

2018–2019
ANNUAL
REPORT



Annual Report 2018–19

Accessibility

Information about consultancies, overseas travel and the Queensland Language Services Policy is available at the Queensland Government Open Data website (qld.gov.au/data).

An electronic copy of this report is available at: www.westmoretonhealth.qld.gov.au

Hard copies of the annual report are available by phoning Communication and Engagement on (07) 3413 5675.

Alternatively, you can request a copy by emailing: WMCommunications@health.qld.gov.au



The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds.

If you have difficulty in understanding the annual report, you can contact us by phone on (07) 3413 5675 or freecall 1800 131 450 and we will arrange an interpreter to effectively communicate the report to you.

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

Acknowledgment to Traditional Owners

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.

Recognition of Australian South Sea Islanders

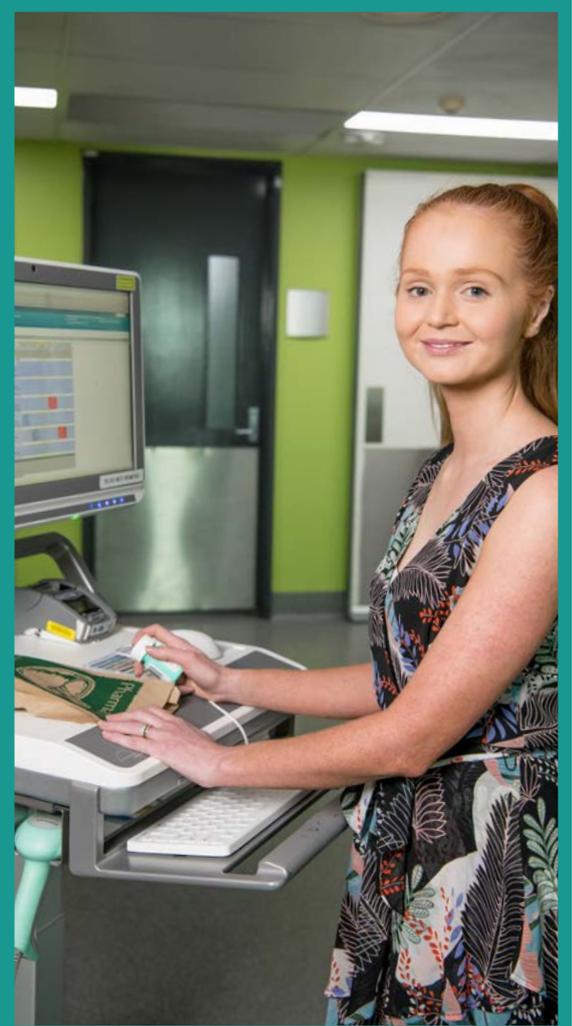
West Moreton Hospital and Health Service formally recognises the Australian South Sea Islanders as a distinct cultural group within our geographical boundaries. West Moreton Hospital and Health Service is committed to fulfilling the *Queensland Government Recognition Statement for Australian South Sea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

Mulacha
 أهلاً وسهلاً
 Mālō e lava mai
 欢迎您
 Bienvenidos
 Karibon
Welcome
 Kudual yin acuk lor apci
 आपका स्वागत है
 W
 Welkommen
 Soo-dhawow
 ようこそ
 ਜੀ ਆਇਆਂ ਠੂੰ
Maiem
 W
 Welkom
 MALUGOD NA PAGBATI

Welcome in the twenty languages most commonly spoken in the West Moreton Region.

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Statement of compliance



West Moreton Health

9 August 2019

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

Dear Minister

I am pleased to deliver for presentation to the Parliament the *Annual Report 2018–2019* and financial statements for West Moreton Hospital and Health Service.

I certify that this annual report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 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 123 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

Statement on Queensland Government objectives for the community

Government objectives

The Strategic Plan 2017–21 (2019 update) outlines West Moreton Health's priorities for the community it serves under the strategic pillars of person-centred care, caring for our teams, interconnected care and better care. West Moreton Health's strategies actively contribute 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, we play an integral role in supporting the economic vitality of the community we serve. At the end of the 2018–19 financial year, the health service employed 3,730 full-time equivalent people (84.2 per cent of them clinical staff).

Delivering quality frontline services

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

West Moreton Health exists to provide quality clinical care to a growing and diverse community. In the 2018–19 financial year, there were 87,588 attendances at West Moreton Health emergency departments and 263,747 outpatients seen in our hospitals and community clinics.



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 continuing to introduce ways to reduce our environmental footprint, including eliminating unnecessary waste, improving recycling through waste mix options such as recycling, sanitary waste disposal, pharmaceutical waste separation and cardboard recycling. We have also reduced reliance on paper-based recordkeeping through the implementation of the integrated electronic Medical Record (ieMR) and other digital technologies.

In planning for the future, our Master Plan considers the sustainability of providing healthcare to a growing population. We are dedicated to developing health precincts that bring people and healthcare closer together, using technology and innovation to provide services more efficiently and sustainably. We are looking to achieve the best in health and wellbeing for the community while minimising environmental impact.

Building safe, caring and connected communities

West Moreton Health's interconnected care strategy emphasises partnerships and a commitment to addressing the social circumstances that influence health. This approach is in keeping with the Government's priorities of:

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

West Moreton Health plays a vital role in helping to strengthen the community by providing health and wellbeing services. Our Mental Health and Specialised Services and Prison Health Services teams also strive to keep consumers supported and well, acknowledging the significant challenges they face. In providing education and healthcare services in community health centres for culturally and linguistically diverse community members, we also support their connection with the broader community. Our Strategic Plan seeks to identify and deliver the integrated health services that will help build a stronger West Moreton community now and into the future. We particularly recognise that Aboriginal and Torres Strait Islander people continue to experience poorer health and social outcomes and we have developed strategies to work to Close the Gap.

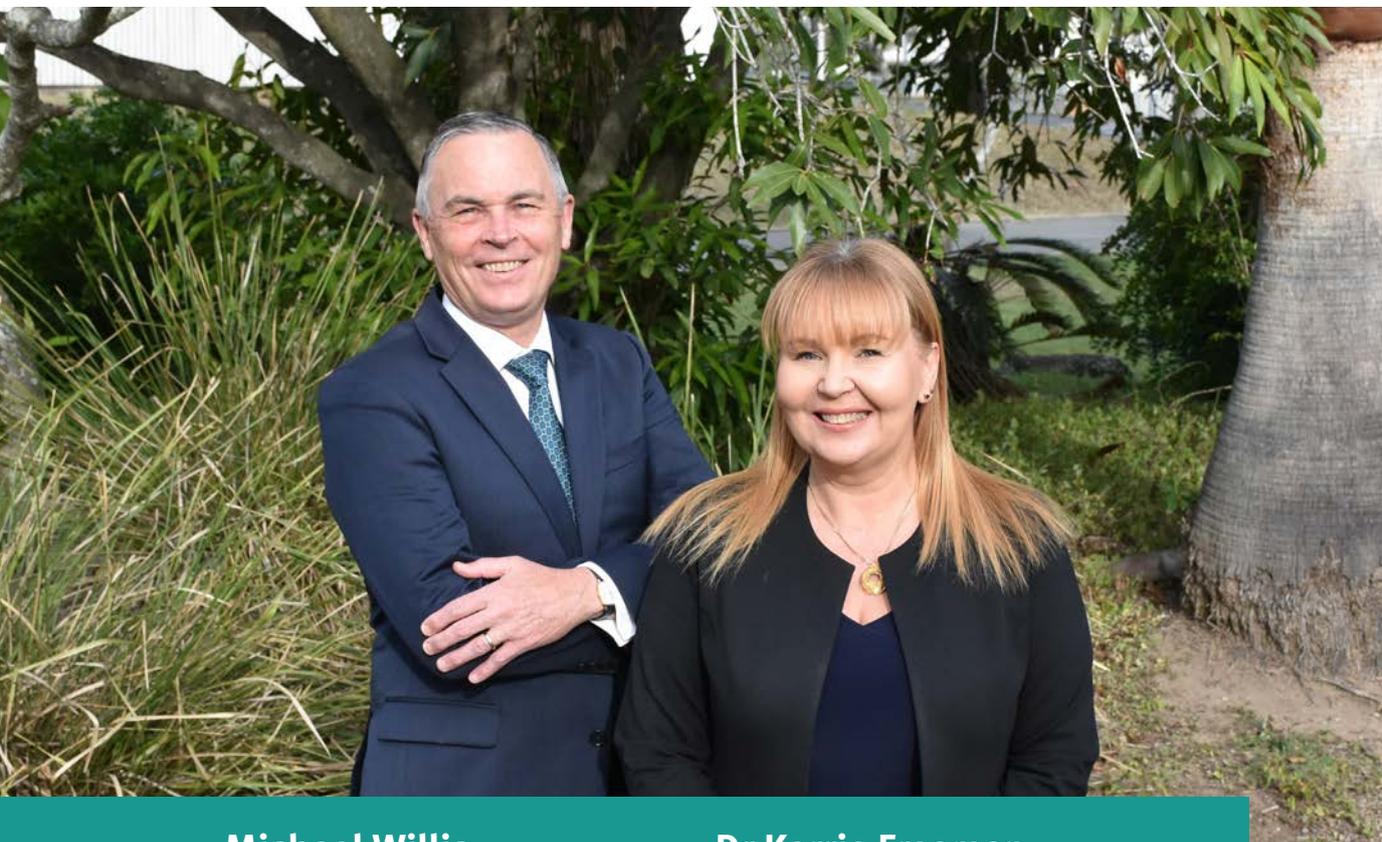
From the Chair and Chief Executive

2018–19 was a significant year in the life of West Moreton Health as we worked together to implement our Strategic Plan. Our 3,700-strong workforce provided care for more people than ever before. We successfully transitioned to a digital health record at Ipswich Hospital. We continued to deliver safe, quality care in a climate of unprecedented growth and increasing demand while planning for future growth by progressing our 15-year Master Plan. And we did it by working together and strengthening partnerships with our staff, partners and the West Moreton community.

West Moreton Health exists to care for the community we serve, and in the financial year we provided more episodes of care than ever before. In 2018–19, we saw 87,588 emergency presentations, 263,747 outpatients and performed 7,635 emergency and elective surgeries. During this same period, we saw a decrease in hospital-acquired infections and complications and reportable incidents.

Our introduction of the integrated electronic Medical Record (ieMR) saw 3,061 staff receive 37,000 hours of training. We temporarily relocated patients and staff in 13 clinical wards so we could lay 30 kilometres of cabling to install new computers and equipment. This work was done while we continued to deliver safe services which is a testament to clinician leadership, logistical skill, partnerships, and the goodwill of West Moreton Health clinical and support staff.

Concerningly, we continued to see instances of physical and verbal abuse of staff. This is unacceptable, and through the year we continued to work on our commitment to make West Moreton Health a safe place. In 2018–19 we implemented a trial of body-worn cameras for security staff, continued the rollout of swipe card access across our facilities and expanded our use of security cameras. We also trained 596 staff in personal safety techniques to help manage potential risk to patients and staff, and



Michael Willis
Chair, West Moreton Health Board

Dr Kerrie Freeman
Chief Executive, West Moreton Health

worked with partners to find new ways to address this challenging issue. We continued to make it easier for staff to report physical and verbal abuse and any concerns about safety in the workplace, actively promoting existing ways to flag these concerns and working with staff to find new ways to do so.

West Moreton Health ended the financial year in a fundamentally sound financial position. Our forecast deficit of \$26.885 million related to planned use of retained earnings, generated from prior year surpluses, on ieMR implementation, a new Radiology Information System and a hospital avoidance program (MeCare).

The financial year saw significant progress made on the delivery of the \$127.5 million first stage of the 15-year Master Plan to redevelop Ipswich Hospital to address population growth. We progressed the installation of a Magnetic Resonance Imaging machine at Ipswich Hospital, which will mean that fewer people have to leave our health service to receive care. We also continued to progress planning for the construction of a new 50-bed mental health facility next to the Ipswich Hospital site. This work is set to start construction in late 2020 and will free up room for further clinical space on the hospital site.

We continued to strengthen West Moreton Health's research agenda. This included joining Brisbane Diamantina Health Partners which will ensure we can collaborate on major research initiatives in future. We also took our partnerships with local councils and the Darling Downs and West Moreton Primary Health Network to a new level through practical, community-led projects designed to achieve real change in the areas of obesity, social isolation, and youth mental health wellbeing.

“ While the new financial year will bring fresh demands, we know our staff will be equal to them. ”

We enter the new financial year offering the same promise to our community: people who seek our help and care can be confident they will receive it. That is due to the remarkable work of the clinicians and support staff who make up West Moreton Health – we thank them for their care and dedication.

While the new year will bring fresh demands, we know our staff will be equal to them. That is because while the demands change, the priorities that guide how we meet them remain the same – caring safely for people, both patients and staff, remain our true north. It is with this promise in mind that we commend West Moreton Health's 2018–19 annual report to you.

Highlights and moments

JULY 2018



Talkin' it Up youth mental health forum attracted 350 students from across the region

Caring Better Together awards celebrated the difference West Moreton Health staff make in the community

AUG 2018



SEPT 2018



Emergency departments celebrated with Queensland Ambulance Service officers who partner with us to provide quality healthcare

We celebrated 100 years of community child health services

OCT 2018



We launched the integrated electronic Medical Record (ieMR), setting a new standard for collaboration and clinical care

NOV 2018



DEC 2018



The West Moreton family Christmas lunches gave staff and partners a chance to relax and share stories

JAN 2019



RAAF trainee guard dogs offered a welcome distraction for young patients

FEB 2019



Dr Mick Gordon retired after 40 years' service, during which time he delivered more than 6,000 babies

MAR 2019



Board members met Gatton residents and health partners as part of regional board meetings

Board Chair Michael Willis joined other West Moreton leaders to discuss the future of healthcare in the Queensland Times Future Ipswich forum

APR 2019



Sorry Day was marked with a Sea of Hands display near the Ipswich Hospital Yarning Circle

MAY 2019



JUN 2019



Launch of CheckIn, a monthly electronic survey designed to understand staff views on how we are doing



About us

West Moreton Hospital and Health Service (West Moreton Health) provides health and wellbeing services to almost 290,000 people across the Somerset, Scenic Rim, Lockyer Valley and Ipswich communities, 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 healthcare 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 the region.

We have the fastest growing population in Queensland in relative terms, which is expected to double to 587,000 by 2036.

With a published budget of \$607.1 million in the 2018–19 financial year and 3,730 staff. We have strong networks and relationships with the community and partners, supporting our commitment of *Caring Better Together*.

West Moreton Health was established on 1 July 2012 as a statutory body under the *Hospital and Health Boards 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 Service Agreement with the Department of Health.

The agreement can be viewed here:

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

West Moreton Health's budget of \$607.1 million is an increase of \$53 million over the 2017–18 published budget of \$554 million. West Moreton Health's 2019–20 budget, announced by the Treasurer on 11 June 2019, is \$642.8 million.

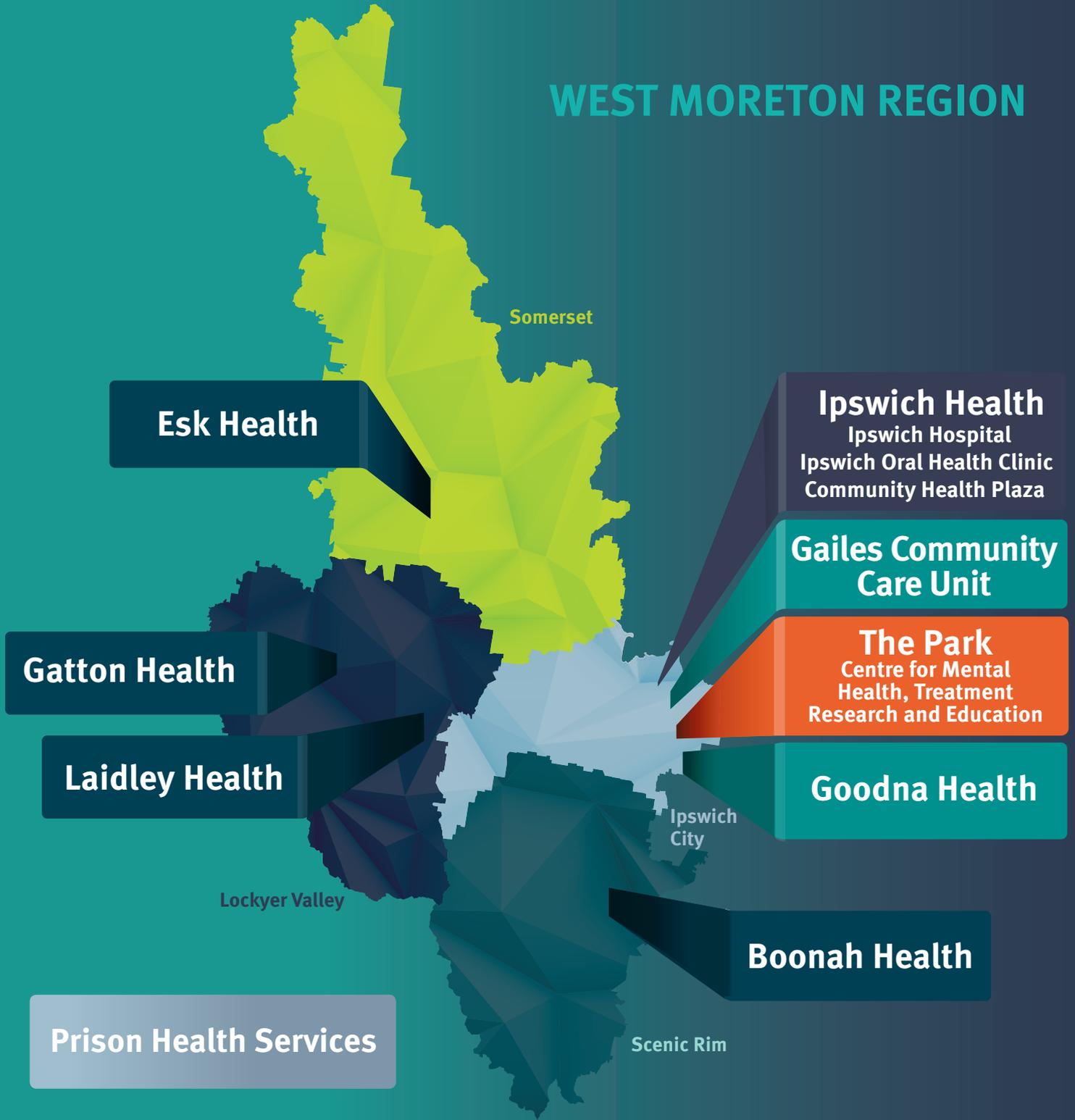
We recognise and welcome the role we play in not only healthcare, but in the economic development, sustainability and prosperity of the West Moreton region.

West Moreton Health provides Queensland's only forensic mental health inpatient beds – the High Security Inpatient Service (HSIS), the Extended Forensic Treatment Rehabilitation Unit (EFTRU) and the Secure Mental Health Rehabilitation Unit (SMHRU).

We also provide statewide services through 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, we provide a range of health services to prison facilities in South East Queensland.

We have strong community reference groups and consumer engagement which ensures the community has a voice in planning, design, delivery and evaluation of healthcare services. We thank them for their very tangible support for and dedication to the West Moreton community.

WEST MORETON REGION





263,747
Outpatient occasions
of service



87,588
Emergency department
presentations



2,734
Telehealth services



7,635
Emergency and
elective surgeries



2,709
Babies born

**excluding 4,265 endoscopies, 3,454 elective surgical procedures and 165 cardiology procedures performed at other facilities on West Moreton's behalf. Does not include elective dental, maxillofacial or obstetric surgeries.*



4,800
Mental health
consumers



257,573
Dental
treatments



Operating environment

In 2018–19, an additional 3,517 people sought help from our emergency departments compared with 2017–18. In total, 87,588 people presented to one of our five emergency departments across West Moreton.

Our successful response to this growth is a testament to the dedication of West Moreton Health doctors, nurses, allied health and support staff, and the great work of our Queensland Ambulance Service partners.

West Moreton Health has put several initiatives in place to respond to the significant growth in Emergency Department presentations year-on-year – especially at Ipswich Hospital – including:

- the creation of an extra staff specialist position in the Emergency Department focused primarily on managing patient flow during the evenings
- the establishment of an Emergency Department Ambassador program where dedicated staff focus on ensuring the Emergency Department waiting room remains safe and people are kept informed and are cared for, especially during peak times
- the use of consistent escalation procedures and responses guided by the Health Operations Centre
- the continued partnership with the Queensland Ambulance Service where we work closely together to provide high standards of emergency treatment and patient care
- the introduction of additional distraction therapy tools such as iPads in the Emergency Department’s customised paediatric space.



Strategic direction

West Moreton Health launched its 2017–2021 Strategic Plan in June 2017 following extensive engagement and consultation led by the Board and Chief Executive.

The focus for the 2018–19 financial year has been continued implementation of the Strategic Plan. Many of the achievements outlined in this annual report (such as the rollout of ieMR, the West Moreton Health Master Plan and increasing care closer to home) are the direct result of West Moreton Health successfully executing its strategic objectives.

West Moreton Health has completed a 2019 update to the 2017–2021 Strategic Plan which is responding to the challenges West Moreton Health faces in serving one of the fastest growing communities in Queensland.

The objectives of the Strategic Plan contribute to the Queensland Government's objectives for the community as outlined in *Our Future State: Advancing Queensland's Priorities: Keep Queenslanders healthy and to Give all our children a great start by providing safe, quality, and appropriate health and wellbeing services* for members of the West Moreton community. This is consistent with West Moreton Health's vision which is "To create a West Moreton community which is thriving and well".

Key achievements in progressing our Strategic Plan in 2018–19 include:

Person-centred care

- We updated our Consumer Engagement Strategy, reinvigorated and grew our Community Reference Groups, trained consumers and staff on co-design of health services and involved consumers as we planned the first stage of our Master Plan.

- We completed our Cultural Capability Action Plan and worked across our health service to improve care and engagement with patients and families from refugee and culturally diverse and non-English speaking backgrounds.
- We deepened our engagement with Aboriginal and Torres Strait Islander Elders, the Australian South Sea Islander community, staff and the wider West Moreton community, and conducted a review into Indigenous health services as we plan for improvements to provide culturally safe care to Indigenous consumers.

Caring for our teams

- We increased participation and positive feedback from staff in the annual Working for Queensland survey and focused on improving the culture at West Moreton Health by rolling out leadership training and implementing a new approach to annual performance discussions.
- We established the #everyoneisaleader program to help us deliver on our strategy and respond to a rapidly changing health landscape by enabling and developing people.
- Supporting our people, we held building resilience workshops to help staff respond to, and manage, the challenges they face in their roles.
- We continued to share staff messages through our Stop Stigma series to end stigma against mental illness.
- Staff were encouraged to take up professional development, continuing education and research opportunities.

Interconnected care

- As we focused on providing more care outside of the acute hospital setting, our use of telehealth and other digital solutions, such as Mobile Enabled Care (MeCare), increased. We also provided a chronic hepatitis C telehealth program supporting prison health and supported GP case conferencing.
- Through the implementation of our Partner and Engagement Strategy, West Moreton Health grew partnerships with Darling Downs West Moreton Primary Health Network (DDWM PHN), councils and communities to set up local projects to tackle health challenges. We also implemented the West Moreton Health Diabetes Alliance and deepened our partnerships with tertiary partners such as the University of Southern Queensland through initiatives such as the Residential Aged Care Facility project designed to prevent unnecessary hospitalisations.
- Our Hospital to Home project collaboration with the Richmond Fellowship supported patients with mental illness through inpatient discharge and transition, and we established the Mental Health Co-Responder (MH-CORE) collaboration with the Queensland Police Service to support consumers affected by mental health issues. The MH-CORE team won the Overall Award for Outstanding Achievement at the Queensland Health Awards for Excellence in 2018, the night's top honour.
- We created a hospice model of care project in collaboration with Ipswich Hospice, established the Care at the End of Life alliance with partners across West Moreton and participated in the development of a new Regional Mental Health plan in collaboration with the DDWM PHN.

