education campaign was developed to promote integration of documentation of patient allergies into clinical documentation. A follow-up audit to measure improvement will be conducted in the new year.

SPOT aims to reduce errors

In 2017, the Adult and Older Persons Mental Health Inpatient Units launched the Safe Prescribing Zero Tolerance (SPOT) trial to reduce medication prescribing errors and improve patient safety. The initiative focused on educating medical staff to follow eight

simple steps, including focusing on being specific, clear and reviewing prescriptions. Communication was identified as vital to safe prescribing with teams reminded of the need to inform treating teams if medication is refused and to escalate urgent issues. As a result of the initiative, there was a 30 percent reduction in medication prescribing errors noted between 2016–17 and 2017–18.

Consumer and carer engagement – Mental Health and Specialised Services

The Consumer and Carer Engagement Service operates across Mental Health and Specialised Services and is made up of people who have a lived experience of mental illness either as consumers, carers, or both (also see section 3.1). The service is dedicated to supporting consumers and carers to actively participate in their recovery journey. The team includes seven Consumer Companions, three Consumer Peer Workers and a Consumer Consultant, Consumer Advocate and Carer Consultant. These staff provide peer support, role modelling recovery and advocacy for consumers, families and carers across The Park, Adult Mental Health Unit and Older Persons Mental Health Unit. In 2017–18, they held a number of information and education events, one-on-one advocacy services and extensive liaison with other agencies and support groups dedicated to the recovery of people with mental illness.

Infection prevention is everyone’s business

The Infection Prevention team plays a vital role at West Moreton Health, monitoring and managing systems designed to ensure the safety of patients and visitors, staff and volunteers, by preventing the spread of infection. The ACHS audit planned for this September will have a specific interest and focus on Standard 3: Preventing and controlling Healthcare Associated Infection.

An important annual event at West Moreton Health is Hand Hygiene Week which was celebrated in May 2018. Our information campaign included education sessions, a presentation at the monthly staff forum, screen savers, posters and email messages. An audit conducted in June 2017 of occasions where glove use was recorded found that staff failed to perform appropriate hand hygiene 10.8 per cent of the time. To reinforce the need to complete the five moments of hand hygiene, the Infection Prevention team launched a campaign in 2018 reminding staff for the need for hand hygiene with glove use, before putting on gloves and immediately after removing gloves.

Flu fighters

The 2017 winter flu season exacted a heavy toll on health services across Queensland, including at West Moreton Health, with 3,385 recorded cases of influenza in our region and at least 11 reported deaths. To help manage the 2018 flu season, the Infection Prevention team, supported by Communications and Engagement and leaders across the health service, launched an intensive April campaign to vaccinate West Moreton staff. The objective was to reach a target of at least a 75 per cent vaccination rate, and by June 2018, 3,103 (73 per cent) members of staff, students, volunteers and Queensland Ambulance Officers had received their free flu shot.

Antimicrobial stewardship

Antimicrobial Stewardship is a systematic approach to optimising the use of antimicrobials in hospitals and health care institutions and is a national standard stipulated by the Australian Commission on Safety and Quality in Health Care. By mid-2017, there was a worldwide antibiotic shortage with most readily used antibiotics unavailable for several months. Thanks to the diligence and commitment of Ipswich Hospital's antimicrobial stewardship pharmacist Rachael Wiedmann, patient care was not adversely affected. Alternatives were sourced, clinicians informed and usage monitored to meet Department of Health targets. By supporting all our teams involved in antibiotic use, West Moreton Health was able to ensure patient care was not affected.

The Health Operations Centre

The introduction of the Health Operations Centre (HOC) at Ipswich Hospital in August 2018 will enable a bird's eye view of West Moreton's health services and ensure the safest and most efficient journey for patients through our facilities. As a centralised point of contact for patient flow and management, the HOC allows our clinicians to have greater oversight of bed stock to ensure that we are suitably resourced. It will also provide an opportunity to review and refine patient-flow processes across our health service to streamline the patient experience from ED presentation, admission to discharge and managing the transition of patients back to our community partners. Its launch will be an important step towards our becoming a tertiary hospital and help us to better meet the demands of the community we serve.

Point of Care Testing

In January, 2018, Gatton Hospital received statewide recognition for excellence in quality for its iSTAT blood collection processes. The hospital recorded the lowest error rate for the highest volume of patient blood tests across all Queensland rural services in 2017. The award recognised the blood collection skills shown by staff at Gatton Hospital, which provided 2,450 iSTAT blood tests in 2017. It also highlighted Gatton Hospital's leadership in safe, quality patient care, with an error rate of less than three per cent and patient identification rates of more than 98 per cent – above the state average of 95 per cent.

Paediatric Emergency Unit

A four-bed Paediatric Emergency Unit opened at Ipswich Hospital on 31 July, 2017. The paediatric emergency unit provides a dedicated treatment and waiting area for sick or injured children and their families. The child-friendly space, decorated with colourful cartoon decorations and bright curtains, features private treatment and family waiting areas and a children's quiet play area. In addition, the unit provides a more private and secure waiting area that is separated from the general area of the Emergency Department.

Since opening, an average 1,259 children presented to the unit each month. Those with a life-threatening illness or injury – Category 1 or 2 patients – accounted for 16.33 per cent of all presentations. Emergency Length of Stay (ELOS) in the Paediatric Emergency Unit was 79.54 per cent – just 0.46 per cent under the national benchmark of 80 per cent of patients staying for in the unit for less than four hours before being admitted, transferred or going home.

Design and infrastructure recognition

Two major projects to upgrade infrastructure at Ipswich Hospital received industry recognition in 2017–18. The investment in improved infrastructure showed our ongoing commitment to delivering best-possible health care in an appropriate environment.

The Ipswich Hospital electrical upgrade project, delivered in conjunction with Ryan Wilks Pty Ltd, was recognised at the 2017 National Electrical and Communications Association Awards (Queensland) on 19 August. The upgrade received a certificate of commendation in the Commercial Medium Project category for electrical/communications works.

On 29 August, 2017, West Moreton Health, along with our design partners Gibson Architects Pty Ltd, was presented with a Silver Award at the 2017 Ipswich City Council Awards for Excellence – Design. This was awarded for the design of a proposed High Dependency Unit at Ipswich Hospital.

Emergo Exercise

In March 2018, West Moreton held a disaster simulation Emergo Exercise to test the health service's response to a mass casualty incident. An Emergo Exercise is used as a training and exercise tool for decision-making in complex emergencies, in planning and managing the response to a major incident. It enables assessment of how different outcomes could have been achieved (for example, in terms of lives saved and quality of treatment) if different decisions had been made.

Staff from our Emergency Department, Radiology, Theatre, Intensive Care, Bed Management, Administration and Emergency Management, as well as members from the Queensland Ambulance Service, Queensland Police Service, the Ipswich City Council, Lady Cilento Children's Hospital and Darling Downs Hospital and Health Service, came together to test our readiness and ability to get people the care they need when they need it the most.

Running for several hours, the exercise was an opportunity to test the resources and physical capabilities of West Moreton Health facilities; our staff's ability to cope under pressure and communicate effectively; our teams' decision-making processes and their ability to adapt and improvise when needed.

At the completion of the exercise, staff and external partners were informed they had successfully responded to a simulated version of a terrorist attack, during which a truck deliberately drove into a crowd of people celebrating a national holiday.

Medical imaging

The Ipswich Hospital Medical Imaging Department sees 300 people a day on average and provides a critical service to the West Moreton community. In the past 12 months, the department has undergone significant culture changes in response to an independent external review into allegations of bullying and preferential treatment. In addition, work is underway with staff and union partners to rebuild



An Emergo Exercise is a vital training and exercise tool which aids decision-making in complex emergencies.



the medical imaging team and address a range of operational and staffing issues. The announcement of an MRI for the department in March (also see section 1.9) 2018 as part of the first stage of the Master Plan will help to bring the department to a tertiary level of service and ensure that we can care better for the West Moreton community in the future.



Nurse Navigators Coral Niesler, Karina Charles, Ana Matthews, Blessing Makoni, Gail Rogers, Agnes Maskalans, Holly Kennedy, Liz Milroy, Kay Dean with Nursing Director - Workforce, Nursing and Midwifery Juliet Graham and Executive Director Nursing and Midwifery Dr Robyn Henderson.

Nurse Navigators

In 2017–18, we welcomed our largest intake of Nurse Navigators, with another five experienced nurses and nurse practitioners joining the team. We now have 11 Nurse Navigators helping patients with complex needs to connect to the most appropriate care for them.

These highly experienced nurses not only help their patients to navigate the health system, they also educate them about self-managing their conditions and improving their lifestyle. The Nurse Navigator program is delivering better outcomes for patients by demystifying the health care system and connecting people to the right care, at the right time, and in the right place.

We are proud to give patients access to a Nurse Navigator in areas including acute paediatric transitions, mental health, midwifery, urology and prostate cancer, diabetes, medical transitions, palliative care and aged care, as well paediatric community partnerships, correctional services and the National Disability Insurance Scheme (NDIS). Nurse Navigators also work closely with other health professionals, including GPs and aged care providers, to ensure a holistic approach to patient care.

Patient Care Coordinators



Boonah Hospital Patient Care Coordinator Rachael Kriel is boosting patient care to help patients recover as quickly as possible.

Boonah Hospital's introduction of Patient Care Coordinators has improved its patient experience. Similar to the Nurse Navigator role, Patient Care Coordinators help ensure patients recover as quickly as possible to rejoin the community. They help achieve this by coordinating delivery of patient support from the medical, nursing and allied health professionals they deal with during their treatment and recovery.

End of life care



Ipswich Hospital Palliative Care Unit team members perform vital community services.

We are proud to be a leader in palliative care and offer one of the only dedicated Palliative Care Units in the state. The Ipswich Hospital provides a 13-bed unit, as well as a community outreach service, an outpatient clinic and telehealth services. The unit accommodates the needs of people in rural facilities who want to receive care closer to home, as well as those who want to die in their own homes. We also work closely with Ipswich Hospice Care, a seven-bed, community-owned organisation, which provides end of life care akin to a home environment.

In November 2017, we hosted an End of Life Education seminar at Ipswich Hospital as part of our response to Queensland Health's Care at the End of Life public awareness campaign. The workshop attracted prominent guest speakers including the statewide Clinical Lead for End of Life Strategy, Dr Will Cairns, and West Moreton Oncology/Palliative Care Consultant, Dr Ross Cruikshank. The workshop helped educate staff in all areas to consider how they could better identify and support the needs of someone approaching the end of his or her life.



Advance Care Plan clinical nurse Rosslyn Holloway talks to ABC's Focus radio program presenter Emma Griffiths during National Palliative Care Week.

In April and May 2018, Advance Care Plan clinical nurse Rosslyn Holloway promoted community discussions around end of life by contributing to discussions on ABC's Focus radio program for National Advance Care Planning Week and National Palliative Care Week.

The Palliative Care Unit also hosts the Ipswich Palliative Care Memorial Ceremony – a biannual service to celebrate the lives of palliative care patients who have passed away. Friends and family members are invited to attend the service.

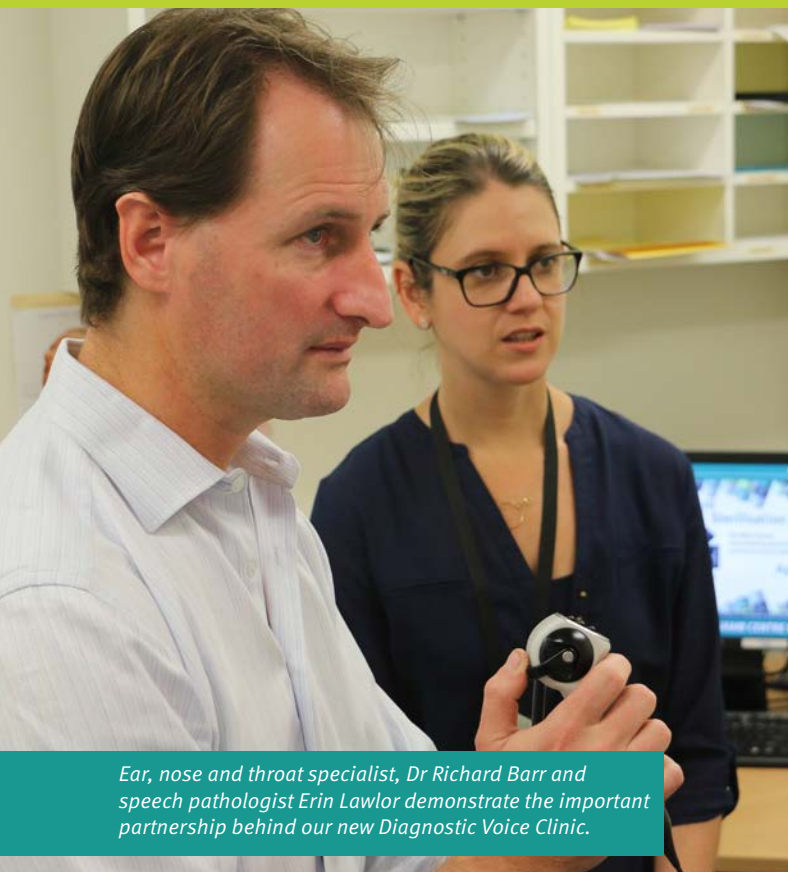
Transit Care Centre

Ipswich Hospital's Transit Care Centre celebrated a milestone in patient care when it marked its first anniversary in July 2017. The service has helped improve patient flow within Ipswich Hospital by providing a dedicated area for patients awaiting admission, transfer or discharge. In this space, patients have access to timely and safe care as they transition between care providers or their homes. Having a dedicated space for patients preparing to leave the hospital ensures there are more beds available for acutely unwell patients. This equips us with the resources to meet the Emergency Length of Stay (ELOS) benchmarks and improves patient outcomes.

The service has also responded to growth in demand. In May 2018, the service expanded its hours of operation to 9am-5.30pm week days to prepare for a surge in patient activity during flu season.

Perinatal and Infant Mental Health Program

The expansion of our Child and Youth Mental Health Service (CYMHS) delivered expanded care for West Moreton families and young people in 2017–18. The new Perinatal and Infant Mental Health Program, which launched in September 2017, provides support for parents with a mental illness who have children under 12 months. CYMHS and Child Development Services work collaboratively to support parents to manage stress and develop healthy relationships with their child. The program also effectively improves the care provided to children by ensuring parents get the support and guidance they need to thrive in a caring role. In 2017–18, CYMHS also extended mental health services in the community through the introduction of the Assertive Mobile Youth Outreach Service (AMYOS), which delivers mental health care and treatment for children aged 13-18 (also see section 3.3).



Ear, nose and throat specialist, Dr Richard Barr and speech pathologist Erin Lawlor demonstrate the important partnership behind our new Diagnostic Voice Clinic.

