

ANNUAL REPORT 2016–2017



Report objective

This annual report fulfils Metro South Health's reporting requirement to the community and to the Minister for Health. It summarises the health service's results, performance, outlook and financial position for the 2016–2017 financial year.

In particular, the report outlines Metro South Health's performance against key objectives identified in the *Metro South Health Strategic Plan 2015–2019*, as well as the Queensland Government's objectives for the community.

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If you have an enquiry regarding this annual report, please contact Metro South Health on (07) 3156 4949 or Metro_South_Communications@health.qld.gov.au

Public availability statement

This report, including the Other Reporting Requirements, can be viewed on Metro South Health's website at

www.metrosouth.health.qld.gov.au/about-us/publications/annual-report

Hard copies of the annual report are available by phoning the Office of the Chief Executive, Metro South Health, on (07) 3156 4949.

Interpreter service statement



The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on (07) 3156 4949 and we will arrange an interpreter to effectively communicate the report to you.

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Letter of compliance



Metro South Health

22 August 2017

The Honourable Cameron Dick MP
Minister for Health and
Minister for Ambulance Services
PO Box 48
BRISBANE QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2016–2017 and financial statements for Metro South 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 at page 148 of this annual report.

Yours sincerely

A handwritten signature in black ink, appearing to read "Terry White".

Terry White AO
Chair
Metro South Hospital and Health Board

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Acknowledgement of the Traditional Owners

Metro South Health acknowledges and pays respects to Aboriginal and Torres Strait Islander Elders, people, consumers and staff past and present, on whose land we provide health services to all Queenslanders. We sincerely thank them for their ongoing generosity and willingness to work with and support our staff.

Closing the Gap

Metro South Health remains committed to closing the gap to reduce the inequalities that exist between Aboriginal and Torres Strait Islander and non-Indigenous Australians. More information on our commitment can be found on page 89.



Message from the Board Chair and Chief Executive

It is with a great sense of pride that we present the fifth annual report for Metro South Health.

In our 2016–17 annual report we reflect on a year of growth and development for the health service and highlight our milestones and achievements in improving the health outcomes of our community.

This year saw Metro South Health continue the implementation of the Digital Hospital project with the rollout of the new functionality known as “MARS”—medications management, anaesthesia, and research support—in March 2017. Planning also commenced for the implementation of the Digital Hospital program at Logan and Beaudesert hospitals as part of Metro South Health’s vision of becoming a fully digital health service. Our staff are integral to achieving our digital status and have led the digital revolution for the rest of the nation to follow.

All of Metro South Health’s accomplishments are a credit to each of our 14,000 staff who continually go above and beyond to deliver exceptional person-centred care. They have been the driving force behind our quest for Planetree recognition and their hard work and dedication also led to our Pathway to Excellence® designation. Their contribution to the community cannot be overstated and we are consistently impressed by their commitment and dedication to our patients.

Last financial year we launched the *Metro South Health Strategic Plan 2015–2019* which outlines key priority

areas, objectives, performance indicators and strategies. This year we have continued to focus on the three key areas of our plan: clinical excellence; technology; and health system integration, in order to serve our community the best we can. Our *Strategic Plan* reflects our commitment to working closely with the Queensland Government to implement its objectives for the community and its vision to make Queenslanders among the healthiest people in the world as part of the 10-year vision and strategy, *My health, Queensland’s future: Advancing health 2026*. In line with the Queensland Government’s objectives, this year Metro South Health launched the Healthier Choices project—our commitment to providing nourishing food choices at all of our facilities.

In 2016–17 we achieved many of the goals outlined in our *Strategic Plan*. Between October and November 2016 we officially launched the Planetree journey—our quest to become formally recognised as a person-centred care organisation. In April 2017 Beaudesert, Logan and Redland hospitals as well as Wynnum Health Service successfully achieved Pathway to Excellence® designation from the American Nurses Credentialing Center for nursing excellence. A number of apps were developed to improve clinical management of patients and provide an efficient and effective alternative to clinical appointments. In February 2017, Metro South Health and Brisbane South PHN signed a new Partnership Protocol, renewing our commitment to work together to deliver an integrated, coordinated health care network for our community.

Metro South Health is the major provider of public health services in the Brisbane south side, Logan, Redlands and Scenic Rim regions and we provide specialist health care to a population of more than one million people—23 per cent of Queensland’s population. Growing demand for our health services is being driven by overall population growth in South East Queensland as well as key population trends in our region, including an ageing population, areas of significant socio-economic disadvantage, and increasing populations of cultural and linguistically diverse groups and Aboriginal and Torres Strait Islander peoples.

This year 256,015 people were admitted to Metro South Health hospitals, 285,041 people presented to our emergency departments and 1,198,602 people attended outpatient appointments. Despite this high demand for health services, our staff continue to provide high-quality, compassionate person-centred care.

In 2016–17, our emergency department length of stay (ELOS) has remained steady despite a significant increase in emergency department attendances and a high bed occupancy rate. We performed 26,035 elective surgeries and exceeded the targets for elective surgeries treated in time in Categories 1 and 3. We have also continued with our efforts to reduce waiting lists for specialist outpatient appointments and are committed to making bigger improvements to our waiting lists in the coming year.

It is no secret that Metro South Health, along with the broader health system across the country, faces many challenges. Despite the projections of growing health service demand, significant opportunities exist for us to improve the health outcomes of our community and mitigate the effects of demand on our services. Advances in clinical technologies and research, innovative models of care, and contemporary procurement, funding, quality and workforce frameworks, all offer the potential to increase the efficiency and effectiveness of our health services in the future. We will continue to address these challenges in 2017–18, working in partnership with our staff, stakeholders, patients and the community. We will also continue building effective stakeholder relationships through our consumer voice, community connections, strategic partnerships and innovation and transformation initiatives.

Metro South Health is renowned for delivering world-class health care and this year we were busy building better health care infrastructure to benefit our community. In October, construction began on the new, state-of-the-art Wynnum-Manly Community Health Centre, Gundu Pa and the sod was turned on a \$10.5 million expansion of the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care in Inala.

In February 2017, the Minister for Health and Minister for Ambulance Services, the Honourable Cameron Dick MP, launched The Hopkins Centre: Research for Rehabilitation and Resilience bringing together almost 150 senior clinicians and researchers from Metro South Health and Griffith University to produce impactful research in disability and rehabilitation.

In March 2017, the Queensland Government announced \$5 million for the construction of a new Logan Hospital car park to ease pressure on patient parking and allow staff to return to onsite parking. In June, the Government also committed \$112.2 million over four years for future redevelopments at three public hospitals in the growth corridor of South East Queensland, including Logan Hospital.

Metro South Health is also investing in the future of public health care with the opening of a new Woolloongabba Community Health Centre. The centre provides a range of Addiction and Mental Health Services to the local community and will be home to the largest dental clinic on Brisbane’s southside, allowing us to deliver an additional 45,000 dental appointments each year.

It is testament to the ongoing success of the organisation that during the year, three of our Board members were reappointed to their positions. In addition to these reappointments, we welcomed three new Board members to join four current members. This decision has provided stability and continuity for our health service, while giving us the opportunity to capitalise on the expertise and experience of our new Board members. We also welcomed a new Deputy Chair, Adjunct Professor Janine Walker, and thank Mr Peter Dowling AM for his outstanding dedication to the role since 2012. Our deep gratitude goes out to our retiring Board members for their commitment and contribution to the health service.

After almost five years as Health Service Chief Executive, Dr Richard Ashby departed in February 2017 to take up an opportunity leading eHealth Queensland as Chief Executive. We wish to acknowledge Dr Ashby’s vision, leadership and resolve and his contribution to the successful delivery of Australia’s first large-scale Digital Hospital, the Princess Alexandra Hospital, in 2016.

We are committed to placing people at the core of all we do here at Metro South Health and we will ensure we continue providing quality health care that meets the needs of our community now and into the future.

Terry White AO

Chair
Metro South Hospital and Health Board

Robert Mackway-Jones

Acting Chief Executive
Metro South Hospital and Health Service

** Robert Mackway-Jones will return to his substantive position as Chief Finance Officer once a Chief Executive is appointed to the position*

2016-17 highlights



A new digital nutrition system (CBORD) is introduced at Logan Hospital to provide effective nutrition support to high risk patients



Queensland adults living with brain injury trauma get access to better rehabilitation support through the Queensland Government's \$14.6 million investment in a new brain injury program—the Acquired Brain Injury Transitional Rehabilitation Service



The sod is turned on the new, state-of-the-art Wynnum-Manly Community Health Centre, Gundu Pa

Wynnum's new community health facility is named: Wynnum-Manly Community Health Centre, Gundu Pa

JULY

AUGUST

SEPTEMBER

Beenleigh Community Health Centre celebrates 21 years of service



Princess Alexandra Hospital hosts its annual health symposium—*Healthcare in the Digital Age*



Construction starts on the new Woolloongabba Community Health Centre which will be home to public Oral Health and Addiction and Mental Health Services



Princess Alexandra Hospital welcomes Queensland's newest and most advanced CT scanner that is setting new standards in speed and dose reduction for patients

Three Metro South Health staff awarded grants totalling more than \$1.02 million through the National Health and Medical Research Council for kidney disease and cancer research



The team that developed Australia's first Integrated Specialist Ear, Nose and Throat Service at Logan Hospital wins the Minister's Award for Outstanding Achievement at the 2016 Queensland Health and Department of Health Awards for Excellence



More than 200 refugees receive dental treatment at the Tzu Chi Dental Fair hosted by Yeronga Oral Health Centre

Metro South Health begins the Planetree journey—its quest towards formal recognition as a person-centred care organisation



Metro South Health holds its first all-site mass casualty emergency exercise, 'EMERGO'



QEII Dental Clinic expands services to treat children

OCTOBER

NOVEMBER

DECEMBER

Work begins on a \$10.5 million expansion of the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care



Prostate cancer treatment at Princess Alexandra Hospital's Mater Radiation Oncology Centre is now safer and more effective with the launch of a Queensland-first beacon tracking system, Calypso



In a Queensland first, Logan Hospital becomes the launch site for a Health Justice Partnership, which supports women experiencing domestic and family violence

Beaudesert Hospital celebrates the birth of its 500th baby after birthing services were re-introduced in 2012

Residents in the Metro South Health region are offered the chance to become scientists at home as part of the world-first Zika Mozzie Seeker project



2016-17 highlights



In a world-first clinical trial at Princess Alexandra Hospital, an anti-inflammatory drug will be given to participants within hours of spinal trauma in an effort to minimise tissue damage and improve recovery from spinal cord injuries



Metro South Health restates its commitment to improving the health of Aboriginal and Torres Strait Islander people with senior leaders meeting on Close the Gap Day to endorse a *Statement of Commitment to Reconciliation*

Princess Alexandra Hospital's Radiation Oncology Unit celebrates 15 years of service and more than 20,000 patients treated



The Queensland Government announces a new Logan Hospital car park to ease pressure on patient parking and allow staff to return to onsite parking



Logan Hospital celebrates the birth of its 70,000th baby

A new dental sterilisation hub opens at the Logan Central Community Health Centre

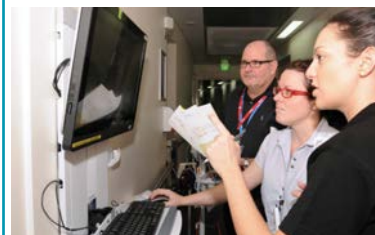
JANUARY

World-leading centre, The Hopkins Centre: Research for Rehabilitation and Resilience launches, bringing together almost 150 senior clinicians and researchers from Metro South Health and Griffith University to produce impactful research in disability and rehabilitation



FEBRUARY

The next phase of the Digital Hospital program, MARS (medications management, anaesthesia and research support) successfully rolls out at Princess Alexandra Hospital



MARCH

Metro South Health staff travel to Mackay and Rockhampton to assist their counterparts after Ex-Tropical Cyclone Debbie devastates the region. Staff also work around the clock to continue providing exceptional patient care to patients in the Metro South region after flood waters inundate the area.

Metro South Health welcomes Planetree representatives to tour facilities and assess how we are performing on our journey towards formal recognition as a person-centred organisation



PLANETREE



Logan, Beaudesert and Redland hospitals and Wynnum Health Service achieve Pathway to Excellence® designation from the American Nurses Credentialing Center for nursing excellence



A new project commences at Princess Alexandra Hospital which is set to revolutionise early detection of melanoma by taking a simple saliva-based genetic test



Logan Hospital introduces a Virtual Fracture Clinic, saving time for patients and the orthopaedic outpatient department for minor bone injuries of the hand, wrist, foot and ankles



Princess Alexandra Hospital leads the TROG Cancer Research 'POST' trial which showed patients with advanced skin cancer can be spared from having to undergo chemotherapy as surgery combined with radiotherapy was a more effective treatment

APRIL

MAY

JUNE

A team of anaesthetists at Princess Alexandra Hospital develop a world-first anaesthesia technique to make it safer for patients with obstructed airways to undergo surgery



Redland Hospital's renal dialysis unit celebrates 10 years of service



Princess Alexandra Hospital Stroke Unit participates in a clot-dissolving drug trial which could see patients receive life-saving treatment faster

The Queensland Government commits \$112.2 million over four years for detailed planning and preparatory works for proposed future redevelopments at three public hospitals in the growth corridor of South East Queensland, including Logan Hospital



1. Our organisation

Agency role and functions

Metro South Hospital and Health Service (hereafter referred to as Metro South Health) is an independent, statutory body, governed by the Metro South Hospital and Health Board, which is accountable to the local community and the Queensland Minister for Health and Minister for Ambulance Services.

Metro South Health became a hospital and health service (HHS) on 1 July 2012. Under the *Hospital and Health Boards Act 2011*, it is the principal provider of public health services for the community within its geographical area.

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

A formal *Service Agreement* is in place between the Department of Health and Metro South Health that identifies the health services that Metro South Health will provide, funding arrangements for those services, and targets and performance indicators to ensure outputs and outcomes are achieved.

Vision, purpose and objectives

As outlined in *Metro South Health's Strategic Plan 2015–2019*, Metro South Health's vision, purpose and objectives describe and support our direction and how we work together.

Our vision

To be renowned worldwide for excellence in health care, teaching and research

Our purpose

To deliver high quality health care through innovative and evidence-based strategies, enabled by the efficient use of available resources, robust planning processes and stakeholder collaboration

About Metro South Health

Metro South Health is one of 16 hospital and health services in Queensland and serves an estimated resident population of more than one million people, 23 per cent of Queensland's population. It employs more than 14,000 staff and has an annual operating budget of \$2.3 billion.

The health service's catchment spans 3,856 square kilometres and covers the area from the Brisbane River in the north to Redland City in the east, south to Logan City and the eastern portion of the Scenic Rim to the border of New South Wales.

Metro South Health is the major provider of public health care, teaching, research and other services as outlined in its *Service Agreement* with the Department of Health. It provides these services through a network of five major hospitals and a number of community health centres and oral health facilities. A full suite of health specialties is delivered through nine clinical streams: Addiction and Mental Health, Aged Care and Rehabilitation, Cancer, Emergency, Medicine and Chronic Disease, Oral Health, Patient Flow, Surgical, and Women's and Children's Services.

The *Service Agreement* is negotiated annually with the Department of Health and is publicly available at:

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

Our hospitals

- Beaudesert Hospital
- Logan Hospital
- Princess Alexandra Hospital (PAH)
- Queen Elizabeth II Jubilee Hospital (QEII)
- Redland Hospital

Major health centres

- Beenleigh
- Browns Plains
- Dunwich
- Eight Mile Plains
- Inala
- Logan Central
- Redland
- Wynnum



Metro South Hospital and Health Service is the major provider of public health services and health education and research in the Brisbane south side, Logan, Redlands and Scenic Rim regions.

Specialty services

Metro South Health delivers a full suite of specialty health services, including:

- acute medical
- acute surgical
- addiction and mental health services
- aged care
- brain injury
- cancer services
- cardiology
- emergency medicine
- obstetrics and gynaecology
- paediatrics
- palliative care
- rehabilitation
- spinal injury
- trauma
- transplantation.

Health services delivered in the community include:

- Aboriginal and Torres Strait Islander health
- addiction and mental health services
- BreastScreen Queensland
- chronic disease management
- community rehabilitation
- hospital avoidance and substitution services
- offender health
- oral health
- palliative care
- persistent pain
- refugee health
- residential aged care.

Statewide services

Princess Alexandra Hospital is a major tertiary facility that is renowned for its work in liver transplantation, renal transplantation, spinal injury management, brain injury rehabilitation and skull base surgery.

Metro South Health also operates the statewide Medical Aids Subsidy Scheme which provides funding for medical aids and equipment to Queenslanders with disabilities.

Education and research

Metro South Health is committed to strong undergraduate and post-graduate teaching programs in medicine, nursing and allied health, with linkages to the University of Queensland, Queensland University of Technology, Griffith University, and several other academic institutions.

Metro South Health is internationally recognised as a leader in biomedical and clinical research. Princess Alexandra Hospital is home to the Translational Research Institute (TRI)—a world class medical research facility housing more than 700 researchers from four of the country's pinnacle institutions.

In 2017, The Hopkins Centre: Research for Rehabilitation and Resilience commenced as a joint initiative of Griffith University, Metro South Health and the Motor Accident Insurance Commission. The centre is leading the way in interdisciplinary applied research that examines disability and rehabilitation practices, services and systems.

These centres of research, along with Brisbane Diamantina Health Partners, of which Metro South Health is a member, play an important role in promoting the transfer of knowledge to improve clinical outcomes and patient experience.

Our community

Metro South Health is the most populated hospital and health service in Queensland. In 2015, there were an estimated 1,101,386 residents in the region, equal to approximately 23 per cent of Queensland's population. By 2031, this is expected to grow to 1,382,675 residents.

The region's population is also forecast to continue to age, like the rest of the Australian population, due to increasing life expectancy at birth, the current population age structure and relatively low levels of fertility. Between 2016 and 2031, the number of residents aged 65 years and over is projected to grow by 65 per cent or 92,185 people.

In 2015, 27,173 residents of Metro South, or 2.5 per cent of the population, identified as Aboriginal and/or Torres Strait Islander.

Metro South is one of the most culturally and linguistically diverse populations in Queensland. In 2011, 281,392 Metro South residents reported being born overseas, with 59 per cent of these reporting as being from Non-English Speaking Background countries. Of these, 18 per cent did not speak English well, if at all.

In Metro South Health's geographical region:

- 57 per cent of adults report they are overweight or obese
- 94 per cent of adults report consuming less than the recommended serve of vegetables (five serves per day)
- 11 per cent of adults smoke daily
- 41 per cent of adults report undertaking less than the recommended level of exercise
- 20 per cent of adults report drinking at risky levels.

The leading causes of burden of disease in Metro South are cancer, mental health disorders, cardiovascular disease and neurological disorders.

Males account for about half of the Metro South population, but experience more than half of the total disease burden (51.7 per cent). Men had a significantly greater burden of disease for cancer, cardiovascular disease, intentional and unintentional injuries and alcohol dependence.

Our strategic objectives

OUR VISION: To be renowned worldwide for excellence in health care, teaching and research

Strategic Focus 1

Clinical excellence and better health care solutions for patients through redesign and improvement, efficiency and quality

Strategic Focus 2

Technology that supports best practice, next generation clinical care

Strategic Focus 3

Health system integration

Enabler 1

Resource management that supports health service delivery needs

Enabler 2

Enabling and empowering our people

Enabler 3

Ensuring the needs of our stakeholders influence all our efforts

Our values

**Customers first**

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

**Ideas into action**

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

**Unleash potential**

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

**Be courageous**

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

**Empower people**

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

Strategic risks, challenges and opportunities

Australia's health system is amongst the best in the world. However, demands on the system are increasing due to an ageing population, increased rates of chronic and preventable disease, new treatments becoming available and rising health care costs.

Metro South Health operates in an environment characterised by clinical innovation and reform which aims to achieve decision-making and accountability that is more responsive to local health priorities; stronger clinician, consumer and community participation; and a more 'seamless' patient experience across sectors of the health system.

Risks and challenges

As the largest public health service in Queensland, Metro South Health has a number of strategic risks over the next four years. These are:

- **Demand is greater than infrastructure and resource capacity**—there are indications that the health of Queenslanders is improving. Life expectancy is increasing, death rates for many causes are decreasing, and more people continue to report satisfaction with their health. However, hospitalisation rates are increasing for many health conditions, and are likely to continue to rise over the next 20 years. While much of the future pressure on the health care system will come from an ageing population, there are also other causes, in particular the impact of chronic diseases. The current infrastructure and resources are unlikely to be able to meet the health needs of Metro South residents over the coming years. Changes to models of care and the delivery of health services are required to ensure demand is able to be met.
- **Revenue generated is less than planned**—Metro South Health has developed a number of strategies to generate revenue. If these strategies do not deliver the expected results, a review of services will be required to retain financial viability.
- **Unanticipated events (e.g. natural disasters, pandemics)**—Queensland regularly experiences severe weather events and natural disasters and Metro South Health, as the largest hospital and health service, is integral in the management of pandemics or disease outbreaks. Plans are in place to respond to disease outbreaks, natural disasters and environmental hazards.
- **Advances in health technology**—it is estimated that half of the increase in health spending over the past 50 years will be due to the introduction of new technologies and the subsequent increased volume of services per treated case. Metro South Health is committed to increasing the availability and use of technology in an appropriate way.

Opportunities

Key opportunities for 2017–18 that will assist Metro South Health to continue to meet its targets include:

- incorporation of new technology, particularly the implementation of the Digital Hospital project across the health service and the use of technology to provide home-based health care. New technologies, including eHealth and telehealth, will provide opportunities to deliver more effective health services and improve health outcomes.
- activities that contribute to public-private partnerships to develop infrastructure and utilise value-based contracting and outsourcing to improve the effectiveness and efficiency of support services and procurement
- a strong partnership with the Brisbane South PHN to move towards a more integrated and coordinated health care system
- leading research and promoting translational research initiatives through the Translational Research Institute to enable the transfer of research knowledge into improved health outcomes
- maintaining and improving the current positive workplace culture in the midst of large change programs and new work environments, to realise benefits from an effective and efficient workforce structure.

2. Our governance

By enabling and capitalising on local decision making and clinical leadership, Metro South Health's Board continues to develop the health service's culture of innovation and accountability in order to deliver better health outcomes for the community.

An accountable structure

Hospital and Health Board

The Metro South Hospital and Health Board is responsible for setting the overall strategic direction, establishing goals and objectives for the health service, and monitoring the organisation in line with government health policies and directives. The Metro South Hospital and Health Board reports to the Minister for Health and Minister for Ambulance Services, the Honourable Cameron Dick MP.

Metro South Health Executive

The Health Service Chief Executive is responsible for overall management, performance and activity outcomes for Metro South Health. The Chief Executive reports directly to the Board.

Reporting to the Chief Executive is a group of Executive Directors, each responsible for a service, portfolio or professional stream within the organisation.

Clinical streams

Through its facilities, Metro South Health delivers a full suite of specialties to the community. These services are categorised into nine core health specialty areas, which are referred to as 'clinical streams'.

Each of the nine clinical streams is led by a single Clinical Stream Leader, supported by one or more Sub Stream Leaders.

The benefit of the clinical stream governance is improved integration of services across Metro South Health, and targeted innovation and clinical redesign.

Clinical Stream Leaders report directly to the Health Service Chief Executive and are expected to:

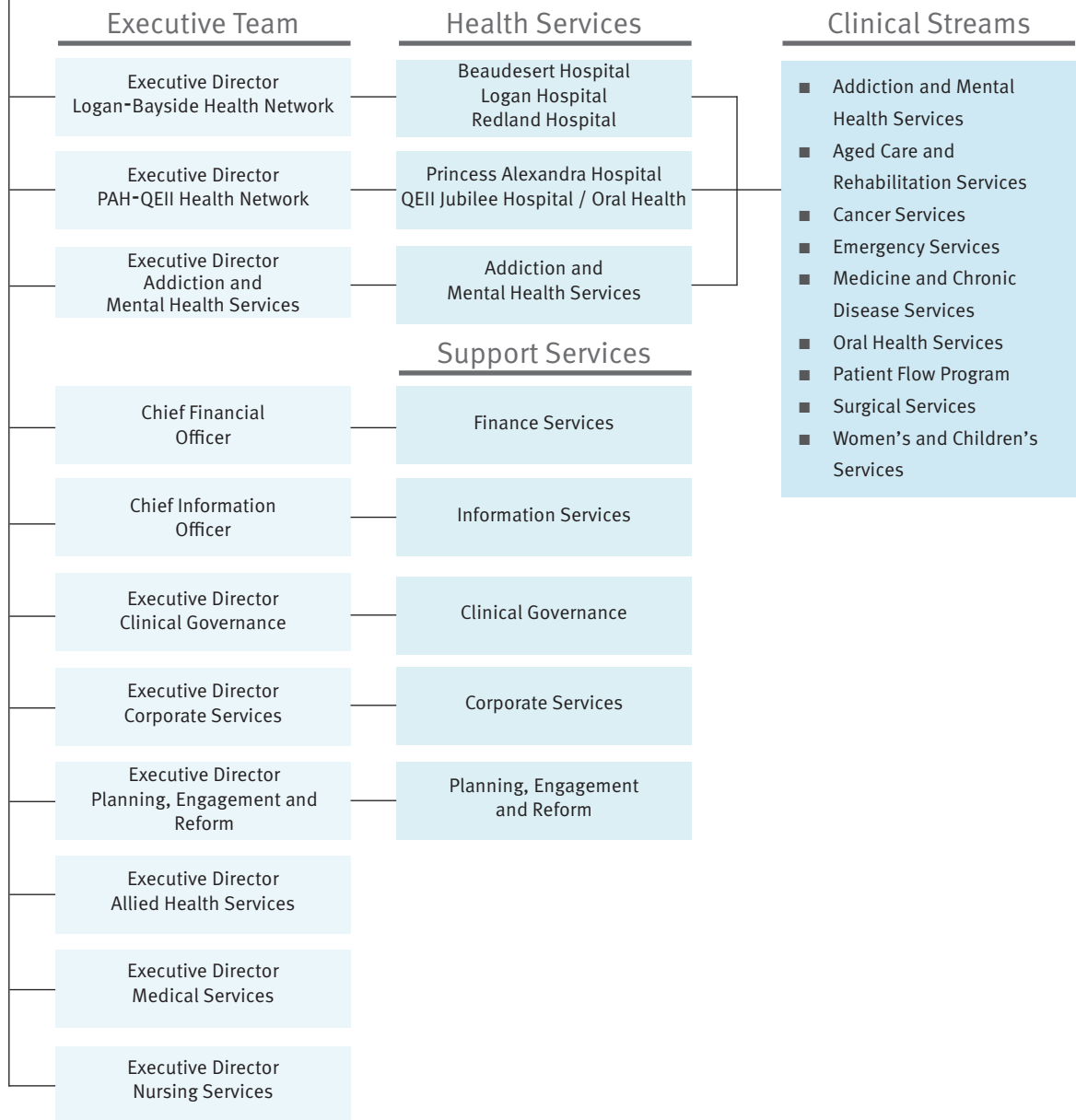
- undertake service planning and stakeholder engagement
- redesign clinical services
- innovate for the future.

**Minister for Health
and Minister for
Ambulance Services**
Hon. Cameron Dick MP

**Metro South Hospital
and Health Board**
Chair: Mr Terry White AO

**Health Service
A/Chief Executive**
Mr Robert Mackway-Jones

Organisation structure (as at 30 June 2017)





Our Board

The Metro South Hospital and Health Board (MSHHB) comprises ten members appointed by the Governor in Council on the recommendation of the State Minister for Health and Minister for Ambulance Services pursuant to the *Hospital and Health Boards Act 2011* (the Act). Each member brings a broad range of skills, expertise and experience to the Board.

The Board oversees and manages Metro South Hospital and Health Service (Metro South Health) and ensures that the services provided by Metro South Health comply with the requirements of the Act and the service's objectives.

The MSHHB is responsible for setting strategic direction, establishing goals and objectives for executive management, monitoring the organisation in line with current government health policies and directives and ensuring that adequate and appropriate community consultation is undertaken.

Key responsibilities

The MSHHB is responsible for the governance activities of the organisation and derives its authority from the Act and other subordinate legislation. The Board reports to the Minister for Health and Minister for Ambulance Services. The key responsibilities of the Board include:

- reviewing and approving strategies, goals, annual budgets and financial plans as designed by the Hospital and Health Service in response to community and stakeholder input
- monitoring financial performance on a regular basis
- monitoring operational performance on a regular basis including compliance with clinical regulations and standards
- ensuring that risk management systems are in place to cover all of the organisation's key risk areas including operational, financial, environmental and asset related risks
- ensuring that Metro South Health has policies and procedures to satisfy its legal and ethical responsibilities
- monitoring committee reporting on operational, financial and clinical performance
- determining the desired culture for the hospital and health service to enhance its reputation with the community and stakeholders
- reporting to and communicating with Government, the community and other stakeholders on the financial and operational performance of the organisation.

Board roles

Board Chair

The Chair of the Board is appointed by the Governor in Council on the recommendation of the Minister for Health and Minister for Ambulance Services following an advertised recruitment process. The Chair of the Board's responsibilities are to:

- preside over all meetings of the Board (in the event of the Chair being absent, the Deputy Chair shall preside for the course of that meeting)
- maintain a regular dialogue and mentoring relationship with the Health Service Chief Executive (HSCE)
- monitor the performance of the Board and individual members and promote the ongoing effectiveness and development of the Board
- manage the evaluation and performance of the HSCE and the Board
- inform the Minister about significant issues and events.

Corporate Secretary

The Corporate Secretary provides administrative support to the Board. The Corporate Secretary is responsible for:

- preparing agendas and minutes
- organising Board meetings
- organising Directors' attendances
- preparing the Board induction packages
- providing a point of reference for communication between the Board and Metro South Health Executive
- attending to all statutory filings and regulatory requirements.

Board activities and achievements

In 2016–17, the Board and its committees developed, monitored and advised on:

- key health service strategies and plans including:
 - o Metro South Health Strategic Plan 2015–19
 - o Metro South Health Operational Plan
 - o Consumer and Community Engagement Strategy
 - o Total Asset Management Plan
 - o Clinical Governance Strategic Plan
 - o Brisbane South PHN Relationship Agreement
- key projects including:
 - o Digital Hospital MARS rollout
 - o Wynnum-Manly Community Health Centre
 - o Inala Centre of Excellence, stage 2
 - o Logan Hospital Expansion
 - o Planetree
- Metro South Health's service agreement with the Department of Health
- Health Service Chief Executive recruitment
- outpatient wait list management
- patient flow and bed management
- obesity prevention
- strategic risk management
- annual reporting requirements.

Board members (as at 30 June 2017)



Mr Terry White AO

Board Chair

Appointed as inaugural Chair: 18 May 2012

Current term: 18 May 2016 – 17 May 2019

Terry White is a Pharmacist, Company Director with extensive board and business experience including roles as a Member of Parliament, Minister of the Crown, President of the Pharmacy Guild and consultant to health care companies such as Faulding, Mayne and Symbion. Mr White is the Founding Chair of the Terry White Chemists franchise group which has grown into a 2.2 billion dollar business employing over 10,000 staff with 500 outlets across Australia. He also served as Deputy Chair of the Workcover Board (from 1997-2012).

Terry is a Founding Fellow of the Australian Institute of Company Directors and a Fellow of the Australian Institute of Management. In 2006, he was appointed as an Officer of the Order of Australia for his services to the retail industry, the community and to the Parliament. In 2011 he was inducted into the Queensland Business Leaders Hall of Fame in recognition of his exceptional entrepreneurship, including his significant contributions to public leadership. In 2012, Terry was recognised as a Queensland Great for his services to the State as a business and community leader.

In July 2014 he was awarded the QUT Faculty of Health 2014 Outstanding Alumni Award together with a Special Excellence Award for Lifetime Achievement. He became an Adjunct Professor at QUT in the Faculty of Health in 2014, and in 2015 he accepted an Adjunct Professorship in the Faculty of Health & Behavioural Sciences and Faculty of Medicine & Biomedical Sciences at the University of Queensland. In August 2016 QUT conferred a Doctorate of the University in recognition of his distinguished service to the community through public office and leadership roles played within the Pharmacy profession. In recognition of his distinguished career, The University of Queensland awarded Terry White the Honorary Degree of Doctor of Pharmacy in July 2017.



Adjunct Professor Janine Walker

Deputy Chair

Appointed: 18 May 2016

Appointed as Deputy Chair: 18 May 2017

Current term: 18 May 2017 – 17 May 2021

Adjunct Professor Janine Walker is a human resources expert with a background in health, academia and broadcasting.

Janine previously held senior management positions including Human Resources Director for Griffith University and Princess Alexandra Hospital, Director of Industrial Relations for Queensland Health, and Industrial Director and General Secretary of the Queensland Public Sector Union.

She also worked as a broadcaster and columnist, and served for six years on the Board of the Australian Broadcasting Corporation and for four years as Chair of the Corporation's Audit Committee. She has held a range of board and committee appointments including membership of the Vocational Education Training and Employment Commission, Chair of the Australia New Zealand Foundation, Chair of All Hallows' School and Board Member of the Queensland Symphony Orchestra.

Janine is an Adjunct Professor in the Griffith Business School, providing guest lectures and supporting research. She is a Fellow of the Australian Human Resource Institute and Australian Institute of Management and a Member of the Australian Institute of Company Directors and currently serves as a Council Member at St Margaret's Anglican Girls' School.



Ms Helen Darch

Board Director

Appointed: 18 May 2017

Current term: 18 May 2017 – 17 May 2020

Helen Darch is a prominent consultant with wide-ranging experience across a variety of industry sectors. She established and is the Managing Director of the Nedhurst Consulting Group in Brisbane. Prior to this she was a partner at Niche Consultants, Group Manager, Communication Services at Rowland Communication Group, and consultant at SMS Management and Technology.