Better Care

- We worked to implement the first phase of our 15-year Master Plan by completing a Detailed Business Case for the first stage of the Ipswich Hospital redevelopment. The Queensland Government confirmed support for the \$127.5 million Stage 1 of the Ipswich Health Precinct (including \$3 million for planning from SEQ – Planning for Growth) in the June 2018 budget.
- We successfully and safely implemented ieMR, prepared for implementation of the statewide Financial System Renewal project (FSR) to replace our ageing Finance and Materials Management Information System, and also prepared for implementation of an improved statewide myHR system in the new financial year.
- We rolled out Windows 10 as part of the Queensland Health Windows 10 project, upgrading workstations across the health service to a modern, fully supported end-user device operating system.
- We established the Clinical Safety and Quality Council as the principal strategic clinical governance forum for West Moreton Health, achieved accreditation in line with National Quality Standards and rolled out the Nurse Navigator program which is improving health outcomes by providing focused care and support for vulnerable patients.
- We deepened our focus on research by creating new research roles to support clinicians in nursing and medicine. West Moreton Health also provided research training opportunities for staff and attracted more than \$1 million in Making Tracks funding to support the Queensland Aboriginal and Torres Strait Islander mental health service utilisation study being undertaken by the Queensland Centre for Mental Health Research. We also joined Brisbane Diamantina Health Partners which will support our agenda of growing research collaborations.

For further detail about initiatives and how we have met our strategic priorities, see the Priorities section, page 20, Aboriginal and Torres Strait Islander Health, page 36, and Our community-based and hospital-based services, page 40.

Who we are

West Moreton Hospital and Health Service (West Moreton Health) provides health and wellbeing services to more than 290,000 people across the region.

We have the fastest relative growing population in Queensland and with a published budget of more than \$607.1 million and 3,730 staff, West Moreton Health is the second largest employer in the region and a major contributor to the local economy. We have strong networks and relationships with the community and partners, supporting our commitment of *Caring Better Together*.

We recognise the risks associated with delivering on our Strategic Plan. These include meeting the predicted service/growth demands; constraints of funding; ensuring our partnerships continue to mature in supporting the delivery of care to the community; continuing to attract and retain staff; and managing change that occurs in the external environment. Our Strategic Plan seeks to manage these challenges by connecting, partnering, growing and transforming our services while providing safe, reliable care that is closer to home.

West Moreton Health has developed a Master Plan to meet the needs of our diverse population which considers infrastructure, partnering and new models of care.

Where are we now? (Our challenges)

Higher chronic disease than Qld average



Growing, diverse population



1/3 treated elsewhere

44% premature death rate



Indigenous life expectancy 7-8 year gap



60% disadvantaged

What is our response? (Our opportunities)



Connect with the people we care for and their families



Partner with community and organisations to improve health and wellbeing



Transform healthcare with technology and evidence



Grow our services and facilities

Deliver more care



closer to home

Provide safe, reliable, quality care



What are our priorities? (Our strategic pillars)

Person-centred care



Caring for our teams



Interconnected care



Better care



Our response to future demand

The West Moreton Health Board has approved a Master Plan with a 15-year outlook to meet the infrastructure needs of this growing community. The Queensland Government has provided funding of \$127.5 million for the first stage of the Master Plan.

Stage 1 of the Ipswich Health Precinct is an enabling stage that will provide state-of-the-art facilities in Ipswich including:

- a new 50-bed mental health facility for adults and older people
- Magnetic Resonance Imaging (MRI) capability at Ipswich Hospital.

The commissioning of the new MRI machine is expected by November 2019. Construction activities for the new mental health facility are expected to commence in late 2020.

Approach to future stages

The Master Plan is based on a population health approach, working with partners including the Darling Downs and West Moreton Primary Health Network, Queensland Ambulance Service, other health service providers, universities and the community, to develop contemporary service models that make the most of technology and deliver care closer to home.

We will continue to work closely with the community, and our healthcare partners and staff, to make sure the Master Plan delivers on those goals.

Ipswich Health
Precinct Stage 1
\$127.5m



Vision, Purpose, Values



Our vision

To create a West Moreton community which is thriving and well.



Our purpose

To meet the health needs of the diverse and growing community now and in the future.



Our principles

We are committed to the highest standards of patient and staff safety.
People come first.
We are brave and innovative.
We are committed to best care and sustainability.

Priorities

Our priorities are clearly outlined in our Strategic Plan 2017–21 and include Person-centred care, Caring for our teams, Interconnected care, and Better care.



Through focusing on Person-centred care we aim to deliver equitable, person-centred care and support diverse and vulnerable communities.



In Caring for our teams we strive to inspire a workplace where staff, volunteers, and partners thrive and know they are valued.



Interconnected care sees us use partnerships and technology to deliver integrated care.



Our dedication to Better care means we are focused on delivering safe, high quality, high value care backed by innovation and research.

West Moreton Health Strategic Plan objectives

Person-centred care



Deliver equitable, person-centred care and support diverse and vulnerable communities

STRATEGIES

1. Deliver equitable, person-centred care which supports vulnerable communities.
2. Improve Aboriginal and Torres Strait Islander health outcomes.

MEASURES

- Sustained 10% annual improvement in reported patient experience.
- Sustained 5% reduction in potentially preventable hospitalisations for Aboriginal and Torres Strait Islander patients.
- Sustained annual improvement in antenatal attendance for Aboriginal and Torres Strait Islander patients (Current DoH target is 5 visits per patient).

Caring for our teams



Inspire a workplace where staff, volunteers and partners thrive and know they are valued

STRATEGIES

3. Grow our people to create a workplace where staff, volunteers and partners are valued and excel.

MEASURES

- Sustained annual improvement in Working for Queensland Results.
- Sustained annual reduction in workplace health and safety incidents.

Interconnected care



Use partnerships and technology to deliver integrated care

STRATEGIES

4. Deliver the right care, at the right time, at the right place and deliver care closer to home.
5. Work with partners and community to improve the health of our population.
6. Use digital technology to transform care.

MEASURES

- Annual measurable increase in service streams delivered in community settings.
- Sustained 5% annual reduction in potentially preventable hospitalisations.
- Sustained annual growth in telehealth and virtual care relative to overall activity growth.

Better care



Deliver safe, high quality, high value care backed by innovation and research

STRATEGIES

7. Deliver safe, excellent, value-based care.
8. Plan and transform our services for a sustainable future.
9. Build our innovation and research capabilities to improve our care.

MEASURES

- Sustained annual improvement in patient safety measures (SAB, HACS and never events).
- Annual achievement of balanced operating position.
- Sustained annual self-sufficiency increases (2016/7 measure was 66%).
- Sustained annual increase in research activity and grants.

Digital transformation

Ipswich Hospital and community clinics managed the most significant change in the health service's history when the statewide ieMR and Enterprise Scheduling Management (ESM) systems were launched in late 2018.

The significant change in how we manage the information of patients and our transition to become a digital hospital and health service was more than 12 months in the making and involved thousands of staff, partners and service providers.

Digital Health technology throughout the hospital powers a network that provides for easier, interconnected care across all emergency, medical, surgical and outpatient areas which support precise, informed treatment of individual patients and consumers. The secure digital health records help us to build a comprehensive medical picture throughout the patient's life and health journey.

With the care of patients, consumers and staff front of mind, Ipswich Hospital moved entire wards at times to ensure the safety and comfort of patients, working over several months to fit out Ipswich Hospital and community clinics with 30 kilometres of new electric and data cabling and hardware to support the new ieMR and ESM systems.

More than 3,060 staff, visiting medical officers and other clinicians completed comprehensive training prior to Digital Health's go-live, changing how we work but not how we care for patients or the level of care we provide.

“*The care that is delivered to our community is compassionate and is delivered at the bedside, the only difference is our clinical staff now have state-of-the-art digital technology to support that care.*”

Dr Kerrie Freeman, Chief Executive



Engaging with the community

West Moreton Health listens to, involves and collaborates with consumers, carers and their families in everything we do. This focus on person-centred care has guided the West Moreton Health Engagement and Partner Strategy, which closely aligns with the objectives set out in the Strategic Plan. These strategies outline how West Moreton Health will engage with patients, consumers, families and organisational stakeholders to provide better care for the community.

Our Community Reference Groups are a vital means of connecting with community members to hear their views on local health services and to receive their input on new health initiatives.

West Moreton Health welcomed the establishment of a new Community Reference Group in the growing Springfield/Ripley area in 2018–19, adding to the Community Reference Groups at Ipswich, Fassifern, Somerset and Lockyer Valley who share local perspectives on health services and help inform how the health service will look in the future.

In 2018–19, West Moreton Health worked with our Community Reference Groups to identify key local health issues. Through this consultation three Partner Plans were identified with the aim of working collaboratively to co-design programs and activities that will help each community tackle one of their priority health issues, achieving sustainable, improved health outcomes for local communities.

Partnering with the Darling Downs and West Moreton Primary Health Network, Lockyer Valley, Scenic Rim and Somerset Regional Councils and local key stakeholders, West Moreton Health is bringing together people to design community-led programs to address social isolation in Boonah, youth mental health and wellness in Lowood and obesity rates within the Lockyer Valley region.



Listening to the community helps us shape the healthcare services we provide to West Moreton. Our Community Reference Group members came together from across the region in January 2019 to talk about issues impacting health and wellbeing.

West Moreton Health's participation in, and the hosting of, local events provides the health service with an opportunity to interact with the public outside the health setting.



Through the Ipswich Garden Spectacular in September, the Ipswich Orchid Society and Ipswich and District Bromeliad Society have been strong supporters of the Special Care Nursery at Ipswich Hospital for several years.



Finding the right services at the right time can be difficult when you first move to a new area. The Defence Community Expo provided West Moreton Health staff a platform to introduce new residents to our services. Even the newest, and littlest, residents got something from the expo held in March!



As part of Daffodil Day in August, students from Ipswich High School visited Ipswich Hospital's palliative care and oncology wards to give out daffodils.



Two Droughtmaster bulls were met with smiles at Ipswich Hospital's Sunshine Children's Ward in August.



The Ipswich Hospital Foundation's Health for Life Festival held at University of Southern Queensland in September was a great opportunity to speak with and educate the community on how they can look after their health now and into the future.

The third Gatton Hospital Auxiliary Car, Ute and Bike Show, held in July, attracted 200 vehicle entries and raised \$7,000 for the hospital.



West Moreton Health's Child Health service celebrated its privileged role supporting the region's youngest cohort to help mark a statewide milestone – 100 years of Child Health in Queensland in September.

We yarned with Elders and community members at Goodna about establishing a sustainable therapeutic garden and activity space at the Goodna Community health centre in February.



No one was afraid of the Oral Health van when it visited Grantham State School in August! Oral Health staff use many engaging techniques to get kids involved and excited about good oral health.



West Moreton Health website a community resource

West Moreton Health unveiled its new website in March 2019, making it easier for the community to find information and learn more about the services we offer.

Consumers provided direct feedback into the development of the new website, which was designed to consider users with limited data access on mobile phones and those living in locations with low-quality internet connections.

We also placed emphasis on meeting the needs of those with disabilities, and considered users' diverse language needs. The website has many new features including:

- multilingual introductory movies to provide our diverse community with better access to West Moreton Health's services
- virtual tours of Boonah, Esk, Gatton, Laidley and Ipswich hospitals. The interactive tool allows users to plan a visit in advance or use it as a navigation system while in the hospital. 360° views are available helping people to become familiar with their hospital before attending appointments
- the live website interface is automatically modified based on user geolocation detection. For example, if you are in Esk your device automatically displays a photo of the Esk Hospital in the banner, the address and a direct link to the Esk Hospital location through Google Maps
- mobile device friendly, easy to navigate and with improved search engine functions.

Partnering with Stakeholders

Queensland Ambulance Service

The partnership between West Moreton Health and the Queensland Ambulance Service (QAS) is crucial to the delivery of timely patient care. This partnership extends to the 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.



Queensland Police Service

West Moreton Health has a strong partnership with the Queensland Police Service (QPS), collaborating to provide better health outcomes for the West Moreton community.

The Mental Health Co-Responder (MH-CORE) Program – a collaboration between West Moreton Health and the QPS, with support from the QAS, provides on-the-spot mental health assessments for people experiencing a mental health 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 (see page 41 for more information).

Darling Downs and West Moreton Primary Health Network (DDWM PHN)

West Moreton Health and the DDWM PHN continue to collaborate to improve health services in the region and work towards better-integrated healthcare for the community.

Along with co-designing programs, services and activities in Boonah, Laidley and Gatton as part of the West Moreton Health Engagement and Partner Plan, other joint initiatives include:

- West Moreton Health involvement in developing and trialling a comprehensive care guide that helps registered nurses and personal care staff recognise patient deterioration and provide enhanced, evidenced-based care to residents in their care facility. This development helps in care planning and promoting early health intervention to prevent avoidable health declines and hospitalisations. The Residential Aged Care Facility project involves the University of Southern Queensland and is supported by a West Moreton Health Nurse Practitioner working across two aged care locations.
- HealthPathways – a web-based information portal is being developed with the support of the DDWM PHN to help general practitioners (GPs) plan patient care through West Moreton Health's primary, community and secondary healthcare systems using web-based guides or pathways.
- Clinical Team Learning Education Sessions, where GP clinical teams and those in residential aged care facilities have access to specialist training provided by consultants from West Moreton Health.
- The Grand Rounds Integrated Care initiative, which gives healthcare providers the opportunity to participate in case-based, multidisciplinary education and discussion through bi-monthly case study presentations. In 2018–19, presentations included Behavioural Medicine for Children, Suicide Prevention, Cardiovascular Health, and adult and paediatric Acute Resuscitation Plans and Advance Care Planning documents in the ieMR.

Union Engagement

West Moreton Health engaged with our union partners regularly through monthly Union Consultative Forums and Local Consultative, Nursing Consultative and Dental Consultative Forums. Feedback and engagement from unions was invaluable as we consulted on major change management projects including the implementation of the ieMR and the planned rollout of new digital systems, including FSR and myHR. We also provided regular updates to unions on the Master Plan and consulted with unions and staff on improvement to car parking arrangements. We shared the results of the Working for Queensland survey and advised union partners of actions in response to feedback received.

Centre for Leadership Excellence

Our partnership with the Centre for Leadership Excellence (CLE), Queensland Health, supported our program of leadership development to help staff build capability and resilience.

Person-centred care

Consumer liaison

The Consumer Liaison Office manages all consumer feedback about services provided by West Moreton Health. The West Moreton community can provide compliments, suggestions and complaints to the Consumer Liaison Office by telephone, email, letter, a Have Your Say form, and the West Moreton Health Facebook page.

When a compliment, suggestion or complaint is received, the Consumer Liaison Office team will:

- let staff know about compliments and suggestions to be shared
- advise staff of complaints and support them to resolve complaints
- provide consumer feedback management training on request

- record and report all consumer feedback
- assist with the identification of complaint trends to contribute to quality improvement actions.

The Consumer Liaison Office also coordinates responses to complaints from external sources including the Office of the Health Ombudsman, Local Members of Parliament, Office of the Public Guardian, and the Minister for Health and Minister for Ambulance Services.

West Moreton Health welcomes all feedback about the care we provide as it helps us to acknowledge and consolidate the things we do well and identify opportunities for improvements.

Patient feedback

“ Back in 2016, we had our first baby who spent the first four weeks of their life in the Special Care Nursery at Ipswich Hospital. Our baby was premature born via emergency c-section and very low birth weight, but the care my baby received was impeccable.

“This year, we were back again with the arrival of our second baby and again, our experience at Ipswich Hospital was nothing short of stellar. Our baby was an elective c-section at full term and spent a total of four nights in special care in their first two weeks. I was warmed that staff who had cared for our baby remembered us from 2016, and again, they delivered the same high quality of care for our newest baby.

“The antenatal care leading up to our baby’s birth was also excellent, with a high sensitivity to, and understanding of the concerns that I had following the complications with our first baby. I also had wonderful support with the Midwives in the Community Program after we came home from hospital... We cannot express enough how grateful we are for the wonderful work you do.

”

Compliment received by West Moreton Health’s Oral Health team from a patient who received new dentures to replace front teeth that were missing for a number of years.

“ It has been many years since I have really smiled - now I can’t stop. I really appreciate all you have done. I know it is your job but you go the extra mile.

”

Quality Improvement from a complaint

West Moreton Health is determined to use consumer feedback to drive quality and safety improvements across the health service.

In August 2018, West Moreton Health's Consumer Liaison Office received a complaint from a family member about the lack of support their relative with a hearing impairment received during a hospital admission.

In resolving the complaint, the family were invited to be part of a quality improvement working group to discuss the issue and how West Moreton Health can provide a better service to hearing-impaired patients. The working group identified a range of communication tool options available and West Moreton Health is working to implement improvements.

New partnership supports return to community

Embracing new and innovative ways to provide care, our Mental Health and Specialised Services team entered into a new partnership with Richmond Fellowship Queensland to deliver a Hospital to Home Program to consumers in the Acute Mental Health Unit.

The innovative program provides mental health consumers with intensive support leading up to and post-discharge to better assist their reintegration to their home and community.

The program is designed to decrease lengths of stay and reduce the rate of readmission following discharge.

Facilitating multicultural access to services

West Moreton is a dynamic and diverse society with a variety of cultures and languages. The top four languages spoken other than English are Samoan, Mandarin, Vietnamese and Spanish. West Moreton Health Cultural Diversity Action Plan outlines our key initiatives to support a culturally diverse community.

In engaging with our diverse communities, and to assist in improving access to our health services and the uptake of the care we provide, we have worked with local community members to implement initiatives to meet their language and cultural needs. The aim of this work is to create a sense of belonging and inclusiveness to ensure all members of the community feel welcome in our health service.

Initiatives include the installation of welcome signs translated into the top 20 languages used in the West Moreton region, which are now visible in our hospitals and clinics; multilingual subtitled two-minute introductory movies in six languages, including Auslan and English feature on the West Moreton Health website to provide general healthcare and Healthcare Rights information; and recruitment of a Pasifika Clinical Midwife and a Clinical Midwife supporting refugees.

West Moreton Health continued to better support local parents and their children, predominantly from refugee and migrant backgrounds, through five community hubs which were established early in 2018 at local primary schools including Staines Memorial College, Redbank Plains State School, Fernbrooke State School, WoodLinks State School and Riverview State School. We provide families with information about health services and education on a range of life skills, including health and wellbeing programs, and deliver dedicated child health services at the Redbank Plains State School community hub.

Volunteers

West Moreton Health appreciates the generous contribution of volunteers in supporting patients and families who visit our facilities.

From Ipswich Hospital Foundation volunteers to community members who are part of our rural hospital auxiliaries, volunteers support our services by giving their time, raising funds and assisting patients in a variety of hospital and health spaces including Parents in Theatre, Rehabilitation and Aged Care, the Ipswich Hospital Special Care Nursery and Children's Ward, Renal Unit, Palliative Care and Outpatient areas.

Five days a week, our dedicated Ipswich Hospital Foundation volunteers are on hand to guide patients to the right area and to answer their questions.

West Moreton Health staff members recovering from workplace injuries can volunteer with the Ipswich Hospital Foundation – an accredited workplace rehabilitation provider for WorkCover Queensland – in a reduced capacity until they have fully recovered and can return to work.



Health Consumers Queensland

West Moreton Health works with Health Consumers Queensland (HCQ) to deepen consumer engagement.

HCQ has helped us improve by running consumer engagement training, participating in workshops and supporting West Moreton Health's region-wide Consumer Reference Group workshop held in January 2019.

The West Moreton Health Board Chair, consumers and staff participated in HCQ's annual forum in May 2019 to learn how to build consumer participation and best practice consumer engagement, hearing from statewide speakers and panels. Michael Willis, West Moreton Health's Board Chair, also provided forum attendees with a vision for the next five years for consumer engagement within the health service.

Resilient Regions

West Moreton Health collaborated with the University of Southern Queensland's Institute for Resilient Regions during Resilient Regions Week in October 2018 to co-host an event focused on health and nutrition, Healthy Living Through Lifestyle Interventions.

The Resilient Regions Week theme was chronic disease and it addressed issues such as obesity and mental health in regional and rural communities. Topics included: exercise for individuals with cancer, physical inactivity; risks for all ages, foods that enhance health, eating behaviours and obesity among children and adolescents, and A better choice – Healthy food and Drink Supply Strategy for Queensland Health facilities.

“ We should advocate for consumer experience as a service standard... and for better models for tech innovations that deliver flexible tools for our health consumers. ”

Michael Willis, Board Chair



Michael Willis, Board Chair, with consumer representatives Megan Collis, Belinda Barrie, Peter Tully, Kirsty Wardle, Helen Mees, Ash Polzin and West Moreton Health's Senior Engagement Officer Olivia Spadina at the Health Consumers Queensland Annual Conference in Cairns.

Research

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 including chronic and preventable disease, health promotion and prevention, service delivery improvement and mental health.

Partnering

We value the expertise of our partners and collaborate with academic and industry partners including:

- The Australian Centre for Health Services Innovation
- The Emergency Medicine Foundation
- Griffith University
- Ipswich Hospital Foundation
- Queensland University of Technology
- The University of Queensland
- University of Southern Queensland
- Brisbane Diamantina Health Partners.

Accelerating the West Moreton Health and USQ Partnership

In March 2019, researchers, health practitioners and leaders from across West Moreton Health and the University of Southern Queensland (USQ) took part in the collaborative forum 'Accelerating the West Moreton Health and USQ Partnership'.

Three priority areas for collaboration were identified including community mental health, physical activity and health, and nutrition and health. Key outcomes of the day include a commitment to establishing communities of practice in these focus areas, linking resources and development opportunities between partners, actively pursuing competitive funding opportunities for research in partnership and building a research pipeline from student projects through to large scale initiatives.

Research partnership with the Emergency Medicine Foundation

Emergency departments are often the gateway for community members to access critical healthcare. 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 2018–19, West Moreton Health emergency clinicians were involved in five separate EMF-funded research projects that will help patients during medical emergencies, both locally and across Australia.

Research in West Moreton Oral Health

The Oral Health Service is working on several research projects to improve the care we deliver to the West Moreton community including a model of care that uses the clinical expertise of all members of the dental team.

In a Queensland first, Dental Assistants with a Certificate IV in Oral Health Promotion and extended scope Oral Health Therapists are working together to provide individual preventative dental care and oral health education to patients. Piloted in April 2019, the model already appears to offer significant opportunities to increase both the number of patients who can be removed from waiting lists and the capacity of staff to provide appropriate oral healthcare. The care model will be evaluated later in 2019.

Lower Back Pain Project

The Lower Back Pain research team includes clinicians and researchers from West Moreton Health Physiotherapy, Psychology and Research Departments and expertise from the University of Southern Queensland School of Psychology. Funded through a West Moreton Health Seed Grant, the team is exploring the impact of patients with lower back pain who represent to the emergency department. The aim is to develop a multidisciplinary, biopsychosocial model of care that can address the causal factors of lower back pain emergency department representations.

Research Day

The West Moreton Health Centre for Research and Innovation 2018 Research Day, on 6 September, showcased the work done by our staff and academic partners. The annual celebration of research included a keynote address delivered by Board member Professor Jeff Dunn (USQ) titled “Pyramids, Spittoons and Lessons from the Beach: Whither Population Health” – challenging attendees to address the broader health needs of our community. The University of Southern Queensland and the University of Queensland attended to discuss further education and research for West Moreton Health staff.