Expanded speech pathology services

Our Speech Pathology unit has introduced several key service improvements in 2017–18 to expand access to quality care in the region. A new Diagnostic Voice Clinic was opened at Ipswich Hospital in August 2017 to deliver the gold standard of vocal treatment and rehabilitation. The clinic is a collaborative initiative between speech pathology and ear, nose and throat surgeons and gives West Moreton residents access to up-to-date voice assessment and diagnostic technology. The Fibreoptic Endoscopic Evaluation of Swallowing (FEES) Clinic was also launched in August 2017 to enhance the evaluation of swallowing disorders and to better guide treatment, management and intervention of dysphagia. We were also proud to host the inaugural statewide Advanced Speech Pathology FEES workshop at Ipswich Hospital in September 2017. The event attracted participants inperson and via videoconferencing from Queensland and the Northern Territory, as well as an international guest speaker, UK-based Senior Specialist Speech and Language, Therapist Christina Iezzi.

The service was also successful in its application for funding from the Ipswich Hospital Foundation to introduce Alternative and Augmentative Communication (ACC) tools within the Intensive Care Unit setting. This helps patients communicate without talking and enables effective information sharing between patients and staff.

Ward 6B Rehabilitation and Stroke Services

Early intervention and rehabilitation continues to deliver good outcomes for patients at Ipswich Hospital's Ward 6B Rehabilitation and Stroke Services. In September 2017, the team organised a series of events for Stroke Week to increase awareness about the signs of stroke and celebrate the work of its multidisciplinary team. Our Stroke Week celebrations, including stories of patient recovery, were featured in both print and TV media. Ipswich Hospital provides one of the few services in Queensland that has a stroke unit within a rehabilitation ward. The integrated service promotes recovery and allows stroke patients to begin rehabilitation at the earliest opportunity.



Clinical Nurse Consultant Linda Edwards with former Board member Gary Edwards, Division of Medicine Nursing Director Monica Murphy and Clinical Nurse Consultant Judith Brown.

Service Improvement Team

In 2018, West Moreton Health created a Service Improvement Team to support staff in improving our current services and service delivery to help meet the community's growing health demands. This centralised team provides the support, tools and methodologies to set staff up for successful project outcomes. The Service Improvement Team supported the delivery of the West Moreton Health Strategic Plan and the four focus areas of person-centred care, caring for our people, interconnected care and better care. The team's project management approach is the Clinical Service Redesign Methodology. Clinical redesign projects work through several clear, time-limited and defined phases.

The Service Improvement team is currently supporting various projects including the Financial System Renewal implementation; the 2018 Central Sterile Supply Department (CSSD) Refurbishment; the West Moreton Health Consumer Engagement Strategy and the Care at the End of Life Strategy. In addition, it is leading projects such as Community Connections and the Cultural Impacts on Indigenous Youth, reflecting West Moreton Health's population-based approach to improving the health of the community.

Mental Health and Specialised Services (MHSS)

Forensic and secure services (FSS)

As Queensland's only forensic mental health inpatient service, The Park – Centre for Mental Health, Treatment, Research and Education (The Park) has three separate areas: the High Security Inpatient Service (HSIS) the Extended Forensic Treatment Rehabilitation Unit (EFTRU) and the Secure Mental Health Rehabilitation Unit (SMHRU).

The High Security Inpatient Service is a statewide 70-bed facility which provides a highly supervised, supportive and secure environment, based on a recovery model of care. It caters for people alleged to have committed serious indictable offences and those who are involved with the criminal justice system and presenting with complex mental health needs requiring assessment and/or treatment and rehabilitation. Comprising of five units catering for varying levels of acuity, the HSIS admits consumers through Prison Mental Health Services, court liaison, the Mental Health Court and other hospital and health services.

The Extended Forensic Treatment and Rehabilitation Unit is a statewide service that provides 20 beds in a residential-style setting. It oversees the rehabilitation of consumers transitioning from HSIS who require further support in achieving rehabilitation and recovery goals.

Providing services to the West Moreton, Metro South and Gold Coast catchments, the Secure Mental Health Rehabilitation Unit (SMHRU) offers a structured environment for medium to long-term inpatient treatment. The SMHRU also supports the rehabilitation for consumers with persistent and disabling symptoms of mental illness, who cannot be adequately supported in other inpatient settings.

The Park also houses health services for South East Queensland prisons, including the state's largest Prison Mental Health Service and Prison Health Services.

In addition to clinical services, The Park hosts:

- the Queensland Centre for Mental Health Learning (the Learning Centre), a Registered Training Organisation that delivers face-to-face workshops and eLearning training across Queensland. In 2017, there were 7,860 enrolments across 31 face-to-face and/or eLearning courses.

- the Queensland Centre for Mental Health Research, which is an internationally recognised centre that aims to reduce the level of disability associated with mental illness through research. In 2016, the Queensland Centre for Mental Health Research produced more than 114 peer-reviewed publications.
- the Queensland Mental Health Benchmarking Unit undertakes internal benchmarking activities with extended treatment mental health inpatient services through Queensland Health. Benchmarking activities collect a range of variables and performance indicators, which enable peer services to make comparisons and identify best practice and areas that would benefit from quality improvement activities. QMHBU supports HHS to undertake quality improvement activities within extended treatment services promoting better health outcomes for consumers.



Beds

70 High Security Inpatient Service (HSIS)

34 Secure Mental Health Rehabilitation Unit (SMHRU)

20 Extended Forensic Treatment and Rehabilitation Unit (EFTRU)

Prison Health Services

Prison Health Services deliver primary health care to people in custody. Dedicated teams are based in a health clinic setting within correctional and youth detention facilities in the West Moreton catchment, including the Brisbane Correctional Centre, Brisbane Women's Correctional Centre, Wolston Correctional Centre, Borallon Training and Correctional Centre and Brisbane Youth Detention Centre.

As one of the most stigmatised and socially disadvantaged groups, the prison population has considerably poorer health than the general community. Prisoners have worse physical health,

higher rates of communicable diseases and mental illness and increased engagement in risky behaviours such as tobacco and illicit drug use and high alcohol consumption. Improving prisoners' health is a key priority for both West Moreton Health and Queensland Corrective Services. West Moreton Health's medical, nursing, optometry, mental health and dietetic staff currently provide Prison Health Services to more than 2,500 individuals.

Research excellence

We work hard to care for a growing, health-challenged population by providing safe and quality services underpinned by research and innovation.

Through fostering a vibrant research culture, staff is supported and encouraged to explore their ideas to help shape the future of health care regionally and globally. The quality and safety of our services are continuously being reviewed and revised to bring them in line with current research and evidence-based care practices to ensure that everyone being treated by West Moreton Health receives the best care possible.

West Moreton Health Research Strategy

The West Moreton Health Research and Innovation Strategy 2015–20 focuses on supporting staff to actively improve the way we provide care to our community. Over the past three years, this has led to staff focusing on priority areas for our demographic including chronic and preventable disease and its consequences, health promotion and prevention, service delivery improvement and mental health.

5  **research projects approved**

27  **site specific research assessments lodged**

identifies West Moreton Health requests for approval from governance bodies to carry out research

52  **Publications released**

Governance

Within West Moreton Health, the Human Research Ethics Committee (HREC) ensures that the potential risks to participants, research staff and the health service are far outweighed by the benefits for participants and the community. HREC operates in accordance with the policies and guidelines published by the National Health and Medical Research Council (NH&MRC) and those of Queensland's Research Ethics and Governance Unit (REGU). To safeguard our ongoing accreditation with the NH&MRC, which is the regulatory body for ethics committees, each year, we submit a report on our research activity.

In 2017–18, the committee reviewed 28 research proposals from medical, nursing and mental health staff and from allied health professionals working in occupational therapy, social work, physiotherapy, pharmacy, speech pathology and dietetics.

The Queensland Centre for Mental Health Research

West Moreton Health is home to Queensland's premier mental health research facility, the Queensland Centre for Mental Health Research (QCMHR), which aims to reduce the level of disability associated with mental illness. It achieves this by providing internationally recognised research that leads to more effective mental health services and interventions, the identification and reduction of risk factors and the development of researchers in the field of mental health. With close links to The University of Queensland's Queensland Brain Institute and School of Public Health, the Royal Brisbane and Women's Hospital and Brisbane Diamantina Health Partners, QCMHR is internationally recognised as a leader in mental health research.

In the past 12 months, QCMHR's noteworthy achievements have included: researchers authoring more than 114 articles in peer-reviewed journals, supervising 10 PhD completions and attracting \$3.7million in external grants. Four QCMHR staff currently hold National Health and Medical Research Council Early Career Fellowships, with three receiving fellowships in 2018 and one holding a Practitioner Fellowship.

Dr Shuichi Suetani helping teens achieve good mental health

An important QCMHR success was a study by Dr Shuichi Suetani that found exercising as a teen reduces the risk of depression later in life. The longitudinal study examined the physical activity of almost 3,500 14-year-olds and then assessed their mental health when they were 21. Given that one of our region's biggest health challenges is obesity, this research allows West Moreton Health to look at preventative health partnerships with communities to investigate ways to get teens moving during this important developmental phase and help reduce the risk of developing mood disorders later in life. In May, Dr Suetani was privileged to present the study to the Royal Australian and New Zealand College of Psychiatrists Annual Congress in Auckland.

Professor John McGrath undertakes ground breaking research

Having worked at The Park for nearly 30 years as a clinical researcher and published up to 300 peer-reviewed articles, QCMHR Director, Professor John McGrath's work in discovering the causes of serious mental health concerns and disorders is nationally and internationally recognised.

As a conjoint professor at the Queensland Brain Institute and The University of Queensland, one of his main research focuses is studying the epidemiology of schizophrenia – the causes, effects and patterns of the illness. Professor McGrath has also won several national and international awards for his research in this area and, in 2007, he was appointed a Member of the Order of Australia (AM) – one of the highest recognitions of outstanding achievement and service in Australia.

Professor McGrath was appointed to the Niels Bohr Professorship Program in Denmark to grow and enhance an international psychiatric epidemiology research program over five years. Through this collaboration, Professor McGrath and his team recently demonstrated that low vitamin D in pregnant women and babies affected brain development and increased the risk of the children developing mental health disorders later in life. Following on from this investigation, which involved 80,000 newborns, he received Denmark's Strömberg Medal, considered one of the most prestigious awards in the field of psychiatric epidemiology. Professor McGrath is the 27th recipient of the international prize and the first Australian to receive the honour.

Associate Professor James Scott tackles cyber-bullying



Associate Professor James Scott is a leading expert in child and adolescent mental health research.

As a principal researcher heading the Child and Youth Mental Health research group at QCMHR, Associate Professor James Scott splits his time between mental health research – striving to find both the causes and the cure for mental illness – and clinical work to provide treatment and care for people suffering poor mental health.

Working across four key areas of mental health research – neuro-immunology, maltreatment of children, clinical trials and epidemiology and bullying – Assoc. Prof. Scott strives to make real and profound differences to the lives of the people in his care. His recent work has led to significant developments in the potential screening and successful treatment options for people suffering psychosis and has also helped put bullying on the world stage.

His expertise in child and adolescent psychiatry has seen him appointed as a member of the Queensland Government's Anti-Cyberbullying Taskforce. Established in February 2018 as part of the state's zero tolerance for bullying and cyberbullying, the taskforce brings together people with a wide range of knowledge and expertise to address the complex and pervasive issue.

In May 2018, Assoc. Prof. Scott was named the winner of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Senior Research Award. Having only been presented to three Queenslanders since 1979, the award recognises the RANZCP Fellow who has made the most significant contribution to psychiatric research in Australia and New Zealand over the preceding five years.

Queensland Centre for Mental Health Learning

As a mental health training unit, the Queensland Centre for Mental Health Learning (Learning Centre) offers a range of education options to mental health and other professionals seeking core mental health clinical skills education. Learning Centre staff are involved in the development of several research and quality activity projects to ensure they provide the best evidence-based education to their peers.

The Learning Centre continues to work in collaboration with the Clinical Excellence Division, Mental Health Alcohol and Other Drugs Branch (MHAODB) to support the sustainability and evaluation of the Suicide Risk Assessment and Management in Emergency Department Settings (SRAM-ED) blended learning program. This program provides clinical professionals in emergency department settings with the latest skills, techniques and knowledge to help patients who are at risk of suicide. This train-the-trainer model is being evaluated in three key phases to inform ongoing training resource review cycles and to provide recommendations regarding the sustainability of the program and application to clinical practice.

In late 2017, the Learning Centre conducted a training needs analysis aimed at identifying if Mental Health and Alcohol and Drug Service clinicians perceive any skills or knowledge gaps when treating consumers for sexual health concerns. Commissioned by the Office of the Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch and Queensland Health, the centre developed a Training Needs Analysis (TNA) protocol which included a statewide questionnaire and conducted semi-structured interviews using purposive sampling. This TNA will be used to improve the education on offer to mental health and alcohol and drug treatment clinicians across Queensland and help improve patient outcomes.

Through the Reasoning and Rehabilitation for Youths and Adults with Mental Health Problems (R&R2 MHP) program, the Learning Centre also improved clinicians' capability to treat offenders with mental health concerns. Presenting at the 2017 International Mental Health conference on its findings, the centre outlined the successes and challenges in rolling out an integrated program with education and clinical services.

Memorandum of Understanding with the University of Southern Queensland

As part of West Moreton Health's commitment to further research in the health sector, in 2018 we signed a Memorandum of Understanding (MOU) with the University of Southern Queensland (USQ) to look at research projects we can undertake together to benefit the local community. This partnership aims to streamline the ethical review of research proposals across the two organisations, reduce research start-up times and costs and demonstrate research excellence.

Research partnership with the Emergency Medicine Foundation

Emergency departments are often the gateway for community members to access critical health care. Working closely with the Emergency Medicine Foundation (EMF), West Moreton Health is constantly looking at new innovative, evidence-based projects to help develop and deliver better emergency care to patients. In 2017–18, West Moreton Health emergency clinicians were involved in six separate EMF-funded research projects that will help patients during medical emergencies, both locally and across Australia.

Dr Kylie Baker wins People's Choice award



The former Minister for Health and Minister for Ambulance Services, Cameron Dick, watches on as Dr Kylie Baker demonstrates her lung ultrasound technique on an Ipswich Hospital patient.

We are proud of Ipswich Hospital Emergency Department physician, Dr Kylie Baker, for being crowned the 2017 People's Choice for the best emergency medicine researcher in Australia, based on the votes of Emergency Department medical colleagues and of the public from across the country.

Dr Baker's pioneering EMF-funded research investigated how to use ultrasound technologies

to improve emergency department staff's ability to recognise heart failure in elderly patients. The work is in its final stages, with results being analysed in preparation for publication. The study was piloted at Ipswich Hospital, but grew to be a multicentre trial involving the Prince Charles Hospital, Royal Brisbane and Women's Hospital and the Princess Alexandra Hospital.

The ultrasound procedure saves vital time for vulnerable elderly patients who arrive at hospital with breathing difficulties. At present, most emergency departments use X-ray machines as the primary tool to help diagnose lung conditions. Dr Baker's research offers ultrasound as a cheaper, faster and safer alternative diagnostic tool, making it particularly beneficial for patients in remote, rural and pre-hospital services. She hopes that her study will inform standard procedure across Queensland emergency departments in the very near future.

Emergency Department non-urgent presentation research

Ipswich Hospital Emergency Department Senior Staff Specialist, Dr Rose Jones, is another staff member at West Moreton Health who is using research to help improve clinical processes and patient outcomes within the Queensland health system. As lead investigator of an EMF-funded study, Dr Jones is working with colleagues across Gatton Hospital, Toowoomba Hospital, the University of Tasmania and the University of Southern Queensland to reduce the number of people presenting to emergency departments with non-urgent, non-life-threatening conditions.