Helen has extensive strategic planning, strategic communication, change management, market research, and management consulting experience. She has consulted widely in the education, health, government, not-for-profit and resources industries.

Helen is currently Deputy Chair of the Children’s Hospital Foundation Board, and Chair of the Foundation’s Fundraising and Marketing Committee. She is the interim Chair of the Children’s Health Research Alliance, an initiative of the Children’s Hospital Foundation and Children’s Health Queensland. Until 2015, she chaired the Cerebral Palsy League, Queensland Board, and its Nominations Committee and Executive Appraisal Committee.



Adjunct Professor Iyla Davies

Board Director

Appointed: 18 May 2017

Current term: 18 May 2017 – 17 May 2020

Adjunct Professor Iyla Davies was admitted as a lawyer in 1983 and worked in family law and personal injuries before becoming a law academic for more than 20 years, specialising in mediation and dispute resolution.

Iyla is currently a Director of Mercy Community Services, Chair of All Hallows’ School and a Director of Emmanuel College within UQ. She is also an Adjunct Professor in the School of Law, UQ.

Iyla has previously held a number of community leadership roles as National and Queensland President of Relationships Australia, Director of Legal Aid Queensland, National President of University Colleges Australia and a Member of the Specialist Accreditation Board, Queensland Law Society. In addition, she has held senior university positions as Assistant Dean, International, Commercial and Community Engagement in the Faculty of Law, QUT and as Head of College and Chief Executive Officer of the Women’s College within UQ.

Iyla holds a Bachelor of Laws (Hons) and a Master of Laws. She is also a Fellow of the Australian Institute of Company Directors.



Mr Peter Dowling AM

Board Director

Appointed: 29 June 2012

Current term: 18 May 2016 – 17 May 2019

Peter Dowling was Deputy Chair of the Metro South Hospital and Health Board from June 2012 to May 2017.

Peter is an accountant and company director. He is a Fellow of CPA Australia and Chartered Accountants Australia and New Zealand and a Fellow of The Australian Institute of Company Directors. He was formerly a partner with international accounting firm Ernst & Young. He is a Centenary of Federation Medal recipient and was made a Member of the Order of Australia in 2007 for services to accountancy and the community.

Peter has a number of other board and audit and risk committee appointments.

He is a Director of Healthdirect, TAFE Queensland and WorkCover Queensland and chairs a number of State and Local Government Audit Committees. Peter is also the Queensland Honorary Consul for Botswana.



Ms Donisha Duff

Board Director

Appointed: 18 May 2016

Current term: 18 May 2017 – 17 May 2021

Donisha has a background in health policy, planning and management with a particular focus on Aboriginal and Torres Strait Islander Health. She has over 15 years' experience in health and Indigenous affairs working in the Federal Government, Queensland Health, Australian Indigenous Doctors' Association, the National Aboriginal Community Controlled Health Organisation (NACCHO) and as Advisor (Indigenous Health) to the former Minister for Indigenous Health, Warren Snowdon MP. She is currently the General Manager (Indigenous Kidney Health) at Kidney Health Australia.

She holds a number of Board appointments including: Council Member of the Australian Institute for Aboriginal and Torres Strait Islander Studies (AIATSIS); Member of the Aboriginal and Torres Strait Islander Business and Innovation Reference Group to the QLD Minister; and Deputy Chair of the Stars Foundation Limited.

Ms Donisha Duff is an Aboriginal and Torres Strait Islander woman from Thursday Island in the Torres Strait. She has familial links with Moa and Badu Islands (Torres Strait) and is a Yadhaigana/Wuthathi Aboriginal traditional owner (Cape York).



Dr John Kastrissios

Board Director

Appointed: 29 June 2012

Current term: 18 May 2017 – 17 May 2019

Dr John Kastrissios is a general practitioner (GP) who has a special interest in the management of cardiovascular disease, asthma, diabetes and mental health. He is a current board member of the Brisbane South Primary Health Network (BSPHN) and Chair of the BSPHN Clinical Council.

John works as a GP supervisor for graduate registrars in training with General Practice Training Queensland.

John was previously the chair of Greater Metro South Brisbane Medicare Local, the South East Primary Health Care Network and General Practice Queensland, and deputy chair of the Australian Medicare Local Alliance Board.

In 2008 he received a national award for outstanding individual contribution to the Australian General Practice Network.

He is a graduate of the Australian Institute of Company Directors.



Professor Johannes (John) Prins

Board Director

Appointed: 29 June 2012

Current term: 18 May 2016 – 17 May 2019

Professor John Prins is an active clinician-scientist, a key opinion leader in diabetes and endocrinology in Australia and sits on numerous national and international scientific, clinical and educational committees and boards for the National Health and Medical Research Council, non-government organisations and industry, including as a Director of the Mater Foundation.

John undertook his clinical training in endocrinology in Brisbane and then completed a PhD in adipose tissue biology at the University of Queensland. His first post-doctoral research appointment was at the University of Cambridge, UK, based at Addenbrooke's Hospital. He returned to Brisbane in 1998 after being awarded a Welcome International Senior Research Fellowship.

As chair of the Centre of Health Research on the Princess Alexandra Hospital campus from 2005 to 2009, he coordinated campus-wide research strategy, fostered research, facilitated the recruitment of researchers to the campus, and integrated research and clinical activities. He has an ongoing clinical appointment as Senior Staff Endocrinologist at the Princess Alexandra Hospital.

In 2009 John was appointed Chief Executive and Director of the Mater Medical Research Institute. John has substantial commercialisation experience, holds three international patents and was founder and scientific director of a biotech company-Adipogen Pty Ltd. John is actively involved in undergraduate and postgraduate teaching and training, and has ongoing research interests in obesity and diabetes. He is Professor of Endocrinology at the University of Queensland and has over 140 publications with over 10,000 citations.



Dr Marion Tower

Board Director

Appointed: 29 June 2012

Current term: 18 May 2016 – 17 May 2019

Dr Marion Tower, is a registered nurse and an academic. She is currently the Director of Undergraduate and Pre-registration Nursing and Midwifery programs at the University of Queensland's School of Nursing, Midwifery & Social Work. Marion is also a Fellow of the Institute of Teaching and Learning Innovation at UQ.

She has a strong interest in developing curriculum for health students based on contemporary principles of safe, high quality person-centred care and researches and publishes in this area. Marion has a PhD from Griffith University for research on the health and healthcare for women affected by domestic violence. She is also a member of the Brisbane Boys College Council.

Marion has a long history of service to the Metro South community. From 2003-2011 she was a member of the QEII Health Community Council and was a member of the QEII Health Service District Safety and Quality Committee. Marion has been a member of the Metro South Hospital and Health Board and the Metro South Safety and Quality Committee since their inception.



Mr Paul Venus

Board Director

Appointed: 18 May 2017

Current term: 18 May 2017 – 17 May 2020

Paul is a recognised industry expert in relation to intellectual property law and technology, media and telecommunications law. He represents ASX listed companies, multinational chemical and technology companies, government agencies and private companies.

Paul is a Queensland Law Society Accredited Specialist in Commercial Litigation and an accredited and highly experienced mediator.

Board Director attendance

Board Director	MSHHB meetings	Executive Committee meetings	Finance Committee meetings	Audit and Risk Committee meetings	Safety and Quality Committee meetings
No. scheduled meetings	11	4	5	6	5
Terry White AO	10*	3*	-	-	-
Adjunct Professor Janine Walker	10	4	3	4	-
Helen Darch**	2	2	-	-	0
Adjunct Professor Iyla Davies**	2	2	-	-	0
Peter Dowling AM	9	4	5*	6*	-
Donisha Duff	9	4	-	-	3
Dr John Kastrissios	10	3	-	-	5
Professor John Prins	11	4	-	-	5*
Dr Marion Tower	11	4	-	-	5
Paul Venus**	2	2	0	0	-
Margo MacGillivray***	8	3	4	5	-
Lorraine Martin AO***	9	3	-	-	4

*Denotes Chair of Board/committee

**Appointed to the Board 18 May 2017

***Departed Board in 2016–17

Remuneration of Board Directors

Total Board expenses, including allowance and employer superannuation expenses incurred by Metro South Health, are disclosed in the Financial Statements in Chapter 6 of this Annual Report (Refer to Note E1).

There were no out-of-pocket expenses for Board members during 2016–17.

Board committees

The Metro South Hospital and Health Board (MSHHB) has established four committees to assist in carrying out its functions and responsibilities.

The four committees are:

- Executive Committee
- Finance Committee
- Audit and Risk Committee
- Safety and Quality Committee.

The Board has authorised each committee, within the scope of its responsibilities, to examine any matter in relation to its objectives as it sees fit or as requested by the Board. The Board committees are subject to annual review.

The committees are led by Board members with the Chair of each committee being a member of the Board and are supported by the Health Service Chief Executive (HSCE) or other senior executives of Metro South Health (MSH).

Executive Committee

Membership

Chair:

Terry White AO

Members:

Peter Dowling AM
Dr John Kastrissios
Professor John Prins
Dr Marion Tower
Adjunct Professor Janine Walker
Donisha Duff
Helen Darch
Paul Venus
Adjunct Professor Iyla Davies

Standing invitees:

Health Service Chief Executive
Chief Finance Officer

The Executive Committee is an advisory committee to the Board. It functions under the authority of the Board in accordance with section 32B of the *Hospital and Health Boards Act 2011*.

Functions:

The Executive Committee supports the Board by:

- working with the HSCE to progress strategic issues identified by the Board
- strengthening the relationship between the Board and the HSCE to ensure accountability in the delivery of services
- developing strategic service plans and monitoring their implementation
- developing key engagement strategies and protocols, and monitoring their implementation
- performing any other functions required by the Board or prescribed by regulation.

The Executive Committee meets quarterly, or as determined by the Board.

Finance Committee

Membership

Chair:

Peter Dowling AM

Members:

Adjunct Professor Janine Walker
Paul Venus

Standing invitees:

Health Service Chief Executive
Chief Finance Officer
Director Audit and Risk
Management

The Finance Committee is a prescribed committee under section 31, of the *Hospital and Health Boards Regulation 2012*. It functions under the authority of the Board in accordance with schedule 1, section 8, of the *Hospital and Health Board Act 2011*.

Functions:

The Finance Committee's functions include:

- monitoring the Health Service's performance against relevant Service Agreement Key Performance Indicators specifically related to performance and funding
- assessing MSH's budget and ensuring the budgets are:
 - o Consistent with the organisational objectives of MSH
 - o Appropriate having regard to MSH funding
- monitoring MSH cash flow, having regard to the revenue and expenditure of MSH
- monitoring the adequacy of MSH's financial systems, having regard to its operational requirements and obligations under the *Financial Accountability Act 2009*
- assessing financial risks or concerns that impact, or may impact, on the financial performance and reporting obligations of MSH, and how MSH is managing the risks or concerns
- assessing the Service's complex or unusual financial transactions
- assessing any material deviation from the Service's budget
- any other function given to the committee by the MSHHB (if the function is not inconsistent with a function mentioned in the dot points above)
- identify risks and mitigating strategies associated with all decisions made
- implement processes to enable the committee to identify, monitor and manage critical risks as they relate to the functions of the committee.

The Finance Committee is required to meet at least four times per year or as required by the Chair.

Audit and Risk Committee

Membership

Chair:

Peter Dowling AM

Members:

Adjunct Professor Janine Walker
Paul Venus

Standing invitees:

Health Service Chief Executive
Chief Finance Officer
Director Audit and Risk
Management

The Audit and Risk Committee is a prescribed committee under section 31, of the *Hospital and Health Boards Regulation 2012*. It functions under the authority of the Board in accordance with schedule 1, section 8, of the *Hospital and Health Board Act 2011*.

The purpose of the Audit and Risk Committee is to provide advice and assistance to the Board on:

- the service's risk, control and compliance frameworks
- the service's external accountability responsibilities as prescribed in the *Financial Accountability Act 2009 (FAA2009)*, *Auditor-General Act 2009*, *Financial Accountability Regulation 2009* and *Financial and Performance Management Standard 2009*.

Functions:

The Audit and Risk Committee advises the Board on:

- assessing the adequacy of MSH financial statements, having regard to the following:
 - o the appropriateness of the accounting practices used
 - o compliance with prescribed accounting standards under the *FAA2009*
 - o external audits of MSH financial statements
 - o information provided by MSH about the accuracy and completeness of the financial statements
- monitoring MSH compliance with its obligation to establish and maintain an internal control structure and systems of risk management under the *FAA2009*, including:
 - o whether MSH has appropriate policies and procedures in place
 - o whether MSH is complying with the policies and procedures
- monitoring and advising the Board about its internal audit function
- overseeing MSH liaison with the Queensland Audit Office in relation to MSH proposed audit strategies and plans
- assessing external audit reports including performance audit and assessing the adequacy of action taken by management as a result of the reports
- monitoring the adequacy of MSH's management of legal and compliance risks and internal compliance systems, including the effectiveness of the systems in monitoring compliance by MSH with relevant laws and government policies
- evaluation and approval of the Internal Audit Charter, Internal Audit Strategic and Annual Audit Plans
- overseeing and appraising MSH financial operational reporting processes (through internal audit)
- reviewing the effectiveness of the internal audit function and ensuring that it meets the requirements of the professional standards issued by Institute of Internal Auditors, and has regard to the Queensland Treasury's Financial Accountability Handbook
- monitoring the effectiveness of MSH performance information, and compliance with the performance management framework and performance reporting requirements
- assessing MSH complex or unusual transactions or series of transactions, or any material deviation from the MSH budget
- any other function given to the committee by the Board (if the function is not inconsistent with a function mentioned in the dot points above)
- reviewing the risk management framework for identifying, monitoring and managing significant business risks, including fraud
- liaising with management to ensure there is a common understanding of the key risks to the agency (these risks will be clearly documented in the risk register which will be regularly reviewed to ensure it remains up-to-date)

- assessing and contributing to the audit planning process relating to risks and threats to MSH
- reviewing effectiveness of MSH's processes for identifying and escalating risks, particularly strategic risks.

The Audit and Risk Committee has observed the terms of its charter and had due regard to the Audit Committee Guidelines issued by Queensland Treasury.

The Audit and Risk Committee meetings are held at least quarterly with a schedule of meetings agreed in advance.

Safety and Quality Committee

Membership

Chair:

Professor John Prins

Members:

Dr Marion Tower
Dr John Kastrissios
Ms Donisha Duff

Standing invitees:

Health Service Chief Executive
Chief Finance Officer
Executive Director Clinical Governance
3 professional heads
1 quality coordinator
1 front line clinician

The Safety and Quality Committee is a prescribed committee under section 32 of the *Hospital and Health Boards Regulation 2012*. It functions under the authority of the Board in accordance with schedule 1, section 8 of the *Hospital and Health Boards Act 2011*.

Functions:

The Safety and Quality Committee advises the Board on matters relating to the safety and quality of health services provided by MSH, including strategies for:

- minimising preventable patient harm
- reducing unjustified variation in clinical care
- improving the experience of patients and carers of MSH in receiving health services
- complying with national and state strategies, policies, agreements and standards relevant to promoting consultation with health consumers and members of the community about the provision of health services by MSH
- monitoring MSH governance arrangements relating to the safety and quality of health services, including monitoring compliance with MSH policies and plans about safety and quality
- promoting improvements in the safety and quality of health services provided by MSH
- monitoring the safety and quality of health services being provided by MSH and using appropriate indicators developed by MSH
- collaborating with other safety and quality committees, the department and statewide quality of health services
- any other function given to the committee by the MSH (if the function is not inconsistent with a function mentioned in the dot points above)
- identifying risks and mitigating strategies associated with all decisions made
- implementing processes to enable the committee to identify, monitor and manage critical risks as they relate to the functions of the committee.

The Safety and Quality Committee meets bi-monthly or as requested by the Chair.

Our Executive team

Health Service Chief Executive (HSCE) (as at 30 June 2017)

The Board appoints the HSCE and delegates the administrative function of Metro South Health to the HSCE and those officers to whom management is delegated. The HSCE's responsibilities are:

- managing the performance and activity outcomes of Metro South Health (MSH)
- providing strategic leadership and direction for the delivery of public sector health services in MSH
- promoting the effective and efficient use of available resources in the delivery of public sector health services in MSH
- developing service plans, workforce plans and capital works plans
- managing the reporting processes for performance review by the Board
- liaising with the executive team and receiving committee reports as they apply to established development objectives.

The HSCE may delegate the chief executive's functions under the *Hospital and Health Boards Act 2011* to an appropriately qualified health executive or employee.



Mr Robert Mackway-Jones

Health Service Acting Chief Executive

Robert has 22 years of health sector experience and more than 12 years of senior leadership experience within the New Zealand environment. He joined Metro South Health as Chief Finance Officer (CFO) in June 2013. Robert's New Zealand health experience included various financial roles and sector leadership roles. From 2010 to 2013 he led the health needs assessment, strategic planning, funding and contracting for health services activities for the Southern District Health Board while concurrently fulfilling its Chief Finance Officer role.



Dr Stephen Ayre

Executive Director, PAH-QEII Health Network

Dr Stephen Ayre began his career as a general practitioner on the Sunshine Coast and has worked in several hospitals across the state. Stephen is a graduate of the University of Queensland Medical School, has a Masters in Health Administration from the University of NSW, and is a Fellow of the Royal Australasian College of Medical Administrators. He has worked in senior management roles across health, including community health, medical superintendent and medical services. Stephen also worked in Tasmania, where he was the CEO of the Launceston General Hospital from 2004–2008. He also worked as the Executive Director of Medical Services at The Prince Charles Hospital from 2008–2014. Stephen was appointed as Executive Director, Princess Alexandra Hospital and QEII Jubilee Hospital Health Network in May 2014.



Ms Veronica Casey

Executive Director, Nursing and Midwifery Services

Veronica has held nursing executive leadership positions in Queensland Health since 1998. She worked in nursing director roles at The Prince Charles Hospital, the Royal Brisbane Hospital and the Royal Women's Hospital prior to her appointment as Executive Director, Nursing Services at Princess Alexandra Hospital and Metro South Health. During her time at Princess Alexandra Hospital, she has been instrumental in helping the hospital achieve re-designation under the Magnet® credentialing program, and the introduction of the Nurse Sensitive Indicator performance monitoring system. In 2010, she was appointed as one of three inaugural international commissioners for the American Nurses Credentialing Centre. Veronica was appointed as a Board Member on the Nursing and Midwifery Board of Australia in May 2014.



Professor David Crompton OAM

Executive Director, Addiction and Mental Health Services

David worked in private practice as a rural general practitioner prior to commencing psychiatry training and spending 12 years in private psychiatry practice. David is a Professor within the School of Health Service and Social Work and holds academic titles with the University of Queensland and Queensland University of Technology. He has held leadership roles in Queensland Health and New South Wales Health and is the coordinator for the Centre for Neuroscience, Recovery and Mental Health. He was awarded a Medal of the Order of Australia for development of community based mental health services for veterans, development of community post-traumatic stress disorder and anxiety and substance abuse treatment services. David's research interest includes the impact of trauma and natural disasters, suicide and factors that influence recovery of individuals with mental illness.



Dr Michael Daly

Executive Director, Clinical Governance

Michael is a graduate of University College Dublin, who commenced his senior management roles as Executive Director Medical Services, West Moreton in 2002. After leading the Bundaberg Hospital Emergency Response Team in 2005, Michael founded the Southern Area clinical Governance Unit, introducing baseline clinical governance systems across the southern part of Queensland. Since 2008, Michael has been the Executive Director Clinical Governance, Metro South Health. He has developed and evolved a number of Australia-leading clinical governance systems including: communication training programs, senior medical performance systems, audit and scorecard systems, and Digital Hospital safety systems.

Michael led the accreditation against the 10 National Standards that saw Metro South Health hospitals achieve the best results in Australia. He has been invited to provide clinical governance support and advice to 17 other hospitals and, since 2014, 14 hospitals have visited Michael and his team. Michael is also running collaborations with New Zealand and Norway. He is an Adjunct Associate Professor at QUT and is a member of the National Model Clinical Governance Advisory panel. He is an international speaker on senior medical performance and Digital Hospital safety and has been published on deteriorating patients, end of life, disaster management and communication programs.



Mr Michael Draheim

Chief Information Officer

Michael is the Chief Information Officer for Metro South Hospital and Health Service. He is an Adjunct Professor at the University of Queensland's Business School and holds a post graduate qualification in Health Administration & Information Systems. Michael has more than 30 years of health care experience in both public and private organisations across Australia; this includes health management, leadership and executive roles. He also has over 14 years of clinical practice across a variety of settings with speciality focus as a Registered Nurse with advanced practitioner expertise in Adult Intensive Care and Advanced Life Support, including senior clinical leadership roles.

Michael has practical experience in clinical education, informatics and leadership positions. This experience is supported by competencies in clinical service management, waiting list management, policy development, clinical information system implementation, program/project management, organisational governance and change management. From an outcome perspective, Michael's major achievements include the successful delivery of the first end to end digitalisation of a major public hospital in Australia, including the first adult public hospital in Australia to achieve EMRAM Level 6; service delivery transformation to support changing models of care; aligned reporting around data analytics and predictive modelling to support clinical care; as well as delivering projects to support major telehealth services to regional and remote hospitals.



Ms Kathy Grudzinskas

Acting Executive Director, Allied Health Services

Kathy has been continuously employed as a physiotherapist in hospital and community settings in South Australia and Queensland since 1981. She joined the Princess Alexandra Hospital as Director of Physiotherapy Services in 1995 and was appointed as Executive Director of Clinical Support Services, Princess Alexandra Hospital, in December 2015. Kathy has a strong interest in governance, and has served as a practitioner member of the Physiotherapy Board of Queensland, Physiotherapy Board of Australia, and the Australian Physiotherapy Association. Recently, Kathy chaired the Steering Committee for the review and development of the Physiotherapy practice thresholds in Australia and Aotearoa New Zealand, which were published in May, 2015. She is a current Director of the Australian Physiotherapy Council.



Dr Susan O'Dwyer

Executive Director, Medical Services

Dr Susan O'Dwyer has worked in various medical administration roles at facilities across Queensland Health since 2001. Susan's experience includes a seven-year term at the Department of Health with responsibilities for medical workforce, education and training. Susan has a long-standing involvement with the Australian Medical Council, including accreditation activities for international medical graduate pathways, prevocational accreditation, and specialist college accreditation. Susan is a Censor with the Royal Australasian College of Medical Administrators, a member of the Medical Board of Australia, and Chair of the Queensland Board of the Medical Board of Australia. She is also the Chair of the Queensland Registration Committee of the Medical Board of Australia. These professional roles complement Susan's role with Metro South Health as the professional lead for medical practitioners.



Dr Jacinta Powell

Acting Executive Director, Logan-Bayside Health Network

Dr Jacinta Powell has been the Director of Medical Services at Logan and Beaudesert Hospitals since April 2015 and has been acting in the role of Executive Director, Logan Bayside Health Network since November 2016. Prior to these roles she was the Medical Director of the Metro North Mental Health Service and Clinical Director at The Prince Charles Hospital. Her previous experience includes Director, Inner North Brisbane Mental Health Service, Director of Herston Mental Health Services and founder of the Eating Disorders service at Royal Brisbane and Women's Hospital.

Dr Powell's qualifications include the Fellowship of the Royal Australian and New Zealand College of Psychiatrists (1994), a Masters of Health Administration from the University of NSW (2002) and a Fellowship of the Royal Australasian College of Medical Administrators (2011). Dr Powell has experience in working in state wide roles as the Principal Advisor in Psychiatry and Director of Mental Health for Queensland. She has been an active member of the Queensland Branch of the RANZCP for many years currently holding the position of Chair of the Queensland Branch Training Committee.

She is a surveyor with the Australian Council on Healthcare Standards and has a keen interest in health care systems, patient safety and consumer and carer engagement. Dr Powell maintains an active clinical practice working with adults with severe, chronic and complex mental illness including providing a consultation liaison psychiatry service to the renal dialysis unit.



Ms Jen Rossiter

Acting Executive Director, Corporate Services

Jen has more than twenty years' experience in Queensland Health and has undertaken both corporate and technical roles during this period. Jen is a graduate of Queensland University of Technology (QUT) with a Master of Science and spent almost ten years 'on the bench' at Forensic and Scientific Services, specialising in trace metal toxicological analysis. In the past, Jen worked in a number of roles including ICT and workforce project management, before moving back to the laboratory environment as Director and successfully led a significant business improvement program.

More recently, following her desire to work in an engineering environment (as her Masters qualification was a joint study with the School of Civil Engineering) she worked in the Department of Transport and Main Roads, leading the delivery of the state planning and corporate services programs and the facilitation of land development across the state. Jen has undertaken a number of post-graduate studies in leadership and management and has particular interests in adaptive leadership, culture change and the implementation of systems and processes that dramatically improve service delivery in healthcare and the public sector as a whole.



Ms Kay Toshach

Executive Director, Planning Engagement and Reform

Kay has a background in physiotherapy and worked as a senior clinician within Queensland Health and the United Kingdom's National Health Service before pursuing an interest in health service planning, change management and corporate governance. Both within the Princess Alexandra Hospital and, more recently, across Metro South Health, she has been responsible for leading a range of broad change initiatives including planning frameworks, performance models, critical service partnerships and corporate governance models. Kay acted as the Metro South Health lead for the transition to an independent statutory body in line with national and state health reform in 2012, and continues as the Board Secretary for Metro South Health.



Mr Alister Whitta

Acting Chief Finance Officer

Alister has more than 15 years' experience leading finance, operations and business services functions in the public sector. Alister has held executive level roles since 2009 which have involved significant financial analysis and business process change management initiatives. Prior to acting in the CFO role, Alister held senior roles at Princess Alexandra Hospital, Prince Charles Hospital and Department of Community Safety. Alister is a fellow of CPA Australia and has a Bachelor of Business and a Graduate Diploma in Applied Corporate Governance.

Health service committees

Allied Health Advisory Committee	
<p>Membership</p> <ul style="list-style-type: none"> Executive Director, Allied Health (Chair) Executive Director, Clinical Support Services, PAH Director, Allied Health, QEII Director, Allied Health, Logan and Beaudesert Hospitals Director, Allied Health, Redland Hospital and Wynnum Health Service Director, Therapies and Allied Health, Addiction and Mental Health Services Centre for Functioning and Health Research representative 	<p>The Metro South Health Allied Health Advisory Committee provides leadership and strategic direction for allied health professionals across Metro South Health to improve the quality and effectiveness of patient care.</p> <p>Its objectives include:</p> <ul style="list-style-type: none"> provide advice to the Executive Director, Allied Health, Metro South Health in their role as the Allied Health representative on the HHS Executive, including contribution to HHS planning consult with profession leadership groups to provide timely advice regarding strategic directions for allied health ensure there is alignment of MSH allied health initiatives with statewide activities, including responses to discussion papers, involvement in and reports from working parties and committees, and synthesis and dissemination of information to MSH allied health leaders develop and monitor the MSH Allied Health Professional Plan facilitate the development and approval of consistent allied health policies and procedures. <p>Meetings held monthly.</p>

Asset Strategic Governance Group	
<p>Membership</p> <ul style="list-style-type: none"> Executive Director, Corporate Services (Chair) Chief Finance Officer Chief Information Officer Executive Director, Planning Engagement Reform Senior Director, Property and Facilities Director, Strategic Asset Management Secretariat – Asset System Manager 	<p>The Asset Strategic Governance Group (ASGG) is responsible for the strategic coordination of asset management activities across the organisation in line with principles outlined in the Asset Management Policy.</p> <p>To enable delivery of the required outcomes, ASGG targets activities under three key elements:</p> <ul style="list-style-type: none"> prioritised planning of new and existing assets to meet current and future service growth and fiscal environment best practice maintenance planning and management of assets to maximise life and availability whilst meeting legislation and aligning to future planning outcomes providing asset management governance and systems based on evidence and best practice that enable the delivery of agreed asset Key Performance Indicators. <p>ASGG determines initiatives and an annual work plan based on key asset priorities derived through the annual Total Asset Management Planning process.</p> <p>Meetings held quarterly.</p>

Building Engineering and Maintenance Services Committee**Membership**

- BEMS Senior Director (Chair)
- BEMS Planning Manager
- BEMS Manager Capital Project Management
- BEMS Project Officer
- BEMS Client Manager Logan/Redland Hospital
- BEMS Client Supervisor QEII
- BEMS Client Supervisor Redland
- BEMS Client Manager PAH/QEII
- BEMS Central Energy Unit Supervisor
- BEMS Client Manager Community/Oral Health
- BEMS Engineer
- BEMS Administration Supervisor
- BEMS Contract Procurement Specialist
- Principal Consultant Workforce Services

The Metro South Health Building Engineering and Maintenance Services (BEMS) Committee oversees building and maintenance performance (including financial), key risks and priorities, policies, and reform processes.

Meetings held monthly.

Business Planning Framework Steering Committee**Membership**

- Nursing Director of Resource Management, Productivity and Performance (Chair)
- Chief Finance Officer or delegate
- Director of Finance, PAH
- Director of Nursing, QEII
- Director of Nursing, Community and Primary Health Services (C&PHS)
- Director of Nursing, Redland
- Director of Nursing and Midwifery, Logan Bayside Health Network
- Director of Nursing, Residential Aged Care
- Director of Nursing, Division of Surgery, PAH
- Director of Nursing, Division of Medicine, PAH
- Nursing Director, Resource Management, Productivity and Performance
- Nursing Director, Nurses Professional Development Unit
- Nursing Director, Rehabilitation Service
- Nursing Director, Cancer Services
- Nursing Director, Addiction and Mental Health, PAH
- Nursing Director, MSH Patient Flow
- Business Manager, Division of Medicine, PAH
- Nurse Manager, Workforce, QEII

The purpose of the Metro South Business Planning Framework Steering Committee is to provide organisational support and strategic direction regarding the operational application, implementation and evaluation of the business planning framework within Metro South Hospital and Health Service.

The committee may be supported by a range of specialist advisors including:

- Chair may invite individuals or groups to present or observe during meeting
- advice may be sought from Nursing and Midwifery Office of Queensland Health, Business Planning Framework and/or Queensland Nurses and Midwives Union, Business Planning Framework on matters relating to the implementation/evaluation of Business Planning Framework
- recommended representation from Employee Relations Manager (HR/IR specialists), Nursing and Midwifery Office Queensland, Finance Branch Department of Health, Industrial Representatives.

Meetings held quarterly.

Clinical Ethics Committee	
<p>Membership</p> <ul style="list-style-type: none"> • Executive Director, Medical Services, MSH (Chair) • Chair of Metro South Human Research Ethics Committee • MSH Clinical Ethics Coordinator • Executive Director, Nursing and Midwifery Services, MSH • Executive Director, Clinical Governance, MSH • Executive Director, Allied Health, MSH • Clinical expertise representatives • Legal expertise representative • Consumer expertise representative • Pastoral care expertise representative • Representative from Children’s Health Queensland Clinical Ethics Consultative Service 	<p>The Metro South Health Clinical Ethics Committee provides a forum for discussion about clinical ethics issues and situations in a safe and confidential environment.</p> <p>Meetings held monthly.</p>

Consultative Forum	
<p>Membership</p> <ul style="list-style-type: none"> • Director, Employee Relations (Chair) • Union representation (officials and delegates) <ul style="list-style-type: none"> o Queensland Nurses’ and Midwives Union o Together Queensland o United Voice o Australian Workers’ Union o Automotive Food Metals Engineering Printing and Kindred Industries Union o Electrical Trades Union o Construction, Forestry, Mining and Energy Union o Plumbers Union Queensland • Management representation/delegates • Health Service Chief Executive • Executive Director, PAH-QEII Health Network • Executive Director, Addiction and Mental Health Services • Facility Manager, Redland-Wynnum • Facility Manager, QEII • Executive Director, Allied Health • Executive Director, Corporate Services • Executive Director, Nursing and Midwifery Services 	<p>The Metro South Health Consultative Forum is a joint consultative forum established in accordance with the Metro South Health Consultative Forum Terms of Reference 2015.</p> <p>The forum enables consultation and communication between Metro South Health management and union representatives.</p> <p>A number of Local Consultative Forums have been established which report to the Metro South Health Consultative Forum, including those at:</p> <ul style="list-style-type: none"> • Princess Alexandra Hospital • Logan Hospital • QEII Jubilee Hospital • Redland Hospital • Addiction and Mental Health Services • Oral Health Services • Building Engineering and Maintenance Services. <p>The forum has joint chairpersons (one union and one management). For the purposes of meetings, this role alternates between management and union representatives.</p> <p>Meetings held monthly.</p>

Corporate Services Directors Meeting

Membership

- Executive Director, Corporate Services (Chair)
- Senior Director, Corporate Services, PAH
- Director, Corporate Services, Logan-Bayside Health Network
- Manager, Corporate Services, Redland-Wynnum
- Manager, Corporate Services, QEII
- Manager, Corporate Services, Addiction and Mental Health Services
- Manager, Corporate Services, Oral Health Services
- Manager, Corporate Business and Performance
- Senior Director, Property and Facilities
- Senior Director, Building Engineering and Maintenance Services
- Senior Director, Workforce Services
- Senior Director, Procurement and Supply
- Director, Employee Relations
- Senior Security Advisor

The Metro South Health Corporate Services Directors Meeting oversees Corporate Services' performance (including financial), key risks and priorities, policies, and reform processes.

Objectives include:

- review and approve strategies, goals and directions in response to Metro South Health Executive requirements
- monitor financial performance for facility Corporate Services on a regular basis
- monitor operational performance of facility Corporate Services on a regular basis
- oversee and address key risk matters for Corporate Services
- introduce quality improvement initiatives for Corporate Services matters across the health service.

Meetings held monthly.