The day culminated in a Research Dinner held at the USQ Library where West Moreton Health staff were celebrated (see Awards and Recognition, page 65 of this report) and guests were inspired by an address from Associate Professor Marie Bismark from the University of Melbourne who provided sound advice in navigating a research career directed by passion.

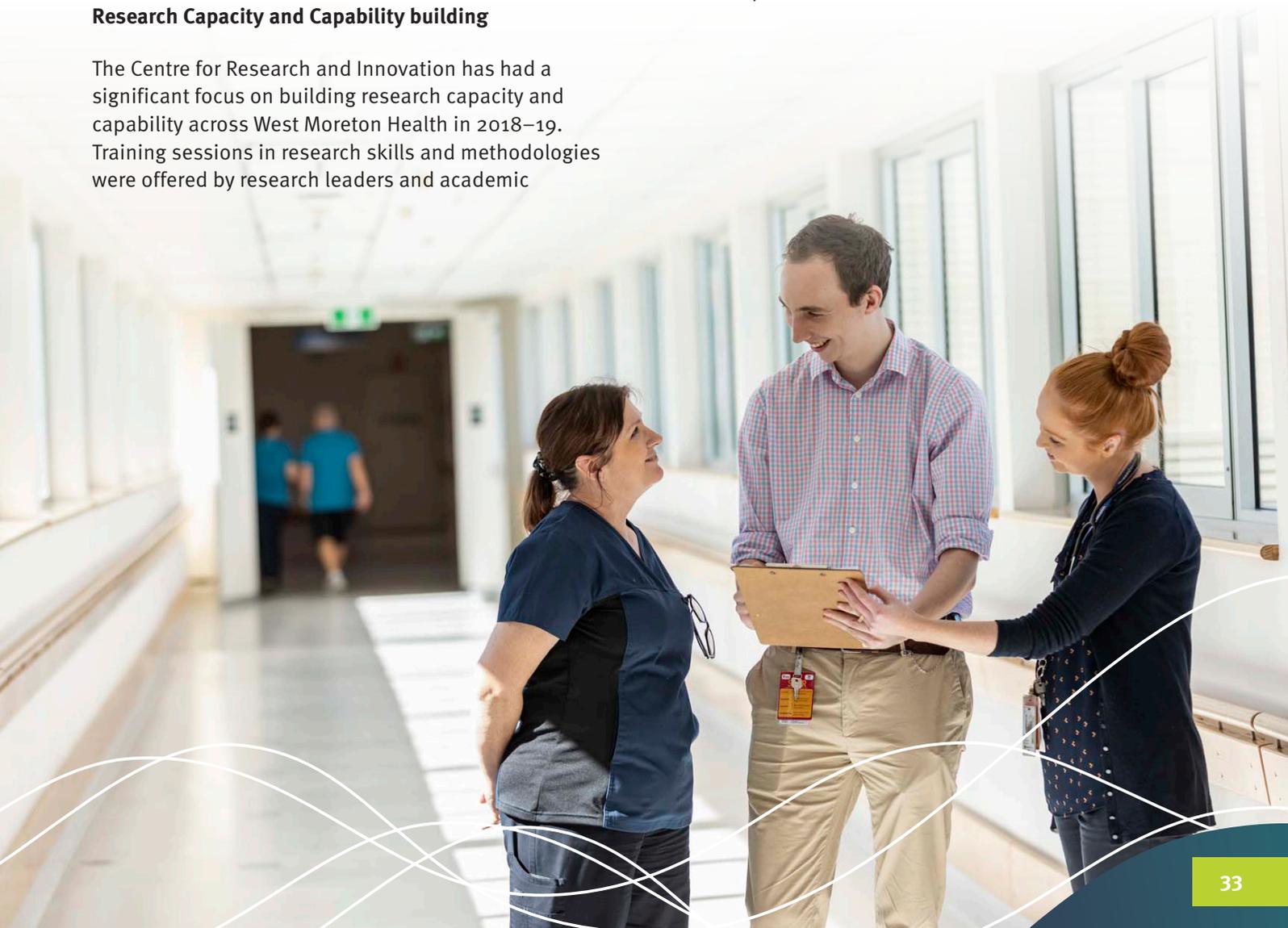
Research Capacity and Capability building

The Centre for Research and Innovation has had a significant focus on building research capacity and capability across West Moreton Health in 2018–19. Training sessions in research skills and methodologies were offered by research leaders and academic

partners. An organisation wide survey of Research Capacity and Culture was commenced and will set the direction for further research development initiatives in the new year.

Governance

Within West Moreton Health, the Human Research Ethics Committee (HREC) carefully considers the potential benefits and risks to participants, research staff and the health service. HREC operates in accordance with the policies and guidelines published by the National Health and Medical Research Council (NH&MRC) and 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, we submit an annual report on our research activity. In 2018–19, the committee reviewed 20 research proposals from medical, nursing and mental health staff and allied health professionals.



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 2018–2019, QCMHR researchers authored 195 articles in peer-reviewed journals, supervised 11 PhD completions, and attracted more than \$16 million in external grants. Four QCMHR staff currently hold National Health and Medical Research Council Early Career Fellowships, and one holds a Practitioner Fellowship.

Professor John McGrath

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 UQ, 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. In 2007 he was appointed a Member of the Order of Australia (AM).

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 Stromgren 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.

Professor Harvey Whiteford

Professor Harvey Whiteford's career has been dedicated to improving population mental health, initially in Australia and for the past 20 years internationally. Dr Whiteford has been made a Member of the Order of Australia (AM) for his contribution to mental health, has been elected Fellow of the prestigious Australian Academy of Health and Medical Sciences, and was named on the prestigious 2018 Highly Cited Researchers List.

Professor Whiteford leads the Policy and Epidemiology Group at the Queensland Centre for Mental Health Research. The team conducts research that has many high impact aims: Determine the prevalence, distribution and risk factors of mental disorders globally; estimate the mortality and disability from mental disorders; model and evaluate service system interventions for mental disorders; develop measures of service performance; and analyse and inform mental health policy. In 2018 he was appointed an Associate Commissioner with the Productivity Commission for its national mental health inquiry.

Dr Jean Giacomotto

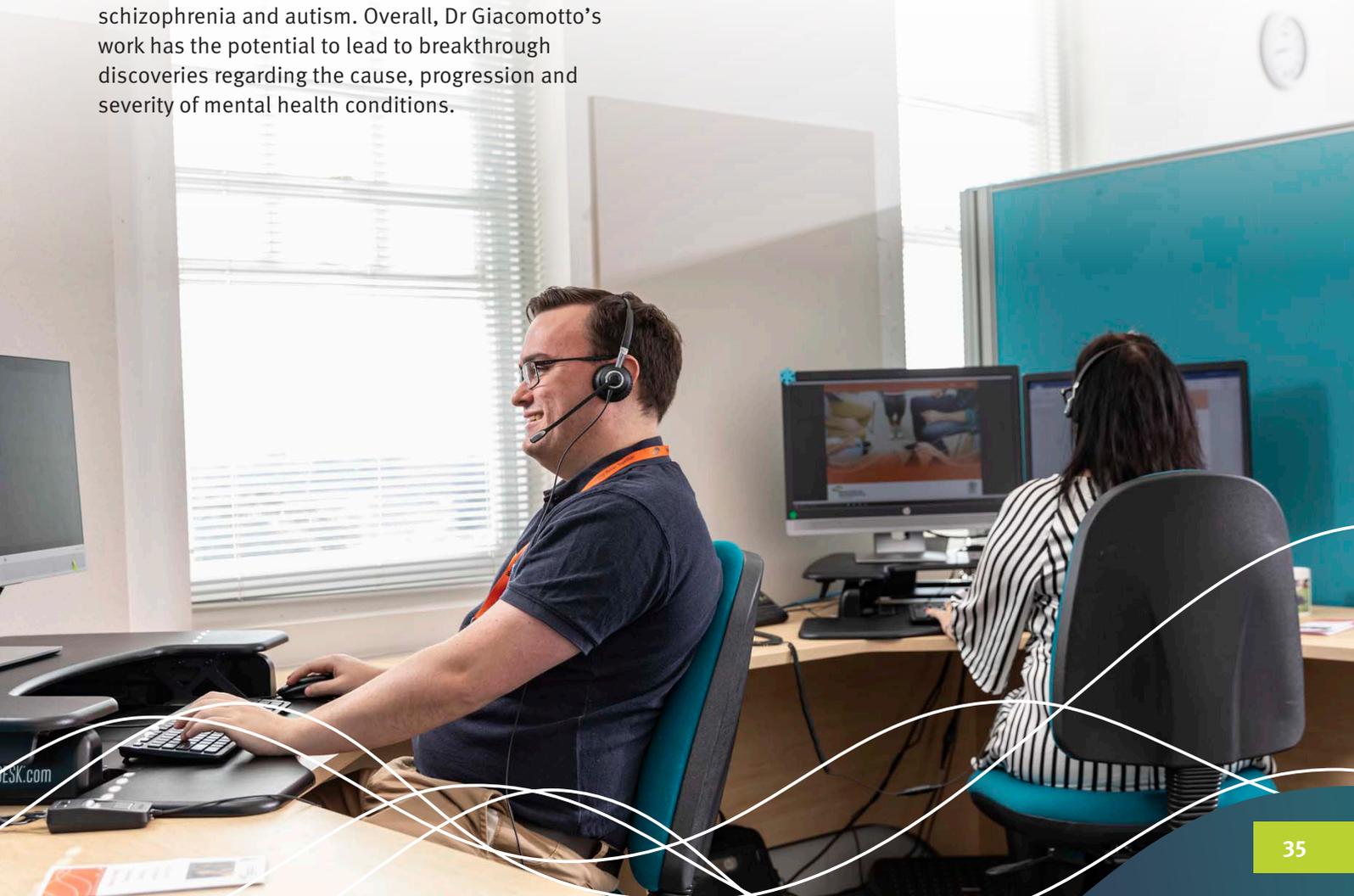
Dr Jean Giacomotto is working to understand the neuropathological role of genes recently associated with schizophrenia. He is currently working at manipulating these genes in the zebrafish animal model. This small animal model offers a fast-developing brain that is optically accessible with current microscopy techniques. This model allows him to track how the brain develops and functions in vivo real time, thereby offering the ability to readily evaluate the impact of genes associated with schizophrenia.

Dr Giacomotto found that loss-of-function of the risk-gene miR-137 was strongly impacting the sensory system of the zebrafish, most likely through a direct impact on synaptic function. Additionally, with Professor Bryan Mowry, he found that the gene NAPRT1 was impacting brain folding in zebrafish, suggesting that the mis-regulation of this enzyme during development may affect brain division in patients and play a role in schizophrenia risk. Finally, Dr Giacomotto secured two major research grants that he will use to uncover the role of the gene NRXN1 (neurexin-1). NRXN1 is known to be involved in both schizophrenia and autism. Overall, Dr Giacomotto's work has the potential to lead to breakthrough discoveries regarding the cause, progression and severity of mental health conditions.

Dr Holly Erskine

Dr Holly Erskine leads a major project conducting nationally-representative household surveys of adolescent mental disorders in three Low and/or Middle Income Countries (LMICs): Kenya, Indonesia, and Vietnam. The data generated by these surveys will be representative of the general population and provide vital information for service planning and advocacy by stakeholders. Additionally, data on country-specific risk factors that can be targeted for prevention and early intervention strategies will be collected.

The project will also generate high quality data able to be included in the Global Burden of Disease Study (GBD), which is used by governments and global health agencies to inform policy and priority setting. She is also a member of the team working on Global Burden of Disease, responsible for several of the child disorder estimates and the work to have bullying included as a risk factor in 2019.



Aboriginal and Torres Strait Islander Health

Closing the Gap

Our health service is responding to the challenges highlighted in the *Queensland Closing the Gap Performance Report 2018*, 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, Queensland has not achieved the targeted level of health improvement.

The report acknowledges a renewed focus is needed on child and maternal health. The report also recognises that health is traditionally a holistic concept for Aboriginal and Torres Strait Islander people, encompassing the physical, social, emotional, spiritual and cultural wellbeing of the individual and of the whole community.

West Moreton Health is investing in targeted health services and programs and focusing its efforts on delivering culturally safe and secure services for Aboriginal and Torres Strait Islander people that also

supports holistic wellbeing. Our 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.

In working to Close the Gap, and in responding to the *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: Investment Strategy 2018–2021*, West Moreton Health has continued to engage with staff and the community on how it provides Indigenous health services, focusing on services delivered at Ipswich Hospital and mental health and community sites. In the financial year we initiated an action plan to continue to improve West Moreton Aboriginal and Torres Strait Islander health outcomes, placing the needs of individuals at the core of service delivery.



The new Indigenous Hospital Liaison Service premises at Ipswich Hospital, complete with the West Moreton Health Indigenous artwork vinyl wrap.

Health programs and services

No Bubs for Bubs



Designed in partnership with Aboriginal and Torres Strait Islander mothers, the new No Bubs for Bub program aims to help relieve stress on

mums-to-be through engaging in cultural activities, yarning circles facilitated by local Aboriginal Elder Aunty Gayle Munn, and providing links to community organisations for support with any social stressors mums-to-be might be experiencing.

The new approach to caring for expectant Aboriginal and Torres Strait Islander women also provides one-on-one social advocacy and support provided by Aboriginal Health Workers and Indigenous Hospital Liaison Officers.

School-Based Programs

Across West Moreton Health, Aboriginal Health Workers are facilitating school-based health education programs with Aboriginal and Torres Strait Islander youth participating in yarning circles and the Didgeridoo Lung Health Program.

The programs encourage leadership through positive conduct, exemplary behaviour and attendance, and supports the connection to culture and cultural identity through empowerment and activities including smoking cessation, nutrition, and social and emotional wellbeing.



Deadly Steps Together Program

Deadly Steps Together is a six-week tailored exercise and lifestyle change program for Aboriginal and Torres Strait Islander people who are living with a chronic health condition.

Developed in consultation with the community, with a trial held in March 2019, Aboriginal and Torres Strait Islander people have participated in the group-based exercise program, empowering them to manage their chronic conditions.

Indigenous Health Services

West Moreton Health is working to deliver safe, excellent care and create a culturally safe and welcoming environment for the Aboriginal and Torres Strait Islander community of West Moreton.

In building a culturally capable workforce to support Aboriginal and Torres Strait Islander people, West Moreton Health has employed an identified Child Health Nurse, specified Caseload Midwife, Aboriginal Health Workers, Indigenous Hospital Liaison Officers and Coordinators to support Aboriginal and Torres Strait Islander patients and their families across the region.

Indigenous Hospital Liaison Officers supported people on presentation to our emergency departments and on admission at Ipswich, Boonah, Esk, Laidley and Gatton hospitals. Strong follow-up mechanisms are put in place to ensure that after discharge, patients are provided with the support they need.



Events and Engagement

To build engagement and recognise health and social inequality, we partnered with our Indigenous community to hold a series of events including joining people all over Australia to celebrate NAIDOC Week and, through the theme *Because of her, we can*, recognise the role Aboriginal and Torres Strait Islander women have played – and continue to play – across all levels of community.

In celebrating NAIDOC Week in July 2018, we unveiled a commissioned artwork by Maurice Woodley (Picqui Arts), a Yinwum man and artist with traditional lands on the central Cape York Peninsula, with the following words:

“The painting represents our life journey, or how the places we travel, the people we meet, the things we see all impact on our health, life, social and emotional wellbeing. They are 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.”

This new artwork has been hung in the Ipswich Hospital Emergency Department as a further symbol that West Moreton Health seeks to be a welcoming place for Indigenous patients and families.

National Sorry Day in May 2019 was another opportunity to acknowledge the hardships, sacrifice and hurt endured by Australia’s First Peoples, particularly members of the Stolen Generation and their families, through the installation of a symbolic sea of hands at the entrance of Ipswich Hospital.

Signed with messages of support surrounding the Yarning Circle, the sea of hands was a physical representation of the health service’s commitment to reconciliation and improving Indigenous health outcomes. On the same day, West Moreton Health also officially opened the expanded Ipswich Hospital Liaison Office at Ipswich Hospital, which depicts the same Maurice Woodley artwork displayed in the Emergency Department.



Our community and hospital services

Our strategic pillars of Person-centred care, Caring for our Teams, Interconnected care and Better care are all designed to deliver on our vision of creating a thriving and well West Moreton community. Our community and hospital-based services expanded their work to help deliver on these strategies, and in particular on our objective of providing more care closer to home.

Health Operations Centre

West Moreton Health opened a Health Operations Centre (HOC) in August 2018 to assist in responding to service demand and planning care across our facilities.

Centrally located at Ipswich Hospital, the HOC delivers real-time information, giving the health service comprehensive vision about bed availability, patient transfers, QAS fleet information and expected wait times across the entire West Moreton Health catchment and beyond.

Staffed by a multidisciplinary team 24/7, the centre features rows of wall-mounted screens, computers and switchboards to deliver up to date information that also provides sight of bed availability at partner hospitals to allow for patients to smoothly transfer around South East Queensland safely and with minimal delays.

The new HOC is enabling better use of the collective expertise of staff and resources while making sure hospital beds and services are available for those who need them most.

Expanded services

Dedicated renal outpatient clinic rooms have been established at Ipswich Hospital to meet community demand, and patients will be cared for by newly appointed nephrology consultant Dr Vishwas Raghunath. The establishment of the clinic rooms will ensure more renal patients who have previously been treated in Brisbane will now receive care closer to home. It is anticipated that 60 patients per week now no longer have to travel to Brisbane for their appointments.

We also welcomed gastroenterologist Dr Mark Cornwell in March 2019 as part of our commitment to deliver care closer to home while growing capability in specialist services.

Acute Medical Unit opens assessment area

West Moreton Health's Acute Medical Assessment Team commenced in February 2019. The team, consisting of a senior medical registrar and clinical nurse, utilise beds within the Acute Medical Unit to directly admit medical patients from the Ipswich Hospital Emergency Department, helping to improve patient flow.

Since the team's establishment, it has assessed 721 Emergency Department patients and admitted 235.

The commencement of the Acute Medical Assessment Team is the first stage in transitioning the Acute Medical Unit to a dedicated acute unit where patients will have a maximum length of stay of 72 hours.



Life-changing diabetes education course introduced

In October 2018, we introduced a five-day Dose Adjustment For Normal Eating (DAFNE) course that helps West Moreton adults with Type 1 diabetes learn how to adjust insulin dosage levels appropriately.

Designed to give participants the ability to better manage the chronic condition in the home, DAFNE helps to improve their diabetes control while providing more freedom in their lifestyles. The new Ipswich-hosted course means participants no longer have to travel to Brisbane to take part in the practical, life-changing education program.

The DAFNE course covers carbohydrate counting and adjusting insulin doses, as well as how to manage exercise, illness and hypoglycaemia.

Mental Health Co-Responder

Operating 70 hours Monday to Friday and employing two experienced clinical mental health nurse consultants, Mental Health Co-Responder (MH-CORE) has provided assessments for 688 people in the past financial year, while also supporting emergency services officers with another 475 cases.

Dedicated clinical nurse consultants jointly respond to police call-outs with QPS personnel and the QAS, providing on-the-spot mental health assessments for people experiencing a crisis. The program gives people immediate support and advice about the most appropriate services available without them needing to go to an Emergency Department.

It is estimated MH-CORE initially led to a 50 per cent reduction in the number of people taken to an emergency department under an Emergency Examination Authority (EEA).

Of the 688 call-outs co-responders attended during 2018–19, 134 – or about 19.5 per cent – required an EEA.

This work will be expanded in the new financial year to a trial of a co-responder program between Queensland Ambulance Service and two services, West Moreton Health and Metro South Health.



Stroke and Rehabilitation Unit

West Moreton Health's Stroke and Rehabilitation Unit at Ipswich Hospital is one of only a few units in Queensland that offers both stroke and rehabilitation services, providing a gold standard in stroke recovery care.

The Stroke and Rehabilitation team educates patients on how to reduce their chances of having a second stroke and works with family and friends on how to minimise their risks.

Patients travel to the unit from across West Moreton Health, as well as Queensland, interstate and even from overseas. In September, the Stroke and Rehabilitation Unit invited the community and staff to participate in Stroke Week, conducting more than 40 health checks for staff and 22 for community members. Of those health checks, 12 people were asked to consult their GP for further medical advice.

Therapy dog, Shade, is the best medicine

The Rehabilitation and Stroke Unit is the envy of Ipswich Hospital with the introduction of a therapy animal to the ward. Delta Therapy Dog Shade makes much-anticipated weekly visits to the unit to support patients undergoing rehabilitation after having suffered a stroke or another life-altering medical event. Clinical research has shown that interaction with therapy animals, especially dogs, helps with pain management, stimulates the senses, has a calming effect on patients and, most importantly, improves a patient's outlook on life.



Patient Danny Clark, Delta Therapy Dog handler Bernadette Clarke, and Shade.

Oncology

We expanded our oncology service in April 2019 to include an additional four treatment chairs. This has allowed more patients to receive their oncology treatments closer to home.

New antenatal service at Redbank Plains

West Moreton Health expanded its antenatal service to provide care closer to home for more expecting mums in September 2018 when a new clinic opened at Redbank Plains.

The service gives women in the area access to a team of experienced midwives who can monitor the health of mums and their bubs during pregnancy. The opening of the service followed the introduction of similar services in Goodna and South Ripley in the past 18 months.

The expansion of antenatal services means families have more choice and greater access to quality care either in their own neighbourhood or close by.

On average, about 190 women access one of the community clinics each month, and about 380 women receive antenatal care at the Maternity Day Assessment Unit at Ipswich Hospital each month.



Palliative Care Hospital in the Home

In November 2018, we opened our Palliative Care Hospital in the Home beds. This hospital substitution service allows patients who would otherwise be in hospital to receive high level care in their home, including doctor and nursing visits. This initiative has allowed more patients to be cared for in their place of choice.

We also reviewed our palliative care model of care during 2018–19 which has improved West Moreton Health's responsiveness to unstable or deteriorating patients in the community.

End of life care

We are proud to be a leader in palliative care and offer one of the only dedicated Palliative Care Units in Queensland. 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 be cared for in their own homes.

We work closely with Ipswich Hospice Care, a seven-bed, community-owned organisation, which provides end of life care akin to a home environment.

Special Care Nursery offers high quality of care

Our Special Care Nursery cared for 915 West Moreton babies during 2018–19 who required a little extra TLC.

The team also celebrated the first delivery of triplets in 10 years at Ipswich Hospital, with Fernvale couple Katie Smith and Andrew Gardiner counting their blessings – and their brood – after welcoming triplets in October 2018.

In total, there were 2,709 babies born at Ipswich Hospital in 2018–19, with almost 1,390 boys and more than 1,310 girls.



GEDI increases support

West Moreton Health has expanded its Ipswich Hospital Geriatric Emergency Department Intervention (GEDI) model, continuing to improve the quality of care given to frail older people presenting to Ipswich Hospital Emergency Department.

Providing specialist, coordinated care for patients over 70 and for Aboriginal and Torres Strait Islander people aged over 50 who present to the Emergency Department, the multidisciplinary GEDI team increased its weekday coverage to include weekends, commencing in February 2019.

Helping up to 15 patients a day, the GEDI team includes a Clinical Nurse Consultant, an Emergency Department physician and a physiotherapist who prioritise the assessment and management of frail, older patients, with the aim of helping them return home sooner.

Family Partnership Model Training program extended

We work with vulnerable families who need some extra support to care for their children and who may need to access multiple support services.

To further improve our skills, West Moreton Health's Family Partnership Model program facilitators completed a five-day course in October 2018.

The Family Partnership Model gives staff the communication skills they need to effectively share their expertise with parents, helping parents to feel more empowered and ultimately build confidence and self-esteem to make good decisions for their family.