With first-hand knowledge of working in such a demanding and high-pressure area, Dr Jones understands non-urgent presentations at emergency departments can result in overcrowding, bed blockages and ambulance diversion, which in turn are linked to poorer patient outcomes, increased morbidity and staff burnout. A focus of her \$69,000 study will be gaining a better understanding of what drives patients with non-urgent medical issues to already busy hospital emergency departments. In addition, it will inform a regional strategy to help people get the care they need in the most appropriate way.

Domestic Violence Emergency Trial

Ipswich Hospital joined the \$65,000 EMF-funded trial across eight Queensland hospital emergency departments to screen women presenting for domestic and family violence (DFV) in December 2017 (also see section 3.3). With several research papers identifying that emergency departments are well-placed to detect domestic and family violence victims, this research trial hopes to standardise department protocols to ensure that women and families are not slipping through the cracks in the health system. Linking with the government's Domestic and Family Violence Prevention Strategy 2016-2026, this trial has a strong focus on driving change within the Queensland community by educating front-line professionals to help them recognise and respond to domestic and family violence. Through assessing front-line emergency department staff's knowledge, beliefs and attitudes, as well as their detection measures, the trial will raise awareness about the untapped potential to uncover DFV. In addition, it will pave the way forward to a well-informed and structured DFV screening program for Queensland emergency departments.

GEDI – a new force in emergency departments

In November 2017, a trial for a new service to improve the quality of care provided to frail older persons was introduced at the Ipswich Hospital Emergency Department. The Geriatric Emergency Department Intervention (GEDI) model aims to provide specialist, co-ordinated care for patients over 70 and for Aboriginal and Torres Strait Islander people aged over 50 who present to the emergency department. Comprised of a Clinical Nurse Consultant, an Emergency Department physician and a physiotherapist, the service prioritises the assessment and management of frail, older patients, with the aim of helping them to return home sooner.

Overseen by the Healthcare Improvement Unit within the Department of Health, and based on a 2013 trial in Nambour, the GEDI program will be assessed in November 2018 upon its 12-month trial completion.

The Allied Health Clinical Education Team

West Moreton Health's allied health clinicians support 3.9 per cent of the state's clinical placement activity, with 6,597 clinical placement days provided in 2017. There was a 21 per cent increase in activity from 2016 and a 90 per cent tertiary uptake of clinical placement days offered by West Moreton Health. Students

came from the University of Queensland, James Cook University, Queensland University of Technology, Griffith University and Bond University across 11 professions. Clinicians from every location supported student placements with an overall high level of satisfaction from students.

Allied Health clinical educators have focussed on supporting increased learning opportunities via structured and experiential programs. This has resulted in an expansion of pharmacy placements, supporting conversion of students to new graduates and providing placements in new locations across the health sector.

Medical Education Unit

The Medical Education Unit (MEU) provides leadership and clinical and administrative management of Junior Medical Officer (JMO) education and training. The MEU's core business is centred on the Intern Education and Training Program and JHO and Senior House Officer (SHO) education and training.

In addition, it manages the intern, JHO and SHO, Principal House Officer and Registrar assessment process to ensure ongoing compliance with Postgraduate Medical Education Council of Queensland Accreditation standards, AHPRA registration requirements, Australian Medical Council national guidelines related to junior doctor education and training and West Moreton Health's goals and requirements.

The key areas of responsibility include governance of JMO rostering, education and training programs, including unit based education; orientation programs for interns, new-start JHO and SHOs and Principal House Officers/Registrars; the intern to Principal House Officer assessment process; management of International Medical Graduate (IMG) clinical performance and AHPRA reporting processes; supervision and supervisor education and support, evaluation and feedback; advocacy and support for professional and personal issues; remediation of underperformance and career support and advice.

The MEU also compiles the yearly interns, JHO and SHO term allocation roster; collaborates with the medical workforce regarding JMO recruitment, including conducting interviews; manages the Medical Education Training Committee; is a member of the Junior Medical Advisory Committee and collaborates with the Ipswich Hospital multidisciplinary team as required.

MEU major achievements for 2017–18, include:

- undergoing a full intern accreditation review conducted by Queensland Pre-Vocational Medical Accreditation (QPMA) on 11 October 2017, resulting in Ipswich Hospital's being accredited to oversee Intern training until the end of 2021
- junior Medical Officer (intern, JHO, SHO) rostering was formally transferred to the MEU, which is now responsible for overseeing the management and governance of the rostering in accordance with MOCA 4 requirements and to meet service delivery needs
- conducted the Junior Doctor Burn Out Survey and the Junior Doctor Workplace Behaviour Survey to identify areas for improvement in the clinical working environment that improve patient safety and promote mental health wellness amongst junior medical officers
- introduction of the formal Orientation process for JHO and SHOs new to Ipswich Hospital and West Moreton Health
- expansion of the Intern extended Orientation Program to include the Ward Call Simulation Workshops, involving Ipswich Hospital Foundation Volunteers as patients
- increased leadership in the selection and interview process for junior medical officers
- oversight and support for the introduction of the Beacon Peer to Peer Mentoring Program
- introduction and management of the junior medical officer Advisory Committee (JMAC) to promote junior medical officer involvement in quality improvement activities
- co-ordinated Ipswich Hospital's inaugural involvement in the CrazySocks4Docs Day, which promotes support for the physical and mental health and wellbeing of all healthcare providers.

Pain Management expertise



Dr Anthony Schoenwald's research on pain management is helping to deliver better patient outcomes for new mums who have undergone a caesarean section.

As a nurse practitioner, Dr Anthony Schoenwald provides advice, support and education to patients and health staff on pain-management strategies. With the rise in women having caesarean sections in the West Moreton region and across the country and globe, he noticed that there were some significant differences in how women who had received caesarean sections reacted to pain in the days following birth. The one-size-fits-all approach to managing pain after birth – slow release pain medicine – often did not meet the pain management needs of all women.

In his PhD, Dr Schoenwald compared two groups of women who had a caesarean – one who received slow-release pain tablets and the other who received fast-release pain tablets, as well as education and support. The aim of the research was to see how nurse practitioners, like himself, could best support new mothers dealing with pain. The study found that mothers in the fast-release tablet group were less pain-affected than mothers in the alternate group and that they also needed less pain tablets after birth.

His desire to explore how he could help give patients better control over their pain management has given Dr Schoenwald an opportunity to improve women's birthing experiences and ensure that they are safe and comfortable after such a life-changing event. The work he undertook also showed that drugs were not the only answer to effective pain management, as women who worried more about pain experienced more pain after giving birth. His study showed that supportive relationships with staff and education can help women to recover more quickly and experience less anxiety following childbirth.

In April, he was awarded the 2017 Outstanding Doctoral Thesis from the Queensland University of Technology (QUT). Only awarded to the top five per cent of theses across the Faculty of Health at QUT, this honour recognises Dr Schoenwald's contributions to the field of research in pain management. His research was also published recently in the esteemed *International Journal of Nursing Studies*.

Research Week



The West Moreton Health Research Team: A/Research Ethics and Governance Officer, Jason Gill, Director of Research and Allied Health, Rachel Phillips, former Executive Director of Research, Professor Justin Kenardy, and Research Ethics and Governance Officer, Sharleen Young.

The annual Research Week celebration at West Moreton Health is an opportunity for staff and external research partners to network, learn from one another and celebrate our research achievements and collaborations.

This year, West Moreton Health research leaders ran information sessions at Ipswich Hospital to help support and encourage their colleagues and academic partners on their research journeys. Covering topics such as clinical trials, ethics and governance, these sessions were an invaluable learning tool to help those newly entering the research field.

The highlight of Research Week 2017 was the research dinner, which was addressed by 2017 Australian of the Year, Professor Emeritus Alan Mackay-Sim, who spoke on his world-first spinal cord injury treatment research. West Moreton Health staff was also recognised at the dinner for their work. Yolonda Mansfield, Associate Professor Tom Meehan, Robyn Forward and Fiona Richardson-Clarke were the winners of the 2017 West Moreton Best Research Poster award for their submission: *"Asking the Question: Childhood Sexual Abuse in Adults with Mental Illness"*. Assoc. Prof. Meehan was also individually recognised for

his research efforts within West Moreton Health and received the inaugural Ipswich Hospital Foundation Outstanding Contribution to Research Award.



Board Chair Michael Willis and Professor Emeritus Alan Mackay-Sim, at the 2017 Research Week dinner celebration.

Research Seeding Grant Scheme 2018

As part of our commitment to conducting research in-house at West Moreton Health, a Seeding Grant Scheme was introduced for staff and students in 2018. The aim of the scheme is to align research within the health service to the health challenges facing the region and the Strategic Plan 2017-2021. The scheme will also help us grow our research capability, offering a maximum of \$20,000 for a one-year project or trial.

The Human Research Ethics Committee (HREC) received seven applications when the scheme was offered to staff and students. After evaluating all applications based on whether they had the potential to lead to research outputs, health policy and practice impacts or further research funding, the HREC approved two grants.

The first of the approved grants went to two Ipswich Hospital Allied Health professionals, Callum Trevorrow and Thomas McInnes, who were awarded \$19,400 to investigate lower-back pain services across the Ipswich Hospital campus. Members of the West Moreton Public Health Unit were successful in securing the second grant for \$19,606 to pilot the West Moreton Prisoner Health Audit – quantifying baseline rates and outcomes of screening for Hepatitis B and C in prisoners at the Brisbane Women's Correctional Centre (BWCC). Both teams are expected to publish their findings by mid-2019, helping to inform clinical practice across the health service.

4.0 Our performance



4.1 Emergency Department presentations

Numerical data for wait times, surgery and emergency care is used to measure the efficiency and performance of a health service. Despite increasing demand for our hospital and health services, we have maintained or enhanced performance in key areas. We continue to find ways to improve our services and develop team capabilities in order to deliver quality care to every single person that seeks our help.

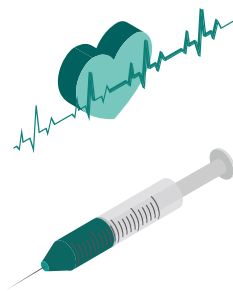
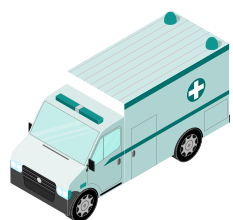
Emergency Length of Stay (ELOS) for 2018 was 80.4 per cent, a 1.8 percentage point improvement from the same time last financial year.

West Moreton Health has put a number of initiatives in place to respond to the significant growth in Emergency Department presentations year on year:

- an eight-bed Clinical Decision Unit was opened in March 2017 in the Ipswich Hospital Emergency Department. The unit is designed to rapidly diagnose adults with complex cases attending the Emergency Department
- a dedicated paediatric space was opened at Ipswich Hospital in August 2017, adding an additional five beds. This space was developed based on Ipswich Hospital's needs and was co-designed with Children's Health Queensland Hospital and Health Service to confirm the most appropriate operating model (also see section 1.4).

7%
growth
84,071
ED presentations

9%
growth
52,890
urgent - Cat 1-3



Patient Off Stretcher Time (POST)

West Moreton Health has worked closely with the Queensland Ambulance Service on innovations to reduce Patient Off Stretcher Time (also see section 1.4). This is reflected in the improvement to June (FYTD) performance of 78.7 per cent, from 76.5 per cent during the same period last financial year. Examples of this work include:

- early escalation processes when ambulance arrival surge is detected by the Queensland Ambulance Service and escalation processes for patient transfer from stretcher to bed during periods of high demand in the community, following a protocol change implemented during the Commonwealth Games
- Queensland Ambulance Service digital systems embedded within West Moreton Health's Emergency Department and hospital co-ordination teams providing better visibility of Queensland Ambulance Service workloads
- daily meetings with Queensland Ambulance Service to identify upcoming community events, workforce and workload issues and review the prior day's activity
- monthly meetings between Queensland Ambulance Service, Queensland Police Service and Ipswich Hospital executives to sustain the good working relationship now established in the West Moreton region.

Innovations to ensure patient flow throughout the Ipswich Hospital include:

- daily review of Emergency Length of Stay via a multidisciplinary team approach, including Queensland Ambulance Service, where performance barriers are identified and corrective actions taken
- partnerships with local private hospitals (Mater Springfield and St Andrew's) to provide additional surgical and medical care pathways, particularly during the peak demand of winter

- implementation of the Geriatric Emergency Department Intervention (GEDI) program, which has resulted in improvements to ELOS for our senior patient (70+ years). The GEDI program features a specialist gerontologist-led multidisciplinary team providing comprehensive geriatric assessment, multidisciplinary decision-making and co-ordination of care in the Emergency Department
- improved access to dedicated elder care pathways through Ipswich Hospital's Acute Care of the Elderly Ward and Hospital in the Home
- patient-centred care according to patients and carers' wishes and needs.

Emergency Department Avoidance Strategies now in place include:

- implementation of the Mental Health Co-responder Program, where mental health professionals work in tandem with the QAS teams responding to patients experiencing mental health issues, leading to avoidance of Emergency Department admissions where care can be provided in the community setting
- partnership with the Darling Downs and West Moreton Primary Health Network to facilitate easier access to general practitioners (GP) for patients who have visited the Emergency Department
- systematic review of GP referrals to the Emergency Department, with a view to implementing a direct GP referral process to specialty clinics.

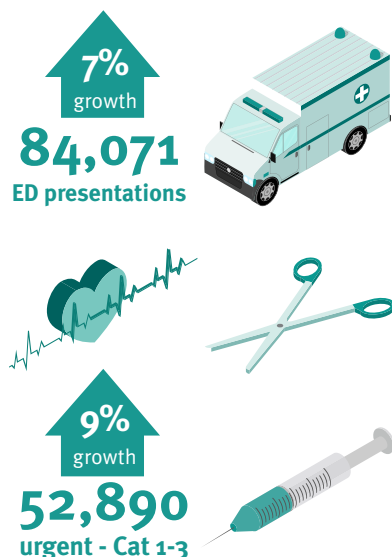
To meet the increasing demands of the community, West Moreton Health is working with the Department of Health on future enhancements around increasing bed capacity and efficiency through a number of initiatives. These include:

- the creation of a Health Operations Centre to optimise patient flow
- the reallocation of five Fast Track spaces from the Emergency Department to the co-located ward 4E to increase the number of fast-track spaces to six
- creating dedicated geriatric beds within the expanded Clinical Decision Unit (eight beds to 15) in line with the very successful GEDI model
- one additional Intensive Care Unit bed to match demand.

These initiatives were made possible by the strong working relationships between West Moreton Health's clinical leaders and staff and their service delivery counterparts.