Credentialing and Scope of Clinical Practice Committee

Membership

- Executive Director, Clinical Governance (Chair)
- Executive Director, Nursing and Midwifery Services
- Executive Director, Oral Health Services
- Director, Medical Services, QEII
- Director, Medical Services, Redland-Wynnum
- Director, Medical Services, Logan-Beaudesert
- Director, Clinical Services, Beaudesert
- Deputy Director, Medical Services, PAH
- Staff Specialist, Rheumatology, PAH
- Staff Specialist, General Medicine, PAH
- Staff Specialist, Obstetrics and Gynaecology, Logan-Beaudesert
- Staff Specialist, General Surgery
- Staff Specialist, Psychiatry

The Metro South Health Credentialing and Scope of Clinical Practice Committee's purpose is to:

- ensure that all medical and dental practitioners utilising Metro South Health facilities practise high quality care, by granting Scope of Clinical Practice only to those practitioners who are appropriately qualified, trained and experienced to undertake clinical care within the facility
- ensure that the Scope of Clinical Practice granted is appropriate to the Service Capability Framework of each facility within Metro South Health.

The committee comprises representatives from:

- surgical specialties
- medical specialties
- addiction and mental health services
- obstetrics and gynaecology
- other specialties (e.g. radiology, cancer services) as required
- Director of Nursing and Midwifery (or nominee)
- Director of Oral Health Services (or nominee, when assessing a dental applicant).

Meetings held monthly.

Directors of Medical Services Advisory Committee (DOMSAC)	
<p>Membership</p> <ul style="list-style-type: none"> • Executive Director, Medical Services, MSH (Chair) • Directors, Medical Services at each MSH facility • Deputy Directors, Medical Services at each MSH facility • Medical administration registrars 	<p>The Metro South Health Directors of Medical Services Advisory Committee (DOMSAC) is a health service-wide medical management clinical network. It aims to enable each Metro South Health facility to optimally deliver medical services by facilitating cooperation, and to ensure a consistent health service-wide standard.</p> <p>Specifically, the committee provides strategic and operational advice to the Executive Director, Medical Services, Metro South Health on policy, implementation plans and any related matters, including:</p> <ul style="list-style-type: none"> • health needs of communities • service planning, resourcing and realignment • clinical governance • medical workforce and industrial issues • care processes and care support processes • monitoring of care processes and outcomes • information technology • technological advances • legislative and regulatory issues • other matters within scope as determined by the Executive Director, Medical Services, Metro South Health. <p>Meetings held monthly.</p>

Disability Action Committee	
<p>Membership</p> <ul style="list-style-type: none"> • Executive Director Allied Health Services/ Director Health Equity and Access Unit (Chair) • Facility representatives: <ul style="list-style-type: none"> o Logan-Bayside Health Network o PAH-QEII Health Network • Clinical services representatives: <ul style="list-style-type: none"> o Oral Health Services o Medical Aids Subsidy Scheme o Aged Care and Rehabilitation Services o Addiction and Mental Health Services o Patient Flow, Ambulatory Care and Hospital Avoidance • Support services representatives: <ul style="list-style-type: none"> o Performance, Engagement and Reform o Corporate Services o Finance • Other representatives: <ul style="list-style-type: none"> o Queenslanders with Disability Network (x 2) 	<p>The Metro South Health Disability Action Committee’s key objectives are to:</p> <ul style="list-style-type: none"> • oversee initiatives which improve health outcomes and increase the accessibility and appropriateness of health services for people with disabilities • provide leadership and advocacy on relevant matters affecting the health of people with disabilities. <p>Scope and functions:</p> <ul style="list-style-type: none"> • lead the development, implementation and review of a Metro South Health Disability Service Plan • provide advice and leadership in planning for the implementation of the National Disability Insurance Scheme (NDIS) to ensure integration with Metro South Health services • facilitate communication between Metro South Health, the National Disability Insurance Agency (NDIA) and the Queensland Department of Communities about matters related to health and disability support services • identify emerging issues and funding opportunities related to the health of people with disabilities • be aware of and comply with relevant Legislation, recommend required actions to maximise compliance, and assist in monitoring compliance • policy review and development. <p>Meetings held monthly.</p>

Disaster and Emergency Management Committee

Membership

- Executive Director, Medical Services, PAH or delegate (Chair)
- Deputy Director, Medical Services, PAH
- Director, Medical Services, Logan Hospital
- Director, Medical Services, QEII
- Director, Corporate Services, QEII
- Director, Medical Services, Redland Hospital and Wynnum Health Service
- Facility Manager, Redland Hospital
- Manager, Corporate Services, Redland Hospital and Wynnum Health Service
- Executive Director, Medical Services, Addiction and Mental Health Services
- Manager, Executive Services, PAH
- Acting Director of Nursing, Emergency Department or representative from Emergency Department Clinical Nurse Consultant Group
- Director, Health Service Planning, MSH
- Emergency, Continuity and Assurance Manager, Mater Health Services
- Director, Metro South Public Health Unit
- Brisbane South PHN representative
- Chief Information Officer, MSH
- Metro South Patient Flow Program representative
- Emergency Management and Business Continuity Manager, Metro North
- QAS representative

Metro South Health Disaster and Emergency Management Committee provides a health service-wide disaster and emergency network which aims to enable each Metro South Health facility to optimally provide preparation and response to disaster and emergency incidents at a facility, health service-wide or statewide level, and to develop a consistent health service-wide standard/plan which complies with national and state policies.

Specifically, Metro South Health Disaster and Emergency Management Committee provides the HSCE and Health Network Executive Directors with strategic and operational advice/feedback on policy, implementation plans and coordination of relevant incidents across Metro South Health. This may include:

- disaster and emergency management planning, resourcing and realignment
- monitoring of processes and outcomes
- legislative and regulatory issues
- coordinated response for disaster and emergency incidents
- joint exercises
- other matters within scope as determined by the Chair or the HSCE.

Sub-committees of the Metro South Health Disaster and Emergency Management Committee, which remain dormant until a major event arises, include:

- Metro South Health Pandemic Meeting
- Metro South Health Major Event Management Committee.

Meetings held quarterly.

Executive Planning and Innovation Committee

Membership

- Executive Director, Planning Engagement and Reform (Chair)
- Executive Director, PAH-QEII Health Network
- Executive Director, Logan-Bayside Health Network
- Executive Director, Addiction and Mental Health Services
- Executive Director, Medical Services
- Executive Director, Nursing and Midwifery Services
- Executive Director, Allied Health Services
- Executive Director, Corporate Services
- Executive Director, Clinical Governance
- Chief Finance Officer
- Chief Information Officer
- Facility Director, Redland Hospital
- Facility Director, QEII Hospital

Standing invitees:

- Senior Director, Planning
- Senior Director, Asset Management and Capital Projects
- Director, Engagement

The Metro South Health Executive Planning and Innovation Committee (EPIC) is a working committee designated to address priority initiatives identified by the Metro South Health Board, HSCE and MSH Executive.

EPIC is responsible for:

Planning:

- providing oversight and coordinating planning that relates to MSH strategy, services and capital investment
- recommending to the HSCE (and Board as appropriate) for approval, all strategic and annual, enabling and special purpose plans
- monitoring reporting in line with the MSH Strategic Planning Framework.

Innovation:

- prioritising the change and improvement agenda across MSH, ensuring alignment to the MSH Strategic Plan
- promoting and sponsoring change and innovation projects aimed at helping MSH to achieve its strategic vision and objectives
- actively encouraging innovative and transformational ideas from the workplace by establishing a platform for consideration, evaluation, referral and implementation.

Meetings held monthly.

Executive Strategic Workforce Committee	
<p>Membership</p> <ul style="list-style-type: none"> Executive Director, Addiction and Mental Health Services (Chair) Executive Director, Planning Engagement and Reform, MSH Executive Director, Medical Services, MSH Executive Director, Nursing & Midwifery Services, MSH Executive Director, Allied Health, MSH Executive Director, Corporate Services, MSH Executive Director, PAH-QEII Health Network Executive Director, Logan-Bayside Health Network 	<p>The role of the Metro South Health Executive Strategic Workforce Committee is to lead the development of a Metro South Health wide workforce vision and strategy. The Committee leads the design and implementation of the agreed strategy through development of appropriate planning, policy and procedure, and management frameworks.</p> <p>The Committee applies a shared governance model based on:</p> <ul style="list-style-type: none"> collaboration to provide clear and effective leadership purposeful, shared decision making accountability and ownership of all decisions responsibility defined by the role of members, and clear delegation of activity. <p>The Committee acknowledges the accountability of professional stream leads for discipline specific workforce management.</p> <p>Meetings held monthly.</p>

Finance Network	
<p>Membership</p> <ul style="list-style-type: none"> Chief Finance Officer (Chair) Finance Manager Finance Policy and Performance Finance Manager Revenue Policy and Performance Finance Director Financial Accounting Finance Director PAH-QEII Health Network Senior Finance Manager – PAH Finance Manager – QEII Finance Director Logan-Bayside Network Finance Manager Logan Hospital Finance Manager Redland Hospital Business Analyst MSH Management Accountant MSH Financial Accountant MSH Director Decision Support MSH Finance Manager Addiction and Mental Health <p>Standing invitees:</p> <ul style="list-style-type: none"> Business Manager CITS MSH Business and Performance Manager Corporate Services MSH 	<p>The Metro South Health Finance Network oversees the financial management of the health service including activity, staffing and budget.</p> <p>This is achieved by:</p> <ul style="list-style-type: none"> ensuring sound financial management of Metro South Health facilities undertaking financial planning processes including implementing changes to the funding model and activity based funding ensuring own source revenue strategies are in place in each facility to assist in meeting targets ensuring reporting requirements are met for Metro South Health’s finance function informing finance directors of changes and requirements to ensure compliance and budget objectives are met undertaking client engagement with the Department of Health’s Finance support services. <p>Meetings held monthly.</p>

Health Service Executive Committee	
<p>Membership:</p> <ul style="list-style-type: none"> • Health Service Chief Executive (Chair) • Chief Finance Officer • Executive Director, PAH-QEII Health Network • Executive Director, Logan-Bayside Health Network • Chief Information Officer • Executive Director, Addiction and Mental Health Services • Executive Director, Clinical Governance • Executive Director, Planning, Engagement and Reform • Executive Director, Nursing and Midwifery Services • Executive Director, Corporate Services • Executive Director, Allied Health Services • Executive Director, Medical Services • Facility managers 	<p>The Metro South Health Service Chief Executive (HSCE) has single point accountability for the total performance of the health service but relies on the advice of the Metro South Health Service Executive Committee and the transmitted accountability of the members through that Executive.</p> <p>The responsibility of the Metro South Health Service Executive Committee is to oversee the delivery and performance of services and give advice to the HSCE by monitoring and making decisions regarding:</p> <ul style="list-style-type: none"> • quality and safety • employment and human resources • activity • capital works • budget assignment • equipment purchases • expenditure. <p>Meetings held monthly.</p>

Human Research Ethics Committee	
<p>Membership</p> <ul style="list-style-type: none"> • a chairperson, with suitable experience, whose other responsibilities will not impair the Human Research Ethics Committee's capacity to carry out its obligations under this National Statement • at least two lay people, one man and one woman, who have no affiliation with the institution and do not currently engage in medical, scientific, legal or academic work • at least one person with knowledge of, and current experience in, the professional care, counselling or treatment of people; for example, a nurse or allied health professional • at least one person who performs a pastoral care role in a community, for example, an Aboriginal Elder, a minister of religion • at least one lawyer, where possible one who is not engaged to advise the institution • at least two people with current research experience that is relevant to research proposals to be considered at the meetings they attend. These two members may be selected, according to need, from an established pool of inducted members with relevant expertise 	<p>The Metro South Health Human Research Ethics Committee acts in a consultative and advisory capacity with researchers to ensure that all clinical, research and management practices are conducted in an ethical and scientifically robust manner.</p> <p>The purpose of the committee, in accordance with the <i>National Statement on Ethical Conduct in Human Research (2007)</i>, is to ensure that all human research is conducted in an ethical manner, and to promote and foster ethical and good clinical/health research practice that is of benefit to the community.</p> <p>Key objectives of the committee include:</p> <ul style="list-style-type: none"> • protect the mental and physical welfare, rights, dignity and safety of research participants • facilitate and promote high calibre ethical research through efficient and effective review processes • ensure that all clinical and ethical research is conducted responsibly. <p>The National Statement requires the Human Research Ethics Committee to comprise of members with specific experience, knowledge and skills.</p> <p>Meetings held monthly.</p>

ICT Executive Committee

Membership

- Health Service Chief Executive (Chair)
- Chief Finance Officer
- Chief Information Officer
- Executive Director, Medical Services
- Deputy Director, Medical Services
- Executive Director, Nursing and Midwifery Services
- Executive Director, Allied Health Services
- Executive Director, Corporate Services
- Executive Director, Logan-Bayside
- Executive Director, PAH-QEII
- Executive Director, Addiction and Mental Health Services
- Executive Director, Planning, Engagement and Reform
- Executive Director, Clinical Governance
- Director, Clinical Training
- Medical Director, Cancer Services
- Clinical Director, Digital Hospital
- Nursing Director, Patient Flow
- Facility Manager, QEII
- Facility Manager, Redland-Wynnum
- Health Information Management Services representative
- eHealth QLD representative
- Relevant staff invited as required

The Metro South Health ICT Executive Committee is the governance body responsible for the overarching strategy and high-level direction for information, communications and technology (ICT) across Metro South Health.

The ICT Executive Committee takes an interest in enterprise-level ICT projects that impact Metro South Health, to ensure that the health service's specific requirements are taken into account, resourcing is appropriate and that any specific change management issues are addressed. However, the primary focus is on initiatives that are related specifically to Metro South Health and are within the health service's control.

Such initiatives include:

- current operational systems
- new clinical systems
- new business support systems
- communication systems
- supporting infrastructure.

Meetings held monthly.

Medicines Management Committee

Membership

- Chairs of each MSH facility's Medicines Management Committee (or equivalent body)
- Executive Directors of Medicine, Nursing and Allied Health (or delegate)
- Directors of Pharmacy for each facility
- A senior safety and quality representative
- Other identified persons as approved by the committee and Chair

The Metro South Health Medicines Management Committee facilitates consistent, evidence-based decision making and oversight of medicines across the organisation to promote safe and quality use of medicines. Its functions are to:

- provide a single point of endorsement for procedures, work instructions, guidelines and standing orders pertaining to medication management across MSH including Metro South Health@Home, palliative care, correctional facilities and community based Chronic Disease services
- provide centralised governance of medication management within the Digital environment
- provide centralised governance for the development and maintenance of a MSH prescribing guideline
- prepare, approve and maintain the Scheduled Substances Management Plan following the introduction of the new *Medicine, Poisons and Therapeutic Goods Act* in late 2017 and accompanying state level regulations
- facilitate and encourage standardisation and appropriate local adaptation of matters related to drugs and therapeutics
- implement and maintain a searchable central repository for approved MSH Medicines Management Committee procedures
- provide a forum for examining controversial medicines management issues and arriving at an agreed position or solution for MSH
- optimise the use of medications and reduce unnecessary prescribing
- support MSH-wide governance of antimicrobial stewardship
- provide feedback to the MSH Executive Committee regarding medicines management related issues
- promote and advocate for positive and effective change to support appropriate medicines management at all levels of the organisation.

A rotating Chair is appointed for a period of 12 months by majority vote.

Meetings held quarterly.

Multicultural Reference Committee	
<p>Membership</p> <ul style="list-style-type: none"> • Brisbane South PHN • Ethnic Communities Council of Queensland • Access Community Services • Queensland Program of Assistance to Survivors of Torture and Trauma • Multicultural Development Australia • MultiLink Community Services • Islamic Womens Association of Queensland • True Relationships and Reproductive Health • Anglicare • Diversicare • Australian Institute of Interpreters and Translators • Transcultural Mental Health • Cathay Community Association • Metro South Health Multicultural Nurse Navigators • Other Metro South Health representation as needed 	<p>The Metro South Health Multicultural Reference Committee serves to increase the capacity of health services in MSH to engage and partner with communities from culturally and linguistically diverse (CALD) backgrounds and to develop strategies for involving CALD consumers and communities in the activities of MSH.</p> <p>It provides advice on relevant matters affecting health outcomes for people from CALD backgrounds, including refugees, and provides assistance to health services within MSH to ensure the CALD community participates and engages in the planning, implementation and evaluation of services provided by the health service.</p> <p>Meetings held monthly.</p>

Nursing and Midwifery Executive Committee	
<p>Membership</p> <ul style="list-style-type: none"> • Executive Director Nursing and Midwifery Service, MSH (Chair) • Director of Nursing, Addiction and Mental Health Services, MSH • Director/Nursing Director, Patient Flow Program, MSH • Nursing Director, Centre of Excellence in Nursing, Nursing Standards and Clinical Performance, MSH • Nursing Director, Resource Management, Productivity and Performance • Director of Nursing and Midwifery Services, Logan-Bayside Health Network • Nursing Director, Education, Nursing Practice Development Unit, PAH • Director of Nursing, Division of Medicine, PAH • Director of Nursing, Division of Surgery, PAH • Nursing Director, Nursing Services eHealth Mentor, PAH • Director of Nursing, QEII 	<p>The Metro South Health Nursing and Midwifery Executive Committee provides leadership and strategic direction for nursing and midwifery services.</p> <p>It advises and makes recommendations to the Metro South Health Service Executive regarding the planning and management of health services. It also responds to issues relevant to nursing as they arise.</p> <p>Meetings held monthly.</p>

Nurse Navigator Advisory Group	
<p>Membership</p> <ul style="list-style-type: none"> • Executive Director Nursing and Midwifery Services, MSH (Chair) • Executive Director Medical Services, MSH • Executive Director, Logan-Bayside Health Network • Executive Director, PAH-QEII Health Network • Director of Nursing and Midwifery Services, Logan-Bayside Health Network • Director of Nursing, Addiction and Mental Health Services, MSH • Director, Consumer and Community Engagement, MSH • Director of Health Equity and Access Unit, MSH • Assistant Director of Nursing, Strategic Initiatives – Nursing Executive, MSH • Primary Care Health Network representative 	<p>The Metro South Nurse Navigator Advisory Group has been convened to determine the future allocation of Nurse Navigator resources across the Metro South Hospital and Health Service providing executive evaluation and oversight.</p> <p>Meetings held bi-monthly.</p>

Patient Blood Management Group	
<p>Membership</p> <ul style="list-style-type: none"> • Deputy Director, Medical Services • Director, Pathology Haematology • Clinical Directors or representatives from areas of high usage of blood and blood products • Transfusion CNC • Supervising Scientist • QEII Patient Blood Management Committee representative • Logan Bayside Patient Blood Management Committee representative • Australian Red Cross Blood Service representative • Pathology Queensland representative • Blood Bank representative • Pharmacy representative • Patient Safety and Quality representative • Nursing education representative • Medical education representative 	<p>The role of the Metro South Patient Blood Management (MSPBM) Committee is to provide high level clinical expertise, oversight and advice relating to the management and administration of blood and blood products to patients in Metro South Hospital and Health Service.</p> <p>The key objective is to ensure systems and processes are in place that facilitate the safe and effective provision of blood and blood products to patients.</p> <p>Meetings held quarterly.</p>

Procurement Governance Committee	
<p>Membership</p> <ul style="list-style-type: none"> • Senior Director, Procurement and Supply (Chair) • Chief Finance Officer • Chief Information Officer • Executive Director, PAH-QEII Health Network • Executive Director, Logan-Bayside Health Network • Executive Director, Metro South Corporate Services • Facility Manager, Redland Hospital and Wynnum Health Service • Facility Manager, QEII • Deputy Director, Procurement and Supply • Procurement Manager 	<p>The Metro South Health Procurement Governance Committee role is to oversee the Metro South Health procurement strategy and plans, and to identify priority areas for opportunities.</p> <p>The committee has annual targets to achieve through procurement strategies within the health service.</p> <p>The key benefit of the committee is the buy-in provided by the Executive Directors at each Metro South Health hospital, which enables strategies to be driven through the organisation.</p> <p>A sub-committee of the Metro South Health Procurement Governance Committee is:</p> <ul style="list-style-type: none"> • Metro South Health Clinical Products and Equipment Committee. <p>Meetings held bi-monthly.</p>
Quality and Safety Committees	
<p>Membership</p> <ul style="list-style-type: none"> • Executive Director, Clinical Governance, Metro South Health • Quality and safety coordinators • Executive and clinical leaders 	<p>Metro South Health-wide quality and safety activities are directed and governed by the Metro South Health Executive Committee.</p> <p>Each facility or service maintains a local quality and safety committee.</p> <p>Meetings held monthly.</p>
Radiation Safety Management Reference Group	
<p>Membership</p> <ul style="list-style-type: none"> • Deputy Director, Medical Services, PAH (Chair) • Director, Medical Imaging, Redland Hospital and Wynnum Health Service • Director, Medical Imaging Services, Logan and Beaudesert Hospitals • Director, Radiology, PAH • Director, Medical Imaging Services, PAH • Operating theatres representative • Radiation safety officers <ul style="list-style-type: none"> o Diagnostic Radiology/Nuclear Medicine/ Radioisotopes o Radiation Oncology, Mater o Radiation Oncology, PAH o PAH Laser and QEII Laser o Redland Hospital o Logan Hospital o Breast Screening o X-Ray, QEII Jubilee Hospital • Biomedical Technology Services Site Manager • Workforce Services representative • Oral Health representative 	<p>The Metro South Health Radiation Safety Management Reference Group monitors, reports and advises on the use of ionising and non-ionising radiation sources across Metro South Health, in order to minimise the risk to staff, patients and the public arising from radiation sources. Key functions include:</p> <ul style="list-style-type: none"> • investigating the planned use of, and monitoring current practices relating to, all radiation sources within Metro South Health • monitoring and advising the “Possession Licensee” on compliance issues relevant to radiation safety legislation and associated radiation safety and protection plan(s) • reviewing and auditing safe working practices and emergency procedures for radiation sources • providing a reporting and support mechanism for radiation safety officers to raise concerns regarding identified radiation-related hazards and risks • recommending policy in relation to processes and practices involving radiation and its sources within Metro South Health • reviewing the continuing education of those persons who work with or near radiation sources • monitoring changes in legislation and assessing the impact of such changes on operators and other affected persons • reviewing incidents involving radiation sources and advising the “Possession Licensee” on the management of the incident and risk control measures • reviewing planned and completed quality improvement activities involving management and use of radiation sources. <p>Meetings held quarterly.</p>

Ethics and code of conduct

The *Public Sector Ethics Regulation 2010* defines Metro South Health as a public service agency; therefore the *Code of Conduct for the Queensland Public Service* is applicable to employees of the health service.

Metro South Health is committed to upholding the values and standards of conduct outlined in the *Code of Conduct for the Queensland Public Service*, which came into effect on 1 January 2011. The code of conduct applies to all employees of Metro South Health and was developed under the *Public Sector Ethics Act 1994* consisting of four core aspirational principles:

- integrity and impartiality
- promoting the public good
- commitment to the system of government
- accountability and transparency.

Each principle is strengthened by a set of values and standards of conduct describing the behaviour that will demonstrate that principle.

All Metro South Health employees are required to undertake training in the *Code of Conduct for the Queensland Public Service* during their induction and following any change to the document.

The Ethics, Integrity and Accountability online training module has been revised this year to include training in fraud and conflict of interest. This module is known as Ethics, Fraud and Conflict of Interest and is now mandatory for all new employees and those employees who had not completed the previous module.

Employees are able to readily access the following training throughout the year on the code of conduct:

- orientation sessions
- intranet based modules (LEAPOnline)
- CD containing training.

Corrupt conduct

The Staff Integrity and Investigation Unit is the central point within Metro South Health to receive, assess and refer allegations of suspected corrupt conduct to the Crime and Corruption Commission. The unit is responsible for coordinating, managing, reviewing and investigating major, complex and sensitive matters assessed as suspected corrupt conduct and misconduct matters which includes Public Interest Disclosures involving Metro South Health staff. The unit enables the Chief Executive, Metro South Health to fulfil the legislated obligation under the *Crime and Corruption Act 2001*.

Prevention

During 2016–17, ethical awareness, fraud prevention, public interest disclosures and corrupt conduct information sessions were delivered to staff in Metro South Health. In addition, the creation of a Fraud Control

Action Plan and Fraud Control Framework outlining Metro South Health obligations and actions in relation to the management and reporting of fraud was completed.

Assessment and investigation

On 1 July 2014, Metro South Health was provided the authority by the Crime and Corruption Commission to assess and deal with certain categories of suspected corrupt conduct matters (Section 40 Direction). As such, the assessment of suspected corrupt conduct matters is undertaken by the Staff Integrity and Investigation Unit. In recommending a course of action, the Staff Integrity and Investigation Unit may seek assistance from specialist stakeholders relevant to the allegations such as:

- facility or service manager/director Workforce Services
- the respective Metro South Health Executive
- Chief Financial Officer
- Director Audit and Risk Management
- Department of Health Police Liaison Unit – Queensland Police Service Inspector.

If an allegation of suspected corrupt conduct is made about the Health Service Chief Executive, then the complaint is to be referred to the Chair of the Metro South Hospital and Health Board. The Chair will then determine whether there is a reasonable suspicion of corrupt conduct, and how the matter is to be dealt with.

Audit and risk management

External scrutiny

Metro South Health's operations are subject to regular scrutiny from external oversight bodies. These include Queensland Audit Office (QAO), Australian Council on Healthcare Standards, Office of the Health Ombudsman, Postgraduate Medical Education Council of Queensland, medical colleges, National Association of Testing Authorities and others.

QAO Audit

As a public sector entity, Metro South Health is subject to annual audit by the QAO.

QAO also issued the following Auditor-General Reports to Parliament that contained recommendations of direct relevance to Metro South Health:

- **Report 1:** 2016–17 *Strategic Procurement in Queensland Government*
- **Report 9:** 2016–17 *Hospital and Health Services: 2015–16 results of financial audits*
- **Report 10:** 2016–17 *Efficient and effective use of high value medical equipment*

The recommendations contained within these reports were considered and action was taken to implement the recommendations or address the issues raised, where appropriate.

Risk management

Metro South Health is committed to managing risk in a proactive, integrated and accountable manner. Risk is an inherent part of the health service's operating environment. Risk management activities are incorporated into strategic planning, governance reporting and operational processes.

Metro South Health has a risk management policy and integrated risk management framework based on the Australian/New Zealand ISO Standard 31000:2009 for risk management. The policy and framework outline the health service's intent, roles and responsibilities and implementation requirements. All accountability areas are responsible for implementing the policy and framework and developing and maintaining risk registers.

The risk management framework defines the processes for risk identification, recording, rating, key controls identification, determination of risk treatment required and regular monitoring and reporting of risks.

Key accountability bodies within the risk framework are:

- The Board retains ultimate responsibility for monitoring key risks and ensuring there are systems and processes in place to identify, manage and monitor these risks. The Board has delegated responsibility for overseeing risk management activities to the Audit and Risk Committee.
- The Audit and Risk Committee oversees the assurance of the health service's risk management framework, internal control structure and systems' effectiveness for monitoring compliance with relevant laws, regulations and government policies.
- The executive management team, known as Metro South Health Executive, has active risk management responsibilities both collectively and individually as Executive Directors in charge of separate service delivery streams.

Risks are controlled within the financial and management accountabilities of each position. The Health Service Chief Executive is supported by the Executive Director of each stream. The Health Service Chief Executive and Executive Directors manage risks with support from management structures within their areas of responsibility. Significant risks are reported to the Board, Metro South Health Executive and the Audit and Risk Committee on a regular basis.

Internal audit

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. The internal audit activity contributes to the effectiveness and efficiency of governance, risk management, and control processes within Metro South Health.

The function operates under the Board approved charter consistent with International Professional Practices Framework.

Internal Audit is independent of management. The head of Internal Audit reports directly to the Audit and Risk Committee on the effective, efficient and economical operation of the function and has well developed systems to monitor performance. Internal Audit has no direct authority or responsibility for the activities which it audits or reviews. To ensure objectivity of the Internal Audit function internal audit staff do not develop or install systems and procedures, nor are they engaged directly in any other activity which Internal Audit would normally review or appraise.

The Internal Audit function operates with due regard to Queensland Treasury and Trade's Audit Committee Guidelines.

The Internal Audit unit has a central role in improving operational processes and financial practices by:

- assessing the effectiveness and efficiency of Metro South Health's financial and operating systems, reporting processes and activities
- identifying operational deficiencies and non-compliance with legislation or prescribed requirements
- assisting in risk management and identifying deficiencies in risk management process
- bringing a broad range of issues to management's attention, including performance, efficiency and economy
- monitoring whether agreed remedial actions have been undertaken.

The *Strategic and Annual Audit Plan*, approved by the Audit and Risk Committee, directs the unit's activities and provides a framework for its effective operation. A risk-based planning approach is used to develop audit plans, including considering risk registers and consulting with internal stakeholders and the QAO. Metro South Health Risk Registers are regularly reviewed for changes in the organisational risk profile and potential impacts on planned audits and areas of internal audit focus. Audit reports include recommendations to address deficiencies in risk treatment and all audit reports are reviewed by the Audit and Risk Committee.

Internal Audit achievements during 2016–17 include:

- strategic assessment of the unit completed and initiatives rolled out
- continuous refinement in auditing techniques, reporting and toolset
- expansion of capabilities in areas of fraud control and data analytics.

Information systems and recordkeeping

Recordkeeping roles and responsibilities

All new Metro South Health employees are made aware of their responsibilities regarding record security, privacy, confidentiality and management of medical records, during orientation and staff induction, and each facility has procedures for medical record management.

Appropriate record management is maintained by ensuring:

- relevant administrative officers undergo training and competency assessments, and are provided with information packs and electronic resources
- Health Information Management Services staff routinely attend forums and meetings to ensure important updates, issues and process changes are communicated and understood
- Medical Records Department staff undergo training and orientation for each role they perform within the department
- Medical Records Department procedures and processes are constantly reviewed
- audits and reviews are undertaken to ensure compliance with record management processes
- written and electronic resources are available at all times to assist in maintaining a high level of service.

Management of records

Across Metro South Health, each facility has a medical records department responsible for the lifecycle management of the clinical records in accordance with the relevant statutory requirements. Non-clinical records are managed through each service's administration department. Audits are routinely undertaken within and external to the Medical Records Department to ensure that the record management system is operating appropriately.

Reliability and security

Metro South Health is compliant with the Queensland Government *Information Standard 40: Recordkeeping*. Metro South Health-wide procedures ensure securities of clinical records are maintained. Back-up systems are in place and maintained at all facilities to ensure records can be located and delivered during down times of the patient master index (HBCIS).

All facilities have physical security measures in place such as swipe card access to secure departments, information windows, visitor registers and medical record tracking systems.

Digital Records—integrated electronic Medical Record (ieMR)

The Princess Alexandra Hospital commenced with scanning of inpatient notes into the ieMR in June 2014 and progressed to a full integrated digital medical record in March 2017. While historic patient information will remain available via paper medical records, all new clinical information is documented electronically and available within the ieMR.

Any subsequent paper based information is scanned within 48 hours of the notes arriving in the Scanning Unit and is then available for viewing in the ieMR. Quality and auditing processes have been implemented to ensure a high-quality scanning service is provided at all times. Redland Hospital and QEII Jubilee Hospital currently manage a paper medical record system however Logan Hospital has had an electronic system since 2008 that supports the scanning of clinical information. Logan Hospital is scheduled to transition to the ieMR within the next 12 months with Redland Hospital and QEII Jubilee Hospital to follow within the next 18 months.

Retention and Disposal

Metro South Health facilities adhere to the *Queensland State Archives Health Sector (Clinical Records) Retention and Disposal Schedule 2012 and Queensland Government Information Standard 31: Retention and Disposal*. Medical Record destruction is undertaken regularly at facilities, in line with current retention schedule requirements. Destruction is undertaken in line with best practice and audits are completed to ensure accuracy.

Public interest disclosure

In accordance with section 160 of the *Hospital and Health Boards Act 2011*, Metro South Health is required to include a statement in its Annual Report detailing the disclosure of confidential information in the public interest. There was one disclosure under this provision during 2016-17:

- release of medical information of a patient to Australian Border Force for related activities and investigation in relation to Visa overstay.

Open data

The Queensland Government has committed to releasing as much public service data as possible through its Open Data Initiative. Under the initiative, a large volume of government data, where suitable for release, is published on the following website: www.qld.gov.au/data

Metro South Health has published the following data on the government's Open Data website in lieu of publication in this report:







- health service expenditure on consultancies
- information relating to staff overseas travel including employee name, costs, purpose and destination
- information regarding engagement of interpreters (as per the Queensland Language Services Policy) including expenses and occasions of service.

3. Our performance

Metro South Health performed well against its targets and key performance indicators in 2016–17, amid record activity levels across all service areas.

Performance highlights

Reducing outpatient waiting lists
<ul style="list-style-type: none"> 16 per cent reduction in patients waiting for their first outpatient appointment
Improved performance for elective surgery
<ul style="list-style-type: none"> Waiting time targets exceeded for Categories 1 and 3 Long waits reduced to 26 patients
Clinical excellence initiatives
<ul style="list-style-type: none"> On track to become Australia's first Planetree person-centred care recognised organisation Logan-Bayside Health Network achieves Pathway to Excellence® designation for nursing excellence
Investing in health care
<ul style="list-style-type: none"> Opening of the new Woolloongabba Community Health Centre Construction commenced on the Wynnum-Manly Community Health Centre, Gundu Pa Stage 2 of the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care, Inala, nearing completion

	256,015 people were admitted to our hospitals
	285,041 people presented to our emergency departments
	1,198,602 outpatient appointments
	26,035 elective surgeries performed
	188,145 free dental appointments
	5,171 babies born

Government’s objectives for the community

Metro South Health contributes to the Queensland Government’s objectives for the community by delivering services for the community that are efficient, diverse and flexible to changing needs.