The Family Partnership Model, which has been in operation at West Moreton Health for more than 10 years, puts families at the centre of decision-making.

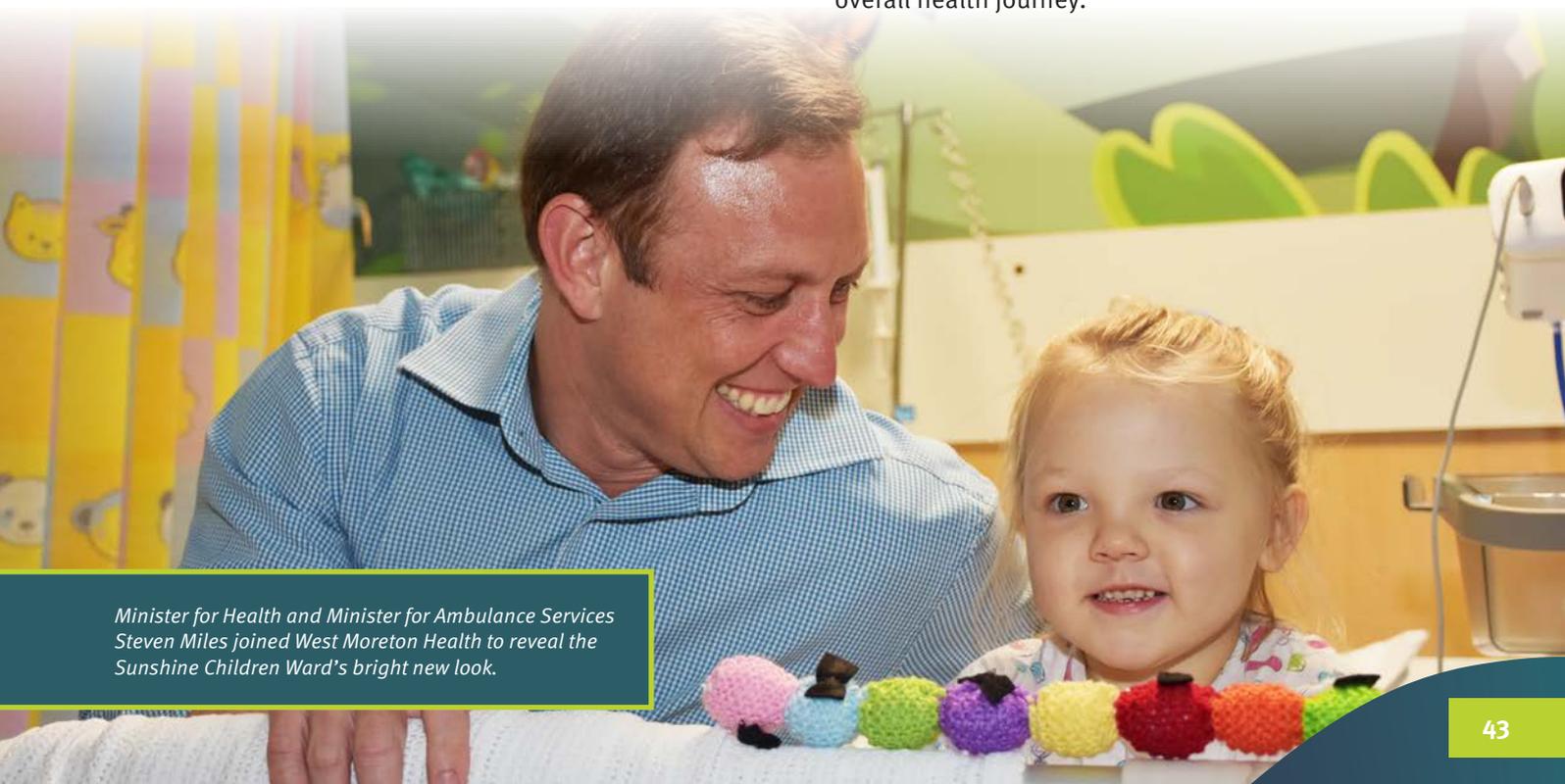
In line with our partner-focused approach, the training was extended to social workers from Kummara Family Services which is one of our key health partners.

This demonstrates how we work together to support parents in the community and strengthen the partnership between helpers and parents.

Removing young patients' fears

Supported by the Ipswich Hospital Foundation, the Ipswich Hospital Children's Sunshine Ward underwent a metamorphosis in November 2018 with the 23-bed paediatric unit transformed by wall wraps that included the Sunshine Ward's mascot, a colourful caterpillar.

Turning the clinical area into a colourful, nature-themed retreat for West Moreton's youngest patients, the new wall designs – a form of distraction therapy – are contributing to reducing anxiety in paediatric patients undergoing medical procedures or diagnostic tests which in turn can improve their overall health journey.



Minister for Health and Minister for Ambulance Services Steven Miles joined West Moreton Health to reveal the Sunshine Children Ward's bright new look.

New GP priority referral communication

West Moreton Health Central Referral Hub for Specialist Outpatients established a new GP Priority Line for Category 1 referrals – those referrals that are time-critical for the specialist outpatient department including patients with fractures or cancer.

The new priority communication will allow all Category 1 referrals to be processed immediately and be sent directly to a specialist for review.

BreastScreen Queensland – Ipswich Service

BreastScreen Queensland – Ipswich Service worked closely with Ipswich Hospital’s Medical Imaging team. The partnership allows radiography graduates and students who work or are undergoing student placements in Medical Imaging to get further speciality training in mammography by working with BreastScreen.

We also welcomed a new Chief Radiographer, Louise Doherty, in September 2018 to the service. Ms Doherty continues the excellent work of long-serving former Chief Radiographer Maureen Kennedy, who retired after almost 20 years.



High Risk Team provides united response to protect women

We contributed significantly to the Ipswich High Risk Team, set up by the Department of Child Safety, Youth and Women in 2018, which assesses and responds to women and their children at high risk of serious harm or death due to domestic violence.

The specialist team is made up of experienced members from agencies including Queensland Health, Queensland Police Service, Department of Corrections, the Queensland Department of Housing, the Department of Child Safety, Youth and Women, and a range of non-government services that share resources and information to develop safety plans to protect the lives of women and children at risk.

Since the High Risk Team was formed early in 2018, West Moreton Health has been involved in more than 210 referred cases to support women assessed as at risk of harm or death.

Our involvement in the High Risk Team is in line with our focus on improving health and wellbeing outcomes for women in domestic and family violence situations.

The health service was the first in the state to have a health liaison domestic violence practitioner from the local, dedicated domestic violence service (Domestic Violence Action Centre (DVAC)) available onsite, giving vulnerable women greater support in their time of need for safety and protection.

Since mid-2017 the DVAC partnership has managed 196 cases at Ipswich Hospital for health concerns related to domestic and family violence.

The DVAC partnership is also improving awareness among West Moreton Health staff on how to respond to domestic violence concerns as a part of patient care.

Expansion of 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, a psychiatrist and psychologist – provide assessment, treatment and support options.

Each month, the team delivers an average of 600 occasions of service to people through a series of programs and initiatives such as medical reviews, an opiate treatment program, group therapy and counselling sessions.

During the 2018–19 financial year, the AODS team commenced a six-month trial, appointing a Clinical Nurse Consultant (CNC) to be based at Ipswich Hospital. The CNC works across the entire hospital and provides specialist alcohol and drug assessment, screening, brief interventions and management of patients with dependence on alcohol, pharmaceutical or illegal drugs. The initiative aims to support patients impacted by addiction while they receive hospital care. They are provided with help on how they can access our community addiction services after discharge.

Cardiac rehabilitation and heart failure services

Delivering vital cardiac rehabilitation and heart failure services, West Moreton Health is one of only a few six-star rehabilitation services in Queensland.

The team of clinical nurse educators, dietitians, exercise physiologists, social workers and Indigenous health workers guide around 800 cardiac rehabilitation gym sessions each month – totalling 9,600 a year – helping patients who have experienced heart or lung concerns.

The service provides a holistic approach to improving cardiac knowledge, and offers personalised and tailored care to support people who have experienced a heart attack, had heart surgery, or who have been diagnosed with a heart condition.

As well as face-to-face sessions, the service includes non-hospital alternatives such as community-based and telehealth support so patients can receive healthcare closer to home. This approach boosts participation and reduces the likelihood of a patient experiencing another cardiac event.

Oral health team on the road

West Moreton Health's Child and Adolescent Oral Health Service team is on the road each week to take their mobile dental vans and oral health education van to schools across the region, from Lockyer Valley, Esk and Boonah to Ipswich, Goodna and Springfield.

In 2018–19, the school dental service, which includes the mobile fleet and clinics, provided check-ups and dental treatments to more than 9,107 children, from 0–15 years, from 85 West Moreton schools.

During the same time, almost 2,270 students stepped inside the oral health education van, taking part in interactive activities to learn good brushing and flossing techniques, and hands-on experiments that teach about the hidden sugars in drinks and foods that cause decay.

Our Child and Adolescent Oral Health Service team also takes part in local 5 Forever Pop-Up Library events, providing practical oral healthcare tips to parents and carers to support the development of young children 0-5 years. The service has begun partnering with Access Community Services to work with refugee families to improve oral healthcare awareness.



New clinic helps people in distress

As part of our response to suicide in the region, the Allied Health Brief Therapy Clinic was launched in January 2019 to help people in distress.

The new clinic is the first service of its kind to be offered by West Moreton Health and is also being trialled at two other Queensland locations. It gives people in suicidal distress who are presenting to an emergency department timely access to a team of allied health professionals to start supportive therapy and recovery sooner. It brings together psychologists, social workers and occupational therapists.

People presenting to the emergency department in suicidal distress are assessed by an Emergency Department Acute Care Team mental health clinician who responds to their immediate risk and safety needs before referring them to the Allied Health Brief Therapy Clinic.

Run in Ipswich at Floresco Mental Health and Wellbeing Centre, which works in partnership with West Moreton Health to deliver mental health services, the clinic has assisted 71 people in the past six months transition or connect to community support services.

Dialling in to new dads' needs

We launched SMS4dads in January 2019, a free mobile phone service that provides tips and advice to help dads connect with their babies and understand how they can best support their partner during pregnancy and after birth.

SMS4dads is an initiative of The University of Newcastle Australia and is funded by Mission Australia to provide free mobile support exclusively to Ipswich residents as part of a trial until July 2019.

We are the only health service in the state to promote SMS4dads to fathers as part of our work to help deliver better health outcomes for West Moreton families.

Medications at Home Clinic

In a first for West Moreton Health, a Medications at Home Clinic was introduced at Ipswich Hospital in April 2019 where patients can talk privately to a pharmacist about the medications they need to take after they leave hospital.

The clinic helps patients understand their medications and develop a medication action plan following their discharge. Pharmacists tailor advice and offer the opportunity for follow up phone calls to check how the patient is managing medications at home and to answer questions.

Advice is also available over the phone for those patients who discharge from hospital outside of normal pharmacy business hours and miss the opportunity to talk to a pharmacist.

New resources explain patient's rights

Launched in September 2018, our Independent Patient Rights Advisers developed a series of patient's rights videos explaining patients' rights under the Mental Health Act.

The new videos are a resource for patients when they are admitted to the Acute Mental Health Unit or the Older Persons Mental Health Unit. Trials are also underway using SMS to directly share the resources with patients, families and carers.

The videos aim to improve communication between patients and their treating teams, increase knowledge about their rights and assist patients to feel empowered and take considered action in their journey towards recovery.

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. Patients use the 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 to quickly respond to any changes without the need for a trip to hospital.

The community-based model of care program which is run in collaboration with Philips Healthcare uses telehealth and home monitoring to allow patients to remotely submit biometric and psycho-social data which transmits through to clinical software to prioritise care. It has helped patients with complex needs achieve greater independence and take control of their own health without hospital-based care.

MeCare focuses on encouraging and supporting behavioural change by empowering patients to self-manage and promote wellness. The technology enables the multidisciplinary clinical team to identify deterioration early and encourages patients to seek primary healthcare in the first instance.

Since the introduction of MeCare, West Moreton Health has seen a reduction across a cohort of enrolled patients of 28 per cent in potentially preventable hospitalisations, and patients report increased confidence and improved mental health.

Further analysis of patient data shows the rate of presentations to the Emergency Department, and the number of inpatient services, has reduced by 21 per cent among program participants.

During the past financial year MeCare has supported more than 200 patients, and since the start of the program in 2016 more than 300 people have joined the program.



MeCare Registered Nurse, Fungai Mpofo, reviews a patient's information before commencing a MeCare consultation.

Hospital in The Home

The Hospital in The Home (HITH) service, established in 2011, continues to support people's recovery outside the hospital setting, effectively helping more than 90 people a month avoid unnecessary hospitalisation.

HITH offers three key services:

- an alternative to admission in a traditional ward, helping people move from the hospital to home through developing appropriate treatment plans and providing ongoing healthcare support
- patients who require ongoing blood or drug infusions can access the HITH clinic for regular appointments without the need for hospital admission
- wound care and longer-term intravenous antibiotics can be provided for patients recovering from both acute and less intensive treatment.

In 2018–19, HITH provided an inpatient hospital substitution to an average of 57 people a month – up 20 per cent year-on-year – and provided its day infusion service to an average of 41 people a month – up 37 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 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 from surveyed patients who appreciate care given without the need to stay in a hospital bed, with patients frequently commenting about the quality of care and professional service provided.

Telehealth services

Giving more consumers the option of receiving care either in home, or closer to home, our telehealth services delivered 2,734 occasions of service during 2018–19 – an increase of 364 occasions of service, or more than 15 per cent.

Telehealth saves patients and their families time and money by reducing the need to travel from their rural or regional homes to Ipswich Hospital for follow-up care such as palliative care consultations or to discuss pain management or recovery. The program also allows teams including cardiac rehabilitation, pharmacy and allied health services to connect with patients continuing their recovery in the community via videoconference.

Inpatient telehealth services also ensure patients receive equal access to specialised, quality care regardless of which hospital they are admitted to.

On average, telehealth services have saved West Moreton patients 7,284 km each month, or the equivalent of 65 roundtrips between Gatton and Ipswich. Time savings delivered by the program for patients across the health service during 2018–19 totalled 73 hours a month, with patients in the Esk and Gatton districts recording the greatest time and travel savings of all West Moreton Health's rural areas.

Virtual fracture clinic

Ipswich Hospital's Outpatient Department launched a new virtual fracture clinic in March 2019. The clinic provides a new treatment pathway for patients who have been referred for fractures such as wrist, toe and finger fractures, so patients no longer need to come to the hospital to receive referral advice.

The clinic was set up to respond to the needs of patients regarding 10 specific fractures that are routinely treated using splints or moon boots by our partners in primary healthcare.

While orthopaedic surgeons will continue to review all fracture referrals from GPs, the virtual fracture clinic allows eligible patients to receive advice about the next stage of their treatment outside hospital.



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, the Extended Forensic Treatment Rehabilitation Unit and the Secure Mental Health Rehabilitation Unit.

The High Security Inpatient Service (HSIS) is a statewide 70-bed facility that 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 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 (EFTRU) 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 34-bed Secure Mental Health Rehabilitation Unit (SMHRU) offers a structured environment for medium to long-term inpatient treatment. The SMHRU also supports 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
- the Queensland Centre for Mental Health Research, an internationally recognised centre that aims to reduce the level of disability associated with mental illness through research
- the Queensland Mental Health Benchmarking Unit which undertakes internal benchmarking activities with extended treatment mental health inpatient services through Queensland Health. It supports hospital and health services to undertake quality improvement activities within extended treatment services aimed at improved health outcomes for consumers.

Prison Health Services

Prison Health Services delivers primary healthcare 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 people a year.

Targets and challenges

West Moreton Health provides public health services for residents across the continuum of healthcare including preventative and primary healthcare services, ambulatory services, acute care, sub-acute care, oral health, and mental health and specialised services.

The projected increase in population is relatively the largest of any hospital and health service in Queensland and presents significant challenges and opportunities.

In the 2016 census, 18 per cent of the West Moreton population was born outside Australia, 9.8 per cent spoke a language other than English at home and 4.1 per cent identified as Aboriginal or Torres Strait Islander. West Moreton, across its metropolitan and small rural communities, has a higher proportion of socio-economically disadvantaged residents than Queensland generally, with approximately 1 in 2 disadvantaged.

The Chief Health Officer's 2018 report notes that the health status and burden of disease for West Moreton Health's population is in most instances worse than the Queensland average. This includes the following key population health statistics:

- 35 per cent of adults are obese
- 15 per cent of adults smoke
- 44 per cent of deaths were premature
- 9 per cent of hospitalisations were potentially preventable.

West Moreton Health's Strategic Plan 2017–21 objectives are to:

- deliver equitable, person-centred care and support diverse and vulnerable communities
- inspire a workplace where staff, volunteers and partners thrive and know they are valued
- use partnerships and technology to deliver integrated care
- deliver safe, high quality, high value care backed by innovation and research.

We recognise the challenges associated with delivering on our Strategic Plan. These include meeting the predicted service/growth demands, constraints of funding, ensuring our partnerships continue to mature in supporting the delivery of care to the community, continuing to attract and retain staff, and managing change that occurs in the external environment.

Our Strategic Plan seeks to manage these challenges by connecting, partnering, growing and transforming our services while providing safe, reliable care that is closer to home (see page 78 for more information).

This includes progressing our Master Plan which considers new infrastructure and changed models of care to ensure the right care in the right place for our growing community.

Performance against targets – summary

In 2018–19, an additional 3,517 people sought help from our emergency departments compared with 2017–18. In total, 87,588 people presented to one of our five emergency departments across West Moreton.

In the financial year there were 56,662 presentations in the more urgent 1-3 triage categories. This reflects an increase of 4,548 in category 1-3 patients when compared with 2017–18.

In the financial year, West Moreton Health saw year-on-year growth in the number of surgeries performed, with an increase of 4,205 for emergency and trauma surgery affecting overall performance.

In addition to continuing the delivery of core health services, meeting performance targets and working to meet the rapidly growing health needs of the population, key initiatives to improve patient outcomes during 2019–20 for West Moreton Health will include:

- delivering on Stage 1 of the Master Plan in the Ipswich health precinct, with a magnetic resonance imaging machine to be operational by late 2019 and detailed design and procurement for a new 50-bed mental health facility, with construction expected to commence by late 2020
- optimising the use of ieMR to transform clinical practice and improve outcomes for patients.

See Performance – Demand on Services (page 79 and 80) and Service Standards (page 82) – for more detailed information.

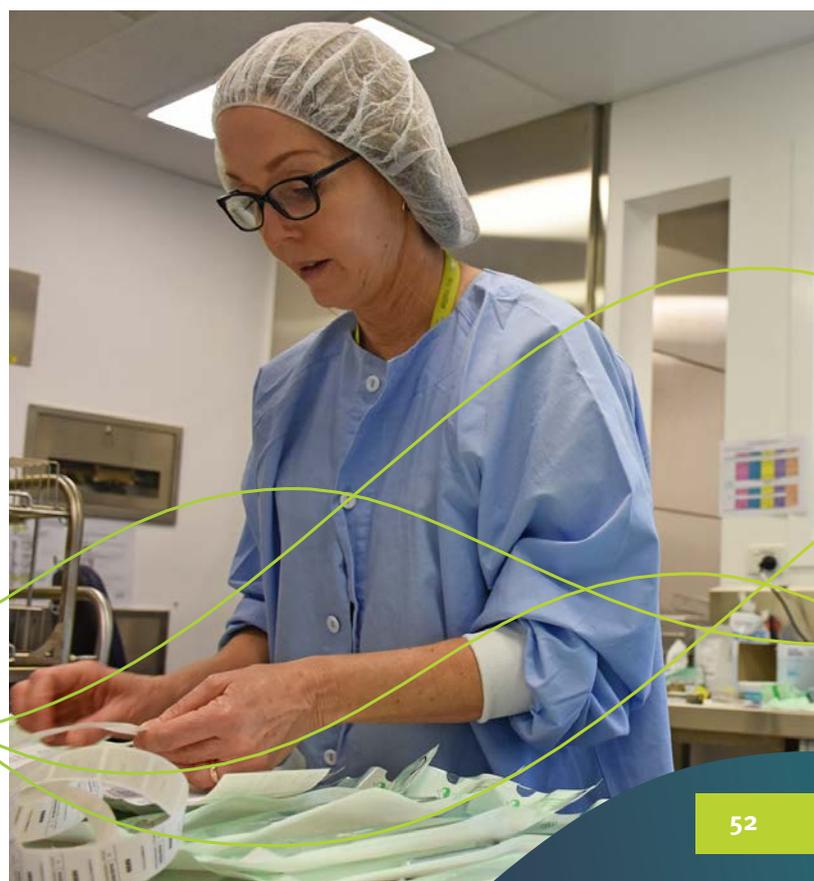
Staff and patient safety

We hold patient safety and staff safety as our highest priorities. We will not tolerate any risks that could result in poor quality care, unacceptable clinical risk or non-compliance with agreed clinical standards.

Through the financial year, West Moreton Health worked with consumers and staff to continue to ensure their safety. We continued to respond to instances of physical and verbal abuse of staff.

In the financial year, West Moreton Health recorded 628 instances of physical or verbal violence against staff. The following steps have been taken in the financial year to keep staff and patients safe:

- 596 staff were trained in personal safety techniques to help manage potential risk to patients and staff, and work is underway with partners to find new ways to address these challenges
- Body worn cameras were introduced for a three-month trial
- Ambassador staff were appointed to work in the Emergency Department
- Work continued with union partners and other stakeholders to identify new approaches and review incident data.



Body worn camera trial to keep staff and patients safe

To improve consumer and staff safety, the Ipswich Hospital security team underwent a three-month trial wearing body worn cameras. The introduction of the cameras is one initiative towards creating a safer working environment for our security team and staff, and to ensure the safety of patients and visitors at the hospital.

As well as acting as a deterrent against anti-social and abusive behaviour, the use of cameras in other health services has been found to help formal investigations, increase professionalism and promote accountability.

Providing a work environment where staff can work without fear of abuse or injury is an absolute priority at West Moreton Health. After the success of the three-month trial, West Moreton Health will implement body worn cameras across its facilities in the new financial year.

Central Sterilising Department

In 2018–19, we relocated and renovated our Central Sterilising Department, with logistics around the renovation carefully planned to minimise disruption.

During the renovation, the department was located further away from operating theatres in a temporary sterilising unit.

Central Sterilising Department staff and those in the wider Surgical and Perioperative division handled the challenges of a temporary unit seamlessly, ensuring continued patient and staff safety.

By timing the renovation to coincide with the planned maintenance and cleaning of operating theatres, as well as the reduction in theatre cases during the Digital Hospital transition, Ipswich Hospital ensured it could achieve a significant upgrade to facilities at a time when it would have the least operational impact.

The \$2 million upgrade has ensured Ipswich Hospital facilities are compliant with accreditation standards that will lead to increased efficiency.

Financial System Renewal (FSR) Project implementation

West Moreton Health is contributing to the statewide Financial System Renewal (FSR) Project which is replacing the existing 21-year-old Finance and Materials Management Information System (FAMMIS) with SAP S/4HANA and Ariba for all hospital and health services and the Department of Health.

We have established a team to coordinate this change initiative locally. We are working with our broader business to understand the impact of the new system, completing a training-needs assessment, and ensuring staff required to work with SAP S/4HANA are trained, ready for system go-live in August 2019.

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.

West Moreton Health is looking forward to the following benefits from the 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 training for staff in areas of finance, assets management and procurement.





Governance

Our people

Board

The Board comprises nine 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
- oversight of risk management, and 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.

Board remuneration

The Governor-in-Council approves the remuneration arrangements for Board Chairs, Deputy Chairs and members.