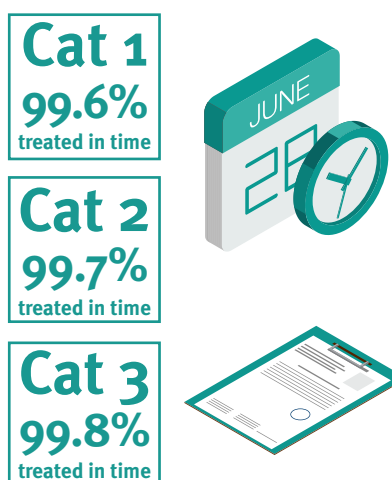
4.1 Performance statement

Emergency Department



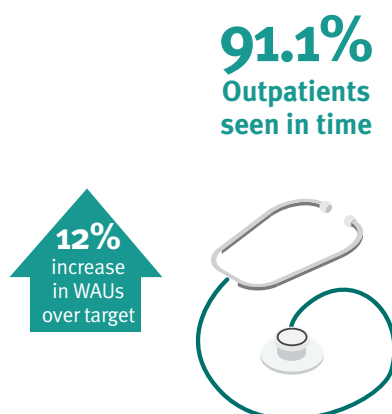
West Moreton Health's service standards	2017-18 Target	2017-18 Actual	Variance
Percentage of patients attending emergency departments seen within recommended timeframes:			
Category 1 (within 2 minutes)	100%	99.9%	-0.1%
Category 2 (within 10 minutes)	80%	78.8%	-1.2%
Category 3 (within 30 minutes)	75%	50.2%	-24.8%
Category 4 (within 60 minutes)	70%	73.0%	+3.0%
Category 5 (within 120 minutes)	70%	91.8%	+21.8%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	≥80%	80.4%	+0.4%
Median wait time for treatment in emergency departments (minutes)	20	18	-2

Elective Surgery




Percentage of elective surgery patients treated within clinically recommended timeframes:			
Category 1 (30 days)	≥98%	99.6%	+1.6%
Category 2 (90 days)	≥95%	99.7%	+4.7%
Category 3 (365 days)	≥95%	99.8%	+4.8%
Number of elective surgery patients treated within clinically recommended times:			
Category 1 (30 days)	2,900	1,513	-1,387
Category 2 (90 days)	1,900	2,028	+128
Category 3 (365 days)	2,360	2,141	-219
Median wait time for elective surgery (days)	25	49	+24

Outpatients



Percentage of specialist outpatients waiting within clinically recommended timeframes:			
Category 1 (30 days)	98%	93.3%	-4.7%
Category 2 (90 days)	95%	79.1%	-15.9%
Category 3 (365 days)	95%	96.9%	+1.9%
Percentage of specialist outpatients seen within clinically recommended timeframes:			
Category 1 (30 days)	98%	97.8%	-0.2%
Category 2 (90 days)	95%	82.4%	-12.6%
Category 3 (365 days)	95%	93.1%	-1.9%

Activity and Efficiency					
	West Moreton Health's service standards	Notes	2017-18 Target	2017-18 Actual	Variance
	Weighted Activity Units				
	Acute Inpatient	1	46,109	50,755	+4,646
	Outpatients	1	9,650	9,817	+167
	Sub-acute	1	4,594	3,820	-774
	Emergency Department	1	10,521	11,906	+1,385
	Mental Health	1	8,474	12,842	+4,368
	Prevention and Primary Care	1	2,561	2,610	+49
	Average cost per weighted activity unit for Activity Based Funding facilities	2	\$4,798	\$4,616	-\$182
	Other measures				
	Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days	3	≤2	0.7	-1.3
	Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit		>65%	66.9%	+1.9%
	Proportion of re-admissions to acute psychiatric care within 28 days of discharge		<12%	13.4%	+1.4%
	Ambulatory mental health service contact duration (hours)		>52,691	49,700	-2,991
	Number of Telehealth outpatients occasions of service events		1,730	2,371	+641

1. All Weighted Activity Unit (WAU) actuals reported under the funding model (phase 19). The number of WAUs will not be finalised until September 2018; however, it is not expected to be materially different from the numbers reported.
2. The cost per WAU may vary when the activity level for West Moreton Health is finalised in September 2018; however, the final result is not expected to be materially different from the cost per WAU reported.
3. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly when they infect the bloodstream. The data reported for this service standard is for bloodstream infections with Staphylococcus aureus (including MRSA) and is reported as a rate of infection per 10,000 patient days aggregated to the Hospital and Health Service level.

Building refurbishments

In 2017–18, West Moreton Health delivered significant infrastructure upgrades that benefit our community.

West Moreton Health received capital funding of \$2.2million in 2017–18 to complete the following infrastructure projects:

- Ipswich Hospital Mental Health Unit (High Dependency Unit) Upgrade to provide safer facilities for patients and staff
- The Park – Centre for Mental Health Hydraulic Upgrade to ensure water quality and fire supply arrangements
- finalisation of the Ipswich Hospital Electrical Upgrade to ensure compliance to current electrical standards and improved emergency power redundancy
- finalisation of the Ipswich Hospital Hydraulic Upgrade to ensure water quality across the facility
- Boonah, Gatton, Laidley and Esk Hospital water supply infrastructure upgrades to mitigate against loss of water supply and quality
- complete replacement of Boonah Hospital's air-conditioning system
- preparation works for the Central Sterilisation Department upgrade for the Ipswich Hospital to meet new Australian Standards requirements.

In 2017–18, West Moreton Health established an annual infrastructure renewals program of \$2.9million. Operationally funded projects included:

- an ongoing air-quality remediation program at the Ipswich Hospital including optimisation of the HVAC (Heating, Ventilation and Air Conditioning) system
- an ongoing fire system site-wide integration, modernisation and compliance program at the Ipswich Hospital
- the installation of a tablet-packing machine at The Park – Centre for Mental Health
- a passenger lift and goods lift upgrade at Ipswich Health Plaza
- construction of a Yarning Circle at Ipswich Hospital

- construction of a dedicated project space for the ieMR team to roll out the new digital hospital
- a new Hospital Operations Centre to be completed and operational in August 2018.

Other infrastructure works that have commenced and are continuing into 2018–19 include:

- restoration of an air-conditioning cooling tower at The Park – Centre for Mental Health (Dawson House)
- restoration of a main kitchen cold room at The Park – Centre for Mental Health
- ongoing decommissioning of the Ipswich Hospital Main Switchboard #4, which will improve safety for our trades staff
- installation in the first quarter of the year of a new emergency generator and main switchboard at Boonah Hospital to compliment the new air-conditioning system
- installation of a new emergency generator at The Park – Centre for Mental Health in the first quarter
- complete installation of security system upgrades at rural facilities in the first quarter.

West Moreton Health also received initial capital funding approvals for replacing the Ipswich Hospital Ward Block Main Switchboard, investigating the replacement of the Duress and Nurse Call System at The Park – Centre for Mental Health and installation of fire sprinkler systems and other facility upgrades for Laidley and Esk hospitals.



\$2.2M
capital funding projects
in 2017–18



\$2.9M
operational funded projects
in 2017–18

4.2 Financial performance

Operating result

West Moreton Health's operating result for 2017–18 was a modest \$2.02M surplus (2016–17 \$1.63M surplus). This has been primarily driven by achieving significant efficiency in operations and delivery of significantly higher activity (11.6 per cent above 2016–17 actual activity), to meet the growing community's increasing healthcare needs. These activities have generated additional revenue that was supported by appropriate cost controls.

Income

Revenue from all funding sources in the reporting period 2017–18 was \$596.88M, representing an increase of \$62.03M from the \$534.85M recorded in the previous period. Major variances includes \$41.77M increase in Departmental funding for additional activity and services, and \$12.49M Pharmaceutical Benefits Scheme reimbursements categorised as sale of goods and services. Goods below fair value of \$5.25M provided by the Department were recognised for the first time in this period. Patient revenue for 2017–18 rose by \$1.06M due to continued improvements in West Moreton Health's management of right of private practice arrangements and processes around public patients electing private treatment at West Moreton Health.

Expenditure

West Moreton Health's total expenditure (funds spent) in 2017–18 was \$594.85M. This was an increase of 11.6 per cent over West Moreton's total expenditure of \$533.22M in the previous financial year. Labour costs increased by \$35.38M primarily due to increases in services and activity. Non-labour expenses increased by \$26.25M, primarily due to \$12.08M related to changes in usage of drugs, most of which were listed on the Pharmaceutical Benefits Scheme for which West Moreton Health was able to claim a reimbursement. The remaining \$14.17M increase was driven predominantly by the goods below fair value of \$5.25M (mentioned above) and additional activity and services provided, with the largest single contributor being extra outsourced activity \$1.97M.

Assets

Total assets for West Moreton in the reporting period were valued at \$343.43M, an increase of \$25.14M from the previous reporting period. The primary driver for this change was the complete revaluation of building and land assets (\$18.24M) completed in 2017–18.

Chart 1: How the money was spent

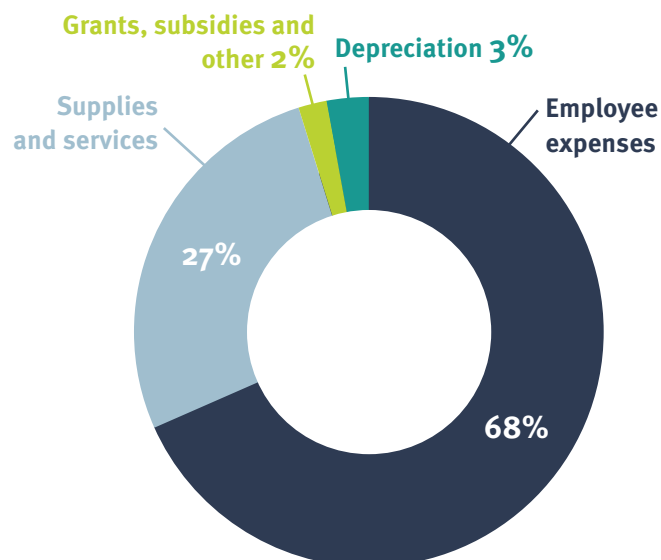
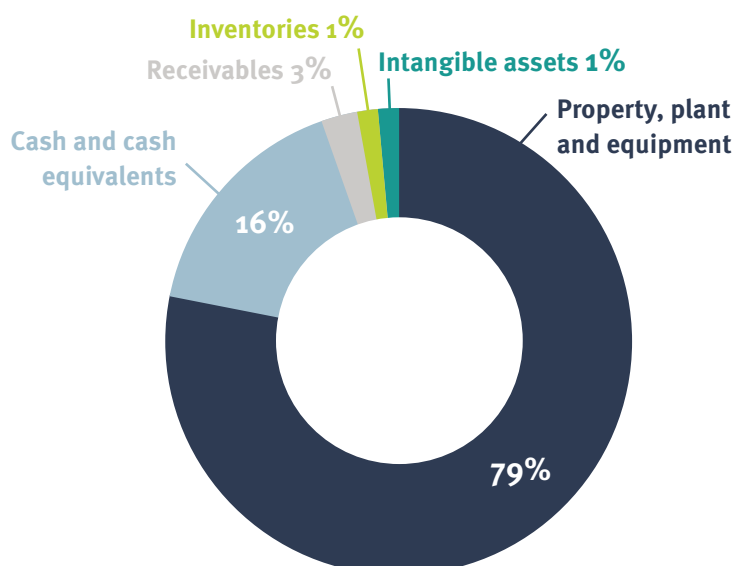


Chart 2: Assets



Future outlook

2017–18 was a year of significant growth for West Moreton Health, underpinned by expansion in demand, an emphasis on governance and a focus on efficient delivery of activity. It is expected that the healthcare demand will continue to grow during 2018–19. The environment in which West Moreton Health is operating will continue to change, and the 2018–19 financial year will be a year full of challenges with limited opportunities to gain access to more funding to meet rising demand and disruption of the operations caused by implementation of digital medical records project. It is imperative we ensure that appropriate strategies are in place to further optimise service delivery, manage demand and meet community needs.

4.3 Financial performance summary

Statement of comprehensive income for the year ended 30 June 2018

	2018 \$'000	2017 \$'000
Income		
User charges and fees	583,750	527,729
Grants and other contributions	10,583	4,881
Other revenue	2,535	2,195
Gain on sale of property, plant and equipment	9	42
Total income	596,877	534,847
Expenses		
Employee expenses	406,275	370,893
Supplies and services	160,632	135,929
Grants and subsidies	459	375
Depreciation	16,983	16,748
Amortisation	450	477
Impairment losses	1,283	1,257
Other expenses	8,771	7,538
Total expenses	594,853	533,217
Operating result for the year	2,024	1,630
Other comprehensive income		
Items that will not subsequently be reclassified to operating result:		
Increase in asset revaluation reserve	18,236	7,715
Total other comprehensive income	18,236	7,715
Total comprehensive income	20,260	9,345

Statement of financial position as at 30 June 2018

	2018 \$'000	2017 \$'000
Current assets		
Cash and cash equivalents	55,611	48,182
Receivables	9,784	4,851
Inventories	3,903	3,404
Other assets	802	682
Total current assets	70,100	57,119
Non-current assets		
Intangible assets	1,161	1,612
Property, plant and equipment	272,165	259,559
Total non-current assets	273,326	261,171
Total assets	343,426	318,290
Current liabilities		
Payables	25,162	19,225
Accrued employee benefits	17,907	15,555
Provisions	1,670	470
Unearned revenue	6,109	1,598
Total current liabilities	50,848	36,848
Total liabilities	50,848	36,848
Net assets	292,578	281,442
Equity		
Contributed equity	210,307	219,431
Accumulated surplus	30,002	27,978
Asset revaluation reserve	52,269	34,033
Total equity	292,578	281,442

West Moreton Health exists to deliver safe, excellent, person-centred care for the West Moreton community. Thank you for reading this report back to you on our performance in 2017–18 against that promised.

“ Annual reports support transparency and can drive continuous improvement in performance. Where annual reports incorporate relevant and reliable performance information, they increase trust and confidence in government service delivery ”

Queensland Auditor-General's Report to Parliament
No 4, 2013-14.



Lyndsee Cunningham leading an emergency team at a West Moreton Health resuscitation bay.