Delivering quality frontline services

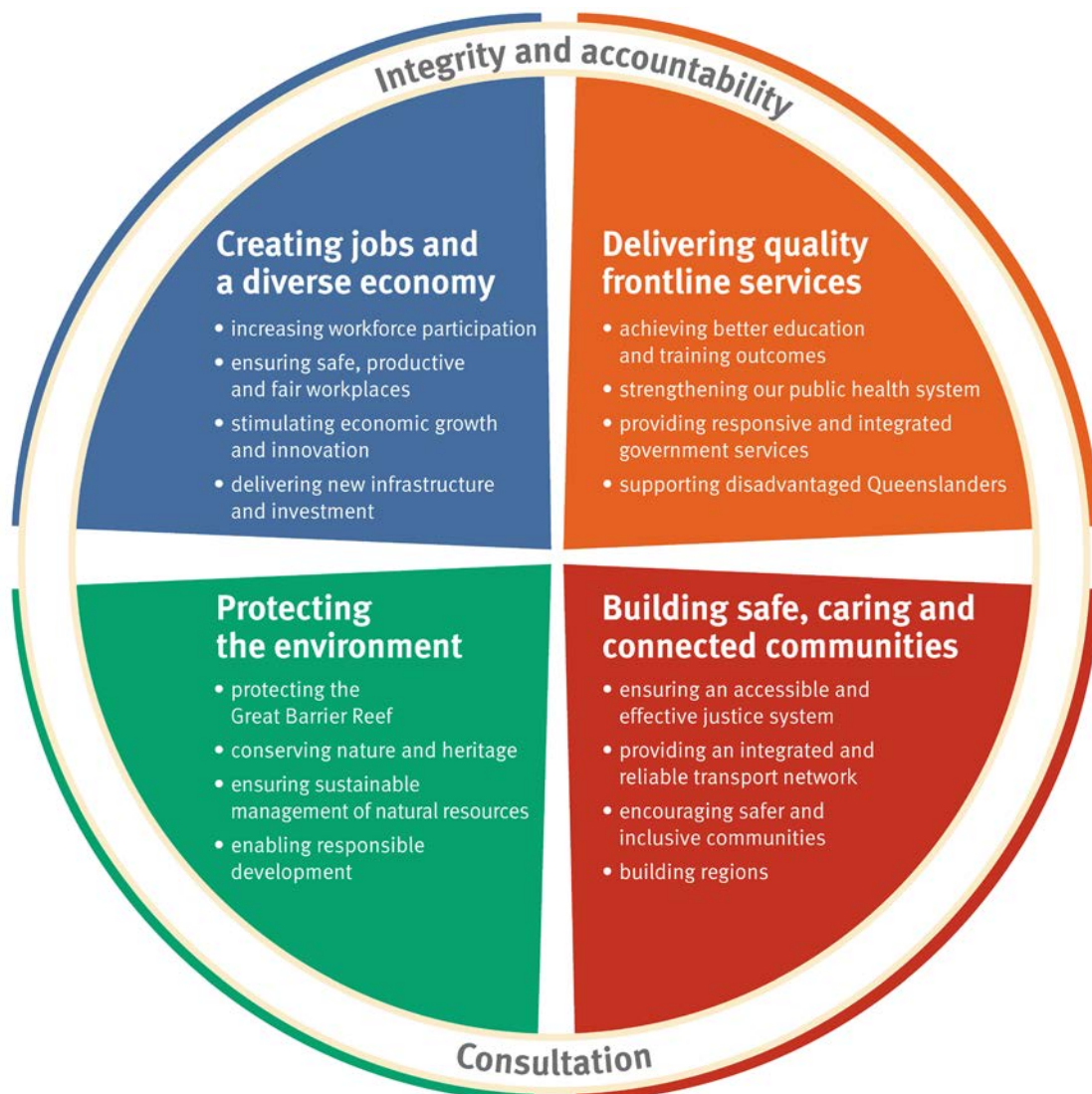
Metro South Health delivers clinical care to more than 4,000 people each day—in hospital, in community settings, and in the home. The organisation is aiming to go beyond clinical compliance and become recognised as a leading example of outstanding health care by pursuing best-practice accreditation against a number of excellence programs. A major emphasis in the past year has been pursuing Planetree accreditation for person-centred care—focussing on the areas of detail that make a difference to clinical outcomes and our patients’ experiences.

Building safe, caring and connected communities

Metro South Health acknowledges that consumer and community engagement is a critical component of creating a safe, reliable and quality health care system for the region. Consumers, community members and other stakeholders have the opportunity to partner with the health service in all aspects of planning, service design and innovation. The *Consumer, Carer and Community Engagement Strategy 2016–19* sets out the health service’s approach to facilitate meaningful engagement with all members of the community.

Creating jobs and a diverse economy

With a workforce consisting of more than 14,000 full time equivalent employees, Metro South Health is one of Queensland’s largest employers. The organisation is committed to investing in the skills and diversity of its workforce, flexible working arrangements, supporting current and future leaders, employment security, and fostering a positive organisational culture.



My health, Queensland's future: Advancing health 2026

In 2016, the Queensland Government introduced its vision and 10-year strategy for health in Queensland: *My Health, Queensland's future: Advancing health 2026*. Metro South Health is committed to working closely with the Government to realise its four identified strategic directions.

Promoting wellbeing—improving the health of Queenslanders, through concerted action to promote healthy behaviours, prevent illness and injury and address the social determinants of health

- Metro South Health is investing in preventative health measures in partnership with the primary care sector and the Brisbane South PHN. Key initiatives include the development of a Hepatitis C shared care pathway; an integrated care model supporting patients with a chronic disease to better manage their health; and a suicide prevention program which provides follow-up support for people at risk of self-harm or suicide.
- Metro South Oral Health has implemented a number of dental health promotion initiatives including Healthy Mouth Day, Oral Health Wellness Program, Oral Health Refugee Project and Lift the Lip, which aim to provide easier access to oral health services along with support and education as a cost-effective preventive health model for the health service.
- Metro South Health is leading the state in promoting quality end-of-life care. The My Care, My Choices program involves encouraging patients and members of the community to think and make choices about their future health care. The program developed a Statement of Choices document which can be used to record a person's values, beliefs and health care preferences.

Delivering healthcare—the core business of the health system and improving equitable access to quality and safe healthcare in its different forms and settings.

- Metro South Health maintains full Australian Council on Healthcare Standards (ACHS) accreditation at all of its hospitals and health services. It is also committed to going beyond compliance to become recognised as a leading example of health care, both nationally and internationally.
- Metro South Health is investing in long-term service planning and infrastructure, including expansions of oral health services at Woolloongabba and Logan Central dental clinics, and the construction of stage two of the Southern Queensland Centre for Excellence in Aboriginal and Torres Strait Islander Primary Health Care at Inala.

- With the most culturally diverse health region in Queensland, Metro South Health is committed to ensuring access to equitable, accessible and culturally safe care. The organisation provides a number of targeted clinical services and multicultural positions including the Queensland Transcultural Mental Health Centre, the Refugee Health Service, and Nurse Navigator positions at Logan, Princess Alexandra and QEII Jubilee hospitals.

Connecting healthcare—making the health system work better for consumers, their families and communities by tackling the funding, policy and delivery barriers

- Metro South Health works closely with partners and stakeholders, in particular the Brisbane South PHN, to develop strategies to better connect and integrate health services for consumers. Initiatives include the implementation of the Clinical Prioritisation Criteria to provide a streamlined referral process for primary care professionals; “beacon” clinics for multidisciplinary management of people with diabetes; and a shared maternity care model, where a woman's GP remains part of the broader health care team throughout the pregnancy.
- Metro South Health is investing in the Planetree program to become Australia's first accredited organisation for person-centred care. Person-centred care focuses on providing care that respects patients' preferences, needs and values. Evidence shows that a focus on person-centred care results in better clinical outcomes, improved patient satisfaction and decreased infection.

Pursuing innovation—developing and capitalising on evidence and models that work, promoting research and translating it into better practice and care

- Metro South Health is implementing Australia's first health service-wide Digital Hospital program. Digital Hospitals have an electronic medical record, integrated digital systems, and a paper-light environment—enabling faster diagnosis, more accurate monitoring, complete patient information visible to clinicians at the patient's bedside, and improved accuracy in clinical decision making and prescribing.
- Metro South Health has established a Transformation and Innovation Collaborative (TIC) to promote and support redesign and innovation capability across the health service. TIC has supported a wide range of change and redesign projects across a diverse range of areas.

Agency service areas and standards

Metro South Health is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services. A *Service Delivery Statement* documents expected service standards and activities funded in the 2016–17 Queensland Budget.

Some of the major deliverables for 2016–17, as published in the *Service Delivery Statement*, are:

Deliverable	Status
Digital Hospital Phase 2 launch including medication management, anaesthesia and research support	Phase 2 successfully launched at Princess Alexandra Hospital
Commencement of the Wynnum Integrated Community Health Centre development	Construction commenced
Implementation of nursing ratios across Metro South HHS	Ratios implemented across Metro South HHS
Optimisation of the Mater Health Service contract to improve patient flow and capacity management	8,905 patients referred to Mater Health Services
Delivery of Stage 2 of the Southern Queensland Centre of Excellence	Construction nearing completion

A *Service Agreement* exists between Metro South Health and the Department of Health that identifies the health services Metro South Health is to provide, funding arrangements for those services, and defined performance indicators and targets to ensure outputs and outcomes are achieved.

Metro South Health facilities also report against national targets as set in the *National Partnership Agreement on Improving Public Hospital Services* and documented in the *Service Delivery Statement* and *Service Agreement*.

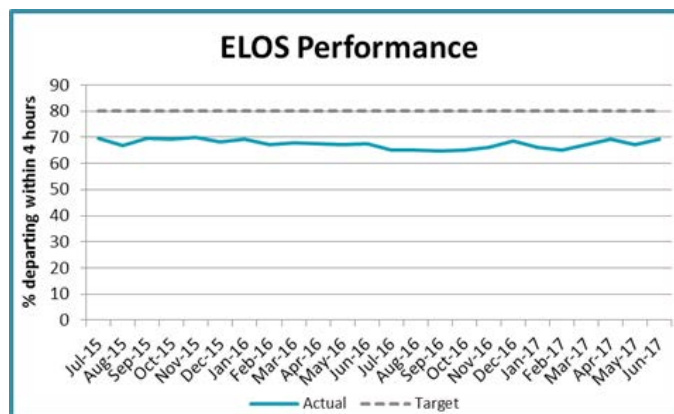
KPI description	2016–17 target	Metro South Health performance
Shorter stays in emergency departments		
Emergency department length of stay (ELOS): percentage of emergency department attendees who depart within four hours of their arrival in the emergency department	>80%	67%
Shorter waits for elective surgery		
National Elective Surgery Target (NEST): percentage of elective surgery patients treated within clinically recommended times		
Category 1: within 30 days	>98%	98%
Category 2: within 90 days	>95%	88%
Category 3: within 365 days	>95%	97%
Fewer long waiting specialist outpatients		
Percentage of specialist outpatients seen within clinically recommended times		
Category 1: within 30 days	New measure	74%
Category 2: within 90 days	New measure	67%
Category 3: within 365 days	New measure	85%

Emergency departments

A key performance indicator for Metro South Health is emergency department length of stay (ELOS) of less than four hours. The goal is for the majority of patients presenting to the ED to be admitted to hospital, referred to another hospital for treatment or discharged, within four hours. The current Queensland ELOS target is >80 per cent.

Metro South Health's ELOS has remained steady despite a significant increase in emergency department attendances and a high bed occupancy rate. During 2016–17, the overall performance was 67 per cent, sitting below the current Queensland average of 75 per cent.

Hospital	ELOS % 2016–17
Logan	66%
Princess Alexandra	64%
QEIJ Jubilee	72%
Redland	65%
HHS Total	67%



Metro South Health's emergency department performance is impacted upon by a number of factors including population growth, demographic profile and hospital infrastructure.

In 2016–17, the estimated bed shortage across the health service was 423 beds, which has contributed to difficulty in discharging patients within the recommended timeframe. Extensive improvement initiatives aimed at maximising existing bed capacity continue to be implemented to mitigate this shortage.

These include:

- **Private hospitals**—external arrangements with Mater, St Vincent's and Canossa private hospitals to allow appropriate patients to receive care in these facilities, creating additional capacity within Metro South Health hospitals.
- **Digital Hospital**—the progressive roll out of fully digitised patient records and monitoring is allowing for faster diagnosis and fewer complications.
- **Nurse Navigators**—disability, mental health and multicultural Nurse Navigator positions are providing assistance in developing tailored care plans for vulnerable patients presenting to ED and inpatient areas.
- **Digital projections**—hospitals have dedicated software and digital displays available providing an immediate view of hospital and ED capacity, including incoming ambulances. This supports logistics management and early detection of activity surges.
- **Transit care hubs**—dedicated units that facilitate timely patient discharge to free up inpatient beds.
- **Frequent presenters**—Metro South Health clinicians identify and make direct contact with patients who frequently attend the ED. This assists in identifying ongoing issues and developing more appropriate care options.
- **'Hospital at Night'**—expanded hours for support services such as radiology and pharmacy departments after hours and on weekends.
- **CARE-PACT**—a unique program established to streamline the care pathway for residents of aged care facilities. The program provides telephone clinical advice and collaborative care planning, a mobile emergency assessment team, and an ED and inpatient early discharge service.

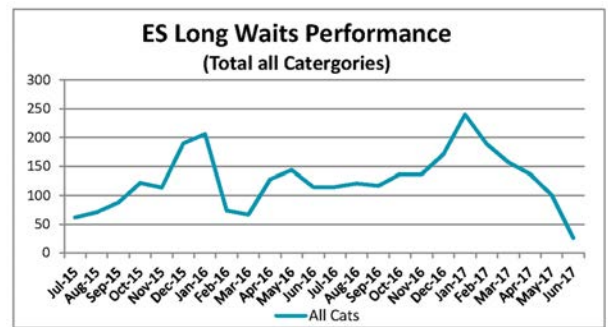
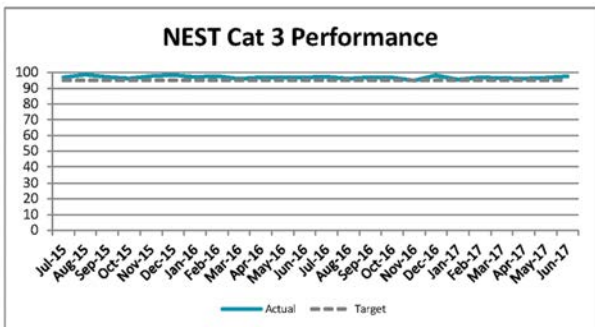
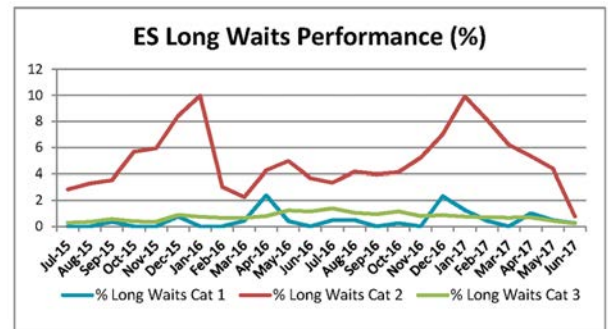
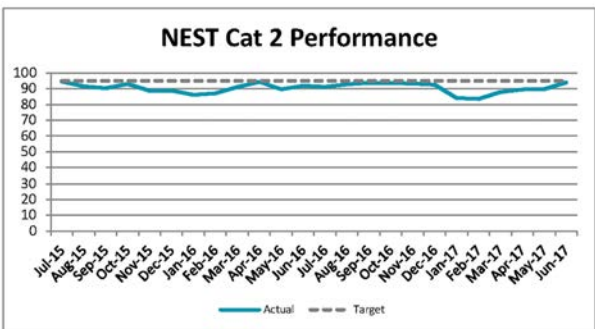
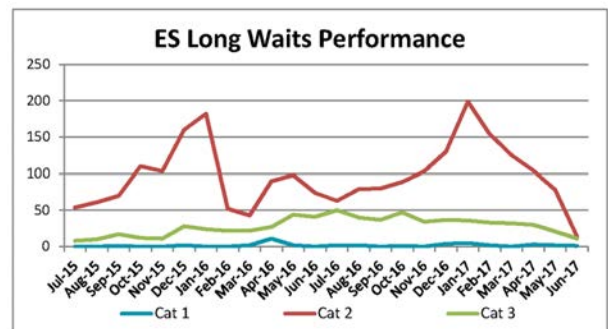
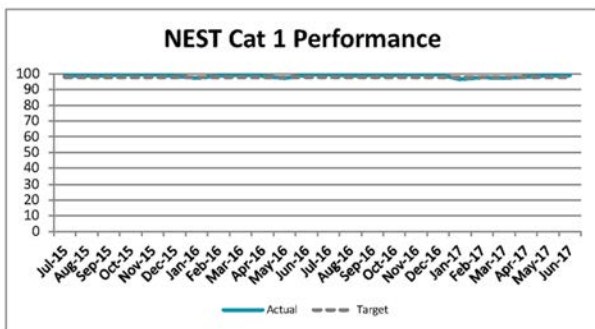
Elective surgery

The National Elective Surgery Target (NEST) measures the percentage of elective surgery patients who receive their treatment within the clinically recommended timeframe for their urgency category.

In 2016–17, Metro South Health performed 26,035 elective surgeries.

Metro South Health has the second highest elective surgery performance for the state of Queensland, with Princess Alexandra Hospital having one of the highest surgical throughputs in the country. During 2016–17, Metro South Health exceeded the targets for elective surgeries treated in time in Categories 1 and 3. While the service performed below the target in Category 2 (91 per cent of target 95 per cent), the performance has been maintained throughout the year.

In addition to its solid performance in NEST and elective surgery volume, Metro South Health has continued to perform well in addressing long waits for elective surgery (ES Long Waits). Over the past two years, long waits have reduced from 459 patients in June 2014 to 115 patients in June 2016. The total number of elective surgery long wait patients at the end of June 2017 was just 26.



Outpatients

2016–17 saw a continued effort to reduce the number of patients waiting for specialist outpatient appointments in Metro South Health. At June 2017, 33,709 patients were listed as waiting for an initial specialist outpatient event with 64 per cent of patients considered waiting within the recommended time. This is a reduction of 6,633 patients from June 2016.

Of these, 12,278 patients (at June 2017) were waiting longer than the clinically recommended time.

% Long Wait Outpatients			
Hospital	Cat 1 %	Cat 2 %	Cat 3 %
Logan	55.9	51.7	8.8
Princess Alexandra	63.8	60.7	27.3
QEll Jubilee	27.3	11.6	4.7
Redland	31.3	24.0	1.1
HHS Total	58	50	16

Wait list reduction strategies

Partnering with Mater Health Services

Metro South Health has a formal partnership with Mater Health Services to allow members of the community to access additional, public specialist outpatient services at no cost. The health service constantly monitors its specialist outpatient waiting lists; patients referred to the most in-demand specialties are offered the opportunity to receive care at Mater's South Brisbane or Springfield campuses. This is a long term agreement with Mater Health Services which provides Metro South Health with additional services to support its growing population's health care needs. Under the agreement, patients transferred to a Mater hospital must be seen and treated within the clinically recommended timeframe. In 2016–17, Mater Health Services treated 8,905 Metro South Health outpatients.

Allied Health led outpatient clinics

Metro South Health has implemented Allied Health-led clinics to fast track access to treatment for patients on the specialist outpatient waiting list. Many patients on the waiting list may not need surgery for their condition and can benefit from non-surgical management from an Allied Health practitioner. The clinics include:

- Orthopaedic Conservative Management Clinics (Physiotherapy, Hand Therapy, Podiatry)
- Integrated ENT Clinic
- Dietitian First Gastroenterology Clinic
- Back Assessment Clinic
- Integrated Allied Health Paediatric Service
- Pelvic Health Clinic.

These clinics have seen significant patient and clinical outcomes including:

- All eligible patients on the long-wait specialist outpatient wait list for the above clinics were cleared by December 2016.
- Financial savings—e.g. savings for the Dietitian First Gastroenterology Clinic are estimated at \$2,000 per patient; at Logan approximately 100 patients did not require scopes equating to approximately \$200,000 in direct savings.
- Increasing collaboration between health professionals—e.g., 80 per cent of ENT patients seen by Allied Health practitioners are discharged without requiring review by a medical consultant.
- High levels of patient and referrer satisfaction.

Safety and quality

Metro South Health is dedicated to working towards reducing hospital acquired infection rates. The acceptable rate for health care-associated *Staphylococcus aureus* bacteraemia infection is no more than 2 per 10,000 occupied bed days. Metro South Health performed well below this rate at 0.92 for 2016–17.

Metro South Health had no hospital mortality reportable instances for fractured neck of femur and all Metro South Health facilities have met the target for hand hygiene compliance.

KPI description	2016–17 target	Metro South Health performance
Healthcare associated infections		
Rate of healthcare associated <i>Staphylococcus aureus</i> (including MRSA) bloodstream (SAB) infections	>2 per 10,000 acute patient days	0.92
In hospital mortality VLAD indicators		
Acute myocardial infarction	Upper level flags or no lower level flags	1 lower level 2 2 lower level 3 1 upper level 3
Stroke		Nil flags
Pneumonia		3 upper level 2 2 upper level 3

Value for money

Under the activity based funding model, weighted activity units (WAU) provide a common unit of comparison for all clinical activities so that hospital activity can be measured and costed consistently. The base cost for one WAU is the Queensland Efficient Price, which was set at \$4,755.66 in 2016–17.

Metro South Health provided 378,203 WAU of activity in 2016–17. At the end of June 2017, the cost per WAU for Activity Based Funding facilities in Metro South Health was \$4,797, \$115 lower than the target.

KPI description	2016–17 target	Metro South Health performance
Funded and average cost per QWAU		
Average cost per weighted activity unit for Activity Based Funding facilities	\$4,912	\$4,797

Other Key Performance Indicators

The following table documents performance against the other key service standards defined in the *Service Delivery Statement* and *Metro South Health's Service Agreement* with the Department of Health.

KPI description	2016–17 target	Metro South Health performance
Effectiveness measures		
Emergency departments		
Percentage of patients attending emergency departments seen within recommended timeframes:		
Category 1 (within 2 minutes)	100%	100%
Category 2 (within 10 minutes)	80%	62%
Category 3 (within 30 minutes)	75%	58%
Category 4 (within 60 minutes)	70%	76%
Category 5 (within 120 minutes)	70%	94%
All categories		66%
Median wait time for treatment in emergency departments (minutes)	20	21
Elective surgery		
Median wait time for elective surgery (days)	25	31
Outpatients		
Percentage of specialist outpatients waiting within clinically recommended times:		
Category 1 (30 days)	45%	42%
Category 2 (90 days)	35%	50%
Category 3 (365 days)	60%	84%
Mental health		
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	>65%	74%*
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	<12%	14.6%*
Other measures		
Elective surgery		
Number of elective surgery patients treated within clinically recommended times:		
Category 1 (30 days)	New measure	9,345
Category 2 (90 days)	New measure	11,430
Category 3 (365 days)	New measure	5,260
Telehealth		
Number of Telehealth outpatient occasions of service events	New measure	3,432

KPI description	2016–17 target	Metro South Health performance
Other measures		
Total weighted activity units:		
Acute inpatient	198,627	215,000
Outpatients	52,480	60,345
Sub-acute	22,011	40,400
Emergency department	37,994	26,092
Mental health	19,491	26,457
Prevention and primary care	9,739	11,285
Ambulatory mental health service contact		
Contact duration in hours	>191,027	151,785*

*Further reporting information is provided in the Performance reporting explanatory notes.

Performance reporting explanatory notes

Mental health community follow-up (page 59)

The reported performance figure of 74 per cent includes all consumers that are discharged from a mental health inpatient ward within Metro South Addiction and Mental Health Service (MSAMHS). A percentage of these consumers will not be followed up by MSAMHS as they will be discharged to other mental health services within the state, NGOs, GPs, etc. The MSAMHS performance for consumers discharged from a mental health inpatient ward within MSAMHS and referred to a community team for follow-up within MSAMHS is 78 per cent.

Mental health readmissions (page 59)

The reported performance figure of 14.6 per cent includes all consumers discharged from a mental health inpatient ward within MSAMHS and who had a readmission within 28 days to any inpatient facility/ward within Queensland (including medical and surgical). The MSAMHS performance for consumers discharged from a mental health inpatient ward within MSAMHS, and readmitted within 28 days to any mental health inpatient ward within MSAMHS is 13.1 per cent.

Ambulatory mental health service contact (page 60)

This is the total number of contact hours that consumers within MSAMHS receive. On occasions more than one clinician is involved in a consultation. The figure for ambulatory mental health service contact reports only what the consumer receives, not what the clinicians provide.

Agency objectives and performance indicators

Metro South Health's *Strategic Plan 2015–2019* describes how the health service will provide quality care for the community, and includes its aspirations, strategies and measures of success. Metro South Health carefully monitors its achievements against these targets.

Aspirations

Metro South Health aspires to:

- be viewed as a national leader in health care delivery
- proactively influence health care policy and planning across all sectors, including health, education, transport and communities
- independently own and manage appropriate infrastructure, assets and workforce to service our target population
- drive innovation through health care ICT initiatives
- be recognised as a leader in public sector workforce culture and reform.

Strategic focus areas and enablers

On July 1 2015 (revised in 2016-17), Metro South Health's new strategic plan came into effect with a refined focus on three key areas, supported by three enabling areas. These focus areas and enablers align with the five core directions of Queensland Health's 10-year strategy for Queensland: *My health, Queensland's future: Advancing health 2026*, which was released in May 2016.

The strategic focus areas are:

1. Clinical excellence and better health care solutions for patients through redesign and improvement, efficiency and quality
2. Technology that supports best practice, next generation care
3. Health system integration

The strategic enablers are:

1. Resource management that supports health service delivery needs
2. Enabling and empowering our people
3. Ensuring the needs of our stakeholders influence all our efforts

This section contains highlights of Metro South Health's achievements against its strategic objectives in 2016-17.



1) Clinical excellence and better health care solutions for patients through redesign and improvement, efficiency and quality



2) Technology that supports best practice, next generation clinical care



3) Health system integration



1) Resource management that supports health service delivery needs



2) Enabling and empowering our people



3) Ensuring the needs of our stakeholders influence all our efforts

FOCUS AREAS

ENABLERS



Strategic Focus 1

Clinical excellence and better health care solutions for patients through redesign and improvement, efficiency and quality

Clinical excellence

Clinical compliance is already managed very well across Metro South Health, and the organisation is committed to going beyond compliance to become recognised as a leading example of outstanding health care, both nationally and internationally.

External accreditation

Metro South Health is focussed on achieving accreditation against standards of excellence (not just compliance). During 2016–17, the organisation undertook a number of measures to achieve this.

ACHS accreditation

Health facilities are surveyed every four years by the Australian Council on Healthcare Standards (ACHS) to test whether relevant systems are in place to ensure minimum standards of safety and quality are met, and as a quality improvement mechanism that allows the facility to realise developmental goals. ACHS accreditation is public recognition of the safety and quality achievements of a facility, demonstrated through an independent external peer assessment.

All Metro South Health facilities maintained full accreditation during 2016–17. During the year, Logan, QEII Jubilee and Redland hospitals, as well as Oral Health services, underwent a ‘periodic review’—an interim survey which provides an overview of quality and performance for improvement purposes. The services met or exceeded every criterion within the accreditation framework, including all non-mandatory standards. The surveys reported a positive culture of quality improvement and patient-centred care evident across the health service.

Person-centred care

In November 2015, Metro South Health entered into a formal partnership with Planetree—a global leader in advancing person-centred care—to become formally recognised as a person-centred organisation. The Planetree approach brings numerous benefits including: decreased mortality, decreased readmission rates, decreased rates of healthcare-acquired infections in hospital, reduced length of stay in hospital, improved adherence to treatment regimens, and operational benefits such as lower costs per case and increased workforce satisfaction and retention rates.

During 2016–17, person-centred care has been advanced through the employment of three full-time equivalent (FTE) Planetree Coordinators, the first position commenced in July 2016. Planetree was officially launched between October and November 2016 with six launch events held across Metro South Health. In March 2017, four Planetree Advisors conducted an on-site assessment and heard from more than 660 voices across Metro South Health through focus groups with patients and staff. A report of the key strengths and opportunities was provided to each hospital.

The Planetree Coordinators have been working with key Metro South Health stakeholders to support staff, patients and community members to prioritise, co-design, co-create and co-produce the change management strategies and redesign processes required for Metro South Health to achieve Planetree recognition. The formal application for Planetree recognition will be submitted in September 2017.

Metro South Health is on track to become Australia’s first Planetree recognised organisation.

Nursing excellence

In 2004, Princess Alexandra Hospital became the first hospital in the southern hemisphere to receive the prestigious Magnet® designation for excellence in nursing care. Princess Alexandra Hospital was re-designated in 2009 and in June 2014 became the first health organisation outside the United States of America to receive Magnet® designation for a third time. Throughout 2017, Princess Alexandra Hospital has applied to pursue its fourth designation and is currently preparing evidence to submit against the best practice criteria.

Building on Metro South Health’s reputation to achieve excellence, during 2017 Logan-Bayside Health Network became the first Queensland Health facility to be recognised with Pathway to Excellence® designation. Pathway to Excellence® is a program designed to create a positive practice environment and while nursing-focused, it also embraces support and improvement across the whole service. It creates a culture where staff are actively engaged within their workplace and acts as a framework for staff at every level to have influence on organisational change to improve their working life. Seeking Pathway to Excellence® designation recognises Metro South Health’s commitment to transforming culture and providing responsive, safe, integrated and effective patient care.



Staff celebrate Pathway to Excellence® designation

QELI Jubilee Hospital has recently completed a gap analysis for Pathway to Excellence® and aims to apply for designation in late 2017. Metro South Addiction and Mental Health Services nurses are also seeking Pathway to Excellence® designation and are prioritising the engagement and empowerment of staff to result in quality care, innovation and optimal patient experiences.

Over the past 12 months, the Centre of Nursing Excellence received funding from the Office of the Chief Nursing and Midwifery Officer to develop a mentorship framework that supports other Queensland Health facilities to progress a Magnet® or Pathway to Excellence® journey. Taking the journey and achieving either designation is a hallmark by which excellence is gauged and demonstrates Metro South Health's commitment to invest in staff and patients.

Translational research

Metro South Health is developing approaches to strengthen collaborative clinical research, with a particular focus on better translating emerging evidence into effective and efficient clinical practice.

Princess Alexandra Hospital has been home to the Translational Research Institute (TRI) since 2012, bringing a unique, Australian-first 'bench to bedside' research approach aimed at transforming laboratory discoveries to better health care.

Research highlights during 2016–17 included:

- a world-first clinical trial of an anti-inflammatory drug to minimise tissue damage and improve recovery following a spinal cord injury
- a trial which found targeted radiation therapy alone can successfully treat advanced squamous cell carcinoma, a common form of skin cancer
- a research project to determine whether a simple saliva test could determine a person's risk of melanoma
- a project to improve the data quality of lymphoma rates and treatment, in order to give treatments a better chance of government subsidies
- a study of patients on a new chemotherapy-free drug for lung cancer

- a nurse-led Intensive Care Unit research project to examine different methods of central venous access device securement to reduce complications
- a clinical trial of an app for people with diabetes that links in with blood glucose monitors
- a program of research which looks at peritoneal dialysis to improve uptake and outcomes for people with chronic kidney disease.

Three Metro South Health staff were awarded grants totalling more than \$1.02 million through the National Health and Medical Research Council this year, including:

- Professor David Johnson (Nephrology)
- Dr Yeoung-Jee Cho (Nephrology)
- Dr Colm Keane (Nephrology).

Delivering value

Leading health services internationally are increasingly focussed on making strategic investments in specific clinical services based on demonstrated value, and disinvesting from low-value services.

Health service planning

In seeking to deliver the best value for patients, Metro South Health has applied robust health service planning processes to address current and emerging needs in its community. As part of these processes, Metro South Health sought to identify gaps in access to services and design health service directions and plans for closing these gaps.

During 2016–17, this resulted in the drafting of:

- *Metro South Health Service Plan 2017–2022*
- *Metro South Health Maternity and Neonatal Health Service Plan*
- *Logan Community Health Plan*
- *Metro South Health Disability Plan*
- *Metro South Health Gastrointestinal Endoscopy Strategy*.

The *Metro South Health Service Plan 2017–2022* is a key document for the Health Service, providing a strategic perspective on health service delivery across all of our services. The plan identifies four key service directions, and 39 priority strategies, to guide our service development and address the future health priorities of our community over the next five years.

Value-based care

In 2016–17, the value-based care project was launched to create a framework for Metro South Health to review resource allocation across healthcare practices in order to maximise value for our patients from current and future investments in care delivery. During 2016, a stakeholder working group was formed to partake in four workshops

with broad representation across clinical and non-clinical areas to evaluate the readiness of Metro South Health to embark on value-based care and allocate resources across healthcare practices accordingly. In March 2017, the Metro South Health Engagement Team invited consumers to participate in a series of focus groups to share their valuable experience. Five priority areas were identified during these engagement opportunities with stakeholders: Oral Health; Allied Health; wound care; palliative care; and endorsing the Choosing Wisely Australia recommendations. Importantly, this phase of the project greatly raised awareness and understanding of value-based care and initiated momentum to continue adopting a value-based care framework within Metro South Health.

Redesign and improvement

Significant large-scale redesign projects have already been successfully undertaken in Metro South Health. During 2016–17, the organisation turned its focus on the redesign of processes to drive excellence and efficiency.

The *Gastrointestinal Endoscopy Strategy* was implemented across all Metro South Health facilities, delivering on the Queensland Government priority to reduce the number of patients waiting longer than recommended for treatment. The strategy resulted in a range of improvements including:

- development of the Direct Access Endoscopy Program, which provides patients with the most direct pathway to public endoscopy services in Metro South Health
- development of new clinical pathways
- clear guidelines on the management of patients following endoscopy
- provision of additional services.