The annual fees paid by West Moreton Health are consistent with the remuneration procedures for part-time chairs and members of Queensland Government bodies. The reported fees may be impacted by Fringe Benefits Tax and other factors.

Several Board members were reimbursed for out of pocket expenses during 2018–19. The total value reimbursed was \$671.

Board and committee meeting attendance

Member	Position	Board	Finance Committee	Executive Committee	Safety and Quality Committee	Audit and Risk Committee
Michael Willis	Board and Committee Chair	12/14	5/6	3/3		
Susan Johnson	Board Deputy and Committee Chair	12/14	5/6			6/6
Lyn Birnie	Member	14/14	6/6			6/6
Prof Jeff Dunn AO	Member	12/14			2/4	2/6
Pat Evatt	Member	13/14		2/3		6/6
Prof Gerald Holtmann	Member and Committee Chair	13/14		2/3	4/4	
Stephen Robertson	Member and Committee Chair	11/14	6/6		4/4	
Sue Scheinflug	Member	13/14		3/3	3/4	
Dr Cathryn Hester*	Member	1/1				

* Appointed 18 May 2019

Board membership



Professor Gerald Holtmann Lyn Birnie

Gerald Holtmann is a medical specialist in the field of gastroenterology with extensive academic and organisational leadership experience. Besides his medical qualifications, he also obtained a Master of Business Administration.

He is Director of the Department of Gastroenterology and Hepatology at the Princess Alexandra Hospital in Queensland and Director of Clinical Innovation for the Health Faculties of the University of Queensland. He also serves on the boards of the Gallipoli Foundation and UQ Healthcare.

Before relocating to Queensland he worked as medical specialist, served on the board and later as CEO and Medical Director at the University Hospital of Essen in Germany and has completed a fellowship at the Mayo Clinic in Rochester, Minnesota. He also was Director of Gastroenterology at the Royal Adelaide Hospital and Professor of Medicine at the University of Adelaide.

Lyn Birnie is a finance leader with more than 35 years' experience in senior roles in major mining companies and the major Queensland Government-owned power generators. She is a Graduate of the Australian Institute of Company Directors (GAICD) and a Certified Practising Accountant and holds a Bachelor of Business and a Master of Business Administration.

Her career has centred 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 several governance and assurance committees in the course of her career and is currently a member of the boards of two community organisations. She maintains a strong focus on workplace health and safety, strategy, risk management and organisational performance.

Michael Willis Board Chair

Michael Willis is a company director and corporate governance consultant, with more than 28 years of governance experience in industry, financial services and the health and education sectors. He chairs the board of Boyce Chartered Accountants, and is Deputy Chair of the National Injury Insurance Scheme Qld, where he chairs the Audit and Risk Committee.

Michael is a Specialist Advisor with Effective Governance, and is a sessional lecturer with the Australian Catholic University. 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 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, director and chair of industry peak bodies across finance, aged care and education, and professional roles in investment, finance, risk and education management.

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 (GAICD).

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.

Board membership

**Dr Cathryn Hester**

Dr Cath Hester is a General Practitioner from Karana Downs. She has worked in clinical medicine for over a decade, spending much of this time in the Ipswich region which is also her home.

She currently serves on the Council of her alma mater, West Moreton Anglican College Council.

Cath is a fellow of the Royal Australian College of General Practitioners (RACGP). In addition to her specialist qualifications in medicine she holds a bachelor's degree with honours in medical engineering, and further qualifications in child health and governance. She is an ardent supporter of quality in General Practice and has roles as both a RACGP examiner and RACGP Queensland Faculty Council member.

Professor Jeff Dunn AO

Professor Jeff Dunn AO is the CEO of the Prostate Cancer Foundation of Australia and Professor and Chair of Social and Behavioural Science in the Division of Research and Innovation at the University of Southern Queensland.

Jeff also serves on the Board of the International Union for Cancer Control and is an Honorary Life President of the Asia Pacific Organisation for Cancer Prevention.

Previously Jeff has served as the CEO and Strategic Research Leader at the Cancer Council Queensland, Secretary of International Psycho-oncology Society and Chair of Reach to Recovery International Breast Cancer Support Service.

With a central focus on the social and behavioural aspects of cancer control, spanning the continuum of research, prevention, early detection, supportive care and quality of life, Jeff is actively involved in research in this field.

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.

Stephen is also 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 Scheinpflug

Sue Scheinpflug has more than 20 years' experience as a CEO. Most recently Sue was the CEO of Brisbane South Primary Health Network. She is currently a Community Board Member of the Parole Board Queensland, the Chair of Brisbane Diamantina Health Partners and a member of the Queensland Mental Health Commission - Mental Health and Drug Advisory Council.

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.



Susan Johnson
Deputy Chair

Susan Johnson is a self-employed consultant with a background in law, public policy, research and governance, integrity principles, risk management and effective governance.

She has worked in, and with, public sector agencies for more than 30 years including 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), and she has 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, and has held appointments in 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
- 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 former Local Government Conduct Review Panels and six months as Chair of the former Local Government Remuneration and Discipline Tribunal.

Susan is a member of the Councillor Conduct Tribunal and a Graduate of the Australian Institute of Company Directors (GAICD).

Executive management



Colleen Clur Executive Director Strategy, Governance and Engagement

For the past 12 years, Colleen Clur has worked extensively in the public and private sectors in senior strategy, engagement and communication roles. She has a strong interest in strategy and leading teams to improve health outcomes for all members of the community.

Prior to living and working in Queensland for the past 20 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 September 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 and is a Graduate of the Australian Institute of Company Directors (GAICD).

Dr Kerrie Freeman Chief Executive

Dr Kerrie Freeman is a respected and experienced executive with more than 15 years' in leadership of healthcare delivery and transformative change. She holds a Doctorate of Philosophy in Community Health, is a Graduate of the Australian Institute of Company Directors and holds an Adjunct Professorship at the University of Queensland.

Before joining West Moreton Health as Chief Executive, Kerrie led health services across the healthcare spectrum in Australia and New Zealand, including in rural and remote Queensland and quaternary health services at Children's Health Queensland. She also has senior executive experience in purchasing health services, implementing large scale digital change, redeveloping hospital infrastructure and leading organisational cultural improvement.

Her passion is to serve the community, ensuring health services meet community needs and expectations by taking a population health approach to health strategy.

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 Graduate of Australian Institute of Company Directors (GAICD) and a member of Chartered Accountants Australia and New Zealand.

Prior to joining West Moreton Health in August 2017, he held senior positions including Chief Financial Officer at Hancock Coal and Chief Financial Officer at Aditya Birla Minerals.

Melinda Parcell Executive Director Ipswich Hospital and Community and Rural

Melinda Parcell is a committed member of the West Moreton Health executive team and has worked in health for many years. During this time Melinda has held numerous senior nursing roles with experience and qualifications in General Nursing, Mental Health Nursing and Midwifery care. Melinda also holds a Bachelor's Degree in Healthcare Management and a Master's degree in Management majoring in innovation and change.

Melinda is a Graduate of the Australian Institute of Company Directors (GAICD) and has served as an inaugural member of the West Moreton Hospital and Health Service Board completing almost three terms until she stepped into her current executive role. Melinda is an active member of the local West Moreton community and is the Chair of the Ipswich Hospital Museum Inc.

Executive management



Claire Barratt
General Counsel and
Corporate Secretary

Claire Barratt is a solicitor with more than 16 years' experience in the banking, retail, pharmacy and health sectors.

She holds a Bachelor of Laws, Master of Laws, Postgraduate Diploma in Legal Practice and Graduate Diploma of Applied Corporate Governance.

Claire joined West Moreton Health in 2015 and has been acting as General Counsel and Corporate Secretary since June 2018.

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 several 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 healthcare 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.

Rachel Phillips
Director of Allied Health
and Research
Acting Executive Director
Mental Health and
Specialised Services

Rachel Phillips leads clinical excellence through education, professional development and research for the allied health professions. She drives the development and implementation of the Research and Innovation Strategic Plan.

Rachel has a Masters in Clinical Psychology and maintains a strong presence in the field of psychology and is a supervisor to provisional psychologists and psychologists in leadership roles.

She is the Chair of the Psychology Board of Australia and is completing a Masters of Bioethics to improve her understanding of clinical and ethical decision making.

Taresa Rosten
Executive Director People
and Culture

Taresa Rosten has more than 16 years' experience in human resources, workplace relations and strategy, having held several 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.



Dr Eleri Carrahar
Interim Executive Director
Medical Services

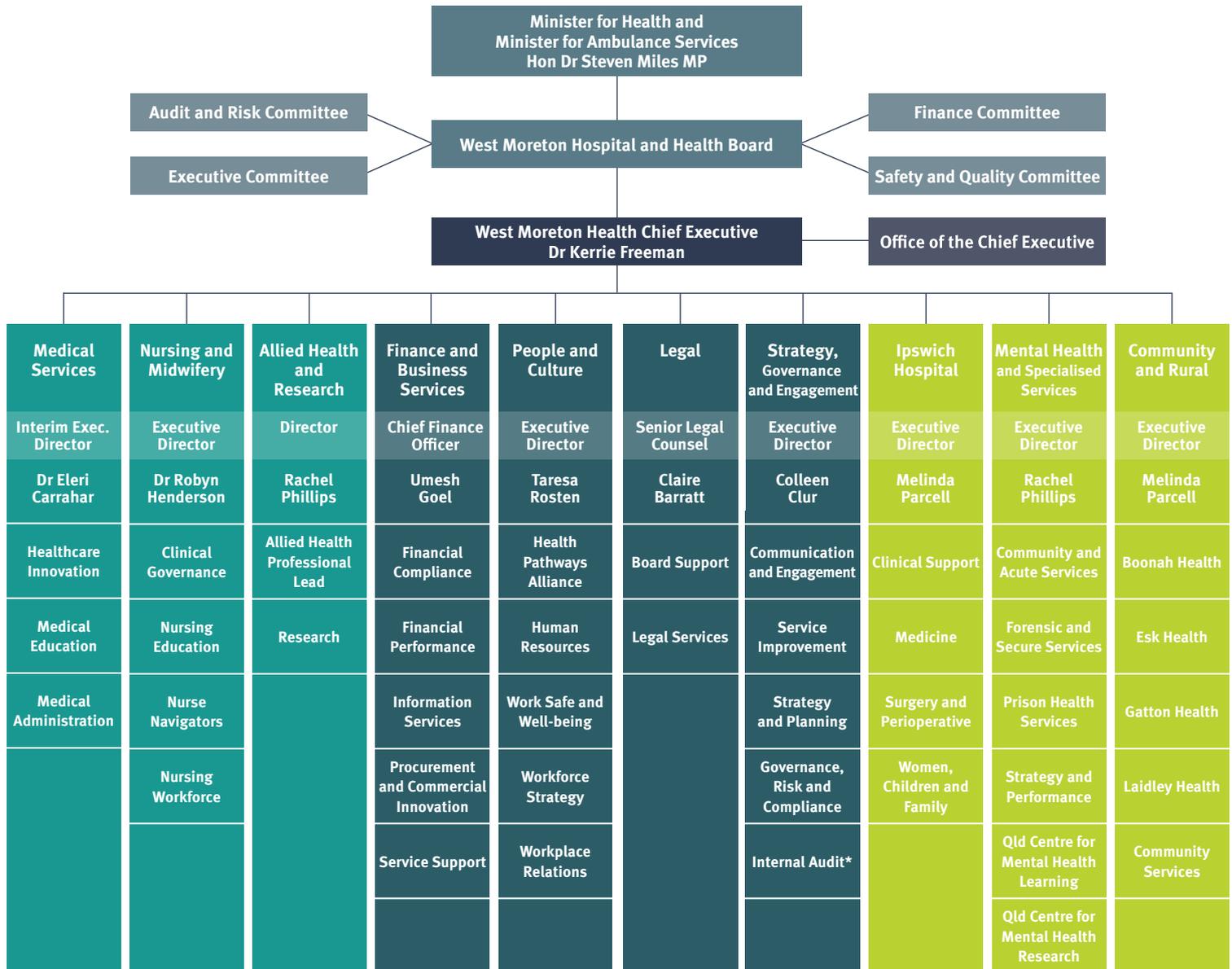
Dr Eleri Carrahar has 15 years' experience in healthcare, having worked internationally in clinical and managerial roles. After graduating from the University of Liverpool with a

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. She joined West Moreton Health in 2015.

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

- Jacqui Keller
Executive Director Legal and
Corporate Governance
(to 3 December 2018)
- Luke Worth
Executive Director Ipswich Hospital
(to 7 December 2018)
- Dr Leanne Geppert
Executive Director Mental Health and
Specialised Services
(to 31 January 2019).

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

Workforce profile

Table 1: More doctors and nurses*

	2014-15	2015-16	2016-17	2017-18	2018-19
Medical staff ^a	294	344	370	414	450
Nursing staff ^a	1,288	1,366	1,436	1,603	1,807
Allied Health staff ^a	373	373	392	432	462

Table 2: Greater diversity in our workforce

	2014-15	2015-16	2016-17	2017-18	2018-19
Persons identifying as being Aboriginal and/or Torres Strait Islander ^b	39	44	48	55	65

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

Source: ^a DSS Employee Analysis, ^b Queensland Health MOHRI, DSS Employee Analysis

Workforce snapshot

West Moreton Health provides quality health and wellbeing services to the community. Of our 3,730 FTE staff, 83 per cent are frontline staff.

The West Moreton population is highly diverse, made up of many different nationalities and, reflecting the community, we seek to achieve diversity in our own workforce. We are proud to be represented by a large body of staff who embrace and celebrate diversity.

We employ 65 people – or 1.75 per cent – who identify as Aboriginal or Torres Strait Islander and more than 752 people – or 16.83 per cent – of our workforce are from non-English speaking backgrounds, which is above the Queensland Health target of 13.5 per cent.

Throughout the year, West Moreton Health experienced a 6.09 per cent permanent separation rate.

Supporting our employees

West Moreton Health supports flexible working arrangements for staff, providing 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, 40 per cent of the workforce is employed under part-time arrangements.

Cultural capability

Our vision is to inspire, partner with and contribute to the health and wellbeing of local communities and one of our priorities is to listen to, involve and empower Aboriginal and Torres Strait Islander patients, consumers and their families in everything we do.

We recognise that cultural safety, responsiveness and the capability of the various health services delivered to the community directly influences participation in healthcare and health outcomes across the region, which is why it is positive that more than 77.59 per cent of West Moreton Health staff have already completed the Aboriginal and Torres Strait Islander Cultural Practice Program, helping to build a culturally responsive and capable workforce.

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

- reducing the 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 executive 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
- 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 to Health Service employees
- attendance at community events to promote the health service as an employer of choice
- celebration and recognition of culturally significant days.

Awards and recognition

Inaugural Caring Better Together Awards

West Moreton Health's inaugural *Caring Better Together* Awards held in August 2018 recognised the hard work and passion of teams and individual staff members. Peers nominated teams and individuals for the awards with 126 nominations received from across the health service.

Aligned with our Strategic Plan, the categories included:

Person-centred care – recognising outstanding work in delivering quality, person-centred care.

Winner: Dr Ross Cruikshank, Palliative Care Physician, Ipswich Hospital.
Highly commended: Michelle Kelly, Psychologist, Ipswich Community Health Ann-Louise Adams, Clinical Nurse Consultant, Gatton Hospital.



West Moreton Health Board Chair, Michael Willis, Person-Centred Care winner, Dr Ross Cruikshank, Highly commended winner Ann-Louise Adams, and Queensland Ambulance Service Chief Superintendent Tony Armstrong.

Caring for our teams – recognising a consistent contribution to improving workplace culture.

Winner: Marie Finley, Director of Operations and Nursing Director, Prison Health Services.
Highly commended: Belinda Johnson, Clinical Nurse Consultant, Medical Imaging, Ipswich Hospital. Julie Glasby, Acting Manager - Management Accounting, Ipswich Hospital.



West Moreton Health Board Chair, Michael Willis, Caring for our teams winner, Marie Finley, Executive Director People and Culture Taresa Rosten, and Highly commended winner Julie Glasby.

Interconnected care – recognising high quality healthcare partnerships.

Winner: Dr Ian Shellshear, Senior Staff Specialist Paediatrician, Ipswich Hospital.
Highly commended: Diabetes Clinic and Service, Chronic Conditions Service, Ipswich Community Health. Dr Charlotte Cox, Medical Intern, Ipswich Hospital.



Back row – Highly commended winners Margaret Whillier, Dr Charlotte Cox and Tracey Tellam.
 Front row - West Moreton Health Board Chair, Michael Willis, West Moreton Health Executive Director Medical Services Dr Eleri Carrahar, Interconnected Care winner Dr Ian Shellshear.

Better care – recognising clinical excellence.

Winner: Ward6B, Stroke and Rehabilitation Unit, Ipswich Hospital
Highly commended: Peter Beekhuyzen, Natasha Towler and Kellie Anderson, Operational Support Officers for Maternity Unit, Ipswich Hospital. Tanya Charles, Senior Dental Assistant, Child and Adolescent Oral Health Service.



West Moreton Health Board Chair, Michael Willis, Better Care winners Ward 6B Stroke and Rehabilitation Unit, and Ipswich Hospital Foundation Board Chair Neil Harding.

Service to the community – recognising outstanding service to the West Moreton community.

Winner: Caron Cahill, Ed LinQ Coordinator for Child Youth Mental Health Service, Ipswich Community Health.



West Moreton Health Board Chair, Michael Willis, Service to the Community winner, Caron Cahill and Darling Downs West Moreton Primary Health Network Manager Bernadette Praske.

Partnership award – recognising an external partner's outstanding service to the health outcomes of the West Moreton community.

Winner: Queensland Ambulance Service.
Highly commended: Darling Downs and West Moreton Primary Health Network. Centre for Leadership Excellence, Department of Health.



West Moreton Health Board Chair, Michael Willis, Partnership award winner Queensland Ambulance Service Chief Superintendent Tony Armstrong, Highly commended winners - Darling Downs and West Moreton Primary Health Network Chief Executive Merrilyn Strohfeldt and Centre for Clinical Excellence Division Tess Bradley, and West Moreton Health Chief Executive Dr Kerrie Freeman.

Guests celebrated at an award ceremony where West Moreton Health Board Chair Michael Willis announced a **Board Chair Award**, which went to the Mental Health Co-Responder Program (MH-CORE).



West Moreton Health Board Chair, Michael Willis, Board Chair Award winners Mental Health Co-Responder Program team, and State Member for Ipswich Ms Jennifer Howard (centre back row).

Mental Health Week Awards

West Moreton Health's Mental Health Week activities in October 2018 culminated in the service's third annual Mental Health Week Awards.

A judging panel that included Queensland Mental Health Commission Principal Policy Officer Josephine Peat, Mind Australia Peer Practitioner Fiona McMaster and Department of Health Mental Health, Alcohol and Other Drugs Principal Project Officer Kelly Dingli, faced a challenging task to narrow the field of more than 130 quality nominations – 63 from staff and 71 from consumers – to a field of winners and highly commended recipients.

Staff-nominated Mental Health Week Award winners

- Overall category Winner: Shelly Sweeper – Acting Carer Consultant, Consumer and Carer Engagement Service (CCES) Highly commended: Jacqueline Aubrey – Consumer Companion, CCES. Divyesh Naik – Pharmacist, Mental Health Unit
- Child and Youth category Winner: Monika Krishna – Senior Clinician, Child and Youth Mental Health Service (CYMHS) Highly commended: Paula Sexton, Kim McManus, Zoe Reed - CNs, CYMHS
- Group category Winner: Therapy Aides – The Park. Highly commended: Recreation Officers – The Park
- Consumer nominated: Overall Winner: Gisella Danesi – Mental Health Peer Worker, CCES. Chris Leary – Transition Coordinator, The Park. Highly commended: The Therapy Group, The Park.

Research Week Awards

The West Moreton Health Centre for Research and Innovation 2018 Research Day was held on 6 September.

Three awards were presented to West Moreton Staff including Outstanding Contribution to Research - Dr Kylie Baker, Best Abstract - Professor Geoff Mitchell, and Emerging Researcher - Rachele Pitt.

Awards recognise excellence

Two West Moreton Health innovative partnerships providing care to the Ipswich region were recognised as some of Queensland's best at the 2018 Queensland Health Awards for Excellence.

West Moreton Health's Co-Responder Program (MH-CORE) was named a winner and the MeCare program recognised with a High Commendation in their categories at the awards.

The MH-CORE team also won the Overall Award for Outstanding Achievement, the night's top honour.

West Moreton Health programs were recognised from among 27 finalists from 16 hospital and health services across the state.

Health workers help during flooding emergency

Our staff answered a call for help from our North Queensland colleagues in the wake of the devastating flood event early in February 2019.

Social workers, mental health clinicians, environmental health officers and an anaesthetic nurse were among the army of Queensland helpers who converged on Townsville to lend a hand during the region's flooding emergency.



Rachele Pitt, Director of Research and Innovation.

Staff join statewide discussion

The Queensland Clinical Senate appointed four new members from West Moreton Health in September 2018, with the new members joining more than 150 clinicians from across Queensland to discuss whether a stewardship program would help relieve the state's opioid concerns.

Indigenous Hospital Liaison Coordinator Cassandra Tratt, Nurse Unit Manager Katie Auld, Orthopaedics Clinical Director Angus Moxon and Acting Director Nutrition and Dietetics Phillip Juffs are representing West Moreton Health on the Senate.

Inaugural award win

We celebrated Clinical Nurse Jodie Pearson who was awarded the inaugural 2018 Anaesthetic Assist Perianaesthesia Nurse of the Year Award.

Jodie, who works in the Ipswich Hospital operating theatres, received more than 60 per cent of peer votes in the national award which was announced in February 2019.

Jodie was nominated for the award for being a highly dedicated, patient-centred professional, who is highly skilled in perioperative nursing and is seen as a compassionate and caring leader and teacher.

Nursing and midwifery awards

West Moreton Health recognised more than 2,000 nurses and midwives who provide frontline care and support to community members at a International Nurses and Midwives Day celebration in May 2019.

Nursing and midwifery staff gathered at Ipswich Hospital for the presentation of the annual West Moreton Health Nurse and Midwife of the Year Awards, where Susan Neuendorf was announced as the 2019 Midwife of the Year, and Fiona Warman was awarded 2019 Nurse of the Year.

Strategic workforce planning and performance

Workforce engagement

We continued our work to inspire a healthy workplace culture during 2018–19 with staff sharing and shaping their experience working at West Moreton Health through initiatives that enabled feedback and empowerment to make positive change. A focus on the connection between staff engagement and consumer care has driven staff to focus on culture and engagement which in turn has helped improve the quality of care we deliver.

The 2018 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 mapped these results into dashboards at team, divisional and whole of health service levels.

Culture conversations

Working with West Moreton Health's Human Resources Business Partners, people leaders held culture conversations to take a more in-depth look at their team's Working for Queensland dashboards. Culture conversations focused on:

- What is already working really well?
- What are some key themes from the dashboards?
- 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 to improve?
- What will success/improvement look like?

Following culture conversations, teams across the organisation have implemented workplace culture improvement initiatives.



West Moreton Health's Midwife of the Year Susan Neuendorf and Nurse of the Year Fiona Warman.

CheckIn

Staff feeling engaged and positive about their work not only creates a great place to work, but has a flow on effect to patients, consumers and the community. This is why in June 2019 we launched CheckIn, a short and simple staff feedback tool that will allow us to check in with how staff are feeling. Following each survey, leaders have access to a dashboard that highlights their team's score, the key themes and sentiment of their responses. Working with their leader, staff are invited to contribute their ideas to shape the West Moreton Health workplace.