Appendix 1: Compliance Checklist

Annual report requirements for Queensland Government agencies

Summary of requirements	Basis for requirements	Annual report reference
Letter of compliance	A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs - section 7 7
Accessibility	Table of contents	ARRs - section 9.1 4
	Glossary	94
	Public availability	ARRs - section 9.2 3
	Interpreter service statement	<i>Queensland Government Language Services Policy</i> 3
	Copyright notice	ARRs - section 9.3 <i>Copyright Act 1968</i> 3
	Information licensing	<i>QGEA - Information Licensing</i> 3
		ARRs - section 9.5
General information	Introductory information	ARRs - section 10.1 10-12
	Agency role and main functions	ARRs - section 10.2 10
	Machinery of Government changes	ARRs - section 31 and 32 n/a
	Operating environment	ARRs - section 10.3 13
Non-financial performance	Government's objectives for the community	ARRs - section 11.1 15
	Other whole-of-government plans/specific initiatives	ARRs - section 11.2 14, 16-19
	Agency objectives and performance indicators	ARRs - section 11.3 36-51, 59-82, 84, 85, 88
	Agency service areas and service standards	ARRs - section 11.4 86-87
Financial performance	Summary of financial performance	ARRs - section 12.1 89-90
Governance - management and structure	Organisational structure	ARRs - section 13.1 21
	Executive management	ARRs - section 13.2 22-31
	Government bodies (statutory bodies and other entities)	ARRs - section 13.3 n/a
	<i>Public Sector Ethics Act 1994</i>	<i>Public Sector Ethics Act 1994</i> 33
	Queensland public service values	ARRs - section 13.4 ARRs - section 13.5 19

Summary of requirements		Basis for requirements	Annual report reference
Governance - risk management and accountability	Risk management	ARRs - section 14.1	31
	Audit committee	ARRs - section 14.2	27
	Internal audit	ARRs - section 14.3	32
	External scrutiny	ARRs - section 14.4	32
	Information systems and record keeping	ARRs - section 14.5	33-34
Governance - human resources	Strategic workforce planning and performance	ARRs - section 15.1	51-58
	Early retirement, redundancy and retrenchment	Directive No.11/12 Early Retirement, Redundancy and Retrenchment	55
		Directive No.16/16 Early Retirement, Redundancy and Retrenchment (from 20 May 2016)	
		ARRs - section 15.2	
Open data	Statement advising publication of information	ARRs - section 16	3
	Consultancies	ARRs - section 33.1	3
	Overseas travel	ARRs - section 33.2	3
	Queensland Language Services Policy	ARRs - section 33.3	3
Financial statements	Certification of financial statements	FAA - section 62	127
		FPMS - sections 42, 43 and 50	
		ARRs - section 17.1	
	Independent Auditor's Report	FAA - section 62	129
		FPMS - section 50	
		ARRs - section 17.2	

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2009*

ARRs *Annual report requirements for Queensland Government agencies*

Appendix 2: Glossary

Term	Meaning
ABF	Activity Based Funding
ACMA	Fellow of the Australasian College of Medical Administrators
AICD	Australian Institute of Company Directors
AMHU	Acute Mental Health Unit
AMYOS	Assertive Mobile Youth Outreach Services
ASX	Australian Stock Exchange
AusHSI	Australia Centre for Health Services Innovation
BEES	Breathe Easy Earlier Study
BMRP	Backlog Maintenance Remediation Program
CDU	Clinical Decision Unit
CED	Clinical Excellence Division
CEO	Chief Executive Officer
CHSE	Fellow of the Australasian College of Health Service Executives
CIMHA	Consumer Integrated Mental Health Application
CSSD	Central Sterile Supply Department
CYMHS	Child and Youth Mental Health Service
DD	Darling Downs
DDWMPHN	Darling Downs, West Moreton Public Health Network
Dr	Doctor
ED	Emergency Department
ELOS	Emergency Length of Stay
EMF	Emergency Medicine Foundation
EQuIP	Evaluation and Quality Improvement Program
FTE	Full Time Equivalent
FY	Financial Year
GIE	Gastrointestinal Endoscopy Performance
GP	General Practitioner
HDU	High Dependency Unit
HIU	Healthcare Improvement Unit

Term	Meaning
ICC	Ipswich City Council
ICT	Information, Communication and Technology
IT	Information Technology
LASN	Local Ambulance Service Networks
LCCH	Lady Cilento Children's Hospital
M4I	Manage for Improvement Program
MBS	Master of Business Studies
MHSS	Mental Health Specialist Services
MOHRI	Minimum Obligatory Human Resource Information
MP	Member of Parliament
MPHS	Mater Private Hospital Springfield
MRSA	Methicillin-resistant Staphylococcus aureus
NGO	Non Government Organisation
NZCUCP	Fellow of the Royal New Zealand College of Urgent Care Physicians
OHO	Office of the Health Ombudsman
PAH	Princess Alexandra Hospital
PHN	Primary Health Network
POST	Patient off Stretcher Time
QAS	Queensland Ambulance Service
QPS	Queensland Police Service
QSA	Queensland State Archives
RBWH	Royal Brisbane Women's Hospital
SAB	Staphylococcus Aureus Bacteraemia
SERU	Service Evaluation and Research Unit
SMG	Strategic Momentum Group
UQ	The University of Queensland
WAU	Weighted Activity Unit
WMH	West Moreton Hospital and Health Service

Appendix 3: Financial Statements

West Moreton Hospital and Health Service (West Moreton Health) was established on 1 July 2012 as a statutory body under the *Hospital and Health Boards Act 2011* and is domiciled in Australia.

The System Manager of West Moreton Health is the Department of Health. The ultimate parent entity is the State of Queensland. West Moreton Health's principal place of business is:

West Moreton Hospital and Health Service
Level 8, Tower Block
Ipswich Hospital
Chelmsford Avenue Ipswich QLD 4305

PO Box 73
Ipswich QLD 4305

ABN: 64 468 984 022

For information in relation to West Moreton Health's financial statements:

Email:

WMCommunications@health.qld.gov.au

Visit the West Moreton website at:

www.westmoreton.health.qld.gov.au

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Statement of Comprehensive Income

For the year ended 30 June 2018

	Notes	2018 \$'000	2017 \$'000
Income			
User charges and fees	A1(a)	583,750	527,729
Grants and other contributions	A1(b)	10,583	4,881
Other revenue		2,535	2,195
Gain on sale of property, plant and equipment		9	42
Total income		596,877	534,847
Expenses			
Employee expenses	A2(a)	406,275	370,893
Supplies and services	A2(b)	160,632	135,929
Grants and subsidies		459	375
Depreciation	B3	16,983	16,748
Amortisation		450	477
Impairment losses		1,283	1,257
Other expenses	A2(c)	8,771	7,538
Total expenses		594,853	533,217
Operating result for the year		2,024	1,630
Other comprehensive income			
Items that will not subsequently be reclassified to operating result:			
Increase in asset revaluation reserve	C2	18,236	7,715
Total other comprehensive income		18,236	7,715
Total comprehensive income		20,260	9,345

The accompanying notes form part of these statements.

Statement of Financial Position

As at 30 June 2018

	Notes	2018 \$'000	2017 \$'000
Current assets			
Cash and cash equivalents	B1	55,611	48,182
Receivables	B2	9,784	4,851
Inventories		3,903	3,404
Other assets		802	682
Total current assets		70,100	57,119
Non-current assets			
Intangible assets		1,161	1,612
Property, plant and equipment	B3	272,165	259,559
Total non-current assets		273,326	261,171
Total assets		343,426	318,290
Current liabilities			
Payables	B4	25,162	19,225
Accrued employee benefits	B5	17,907	15,555
Provisions		1,670	470
Unearned revenue	B6	6,109	1,598
Total current liabilities		50,848	36,848
Total liabilities		50,848	36,848
Net assets		292,578	281,442
Equity			
Contributed equity	C1	210,307	219,431
Accumulated surplus		30,002	27,978
Asset revaluation reserve	C2	52,269	34,033
Total equity		292,578	281,442

The accompanying notes form part of these statements.

Statement of Changes in Equity

For the year ended 30 June 2018

	Accumulated surplus/ (deficit)	Asset revaluation surplus (Note C2)	Contributed equity (Note C1)	Total Equity
	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2016	26,348	26,318	231,548	284,214
Operating result for the year	1,630	-	-	1,630
<i>Total other comprehensive income</i>				
Increase in asset revaluation surplus	-	7,715	-	7,715
<i>Transactions with owners</i>				
Non-appropriated equity injections	-	-	6,966	6,966
Non-appropriated equity withdrawals	-	-	(17,225)	(17,225)
Non-appropriated equity asset transfers	-	-	(1,858)	(1,858)
Balance as at 30 June 2017	27,978	34,033	219,431	281,442

	Accumulated surplus/ (deficit)	Asset revaluation surplus (Note C2)	Contributed equity (Note C1)	Total Equity
	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2017	27,978	34,033	219,431	281,442
Operating result for the year	2,024	-	-	2,024
<i>Total other comprehensive income</i>				
Increase in asset revaluation surplus	-	18,236	-	18,236
<i>Transactions with owners</i>				
Non-appropriated equity injections	-	-	7,985	7,985
Non-appropriated equity withdrawals	-	-	(17,433)	(17,433)
Non-appropriated equity asset transfers	-	-	324	324
Balance as at 30 June 2018	30,002	52,269	210,307	292,578

The accompanying notes form part of these statements.

Statement of Cash Flows

For the year ended 30 June 2018

	Notes	2018 \$'000	2017 \$'000
Cash flows from operating activities			
<i>Inflows:</i>			
User charges and fees		568,052	514,905
Grants and other contributions		5,332	3,196
Interest received		22	36
GST collected from patients/consumers		282	253
GST input tax credits		10,128	8,540
Other		2,422	2,140
<i>Outflows:</i>			
Employee expenses		(403,923)	(367,955)
Supplies and services		(152,384)	(134,487)
Grants and subsidies		(468)	(374)
Insurance		(5,453)	(5,676)
GST paid to suppliers		(9,985)	(8,783)
GST remitted		(314)	(207)
Other		(3,006)	1,104
Net cash provided by/(used in) operating activities	E3	10,705	12,692
Cash flows from investing activities			
<i>Inflows:</i>			
Sales of property, plant and equipment		16	-
<i>Outflows:</i>			
Payments for property, plant and equipment		(11,277)	(12,237)
Net cash used in investing activities		(11,261)	(12,237)
Cash flows from financing activities			
<i>Inflows:</i>			
Equity injections		7,985	6,966
Net cash provided by financing activities		7,985	6,966
Net increase/(decrease) in cash and cash equivalents		7,429	7,421
Cash and cash equivalents at beginning of the financial year		48,182	40,761
Cash and cash equivalents at end of financial year	B1	55,611	48,182

The accompanying notes form part of these statements.

Notes to the Financial Statements

Overview

West Moreton Hospital and Health Service (West Moreton Health) is a not-for-profit statutory body established under the *Hospital and Health Boards Act 2011* and is domiciled in Australia. West Moreton Health does not have any controlled entities. Its principal place of business is Level 8 Tower Block, Ipswich Hospital, Chelmsford Avenue, Ipswich QLD 4305.

The System Manager of West Moreton Health is the Department of Health (the Department). The ultimate parent entity is the State of Queensland.

The general purpose financial statements are authorised for issue by the Chair and the Chief Executive, at the date of signing the Management Certificate.

Compliance with prescribed requirements

The financial statements:

- have been prepared in compliance with section 62(1) of the Financial Accountability Act 2009 and section 43 of the Financial and Performance Management Standard 2009
- have been prepared in accordance with all applicable new and amended Australian Accounting Standards and Interpretations, as well as Queensland Treasury's Minimum Reporting Requirements for the year ended 30 June 2018 and other authoritative pronouncements
- have not adopted any Australian Accounting Standards and Interpretations that have been issued or amended but are not yet effective.

Currency and rounding

The financial statements:

- have been prepared on a historical cost basis, except where stated otherwise
- are presented in Australian dollars
- round amounts to the nearest \$1,000, unless the disclosure of the full amount is specifically required. Where the amount is \$500 or less, the rounded amount is zero
- present reclassified comparative information where required for consistency with the current year's presentation.

Current/non-current classification

Assets and liabilities are classified as either 'current' or 'non-current' in the financial statements. 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 West Moreton Health does not have an unconditional right to defer settlement beyond 12 months after the reporting date.

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

A Income and Expenses

This section considers the income and expenses of West Moreton Health.

A1 Income

(a) User charges and fees

	2018 \$'000	2017 \$'000
<i>Contracted health services – activity based funding</i>		
Commonwealth	141,244	122,765
State	207,910	181,766
<i>Contracted health services – block funding</i>		
Commonwealth	38,721	40,569
State	74,212	70,385
<i>System manager funding</i>		
State	57,619	63,612
Depreciation funding	17,433	17,225
Teacher training funding	11,398	10,447
Hospital fees	14,584	13,393
Sale of goods and services	20,183	7,248
Rental income	446	319
Total user charges and fees	583,750	527,729

West Moreton Health receives funding in accordance to a service agreement with the Department which includes both State and Commonwealth funding. West Moreton Health is funded for eligible services through activity based funding, block funding or a combination of both. Activity based funding is based on an agreed number of activities per the service agreement and a statewide price by which relevant activities are funded. Block funding is not based on levels of public care activity. The service agreement is reviewed periodically, and updated for changes in activities and prices of services delivered by West Moreton Health. The funding from the Department is received fortnightly in advance and is recognised as revenue on receipt. At the end of the financial year, a financial adjustment may be required if the level of service provided is below the agreed level.

The service agreement between the Department and West Moreton Health specifies that the Department funds West Moreton Health's depreciation and amortisation charges via non-cash revenue. The Department retains the cash to fund future major capital replacements. This transaction is shown in the statement of changes in equity as a non-appropriated equity withdrawal (refer note C1).

Revenue recognition for hospital fees and sales of goods and services is based on either invoicing for related services or goods provided and/or the recognition of accrued revenue based on estimated volumes of goods or services delivered.

(b) Grants and other contributions

	2018 \$'000	2017 \$'000
Commonwealth grants	2,903	2,883
Other grants	2,168	1,923
Research	123	5
Donations	138	70
Services received below fair value	5,251	-
Total grants and other contributions	10,583	4,881

Grants, contributions, donations and gifts that are non-reciprocal in nature are recognised as revenue in the year in which West Moreton Health obtains control over them. Where grants are received that are reciprocal in nature, revenue is recognised over the term of the funding arrangements.

Services received free of charge or for a nominal value are recognised only if the services would have been purchased regardless of receiving a donation and where fair value of the services can be reliably measured.

West Moreton Health receives corporate services from the Department at no cost. Corporate services received include payroll services, accounts payable, some taxation services, some supply services and some information technology services. The fair value of these services has been estimated by the Department and recognised in West Moreton Health's financial statements for the first time for the year ending 30 June 2018. No comparative figure is disclosed for services received below fair value as it has not previously been provided as a reliably measured figure from the Department. This amount has been recognised in grants and other contributions with an equal amount recognised in supplies and services as required by AASB 1044 *Contributions* (refer note A2(b)).

A2 Expenses**(a) Employee expenses**

	2018 \$'000	2017 \$'000
Wages and salaries	327,781	298,566
Employer superannuation contributions	34,031	31,021
Annual leave levy/expenses	37,208	34,454
Long service leave levy/expenses	6,963	6,268
Termination expenses	283	547
Other employee related expenses	9	37
Total employee expenses	406,275	370,893

	30 June 2018	30 June 2017
Number of MOHRI* Full Time Equivalent Employees (FTE)		
Total FTE	3,454	3,079

* Minimum Obligatory Human Resource Information.

(b) Supplies and services

	2018 \$'000	2017 \$'000
Contractors and consultants	28,868	26,539
Electricity and other energy	3,746	3,124
Patient travel	972	799
Other travel	396	281
Water	501	822
Building services	613	705
Computer services	3,707	3,402
Motor vehicles	283	226
Communications	5,490	4,768
Repairs and maintenance	9,228	11,950
Operating lease rentals	1,989	1,839
Drugs	25,392	13,349
Clinical supplies and services	43,795	40,644
Pathology	10,317	9,556
Catering and domestic supplies	8,451	7,841
Services received below fair value *	5,251	-
Other	11,633	10,084
Total supplies and services	160,632	135,929

* Refer Note A1(b)

(c) Other expenses

	2018 \$'000	2017 \$'000
External audit fees	165	170
Bank fees	15	8
Insurance	5,453	5,676
Loss on sale of property, plant and equipment	428	153
Inventory written-off	19	46
Ex-gratia payments	1	101
Other legal costs	1,534	374
Journals and subscriptions	332	309
Advertising	203	309
Interpreter fees	496	320
Other	125	72
Total other expenses	8,771	7,538

Total audit fees paid or payable to Queensland Audit Office relating to the 2017–18 financial year were \$175,000 (2017: \$170,000). There are no non-audit services included in this amount. This figure varies from the table above due to the reversal of a 2016/17 accrual that did not result in a charge.