Work progressed on implementing the *Metro South Health Dementia Strategy*, with the following initiatives progressed during 2016–17:

- creation of a dementia care pathway and resource package for primary care
- development of the model of care and business case for the establishment of a Specialist Dementia Unit
- improving strategic partnerships with Alzheimer's Australia and the Brisbane South PHN to support service design and develop workforce capability in dementia.



Metro South Health continues to improve the planning and delivery of dementia services

Transformation and Innovation Collaborative

In its second year of operation, the Transformation and Innovation Collaborative (TIC) has continued to support Metro South Health's vision to facilitate change and redesign projects on the ground in partnership with Metro South Health staff. Under the governance of the Executive Planning and Innovation Committee (EPIC), TIC has supported, or directly project managed 72 projects including four Quality Improvement Payment programs across Metro South Health.

Recognising innovation and working across boundaries, the key evaluation criteria for the projects has been the feasibility, sustainability, service integration and value based care.

During 2016–17, \$3.44 million was approved for change and redesign projects across a diverse range of areas. Some examples include: promotion of citizen science methodologies; development of new technologies to increase efficiency in services; and increasing opportunities for hospital avoidance through community clinics and evidence based pathways.

In addition, the TIC team has built key partnerships outside of Metro South Health, developing strong working relationships with other agencies that are essential to improving the patient experience. Examples of diverse projects TIC has been involved with during this financial year are:

- **Zika Mozzie Seeker project**—this ground-breaking 'citizen science' project uses world-first DNA screening technology to identify mosquitoes with the potential to spread Zika or dengue viruses. The project recruited more than 650 'Zika Mozzie Seekers' from the Metro South region to set up a mosquito egg trap at home and collect eggs, of which over 76 per cent returned their eggs to the lab for testing. This is a considerably higher rate than the industry standard for community engagement where members of the public are asked to return items in the post.



Zika Mozzie Seekers with their mosquito egg trap

- Healthier Choices project**—Metro South Health is committed to providing nourishing food and beverage choices at all facilities to promote the health and wellbeing of patients, staff and visitors. A working group has been established with a focus on developing a range of solutions for non-inpatient food such as vending machines, cafes and staff canteens. The project included a trial to reduce the amount of sugary drinks available at Princess Alexandra Hospital, developed marketing materials to promote healthier choices and surveyed more than 1,300 visitors and staff about their food and drink preferences.



- Dementia Services project**—Metro South Health has reviewed and analysed leading research, evidence-based guidelines and service models for the provision of best-practice dementia care following on from the work undertaken by the Commonwealth Department of Social Services and Queensland Health. The project listened to clinicians, service providers and patient, carer and family feedback—on what services are needed and how they should be provided—to improve the quality of life for people living with dementia, their carers and families.
- Collaboration for patient apps**—Metro South Health has partnered with the Commonwealth Scientific and Industrial Research Organisation (CSIRO) to produce three apps to help patients manage their conditions. The Peritoneal Dialysis app will cut hours off clinic appointment times by allowing patients to record their health measures on their personal smartphone, replacing messy exercise books which are often forgotten at appointments or incomplete. The Gestational Diabetes Mellitus app will guide pregnant women through every step of their pregnancy by monitoring health measures, delivering simple interactive questionnaires and providing education. The apps will be trialled by patients in the coming months. The Cardiac Rehabilitation MoTER app allows patients to complete a rehab program if they have returned to work, have difficulty with transport or aren't comfortable working in a group. MoTER has been downloaded by 93 clients since the project's rollout in August 2016.
- Secure messaging**—secure messaging was launched for healthcare providers to refer their patients to Metro South Health in 2016–17. A new secure messaging address was created for referrals to specialist outpatient and allied health services at Beaudesert Hospital, Logan Hospital, Princess Alexandra Hospital, QEII Jubilee Hospital and Redland Hospital. Secure messaging of referrals builds digital health capability and improves the timeliness of referral management. This initiative was well received by the Brisbane South PHN (and its member GPs) during the project's pilot phase.
- QAS-MSH Diabetes Service referral pathway**—The QAS-MSH Diabetes Service referral pathway identifies diabetes patients who are high risk, frequent callers to the QAS service. The pathway is an integrated approach to the management of patients who have experienced a hypoglycaemic or hyperglycaemic event. Emergency department visits for returning diabetic patients was 1.6 episodes per year in 2016, a 0.3 episode per year increase from 2015. The QAS-MSH Diabetes Service referral pathway supports patients with diabetes to access self-management knowledge and decrease the long term health risks associated with poor management. A patient can be referred directly from QAS to the MSH Diabetes Service for a multidisciplinary approach to diabetes management and prevention of diabetic related complications.



Strategic Focus 2

Technology that supports best practice, next generation care

Digital Hospital

Princess Alexandra Hospital was Australia's first large-scale Digital Hospital. A Digital Hospital has an electronic medical record and integrated digital systems, rather than traditional paper files, that enable clinicians to easily access and update patient information. Digital bedside patient monitoring devices automatically upload observations and vital signs to a patient's electronic medical record ensuring clinicians have access to 'real time' patient information anywhere in the hospital.

In March 2017, Princess Alexandra Hospital rolled out significant new functionality known as "MARS"—medications management, anaesthesia, and research support. MARS is a critical component of realising the full benefits of an integrated electronic medical record, providing support for clinicians in prescribing, verifying and administering medicines to patients.

Benefits of MARS include:

- detailed information accessible directly at the point of care to better support clinical decisions
- improved accuracy in prescribing, dispensing and administering of medications leading to reductions in adverse drug events
- integrated doctor, nurse and pharmacist workflows for improved communication and efficiency
- timely access to information to assist with drug interaction checking, allergy checking and dose calculations
- complete anaesthetics information visible within the medical record
- increased visibility of information to support clinical trials and research studies
- improved efficiency for medication rounds.



In March 2017, Princess Alexandra Hospital rolled out a significant new Digital Hospital functionality known as "MARS"

In 2016–17, planning commenced for the implementation of the Digital Hospital program at Logan and Beaudesert hospitals as part of Metro South Health's vision of becoming a fully digital health service. This will see Beaudesert Hospital becoming Queensland's first rural Digital Hospital. Go live for this project is planned for November 2017.

Increased technology uptake

Service-wide pilots and projects

Metro South Health piloted a number of service-wide technology initiatives and carried out a number of projects aimed at improving clinical excellence, efficiency and access.

Three pilots were completed during the 2016–17 financial year:

- **Convene**—a digital Board Management tool for distribution, use and management of Board packs
- **Vocera Mobile Application POC**—expansion of the Vocera platform to provide communication via mobile devices
- **Patient Tracking Redland**—implementation of the Aeroscout patient wandering tool to reduce the risk of vulnerable patients leaving the Macleay ward at Redland Hospital.

Three projects were completed during the 2016–17 financial year:

- **CBORD**—implementation of the CBORD food service and nutrition program to align all Metro South Health hospitals with the broader Food Services review endorsed by Metro South Health Executive
- **Vocera relaunch at Redland Hospital**—relaunch and expansion of use of Vocera at Redland Hospital
- **Pyxis PAH ED Project**—implementation of Pyxis ES Automated Medication Imprest System into Acute, Ambulatory, Mental Health, Resus and Short Stay areas within the Emergency Department at Princess Alexandra Hospital including integration with the ieMR.

Telehealth

Telehealth services enable clinicians to provide health outreach services to patients in rural and remote areas, and can also reduce the need for patients to travel to facilities by substituting some face-to-face consultations with telehealth appointments. 2016–17 has seen great change in the release of the “Telehealth Portal”, allowing patients, GPs and nursing homes to participate in telehealth from home or non-Queensland Health facilities—all at no cost to the user.

In 2016–17, Metro South Health sought to increase the uptake of telehealth services. At 30 June 2017, 4,294 occasions of service had been recorded—a 24 per cent increase (across admitted, non-admitted, mental health, emergency medicine and Retrieval Services Telehealth services).

In addition, Queensland Health set a KPI target for every HHS to increase the number of non-admitted occasions of service by 20 per cent over the previous financial year. The result was 3,437 non-admitted occasions of service—an increase of 29 per cent.

This year has seen increased support for Logan and Redland hospitals to establish telehealth services. New services include:

- PAH Immunology
- PAH Liver Transplant reviews
- PAH Colo-Rectal Surgery (both medical and oncology)
- PAH Respiratory
- PAH Infectious Diseases
- PAH NeuroSurgery General
- PAH Hepatitis C—Project ECHO—supporting the delivery of treatment into Correctional Facilities
- QEII Physiotherapy
- Logan Multidisciplinary Renal Telehealth to Beaudesert Hospital
 - o Service includes Medical, Pharmacy, Dietetics, Social Work, Diabetes Education and Psychology consultations
- Redlands-General Surgery After Hours support by consultants from home.

Extensive work has also been completed in the areas of Chronic Disease and Emergency Department telehealth at Redland Hospital with services expected to commence in early 2017–18.

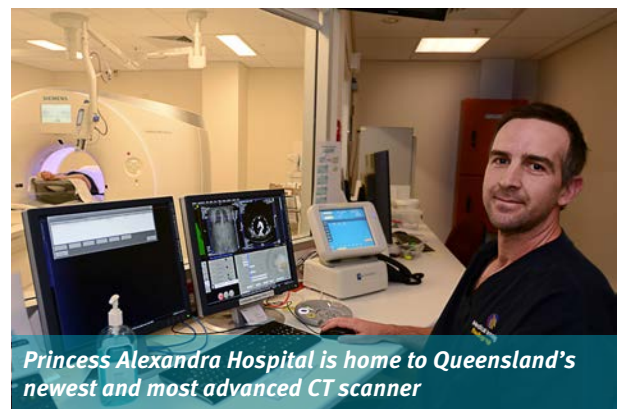
Large technology projects

Da-Vinci robot

Princess Alexandra Hospital undertook a two year trial of a Da Vinci robot, with nearly 150 urological cases undertaken during this period. This increased coordination, collaboration and specialisation of urological services between Princess Alexandra and QEII Jubilee hospitals, with an increase in the number of patients receiving radical prostatectomy treatments. Due to the success of the trial and deficiencies gained, a robot was purchased and commissioned in the later part of 2016–17.

CT scanner

Princess Alexandra Hospital is home to Queensland’s newest and most advanced CT scanner that sets new standards in speed and dose reduction for patients. Patients requiring CT scans of brain, chest, heart or vascular system, as well as basic or major trauma, will experience the benefits of the new scanner, which uses a unique two x-ray tube designed to offer patients the highest standards of safety, speed and accuracy. Scans can now be done faster than ever before with reduced doses of radiation required to get three-dimensional imagery. The fastest possible speed enables complete scans of the entire chest region in just 0.25 seconds or whole-body trauma imaging in just 2 seconds. This compares with a traditional CT scan which takes 7 or 8 seconds for chest and 15 seconds for a full body scan which required patients to hold their breath. The new CT scanner is a particular benefit for bariatric, stroke and cardiac patients because it has the technical capability and imaging for faster scans with more accurate imaging for these sensitive areas of care.



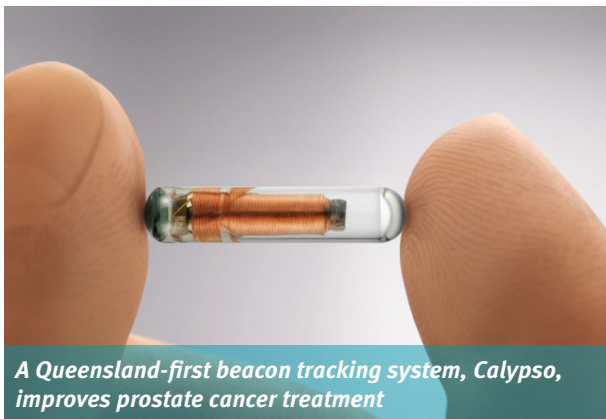
Princess Alexandra Hospital is home to Queensland’s newest and most advanced CT scanner

Prisma 3T MRI

Princess Alexandra Hospital has entered into a partnership agreement with Siemens and the Translational Research Institute (TRI) for the provision of the Prisma 3T MRI. The current project scope consists of the purchase and commissioning of a Magnetom PRISMA MRI (the only one in Queensland that will be clinically utilised) to allow advanced research and treatment regimens for rectal and prostate cancers, a range of musculo-skeletal tumours and breast carcinomas, in addition to providing support for neurological procedures involving Gamma Knife® technology. This device will be housed within the PAH Radiology Department and will provide increased capacity in the order of 20 hours per week for medical imaging overflow. The PRISMA 3T MRI machine is the only magnet commercially available to enable spectroscopy analysis of elements other than hydrogen that meets the need of clinical researchers for TRI. Due to the scale of the MRI 3T, meticulous investigations into the existing infrastructure were required with construction commencing on 5 May 2017 and expected to be complete by 17 August 2017.

Calypso

Prostate cancer treatment at Princess Alexandra Hospital’s Radiation Oncology Mater Centre is now safer and more effective with the launch of Queensland-first beacon tracking system, Calypso. It is one of only two centres in Australia to offer the new monitoring system likened to a GPS tracking system for the prostate. The system uses three small transponder beacons, the size of a grain of rice allowing clinicians to more precisely track the prostate and make fine adjustments during the treatment as required. This reduces the radiation dose to the normal tissues that lie next to the prostate such as the bladder and bowel and means less side-effects for patients. The Radiation Oncology Mater Centre received funding from the Metro South Study, Education and Research Trust Account in 2015 to buy the Calypso hardware and software to integrate into treatment machines. In 2016, the Queensland Policy and Advisory Committee for new Technology announced funding for a two-year evaluation project, including staffing and the transponder beacons.



A Queensland-first beacon tracking system, Calypso, improves prostate cancer treatment

Precision medicine

A team at Princess Alexandra Hospital are conducting innovative prostate cancer research to improve outcomes for people with prostate cancer through the use of the latest technological developments. The precision medicine philosophy caters to all stages of prostate cancer—from diagnosis, to treatment of localised disease, through to treatment of advanced disease as an integrated program. Through a variety of cutting-edge programs including molecular imaging and genetic analyses, the research allows health professionals to identify how cancer spreads through the body, the early and reoccurring stages of prostate cancer, and to ultimately improve the outcome of the disease in men. The research won an Australian Society for Medical Research (ASMR) Queensland Health and Medical Research Award in 2017.

Early melanoma detection

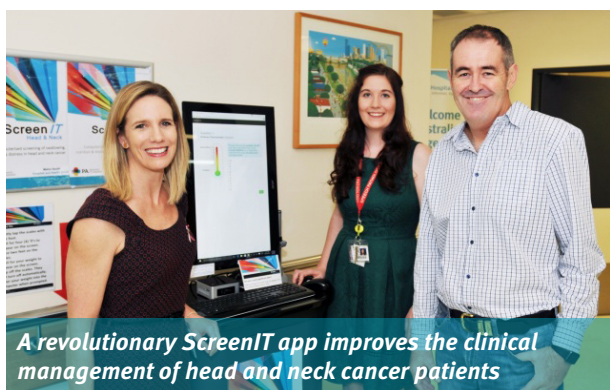
A project at Princess Alexandra Hospital is set to revolutionise early detection of the deadly skin cancer, melanoma, by taking a simple saliva-based genetic test. The project takes an innovative approach to melanoma prevention by identifying a person’s genetic risk, so that they can take extra preventative steps, and high-risk patients can be monitored more closely to dramatically improve the chances of early detection and survival. The project will receive \$600,000 over 18 months as part of the Queensland Genomics Health Alliance five-year program.



A new saliva-based test set to revolutionise early melanoma detection

ScreenIT app

New research developed at Princess Alexandra Hospital found a screening app could improve the clinical management of head and neck cancer patients, providing an efficient and effective alternative to additional clinical appointments. The joint study tested the effectiveness of the ScreenIT app to assess swallowing, nutrition and distress in head and neck cancer patients undergoing chemotherapy and/or radiotherapy. Computerised screening was found to be consistently more sensitive to patient-reported concerns and distress, and could revolutionise the way clinicians manage patients' needs.



Diabetes app

A Princess Alexandra Hospital researcher has developed an app to help people with diabetes monitor their sugar levels and get the help they need more quickly. Developed with The University of Queensland, Queensland Health and the CSIRO's Australian eHealth Research Centre, the app provides immediate feedback to patients through colour codes, charts and tables of their blood glucose readings. Patients can use the data to accurately assess and understand their own condition. Blood glucose readings can be blue-toothed directly from the glucose meter to the mobile phone or tablet and then to the doctors and nurses who receive the results in real time. This means health professionals can be alerted almost immediately to any issues and complications such as amputations, blindness and kidney failure can be more easily avoided.

Systems integration

Oral Health

Metro South Oral Health developed a concept brief for a whole-of-service electronic records system to enhance patient safety and patient outcomes. The plan identifies solutions including chair-side computing, booking systems and digital image storage. To date, electronic clinical patient records have been implemented at Browns Plains Oral Health Clinic and Wynnum and Redlands dental clinics. Planning for implementation across the whole health service is now underway. The electronic clinical patient record is reducing the use of paper charts and improves safety and quality of care by providing a single view of a patient's oral health treatment history. Progress to a fully integrated electronic clinical patient record will ensure readily accessible patient clinical records are available at the point of care and reduce the risk associated with the current hybrid chart, comprised of a paper client record and limited electronic treatment history. It will decrease the risk of inappropriate access to patient records and alleviate the need to transport paper records between facilities. It will also improve standardised reporting and auditing capacity.

Training

In 2016–17, Metro South Health continued to support the education and professional development of staff through its web-based learning management platform, LEAPOnline.

A number of new functions were added to the platform during the year, including:

- **team training reports**—an automatic report emailed to all line managers fortnightly, providing a snapshot of the team's compliance for corporate mandatory training
- **a new 'My Learning' interface**—allowing users to quickly and easily find a course with advanced filtering options
- **personal achievements**—the ability to add external courses, training and higher education to a user's profile.

Metro South Health continues to work with the LEAPOnline vendor to implement new functions as they become available.



Strategic Focus 3

Health system integration

Metro South Health is focussing attention on strategies that move towards a more integrated, coordinated health care network that is better able to meet changing community needs than the existing fragmented system. Internationally, substantial evidence now exists to support the efficacy of programs that focus on:

- **prevention**—encouraging population health through healthier lifestyles, habits and early interventions
- **hospital avoidance**—diagnosing and appropriately treating both acute and chronic conditions in community and home-based facilities
- **supported discharge/Hospital in the Home (HITH)**—enabling faster transitions out of hospital, without compromising clinical recovery, through better home-based and community-based care.

Integration strategy

Metro South Health currently implements a range of integrated care strategies across the health continuum which targets both the vertical integration of services (from community services through to acute services), as well as horizontal integration (across hospitals and clinical streams).

Partnership with Brisbane South PHN

Metro South Health has a strong partnership with Brisbane South PHN (BSPHN) which is supported by a partnership protocol and Umbrella Agreement. Joint Board meetings occur at least twice a year. To maintain connectedness, Metro South Health also provides representation on both the BSPHN Clinical Advisory Council and Community Advisory Council. The joint work undertaken by Metro South Health and BSPHN is focused around innovation and integration, eHealth and regional health planning. Some joint initiatives have included:

Health service innovation and integration

- **Post Natal Home Visiting**—the Post Natal Home Visiting program expands access to post-natal home visiting support services within the first two months of a child's life, by providing new mothers with access to post-birth midwifery services. This home visiting service is offered to all women who live in the BSPHN region.

In 2016 the program delivered 14,051 midwife visits into 10,645 homes, with an operational cost of \$2.1 million. The program has built stakeholder relationships with maternity services and the child and family sector, and influences practice in primary care to promote identification, prevention and improved health literacy.

- **Clinical Prioritisation Criteria**—in June 2016, Metro South Health, in partnership with BSPHN, was invited by Queensland Health's Clinical Excellence Division to participate in the Clinical Prioritisation Criteria Proof of Concept implementation for the period July–December 2016. Clinical Prioritisation Criteria are clinical decision support tools that help ensure patients referred for public specialist outpatient services in Queensland are assessed in order of clinical urgency. Clinical Prioritisation Criteria are used by both referring practitioners when referring into the Queensland public hospital system and Queensland public specialist outpatient services when determining how quickly the patient should be seen (urgency category). They aim to ensure: equitable assessment of patients regardless of where they live; specialist outpatient appointments that are delivered in order of clinical urgency; patients are ready for care at their first specialist outpatient appointment; improved referral and communication processes between referrers and specialist outpatient services. Metro South Health launched the full suite of Clinical Prioritisation Criteria in May 2017 through its revised Refer your Patient website with a positive response from GPs.
- **Positive Care**—Positive Care is an integrated care model which supports patients with a chronic disease to better manage their health, reduce time spent in hospital and access appropriate primary care services and support in the community. The service was commissioned to an external contractor until June 2017 and an average of 13 patients were active in the chronic disease phone coaching program at any one time. In the December quarter, there was a 26 per cent increase in health literacy (self-reported) of patients in the program and a 36 per cent reduction in ED presentations at Redland Hospital when comparing 12 months pre and 12 months post the first support call (measured in December 2016).

- Hepatitis C Shared Care**—Metro South Health and BSPHN recently launched the Hepatitis C care pathway and the Metro South Health HCV Shared Care pilot program. More than 60 people attended the launch, including 30 GPs. Historically GPs have had a limited role in the management of their patients with hepatitis C, but following changes to the Pharmaceutical Benefits Scheme in March 2017, GPs can now treat these patients in the community in consultation with an experienced specialist. In response to these changes, a care pathway that provides GPs with a comprehensive digital tool in the assessment and management of their patients with hepatitis C has been developed and launched on the Metro South Health SpotOnHealth website. A shared care pilot has also been developed in response to these new medications and prescribing guidelines. The pilot program requires GPs to complete a request form, which includes their treatment recommendations. The patient's medical information is then reviewed and treatment is approved or further assessment is requested, generally only in cases where the patient has considerable liver disease. It is anticipated that the vast majority of patients in the pilot will be treated at GP practices, without the need for a face-to-face consultation with a specialist.



- Refugee Health**—Metro South Health is committed to supporting the health needs of the refugee population through policy, primary care capacity building, and partnerships. To support GPs, the Refugee Service held a number of practice visits each month, quarterly education events, and developed referral pathways to support the management of refugees in GP practices with the PHN funding three Mater nurses to work in Logan GPs. The Logan Primary Care Group was established to support GPs in providing care to refugees and managing risk, and through a non-government organisation (NGO) partnership, a Local Area Coordination Group was established in Logan to support the settlement of refugees. A Refugee Health and Well-being Policy and Action Plan was developed and launched in April 2017. Metro South Health and the BSPHN also jointly participate in the Statewide Partnership Advisory Group.

- Diabetes management**—“beacon” clinics operate within general practice with a multidisciplinary team consisting of an endocrinologist, GP clinical fellows (GPs with a special interest), and a credentialed diabetes educator. The clinical model has three distinct components: the assessment and complications screening; weekly multidisciplinary diabetes clinic; and the review and discharge plan. The beacon model of care has been an efficient and effective service. Funding was secured to continue operation of three beacon clinics for another two years and an expression of interest was circulated to identify practices interested in hosting a beacon clinic. In addition, Metro South Health and BSPHN held two information sessions to promote the ‘DESMOND’ diabetes self-management program to GPs.



- Maternity Shared Care**—shared maternity care means that a woman's pregnancy care is shared between the doctor or local midwife who is aligned with the hospital. GPs who have completed their alignment act as a team in the provision of a woman's perinatal care. Responsibility is shared for the woman's care including communication and management of results and abnormal findings. BSPHN partners with Metro South Health maternity facilities to deliver Royal Australian College of General Practitioners approved educational events to GPs. These events provide high quality evidence-based antenatal and postnatal clinical updates including current routine screening and management of common conditions.
- Nurse Navigators**—Nurse Navigators monitor high needs patients, identify actions required to manage their health care and direct patients to the right service, at the right time and in the right place. They provide an end-to-end care and coordination service along a patient's entire health care journey. Nurse Navigators educate and help patients to better understand their health conditions and enable them to self-manage or participate in decisions about their health care. In some cases, this may even reduce the need for hospital admission. Metro South Health and BSPHN have been working collaboratively to identify Nurse Navigators for our catchment with positions beginning at Logan, Princess Alexandra and QEII Jubilee hospitals in 2016–17.

- **Suicide prevention: Logan Hospital ED**—a project to reduce frequent presentations/re-presentations to EDs following non-fatal suicidal behaviour. BSPHN has contracted a Non Clinical Mental Health NGO to provide an extended hours response service, which includes some co-location within the Logan Hospital ED. The service provides short term, non-clinical follow up and support for people until they are connected to appropriate primary health care and social service in the Logan Hospital catchment following self-harm or suicide attempt.
- **Integrated mental health strategic planning meetings**—Metro South Addiction and Mental Health Service and BSPHN have established integrated strategic planning meetings. These meetings provide a mechanism to support shared service planning, regional needs analysis, identification of shared priorities and opportunities for further collaboration and partnerships. Membership includes Queensland Alliance for Mental Health as the peak for mental health community NGOs and the Queensland Network of Alcohol and other Drugs Agencies representing Drug and Alcohol NGOs. The meeting will inform the development of a Regional Mental Health and Suicide Prevention Plan for the Metro South region.
- **Direct Access Endoscopy**—on 1 May 2017, Metro South Health introduced the Direct Access Endoscopy pathway where GPs are able to refer suitable patients for a diagnostic endoscopic procedure at Beaudesert Hospital, Logan Hospital, Princess Alexandra Hospital, QEII Jubilee Hospital and Redland Hospital. With the support of referring GPs, Direct Access Endoscopy provides patients who do not have complicating risks and who do not require a specialist appointment prior to the procedure, with the most direct pathway to public endoscopy services. Direct Access Endoscopy is also aimed at reducing the risk of adverse events resulting from multiple waiting lists and extended waiting periods. Once the procedure is completed, the proceduralist will provide the referring GP with histology results along with a brief report of the findings and recommendations for follow up to complete the process.
- **Advance Care Planning**—a project to encourage and guide individuals to plan for end-of-life, taking into account their beliefs and personal values. A major aspect of the campaign is to encourage people to talk with their GP about their health care preferences. The Advance Care Planning team has worked closely with the BSPHN to deliver GP education on end-of-life care. A care pathway was published and a statement of choices form now integrates with GP software.

eHealth

- **SpotOnHealth**—SpotOnHealth has received a recent injection of funds from Queensland Health which will significantly increase the impact of the program for general practice. It is an interactive online space providing localised, evidence-based assessment, management and referral information for a range of clinical presentations. It is designed to help clinicians navigate patients through the complex primary, community and acute health care system within the Metro South Health region. Since its inception, SpotOnHealth has provided a means to effectively bring Metro South Health clinicians and GPs together to build a shared understanding of particular issues impacting the patient journey and jointly develop pathways to improve that patient journey. It has also provided a launchpad for Metro South Health clinicians to progress and implement specialty specific initiatives to help manage waiting lists and ensure patients are seen by the most appropriate care provider. The SpotOnHealth team works directly with GPs who are involved in clinical editing of care pathways, peer mentoring and support of their colleagues, and providing advice and expertise to Metro South Health. They also connect other clinicians to the primary health network and the Transformation Innovation Collaborative to implement agreed initiatives.
- **Secure messaging**—secure messaging was launched for healthcare providers to refer their patients to Metro South Health in 2016–17. A new secure messaging address was created for referrals to specialist outpatient and allied health services at Metro South Health facilities. Secure messaging of referrals builds digital health capability and improves the timeliness of referral management. This initiative was well received by the BSPHN (and its member GPs) during the project's pilot phase.

Regional health planning

- **WORNA**—Whole of Region Needs Assessment (WORNA) was established to determine the health status and health needs of the community. Metro South Health and BSPHN have an agreement to work collaboratively on the development of the 2017 needs assessment.
- **North Stradbroke and Bay Islands Health Services**—Metro South Health is focussed on connecting the residents of Stradbroke Island to better health services. Along with the BSPHN, the health service conducted a joint site visit of North Stradbroke Island and have commended detailed planning for the development of integrated services.

- **Community Advisory Council**—Metro South Health has representation on the Community Advisory Council which provides the community and consumer perspective to BSPHN's Board. This ensures that decisions, investments and innovations are patient-centred, cost-effective, locally relevant and aligned to the needs and expectations of the local community.
- **Clinical Council**—the Clinical Council advises on clinical issues to enable BSPHN's Board to make informed decisions on the unique needs of our community. It helps to develop local strategies to improve the healthcare system for patients in our region, and facilitates effective primary healthcare to reduce avoidable hospital presentations and admissions. Metro South Health provides representation to the Clinical Council and has an agreement in place to use the council to inform Metro South Health planning.

Prevention

A key objective in pursuing integrated health solutions is to improve population health outcomes through healthier lifestyles, habits and early interventions (prevention). Metro South Health has a number of strategies for achieving this:

- **Immunisation**—child immunisation services are provided for a range of vaccine-preventable diseases. Metro South Health aims to achieve 95 per cent immunisation for children aged one, two and five years. For the 12 months ending March 2017, immunisation rates were just below target: one year olds—94.1 per cent; two year olds—92.2 per cent and five year olds—93.1 per cent. This represents an increase in rates for each age group since 2015–16.
- **Breast cancer screening**—Metro South Health, through the BreastScreen Queensland Brisbane Southside Service, provides free, high quality mammography screening to woman aged 50 to 74 (the most at risk of developing breast cancer), and provides access to women aged 40-49 and 75 years and older. The service recently received four-year accreditation—the maximum awarded by the national governing body BreastScreen Australia—for cancer detection rates and exemplary service to local women. Recent performance data (2014–15) for BreastScreen Queensland Brisbane Southside Service shows a participation rate of 55.9 per cent, which is above the national average.
- **Bowel cancer screening**—the National Bowel Cancer Screening Program has been running in Queensland since August 2006 with men and women aged 50-74 years being sent a Faecal Occult Blood Test in the mail. Invitations are issued to those eligible via direct mail at their Medicare registered address. The program is expanding and by 2020 all Australians aged between 50 and 74 years will be offered free screening every two years, consistent with the recommendations of the National Health and Medical Research Council. The National Bowel Cancer Screening Program within the Princess Alexandra Hospital provides participants who receive a positive Faecal Occult Blood Test result access to health services, specifically colonoscopy, in a timely manner. The program is supported by a CNC Gastroenterology Ambulatory Services and a Health Promotion Officer. The most recent data available from the Australian Institute of Health and Welfare for the National Bowel Cancer Screening Program for Metro South Health is for 2014–15, which has the participation rate at 36.3 per cent. Both the CNC and the Health Promotion Officer delivered education and engaged with the community, GPs, workplaces and other health care providers to promote the National Bowel Cancer Screening Program and other health and wellbeing initiatives to consumers/patients.
- **Smoking cessation**—patients entering Metro South Health hospitals are asked their smoking status, and patients presenting as smokers are offered support for managing withdrawals and quitting smoking using the Queensland Government Smoking Cessation Clinical Pathway. The pathway is part of the statewide smoke-free initiative and helps to identify patients who are nicotine dependent and at risk of nicotine withdrawal while in hospital. In 2016–17, Metro South Health sought to increase the number of pathways completed from a baseline of 25 per cent to 65 per cent of patients who presented as smokers. This target was exceeded with an average of 70 per cent of patients receiving the pathway across all Metro South Health hospitals. Key aspects of the project have included education of staff, implementation of procedures and guidelines, development of new tools as needed, and support for staff in utilising the available tools. More than 1,900 staff have completed online training in LEAPOnline. The biannual Metro South Health Smoking Workshop on training of brief intervention provision is highly commended by internal and external staff. Other key achievements of the smoking cessation initiative include:
 - o National Medicinewise award in the category of 'Excellence in health professional programs with a budget over \$100,000
 - o 1,341 Metro South Health patients accepted referral to Quitline in 2016 compared to 255 in 2014
 - o with the current strategies in place, 80 per cent or more of all Metro South Health smoker admissions now receive brief advice to quit smoking from staff during each episode of care compared to 10 per cent or less before November 2014.
- **Oral health**—Metro South Oral Health runs a number of projects that provide preventative and interventional oral care including:
 - o Healthy Mouth Day is an oral health screening and prevention program for students and local community groups. It aims to reduce barriers to accessing oral health care by providing

assessments and treatment in a community setting. From January to December 2016, 667 0-14 year olds participated in Healthy Mouth Days and \$795,594.70 worth of services were provided from this initiative.

- o Lift the Lip targets children aged 0-5 who are at high risk of dental decay. Under this program, a Child Health Nurse conducts a dental screening as part of the routine screening of 0-5 year olds. Children needing care are then referred to their nearest public oral health clinic, thereby facilitating early access to primary preventive care and establishing a 'dental home' for the children and their families.

End-of-life strategy

During 2016-17, Metro South Health continued to implement its end-of-life strategy, *My Care My Choices*. The primary focus of this strategy is to optimise quality of care at the end-of-life, rather than prolonging biological life regardless of consequences.

The Metro South Health end-of-life strategy was endorsed by the Metro South Health Executive in December 2015. The strategy is underpinned by an evidence-based End-of-Life Care Framework that outlines important aspects of clinical care relevant to a person's last 12 months of life, regardless of the person's environment of care. It promotes consistent practice and informs the development of training, governance and quality systems that support key end-of-life clinical processes. An important tool within the strategy is a standardised values-based Advance Care Planning document, the Statement of Choices developed by Metro South Health, which is now being adopted and implemented in 13 other Hospital and Health Services across Queensland. Metro South Health also hosts the Office of Advance Care Planning, a central coordinating office for completed Statement of Choices documents for all Queensland residents. The Office clinically reviews and uploads all completed Statement of Choices documents to The Viewer. These processes represent the first statewide system in Australia, whereby a person's end-of-life preferences can be known and accessed by clinicians in real time.

In 2016-17, clinicians supported 4,609 inpatients to contemplate advance care planning. Community members across Metro South and residents of aged care facilities have also been invited to discuss advance care planning. Patients and residents who subsequently decide to complete a Statement of Choices send it to the Office of Advance Care Planning where it is uploaded to The Viewer for easy access by Queensland Health clinicians, GPs and Queensland Ambulance Service staff. Thus patient preferences can be known if the situation arises where they cannot communicate their wishes. In this way patient choices can help to inform medical management plans and ensure person-centred end-of-life care.