Leader capabilities

#everyoneisaleader

Over the past 12 months, we have partnered with Clinical Excellence Queensland to support and develop our leaders, building on the foundational work from last financial year with the establishment of the #everyoneisaleader program.

#everyoneisaleader was established to help us deliver on our strategy and respond to a rapidly changing health landscape by enabling and developing people. Underpinned by the leadership pipeline, we believe every person in every role is a leader and we all have a role to play when it comes to patients, people, improvement and relationships in our health service, regardless of the layer of leadership.

1:1 conversations

Complementing the 2017–18 development of the leadership standards, a new 1:1 conversation process was developed to replace Performance Planning and Appraisals, with the new process and conversation tool meeting the performance and development needs of West Moreton Health's people.

Rolling out 1:1 conversations across West Moreton Health, 28 workshops were held for people leaders and 30 information sessions were held for staff. Over the past 12 months, 882 people have taken part in a 1:1 conversation training session.

Five peer support coaching sessions were also held for people leaders, providing peer coaching to guide each other through challenging conversations.

Creating capability

Health is a complex work environment and West Moreton Health recognises the importance of building capability in our workforce to allow people to respond to and manage the challenges they face in their role. Over the past year, a series of events and workshops helped build capability.

From October to November 2018, 10 building resilience workshops were made available to all staff. During the workshops, participants explored what resilience is and the factors behind a resilient mindset. They considered how stress can impact resilience and identified different evidence-based techniques to incorporate into everyday life to help build resilience. More than 195 people attended a building resilience workshop, with 100 per cent of attendees saying they would recommend the workshop to others.

Two workshops were held for senior leaders in February 2019 focusing on the productive use of meetings. The training provided skills and strategies to host effective meetings.

To support our people and skill sharing across our organisation, the first quarterly Connect, Reflect, Ignite networking event was held in December 2018. The event focused on leadership qualities and included presentations from West Moreton Health Board Member Lyn Birnie and Chief Executive Dr Kerrie Freeman. The second event held in April, was themed around leading with courage, and included a panel discussion from five West Moreton Health staff talking about times where they have had to demonstrate courage.



Supporting our teams

Over the past year, a series of teaming days were held for 139 leaders from across the organisation. The teaming days were tailored to individual teams' needs. Many of the teaming days also focused on RELISH – a concept that captures the six social cognitive needs that drive performance:

R – Relatedness

E – Expression

L – Leading the pack

I – Interpersonal connection

S – Seeing the facts

H – Hope for the future

It is hoped the use of RELISH across West Moreton Health will result in increased performance and higher engagement among our workforce.

Stop Stigma

As an organisation we have made it a priority to end stigma against mental illness. We began in December 2017 when 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 the wider community.

During 2018–19, we continued to share staff messages that reflected the theme of one of the seven Stop Stigma 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.

The personal staff messages helped spread awareness of stigma and its impact, as well as provide education around mental illness and support and recovery.

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.

Flu fighters

Seventy three per cent of West Moreton Health staff received the flu shot in 2018, a four per cent improvement on 2017.

The Allied Health Clinical Education Team

West Moreton Health's allied health clinicians support 5.5 per cent of the state's clinical placement activity, with 7,783 clinical placement days provided in the 2018–19 financial year. There was an 8.4 per cent increase in activity from 2017–18 and a 90 per cent tertiary utilisation rate of clinical placement days offered by West Moreton Health. Students came from the University of Southern Queensland, University of Queensland, James Cook University, Queensland University of Technology, Griffith University and Bond University across 11 professions. Clinicians from a variety of locations across West Moreton Health 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 allied health placements, supporting conversion of students to new graduates and provision of placements in new locations across the health sector.

Allied Health advisory groups

Allied Health advisory groups have been established for clinical education and health informatics, facilitated by the Allied Health Workforce Development Officer and Allied Health Informatics Officer. These groups will provide advice to Allied Health discipline directors to assist them in providing high quality, evidence-based, effective and efficient care to our patients.

This year we continued to improve the delivery of allied healthcare. This included developing a new model of care for child development services across the health service. Both these areas continue to experience increased demand for services and it is anticipated that the projects will facilitate improved care and outcomes for patients.

Medical Education Unit

The Medical Education Unit (MEU) provides leadership and clinical and administrative management of Junior Medical Officer (JMO) education and training, assessment and evaluation, support, welfare and advocacy, and career development.

The MEU manages the intern, JHO and Senior House Officer (SHO), Principal House Officer and Registrar assessment processes to ensure ongoing compliance with Postgraduate Medical Accreditation Queensland accreditation standards, AHPRA registration requirements, Australian Medical Council national guidelines related to junior doctor registration, 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 and Registrars; the intern to Principal House Officer assessment process; management of International Medical Graduate clinical performance and Australian Health Practitioner Regulatory Authority 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 2018–19 include:

- the development and publishing of the Medical Education Unit SharePoint page to improve and simplify information sharing and communication with Junior Medical Officers
- the successful discharge of the outstanding conditions resulting from the Full Intern Accreditation Survey conducted in September 2017. Ipswich Hospital has ongoing accreditation to host Interns until 2021
- the achievement of an 83 per cent retention rate of Interns to JHOs and a retention rate of 48 per cent JHO's to SHO's in 2019. This was supported by the introduction of Streamed SHO positions in Anaesthetics, the Intensive Care Unit, General Surgery, Orthopaedics, Paediatrics, Obstetrics and Gynaecology, and the Emergency Department.

Nurse Navigators

Through the financial year, West Moreton Health's nurse navigators continued to work closely with patients with complex conditions to connect them with the healthcare they needed.

Nurse navigators advocate for patients, help them to access services and support them as they learn about their healthcare journey, letting them make better informed decisions about their health.

Nurse navigators also link patients to services within West Moreton Health and between external partners, including the Darling Downs and West Moreton Primary Health Network and the National Disability Insurance Agency.

West Moreton Health's nurse navigators provide support to patients in areas including midwifery, renal, paediatrics, urology and prostate cancer, chronic conditions, and for those people who frequently visit West Moreton Health emergency departments. Towards the end of the financial year West Moreton commenced recruiting a further four nurse navigators, which will bring the total number to 22.

Nursing education

The Nursing and Midwifery Education Service identifies, develops, plans, implements, evaluates and monitors clinical learning opportunities to support clinicians in providing evidence-based and contemporary patient-focused services.

Education resources are sourced or developed, and marketed to support clinician access, participation and successful completion of programs of learning. Individual education staff are responsible for portfolios within specific clinical workplaces.

The West Moreton Nursing and Midwifery Clinical Capability Framework aims to build a capable, compassionate and patient-centred nursing and midwifery workforce that embraces continuous knowledge and skill development, competence and lifelong learning. It provides guidance for all classifications of nurses and midwives to progress the development of their practice in the workplace.

Early retirement, redundancy and retrenchment

There were no early retirements, redundancies and retrenchments in the financial year.



Our Committees

Board committees

Executive

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.

Safety and Quality

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.

Finance

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.

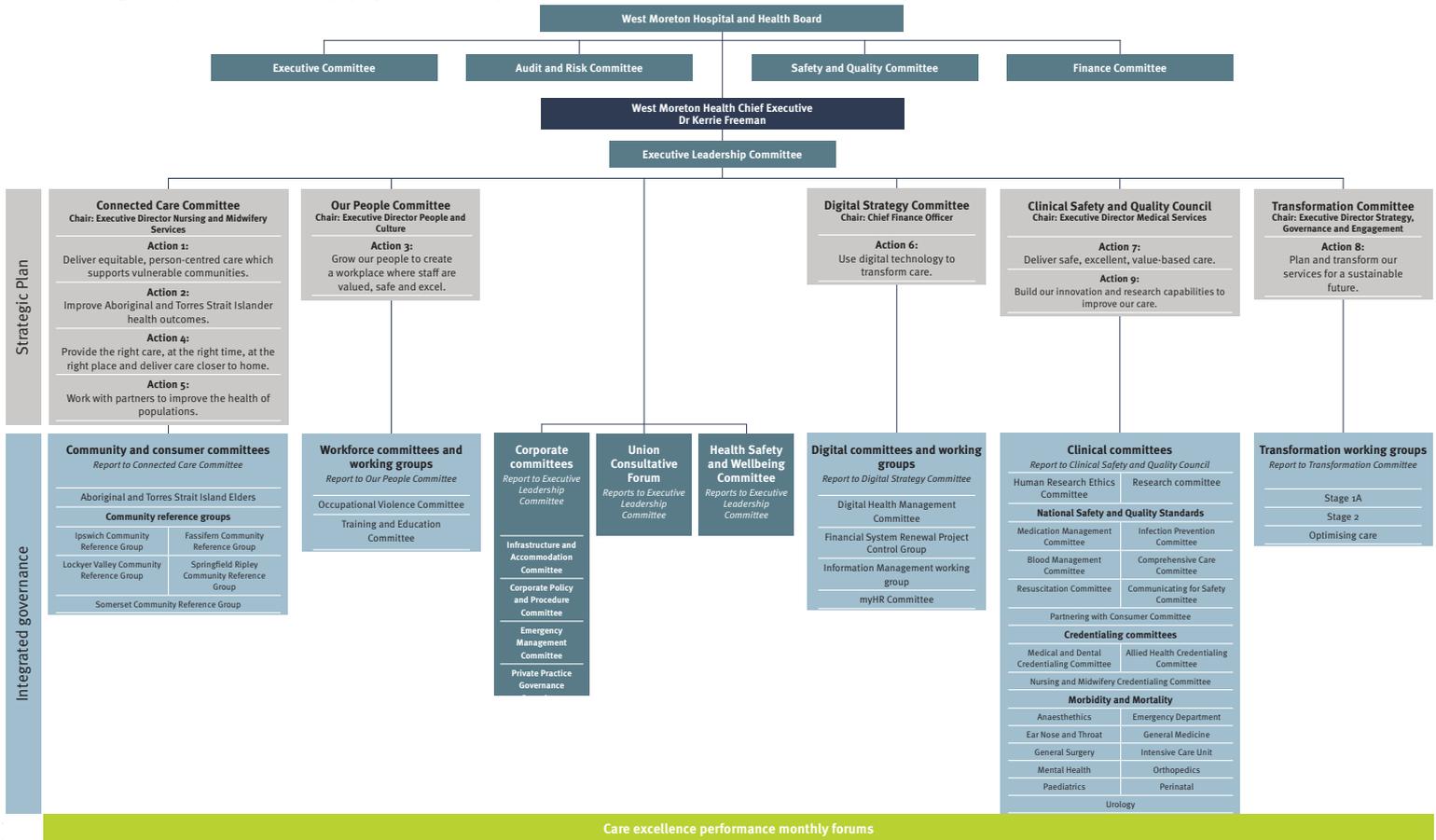
Audit and Risk

Members: 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. The Committee works in partnership with the Queensland Audit Office (QAO) and assesses external audit reports and any subsequent action taken. The members of the 2018–19 Committee:

- reviewed and recommended Board approval of the West Moreton Health Annual Report 2017–18
- updated and recommended Board approval of the 2017–18 Internal Audit Charter and Work Plan
- 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 relevant policies and procedures as they fell due
- reviewed, updated and recommended the Board's approval of changes to West Moreton Health's strategic risks.

Governance Committee structure



Senior management groups or committees

Following significant consultation with Executive team members with a view to improving the effectiveness and performance of the governance committees, a new Integrated Governance Committee Structure, which reflects our organisational structure, in line with our Strategic Plan, was introduced.

There are five key committees which report to the Executive Leadership Committee which focus on the implementation of the West Moreton Health Strategic Plan as well managing performance and business as usual activities across the health service.

Clinical Safety and Quality Council

As part of new governance arrangements, we established a new Clinical Safety and Quality Council in 2018–19 which is a strategic clinical governance forum for West Moreton Health. Focused on the delivery of safe, reliable, patient-centred care aligned with our Strategic Plan, the council was chaired by Interim Executive Director Medical Services Dr Eleri Carrahar and has a majority of clinical members in senior positions from across West Moreton working together with key non-clinical experts and consumer representatives.

The council focuses on four key functions for safety and quality governance:

- identifying and reducing risks to patient safety
- achieving measurable, sustainable improvements in patient safety
- accreditation oversight
- sharing safety and quality information.

Our risk management

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 operationally to the Chief Executive and the Audit and Risk Committee and administratively to the Executive Director Strategy, Governance and Engagement.

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 to ensure 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 2018–19 include:

- the ongoing delivery of the approved audit plan, targeting high risk areas and improving the effectiveness of systems, processes and risk management
- enhanced reporting to the Audit and Risk Committee and the Board through continual improvement to dashboards used for the presentation of data
- significantly reducing the number of outstanding audit recommendations through the streamlining of the audit recommendations and follow-up processes.
- continued development of in-house capability and knowledge.

External scrutiny, Information systems and record keeping

External scrutiny

Accreditation

Surveyors from the Australian Council on Healthcare Standards attended West Moreton Health in January 2019 to assess areas of recommendation that we were asked to improve following the Council's Periodic Review of our health service in November 2018. West Moreton Health achieved successful accreditation.

The Coroner

When required West Moreton Health participates in investigations and inquests conducted by the Coroner that examines healthcare provided by West Moreton Health. As a provider of primary healthcare and mental healthcare services into numerous correctional facilities, West Moreton Health participated in two inquests during the 2018–19 period. One inquest examined the healthcare, including mental healthcare, provided to a prisoner who died in custody. The other inquest examined the healthcare, including mental healthcare, provided to three former patients of the Barrett Adolescent Centre. Findings for these inquests are yet to be handed down.

Findings for two inquests held during the 2016–17 financial year were handed down. The findings reported that the care provided to the relevant prisoners was, in general terms, reasonable and appropriate. Findings were also handed down for one of the remaining inquests held in the 2017–18. The findings reported that the care provided to the relevant prisoner was reasonable and appropriate in light of the circumstances. However, more broadly, the Coroner made several recommendations encompassing a whole of government approach with statewide implications. West Moreton Health is working with all relevant government agencies to implement the recommendations.

Audits

The AS4801 Safety Management system audit report was finalised and a comprehensive remedial action plan was developed to address audit recommendations. Implementation of the remedial action plan is well advanced.

While not specific to West Moreton Health, key audit findings from the Queensland Audit Office report, *Digitising Public Hospitals*, have been carefully considered by our executive management team and actioned as relevant.

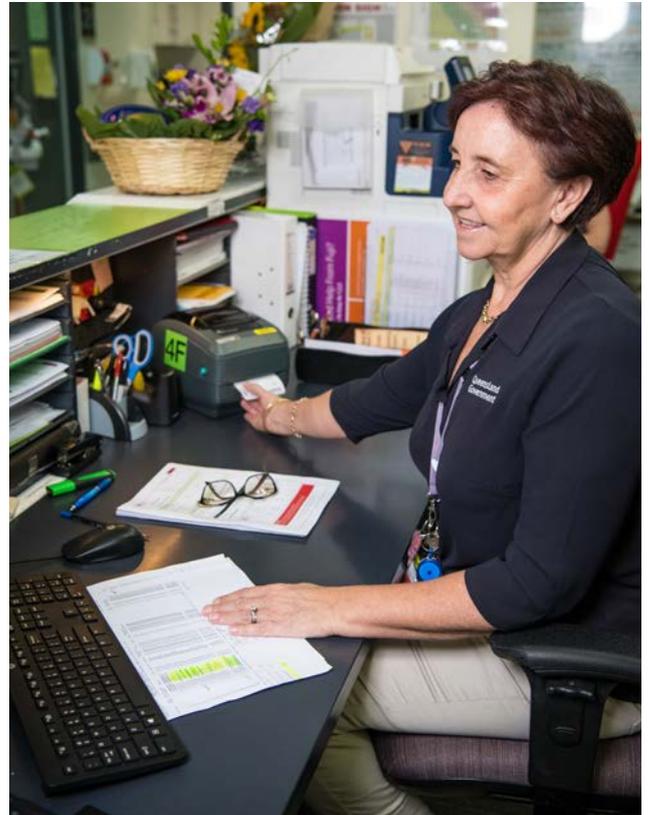
West Moreton Health has no other finalised 2018–19 audits by External agencies responsible for scrutinising the governance arrangements of Queensland public sector agencies.

Information systems and record keeping

The transition to digital record keeping as part of the ieMR implementation and the Federal Government's My Health Record was successfully undertaken by West Moreton Health during 2018–19. All associated changes in practices and processes have ensured ongoing compliance with Queensland State Archives' whole-of-government record keeping policy framework and the *Public Records Act 2002*. West Moreton Health applies the General Retention and Disposal Schedule for corporate records management and the clinical records.

Storage of records in digital systems has resulted in an increased focus on Information Security and Information Privacy practices this year.

West Moreton Health's Information Security Procedure and Protocol guides staff on secure record keeping within the health service, and the Information Technology Service facilitates mandatory Information Security staff training in West Moreton Learning Online (WMLOL). West Moreton Health is fully committed to the protection of private and confidential information of both patients and staff.



All access to and disclosure of clinical and corporate records is in accordance with the *Information Privacy Act 2009*, *Right to Information Act 2009* and *Hospital and Health Boards Act 2011*. Regular privacy awareness communications and in-service education sessions are made available to all staff and they are also encouraged to undertake the online privacy training provided by the Office of the Information Commissioner and the corporate records training programs provided on the Queensland State Archives (QSA) website.

Online delegations register

Our Governance Risk and Compliance team and Information Technology Services team developed a new online delegation register that allows staff to easily view their specific delegations either by category or position.

Queensland Public Service Values

Customers first

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

Ideas into action

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

Unleash 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

Queensland Public Service Ethics

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.

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 have the option to complete the program as a face-to-face course.

Confidential information

Section 160 of the *Hospital and Health Boards Act 2011* requires that confidential information disclosures made in the public interest by a service are outlined in the annual report for that service. There were two releases of confidential information by West Moreton Hospital and Health Service under this provision in 2018–19: one disclosure was in response to a request for patient records from the NSW Police Service regarding an investigation into alleged historical offences. The other disclosure related to a request for patient records from the NSW Attorney General in relation to a court hearing.

Health Operations Centre



Performance

Demand on services

Table 3: Delivering more care within clinically recommended time

	2018–19	Change since last year
Babies born ^a	* 2,709	* 203
Oral health treatments ^{b 1}	257,573	50,885
Emergency Department presentations ^c	87,588	3,517
Emergency Department 'Seen in time' ^c	53,608	1,361
Patient admissions (from ED) ^c	34,116	1,742
Emergency surgeries ^{d 2}	3,137	-25
Outpatient occasions of service (specialist and non-specialist) ^{d 3}	263,747	33,489
Specialist outpatient first appointments delivered in time ^{e 4}	18,223	-1,409
Gastrointestinal endoscopies delivered ^f	2,829	-53
Gastrointestinal endoscopies delivered in time ^f	1,558	-905
Elective surgeries, from a waiting list, delivered ^g	4,498	-1,200
Elective surgeries, from a waiting list, delivered in time ^g	4,038	-1,644
Number of telehealth services ^h	2,734	364
Hospital in the Home admissions ^{d 5}	763	-41

¹ Oral Health treatments are identified as Weighted Occasions of Service.

² Emergency surgeries data is preliminary.

³ Only includes Activity Based Funding (ABF) facilities.

⁴ Specialist outpatient services are a subset of outpatient services, where the clinic is led by a specialist health practitioner.

⁵ Hospital in the Home admissions data is preliminary.

* Perinatal data collection is based on calendar year 2018.

Source: ^a Perinatal Data Collection, ^b Oral Health Service, ^c Emergency Data Collection, ^d GenWAU, ^e Specialist Outpatient Data Collection, ^f Gastrointestinal Endoscopy Data Collection, ^g Elective Surgery Data Collection, ^h Monthly Activity Collection.

Demand on services

Data for wait times, surgery and emergency care is used to measure the efficiency and performance of a health service. Despite increasing planned and unplanned demand for our hospital and health services, West Moreton Health maintained or improved performance in most key areas. This is due in large part to the dedication of our staff and partners. We will continue to improve our services so we can deliver safe, quality care to all those who seek our help.

In 2018–19, an additional 3,517 people sought help from our emergency departments compared with 2017–18. In total, 87,588 people presented to one of our five emergency departments across West Moreton.

Over the same period, 53,608 patients were seen within the clinically recommended time upon their arrival to the emergency department. Between 1 July 2018 and 30 June 2019, there were 1,361 more patients seen in time in the Emergency Departments across West Moreton Health Service.

In the financial year there were 56,662 presentations in the more urgent 1-3 triage categories. This reflects an increase of 4,548 in category 1-3 patients when compared with 2017–18. In the financial year, West Moreton Health saw 7,635 surgeries performed, with an increase in demand for emergency and trauma surgery affecting overall performance. The surgeries performed figure excludes 4,265 endoscopies, 3,454 elective surgical procedures and 165 cardiology procedures performed at other facilities on West Moreton's behalf. It also excludes elective dental, maxillofacial or obstetric surgeries.

Percentage of emergency department attendances who depart within four hours of their arrival in the department for the 2018–19 financial year was 72.6 per cent, a 7.8 percentage point reduction from the 2017–18 financial year.

West Moreton Health has put the following steps in place to either review or improve performance in 2019–20:

- Emergency Department: created an extra staff specialist position in the Emergency Department focused primarily on managing patient flow during the evenings
- established an Emergency Department Ambassador program, where dedicated staff focus on ensuring the Emergency Department waiting room remains safe and people are kept informed and are cared for, especially during peak times
- used consistent escalation procedures and responses, guided by the HOC
- continued to develop West Moreton Health's relationship with the Queensland Ambulance Service, which is seeing both organisations work to provide high standards of emergency treatment and patient care for the sick and injured
- introduced additional distraction therapy tools such as iPads in the Emergency Department's customised paediatric space.
- elective surgery: Category 1 plastics patients are now being seen by General Medicine and Maxillofacial surgery
- improved processes that have led to fewer review appointments and more new appointments in urology
- developed general practitioner support materials to help ongoing management of conditions such as prostate cancer
- expanded use of virtual clinics.

Building refurbishments

In 2018–19, West Moreton Health delivered significant infrastructure upgrades that benefit our community.

West Moreton Health received capital funding of \$2.57 million in 2018–19 to complete the following infrastructure projects:

- Ipswich Hospital Central Sterilising Services Department upgrade to meet new Australian Standards requirements
- upgrade of lifts 6,7,8,9 and the lift in the car park at Ipswich Hospital
- preparation works to upgrade the nurse call duress systems at The Park – Centre for Mental Health
- preparation works to upgrade the fire systems at Esk and Laidley hospitals to ensure the safety of patients, staff and the public (Phase 2)
- preparation works to upgrade the ward block electrical switchboard at Ipswich Hospital to ensure compliance to current electrical standards
- preparation works to install an MRI at Ipswich Hospital as part of Stage 1A Ipswich Hospital redevelopment.

In 2018–19, West Moreton Health invested \$2.9 million as part of the annual infrastructure renewals program. Operationally funded projects included:

- completion of security system upgrades at the rural facilities
- air-conditioning cooling tower at The Park – Centre for Mental Health (Dawson House) replaced
- ongoing air-quality remediation program at Ipswich Hospital included optimisation of the HVAC (Heating, Ventilation and Air Conditioning) system
- a fire system site-wide integration, modernisation and compliance program continued at the Ipswich Hospital
- the Building Management System (BMS) that monitors HVAC, water and electrical systems at Ipswich Hospital was upgraded.

Other infrastructure works that have commenced and are continuing into 2019–20 include development of asset management systems and capability aligned with international benchmarks.

ieMR infrastructure

Work to ensure Ipswich Hospital and Community Clinics were ready to deliver the ieMR included:

- uplift of communication rooms across the campus
- installation of additional cabinets within communication rooms
- installation of fibre and telephony cables
- installation of 25 extra Wireless Access Points (WAPS)
- installation of 600 extra data outlets
- installation of extra electrical outlets throughout the hospital.