Occasionally, West Moreton Health makes a special (ex-gratia) payment even though it is not contractually or legally obligated to make such payments. West Moreton Health maintains a register of all special payments greater than \$5,000 as required by legislation. Total special payments made during 2017–18 were \$1,399 (2017: \$100,517).

B Operating Assets and Liabilities

This section provides information on the assets used in the operation of West Moreton Health's service and the liabilities incurred as a result.

B1 Cash and Cash Equivalents

	2018 \$'000	2017 \$'000
Cash on hand	5	5
Cash at bank	55,182	47,763
Cash on deposit	424	414
Total Cash and Cash Equivalents	55,611	48,182

Cash includes all cash on hand, cash held in banks, cheques receipted but not banked at the reporting date, call deposits and a cash debit facility.

West Moreton Health's bank accounts are grouped with the whole-of-government's arrangement with Queensland Treasury Corporation. As a result, West Moreton Health does not earn interest on funds held within revenue and operating accounts. Interest earned on the aggregate set-off arrangement balance accrues to the consolidated fund.

Cash on deposit represents cash contributions from external entities and other benefactors in the form of gifts, donations and bequests for specific purposes. These funds are retained in the Queensland Treasury Corporation cash fund and are set aside for specific purposes underlying the contribution. Cash on deposit is at call and is subject to floating interest rates. The weighted average effective interest rate was 2.49% in 2018 (2017: 2.58%).

Cash at bank (except operating and revenue accounts) is at call and is subject to floating interest rates. The weighted average effective interest rate was 2.58% in 2018 (2017: 2.36%).

B2 Trade and Other Receivables

	2018 \$'000	2017 \$'000
Trade debtors	10,020	5,807
Other debtors	1	2
Less: allowance for impairment	(1,024)	(1,854)
	8,997	3,955
GST receivable	823	964
GST payable	(36)	(68)
	787	896
Total	9,784	4,851

Trade and other receivables are initially recognised at the amounts invoiced to customers. Trade and other receivables reflect the amount anticipated to be collected. The collectability of these balances is assessed on an ongoing basis. When there is evidence that an amount will not be collected, it is provided for and then written off. If receivables are subsequently recovered, the amounts are credited against other revenue in the income statement when collected.

Trade receivables are generally due for settlement within 30 days. They are presented as current assets unless collection is not expected for more than 12 months after the reporting date. Due to the short-term nature of the current receivables, their carrying amount is assumed to approximate the amount invoiced.

Key judgements and estimates

Recoverability of trade receivables: Judgement is required in determining the level of provisioning for customer debts. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation, default or delinquency in payments, past experience and management judgement are considered indicators that the trade receivable is impaired. West Moreton Health adopts a range of cutoff dates for delinquency reflective of the risk for the underlying transactions.

At 30 June, the ageing of impairment in respect of trade receivables was as follows:

	2018 \$'000	2017 \$'000
Less than 30 days (not yet due)	5	28
30-60 days	5	33
61-90 days	-	10
More than 90 days	1,014	1,783
Balance at the end of the financial year	1,024	1,854

The movement in allowance for impairment in respect of trade receivables during the year was as follows:

	2018 \$'000	2017 \$'000
Balance at the beginning of the financial year	1,854	1,614
Amounts written-off during the year	(1,956)	(874)
Amounts recovered during the year	(1,748)	(1,830)
Increase in allowance recognised in operating result	2,874	2,944
Balance at the end of the financial year	1,024	1,854

At 30 June, the ageing of receivables that were past due but not impaired was as follows:

	2018 \$'000	2017 \$'000
30-60 days	585	763
61-90 days	312	251
More than 90 days	199	276
Balance at the end of the financial year	1,096	1,290

B3 Property, Plant and Equipment

	Land (at fair value)	Buildings (at fair value)	Plant and equipment (at cost)	Capital works in progress (at cost)	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
At 30 June 2016					
At cost/fair value	23,571	415,094	54,440	7,908	501,013
Accumulated depreciation	-	(206,747)	(30,537)	-	(237,284)
	23,571	208,347	23,903	7,908	263,729
Year ended 30 June 2017					
Opening net book value	23,571	208,347	23,903	7,908	263,729
Acquisitions	500	464	3,205	8,001	12,170
Disposals	-	(2,838)	(154)	(2,457)	(5,449)
Transfers between asset classes	-	2,680	2,383	(5,063)	-
Transfers in/out from QLD Government	-	61	(1,919)	-	(1,858)
Revaluation increments/(decrements)	243	7,472	-	-	7,715
Depreciation charge for the year	-	(11,430)	(5,318)	-	(16,748)
Carrying amount at 30 June 2017	24,314	204,756	22,100	8,389	259,559
At 30 June 2017					
At cost/fair value	24,314	422,847	56,389	8,389	511,939
Accumulated depreciation	-	(218,091)	(34,289)	-	(252,380)
	24,314	204,756	22,100	8,389	259,559
Year ended 30 June 2018					
Opening net book value	24,314	204,756	22,100	8,389	259,559
Acquisitions	-	-	7,768	3,745	11,513
Disposals	-	-	(435)	(49)	(484)
Transfers between asset classes	-	10,911	(1,213)	(9,698)	-
Transfers in/out from QLD Government	-	-	324	-	324
Revaluation increments/(decrements)	2,571	15,665	-	-	18,236
Depreciation charge for the year	-	(11,513)	(5,470)	-	(16,983)
Carrying amount at 30 June 2018	26,885	219,819	23,074	2,387	272,165
At 30 June 2018					
At cost/fair value	26,885	612,733	56,122	2,387	698,127
Accumulated depreciation	-	(392,914)	(33,048)	-	(425,962)
	26,885	219,819	23,074	2,387	272,165

NB: adjustments have been made to accumulated depreciation to recognise assets transferred in and out of West Moreton Health. The comprehensive asset revaluations completed this year have also impacted fair value and accumulated depreciation.

(a) Recognition threshold

Items of a capital nature with a cost or other value equal to more than the following thresholds and with a useful life of more than one year are recognised at acquisition. Items below these amounts are expensed.

Class	Threshold
Buildings and land improvements	\$10,000
Land	\$1
Plant and equipment	\$5,000

(b) Acquisition

Property, plant and equipment are initially recorded at the consideration paid, plus any other costs directly incurred in bringing the asset ready for use. Items or components that form an integral part of an asset are recognised as a single (functional) asset.

Where assets are received free of charge from another Queensland Government entity (whether as a result of a machinery-of-Government change or other involuntary transfer), the acquisition cost is recognised at 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 their fair value at the date of acquisition in accordance with AASB 116 *Property, Plant and Equipment*.

(c) Measurement

Land and buildings assets are 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 by their revalued amount, being the fair value at the date of valuation less any subsequent accumulated depreciation and impairment losses, where applicable.

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

(d) Depreciation

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

Property, plant and equipment are depreciated on a straight-line basis so as to allocate the net cost or revalued amount of each asset, progressively over its estimated useful life to West Moreton Health. Assets under construction (work-in-progress) are not depreciated until they are ready for use.

For each class of depreciable assets, the following depreciation rates were used:

Class	Depreciation rates
Buildings (including land improvements)	2.5 – 3.3%
Plant and equipment	5.0 – 20.0%

Where assets have separately identifiable components that are subject to regular replacement, these components are assigned useful lives distinct from the asset to which they relate and are depreciated accordingly.

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 to West Moreton Health.

The estimated useful lives of the assets are reviewed annually and, where necessary, are adjusted to better reflect the pattern of consumption of the asset. In reviewing the useful life of each asset, factors such as asset usage and the rate of technical obsolescence are considered.

(e) Impairment of assets

All non-current and intangible assets are assessed for indicators of impairment on an annual basis. Where the asset is measured at fair value, this assessment is an examination for a change in fair value/service potential since the last valuation was completed. Where there are material indicators of impairment or change in fair value or service potential, West Moreton Health determines the asset's recoverable amount (higher of value-in-use and fair value less costs to sell) and the asset is recorded at the recoverable amount.

For assets measured at cost, an impairment loss is recognised immediately in the statement of comprehensive income. If the asset is held at fair value, the impairment loss is treated as a revaluation decrease and offset against the asset revaluation surplus of the relevant class to the extent available. Where there is no asset revaluation surplus available for the class of asset, the loss is expensed in the statement of comprehensive income as a revaluation decrement.

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

(f) Revaluation of land and buildings at fair value

Fair value

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

Fair values reported by West Moreton Health are based on valuation techniques that maximise the use of available and relevant observable inputs and minimise the use of unobservable inputs. Observable inputs are publicly available data that are relevant to the characteristics of the assets being valued, including but not limited to published sales data for land and general buildings.

Unobservable inputs are data, assumptions and judgement that are not available publicly, but are relevant to the characteristics of the assets being valued. Significant unobservable inputs used by West Moreton Health include, however are not limited to, subjective adjustments made to observable data to take account of the specialised nature of health service buildings and on hospital-site residential facilities. This includes historical and current construction contracts (and/or estimates of such costs) and assessments of physical condition and remaining useful life. Unobservable inputs are used where relevant, 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 or by selling it to another market participant that would use the asset in its highest and best use.

Fair value hierarchy

As per AASB 13, all West Moreton Health assets and liabilities, for which fair value is measured or disclosed in the financial statements, are categorised within the following fair value hierarchy.

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 for unrestricted land and non-health service delivery buildings, that are substantially derived from inputs (other than quoted prices included within level 1) that are observable, either directly or indirectly; and

Level 3 - represents fair value measurements for special purpose health buildings that are substantially derived from unobservable inputs.

	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
2017				
Land	-	24,314	-	24,314
Buildings	-	608	204,148	204,756
Fair value at 30 June 2017	-	24,922	204,148	229,070
2018				
Land	-	26,885	-	26,885
Buildings	-	1,115	218,704	219,819
Fair value at 30 June 2018	-	28,000	218,704	246,704

Land

In 2017–18, all West Moreton Health's land was independently valued by McGees Property. The effective date of the valuation was 30 June 2018. West Moreton Health will continue to independently market value a sub-set of land assets in future reporting periods. Over a rolling four-year program all West Moreton Health land assets will be independently market valued. Any assets held at fair value that are not selected for market valuation will continue to be revalued on an annual basis using the appropriate and relevant indices provided by independent experts.

The fair value of land is based on physical inspection and publicly available data on recent sales of similar land in nearby localities. For the land that was categorised into level 2 of the fair value hierarchy, McGees Property used observable inputs from market transaction data and adjustments were made to the sales data to take into account the location of the land, its size, street/road frontage and access and any significant restrictions.

The revaluation of land for 2017–18 resulted in a net increase of \$2,571K or 11% to the carrying amount of land (2017: \$243K, 1% increase). The main driver for this change in valuation is the improved market conditions driven by increased competition and activity for development sites, which resulted in rising prices.

Buildings

Change in key estimates, policy and judgements

During the year, West Moreton Health refined its valuation methodology prospectively for buildings, to improve the quality of estimates for fair value and remaining useful life. The refined methodology involved:

- Increasing the number of components used for building valuations from 16 to 25 components
- Determining the replacement cost for a modern equivalent asset and adjusting for any component embodied in the modern substitute that is not present in the existing asset
- Removing asset condition or physical deterioration from the determination of an asset's replacement cost and incorporating this element into the estimate of the asset's remaining useful life.

A comprehensive revaluation was undertaken by using a refined methodology in the current period for all building assets to ensure that method was applied consistently. West Moreton Health will continue to comprehensively value a sub-set of building assets in future reporting periods. Over a rolling four-year program, all West Moreton Health building assets will be comprehensively revalued. This rolling program will provide additional quality improvements to the estimation of fair value, compared to the previous policy of comprehensively revaluing every fifth year.

If any assets held at fair value are not selected for comprehensive valuation, they will continue to be revalued on an annual basis using the appropriate and relevant indices provided by independent experts. West Moreton Health uses indices to provide a valid estimation of the assets' fair values at reporting date. Such indices are either publicly available or are derived from market information available to the valuer.

Regardless of the timing of the last specific appraisal, if an asset class experiences significant and volatile changes in fair value, where practical, that asset class is subject to specific appraisal in the reporting period.

Any revaluation increments arising from the revaluation of an asset 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. A decrease in the carrying amount on revaluation is charged as an expense, to the extent it exceeds the balance in the revaluation surplus relating to that asset class.

Materiality concepts are considered in determining the difference between the carrying amount and the fair value of an asset.

In 2017–18, West Moreton Health engaged independent experts, AECOM quantity surveyors, to undertake building revaluations on all assets in this class. The effective date of the valuation was 30 June 2018.

Non-health service delivery buildings are measured at the value that reflects the likely exit price in the principal market for an asset of this type.

The fair value of health service buildings and hospital-site residential facilities, for which there is no active market, is determined using the current replacement cost methodology. The key assumption in using the current replacement cost is determining a replacement cost of a modern-day equivalent less an adjustment for obsolescence.



A modern day equivalent asset is one that complies with current legislation (e.g. building code) using current typical building materials and methods that would be expected on similar buildings being constructed today. The modern day equivalent asset has the same building form, i.e. the shape and size, to the current asset.

The valuations have been prepared on an elemental basis with 25 components being adopted for buildings and 25 components adopted for site improvements. To estimate the replacement cost of each component, each element was measured. The measurement of each element uses 'key quantities' as noted below:

- Building footprint (also used as the roof area)
- Girth of the building
- Height of the building
- Number of staircases and
- Number of lift 'stops'

These key quantities have been measured from drawings provided and verified on site during the site inspection.

Estimates of remaining life assume that the asset remains in its current function and will be maintained.

The comprehensive revaluation concluded a \$15,665K or 8% increase in value (2017 \$7,472K, 4% increase). The main drivers for this change in valuation include the refined methodology, some changes in expected useful life across locations and increases in the cost of constructing hospital and health assets (particularly mental health facilities, which have recently seen significant increases in project costs).

The following table details a reconciliation of level 3 movements:

	Buildings \$'000
Fair value at 1 July 2016	208,142
Disposals	(2,838)
Transfers in/out from QLD Government	61
Transfers between asset classes	2,667
Depreciation	(11,350)
<i>Gains recognised in other comprehensive income:</i>	
Increase in asset revaluation reserve	7,466
Fair value at 30 June 2017	204,148
Fair value at 1 July 2017	204,148
Transfers between asset classes	10,911
Depreciation	(11,512)
<i>Gains recognised in other comprehensive income:</i>	
Increase in asset revaluation reserve	15,157
Fair value at 30 June 2018	218,704

B4 Payables

These amounts represent liabilities for goods and services provided to West Moreton Health prior to the end of financial year that are unpaid at balance date. The amounts are unsecured and are usually paid within 35 days of recognition.