Overall, during the 2016-17 financial year, the Office of Advance Care Planning uploaded 3,380 completed

Statement of Choices forms for Queensland residents, with 1,945 (58 per cent) of these documents belonging to Metro South residents, bringing the total number of clinically reviewed Statement of Choices uploaded to The Viewer to 5,367. In 2017-18, Metro South Health will run a trial to upload Advance Health Directives and Enduring Power of Attorney documents to The Viewer.

Hospital to home

Metro South Health invests in programs designed to enable faster transitions out of hospital without compromising clinical recovery and, in 2016-17, has commenced reviews of some programs to improve service delivery. Home-based and community-based care options ensure there is a continuum of care for patients upon discharge, and include:

- **Community Hospital Interface Program (CHIP)**—primarily targets individuals 65 years and over (50 and over for Aboriginal and/or Torres Strait Islander people) and young people with disabilities, but also facilitates post-acute wound care referrals for any age group. At risk patients are assessed against medical, physical, psychological, social and functional factors to determine the nature of community services that may be required to help patients maximise independence and minimise the risk of harm or injury on returning home. The CHIP nurse then coordinates services to meet the patient's needs.
- **Hospital in the Home (HITH)**—provides hospital substitution care, with health professionals delivering acute treatment for inpatients outside the hospital setting, in their own home or in a clinic. Metro South Health has HITH teams at Logan Hospital (Emergency Department), Redland Hospital (Emergency Department and Mental Health annexe) and QEII Jubilee Hospital (which acts as the hub for Princess Alexandra Hospital referrals). The Logan and Redland Hospital HITH teams work collaboratively with Blue Care, which has a contract to provide HITH services to patients with cellulitis, deep vein thrombosis, pulmonary embolus, urinary tract infection and pneumonia. Other HITH services provided across Metro South Health include: pre-op antibiotics, acute pre/post-op anticoagulation, IV management (e.g. wound infections/abscesses), and short-term acute IV management for chronic disease patients (e.g. chronic obstructive pulmonary disease, chronic heart failure).
- **Post Acute Care**—clinics that provide short-term acute and post-acute services for patients being discharged/transferred from Metro South Health's five hospitals and the Wynnum Health Service. Patients are referred to CHIP to assess and assign appropriate community nursing services which includes: wound care, stoma care, medication management, dressings, catheter and self-catheterisation management and personal hygiene support.



Enabler 1

Resource management that supports health service delivery needs

The tension between funding and an increasing requirement to deliver more services without compromising quality and safety is driving change and ongoing improvement in resource management. During 2016–17 Metro South Health progressed significant capital works programs, responded to the request to bring forward Health Technology Equipment Replacement procurement as an accelerated program, and finalised the \$67 million funded Backlog Maintenance Remediation Program.

Capital investment

Metro South Health puts significant effort into maximising capital investment, with particular focus on achieving priorities in the State Health Infrastructure Plan and *Service Delivery Statement*.

During 2016–17, Metro South Health's key infrastructure projects have progressed significantly and include the Wynnum-Manly Community Health Centre, Gundu Pa, the Inala Southern Queensland Centre of Excellence Stage 2, and the Oral Health consolidation project.

- Wynnum-Manly Community Health Centre, Gundu Pa**—at June 2017 this project was 80 per cent complete with practical completion and handover programmed for August 2017. The commissioning of the service and occupation of the new building is planned for October/November 2017. The new health centre will retain existing health services in the local area and offer a range of new and expanded services. The services offered will include a 24-hour Primary Care Centre, Oral Health, BreastScreen, Chronic Disease, Specialist Outpatient Clinics, Allied Health, Child Development Services and Addiction and Mental Health.



Wynnum-Manly Community Health Centre, Gundu Pa

- Southern Queensland Centre of Excellence (SQCoE) Stage 2**—the SQCoE is being expanded to provide enhanced access to health services for the Aboriginal and Torres Strait Islander community. Stage 2 is a 1655m² facility that is due for completion in September 2017.



Construction of Stage 2 of the Southern Queensland Centre of Excellence (SQCoE)

- Logan Hospital car park**—a new car park for Logan Hospital will be constructed to ease pressure on patient parking and allow staff to return to onsite parking. \$5 million has been allocated to the project for the construction of approximately 500 additional car spaces on the adjoining TAFE Loganlea Campus. Construction is expected to be undertaken from late 2017 to mid-2018.
- Logan Hospital Peri-Operative Services/Early Pregnancy Assessment**—refurbishment works are underway in Logan Hospital to support an expanded pre-operation service and an early pregnancy assessment unit. This will assist with improved surgical patient flows and meeting the needs of at-risk pregnant women. As at June 2017 this project was 50 per cent complete.
- Oral Health expansions:**
 - Logan Central Oral Health Clinic**—the Oral Health expansion project was completed in April 2017. The expansion works included an additional 15,000 dental appointments per year, oral health services for bariatric clients, installation of a state of the art 3D dental x-ray machine and a new, larger client waiting room and sterilisation facilities.

- o **Woolloongabba Oral Health Clinic**—construction works for the new Oral Health centre were completed in late May 2017 with services due to commence early July 2017 once the disbursed teams move in to the new site. The new centre will help to deliver an additional 45,000 dental appointments each year. The facilities include 27 dental chairs, dedicated facilities for dental x-rays, more flexible opening hours and family appointments, a new dental laboratory and sterilisation hub that will service all Metro South Health Oral Health Clinics.



- **Addiction and Mental Health Services relocation**—construction works for the Addiction and Mental Health Services relocation project on Level 2, 228 Logan Road Woolloongabba were completed in January 2017 with services commencing in February 2017. Addiction and Mental Health Services consolidated services that were previously provided at Burke St, Woolloongabba and Macgregor to the new centre. The addiction services based at the centre are either outreach services or office based staff who develop and undertake prevention based education activities.
- **Logan Hospital expansion**—the development of a detailed Business Case for the future hospital expansion commenced in the later part of the financial year as a component of the \$112.2 million commitment made for the Caboolture, Ipswich and Logan hospital campuses. Project inception activities are well underway in partnership with Building Queensland and the Department of Health with project resourcing, service and infrastructure/asset planning and preparatory works being undertaken within Metro South Health.



Prisma 3T MRI

Princess Alexandra Hospital has entered into a partnership agreement with Siemens and the Translational Research Institute for the provision of the Prisma 3T MRI. The current project scope consists of the purchase and commissioning of a Magnetom PRISMA MRI (the only one in Queensland that will be clinically utilised) to allow advanced research and treatment regimens including rectal and prostate cancers, a range of musculo-skeletal tumours and breast carcinomas in addition to providing support for neurological procedures involving Gamma Knife® technology.

This device will be housed within the Princess Alexandra Hospital Radiology Department and also provide increased capacity in the order of 20 hours per week for medical imaging overflow. The PRISMA 3T MRI machine is the only magnet commercially available to enable spectroscopy analysis of elements other than hydrogen that meets the need of clinical researchers at the Translational Research Institute. The PRISMA MRI is the ultimate system for translating the latest research developments to clinical practice. It offers unprecedented performance for a commercially available MRI.

Due to the scale of the MRI 3T, meticulous investigations into the existing infrastructure were required with construction commencing on 5 May 2017 and expected to be complete by 17 August 2017.

Australian Translational Genomics Centre

In 2015, a National Association of Testing Authorities accredited sequencing facility capable of performing 15,000 whole genome sequences, over 5000 whole exome sequences as well as many thousands of samples through its microarray platform was established at the Princess Alexandra Hospital campus at a cost of approximately \$15 million. The Australian Translational Genomics Centre is operated by QUT in partnership with Princess Alexandra Hospital and Pathology Queensland.

A new laboratory for the Australian Translational Genomics Centre was commissioned in April 2017 that:

- provides a service to clinicians on the Princess Alexandra Hospital site and beyond to aid in the molecular diagnosis and assessment for cancer and heritable diseases
- enables research in the genomics of cancer and heritable diseases and traits.

The new facility is likely to have a major impact on diagnosis of inherited disease and will be highly transformational for cancer management. It is envisaged that within the next 10-15 years whole genome sequences will replace most genetic tests currently based on single gene or panel-based approaches, and that nearly all patients with significant malignancies will have them sequenced to inform treatment choices. Construction commenced on 27 January 2017 and was completed on 28 April 2017.

Minor capital works

Minor capital work allocations were made to a number of expansion projects and new technology:

- **Princess Alexandra Hospital and Redland Endoscopy Equipment**—the already established Princess Alexandra Hospital Endoscopy suite received an investment of \$425,000 to augment its scope fleet. This occurred in conjunction with increased investment in endoscopic activity from the Department of Health. As at March 2017 an additional 648 endoscopic procedures were performed with a projected full year increase forecast at 864.
- **Da Vinci robot**—Princess Alexandra Hospital undertook a two year trial of a Da Vinci robot, with nearly 150 urological cases undertaken during this period. This increased coordination, collaboration and specialisation of urological services between Princess Alexandra Hospital and QEII Jubilee Hospital, with an increase in the number of patients receiving radical prostatectomy treatments. Due to the success of the trial, a robot was purchased and commissioned in the later part of 2016–17.
- **Tissue Bank Consolidation Project**—the Tissue Bank Consolidation Project will bring the eye bank and the heart valve bank to Coopers Plains to be co-located with the existing bone and skin banks. A concept design for the building extension has been finalised, with the works package to be released to tender in the coming months, with an estimated completion date of mid-2018.

Priority Capital Program funding

The Round 3 Priority Capital Program application process saw Metro South Health successfully obtain funding for seven of the 15 applications submitted. This represents project works to the total of \$13.8 million. These projects are currently in various stages of being further scoped, and works will commence in the 2017–18 period.

Improvement measures

Metro South Health has a number of programs aimed at improving efficiencies across the health service.

Accelerated Health Technology Equipment Replacement program

Metro South Health was requested by Queensland Health's Infrastructure Strategy and Planning Branch to bring forward approved items on the 2016–2018 Health Technology Equipment Replacement list into the 2016–17 financial year. The Procurement and Supply Unit facilitated a consolidation of facility needs, and negotiated with vendors that were able to supply prior to end of June

yielding an average 11 per cent lower price than the existing Queensland Health Standing Offer Arrangements. Total savings through this process was in excess of \$650,000 from a total purchase amount of \$5.8 million.

Backlog maintenance remediation program

2016–17 is the fourth and final year of delivery for Metro South Health's backlog maintenance remediation program. The program identified maintenance work that had not been carried out and was deemed necessary to bring the asset up to a condition that will enable it to meet the required service delivery functions. As at 30 June 2017, 100 per cent of the registered backlog projects had been delivered.

Projects delivered during the 2016–17 year included:

- **Radiation Oncology Mater Centre refurbishment**—this has been an almost three year program which saw the replacement and/or refurbishment of the air conditioning, electrical, plumbing and fire systems infrastructure, as well as the interior finishes refurbishment at the facility which delivers radiation therapies to adult patients. The newly refurbished unit also includes specific treatment services to accommodate children.
- **Princess Alexandra Hospital lighting protection upgrade**—the project involved fitting 275 electrical and mechanical switchboards with additional protection to safeguard against damage caused by lightning strikes. Each board required the power to be isolated prior to the works being undertaken. Clinical and services coordination for these shutdowns played a pivotal part in the delivery of this project.
- **Princess Alexandra Hospital generator replacement**—this project saw the replacement of an existing 1.2MW generator with a 2.2MW generator to improve the capacity of the power backup systems at Princess Alexandra Hospital.
- **Logan Hospital fire indicator panel**—Logan Hospital's fire indicator panel was at its end of useful life and this project replaced this fire indicator panel along with the fire detection system. As this project had to access all room spaces within the facility, the coordination with the clinical areas was paramount and was undertaken with minimal disruption to clinical services.
- **QEII Jubilee Hospital works**—works at the QEII Jubilee Hospital included the replacement of the kitchen services cold rooms, reconfiguration of the kitchen to improve workflows, asbestos removal from the majority of the bathrooms and service areas, and the replacement or refurbishment of the air conditioning systems as these were at the end of their maintainable life.

- **Metro South Health-wide access control and video management system replacement**—this project saw the replacement of the video management system and access control systems across four Metro South Health hospitals, namely the Princess Alexandra, Logan, Redland and QEII Jubilee facilities. This common system allows consistent and safe management of security access and protocols across the health service.
- **Redland Residential Care bathroom refurbishments**—works at Redland Residential Care included the refurbishment of the 64 bathrooms at the facility along with the replacement of the nurse call system.

Procurement initiatives

Partner of Choice initiative

Metro South Health has implemented a Procurement and Supply led initiative to maximise value from existing suppliers of medical equipment and consumables by collaborating with qualified vendors.

During 2016–17 significant negotiation activities has yielded two vendors that have qualified through immediate downward pricing adjustments, with three year contracts executed delivering a combined benefit of over \$2 million over three years:

- **Zimmer Biomet**—a supplier of orthopaedic prostheses, Zimmer Biomet have committed increasing discounts over three years, and significant value propositions for consolidation of total joint replacements. One major facility in Metro South Health has consolidated large joint replacements to Zimmer Biomet, realising further financial benefits, along with work flow efficiencies in the Central Sanitation and Sterilising Department, and increased storage and reduced handling in the Operating Theatre. A consolidation of this type is rare for public hospitals in Australia, and demonstrates a commitment by Metro South Health facilities to maximise resource management to support health service delivery needs.
- **Medtronic**—a supplier of high value prosthetics in Cardiology, Neurosurgery, and Orthopaedics, as well as fast moving consumables across many specialty areas, Medtronic have identified five immediate value propositions in addition to qualifying through discounts across a number of existing product supplies.

Procurement and Supply Unit Driving Value Register

Metro South Health's Procurement and Supply Unit tracks value driven through activities that the Unit has influence on during the year. Value is recorded using one or more of the following rationales:

- **Negotiated outcomes**—the difference between the final negotiated outcome, when compared with the initial quotation or Standing Offer Arrangement. Whole of life costs are negotiated to maximise the value for money when purchasing equipment, which includes service and maintenance, parts and visibility to other costs incurred during the life of the equipment.
- **Value engineering or innovation**—outcomes that have yielded value through facilitation of scope refinement and materials/labour innovation when compared with initial proposals.
- **Assumption based predictions**—anticipated savings through direct rebates/discounts as part of Partner of Choice contract outcomes (first 12 months only) based on past usage/volume.

The Driving Value Register has recorded more than \$3.45 million in the 2016–17 financial year.

Supply performance management

The supply of recurring use clinical and operational supplies within the facilities is managed via an imprest reordering system and administered by Health Support Queensland. Metro South Health has invested in its own Supply Managers to ensure that Metro South Health objectives are implemented with a focus on reducing total inventory holdings, stock turnover efficiencies and improved visualisation and storage of inventory. This work is ongoing but has already yielded reductions in imprest items, vastly contributing to improved fiscal performance and minimising redundancy and losses through expiration.

Building, Engineering and Maintenance Services improvement initiatives

2016–17 has been a year of operational review for Building, Engineering and Maintenance Services (BEMS), to aim for operational efficiencies and strive towards maintenance 'best practice' in the delivery of Health Service Infrastructure and ISO55000 compliance. Both initiatives are designed to achieve multifaceted change in results of the BEMS business unit, both operationally and culturally.

BEMS health check

The BEMS health check, initiated in November 2016, was recommended to highlight the key people, environmental and systemic factors that are determining current outcomes and are either enabling or preventing alignment with the health service's strategic direction. Work had previously been undertaken to review the processes and policies associated with BEMSs work across Metro South Health, with a primary focus on identifying functional requirements and capabilities. In order to be successful in meeting the changing and evolving maintenance challenges of the health service, BEMS has used the recommendations to develop a series of operational improvements for 2017–18 to improve the effectiveness of the current BEMS system and what is required for a customer service oriented delivery model, clearly focused on people and patient centric outcomes.

Ex-Tropical Cyclone Debbie weather event

As a result of the aftermath of Ex-Tropical Cyclone Debbie, Logan Hospital became isolated after Loganlea Road was cut off by rising floodwaters in two sections. Providing contingency to the hospital for maintenance and recall purposes, BEMS provided electrical, plumbing and HVAC support to the hospital on an around-the-clock roster over a 48 hour period, to ensure any necessary issues could be addressed promptly whilst ensuring the safety of the BEMS staff.

The BEMS team were able to mobilise resources and develop a program to engage in planned maintenance activities across the hospital swiftly and efficiently. Uninterrupted outages were not experienced during the event and the hospital continued operations knowing they were sufficiently supported by the BEMS team.

Assistance to Ipswich Hospital

In March 2017, the Ipswich Hospital uncovered a confirmed mould growth in its Intensive Care Unit. An extensive remediation program was undertaken to remove the source of the mould which included the removal of affected air vents, ducts and ceiling tiles, as well as wall linings. A call for support was issued to surrounding HHS's to assist with remediation and enable the Intensive Care Unit to reopen as quickly as possible.

In response, Metro South Health provided one electrician and four carpenters for support. These staff worked continuously throughout a 14 hour day to complete the works required across both trades. West Moreton HHS expressed their gratitude for the mobilisation of a workforce they could not otherwise access in the timeframes presented.

Healthier Choices project

Queensland Health provided funding to develop an implementation plan to implement its *Healthier drinks at healthcare facilities: Best Practice Guide*. Metro South Health engaged staff and visitors to gauge satisfaction with the food and beverages being provided. More than 850 staff and 450 visitors completed surveys with the results indicating 71 per cent of visitors believing hospitals should provide leadership in healthy food and beverages and 47 per cent of staff reporting they do not feel enough nutritional information is available at the point of sale. Visitor satisfaction is currently 50 per cent satisfied or very satisfied with the food and beverages offered. Trials are currently underway to address the combined feedback from our staff and visitors to ensure that healthy food choices are available across Metro South Health facilities 24 hours per day.



Technical audits

To capture information on the Metro South Health asset fleet and define the accuracy of the existing database and maintenance regimes, a data collection/audit process has been initiated to enable the establishment and verification of the:

- information and accuracy of the metadata contained within the asset (CMMS) database
- legislative requirements of the asset base, defining the minimum requirements for asset inspection and maintenance
- organisational needs to establish asset management trending and analysis to feed the Total Asset Management Plan and Asset Management Maintenance Plan
- manufacturer and benchmarked industry standards
- needs of the stakeholders with respect to supply, maintenance and duty of the asset fleet
- remediation of critical infrastructure faults and findings.

The audit process has defined the asset fleet into eight high risk areas for evaluation: HVAC systems; Air and Medical Gas systems; Electrical; Hydraulics and Drainage; Fire and Evacuation Systems; Water Quality; Emergency and Generation Power; and Steam and Boilers.

The technical evaluation process is undertaking iterative tasks to review the current maintenance schedules for minimum mandatory maintenance requirements for all maintenance classes. The process has included:

- sweep audit programs to develop a CMMS knowledge base on the 'Health of the Assets'
- remediation of minor known failure modes or faults
- capture of unfunded Backlog repairs
- development of Preventative Maintenance (PM) program across all asset classes, aligned with Department of Health and legislative requirements
- rollout of a renewed preventative program
- a physical and technical resource review.

Commencement of ASGG ISO55000 gap asset audits

Since the inception of the Hospital and Health Services in 2012, Metro South Health has progressed asset management capability including the development of an Asset Policy and Management Framework. A gap analysis of the asset system against ISO55000 is being undertaken in partnership with the Asset Institute. By aligning Metro South Health's asset system to ISO55000, the health service will be better placed to achieve more effective and efficient management of assets from planning and investment decisions.

Leasing outcomes

During the 2016–17 year a total of eight expenditure leases commenced with a (Year 1) value of \$1,816,790. Of the eight leases, all except two are for residential properties required for client accommodation including rehabilitation patients.

Seven expenditure leases to the value of \$1,403,099 per annum were closed. Services from five of the seven lease closures consolidated into new leased accommodation or existing Metro South Health owned accommodation. The successful execution of a Licence Agreement for occupation of the Inala Community Health Centre to an external partner recouped outgoings of \$87,092 and provided certainty for the tenant.

Own Source Revenue

Own Source Revenue comprises inpatient, outpatient, non-patient and other revenue. The Metro South Health Own Source Revenue budget for 2015–16 was \$184,225,347. This was increased to \$215,098,297 for 2016–17. Metro South Health Own Source Revenue and Private Practice Governance Committee oversees governance around revenue opportunities that are actioned at each facility. During 2016–17 each facility met and exceeded its budget. As a result, Metro South Health achieved a surplus in each of these revenue generating areas, exceeding the 2016–17 Own Source Revenue budget by \$6.6 million.



Enabler 2

Enabling and empowering our people

Success in Metro South Health relies on the ability to bring people together and enable them to do their best work, not only through policies and processes but also by creating cultures that invite participation. Continuing to enable and empower our people is crucial to delivering a health service that is agile and innovative and able to maximise the technological changes and advancements that continue to be rolled out across the health service.

Creating culture

Culture encompasses the values, beliefs, attitudes and behaviour of an organisation. Metro South Health's organisational culture must align to government health targets and community expectations and, therefore, forms and transforms over time. Staff engagement is a critical element of delivering better patient care and improving community health.

Ongoing initiatives

Executive Planning and Innovation Committee

Metro South Health's Executive Planning and Innovation Committee (EPIC) provides an executive level focus on innovation across the health service and assesses applications against priorities for feasibility, scope and potential impact. EPIC has a membership of executive and specialist staff from across the organisation that meet on a monthly basis. EPIC actively encourages innovative and transformational ideas from the workplace by providing them with a platform for consideration, evaluation, referral and implementation.

Transformation and Innovation Collaborative

The Transformation and Innovation Collaborative (TIC) is a network of innovative people who together create the innovation culture in Metro South Health. The collaborative includes people who understand innovation, think innovatively and make innovation happen. TIC supports change and redesign projects on the ground in partnership with clinicians and stakeholders and turns EPIC's ideas into reality.

Staff forums and staff awards

Facilities within Metro South Health including Beaudesert Hospital, Logan Hospital, Princess Alexandra Hospital, QEII Jubilee Hospital and Redland Hospital conduct staff forums to engage employees, strengthen organisational culture and maintain a cohesive workforce. Staff forums are generally held monthly and are an opportunity to provide face-to-face information on issues affecting the hospitals and the impact these issues will have on staff. Staff are invited to raise appropriate items for discussion at forums which are addressed by the hospital's Executive. Metro South Health's success is due to the skills, energy and determination of its staff and each month it formally recognise their efforts with staff awards, which are presented at the forums. Award categories include: Customer Focus Award; Innovation and Efficiency Award; Outstanding Contribution Award; Teaching and Learning Award; Team Excellence Award. Awards can be granted to either individuals or groups of staff.

Board Chair's Awards

The annual Board Chair's Awards were established to enhance the health service's existing reward and recognition program and to celebrate the achievements of staff and teams across the health service. The Metro South Hospital and Health Board is committed to recognising staff who demonstrate outstanding performance in health care delivery for the benefit of its patients and community. It believes that a strong reward and recognition program is vital in attracting and retaining quality staff and improving workforce culture. The awards are designed to be the highest honour within Metro South Hospital and Health Service.



Winners of the 2016 Board Chair's Awards

PA Lifestyle program

The PA Lifestyle program aims to provide a wealth of benefits for staff at Princess Alexandra Hospital to enhance their health and wellbeing. Happy and healthy individuals make for a happy and healthy work environment and the PA Lifestyle program is an investment in the hospital's greatest assets—its staff. The program offers a range of free classes for staff including group fitness classes, core strength classes, fit box classes and super circuit classes. For a small fee staff have access to the staff gym, onsite personal training and massage therapy. As part of the PA Lifestyle program, there are also a variety of financial institutions, health insurers and local businesses who offer discounts to Princess Alexandra Hospital staff.



Princess Alexandra Hospital staff enjoy a range of lifestyle benefits including free fitness classes

MH CALL

Metro South Health staff, as well as the community, can access local mental health services for information and assistance in times of mental health crisis 24 hours a day via a centralised phone number—1300 MH CALL (1300 64 22 55). The number enables our staff and community members to access mental health services in a timely and effective way that is consistent with our ongoing commitment to the National Mental Health Standards 2010. The tele-triage service delivers a single point-of-access to Metro South Addiction and Mental Health Services.

Employee Assistance Program

Metro South Health is committed to protecting and improving the health and wellbeing of all employees and their immediate families by providing employee assistance. The Employee Assistance Program assists individuals to resolve a broad range of work or personal issues before they impact adversely on them and cause deterioration in their health and wellbeing. The Employee Assistance Program provides professional short term counselling for up to six sessions per calendar year and the confidential service can be accessed through self-referral to OPTUM, the external Employee Assistance Program service provider. Services are available 24 hours a day, seven days a week, and 365 days a year, at no cost to staff. Counselling services are available face to face or by telephone.

New initiatives

Planetree

Metro South Health has been pursuing Planetree accreditation for person-centred care and is on track to become Australia's first Planetree recognised organisation. Planetree has a very simple focus—to look at everything that touches the patient from the patient's perspective, and to use what matters most to patients to create a truly healing experience. Focusing on patients' individual needs not only improves their overall experience, but can also result in better clinical outcomes. There is a great deal of evidence that person-centred organisations experience benefits such as reduced length of stay, improved patient satisfaction and decreased infection, readmission and mortality rates. Through the Planetree journey, Metro South Health has been creating a culture of compassion and staff are encouraged to join the *My Planetree Community*, a space where they can access resources, share knowledge with colleagues around the world and enhance their patient-centred culture.

Metro South Health values video

Each and every one of Metro South Health's 14,000 staff work towards delivering excellence in health care, and in the kindest way possible. They collaborate, embrace innovation and always look for ways to better ourselves and our service. In 2016–17, Metro South Health created a video to engage and motivate staff and to celebrate how they embrace the organisation's values across every part of the day.



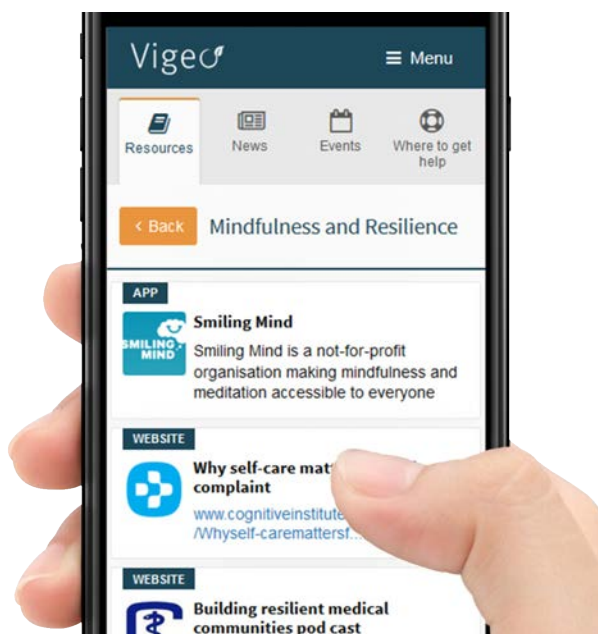
Metro South Health values video

Restful Environment project

This year Metro South Health produced an educational video and a host of new resources to help staff create a more restful environment for our patients. Many studies show that rest is an important part of helping bodies heal and recover and that continued exposure to excessive hospital noise and light can be detrimental to patients. Despite the best intentions, hospitals can be very disruptive, making it difficult for patients to rest and this project focused on opportunities where we could address unnecessary noise such as telephones, loud staff conversations, loud televisions and squeaky doors. The project was part of a commitment to providing the best possible health care experience for our patients and empowers our staff with the tools they need to effectively care for our patients. The video was funded by Metro South Health's Executive Planning and Innovation Committee.

Vigeo app

In June 2017 Metro South Health released a new mobile app designed to support the health and wellbeing of our doctors. The app—named Vigeo, a Latin term meaning to thrive and be strong, active and effective—includes a range of existing tools and resources specifically for medical practitioners that have been carefully selected by a research team. The app is one part of a broader research program and workforce strategy that addresses the health of Metro South Health’s medical workforce. The health service published an Australian-first research report that examined the range of physical and mental health issues faced by our medical personnel, and how we can better support them in their personal and professional lives. The research showed that there is room for improvement across the spectrum of doctors’ health. In particular, Metro South Health wanted to address the fact that doctors experience higher levels of occupational stress compared to other professions. Vigeo is a confidential one-stop-shop for doctors and includes resources to improve physical and mental health, information about how to help colleagues, and contacts for where to get help.



The Vigeo app supports the health and wellbeing of Metro South Health doctors

Lunchbox sessions

In March 2017 Metro South Health introduced lunchbox sessions to encourage staff to take a break from work over their lunchbreaks, connect with colleagues, and step outside of their comfort zones. The sessions are held at lunchtime once a month and offer a mix of practical, physical and interesting topics. Lunchbox sessions have included *The secret to better work*, *How to make stress your friend*, *Eating for a healthy heart*, *Active living for a healthy heart*, and a yoga session. Staff are invited to suggest topics for future sessions and some of these include *Work/life balance*, *Global issues*, *Taking advantage of employer’s benefits*, *Training opportunities*, and self-defence classes. The lunchbox sessions have been enthusiastically embraced by staff and will continue into the future.

Memorandum of Understanding

In July 2016, Metro South Health and the Royal Australasian College of Surgeons signed a Memorandum of Understanding to deal more effectively with reports of discrimination, bullying and sexual harassment in the surgical workplace, and improve patient safety. Metro South Health strongly believes that every employee has the right to work in an environment free from any form of bullying, sexual harassment or discrimination. The organisation believes that a safe and supportive work environment not only benefits staff, but delivers better outcomes for patients. Partnership with the Royal Australasian College of Surgeons strengthens the existing supportive culture within our surgical teams and provides a solid framework to promptly address any issues if they occur. The Memorandum of Understanding is the first of its kind between the Royal Australasian College of Surgeons and a regional health network in Queensland.



Signing the Memorandum of Understanding

Building capability

Metro South Health is investing in measures that build the capability of staff to tackle problems, think of solutions and sustain advances that are patient-based. Fostering an environment where leadership is shared both ‘vertically’ and ‘horizontally’ contributes to staff engagement which, in turn, delivers better patient care.

Nursing graduate support

Metro South Health continues to support the Government’s priority of maximising graduate nurse and midwife employment. In 2016–17 Metro South Health again increased its graduate nurse intake to employ 289 graduate registered nurses and midwives. This included 165 at Princess Alexandra Hospital, 25 at QEII Jubilee Hospital, 52 at Logan Hospital, six at Redland Hospital, four at Wynnum Health Service as well as 17 midwives.

The aforementioned figure met the employment target or KPI that allowed funding to be released from Queensland Health’s Office of the Chief Nursing and Midwifery Officer that saw this intake supported temporarily by 12 Graduate Clinical Facilitators seconded to Metro South Health’s Nursing and Midwifery Practice Development Unit. The Graduate Clinical Facilitator is a dedicated supportive role to provide clinical and psychosocial support seven days a week on all three nursing shifts. This is a very positive strategy for assisting our novice workforce population transition into the profession.

A review of the Graduate Clinical Facilitators support service is planned to provide comparative data from the 2016 and 2017 models, and initiate improvements to better support graduates. Overall, the graduate portfolio continues to have a very strong collaboration across all facilities in Metro South Health in delivering these supportive mechanisms to our new nurses.

Resilience on the Run program

There is no consistent program offered to interns anywhere in Australia to support them to manage the mental stress and emotional demands of life as they transition to a career as a doctor. Research at national and international levels shows doctors report a higher level of occupational stress than other professions, and this is particularly the case for interns. The Resilience on the Run program was funded by the Executive Planning and Innovation Committee and aims to equip junior doctors in Metro South Health with the knowledge and confidence to access help early for either themselves or their colleagues, providing a sound platform for managing the stressors and demands of their chosen careers.

Cross Cultural Training project

Metro South Health is the most culturally diverse area in Queensland with almost one third of the local community born overseas, with almost half of this group born in Non-English Speaking Background countries and not speaking English at home. Our Cross Cultural Training project was funded by the Executive Planning and Innovation Committee and increases the cultural competence of Metro South Health staff via carefully coordinated and targeted online training and education materials, improving the health care service we provide to culturally diverse consumers.

During 2016–17, Metro South Health’s interpreter services were utilised onsite and over the phone a total of 55,248 times. The three main languages accessed were Chinese (Mandarin and Cantonese) with 9,672 sessions, Vietnamese with 8,158 sessions, and Arabic (including Lebanese, Egyptian and Sudanese) with 4,413 sessions. Auslan interpreters were accessed 1,606 times.



Metro South Health caters to its culturally and linguistically diverse patients by providing free interpreter services

LEAPOnline

LEAPOnline is Metro South Health’s learning management system giving staff access to all training, education and professional development options in one place. LEAPOnline offers: calendars for training opportunities; access to eLearning modules; the ability to house and track all learning and professional development; the ability to collate and print evidence of training completion; the ability for managers to allocate training opportunities to their staff; and reporting functions for managers and educators about course registrations and completions.



Enabler 3

Ensuring the needs of our stakeholders influence all our efforts

Maintaining effective stakeholder relationships remains an essential focus for Metro South Health. Key initiatives for 2016–17, have centred around the following themes:

- consumer voice
- community connections
- strategic partnerships
- innovation and transformation.

During 2016–17, Metro South Health employed a range of strategies to respond to these focus areas, ensuring consistent engagement with a range of stakeholders including:

- consumers, patients and community
- primary health networks and primary care providers
- research and education facilities
- professional and industrial bodies
- Department of Health and other government service providers and representatives
- non-government organisations (NGOs).

Underpinning all work has been a particular focus on person-centred care—health care that is both respectful and responsive to preferences, needs and values of people and the families and communities in their support network.