Anticipated maintenance

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

Anticipated maintenance is maintenance that is necessary to prevent the deterioration of an asset or its function, but which has not been carried out. Some anticipated maintenance activities can be postponed without immediately having a noticeable effect on the functionality of the building. All anticipated maintenance items are risk assessed to identify any potential impact on users and services and are closely managed to ensure all facilities are safe.

As of 30 June 2019, West Moreton Hospital and Health Service had reported total anticipated maintenance of \$8,815,300.

West Moreton Health has the following strategies in place to mitigate any risks associated with these anticipated items:

- apply for funding assistance from statewide Priority Capital Program
- review Operational and Renewals budgets and prioritise based on risk.

Service standards

Table 4: Service Delivery Statement	2018–19 Target	2018–19 Actual
Effectiveness measures		
Percentage of patients attending emergency departments seen within recommended timeframes: ^a		
Category 1 (within 2 minutes)	100%	99.9%
Category 2 (within 10 minutes)	80%	65.5%
Category 3 (within 30 minutes)	75%	52.9%
Category 4 (within 60 minutes)	70%	73.2%
Category 5 (within 120 minutes)	70%	90.5%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ^a	80%	72.3%
Percentage of elective surgery patients treated within clinically recommended times: ^b		
Category 1 (30 days)	98%	98.2%
Category 2 (90 days)	95%	83.2%
Category 3 (365 days)	95%	88.1%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ^c	<2	0.7 ⁶
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit ^d	>65%	65.6%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge ^d	<12%	12.4% ⁷
Percentage of specialist outpatients waiting within clinically recommended times: ^e		
Category 1 (30 days)	98%	70.9%
Category 2 (90 days)	95%	57.8%
Category 3 (365 days)	95%	94.6%
Percentage of specialist outpatients seen within clinically recommended times: ^e		
Category 1 (30 days)	98%	84.6%
Category 2 (90 days)	95%	53.9%
Category 3 (365 days)	95%	84.3%
Median wait time for treatment in emergency departments (minutes) ^a		19
Median wait time for elective surgery (days) ^b		44
Efficiency measures		
Average cost per weighted activity unit for Activity Based Funding facilities ^{f g}	\$4,641	\$5,286 ⁸
Other measures		
Number of elective surgery patients treated within clinically recommended times: ^b		
Category 1 (30 days)	1,633	1,477
Category 2 (90 days)	2,276	1,293
Category 3 (365 days)	2,393	1,268
Number of Telehealth outpatients occasions of service events ^h	2,076	2,734
Total weighted activity units (WAU's) ⁹		
Acute Inpatient	55,807	51,932 ⁹
Outpatients	13,207	11,986
Sub-acute	5,072	4,287
Emergency Department	12,067	12,388
Mental Health	8,379	13,589
Prevention and Primary Care	2,700	3,234
Ambulatory mental health service contact duration (hours) ^d	>52,691	54,489
Staffing ⁱ	3,572	3,730

⁶ SAB data presented is preliminary.

⁷ Readmission to acute Mental Health inpatient unit data presented as May-19 FYTD.

⁸ Cost per WAU data presented as Mar-19 FYTD.

⁹ As extracted on 19 August 2019.

Source: ^a Emergency Data Collection, ^b Elective Surgery Data Collection, ^c Communicable Diseases Unit, ^d Mental Health Branch, ^e Specialist Outpatient Data Collection, ^f DSS Finance, ^g GenWAU, ^h Monthly Activity Collection, ⁱ DSS Employee Analysis.

Table 5: Additional Measures	2018–19	Change since last year
Childhood Immunisation ^a		
All children 1 year	94.3%	0.1 p.p.
All children 2 years	92.1%	-0.1 p.p.
All children 5 years	95.3%	0.2 p.p.
Discharge against medical advice ^b	1.6%	0.1 p.p.
Non-Aboriginal and Torres Strait Islander	1.5%	0.1 p.p.
Aboriginal and Torres Strait Islander	3.2%	0.0 p.p.
Women who gave birth and attended 5 or more antenatal visits ^{b10}	93.1%	-1.3 p.p.
Non-Aboriginal and Torres Strait Islander	93.7%	-1.2 p.p.
Aboriginal and Torres Strait Islander	84.4%	-0.8 p.p.
Completed general courses of oral health care ^c	13,757	324
Non-Aboriginal and Torres Strait Islander	13,260	325
Aboriginal and Torres Strait Islander	497	-1
Mothers who had > 5 antenatal visits, with first visit in the 1st trimester ^{d12}	63.0%	N/A
Non-Aboriginal and Torres Strait Islander	63.5%	N/A
Aboriginal and Torres Strait Islander	59.0%	N/A

Note: p.p. = percentage point

¹⁰ Data presented as Mar-19 FYTD.

¹¹ New data collection commenced in Dec-18. Preliminary data is available for the period Dec-18 to May-19.

¹² New data collection commenced in Dec-18. Preliminary data is available for the period Dec-18 to May-19. Lag of data due to trimester reporting. Data is only collected after the birth of the baby and is available for reporting two to three months after this event. It is a prerequisite that HHSs must also maintain their performance with respect to the performance standards under this QIP in terms of non-Indigenous mothers.

Source: ^a Communicable Diseases Unit, ^b Health Statistical Branch, ^c Oral Health Service, ^d Healthcare Purchasing Strategy Unit

About our Service Standards

Percentage of patients attending emergency departments seen within recommended timeframes

This is a measure of the access and timeliness of Emergency Department (ED) services and reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. From 1 July 2018 to 30 June 2019, the West Moreton Health publicly funded EDs saw 87,588 presentations, 3,517 more than the prior year - a 4.2 per cent increase for the same period the prior year.

Percentage of emergency department attendances who depart within 4 hours of their arrival in the department

This is a measure of access and timeliness of ED services. The variance to target is a result of reconfigured patient activity as part of the integrated electronic Medical Record (ieMR) implementation plan. From 1 July 2018 to 30 June 2019, almost 1,742 more patients were admitted to a hospital across the West Moreton HHS following an ED presentation compared to the same period in the prior year, while delivering only 12 fewer emergency surgeries.

Percentage of elective surgery patients treated within clinically recommended times

This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. The variance to target is a result of reconfigured patient activity as part of the ieMR implementation plan and the relative mix of emergency/trauma and elective surgery shifting across the course of the financial year, with an increase in the demand for emergency and trauma surgery.

Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days

This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. 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 so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days.

Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit

Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. However, increased pressure on community and inpatient mental health services has seen increases in readmission rates and this is negatively impacting the rate of community follow up.

Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge

This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Queensland's rate of readmission has remained relatively stable over the past five years, however it has not yet reached the nationally recommended target.

Percentage of specialist outpatients waiting within clinically recommended times

This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. The figures provided include both Ready for Care and Not Ready for Care patients. The variance to target is a result of an increase in outpatient referrals and reconfigured patient activity as part of the ieMR implementation plan.

Median wait time for treatment in emergency departments (minutes)

This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first).

The target for this measure was removed commencing from 2018–19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

Median wait time for elective surgery (days)

This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. The target for this measure was removed commencing from 2018–19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

Average cost per weighted activity unit for Activity Based Funding facilities

Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme. The 2018–19 Target/Estimate is based on 2018–19 ABF funding per WAU. The 2018–19 Estimated Actual is based on 1 July 2018 to 30 June 2019 ABF cost per WAU and cost increase has resulted from the use of retained earnings to support the implementation of the ieMR. The 2019–20 Target/Estimate is based on 2019–20 ABF funding per WAU.

Number of elective surgery patients treated within clinically recommended times

This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. The variance to target is a result of reconfigured patient activity as part of the ieMR implementation plan.

Number of Telehealth outpatients occasions of service events

This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel.

Total weighted activity units (WAU's)

A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018–19 are based on 2018–19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019–20 Target/Estimates are based on the 2019–20 purchased activity. The 2018–19 Target/Estimate is the reported target in the 2018–19 Service Delivery Statement updated to the Q21 Phase of the ABF model which underpins the 2018–19 and 2019–20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs. Variation against target is due to the implementation of ieMR, and in part reflects the change in service delivery to meet community needs.

Ambulatory mental health service contact duration (hours)

This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019–20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Financial summary

Operating result

West Moreton Health’s operating result for 2018–19 was a deficit of \$26.88 million (2017–18 \$2.02 million surplus). This deficit has been primarily driven by a planned use of prior year surpluses of \$21.33 million on board approved projects such as Integrated Electronic Medical Records.

Income

Revenue from all funding sources in the reporting period 2018–19 was \$651.05 million, representing an increase of \$54.18 million from the \$596.87 million recorded in the previous period. Major variances include a \$48.83 million increase in Departmental funding for additional activity and services, \$5.79 million in additional depreciation funding, and an increase in teacher training funding of \$2.15 million offset by a decrease in patient revenue for 2018–19 by \$3.25 million.

Expenditure

West Moreton Health’s total expenditure (funds spent) in 2018–19 was \$677.94 million. This was an increase of 13.9 per cent over West Moreton’s total expenditure of \$594.85 million in the previous financial year. Labour costs increased by \$67.19 million primarily due to increases in services and activity, along with additional temporary resources engaged for projects like Integrated Electronic Medical Records. Non-labour expenses increased by \$15.90 million, primarily due to cost increases to provide additional activity of \$10.11 million (mentioned above). There was also an additional \$5.79 million in depreciation expense.

Assets

Total assets for West Moreton in the reporting period were valued at \$305.11 million, a decrease of \$38.32 million from the previous reporting period. The decrease in cash and cash equivalents of \$30.11 million is due to investment in improvement projects such as Integrated Electronic Medical Records. The decrease in property, plant and equipment of \$4.54 million is attributed to depreciation exceeding capital expenditure. In addition, West Moreton Health also experienced a reduction in receivables of \$4.07 million.

Future outlook

2018–19 was a year of significant growth for West Moreton Health, underpinned by expansion in demand, the implementation of the largest digital transformation in the history of the organisation in the ieMR, and delivery of a new Central Sterilising Department. It is expected that healthcare demands will continue to grow in 2019–20. The environment in which West Moreton Health operates will continue to be dynamic. In response, we will continue to provide safe, quality care, and will look for ways to optimise how we deliver our services, manage demand and meet community needs. 2019–20 will see significant progress made on delivering the first stage of the Ipswich Health Precinct, including a new Magnetic Resonance Imaging Machine and delivery of a new mental health unit for Ipswich Hospital.

Chart 1: How the money was spent

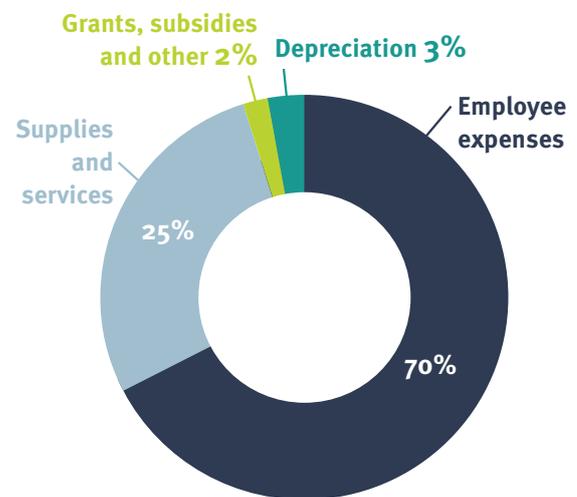
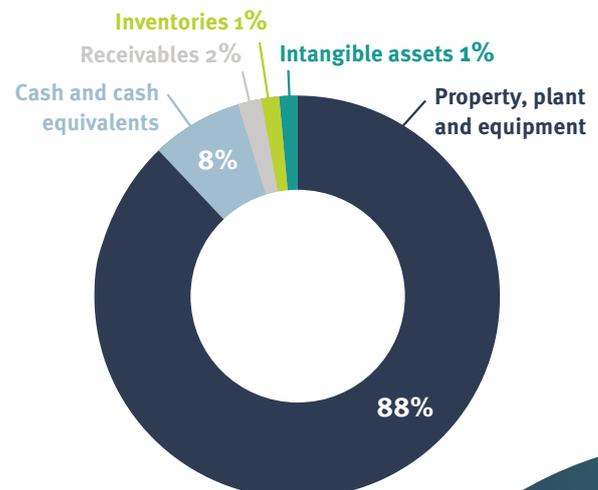


Chart 2: Assets



Financial summary

Statement of comprehensive income for the year ended 30 June 2019

	2019 \$'000	2018 \$'000
Income		
User charges and fees	636,969	583,750
Grants and other contributions	8,824	10,583
Other revenue	5,208	2,535
Gain on sale of property, plant and equipment	57	9
Total income	651,058	596,877
Expenses		
Employee expenses	473,465	406,275
Supplies and services	171,056	160,632
Grants and subsidies	375	459
Depreciation	22,918	16,983
Amortisation	310	450
Impairment losses	2,003	1,283
Other expenses	7,816	8,771
Total expenses	677,943	594,853
Operating result for the year	(26,885)	2,024
Other comprehensive income		
Items that will not subsequently be reclassified to operating result:		
Increase in asset revaluation reserve	7,537	18,236
Total other comprehensive income	7,537	18,236
Total comprehensive income	(19,348)	20,260

Statement of financial position as at 30 June 2019

	2019 \$'000	2018 \$'000
Current assets		
Cash and cash equivalents	25,499	55,611
Receivables	5,709	9,784
Inventories	4,108	3,903
Other assets	749	802
Total current assets	36,065	70,100
Non-current assets		
Intangible assets	1,421	1,161
Property, plant and equipment	267,623	272,165
Total non-current assets	269,044	273,326
Total assets	305,109	343,426
Current liabilities		
Payables	21,461	25,162
Accrued employee benefits	21,424	17,907
Provisions	742	1,670
Unearned revenue	206	6,109
Total current liabilities	43,833	50,848
Total liabilities	43,833	50,848
Net assets	261,276	292,578
Equity		
Contributed equity	198,353	210,307
Accumulated surplus	3,117	30,002
Asset revaluation reserve	59,806	52,269
Total equity	261,276	292,578

The accompanying notes form part of these statements.

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 2019

	Notes	2019 \$'000	2018 \$'000
Income			
User charges and fees	A1(a)	636,969	583,750
Grants and other contributions	A1(b)	8,824	10,583
Other revenue		5,208	2,535
Gain on sale of property, plant and equipment		57	9
Total income		651,058	596,877
Expenses			
Employee expenses	A2(a)	473,462	406,275
Supplies and services	A2(b)	171,056	160,632
Grants and subsidies		375	459
Depreciation	B3	22,918	16,983
Amortisation		310	450
Impairment losses		2,003	1,283
Other expenses	A2(c)	7,816	8,771
Total expenses		677,943	594,853
Operating result for the year		(26,885)	2,024
Other comprehensive income			
Items that will not subsequently be reclassified to operating result:			
Increase in asset revaluation reserve	C2	7,537	18,236
Total other comprehensive income		7,537	18,236
Total comprehensive income		(19,348)	20,260

The accompanying notes form part of these statements.

Statement of Financial Position

As at 30 June 2019

	Notes	2019 \$'000	2018 \$'000
Current assets			
Cash and cash equivalents	B1	25,499	55,611
Receivables	B2	5,709	9,784
Inventories		4,108	3,903
Other assets		749	802
Total current assets		36,065	70,100
Non-current assets			
Intangible assets		1,421	1,161
Property, plant and equipment	B3	267,623	272,165
Total non-current assets		269,044	273,326
Total assets		305,109	343,426
Current liabilities			
Payables	B4	21,461	25,162
Accrued employee benefits	B5	21,424	17,907
Provisions		742	1,670
Unearned revenue	B6	206	6,109
Total current liabilities		43,833	50,848
Total liabilities		43,833	50,848
Net assets		261,276	292,578
Equity			
Contributed equity	C1	198,353	210,307
Accumulated surplus		3,117	30,002
Asset revaluation reserve	C2	59,806	52,269
Total equity		261,276	292,578

Statement of Changes in Equity

For the year ended 30 June 2019

	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

	Accumulated surplus/ (deficit)	Asset revaluation surplus (Note C2)	Contributed equity (Note C1)	Total Equity
	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2018	30,002	52,269	210,307	292,578
Operating result for the year	(26,885)	-	-	(26,885)
<i>Total other comprehensive income</i>				
Increase in asset revaluation surplus	-	7,537	-	7,537
<i>Transactions with owners</i>				
Non-appropriated equity injections	-	-	11,256	11,256
Non-appropriated equity withdrawals	-	-	(23,228)	(23,228)
Non-appropriated equity asset transfers	-	-	18	18
Balance as at 30 June 2019	3,117	59,806	198,353	261,276

Statement of Cash Flows

For the year ended 30 June 2019

	Notes	2019 \$'000	2018 \$'000
Cash flows from operating activities			
<i>Inflows:</i>			
User charges and fees		607,247	568,052
Grants and other contributions		3,227	5,332
Interest received		21	22
GST collected from patients/consumers		378	282
GST input tax credits		9,815	10,128
Other		5,181	2,422
<i>Outflows:</i>			
Employee expenses		(469,932)	(403,923)
Supplies and services		(167,442)	(152,384)
Grants and subsidies		(375)	(468)
Insurance		(6,339)	(5,453)
GST paid to suppliers		(9,946)	(9,985)
GST remitted		(335)	(314)
Other		(1,494)	(3,006)
Net cash provided by/(used in) operating activities	E3	(29,994)	10,705
Cash flows from investing activities			
<i>Inflows:</i>			
Sales of property, plant and equipment		-	16
<i>Outflows:</i>			
Payments for property, plant and equipment		(11,374)	(11,277)
Net cash used in investing activities		(11,374)	(11,261)
Cash flows from financing activities			
<i>Inflows:</i>			
Equity injections		11,256	7,985
Net cash provided by financing activities		11,256	7,985
Net increase/(decrease) in cash and cash equivalents		(30,112)	7,429
Cash and cash equivalents at beginning of the financial year		55,611	48,182
Cash and cash equivalents at end of financial year	B1	25,499	55,611

The accompanying notes form part of these statements. 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 2019* 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

	2019 \$'000	2018 \$'000
<i>Contracted health services – activity based funding</i>		
Commonwealth	199,406	141,244
State	179,868	207,910
<i>Contracted health services – block funding</i>		
Commonwealth	41,770	38,721
State	89,875	74,212
<i>System manager funding</i>		
State	57,296	57,619
Depreciation funding	23,228	17,433
<i>Other user charges and fees</i>		
Teacher training funding	13,544	11,398
Hospital fees	13,667	14,584
Sale of goods and services	17,846	20,183
Rental income	469	446
Total user charges and fees	636,969	583,750

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 stipulated within the service agreement and a state wide 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 varies to 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 (see 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

	2019 \$'000	2018 \$'000
Commonwealth grants	2,929	2,903
Other grants	277	2,168
Research	-	123
Donations	22	138
Services received below fair value	5,596	5,251
Total grants and other contributions	8,824	10,583

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. This amount has been recognised in grants and other contributions with an equal amount recognised in supplies and services as required by AASB 1004 *Contributions*. Refer note A2(b).

A2 Expenses**(a) Employee expenses**

	2019 \$'000	2018 \$'000
Wages and salaries	380,537	327,781
Employer superannuation contributions	39,605	34,031
Annual leave levy/expenses	44,762	37,208
Long service leave levy/expenses	8,072	6,963
Termination expenses	460	283
Other employee related expenses	29	9
Total employee expenses	473,465	406,275

	30 June 2019	30 June 2018
Number of MOHRI* Full Time Equivalent Employees (FTE)		
Total FTE	3,730	3,454

* Minimum Obligatory Human Resource Information.

(b) Supplies and services

	2019 \$'000	2018 \$'000
Clinical supplies and services	50,574	43,795
Contractors and consultants	25,593	28,868
Drugs	23,488	25,392
Pathology	10,923	10,317
Repairs and maintenance	9,683	9,228
Catering and domestic supplies	9,012	8,451
Communications	6,747	5,490
Computer services	6,654	3,707
Services received below fair value *	5,596	5,251
Electricity and other energy	2,835	3,746
Operating lease rentals	2,023	1,989
Patient travel	944	972
Water	773	501
Other travel	637	396
Building services	603	613
Motor vehicles	353	283
Other	14,618	11,633
Total supplies and services	171,056	160,632

* Refer Note A1(b)

(c) Other expenses

	2019 \$'000	2018 \$'000
Insurance	6,338	5,453
Journals and subscriptions	577	332
Interpreter fees	358	496
Advertising	186	203
External audit fees	179	165
Loss on sale of property, plant and equipment	66	428
Special payments	18	1
Inventory written-off	28	19
Other legal costs	15	1,534
Bank fees	12	15
Other	39	125
Total other expenses	7,816	8,771

Total audit fees paid or payable to Queensland Audit Office relating to the 2018–19 financial year were \$179,375.00 (2018: \$175,000). There are no non-audit services included in this amount. The 2017–18 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 2018–19 were \$17,914 (2018: \$1,399), this included a single payment of \$9,240.

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

	2019 \$'000	2018 \$'000
Cash at bank	25,059	55,182
Cash on deposit	435	424
Cash on hand	5	5
Total Cash and Cash Equivalents	25,499	55,611

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 2.69% in 2019 (2018: 2.49%).

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 2.71% in 2019 (2018: 2.58%).

B2 Receivables

	2019 \$'000	2018 \$'000
Trade debtors	6,221	10,020
Other debtors	1	1
Less: allowance for impairment	(1,388)	(1,024)
	4,834	8,997
GST receivable	954	823
GST payable	(79)	(36)
	875	787
Total	5,709	9,784

Receivables are initially recognised at the amount 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. Trade receivables subsequently recovered 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 receivables: Judgement is required in determining the level of provisioning for customer debts. West Moreton Health's current methodology adheres to a conservative and considered approach for the invoicing of patient fees with the patients' ability to pay being assessed at the time of treatment. This assessment includes; the economic and citizenship status of debtors which impacts access to private health cover and eligibility for treatment as a public patient, historical default rates, financial circumstance of the debtor, probability of bankruptcy or financial reorganisation, default or delinquency in payments, past experience and management judgement. West Moreton Health adopts a range of cutoff dates for delinquency reflective of the risk for the underlying transactions. The loss allowance for trade and other debtors therefore reflects lifetime expected credit losses and incorporates reasonable and supportable forward-looking information.

Disclosure – Credit risk exposure of receivables

The maximum exposure to credit risk at balance date for receivables is the gross carrying amount of those assets. No collateral is held as security and there are no other credit enhancements relating to the department's receivables.

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

	2019 \$'000	2018 \$'000
Less than 30 days (not yet due)	109	5
30-60 days	-	5
61-90 days	-	-
More than 90 days	1,279	1,014
Balance at the end of the financial year	1,388	1,024

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

	2019 \$'000	2018 \$'000
Balance at the beginning of the financial year	1,024	1,854
Amounts written-off during the year	(1,576)	(1,956)
Amounts recovered during the year	(1,449)	(1,748)
Increase in allowance recognised in operating result	3,389	2,874
Balance at the end of the financial year	1,388	1,024

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

	2019 \$'000	2018 \$'000
30-60 days	475	585
61-90 days	329	312
More than 90 days	112	199
Balance at the end of the financial year	916	1,096

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 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 Entities	-	-	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
Year ended 30 June 2019					
Opening net book value	26,885	219,819	23,074	2,387	272,165
Acquisitions	180	518	4,961	5,232	10,891
Disposals	-	-	(70)	-	(70)
Transfers between asset classes	-	3,709	122	(3,831)	-
Transfers in/out from QLD Government	-	-	18	-	18
Revaluation increments/(decrements)	272	7,265	-	-	7,537
Depreciation charge for the year	-	(17,903)	(5,015)	-	(22,918)
Carrying amount at 30 June 2019	27,337	213,408	23,090	3,788	267,623
At 30 June 2019					
At cost/fair value	27,337	631,355	57,786	3,788	720,266
Accumulated depreciation	-	(417,947)	(34,696)	-	(452,643)
	27,337	213,408	23,090	3,788	267,623

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 by recognising the changing condition and remaining useful life of assets.