	2018 \$'000	2017 \$'000
Trade creditors	25,162	19,225
	25,162	19,225

B5 Accrued Employee Benefits

Wages and salaries

Wages and salaries due but unpaid at reporting date are recognised in the statement of financial position at the current salary rates.

	2018 \$'000	2017 \$'000
Accrued wages and salaries	13,140	11,365
Accrued employer superannuation contributions	1,539	1,491
Accrued rostered days off	2,539	2,112
Other accrued employee expenses	689	587
Total accrued employee benefits	17,907	15,555

Annual and long service leave

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

Superannuation

Employer superannuation contributions are paid to the employee's chosen super fund, at rates determined by the Treasurer on the advice of the State Actuary or as advised in employee agreements. Contributions are expensed in the period in which they are paid or payable and West Moreton Health's obligation is limited to its contribution to the super fund.

From 1 July 2017, Queensland Government employees can choose their own super fund with QSuper remaining the default. The QSuper schemes are classified as either defined benefit or defined contribution. The liability for defined benefits is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

B6 Unearned Revenue

	2018 \$'000	2017 \$'000
Unearned revenue	6,109	1,598
Total unearned revenue	6,109	1,598

Unearned revenue includes funding received in accordance with the service agreement with the Department for activity not yet finalised.

C Equity and Risk Management

C1 Contributed Equity

	2018 \$'000	2017 \$'000
Opening balance at beginning of year	219,431	231,548
<i>Non-appropriated equity injections</i>		
Minor capital funding	6,655	4,527
Priority capital program funding	3,110	4,816
Backlog maintenance funding	-	(3,069)
Statewide prisoner medical records funding	(1,855)	92
Medical packaging system funding	75	600
	7,985	6,966
<i>Non-appropriated equity withdrawals</i>		
Non-cash depreciation and amortisation funding returned to Department of Health as a contribution towards capital works program	(17,433)	(17,225)
<i>Non-appropriated equity asset transfers</i>		
Buildings	-	61
Plant and equipment	324	(1,919)
	324	(1,858)
Balance at the end of the financial year	210,307	219,431

C2 Asset Revaluation Surplus by Class

	2018 \$'000	2017 \$'000
<i>Land</i>		
Balance at the beginning of the financial year	2,734	2,491
Revaluation increments	2,571	243
	5,305	2,734
<i>Buildings</i>		
Balance at the beginning of the financial year	31,299	23,827
Revaluation increments	15,665	7,472
	46,964	31,299
Balance at the end of the financial year	52,269	34,033

The asset revaluation surplus represents the net effect of revaluation movements in assets.

C3 Non-Cash Financing and Investing Activities

Assets and liabilities received or transferred by West Moreton Health are set out in the statement of changes in equity.

C4 Financial Risk Management

West Moreton Health is exposed to a variety of financial risks – credit risk, liquidity risk and market risk. West Moreton Health holds the following financial instruments by category:

	2018 \$'000	2017 \$'000
<i>Financial assets</i>		
Cash and cash equivalents	55,611	48,182
Receivables*	9,784	4,851
	65,395	53,033
<i>Financial liabilities</i>		
Payables	25,162	19,225
	25,162	19,225

* excludes prepayments

(a) Credit risk

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

No financial assets have had their terms renegotiated therefore original terms have been used in the ageing and impairment calculations and are stated at the carrying amounts as indicated.

Overall credit risk is considered minimal.

(b) Liquidity risk

Liquidity risk is the risk that West Moreton Health will not have the resources required at a particular time to meet its obligations to settle its financial liabilities.

West Moreton Health is exposed to liquidity risk through its trading in the normal course of business. West Moreton Health aims to reduce the exposure to liquidity risk, by ensuring that sufficient funds are available to meet employee and supplier obligations at all times.

(i) Financing arrangements

Under the whole-of-government banking arrangements, West Moreton Health has an approved working debt facility of \$4,000,000 (2017: \$4,000,000) to manage any short-term cash shortfalls.

(ii) Maturities of financial liabilities

Due to the short-term nature (less than 12 months) of the current payables, their carrying amount is assumed to approximate the total contractual cash flow.

(c) Interest rate risk

West Moreton Health is exposed to interest rate risk on its cash deposited in interest bearing accounts with Commonwealth Bank through whole-of-government bank arrangements and Queensland Treasury Corporation.

Changes in interest rates have a minimal effect on the operating result of West Moreton Health.

West Moreton Health does not undertake any hedging in relation to interest rate risk.

(d) Fair value measurements

Cash and cash equivalents are measured at fair value. All other financial assets or liabilities are measured at amortised cost.

D Key Management Personnel

Key management personnel (KMP) are those persons having authority and responsibility for planning, directing and controlling the activities of West Moreton Health, directly or indirectly, including Board members and Executive Directors. The Department's Minister is recognised as part of West Moreton Health's KMP, consistent with additional guidelines included in the revised version of AASB 124 *Related Party Disclosures*. That Minister is the Minister for Health and Minister for Ambulance Services.

In accordance with the *Hospital and Health Boards Act 2011*, the Governor in Council appoints Board members, on the recommendation of the Minister, for a period not exceeding 4 years. In appointing a Board member, the Governor in Council must have regard to the person's ability to contribute to West Moreton Health to perform its functions effectively and efficiently.

The following tables detail West Moreton Health's non-ministerial KMP during the current financial year:

West Moreton Health Board	Name	Appointment authority	Initial appointment date
Chair	Mr Michael Willis	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/17 – 17/05/21	18/05/16
Members	Ms. Melinda Parcell	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/14 – 17/05/18 Resigned from the Board 01/09/2017	29/06/12
	Doctor Sonj Hall	<i>Hospital and Health Boards Act 2011</i> Tenure: 26/06/15 – 17/05/18	18/05/14
	Ms. Susan Johnson	<i>Hospital and Health Boards Act 2011</i> Tenure: 26/06/15 – 17/05/19	26/06/15
	Mr. Gary Edwards	<i>Hospital and Health Boards Act 2011</i> Tenure: 11/12/15 – 17/05/18 Resigned 10/04/2018	18/05/14
	Professor Gerald Holtmann	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/17 – 17/05/21	18/05/16
	Ms. Patricia Evatt	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/17 – 17/05/21	18/05/16
	Ms. Sue Scheinplflug	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/17 – 17/05/21	18/05/16
	Mr. Stephen Robertson	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/18 – 17/05/19	18/05/18
	Professor Jeffrey Dunn AO	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/18 – 17/05/19	18/05/18
	Ms. Lyn Birnie	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/18 – 17/05/19	18/05/18

West Moreton Health Executives

Chief Executive

Responsible for the overall management of West Moreton Health through major functional areas to ensure the delivery of key government objectives in improving the health and well-being of Queenslanders.

Chief Finance Officer

Responsible for financial management, information and communications technology management, contract management, health information management, infrastructure and assets management and statutory reporting obligations of West Moreton Health.

Executive Director Mental Health and Specialised Services

Responsible for the operational leadership and management of mental health and specialised services throughout West Moreton Health.

Executive Director Ipswich Hospital

Responsible for the operational leadership and management of Ipswich Hospital and providing leadership for clinical services throughout West Moreton Health.

Executive Director Medical Services

Responsible for developing, implementing, managing and monitoring the clinical governance framework, research and education of West Moreton Health.

Executive Director People and Culture

Responsible for providing strategic leadership in relation to all human resource functions, including industrial relations, throughout West Moreton Health.

Executive Director Legal and Corporate Governance

Responsible for West Moreton Health's corporate governance architecture and strategy as well as the primary legal advisor to the Board, Chief Executive and Executive Leadership Team.

Executive Director Strategy, Planning and Engagement

Responsible for facilitating the design and delivery of West Moreton Health's Strategic Plan.

Executive Director Community and Rural Services

Responsible for the effective and efficient delivery of rural and community services within West Moreton Health.

Executive Director Nursing and Midwifery

Responsible for the effective leadership and management for the nursing and midwifery profession across West Moreton Health.

Director Allied Health and Research

Responsible for leading the Allied Health and Research divisions within West Moreton.

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

Pursuant to the *Hospital and Health Boards Act 2011*, Board members' fees are determined by the Governor in Council. Board members are paid an annual salary consistent with the government procedure titled "*Remuneration procedures for part-time chairs and member of Queensland Government bodies*".

The terms of employment for executives are set by employment contracts and relevant awards.

Remuneration for KMP comprises the following components:

- Short-term employee benefits which include:
 - **Base** – consisting of base salary, allowances and leave entitlements paid for the entire year or for that part of the year during which the employee occupied the specified position. Amounts disclosed equal the amount expensed in the statement of comprehensive income.
 - **Non-monetary benefits** – includes provision of vehicle together with fringe benefits tax applicable to the benefit.
- Long-term employee benefits include long service leave levy paid.
- Post-employment benefits include superannuation contributions.
- Redundancy payments are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu on termination, regardless of the reason for termination.
- There were no performance bonuses paid in the 2017–18 financial year (2017: \$nil).

The following tables detail the expenses attributable to Non-Ministerial KMP during the respective reporting periods.

	Short-term benefits					
	Base	Non-monetary benefits	Long-term benefits	Post-employment benefits	Termination benefits	Total remuneration
Name	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
2018 Board Members						
Mr. Michael Willis (Chair)	76	9	-	8	-	93
Ms. Melinda Parcell*	10	-	-	1	-	11
Doctor Sonj Hall	44	-	-	4	-	48
Ms. Susan Johnson	49	-	-	4	-	53
Mr. Gary Edwards	39	-	-	4	-	43
Professor Gerald Holtmann	43	-	-	4	-	47
Ms. Patricia Evatt	43	-	-	4	-	47
Ms. Sue Scheinpflug	45	-	-	4	-	49
Mr. Stephen Robertson	4	-	-	-	-	4
Professor Jeffrey Dunn AO	4	-	-	-	-	4
Ms. Lyn Birnie	4	-	-	-	-	4
2018 Executives						
Chief Executive	238	16	5	28	-	287
Chief Finance Officer	156	11	3	19	-	189
Executive Director Ipswich Hospital (to 04/10/2017)	62	-	1	6	-	69
Executive Director Ipswich Hospital (from 03/10/2017)	148	7	3	17	-	175
Executive Director Legal and Corporate Governance	177	15	4	22	-	218
Executive Director Mental Health and Specialised Services	182	9	4	21	-	216
Executive Director Medical Services (to 02/11/2017)	191	-	4	17	-	212
Executive Director Medical Services (from 08/12/2017)	194	7	4	15	-	220
Executive Director People and Culture	187	-	4	20	-	211
Executive Director Community and Rural Services	138	1	3	15	-	157
Executive Director Strategy, Planning and Engagement	135	6	3	15	-	159
Executive Director Nursing and Midwifery	209	21	4	26	-	260
Director Allied Health	108	6	2	14	-	130

Name	Short-term benefits			Post-employment benefits	Termination benefits	Total remuneration
	Base	Non-monetary benefits	Long-term benefits			
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
2017 Board Members						
Mr. Michael Willis	51	12	-	25	-	88
Ms. Melinda Parcell*	57	5	-	4	-	66
Doctor Sonj Hall	48	-	-	4	-	52
Ms. Susan Johnson	50	-	-	5	-	55
Mr. Gary Edwards	48	-	-	5	-	53
Professor Gerald Holtmann	49	-	-	5	-	54
Ms. Patricia Evatt	49	-	-	2	-	51
Ms. Sue Scheinplug	50	-	-	2	-	52
2017 Executives						
Chief Executive (to 27/01/2017)	236	7	-	20	132	395
Chief Executive (from 31/01/2017)	79	10	-	14	-	103
Executive Director Finance and Business Services	200	10	-	25	87	322
Executive Director Clinical Services (to 23/12/2016)	86	-	-	13	-	99
Executive Director Clinical Services (from 19/01/2017)	50	13	-	31	-	94
Executive Director Legal and Corporate Governance (to 09/01/2017)	108	-	-	16	-	124
Executive Director Legal and Corporate Governance (from 09/01/2017)	71	9	-	12	-	92
Executive Director Mental Health and Specialised Services	171	9	-	30	-	210
Executive Director Medical Services (to 13/01/2017)	252	6	-	26	-	284
Executive Director Medical Services (from 30/01/2017)	158	4	-	18	-	180
Executive Director People and Culture (to 29/01/2017)	81	5	-	12	-	98
Executive Director People and Culture (from 30/01/2017)	67	-	-	11	-	78
Executive Director Nursing and Midwifery	151	23	1	33	-	208

* Ms. Melinda Parcell is part of the general workforce of West Moreton Health, in addition to her role as Board member. The remuneration amounts in the board members sections above only includes her board fees. Ms. Melinda Parcell resigned from her board position in September 2017 to take up the Executive Director role in Community and Rural Services.

E Other Information

E1 Contingencies

Litigation

From time to time, claims are made against West Moreton Health. These claims are vigorously defended and there are no contingent liabilities in respect of these claims.

E2 Commitments

West Moreton Health has non-cancellable operating leases relating predominantly to office and residential accommodation and vehicles. Lease payments are generally fixed, with escalation clauses on which contingent rentals are determined. No lease arrangements contain restrictions on financing or other leasing activities.

Commitments for minimum lease payments in relation to non-cancellable operating leases are payable as follows (refer note E5):

	2018 \$'000	2017 \$'000
Not later than one year	1,693	1,926
Later than one year but not later than five years	1,061	2,091
Later than five years	525	10
	3,279	4,027

Capital commitments contracted for at reporting date but not recognised in the financial statements are payable as follows:

	2018 \$'000	2017 \$'000
Major plant and equipment		
Not later than one year	146	1,359

E3 Notes to the Statement of Cash Flows

The following table reconciles the operating result to net cash provided by operating activities:

	2018 \$'000	2017 \$'000
Operating result from continuing operations	2,024	1,630
<i>Non-cash items</i>		
Depreciation expense	16,983	16,748
Amortisation expense	450	477
Asset related transactions	234	5,868
Depreciation and amortisation funding	(17,433)	(17,225)
<i>Changes in assets and liabilities</i>		
(Increase)/decrease in receivables	(4,933)	5,617
(Increase)/decrease in inventories	(499)	(715)
(Increase)/decrease in other assets	(120)	(379)
Increase/(decrease) in payables	5,937	(346)
Increase/(decrease) in accrued employee benefits	2,352	2,939
Increase/(decrease) in provisions	1,200	120
Increase/(decrease) in unearned revenue	4,510	(2,042)
Net cash (used in) / provided by operating activities	10,705	12,692

E4 Patient Fiduciary Funds

West Moreton Health acts in a fiduciary trust capacity in relation to patient trust accounts. Consequently, these transactions and balances are not recognised in the financial statements but are disclosed below for information purposes. Although patient funds are not controlled by West Moreton Health, trust activities are included in the audit performed annually by the Auditor-General of Queensland.

	2018 \$'000	2017 \$'000
Cash at beginning of financial year	201	168
Patient fund receipts	1,553	1,405
Patient fund related payments	(1,536)	(1,372)
Cash at end of financial year	218	201

E5 Application of New Accounting Standards or Change in Accounting Policy

Changes in Accounting Policy

West Moreton Health has not changed any of its accounting policies during 2017–18.

Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2017–18.