Consumer voice

Metro South Health values the feedback our consumers and community provide us. Harnessing this feedback, valuing it, and incorporating it where practical ensures our health care services meet the community's needs. A number of strategies are used to ensure consumers are actively involved in planning, evaluation and monitoring and that the consumer voice is heard.

Consumer and community engagement strategy

- registered 513 community of interest members
- held 83 online engagement activities
- engaged 2,496 people in online engagement activities
- appointed 57 consumers to 48 strategic committees
- supported consumers through professional development opportunities
- included consumers on recruitment panels
- appointed consumer ambassadors to key projects
- support consumers to co-present at conferences
- established new committees
- Held focus groups and workshops to gain feedback from the community

Wynnum-Manly Community Health Centre, Gundu Pa

Metro South Health continues to engage with the community regarding the development of the Wynnum-Manly Community Health Centre, Gundu Pa. Work commenced on the site following a sod turning in October 2016. The sod turning was well attended by staff and the community—with the Queensland Premier Anastacia Palaszczuk, the Minister for Health and Minister for Ambulance Services the Honourable Cameron Dick MP, Member for Lytton Ms Joan Pease MP, Metro South Health Board Chair Terry White AO, and fellow Board Directors in attendance. The Community Ambassadors appointed to the project continue to support Metro South Health in ensuring the new facility and the services provided meet the community's needs.

Be Heard project

The Queensland Government estimates that one in six Australians experience some degree of hearing loss, and the signing Deaf community ranges between 6,500 and 15,400 people. This is a large number of people who face challenges in accessing adequate health services in a very much hearing world. Members of the Deaf and hard of hearing community face significant barriers when accessing health information and services, and often are not completely aware of what's happening to them, at a time when knowledge of their health, and medical or health procedures are vital.

Redland Hospital is using the lived personal experiences and knowledge of consumers with hearing loss (either Deaf or hard of hearing) to assess the accessibility of health services at Redland Hospital for consumers with a hearing loss. A steering committee for the initiative was established by partnering with local consumers and community organisations, and is the driving force behind the project roll-out. The consumer members of this steering committee are critical to the success of this initiative as they challenge staff to address true person-centred care through their own experiences of less-than-safe health care. The need to drive sustainable cultural change in support of safety and access has been highlighted as the long term outcome of the project.

Through the use of consumer-led unit audits using the locally-developed Communication Accessibility Checklist auditing tool, a gap analysis of the facility's barriers, facilitators and limitations in delivering safe services for Deaf or hard of hearing individuals is being undertaken.

Using a multi-strategy approach, action planning involving input from both consumers and the unit-based staff is being implemented to address the specific barriers and gaps identified in each unit. These strategies include:

- education and awareness-raising of issues for Deaf or hard of hearing consumers for staff across all units and facilities
- facilitated consumer and staff stories highlighting the consumer voice
- pre-audit surveys of staff knowledge of strategies to support hearing
- targeted media and communications strategies
- improved access to equipment to support hearing, including assistive listening devices, interpreters, and the use of various other technological resources
- implementation of specific and general communication strategies, e.g., identifying consumers requiring hearing support and providing necessary adjustments
- unit champions to ensure continued sustainability of initiatives.

Healthier Choices project

Overweight and obesity are significant health concerns for Queenslanders. The Chief Health Officer's 2016 *Health of Queenslanders* report indicates that 64 per cent of Queensland adults are overweight and obese. This has a significant impact on the limited resources for the health care system.

In 2016, the Metro South Hospital and Health Board realised a need to better understand staff and consumer preferences with respect to the food provided via Metro South Health food outlets including vending machines, cafes and retail outlets, with a view to better meet staff and community needs.

The Healthy Food Choices project is focused on understanding and responding to the expectations of staff and visitors to Metro South Health facilities regarding the food provided by vending machines, cafes, and other food outlets.

More than 1,308 staff, consumers, visitors and volunteers were engaged throughout this project and results clearly indicate that stakeholders want to make an informed choice with respect to their food choices. While staff and visitors to Metro South Health facilities do not want unhealthy food banned, there is a strong preference for an increase in affordable, healthy food available 24/7. Metro South Health is now in the process of implementing strategies in response to the feedback received.

Improving quality of life for people living with dementia

In Metro South Health, dementia is estimated to increase from 9,905 people in 2011 to 21,653 in 2031. Of those, it is estimated that 12 per cent, which is equivalent to 1,188 and 2,598 respectively, will display severe to extreme behavioural and psychological symptoms of dementia. Three consumers were engaged to participate in the implementation of the *Metro South Health Dementia Services Strategy* to improve the quality of life for people with dementia, their carers and families by strengthening dementia service delivery across the continuum of care within the Metro South Health catchment area. Key activities included:

- developing the Specialist Dementia Unit at Redland Residential Care
- developing the dementia resource package and an online localised dementia care pathway for primary care.

The consumers involved in the dementia care pathway advisory group demonstrated clearly that engaging the right consumers could bring great benefits for the project. These consumers contributed:

- in-depth knowledge and high level understanding of systems and services across the continuum of dementia care
- valuable patient and carer perspectives and experiences
- enthusiasm and a very high level of commitment to improve dementia services
- ability to promote and advocate for Metro South Health works in dementia via their broad networks.

Patient on-boarding video

While they are in hospital, patients are generally not feeling well and they are in an unfamiliar environment. They will hear words they don't understand, be greeted by many different people, perhaps be given new medications and miss the comforts of home. To help put them at ease and prevent safety issues such as falls, it is important to familiarise patients with the hospital setting.

The Hospital Welcome video provides information about what to expect while in hospital, such as identification checks, medication safety, preventing falls, infection control and hospital discharge. It also has a strong focus on encouraging patients and their loved ones to ask questions and to ensure they understand. The video is available in hospital and online, so patients can watch the video prior to their hospital admission. It has subtitles so it can be viewed without sound and has been translated into nine languages (Arabic, Auslan, Farsi, Korean, Simplified Chinese, Somali, Spanish, Traditional Chinese and Vietnamese).

Community connections

Refugee dental fair

More than 200 people received dental treatment in just one day at a special refugee dental fair hosted by Yeronga Oral Health Centre in October 2016. Patients had origins from 13 different countries, with people from Somalia, Myanmar and Iraq forming the largest groups. All patients received a full dental examination, pain relief where necessary and advice on preventing oral health problems. The Dental Fair was an alliance between Metro South Health and a range of volunteer, community and health groups who support refugees. It was led by the Tzu Chi Foundation—a Buddhist group known for humanitarian work. Other organisations involved were refugee settlement groups Multicultural Development Association and Red Cross Australia, along with ACCESS Community Services, Mater Health and Metro South Primary Health Network. Much of the dental treatment was provided by volunteer dentists. Students from The University of Queensland and Griffith University also volunteered as dental assistants. In total, there were 290 volunteers involved, including staff from several Metro South Health teams: Oral Health Services, Health Equity and Access Unit and the Refugee Service.



Metro South Health staff and volunteers from the refugee dental fair

St Johns Ambulance volunteers celebrate 25 years at Logan Hospital

Logan Hospital based St John Ambulance volunteers celebrated a major milestone in October 2016, marking 25 years providing much needed support to patients and families in the local community. Volunteers deliver numerous valuable services to the community in the caring tradition of St John Ambulance including Nanna Care and Friends of Emergency, both of which celebrated 10 years at Logan Hospital in October 2016.

Positive Mindset Creative Arts Festival

Hundreds of school students from across the Metro South Health region participated in the second annual Positive Mindset Creative Arts Festival in October 2016. The festival is an initiative of Metro South Health's Addiction and Mental Health Service, and is designed to promote positive mental health in young people and reduce the stigma associated with mental illness. Held during Mental Health Week, the festival focused on connecting young people and raising awareness about mental health and addiction issues through performance, dance, music, drama and artwork.



School students from across the Metro South Health region participating in the Positive Mindset Creative Arts Festival

Strategic partnerships

Brisbane South PHN

Metro South Health has a strong partnership with Brisbane South PHN (BSPHN) which is supported by a partnership protocol and Umbrella Agreement. Joint Board meetings occur at least twice a year. To maintain connectedness, Metro South Health also provides representation on both the BSPHN Clinical Advisory Council and Community Advisory Council. The joint work undertaken by Metro South Health and BSPHN is focused around innovation and integration, eHealth and regional health planning and included programs such as refugee health, suicide prevention, maternity care, advanced care planning, referral pathways, diabetes management and many more. A joint needs assessment is currently being developed and will be available later in the year.

Logan Together

Metro South Health, in conjunction with Children's Health Queensland and other stakeholders, is an active participant in the Logan Together program, which aims to improve the health and wellbeing of children. The program is a ten-year campaign to provide better life opportunities for children in Logan, with targets focussed on the transitional phases in a child's development from pre-conception onward. In May 2017, the Minister for Health and Minister for Ambulance Services the Honourable Cameron Dick MP, announced recurrent funding to implement the community based midwifery and child health model developed by Logan Together, in partnership with the community and Metro South Health. This new model will ensure women who are currently not accessing midwifery services will have more choice and improved access, not only to antenatal services, but a continuity of care midwife model supported by a social model of health which will ensure women are connected to the services they need most.

Griffith University

The National Health and Medical Research Council has released a position statement on consumer and Community Participation in Health and Medical Research. In response to this, Metro South Health partnered with Griffith University to investigate how consumers can become more involved in research. Metro South Health and Griffith University have held a series of focus groups with researchers and consumers as well as undertaking a Delphi survey to determine the need, interest and opportunities to involve consumers. A literature review has been produced with the findings presented at a number of forums. An online learning package has been developed to support the role of consumers in research.

CSIRO

Metro South Health has partnered with the Commonwealth Scientific and Industrial Research Organisation (CSIRO) and the Australian e-Health Research Centre to devise an engaging platform to meet the needs of clients with gestational diabetes mellitus and their clinicians. CSIRO engineers will build a smartphone app (Android and iOS), and a web portal, which will be evaluated among 30 clients in order to ascertain levels of program efficacy, successful health related outcomes and user satisfaction.

Innovation and transformation

Zika Mozzie Seeker project

The Zika Mozzie Seeker proof of concept project utilises ‘citizen science’ as a means to enlist the community to expand the scope of invasive mosquito surveillance through large urban landscapes in a cost effective manner. This project is a community-based approach which aligns with recent World Health Organization recommendations for novel community-based Zika risk management. ‘Citizen science’ provides a means to include community members in projects and is a cost effective strategy to conduct health surveillance. Focus groups have been used to refine the process and ensure communication with community members is timely and relevant. This engagement methodology also provides an opportunity to conduct population health messaging.

This project is specifically designed to provide an early-warning system for invasion of Zika mosquitoes. Participants are provided with egg collection kits (via mail-out) to conduct DIY sampling for Zika mosquitoes in their yards, with simple instructions and electronic prompting. Eggs from these traps will be sent back via self-addressed envelopes for batched testing at Queensland Health Forensic and Scientific Services to confirm that Zika mosquitoes are not present.

Zika Mozzie Seeker combines three innovative elements, namely:

- **World-first PCR diagnostics**—developed by Forensic and Scientific Services, in a collaboration with Metro South Public Health Unit and Brisbane City Council. Mosquito egg samples can be batched from many traps and screened within four hours by using sensitive molecular assays that can detect a single Zika mosquito (*Ae. aegypti*) within a sample of 5,000 of the local species
- **‘Best-practice’ community engagement by Metro South Health**—participants (> 650) were recruited to a ‘citizen science’ process of DIY mosquito trapping, with structured logistic and information support and quality assurance assessments. Recruitment strategies were devised to be commensurate with limited and discretionary Forensic and Scientific Services diagnostic capacity.
- **Rapid development of novel IT applications (in tandem with a website) by Metro South Health**—to provide high priority functionalities to enable the coordination of data and information streams (participant registrations, DIY instructions for ‘egg collection kits’, email and SMS texting for reminders and the provision of individualised results for egg abundance, diagnostics and thematic mapping outputs) between each participant and Metro South Health.

To date the project has recruited 659 community members, with a 76 per cent return rate for egg analysis. Data indicates that 90 per cent of participants will remain involved and trap eggs more than once. Over half of the egg strips returned did not have eggs—largely due to the extended dry season. It is anticipated wet weather events will yield a higher return rate for eggs. Variability in seasons indicate a need for surveillance at intervals throughout the year.



An egg strip from the Zika Mozzie Seeker DIY trap

Closing the Gap

Metro South Health remains committed to closing the gap to reduce the inequalities that exist between Aboriginal and Torres Strait Islander and non-Indigenous Australians. A range of initiatives, programs and services are in place to continue work towards this. Approximately \$25 million was secured from a range of sources to support the various programs and initiatives across Metro South Health. This includes targeted State and Commonwealth funding and core health service funding.

Metro South Aboriginal and Torres Strait Islander Cultural Capability and Service Improvement Team

In 2016-17 the Cultural Capability and Service Improvement team:

- delivered Aboriginal and Torres Strait Islander Staff Cultural Capability Training (including the development of a specific online learning module)
- monitored Aboriginal and Torres Strait Islander performance outcomes across facilities and services
- established the Metro South “Closing The Gap” Steering Committee
- developed the *Metro South Aboriginal and Torres Strait Islander Closing the Gap Plan 2017-2019*, due for finalisation in late 2017
- improved resources, health service team systems, processes and procedures to embed effective mechanisms in to day to day practices across the health service.

Hospital Liaison services

Hospital Liaison Officers at each hospital provide cultural support to patients as well as education and resource support to staff to improve engagement and outcomes within acute hospital services.

Aboriginal and Torres Strait Islander health worker roles

Aboriginal and Torres Strait Islander health workers are embedded across Metro South Health to support access, engagement and outcomes including in chronic disease services (e.g. diabetes, cardiac, renal), sexual health, Addiction and Mental Health, and maternity services.

Rural specialist outreach services

Metro South Health has a long history of delivering rural specialist outreach services including Cardiac Outreach and Respiratory Outreach.

Way Forward project

The Way Forward project revolves around the development, implementation and evaluation of innovative and culturally appropriate services that support Aboriginal and Torres Strait Islander consumer recovery through better access and maintenance of contact with the appropriate mental health services. The project has:

- improved referral pathways to specialist Addiction and Mental Health service providers
- improved treatment compliance for Aboriginal and Torres Strait Islander people with mental health conditions
- improved access and follow-up of Aboriginal and Torres Strait Islander mental health consumers
- improved the cultural competency of mental health clinicians and other staff providing services to Aboriginal and Torres Strait Islander people with mental health conditions through development of practical tools, resources and training that supports improved cultural capability.

Better Cardiac Care project

The Better Cardiac Care project improved in-hospital embedded processes for Aboriginal and Torres Strait Islander people presenting to hospitals with cardiac conditions and improved access to and from Aboriginal and Torres Strait Islander Community Controlled Health Services via hospital and health service cardiac services. The project has:

- improved Aboriginal and Torres Strait Islander identification at all points of entry to trigger a comprehensive, culturally safe and supportive care pathway with the cardiac team and Hospital Liaison Officers into and out of hospital care
- developed formalised referral and follow-up care pathways to support higher quality discharge and follow-up mechanisms including identifying opportunities to work in partnership with other health care providers
- reduced the rate of potentially preventable hospitalisations, readmissions, instances of discharge against medical advice and failure to attend rates for Aboriginal and Torres Strait Islander patients for the identified sites.



The Better Cardiac Care project team

Southern Queensland Centre of Excellence

The Southern Queensland Centre of Excellence (SQCoE) in Aboriginal and Torres Strait Islander Primary Health Care provides critical primary health care services and promotes health, wellbeing and disease prevention. The centre at Inala is staffed by GPs, nurses, allied health, Aboriginal and Torres Strait Islander health workers and visiting medical specialists. The centre:

- provides enhanced access to specialist care in the primary setting including: diabetes and endocrinology, cardiology, ophthalmology, paediatrics, mental health, rheumatology and hepatology
- provides enhanced access to allied health services including dietetics, podiatry, diabetes education and psychology
- has developed a research agenda focusing on Indigenous health priorities including chronic disease, mental health, harmful substance usage, and child and maternal health
- provides specific Aboriginal and Torres Strait Islander Health clinical and student placements including medical students, GP registrars, specialist trainee registrars, nursing and allied health students
- has established a partnership approach with the University of Queensland and Griffith University as well as local community organisations and Elders.

Other initiatives

Metro South Health continues to work in partnership with community controlled health services, primary health care networks and hospital and health services to better integrate care across primary, secondary and tertiary settings.

- Metro South Health celebrates NAIDOC Week by hosting a range of events across the facilities inviting staff and the community to celebrate Aboriginal and Torres Strait Islander cultures together.
- In March 2017, on Closing the Gap Day, the Board Chair and Chief Executive signed a Metro South Health Statement of Commitment to Reconciliation. This has since been displayed at a range of facilities and has served to remind and re-energise initiatives across the health service.
- An online Aboriginal and Torres Strait Islander capability training module was developed and implemented to increase availability and accessibility of education material to staff. As of 30 June 2017, more than 1,800 Metro South Health staff had completed the training.
- Metro South Health continues to monitor important markers to measure progress. Encouragingly, some markers such as: the proportion of Aboriginal and Torres Strait Islander women birthing low birth weight babies; the proportion of Aboriginal and Torres Strait Islander women attending five or more antenatal visits; Aboriginal and Torres Strait Islander vaccination rates; and potentially preventable hospitalisations have all shown signs of improvement.

Metro South Health looks forward to continuing to engage with the community and support ongoing efforts towards closing the gap.

Helping people with disabilities

Disability Plan

In 2016 Metro South Health became the first Queensland Hospital and Health Service to develop a Disability Plan. The *Metro South Health Disability Plan 2016-2018* was endorsed by the Executive Planning and Innovation Committee in November 2016. The plan aims to improve the accessibility and appropriateness of Metro South Health services for people with disabilities and outlines how Metro South Health will prepare for the National Disability Insurance Scheme (NDIS). The plan was developed by the Disability Action Committee which includes representatives from key Metro South Health divisions. Almost 50 consumers and stakeholders provided feedback on the draft plan via a community forum and online methods.

National Disability Insurance Scheme

Metro South Health, through its *Disability Plan 2016-2018*, is committed to improving health service delivery for people with disability and their families and carers. Its key priorities are to ensure equitable, accessible and effective health care for people with disability, their families and carers, and prepare the health service to work with the National Disability Insurance Scheme (NDIS).

People with disabilities are recognised as a diverse group and each person with a disability has individual and unique needs when accessing the organisation's services.

Currently, the health service has three implementation projects underway, working with Metro South Health services, Division of Rehabilitation and Addiction and Mental Health to prepare for the NDIS. The aim is to ensure all services are able to support their patients to work with and negotiate the NDIS. Health services are a key interface point for the scheme.

Social workers have been identified as the lead profession, however, all Metro South Health staff have an important role assisting patients, their families and carers in working with the NDIS.

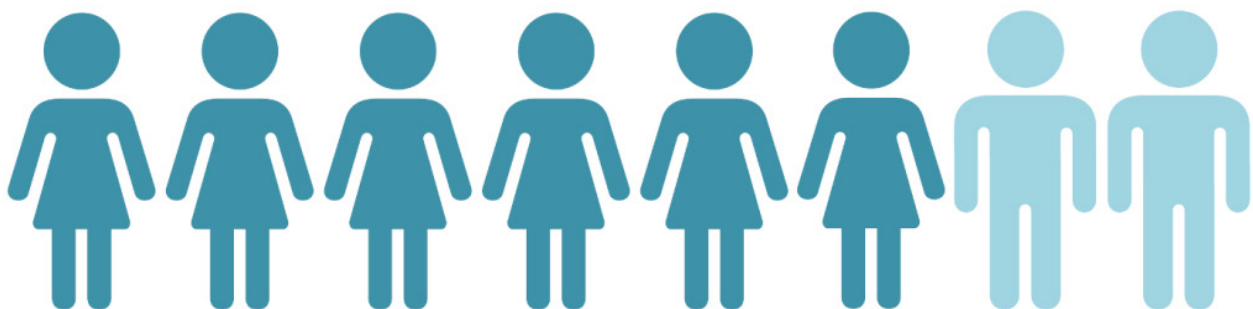
4. Our people

Metro South Health recognises that investing in the skills and diversity of our people will enable the organisation to overcome challenges and continue to provide high quality care for the community.

Our workforce

Employees by professional stream	MOHRI head count 30 June 2017
Nurses	6,761
Doctors including visiting medical officers (VMOs)	1,955
Health practitioners and technical officers	2,145
Operational officers	1,638
Managerial and clerical officers	2,437
Trades and artisans	76
Total	15,012

Women comprise 74.32% of Metro South Health's workforce





1,319
new staff

12,637
full-time
equivalent staff

1.888%
people with
disabilities

17.26%
non-English
speaking
background

0.95%
Aboriginal and/
or Torres Strait
Islander people

Workforce profile

Metro South Health's capacity to deliver health services and achieve positive health outcomes for the population, both now and into the future, is largely dependent upon its health workforce. It is critical to ensure that there are sufficient numbers of the right staff, with the right mix, in the right place and the right time, and that the workforce is appropriately skilled to deliver patient-centred care.

The Metro South Health clinical workforce is ageing, with 12 per cent of its clinical workforce aged 55 years and over. It is probable that a significant proportion of the current clinical workforce will exit the workforce in the next five to ten years. In addition, more people are working part time. This means that several people may be required to fill a single full-time position.

Workforce demographics

Analysis of the current workforce and key trends provides important information for projecting future workforce requirements.

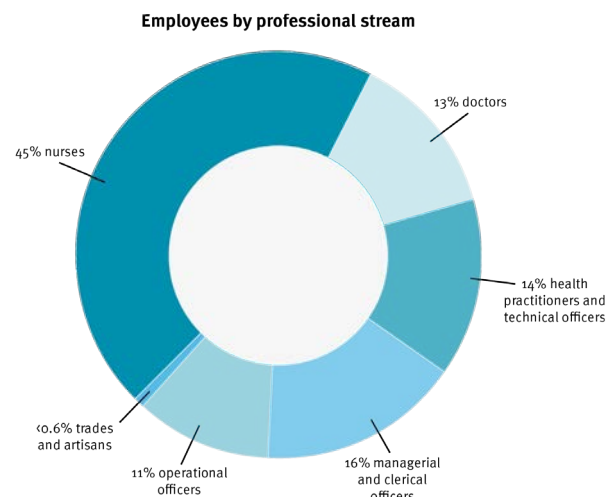
The total number of Minimum Obligatory Human Resource Information (MOHRI) full-time equivalent (FTE) staff (excluding external, casuals that did not work in the fortnight, and employees on extended unpaid leave) at the fortnight ending 18 June 2017 was 12,637.38.

Metro South Health employed 1,319 new staff in the 2016–17 year to 18 June 2017.

Nursing staff represent the largest proportion of staff at 45.04 per cent of the workforce. Managerial and clerical officers make up 16.24 per cent of the workforce.

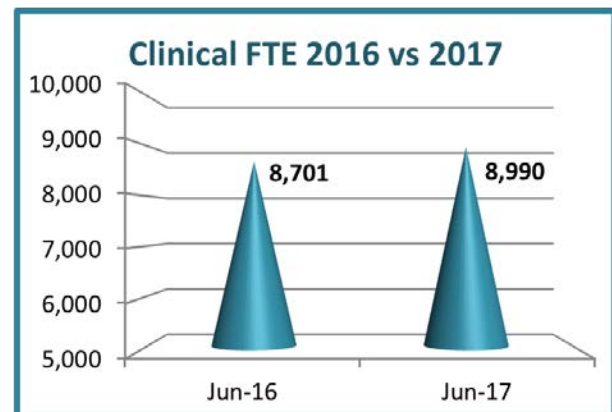
The remainder of the workforce is:

- 14.29 per cent - health practitioners and technical officers
- 13.02 per cent - doctors
- 10.91 per cent - operational officers
- <0.6 per cent - trades and artisans.



71.14 per cent of the current workforce is clinical, with the remaining 28.86 per cent representing administrative and supporting workforces.

The number of FTE clinical staff in Metro South Health increased from 8,701 at 30 June 2016 to 8,990 at 18 June 2017—an increase of 3.3 per cent.



Equal employment opportunity

As a total percentage, women comprise 74.32 per cent of Metro South Health's workforce. Women represent:

- 86.47 per cent of the nursing workforce
- 37.18 per cent of the medical workforce
- 77.40 per cent of the allied health workforce
- 70.43 per cent of the non-clinical workforce
- 50 per cent of the Executive positions
- 50 per cent of the Board positions.

Generational diversity

Recent census data (Australian Bureau of Statistics, 2011) highlights an ageing workforce and limited supply into the future. Therefore, Metro South Health is dedicated to appropriately managing generational diversity in the workplace:

- health-service wide, the median age is 45 years
- the highest proportion (40.02 per cent) of our staff are generation X
- baby boomers make up 23.92 per cent
- generation Y equate to 33.33 per cent
- silent generation is 0.27 per cent
- generation Z (iGen) is 2.46 per cent.

Unscheduled leave

On average, staff took 14.6 days off as unplanned leave during 2016–17 compared to 13.1 days in 2015–16. That represents an unscheduled leave rate of 5.60 per cent, compared to 5.06 per cent in the previous year.

Unscheduled leave includes sick leave, family leave and special leave. Figures are based on FTE staff numbers, and the unscheduled leave rate is calculated as a percentage of 260 days (52 weeks x 5 days per week).

Turnover and length of service

In 2016–17, 554 Metro South Health permanent staff separated from the organisation. This equates to a turnover rate for permanent staff of 5.04 per cent.

Early retirement, redundancy and retrenchment

No early retirement, redundancy or retrenchment packages were paid during 2016–17.

Workforce planning, engagement and performance

Workforce planning

An important element of the *Metro South Health Strategic Plan 2015–2019* is the need to ensure effective systems are in place to enable and empower staff. In line with this, Metro South Health engaged an external advisor to facilitate strategic consideration and consultation aimed at determining the most appropriate future state operating model for human resource related functions across Metro South Health. This process also established an Executive Strategic Workforce Committee and a Workforce Directors Working Group.

Following a further period of consultation and consideration of feedback received, changes to the structure, governance and delivery of workforce services were endorsed for implementation during 2017–18 including the establishment of a new Executive Director of Human Resources position.

Other framework to support service delivery requirements and expand the capacity of the workforce include the:

- *Metro South Health Strategic Workforce Plan 2012–2017* (2013 Supplement)
- *Metro South Health Nursing and Midwifery Workforce Strategic Plan 2015–2019*

The *Metro South Health Strategic Workforce Plan 2012–2017* (2013 Supplement) is a five-year plan that provides a vision for the health service to promote systematic improvement in the health workforce and reliable information to support the addressing of immediate and future health workforce needs. The plan is strategically aligned to Metro South Health's vision, priorities and objectives.

The *Metro South Health Nursing and Midwifery Workforce Strategic Plan 2015–2019* complements the *Metro South Health Strategic Workforce Plan 2012–2017* through its commitment to the delivery of safe, quality, person-centred nursing and midwifery care.

Flexible working arrangements

Metro South Health has adopted, developed and implemented a range of policies, procedures and strategies to promote flexible working arrangements and a healthy work-life balance for staff of all categories and levels. These include:

- telecommuting
- working from home
- support for physical and mental wellbeing—delivered through healthy lifestyle programs for all staff
- part time and job share opportunities.

Promotion of these policies, procedures and strategies occurs through the following avenues:

- role descriptions
- consultative forums
- orientation and induction
- professional development and appraisal
- workforce services unit
- staff forums
- relevant meetings and committees
- promotion via intranet sites and communication publications.

In addition, all new staff undertake a detailed orientation program which outlines these activities, opportunities and entitlements.

Industrial and employee relations

The *Metro South Health Industrial Relations Strategy 2015–2018* applies to all Metro South Health employees. It sets out the roles and responsibilities of managers within the existing industrial relations framework and industrial processes that apply to Metro South Health. The effectiveness of this strategy relies on the commitment of management, employees and industrial organisations to follow process and to communicate in an open and collaborative manner.

Metro South Health has established a number of joint management, employee and union consultative forums to ensure effective and constructive communication with employees in relation to employee associated matters. These forums include:

- Metro South Health Consultative Forum
- Metro South Health Nursing and Midwifery Consultative Forum
- Local Consultative Forums
 - Princess Alexandra Hospital
 - Logan Hospital
 - QEII Jubilee Hospital
 - Oral Health
 - Redland Hospital
 - Metro South Addiction and Mental Health Services
 - Metro South Health Building, Engineering and Maintenance Services.

Workforce engagement

Metro South Health's most valuable asset is its workforce and it functions best in a positive organisational culture. Engaged employees share the same values as the organisation, know how to do their work and understand how their work contributes to the success of the organisation.

Metro South Health has established the Executive Planning and Innovation Committee (EPIC) and Transformation and Innovation Collaborative (TIC) to support redesign and innovation capability across all levels of the health service. EPIC and TIC provide clear structures and processes to engage staff in identifying and implementing initiatives which support our strategic direction and help build the business literacy of the organisation.

A small, diverse team of project managers and clinicians support TIC, and collaborate with Metro South Health staff, external stakeholders and consumers to ensure that projects undertaken from planning to service delivery are moulded by our workforce and patient needs, and that a progressive and sustainable implementation approach is firmly embedded.

During 2016–17, \$3.44 million was approved for change and redesign projects across a diverse range of areas

Reward and recognition program—Board Chair's Awards

The Metro South Health reward and recognition program aims to:

- recognise outstanding performance
- boost staff morale and workplace culture
- inspire excellence.

Reward and recognition plays an important role in attracting and retaining high quality staff across Metro South Health and improving workforce culture.

Following on from the inaugural Board Chair's Awards in 2015, the event was held in 2016 with 86 award nominations received across Metro South Health for:

- delivering our values (representing the five Queensland public service values)
- volunteer of the year
- patient centred care team
- shaping our future.

The awards winners were announced in July 2016, with an outstanding nominee across multiple categories presented with a special Board Chair's Award for exceptional performance.

2016 Board Chair's Awards recipients

Customers First Award:

Gillian Hillier, Oral Health Therapist, Metro South Oral Health Refugee Access Project

Ideas Into Action Award:

Advance Care Planning Team, Metro South Health

Unleash Potential Award:

Sandie Lenehan, Nursing Director, Surgical Services, Logan Hospital

Be Courageous Award:

Dr Susan O'Dwyer, Executive Director Medical Services, Metro South Health

Empower People Award:

STEPS Program Peer Leaders

Volunteer of the Year Award:

Jill and Peter Lindley

Patient Centred Care Team Award:

Jasmine Unit Project Team, Division of Rehabilitation

Shaping Our Future Award:

Positive Care Partnership, Redland Hospital/Brisbane South PHN

Board Chair's Excellence Award:

Digital Hospital Go Live Team

Workforce performance

Metro South Health has developed professional scorecards with key workforce data measured on a monthly basis. These scorecards are in place across all facilities for the purpose of monitoring trends and taking corrective action if required.

Metro South Health has also developed a responsive performance management framework that is articulated and confirmed at the point of engagement and remains a feature of the employment cycle.

The Executive Management Team has identified key performance indicators negotiated with the Health Service Chief Executive and regularly reviewed.

Performance management and development of staff is undertaken at the workplace level on a regular basis. Plans include generic provisions and those relevant to the category of staff. These plans are industrially compliant and regularly reviewed.

5. Financial highlights

Metro South Health’s operational result is a surplus of \$8.105 million for the year ending 30 June 2017. This represents a 0.35 per cent variance against its revenue base of \$2.320 billion.

The reported surplus is pleasing given the continued demand pressures on health services and given that Metro South Health managed to reduce waiting lists in a number of key areas during the year. It manages a number of ongoing quality and performance improvement initiatives that contribute to its overall positive financial position.

Future fiscal challenges are likely to come from increasing service demand, increasing costs from technology improvements, population ageing, and increasing prevalence of chronic disease conditions, along with ongoing efficiency and productivity improvements required.

Revenue and expenditure

Metro South Health’s income is sourced from two major areas:

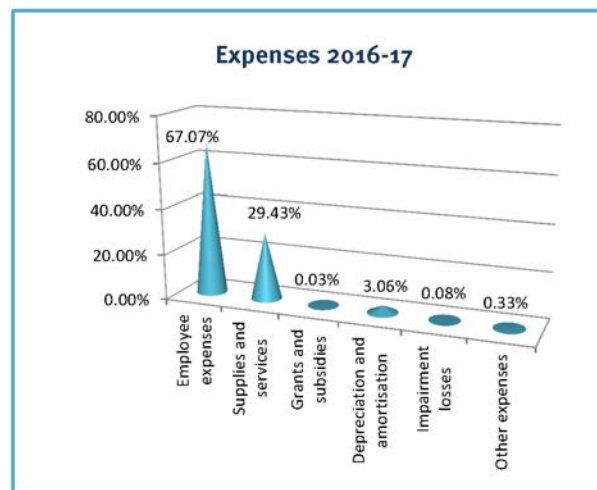
- Department of Health funding for public health services (including Commonwealth contributions)
- Own source revenue.

Metro South Health’s total income was \$2.320 billion, which is an increase of \$148.2 million (6.8 per cent) from 2015–16:

- the activity based funding for hospital services was 77.6 per cent or \$1.8 billion
- block and other Department of Health funding was 10.36 per cent or \$240.3 million
- Commonwealth grants and other grants funding was 1.93 per cent or \$44.7 million for health services
- own source revenue was 9.95 per cent or \$230.9 million
- other revenue was 0.17 per cent or \$3.9 million.

The total expenses were \$2.312 billion, averaging at \$6.3 million a day for providing public health services. Total expenditure increased by \$99.2 million (4.49 per cent) from last financial year.

Major areas of expenditure are shown in the following graph:



The large increase in revenue (and associated expenditure) from the 2015–16 year is due to labour and non-labour cost escalation funding in addition to increased Commonwealth growth funding associated with a 16 per cent year on year growth in activity along with increased service funding for QEII Hospital, Oral Health services and community Mental Health Services.