(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 together 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 have been 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. The impairment testing found no material impairments.

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.

(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.

Over a rolling three-year program all West Moreton Health land and building assets will be independently assessed and fair valued. Any assets held at fair value that are not selected for assessment in the current year will continue to be revalued on an annual basis using the appropriate and relevant indices provided by independent experts.

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
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
2019				
Land	-	27,337	-	27,337
Buildings	-	1,274	212,134	213,408
Fair value at 30 June 2019	-	28,611	212,134	240,745

Land

In 2018-19, land at Gatton, Laidley, Boonah, Esk, Goodna and Gailles was independently valued by State Valuation Service. The effective date of the valuation was 30 June 2019. This comprehensive independent valuation of a sub-set of land assets for rural and community follows the comprehensive and independent valuation of all of West Moreton Health's land and buildings in 2017-18 and is consistent with the comprehensive and independent valuation of the corresponding buildings located on the underlying land parcel.

The revaluation of land for 2018-19 resulted in a net increase of \$272K or 1.01% to the carrying amount of land (2018: \$2,571K, 11% 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

A comprehensive independent revaluation was undertaken of the Rural and Community building assets by using a methodology in the current period consistent with the prior 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 whether the difference between the carrying amount and the fair value of an asset is recognised.

In 2018–19, there was no change in the methodology followed for the building revaluations on all assets in this class. The effective date of the valuation was 30 June 2019.

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.

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 independent revaluation concluded a \$7,265K or 1.19% increase in value (2018 \$15,665K, 8% increase) The main drivers for this change in valuation include the movement in market prices for construction and some changes in expected useful life across locations.

The independent revaluation concluded a \$7,265K or 1.19% increase in value (2018 \$15,665K, 8% increase). The main drivers for this change in valuation include the movement in market prices for construction and some changes in expected useful life across locations.

The following table details a reconciliation of level 3 movements:

	Buildings \$'000
Fair value at 1 July 2017	204,148
Additions	-
Disposals	-
Transfers in/out from QLD Government	-
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
Fair value at 1 July 2018	218,704
Additions	518
Disposals	-
Transfers in/out from QLD Government	-
Transfers between asset classes	3,709
Depreciation	(17,903)
<i>Gains recognised in other comprehensive income:</i>	
Increase in asset revaluation reserve	7,106
Fair value at 30 June 2019	212,134

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 33 days of recognition.

	2019 \$'000	2018 \$'000
Trade creditors	21,461	25,162
	21,461	25,162

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.

	2019 \$'000	2018 \$'000
Accrued wages and salaries	15,815	13,140
Accrued employer superannuation contributions	1,838	1,539
Accrued rostered days off	2,935	2,539
Other accrued employee expenses	836	689
Total accrued employee benefits	21,424	17,907

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 of Health to cover the cost of employees' annual leave (including leave loading and on-costs), and long service leave. No provision for annual leave and long service leave is 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 employees 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 *Whole of Government and General Government Sector Financial Reporting*.

B6 Unearned Revenue

	2019 \$'000	2018 \$'000
Unearned revenue	206	6,109
Total unearned revenue	206	6,109

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

	2019 \$'000	2018 \$'000
Opening balance at beginning of year	210,307	219,431
<i>Non-appropriated equity injections</i>		
Minor capital funding	4,657	6,655
Priority capital program funding	5,699	3,110
Statewide prisoner medical records funding	-	(1,855)
Medical packaging system funding	-	75
Breast screen van funding	900	-
	11,256	7,985
<i>Non-appropriated equity withdrawals</i>		
Non-cash depreciation and amortisation funding returned to Department of Health as a contribution towards capital works program	(23,228)	(17,433)
<i>Non-appropriated equity asset transfers</i>		
Buildings	-	-
Plant and equipment	18	324
	18	324
Balance at the end of the financial year	198,353	210,307

C2 Asset Revaluation Surplus by Class

	2019 \$'000	2018 \$'000
<i>Land</i>		
Balance at the beginning of the financial year	5,305	2,734
Revaluation increments	272	2,571
	5,577	5,305
<i>Buildings</i>		
Balance at the beginning of the financial year	46,964	31,299
Revaluation increments	7,265	15,665
	54,229	46,964
Balance at the end of the financial year	59,806	52,269

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:

	2019 \$'000	2018 \$'000
<i>Financial assets</i>		
Cash and cash equivalents	25,499	55,611
Receivables*	5,709	9,784
	31,208	65,395
<i>Financial liabilities</i>		
Payables	21,461	25,162
	21,461	25,162

* 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 aging 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. West Moreton Health has prepared an eighteen month cash flow forecast, to provide confidence that sufficient funds are available given the significant decrease in cash in 2018–19, and current assets being less than current liabilities. This cash forecast shows our cash position remains above \$13,950k assuming balanced operating position, providing confidence in our ability to meet obligations.

(i) Financing arrangements

Under the whole-of-government banking arrangements, West Moreton Health has an approved working debt facility of \$4,000,000 (2018: \$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 and 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 Senior Executives, direct reports to the Chief Executive. 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. Susan Johnson	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/19 – 31/03/22	26/06/15
	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 Scheinpflug	<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: 18/05/19 – 31/03/22	18/05/18
	Professor Jeffrey Dunn AO	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/19 – 31/03/22	18/05/18
	Ms. Lyn Birnie	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/19 – 31/03/22	18/05/18
	Doctor Cathryn Hester	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/19 – 31/03/22	18/05/19

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, procurement, 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.

Senior Legal Counsel

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 2018–19 financial year (2018: \$nil).

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

Name	Short-term benefits			Post-employment benefits	Termination benefits	Total remuneration
	Base	Non-monetary benefits	Long-term benefits			
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
2019 Board Members						
Mr. Michael Willis (Chair)	85	-	-	8	-	93
Ms. Susan Johnson	48	-	-	4	-	52
Professor Gerald Holtmann	47	-	-	4	-	51
Ms. Patricia Evatt	49	-	-	5	-	54
Ms. Sue Scheinpflug	48	-	-	4	-	52
Mr. Stephen Robertson	49	-	-	4	-	53
Professor Jeffrey Dunn AO	47	-	-	4	-	51
Ms. Lyn Birnie	46	-	-	4	-	50
Dr Cathryn Hester	-	-	-	-	-	-
2019 Executives						
Chief Executive	316	-	7	35	-	358
Chief Finance Officer	209	-	4	23	-	236
Executive Director Ipswich Hospital (to 28/12/2018)	97	-	2	11	-	110
Executive Director Ipswich Hospital (to 24/12/2018) and Executive Director Community and Rural Services	199	-	4	20	-	223
Executive Director Legal and Corporate Governance	147	-	3	17	-	167
Executive Director Mental Health and Specialised Services (to 01/09/2018)	22	-	-	1	-	23
Executive Director Mental Health and Specialised Services (from 07/09/2018 to 28/04/2019)	128	-	3	12	-	143
Executive Director Medical Services	388	-	8	29	-	425
Executive Director People and Culture	179	-	4	19	-	202
Executive Director Strategy, Planning and Engagement	183	-	4	20	-	207
Executive Director Nursing and Midwifery	238	-	5	27	-	270
Director Allied Health	177	-	4	21	-	202

Name	Short-term benefits					Termination benefits	Total remuneration
	Base	Non-monetary benefits	Long-term benefits	Post-employment benefits			
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
2018 Board Members							
Mr. Michael Willis (chair)	85	-	-	8	-	-	93
Ms. Melinda Parcell	10	-	-	1	-	-	11
Professor 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 (from 28/08/2017)	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 (from 04/09/2017)	138	1	3	15	-	-	157
Executive Director Strategy, Planning and Engagement (from 11/09/2017)	135	6	3	15	-	-	159
Executive Director Nursing and Midwifery	209	21	4	26	-	-	260
Director Allied Health	108	6	2	14	-	-	130

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):

	2019 \$'000	2018 \$'000
Not later than one year	1,450	1,693
Later than one year but not later than five years	2,994	1,061
Later than five years	509	525
	4,953	3,279

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

	2019 \$'000	2018 \$'000
Major plant and equipment		
Not later than one year	4,671	146

E3 Notes to the Statement of Cash Flows

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

	2019 \$'000	2018 \$'000
Operating result from continuing operations	(26,885)	2,024
<i>Non-cash items</i>		
Depreciation expense	22,918	16,983
Amortisation expense	310	450
Asset related transactions	(16)	234
Depreciation and amortisation funding	(23,228)	(17,433)
<i>Changes in assets and liabilities</i>		
(Increase)/decrease in receivables	4,075	(4,933)
(Increase)/decrease in inventories	(207)	(499)
(Increase)/decrease in other assets	52	(120)
Increase/(decrease) in payables	(3,701)	5,937
Increase/(decrease) in accrued employee benefits	3,517	2,352
Increase/(decrease) in provisions	(927)	1,200
Increase/(decrease) in unearned revenue	(5,903)	4,510
Net cash (used in) / provided by operating activities	(29,994)	10,705

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.

	2019 \$'000	2018 \$'000
Cash at beginning of financial year	218	201
Patient fund receipts	1,745	1,553
Patient fund related payments	(1,793)	(1,536)
Cash at end of financial year	170	218

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 2018–19.

Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2018–19.

Accounting Standards Applied for the First Time

AASB 9 – Financial Instruments was applied for the first time however our current policies are consistent with this accounting standard and therefore no change to accounting policy was required.

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 will have no impact as the current accounting treatment is already consistent with this new standard.

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.

West Moreton Health has completed its review of the impact of the adoption of AASB 16 on the Statement of Financial Position and Statement of Comprehensive Income and not identified any material impacts. West Moreton Health will continue to expense costs for services provided under leasing arrangements as supplies and services when incurred.

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 has determined there will be no impact as the current accounting treatment is already consistent with 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:

	2019 \$'000	2018 \$'000
Revenue received	604,987	548,537
Expenditure incurred	54,601	51,658
Receivables	534	4,631
Payables and other liabilities	3,162	13,432

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, these payments are not material.

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 2019 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 2019 \$'000	Budget 2019 \$'000	Variance \$'000	Variance %
Income					
User charges	(i)	636,969	602,577	34,392	5%
Grants and other contributions	(ii)	8,824	3,911	4,913	125%
Other revenue	(iii)	5,265	653	4,612	706%
Total revenue		651,058	607,141	43,917	7%
Expenses					
Employee expenses	(iv)	473,465	425,090	48,375	11%
Supplies and services	(v)	171,056	153,747	17,309	11%
Grants and subsidies		375	375	-	-
Depreciation and amortisation	(vi)	23,228	18,693	4,535	24%
Impairment losses		2,003	1,736	267	15%
Other expenses		7,816	7,500	345	4%
Total expenses		677,943	607,141	70,802	11%
Operating result	(vii)	(26,885)	-	(26,885)	
Other comprehensive income					
Increase in asset revaluation surplus	(viii)	7,537	-	7,537	
Total other comprehensive income		7,537	-	7,537	
Total comprehensive income		(19,348)	-	(19,348)	

(b) Statement of Financial Position

	Notes	Actual 2019 \$'000	Budget 2019 \$'000	Variance \$'000	Variance %
Current assets					
Cash and cash equivalents	(ix)	25,499	39,904	(14,405)	(36%)
Receivables		5,709	6,141	(432)	(7%)
Inventories		4,108	3,558	550	15%
Other assets		749	492	257	52%
Total current assets		36,065	50,095	(14,030)	(28%)
Non-current assets					
Intangible assets		1,421	645	776	120%
Property, plant and equipment	(x)	267,623	255,872	11,751	4%
Total non-current assets		269,044	256,517	12,527	4%
Total assets		305,109	306,612	(1,503)	-
Current liabilities					
Payables	(xi)	21,461	16,746	4,715	28%
Accrued employee benefits		21,424	20,006	1,418	7%
Provisions		742	430	312	72%
Unearned revenue		206	1,600	(1,394)	(87%)
Total current liabilities		43,833	38,782	5,051	13%
Total liabilities		43,833	38,782	5,051	13%
Net assets		261,276	267,830	(6,554)	(2%)
Equity					
Total equity		261,276	267,830	(6,554)	(2%)

(c) Statement of Cash Flows

	Notes	Actual 2019 \$'000	Budget 2019 \$'000	Variance \$'000	Variance %
Cash flows from operating activities					
<i>Inflows:</i>					
User charges		607,247	600,663	6,584	1%
Grants and other contributions		3,227	3,911	(684)	(17%)
Interest received		21	30	(9)	(31%)
Other	(xii)	15,374	9,163	6,211	67%
<i>Outflows:</i>					
Employee expenses	(xiii)	(469,932)	(422,777)	(47,154)	11%
Supplies and services		(167,442)	(164,382)	(3,061)	1%
Grants and subsidies		(375)	(375)	-	-
Other	(xiv)	(18,113)	(7,223)	(10,889)	150%
Net cash provided by operating activities		(29,994)	19,010	(49,002)	(257%)
Cash flows from investing activities					
<i>Inflows:</i>					
Sales of property, plant and equipment		-	(79)	79	(100%)
<i>Outflows:</i>					
Payments for property, plant and equipment	(xv)	(11,374)	(4,254)	(7,120)	167%
Net cash used by investing activities		(11,374)	(4,333)	(7,041)	162%
Cash flows from financing activities					
<i>Inflows:</i>					
Equity injections	(xvi)	11,256	4,254	7,002	164%
<i>Outflows:</i>					
Equity withdrawals	(xvii)		(18,693)	18,693	(100%)
Net cash provided by financing activities		11,256	(14,439)	25,695	(177%)
Net increase/(decrease) in cash and cash equivalents held		(30,112)	238	(30,350)	(12,752%)
Cash and cash equivalents at beginning of the financial year		55,611	39,666	15,945	40%
Cash and cash equivalents at end of the financial year		25,499	39,904	(14,405)	(36%)

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), 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

- (i) The increase primarily 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 \$22,383K. Of this additional funding, \$9,674K relates to increases in service activity, \$5,872K in reprovision of state deferrals from 2017–18 and an increase in depreciation funding \$4,530K. Another factor causing the variance is an increase in Pharmaceutical Benefit Scheme revenue of \$12,008K.
- (ii) The increase is primarily due to recognition of the \$5,597K services received below fair value provided from the Department as required by AASB 1044 *Contributions* offset by the reclassification of the Evolve mental health programme from grants and contributions to user charges in 2018–19.
- (iii) This increase is primarily due to recovery of costs associated with the Integrated Electronic Medical Records project from eHealth \$1,230K, project recoveries \$1,043K and \$1,448K in miscellaneous revenue mainly related to ongoing activities with academic institutions.
- (iv) Clinical employee expenses were above budgeted costs for the corresponding activity levels with an increase of \$22,558K due to over-occupancy costs and higher than expected use of external staff. Employee expenses have also increased \$15,712K from last year due to special projects (Integrated Electronic Medical Records, Radiology Information System, Financial System Renewal) approved from retained earnings. The remaining increase in employee expenses is predominantly driven by increases in activity.
- (v) The increase primarily relates to increased service activity including expenditure on drugs \$13,076K, repairs and maintenance \$1,275k and services received below fair value \$5,597 provided from the Department as required by AASB 1004 *Contributions* was unbudgeted. This was offset by lower expenditure on energy \$1,244K and prosthetics \$989K.
- (vi) The increase in depreciation and amortization expense primarily relates to the comprehensive revaluation in June 2018 of all buildings and the subsequent changes to the remaining useful lives affecting depreciation in the following year.
- (vii) West Moreton Health's 2018–19 operating result of a deficit of \$26,885K, included a planned use of prior year surpluses of \$21,330K for board approved expenditure on key projects such as Integrated Electronic Medical Records.
- (viii) No budget is set for asset revaluation. The revaluations conducted during the year showed that the value of Land and Buildings had increased by \$7,537K.

Statement of Financial Position

- (ix) Decrease in cash is due to higher than budgeted expenses mainly due to investment in improvement projects such as Integrated Electronic Medical Records offset by higher than budgeted revenue of \$12,102K and an increase in payables of \$4,715K.
- (x) The increase in property, plant & equipment is primarily due to unbudgeted revaluations \$7,537K and unbudgeted capital expenditure of \$7,120 offset by higher than budgeted depreciation expense \$4,535 (refer vi).
- (xi) The increase in payables is primarily due to outsourcing in June 2019 of \$4,007K.

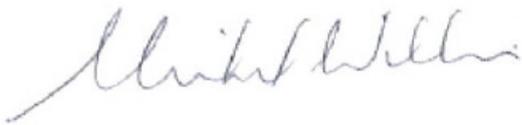
Statement of Cash Flows

- (xii) The increase is primarily due to recoveries not included in budget outlined in (iii) above with the balance being unbudgeted movements in GST inflows.
- (xiii) Refer note (iv)
- (xiv) The increase is the cash impact of the increase outlined in (v) above (excluding the \$5,597K non-cash transaction for services received below fair value).
- (xv) The increase is primarily due to purchases made through the Priority Capital Program (PCP) of \$5,699K, and accelerated Health Technology Equipment Replacement (HTER) purchases of \$1,013K and Integrated Electronic Medical Records capital expenditure \$570K.
- (xvi) The increase is a reflection of the increase in payments for property, plant and equipment, refer (xv).
- (xvii) The budgeted equity withdrawal is reported as cash, however this withdrawal relates to depreciation funding that is withdrawn from West Moreton Health as a non-cash transaction by an offset against equity. The depreciation funding concept exists within the Health system to maintain a neutral position within the Hospital and Health Services.

Management Certificate

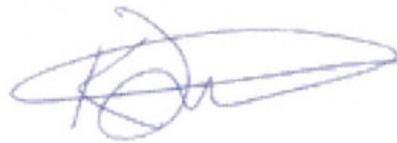
These general purpose financial statements have been prepared pursuant to Section 62(1) of the *Financial Accountability Act 2009* (the Act), Section 43 of the *Financial and Performance Management Standard 2009* and other prescribed requirements. In accordance with Section 62(1)(b) of the Act, we certify that in our opinion:

- (a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- (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 2019 and of the financial position of the Service at the end of the year; and
- (c) We, acknowledge responsibility under s.8 and s.15 of the Financial and Performance Management Standard 2009 for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.



Michael Willis BEcon SFFin FAICD
Chair

9 August 2019



Dr Kerrie Freeman PhD
Chief Executive

9 August 2019

Glossary

Term	Meaning
ACP	Advance Care Planning
AHBTC	Allied Health Brief Therapy Clinics
AICD	Australian Institute of Company Directors
AM	Member of the Order of Australia
AO	Officer of the Order of Australia
ARPs	Acute Resuscitation Plans
CCES	Consumer and Carer Engagement Service
CEO	Chief Executive Officer
CLE	Centre for Leadership Excellence
CYMHS	Child and Youth Mental Health Service
DD	Darling Downs
DDWM PHN	Darling Downs, West Moreton Public Health Network
Dr	Doctor
ED	Emergency Department
EFTRU	Extended Forensic Treatment Rehabilitation Unit
EMF	Emergency Medicine Foundation
ESM	Enterprise Scheduling Management
FSR	Financial System Renewal
FSS	Forensic and Secure Services
FTE	Full Time Equivalent
FY	Financial Year
GAICD	Graduate Australian Institute of Company Directors
GP	General Practitioner
HOC	Health Operations Centre

Term	Meaning
HREC	Human Research Ethics Committee
HSIS	High Security Inpatient Service
ICC	Ipswich City Council
ieMR	integrated electronic Medical Record
MeCare	Mobile Enabled Care
MH-CORE	Mental Health Co-Responder
MHSS	Mental Health Specialist Services
MOHRI	Minimum Obligatory Human Resource Information
MRSA	Methicillin-resistant Staphylococcus aureus
NHMRC	National Health and Medical Research Council
P.P.	Percentage Point
PHN	Primary Health Network
QAS	Queensland Ambulance Service
QPS	Queensland Police Service
QSA	Queensland State Archives
REGU	Research Ethics and Governance Unit
SERU	Service Evaluation and Research Unit
SMHRU	Secure Mental Health Rehabilitation Unit
USQ	University of Southern Queensland
WAU	Weighted Activity Unit
WMH	West Moreton Hospital and Health Service

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 5
Accessibility	Table of contents	ARRs - section 9.1 4
	Glossary	122
	Public availability	ARRs - section 9.2 3
	Interpreter service statement	<i>Queensland Government Language Services Policy</i> ARRs - section 9.3 3
	Copyright notice	<i>Copyright Act 1968</i> ARRs - section 9.4 3
	Information licensing	<i>QGEA - Information Licensing</i> ARRs - section 9.5 3
General information	Introductory information	ARRs - section 10.1 8–9
	Agency role and main functions	ARRs - section 10.2 12–13
	Machinery of Government changes	ARRs - section 31 and 32 <i>n/a</i>
	Operating environment	ARRs - section 10.3 15–19 and 51
Non-financial performance	Government's objectives for the community	ARRs - section 11.1 6
	Other whole-of-government plans/specific initiatives	ARRs - section 11.2 16, 18, 36–49, 79–80
	Agency objectives and performance indicators	ARRs - section 11.3 16
	Agency service areas and service standards	ARRs - section 11.4 82
Financial performance	Summary of financial performance	ARRs - section 12.1 85
Governance - management and structure	Organisational structure	ARRs - section 13.1 62
	Executive management	ARRs - section 13.2 55–61
	Government bodies (statutory bodies and other entities)	ARRs - section 13.3 <i>n/a</i>
	<i>Public Sector Ethics Act 1994</i>	<i>Public Sector Ethics Act 1994</i> ARRs - section 13.4 77
	Queensland public service values	AARs - section 13.5 77

Summary of requirements		Basis for requirements	Annual report reference
Governance - risk management and accountability	Risk management	ARRs - section 14.1	55 and 75
	Audit committee	ARRs - section 14.2	55, 73 and 75
	Internal audit	ARRs - section 14.3	75
	External scrutiny	ARRs - section 14.4	75-76
	Information systems and record keeping	ARRs - section 14.5	76
Governance - human resources	Strategic workforce planning and performance	ARRs - section 15.1	68-72
	Early retirement, redundancy and retrenchment	<i>Directive No.11/12 Early Retirement, Redundancy and Retrenchment</i>	72
		<i>Directive No.16/16 Early Retirement, Redundancy and Retrenchment (from 20 May 2016)</i>	
	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	121
		FPMS - sections 42, 43 and 50	
		ARRs - section 17.1	
Independent Auditor's Report	FAA - section 62	125	
	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*

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 2019, 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 2019, 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 (\$213.4 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 at balance date and were measured at fair value using the current replacement cost method. West Moreton Hospital and Health Service performed a comprehensive revaluation over rural and community health buildings this year as part of the rolling revaluation program. All other buildings were assessed using relevant indices. The current replacement cost method comprises:</p> <ul style="list-style-type: none"> Gross replacement cost, less Accumulated depreciation <p>West Moreton Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for:</p> <ul style="list-style-type: none"> Identifying the components of buildings with separately identifiable replacement costs Developing a unit rate for each of these components, including: <ul style="list-style-type: none"> Estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre) Identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating the adjustment to the unit rate required to reflect this difference. 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 judgements 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 valuer 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 <ul style="list-style-type: none"> Assessing the competence, capabilities and objectivity of the experts used to develop the models. For unit rates associated with buildings that were comprehensively revalued this year: On a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: <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.

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 2019:

- 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.



9 August 2019

C G Strickland
as delegate of the Auditor-General

Queensland Audit Office
Brisbane