Accounting Standards Applied for the First Time

No new Australian Accounting Standards were adopted for 2017–18.

Future Accounting Standards not yet Mandatory

There are several accounting standards that are approved and published but not yet mandatory to adopt. West Moreton Health is aware of the following new standards that may have some impact on future reporting for West Moreton Health:

AASB 15 Revenue from Contracts with Customers (effective for year ending 30 June 2020)

This standard requires revenue to be recognised according to the delivery of performance obligations under a contract and uses a five-step model. The five-step model is:

- i. Identify customer contracts
- ii. Identify performance obligations in those contracts
- iii. Determine the transaction price, which is revenue from the contract
- iv. Allocate transaction price to performance obligations in the contract
- v. Recognise revenue when the performance obligation is complete / satisfied.

The application of this new standard should closely align with how West Moreton Health currently records revenue. Queensland Treasury has advised the requirement to apply this standard to contracts from 1 July 2019 without being required to assess prior contracts. The impact of this new standard on West Moreton Health's reported revenue results is not expected to be material.

AASB 16 Leases (effective for year ending 30 June 2020)

This standard requires a lessee to recognise assets and liabilities for all leases with a term of more than twelve months, unless the underlying asset is of low value. West Moreton Health will adopt Queensland Treasury advice on \$10k as the low value threshold. The lessee must recognise a right-of-use asset and a lease liability, i.e. all leases are recognised on the Statement of Financial Position (previously operating leases were not recognised in the Statement of financial Position). The lessee must also recognise depreciation of the asset and interest on the lease liability and classify lease payments between principal and interest and disclose accordingly in the statement of cash flows.

When recognising a lease, consideration must also be given to any optional periods in an arrangement. Where it is reasonably certain that the option will be taken up, this must be recognised in the asset and liability. West Moreton Health will follow Queensland Treasury advice to adopt the modified retrospective approach, which means that there is no requirement to restate the 2018–19 comparatives. Based on leases existing at reporting date, West Moreton Health does not expect this standard to have a material impact on any items.

AASB 1058 Income of Not for Profit Entities (effective for year ending 30 June 2020)

This standard determines the treatment of volunteer services and assets acquired at significantly less than fair value. West Moreton Health will adopt Queensland Treasury advice that there is no requirement to restate 2018–19 comparatives. West Moreton Health is currently assessing the impact of this new standard.

AASB 1059 Service Concession Arrangements (effective for year ending 30 June 2020)

This standard requires the grantor to initially measure a service concession asset provided by the operator at current replacement cost in accordance with the cost approach to fair value in AASB 13 *Fair value measurement*. West Moreton Health will follow Queensland Treasury advice to restate 2018–19 comparatives and 1 July 2018 balances under this approach. West Moreton Health is currently assessing the impact of this new standard.

All other Australian Accounting Standards and interpretations with future effective dates are either not applicable to the activities of West Moreton Health or have no material impact.

E6 Subsequent Events

West Moreton Health is not aware of any events occurring after the reporting date that warrant disclosure or recording in the financial statements.

E7 Taxation

West Moreton Health is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation with the exception of Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). GST receivable from and GST payable to the ATO are recognised in the Statement of Financial Position (refer to Note B2).

E8 Related Party Disclosures

Transactions with Queensland Government controlled entities

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

Department of Health

West Moreton Health receives funding from the Department. The Department receives the majority of its revenue from the Queensland Government and the remainder from the Commonwealth Government.

The funding from the Department is provided predominantly for specific public health services purchased by the Department from West Moreton Health in accordance with a service agreement. The service agreement is reviewed periodically and updated for changes in activities and prices of services delivered by West Moreton Health (refer Note A1(a)).

The signed service agreements are published on the Queensland Government website and publicly available. In addition, the Department provides services as outlined in note A1(b). Any other expenses paid by the Department to third parties on behalf of West Moreton Health are recouped by the Department.

Related transactions for the year are as follows:

	2018 \$'000	2017 \$'000
Revenue received	548,537	506,769
Expenditure incurred	51,658	40,740
Receivables	4,631	1,095
Payables and other liabilities	13,432	4,438

Other Hospital and Health Services

Payments to and receipts from other health services occur to facilitate the transfer of patients, drugs, staff and other incidentals.

Queensland Treasury Corporation

West Moreton Health has an investment account with Queensland Treasury Corporation for general trust monies (refer note B1).

Department of Housing and Public Works

West Moreton Health pays rent to the Department of Housing and Public Works for a number of properties and for vehicle fleet management services (Qfleet).

Transactions with other related parties

All transactions in the year ended 30 June 2018 between West Moreton Health and key management personnel, including their related parties, were on normal commercial terms and conditions and were immaterial in nature.

F Budgetary Reporting Disclosures

(a) Statement of Comprehensive Income

	Notes	Actual 2018 \$'000	Budget 2018 \$'000	Variance \$'000	Variance %
Income					
User charges	(a)	583,750	551,178	32,572	6%
Grants and other contributions	(b)	10,583	2,674	7,909	296%
Other revenue		2,544	701	1,843	263%
Total revenue		596,877	554,553	42,324	8%
Expenses					
Employee expenses		406,275	420,649	(14,374)	(3%)
Supplies and services	(c)	160,632	111,286	49,346	44%
Grants and subsidies		459	387	72	19%
Depreciation and amortisation		17,433	18,416	(983)	(5%)
Impairment losses		1,283	1,736	(453)	(26%)
Other expenses	(d)	8,771	2,079	6,692	322%
Total expenses		594,853	554,553	40,300	7%
Operating result		2,024	-	2,024	
Other comprehensive income					
Increase in asset revaluation surplus	(e)	18,236	-	18,236	
Total other comprehensive income		18,236	-	18,236	
Total comprehensive income		20,260	-	20,260	

(b) Statement of Financial Position

	Notes	Actual 2018 \$'000	Budget 2018 \$'000	Variance \$'000	Variance %
Current assets					
Cash and cash equivalents	(f)	55,611	40,571	15,040	37%
Receivables		9,784	10,544	(760)	(7%)
Inventories		3,903	2,838	1,065	38%
Other assets		802	791	11	1%
Total current assets		70,100	54,744	15,356	28%
Non-current assets					
Intangible assets		1,161	4,058	(2,897)	(71%)
Property, plant and equipment		272,165	263,173	8,992	3%
Total non-current assets		273,326	267,231	6,095	2%
Total assets		343,426	321,975	21,451	7%
Current liabilities					
Payables	(g)	25,162	21,613	3,549	16%
Accrued employee benefits	(h)	17,907	14,381	3,526	25%
Provisions		1,670	3,162	(1,492)	(47%)
Unearned revenue	(i)	6,109	2,217	3,892	176%
Total current liabilities		50,848	41,373	9,475	23%
Total liabilities		50,848	41,373	9,475	23%
Net assets		292,578	280,602	11,976	4%
Equity					
Total equity		292,578	280,602	11,976	4%

(c) Statement of Cash Flows

	Notes	Actual 2018 \$'000	Budget 2018 \$'000	Variance \$'000	Variance %
Cash flows from operating activities					
<i>Inflows:</i>					
User charges		568,052	553,489	14,563	3%
Grants and other contributions	(j)	5,332	2,674	2,658	99%
Interest received		22	32	(10)	(31%)
Other	(k)	12,832	10,579	2,253	21%
<i>Outflows:</i>					
Employee expenses		(403,923)	(419,749)	15,826	(4%)
Supplies and services	(l)	(162,369)	(122,456)	(39,913)	33%
Grants and subsidies		(468)	(387)	(81)	21%
Other	(m)	(8,773)	541	(9,314)	(1,722%)
Net cash provided by operating activities		10,705	24,723	(14,018)	(57%)
Cash flows from investing activities					
<i>Inflows:</i>					
Sales of property, plant and equipment		16	(79)	95	120%
<i>Outflows:</i>					
Payments for property, plant and equipment	(n)	(11,277)	(5,397)	(5,880)	109%
Net cash used by investing activities		(11,261)	(5,476)	(5,785)	106%
Cash flows from financing activities					
<i>Inflows:</i>					
Equity injections	(o)	7,985	5,398	2,587	48%
<i>Outflows:</i>					
Equity withdrawals	(p)	-	(18,416)	18,416	
Net cash provided by financing activities		7,985	(13,018)	21,003	(161%)
Net increase/(decrease) in cash and cash equivalents held		7,429	6,229	1,200	19%
Cash and cash equivalents at beginning of the financial year		48,182	34,342	13,840	40%
Cash and cash equivalents at end of the financial year		55,611	40,571	15,040	37%

Explanation of major variances:

Major variances are variances that are material within the 'Total' line item that the item falls within. Material variances are measured as a variance of 5% on expenses (employee expense and other supplies and services), for payments of property, plant and equipment and 10% for all other material line items.

Major variances have been identified and explained below:

Statement of Comprehensive Income

(a) The increase predominantly relates to additional funding provided through the amendments to the Service Agreement between West Moreton Health and the Department. The impact of the additional funding from the Department equates to \$20,158K. Of this additional funding, \$19,096K relates to increases in service activity, \$5,013K relating to specific projects, \$2,067K in reprovision of state deferrals from 2016–17, and \$53K other funding for minor programs offset by \$6,072K state funding deferrals for 2017–18 into 2018–19. Another factor impacting the increase is an increase in Pharmaceutical Benefit Scheme revenue of \$12,495K.

(b) The increase is mainly due to recognition of the \$5,251K services received below fair value provided from the Department which was recognised for the first time as required by AASB 1044 *Contributions*, \$490K increase in Transition Care Program funding, \$123K increase in research grants and understated budget of approximately \$1,300K.

(c) The increase mainly relates to employment of contractors that were budgeted as employee expenses (\$28,868K), increased service activity including expenditure on drugs (\$15,651K), clinical supplies (\$1,000K) and energy costs (\$539K) and the recognition of \$5,251K services received below fair value provided from the Department which was recognised for the first time as required by AASB 1044 *Contributions*.

(d) The increase is mainly due to increased legal costs (\$1,179K) and insurance, the budget of which was allocated to supplies and services (\$5,390K).

(e) No budget is set for asset revaluation. The revaluations conducted during the year showed that the value of Land and Buildings had increased by \$18,236K.

Statement of Financial Position

(f) Increase in cash is mainly due to the receipt of 2016–17 final Commonwealth Growth Funding \$10,431K and 2017–18 funding deferrals of \$5,872K, for which cash remains with West Moreton Health.

(g) The increase in payables is primarily due to the Service Agreement adjustment between West Moreton Health and the Department, resulting in a payable of \$2,923K for service activity not delivered.

(h) The increase in actuals is due to timing of pay periods at year end and an increase in FTE.

(i) Unearned revenue is higher than budget due to the delay in commencement of funded projects for which funding has been deferred (\$5,872K).

Statement of Cash Flows

(j) The increase is the cash impact of the increase outlined in (b) above (excluding the \$5,251K non-cash transaction for services received below fair value).

(k) The increase is primarily due to recoveries not included in the budget (\$2,083K).

(l) The increase is the cash impact of the increase outlined in (c) above (excluding the \$5,251K non-cash transaction for services received below fair value).

(m) The increase in other outflows is primarily due to other items, e.g. insurance, being inadvertently excluded from the calculation of this budget line.

(n) The increase is mainly due to purchases made through the Priority Capital Program (PCP) of \$3,110K, purchases made with additional Health Technology Equipment Replacement (HTER) funding of \$883K, purchases made with prior year minor capital funding of \$529K and a prior year funded purchase of a Medication Packaging Machine of \$600K.


(o) The increase is primarily due to funding for PCP projects of \$3,110K.

(p) The budget reports depreciation funding as cash; however, it is withdrawn from West Moreton Health as a non-cash transaction.

Management Certificate

These general purpose financial statements have been prepared pursuant to Section 62(1) of the *Financial Accountability Act 2009* (the Act), Section 43 of the *Financial and Performance Management Standard 2009* 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;
- (b) these financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of West Moreton Hospital and Health Service for the financial year ended 30 June 2018 and of the financial position of the Service at the end of the year; and
- (c) these assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material respects, with respect to financial reporting throughout the reporting period.



Michael Willis BEcon SFFin FAICD
Chair

10 August 2018



Dr Kerrie Freeman PhD
Chief Executive

10 August 2018

INDEPENDENT AUDITOR'S REPORT

To the Board of West Moreton Hospital and Health Service

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of West Moreton Hospital and Health Service.

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2018, and its financial performance and cash flows for the year then ended
- b) complies with the *Financial Accountability Act 2009*, the *Financial and Performance Management Standard 2009* and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2018, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

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

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

Specialised buildings valuation (\$219.8 million)

Refer to Note B3 in the financial report.

Key audit matter	How my audit addressed the key audit matter
<p>Buildings were material to West Moreton Hospital and Health Service (WMHHS) at balance date, and were measured at fair value using the current replacement cost method. An independent valuation specialist performed a comprehensive valuation of WMHHS's buildings as at 30 June 2018.</p> <p>The current replacement cost method comprises:</p> <ul style="list-style-type: none"> • Gross replacement cost, less • Accumulated depreciation <p>WMHHS derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for:</p> <ul style="list-style-type: none"> • identifying the components of buildings with separately identifiable replacement costs • developing a unit rate for each of these components, including: <ul style="list-style-type: none"> ○ Estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre) ○ Identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating, the adjustment to the unit rate required to reflect this difference. • The measurement of accumulated depreciation involved significant judgements for forecasting the remaining useful lives of building components. <p>The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense.</p>	<p>My procedures included, but were not limited to:</p> <ul style="list-style-type: none"> • Assessing the adequacy of management's review of the valuation process • Reviewing the scope and instructions provided to the independent valuation specialist • Assessing the appropriateness of the valuation methodology and the underlying assumptions • Assessing the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices • For unit rates associated with buildings comprehensively revalued: <ul style="list-style-type: none"> ○ Assessing the competence, capabilities and objectivity of the valuation specialist used to develop the models. ○ Reviewing the scope and instructions provided to the valuer, and obtaining an understanding of the methodology used and assessing its appropriateness with reference to common industry practices. ○ 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"> ▪ modern substitute (including locality factors and oncosts) ▪ adjustment for excess quality or obsolescence. • Evaluating useful life estimates for reasonableness by: <ul style="list-style-type: none"> ○ Reviewing management's annual assessment of useful lives. ○ At an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement cost of assets. ○ Ensuring that no asset still in use has reached or exceeded its useful life. ○ Enquiring of management about their plans for assets that are nearing the end of their useful life. ○ Reviewing assets with an inconsistent relationship between condition and remaining useful life. • Where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.

Other information

Other information comprises the information included in the entity's annual report for the year ended 30 June 2018, but does not include the financial report and my auditor's report thereon.

Those charged with governance are responsible for the other information.

My opinion on the financial report does not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial report, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or my knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

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 2009* and Australian Accounting Standards, and for such internal control as the Board determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the entity.
- Conclude on the appropriateness of the entity's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

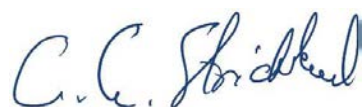
I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

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

Report on other legal and regulatory requirements

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2018:

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



13 August 2018

C G Strickland
as delegate of the Auditor-General

Queensland Audit Office
Brisbane