Assets and liabilities

Metro South Health’s asset base amounts to \$1.456 billion. 88.6 per cent or \$1.290 billion of this is invested in property, plant and equipment. The remaining balance of \$165 million is held in cash, receivables and inventory.

Metro South Health’s liabilities total \$141 million and consist of payables and employee benefits, leaving an equity base of \$1.314 billion.

6. Financial reports

The following financial reports for Metro South Health for 2016–17 have been prepared in accordance with the relevant financial acts and standards, and audited by the Queensland Audit Office.

General information

The Metro South Hospital and Health Service is a not-for-profit Queensland Government statutory body under the *Hospital and Health Boards Act 2011*. The Metro South Hospital and Health Service operates under its registered trading name of Metro South Health.

Metro South Health is controlled by the State of Queensland, which is the ultimate parent entity.

The head office and principal place of business of Metro South Health is:

Garden City Office Park – Building 5
2404 Logan Road
EIGHT MILE PLAINS QLD 4113

For information relating to Metro South Health's financial statements visit the Metro South Health website:

www.metrosouth.health.qld.gov.au or
email: MD05-MetroSouthHSD@health.qld.gov.au

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Metro South Health
Statement of Comprehensive Income
 For the year ended 30 June 2017

	Notes	2017 Actual \$'000	2017 Original Budget \$'000	Budget Variance* \$'000	2016 Actual \$'000
Income from continuing operations					
User charges	A1-1	2,270,705	2,166,456	104,249	2,142,650
Grants and other contributions	A1-2	44,762	25,204	19,558	24,459
Other revenue	A1-3	3,938	2,478	1,460	4,429
Total revenue		2,319,405	2,194,138	125,267	2,171,538
Gain on disposal of assets		452	-	452	165
Total income from continuing operations		2,319,857	2,194,138	125,719	2,171,703
Expenses from continuing operations					
Employee expenses	A2-1	1,550,488	1,498,309	52,179	1,474,761
Supplies and services	A2-2	680,453	610,118	70,335	652,773
Grants and subsidies	A2-3	600	2,822	(2,222)	4,201
Depreciation and amortisation	B5,B6	70,683	74,332	(3,649)	68,512
Impairment losses		1,843	1,916	(73)	3,418
Other expenses	A2-4	7,685	6,641	1,044	8,849
Total expenses from continuing operations		2,311,752	2,194,138	117,614	2,212,514
Operating result for the year		8,105	-	8,105	(40,811)
Other comprehensive income					
<i>Items that will not be reclassified subsequently to operating result</i>					
Increase in asset revaluation surplus	B9	21,197	26,104	(4,907)	95,959
Total other comprehensive income		21,197	26,104	(4,907)	95,959
Total comprehensive income		29,302	26,104	3,198	55,148

*An explanation of major variances is included at Note D1

The accompanying notes form part of these statements.

Metro South Health
Statement of Financial Position
 As at 30 June 2017

	Notes	2017 Actual \$'000	2017 Original Budget \$'000	Budget Variance* \$'000	2016 Actual \$'000
Current assets					
Cash and cash equivalents	B1	93,310	93,339	(29)	92,902
Receivables	B2	52,157	51,072	1,085	49,924
Inventories	B3	15,212	15,465	(253)	16,693
Other assets	B4	4,258	2,246	2,012	3,333
Total current assets		164,937	162,122	2,815	162,852
Non-current assets					
Intangibles	B5	988	124	864	397
Property, plant and equipment	B6	1,289,747	1,191,660	98,087	1,273,023
Total non-current assets		1,290,735	1,191,784	98,951	1,273,420
Total assets		1,455,672	1,353,906	101,766	1,436,272
Liabilities					
Current liabilities					
Payables	B7	74,715	71,101	3,614	74,991
Accrued employee benefits	B8	59,938	57,868	2,070	54,529
Unearned revenue		6,620	-	6,620	4,405
Total current liabilities		141,273	128,969	12,304	133,925
Total liabilities		141,273	128,969	12,304	133,925
Net assets		1,314,399	1,224,937	89,462	1,302,347
Equity					
Contributed equity	B10	1,127,992	1,097,753	30,239	1,145,242
Accumulated surplus/(deficit)		23,303	34,009	(10,706)	15,198
Asset revaluation surplus	B9	163,104	93,175	69,929	141,907
Total equity		1,314,399	1,224,937	89,462	1,302,347

*An explanation of major variances is included at Note D2

The accompanying notes form part of these statements.

Metro South Health
Statement of Changes in Equity
 For the year ended 30 June 2017

	Notes	Accumulated surplus/(deficit) \$'000	Asset revaluation surplus \$'000	Contributed equity \$'000	Total equity \$'000
Balance at 1 July 2015		56,009	45,948	1,177,620	1,279,577
Operating result from continuing operations		(40,811)	-	-	(40,811)
<i>Other comprehensive income for the year</i>					
Increase in asset revaluation surplus	B9	-	95,959	-	95,959
Total comprehensive income for the year		(40,811)	95,959	-	55,148
<i>Transactions with owners as owners:</i>					
Equity asset transfers	B10	-	-	5,845	5,845
Equity injections	B10	-	-	30,289	30,289
Equity withdrawals	B10	-	-	(68,512)	(68,512)
Net transactions with owners as owners		-	-	(32,378)	(32,378)
Balance at 30 June 2016		15,198	141,907	1,145,242	1,302,347
	Notes	Accumulated surplus/(deficit) \$'000	Asset revaluation surplus \$'000	Contributed equity \$'000	Total equity \$'000
Balance at 1 July 2016		15,198	141,907	1,145,242	1,302,347
Operating result from continuing operations		8,105	-	-	8,105
<i>Other comprehensive income for the year</i>					
Increase in asset revaluation surplus	B9	-	21,197	-	21,197
Total comprehensive income for the year		8,105	21,197	-	29,302
<i>Transactions with owners as owners:</i>					
Equity asset transfers	B10	-	-	455	455
Equity injections	B10	-	-	52,978	52,978
Equity withdrawals	B10	-	-	(70,683)	(70,683)
Net transactions with owners as owners		-	-	(17,250)	(17,250)
Balance at 30 June 2017		23,303	163,104	1,127,992	1,314,399

The accompanying notes form part of these statements.

Metro South Health
Statement of Cash Flows
 For the year ended 30 June 2017

	Notes	2017 Actual \$'000	2017 Original Budget \$'000	Budget Variance* \$'000	2016 Actual \$'000
Cash flows from operating activities					
<i>Inflows:</i>					
User charges and fees		2,199,906	2,090,217	109,689	2,082,455
Grants and other contributions		44,003	25,204	18,799	24,400
Interest received		770	716	54	889
GST input tax credits		35,618	29,814	5,804	34,161
GST collected from customers		5,837	4,689	1,148	4,803
Other receipts		3,114	1,762	1,352	3,507
<i>Outflows:</i>					
Employee expenses		(1,545,079)	(1,492,160)	(52,919)	(1,479,375)
Supplies and services		(680,089)	(622,236)	(57,853)	(646,934)
Grants and subsidies		(600)	(2,822)	2,222	(4,193)
GST paid		(36,851)	(29,836)	(7,015)	(33,782)
GST remitted to ATO		(5,621)	(4,696)	(925)	(4,765)
Other		(6,884)	(6,641)	(243)	(7,601)
Net cash provided by (used in) operating activities		14,124	(5,989)	20,113	(26,435)
Cash flows from investing activities					
<i>Inflows:</i>					
Sales of property, plant and equipment		608	-	608	438
<i>Outflows:</i>					
Payments for property, plant and equipment		(66,550)	(30,527)	(36,023)	(43,998)
Payments for intangibles		(752)	-	(752)	-
Net cash provided by (used in) investing activities		(66,694)	(30,527)	(36,167)	(43,560)
Cash flows from financing activities					
<i>Inflows:</i>					
Equity injections	B10	52,978	17,282	35,696	30,596
Net cash provided by (used in) financing activities		52,978	17,282	35,696	30,596
Net increase/(decrease) in cash and cash equivalents		408	(19,234)	19,642	(39,399)
Cash and cash equivalents at the beginning of the financial year		92,902	112,573	(19,671)	132,301
Cash and cash equivalents at the end of the financial year	B1	93,310	93,339	(29)	92,902

*An explanation of major variances is included at Note D3
 The accompanying notes form part of these statements.

Metro South Health

Statement of Cash Flows

For the year ended 30 June 2017

NOTES TO THE STATEMENT OF CASH FLOWS

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

	2017 \$'000	2016 \$'000
Operating result from continuing operations	8,105	(40,811)
<i>Non-cash items:</i>		
Depreciation/amortisation expense	70,683	68,512
Depreciation and amortisation funding	(70,683)	(68,512)
Assets written (on)/off	(84)	(94)
Impairment loss on receivables	(1,918)	95
Net loss on sale of property, plant and equipment	(44)	621
<i>Change in assets and liabilities:</i>		
(Increase)/decrease in trade and other receivables	(315)	7,740
(Increase)/decrease in inventories	1,481	(1,518)
(Increase)/decrease in prepayments	(448)	(1,124)
Increase/(decrease) in unearned revenue	2,215	4,317
Increase/(decrease) in accrued employees expenses	5,408	(4,613)
Increase/(decrease) in payables	(276)	8,952
Net cash provided by (used in) operating activities	14,124	(26,435)

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

BASIS OF FINANCIAL STATEMENT PREPARATION

Statement of compliance

Metro South Health has prepared these financial statements in compliance with section 62(1) of the *Financial Accountability Act 2009* and section 43 of the *Financial and Performance Management Standard 2009*. These financial statements are general purpose financial statements and have been prepared on an accrual basis in accordance with Australian Accounting Standards and Interpretations applicable to not-for-profit entities as Metro South Health is a not-for-profit entity. The financial statements also comply with Queensland Treasury's reporting requirements and authoritative pronouncements. Amounts are recorded at their historical cost, except where stated otherwise.

The reporting entity

The financial statements include the value of all revenues, expenses, assets, liabilities and equity of Metro South Health.

Metro South Health does not have any controlled entities.

Taxation

Metro South 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). FBT and GST are the only Commonwealth taxes recognised by Metro South Health.

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

Authorisation of financial statements for issue

The financial statements are authorised for issue by the Chair, Metro South Hospital and Health Board, the Chief Executive, Metro South Health and the Chief Financial Officer, Metro South Health, at the date of signing the Management Certificate.

Accounting estimates and judgements

The preparation of financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions and management judgements that have the potential to cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year. Such estimates, judgements and underlying assumptions are reviewed on an ongoing basis and outlined in the relevant notes to the financial statements.

Key judgements and estimates are disclosed in the relevant notes to which they apply.

Rounding and comparatives

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

The comparative information has been restated where necessary to be consistent with disclosures in the current reporting period and to improve transparency across the years.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

Accounting standards early adopted in 2016-17

No Australian Accounting Standards have been early adopted for 2016-17.

Accounting standards applied for the first time in 2016-17

- *AASB 124 Related Party Disclosures*

AASB124 is effective from reporting periods beginning on or after 1 July 2016 and requires disclosures about the remuneration of key management personnel (KMP), transactions with related parties, and relationships between parent and controlled entities. AASB124 has no impact on financial statement line items. Related party transactions information for 2016-17 is disclosed in note E2. As this is the first year of application, comparative information is not required.

Metro South Health previously disclosed detailed information about remuneration of its KMP, based on Queensland Treasury's Financial Reporting Requirements for Queensland Government Agencies (refer to note E1 and E2). Due to the additional guidance about the KMP definition in the revised AASB 124, Metro South Health has assessed that the Minister for Health is a part of its KMP for 2016-17, and is included in the KMP disclosures. Comparative information will continue to be disclosed in respect of KMP remuneration.

Future impact of Accounting Standards not yet effective

At the date of authorisation of the financial report, the expected impact of new or amended Australian Accounting Standards issued but with future commencement dates are as follows:

- *AASB 2016-2 Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 107*

This standard will become effective from reporting periods commencing on or after 1 January 2017. AASB 2016-2 will require additional disclosures to enable the reader to evaluate changes in liabilities arising from financing activities. These disclosures will include both cash flows and non-cash changes between the opening and closing balance of the relevant liabilities and be disclosed by way of reconciliation in the notes to the Statement of Cash Flows. The impact of this standard has not been assessed at this time; however, the impact is expected to be minimal.

- *AASB 9 Financial Instruments and AASB 2014-7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2014)*

This standard will become effective from reporting periods commencing on or after 1 July 2018. AASB 9 will introduce different measurement criteria for impairment and disclosure associated with financial assets. Another impact of AASB 9 relates to calculating impairment losses for Metro South Health's receivables. Assuming no substantial change in the nature of Metro South Health's receivables, as the receivables don't include a significant financing component, impairment losses will be determined according to the amount of lifetime expected credit losses. On initial adoption of AASB 9, Metro South Health will need to determine the expected credit losses for its receivables by comparing the credit risk at that time to the credit risk that existed when those receivables were initially recognised.

Metro South Health will not need to restate the comparative figures for financial instruments on adopting AASB 9, however changed disclosure requirements will apply from that time. A number of one-off disclosures will be required in the 2018-19 financial statements to explain the impact of adopting AASB 9. Assuming no change in the types of financial instruments Metro South Health enters into, the most likely impact is ongoing disclosure relating the credit risk of financial assets subject to impairment.

- *AASB 1058 Income of Not-for-Profit Entities and AASB 15 Revenue from Contracts with Customers*

These standards will become effective from reporting periods beginning on or after 1 January 2019.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

Future impact of Accounting Standards not yet effective (continued)

These standards have more detailed requirements for certain types of revenue from customers, which may result in a change of timing of the revenue recognition from current accounting treatment. Metro South Health has begun analysing the changes resulting from these standards and has identified the following potential impacts:

Grants received to construct non-financial assets controlled by the Metro South Health will be recognised as a liability, and subsequently recognised progressively as revenue as Metro South Health satisfies its performance obligations under the grant. At present, such grants are recognised as revenue upfront.

Under the new standards, other grants presently recognised as revenue upfront may be eligible to be recognised as revenue progressively as the associated performance obligations are satisfied, but only if the associated performance obligations are enforceable and sufficiently specific. Metro South Health is yet to evaluate the existing grant arrangements as to whether revenue could be deferred under the new requirements.

Grants that are not enforceable and/or not sufficiently specific will not qualify for deferral, and continue to be recognised as revenue as soon as they are controlled. Metro South Health receives several grants for which there are no sufficiently specific performance obligations - these grants are expected to continue being recognised as revenue upfront assuming no change to the current grant arrangements.

Depending on the respective contractual terms, the new requirements of AASB 15 may potentially result in a change to the timing of revenue from sales of Metro South Health goods and services such that some revenue may need to be deferred to a later reporting period to the extent that Metro South Health has received cash but has not met its associated performance obligations (such amounts would be reported as a liability in the meantime). Metro South Health is yet to complete analysis of existing arrangements for sale of its goods and services and the impact, if any, on revenue recognition has not yet been determined.

A range of new disclosures will also be required by the new standards in respect of Metro South Health's revenue.

- *AASB 16 Leases*

This standard will become effective from reporting periods commencing on or after 1 January 2019. When applied, the standard supersedes *AASB 117 Leases*, *AASB Interpretation 4 Determining whether an Arrangement contains a Lease*, *AASB Interpretation 115 Operating Leases – Incentives* and *AASB Interpretation 127 Evaluating the Substance of Transactions Involving the Legal Form of a Lease*.

Impact for Lessees

Unlike *AASB 117 Leases*, AASB 16 introduces a single lease accounting model for lessees. Lessees will be required to recognise a right-of-use asset (representing rights to use the underlying leased asset) and a liability (representing the obligation to make lease payments) for all leases with a term of more than 12 months, unless the underlying assets are of low value.

In effect, the majority of operating leases (as defined by the current AASB 117) will be reported on the statement of financial position under AASB 16. There will be a significant increase in assets and liabilities for agencies that lease assets. The impact on the reported assets and liabilities would be largely in proportion to the scale of the agency's leasing activities.

The right-of-use asset will be initially recognised at cost, consisting of the initial amount of the associated lease liability, plus any lease payments made to the lessor at or before the commencement date, less any lease incentive received, the initial estimate of restoration costs and any initial direct costs incurred by the lessee. The right-of-use asset will give rise to a depreciation expense.

The lease liability will be initially recognised at an amount equal to the present value of the lease payments during the lease term that are not yet paid. Current operating lease rental payments will no longer be expensed in the Statement of Comprehensive Income. They will be apportioned between a reduction in the recognised lease liability and the implicit finance charge (the effective rate of interest) in the lease. The finance cost will also be recognised as an expense.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

Future impact of Accounting Standards not yet effective (continued)

AASB 16 allows a 'cumulative approach' rather than full retrospective application to recognising existing operating leases. If a lessee chooses to apply the 'cumulative approach', it does not need to restate comparative information. Instead, the cumulative effect of applying the standard is recognised as an adjustment to the opening balance of accumulated surplus (or other component of equity, as appropriate) at the date of initial application. Metro South Health will await further guidance from Queensland Treasury on the transitional accounting method to be applied.

Metro South Health has not yet quantified the impact on the Statement of Comprehensive Income or the Statement of Financial Position of applying AASB 16 to its current operating leases, including the extent of additional disclosure required.

Impact for Lessors

Lessor accounting under AASB 16 remains largely unchanged from AASB 117. For finance leases, the lessor recognises a receivable equal to the net investment in the lease. Lease receipts from operating leases are recognised as income either on a straight-line basis or another systematic basis where appropriate.

- *AASB 1059 Service Concession Arrangements: Grantors*

This standard will become effective from reporting periods commencing on or after 1 January 2019. The standard will provide guidance on accounting for a service concession arrangement by a public sector entity. The Standard will apply to arrangements that involve an operator providing public services related to a service concession asset, and managing at least some of those services. Metro South Health is yet to complete analysis of existing arrangements, and the impact has not yet been determined.

All other Australian accounting standards and interpretations with future effective dates are either not applicable to the activities of Metro South Health, or have no material impact.

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

A NOTES ABOUT FINANCIAL PERFORMANCE

A1 INCOME

NOTE A1-1: USER CHARGES AND FEES

	2017 \$'000	2016 \$'000
Funding for the provision of public health services		
Activity based funding	1,799,559	1,701,810
Block funding	169,584	156,924
Other funding	<u>70,683</u>	<u>68,512</u>
	2,039,826	1,927,246
Hospital fees	96,328	87,129
Sale of goods and services	50,863	41,722
Pharmaceutical benefit scheme reimbursements	81,392	84,165
Rental income	<u>2,296</u>	<u>2,388</u>
	<u>2,270,705</u>	<u>2,142,650</u>

User charges and fees controlled by Metro South Health primarily comprises Department of Health funding, hospital fees (private patients), reimbursement of pharmaceutical benefits, sales of goods and services and rental income.

The funding from the Department of Health is provided predominantly for specific public health services purchased by the Department from Metro South Health in accordance with a service agreement between the Department of Health and Metro South Health. The Department of Health receives its revenue for funding from the Queensland Government (majority of funding) and the Commonwealth Government. Activity based funding is based on agreed number of activities as per the service agreement and a statewide price by which relevant activities are funded. Block funding is not based on levels of public health care activity. The service agreement is reviewed periodically and updated for changes in activities and prices of services delivered by Metro South Health. The funding from the Department of Health is received fortnightly in advance. At the end of the financial year, a financial adjustment may be required where the level of services provided is above or below the agreed level.

The service agreement includes a funding arrangement of non-cash revenue funding for depreciation and amortisation expense under the category other funding. The Department retains the corresponding cash to fund future major capital replacement. This transaction is shown in the Statement of Changes in Equity as a non-appropriated equity withdrawal.

Revenue recognition for hospital fees and sale 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.

Under the Pharmaceutical Benefit Scheme (PBS), the Australian Government subsidises the cost of a wide range of necessary prescription medicines for most medical conditions. In 2002, Queensland Health entered into an agreement with the Australian Government to allow hospital patients (who are being discharged, attending outpatient clinics or are day-admitted to receive chemotherapy treatment) access to medicines listed on the PBS at subsidised prices. Patients are invoiced at the reduced PBS rate and Metro South Health pharmacies lodge monthly claims for co-payments through the PBS arrangement at which time the revenue is recognised. Certain high-cost drugs for the treatment of Hepatitis C and HIV have been added to the PBS in 2016 and 2017, resulting in much higher PBS revenues than in previous years.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

NOTE A1-2: GRANTS AND OTHER CONTRIBUTIONS

	2017 \$'000	2016 \$'000
Australian Government grants		
Nursing home grant*	6,286	5,882
Home and community care grant*	1,222	1,204
Transition care program grant*	8,770	8,553
Organ and tissue donation for transplant grant*	3,328	2,637
Other specific purpose recurrent grants	711	762
Specific purpose capital grant - radiation oncology	2,499	2,291
	<u>22,816</u>	<u>21,329</u>
Other grants	20,596	2,612
Donations assets	31	60
Donations other	1,319	458
	<u>44,762</u>	<u>24,459</u>

* Nursing home grant is provided under the Aged Care Financial Instrument to the Redland Residential Care Services based on the appraisal of each resident's care needs. The Home and Community Care and Transition Care Program grants fund community-based or residential setting patient care supporting basic maintenance, personal care and domestic assistance and care packages including low intensity or nursing support to patients. The organ and tissue donation for transplant grant is provided to implement the 'World's Best Practice National Reform Programme on Organ and Tissue Donation for Transplantation' with the objectives and outcomes to increase Australian's access to organ and tissue transplants.

Grants, contributions, donations and gifts that are non-reciprocal in nature are recognised as revenue in the year in which Metro South Health obtains control over them. This includes \$3.7million unspent funds for grants received from the Australian and State Government for programs that have not been fully completed at the end of the financial year. Contributed assets are recognised at their fair value.

Contributions of services are recognised only if the services would have been purchased if they had not been donated and their fair value can be measured reliably. When this is the case, an equal amount is recognised as revenue and an expense.

Metro South Health receives corporate services support from the Department of Health for no direct cost. Corporate services received include payroll services, accounts payable services and taxation services. As the fair value of these services is unable to be estimated reliably, no associated revenue and expense is recognised in Metro South Health's Statement of Comprehensive Income.

NOTE A1-3: OTHER REVENUE

	2017 \$'000	2016 \$'000
Interest	770	889
General recoveries	2,095	2,968
Other	1,073	572
	<u>3,938</u>	<u>4,429</u>

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

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

A2 EXPENSES

NOTE A2-1: EMPLOYEE EXPENSES

	2017 \$'000	2016 \$'000
Employee benefits		
Wages and salaries	1,234,874	1,173,542
Employer superannuation contributions	128,716	121,873
Annual leave levy/expense	146,462	139,069
Long service leave levy/expense	25,936	24,574
Termination benefits	1,264	1,998
	<u>1,537,252</u>	<u>1,461,056</u>
Employee related expenses		
Workers compensation premium	9,044	9,228
Other employee related expenses	4,192	4,477
	<u>1,550,488</u>	<u>1,474,761</u>
	30 June 2017	30 June 2016
Number of Employees*	12,637	12,325

*The number of employees as at 30 June includes full-time and part-time employees measured on a full-time equivalent (FTE) basis (reflecting Minimum Obligatory Human Resource Information (MOHRI)). The number of employees does not include the chair, deputy chair or members of the board.

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

Under the Queensland Government's Annual Leave Central Scheme and Long Service Leave Scheme, levies are payable by Metro South Health to cover the cost of employees' annual leave (including leave loading and on-costs) and long service leave. These levies are expensed in the period in which they are payable. Amounts paid to employees for annual leave and long service leave are claimed from the schemes quarterly in arrears, which is currently facilitated by the Department of Health. Non-vesting employee benefits such as sick leave are recognised as an expense when taken.

Employer superannuation contributions are paid to QSuper, the superannuation scheme for Queensland Government employees, at rates determined by the Treasurer on the advice of the State Actuary. The QSuper scheme has defined benefit and defined contribution categories. Contributions are expensed in the period in which they are payable and Metro South Health's obligation is limited to its contribution to QSuper. The liability for defined benefit 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*.

Workers compensation insurance is a consequence of employing employees, but is not counted in an employee's total remuneration package. It is not an employee benefit and is recognised separately as an employee related expense.

Key management personnel and remuneration expenses disclosures are detailed in Note E1.

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

NOTE A2-2: SUPPLIES AND SERVICES

	2017	2016
	\$'000	\$'000
Consultants and contractors	19,063	24,524
Electricity and other energy	15,142	13,474
Patient travel	1,594	2,700
Other travel	2,138	2,507
Water	2,644	2,700
Building services	1,654	1,795
Computer services	13,248	17,809
Motor vehicles	787	853
Communications	23,487	22,966
Repairs and maintenance	63,450	51,898
Minor works including plant and equipment	9,938	9,920
Operating lease rentals	15,802	14,070
Insurance payment to the Department of Health*	17,332	17,139
Drugs	113,663	113,469
Inter entity hospital and health service supplies and services**	14,638	11,798
Clinical supplies and services	314,042	297,345
Catering and domestic supplies	32,692	29,748
Other	19,139	18,058
	<u>680,453</u>	<u>652,773</u>

*Metro South Health is covered by the Department of Health's insurance policy with the Queensland Government Insurance Fund (QGIF) and pays a fee to the Department of Health as a fee for service arrangement. QGIF covers property and general losses above a \$10,000 threshold and health litigation payments above a \$20,000 threshold and associated legal fees. Premiums are calculated by QGIF on a risk assessment basis.

**Inter entity hospital and health services supplies and services include payments for cost recovery arrangements between Queensland Health entities in a once a month invoicing process. This is recorded as other supplies and services and no further breakdown recorded in the accounts.

NOTE A2-3: GRANTS AND SUBSIDIES

	2017	2016
	\$'000	\$'000
Home and community health services	130	2,950
Medical research programs	470	1,251
	<u>600</u>	<u>4,201</u>

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

NOTE A2-4: OTHER EXPENSES

	2017	2016
	\$'000	\$'000
External audit fees*	275	280
Other audit fees	123	116
Insurance	124	113
Inventory written off	389	385
Losses from the disposal of non-current assets	408	786
Special payments - ex-gratia payments**	113	608
Other legal costs	1,468	2,105
Journals and subscriptions	284	258
Advertising	194	330
Interpreter fees	4,916	4,229
Grants returned	(968)	(771)
Other	359	410
	<u>7,685</u>	<u>8,849</u>

*Total audit fees relating to Queensland Audit Office for the 2016-17 financial year are quoted to be \$0.275 million (2016: \$0.280 million). There are no non-audit services included in this amount.

** Metro South Health made 21 (2016: 19) special-ex-gratia payments for less than \$5,000 to patients for their lost property and other compensations whilst in hospital care. In 2016-17 there were 6 payments for and in excess of \$5,000: 3 to staff members for settlement of complaints (\$45,594), 1 to a patient for lost property (\$6,000) and 2 to patients for adverse clinical incidents (\$30,000). In 2015-16 there were 9 payments for and in excess of \$5,000: 7 payments to a car park owner for public safety improvement work (\$536,000), 1 to a staff member for settlement of a complaint (\$45,000) and 1 to a patient for an adverse clinical incident (\$13,000). In compliance with *Financial and Performance Management Standard 2009*, Metro South Health maintains a register setting out details of all special payments greater than \$5,000.

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

B NOTES ABOUT FINANCIAL POSITION

B1 CASH AND CASH EQUIVALENTS

	2017 \$'000	2016 \$'000
Cash at bank and on hand	66,245	66,127
24 hour call deposits	27,065	26,775
	<u>93,310</u>	<u>92,902</u>

Metro South Health's bank accounts are grouped within the whole-of-government set-off arrangement with Queensland Treasury Corporation. Metro South Health does not earn interest on surplus funds and is not charged interest or fees for accessing its approved cash debit facility as it is part of the whole-of-government banking arrangements.

Metro South Health's General Trust funds are operating from Commonwealth Bank of Australia bank accounts. Cash held in these accounts earns interest at a rate of 2.00% (2016: 2.25%). In addition, General Trust funds in excess of monthly operational requirements are deposited at call with Queensland Treasury Corporation and earn interest at a rate of 2.49% (2016: 2.72%). Refer to Notes C1 and E4.

Cash assets include all cash received but not banked as at 30 June as well as deposits at call with financial institutions.

B2 RECEIVABLES

	2017 \$'000	2016 \$'000
Trade debtors	26,077	33,754
Queensland Health Debtors	22,791	15,816
Less: Allowance for impairment	(1,166)	(3,084)
	<u>47,702</u>	<u>46,486</u>
GST receivable	5,285	4,052
GST payable	(830)	(614)
Net receivable	<u>52,157</u>	<u>49,924</u>

Key estimate and judgement: The allowance for impairment reflects the credit risk associated with receivables balances and is assessed by taking into account the ageing of receivables, historical collection rates and review of specific debtor's to assess debt collectability.

Trade debtors are recognised at the amounts due at the time of sale or service delivery, and are generally settled within 30-120 days. At the end of each reporting period, Metro South Health reviews whether there is objective evidence that a financial asset or group of financial assets is impaired. Objective evidence includes financial difficulties of the debtor, changes in debtor credit ratings and current outstanding accounts over 60 days.

	2017 \$'000	2016 \$'000
Movements in the allowance for impairment loss		
Balance at 1 July	3,084	2,988
Increase / (decrease) in allowance recognised in operating result	21	1,187
Amounts written off during the year	(1,939)	(1,091)
Balance as at 30 June	<u>1,166</u>	<u>3,084</u>

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

B2 RECEIVABLES (CONTINUED)**Financial assets**

No collateral is held as security and no credit enhancements relate to financial assets held by Metro South Health. No financial assets and financial liabilities have been offset and presented in the Statement of Financial Position.

Ageing of past due but not impaired as well as impaired financial assets are disclosed in the following tables:

Financial assets past due but not impaired 2016-17

	Overdue \$'000				Total
Less than 30 days	30-60 days	61-90 days	More than 90 days		
Receivables	37	416	243	761	1,457

Financial assets past due but not impaired 2015-16

	Overdue \$'000				Total
Less than 30 days	30-60 days	61-90 days	More than 90 days		
Receivables	1,581	313	102	937	2,933

Individually impaired financial assets 2016-17

	Overdue \$'000				Total
Less than 30 days	30-60 days	61-90 days	More than 90 days		
Receivables	7,230	2,718	1,579	4,769	16,296
Allowance for impairment	(82)	(48)	(86)	(950)	(1,166)
Carrying amount	7,148	2,670	1,493	3,819	15,130

Individually impaired financial assets 2015-16

	Overdue \$'000				Total
Less than 30 days	30-60 days	61-90 days	More than 90 days		
Receivables	5,674	2,989	1,728	5,925	16,316
Allowance for impairment	(65)	(191)	(423)	(2,405)	(3,084)
Carrying amount	5,609	2,798	1,305	3,520	13,232

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

B3 INVENTORIES

	2017	2016
	\$'000	\$'000
<i>Inventories held for distribution</i>		
Medical supplies	9,487	8,571
Pharmaceutical Supplies	5,046	7,540
Catering and domestic	372	319
Engineering	288	242
Other	19	21
	<u>15,212</u>	<u>16,693</u>

Inventories consist mainly of pharmaceutical and medical supplies held for distribution in Metro South Health hospitals. Inventories are measured at weighted average cost adjusted for obsolescence. Material imprest holdings are recognised as inventory at balance date through the annual stocktake process at weighted average cost.

B4 OTHER ASSETS

	2017	2016
	\$'000	\$'000
Prepayment for plant and equipment	713	236
Prepayments	3,545	3,097
	<u>4,258</u>	<u>3,333</u>

B5 INTANGIBLE ASSETS

	2017	2016
	\$'000	\$'000
Software purchased		
At cost	4,808	5,347
Less: Accumulated amortisation	(4,668)	(5,138)
	<u>140</u>	<u>209</u>
Software internally generated		
At cost	2,225	2,226
Less: Accumulated amortisation	(2,129)	(2,038)
	<u>96</u>	<u>188</u>
Software work in progress	<u>752</u>	<u>-</u>
Total intangible assets	<u>988</u>	<u>397</u>

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

B5 INTANGIBLE ASSETS (CONTINUED)

	Software purchased \$'000	Software internally generated \$'000	Software work in progress \$'000	Total \$'000
Balance at 1 July 2015	295	292	-	587
Amortisation charge for the year	(86)	(104)	-	(190)
Balance at 1 July 2016	209	188	-	397
Acquisitions	-	-	752	752
Amortisation charge for the year	(69)	(92)	-	(161)
Balance at 30 June 2017	140	96	752	988

Key estimate and judgement: The amortisation rate is determined by application of appropriate useful life to relevant non-current asset classes. The useful lives could change significantly as a result of change in use of the asset, technical obsolescence or some other economic event. The impact on amortisation can be significant and also could result in a write-off of the asset.

An intangible asset is recognised only if its cost is equal to or greater than \$100,000. Intangible assets are recorded at cost, which is consideration plus costs incidental to the acquisition, less accumulated amortisation and impairment losses. Internally generated software cost includes all direct costs associated with the development of that software. All other costs are expensed as incurred.

Intangible assets are amortised on a straight-line basis over their estimated useful life with a residual value of zero. The estimated useful life is reviewed periodically, with the effect of any changes in estimate being accounted for on a prospective basis. The useful life of the intangible assets for Metro South Health ranges from 5 to 16 years.

Metro South Health also controls a number of important internally generated software applications that are not recognised as assets because they fail to meet the *AASB 138 Intangible Assets* standard recognition criteria.

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

B6 PROPERTY, PLANT AND EQUIPMENT

	2017 \$'000	2016 \$'000
Land		
At fair value	<u>263,251</u>	<u>262,989</u>
Buildings		
At fair value	1,794,648	1,607,247
Less: Accumulated depreciation	<u>(928,661)</u>	<u>(748,126)</u>
	<u>865,987</u>	<u>859,121</u>
Plant and equipment		
At cost	318,287	299,591
Less: Accumulated depreciation	<u>(176,401)</u>	<u>(164,436)</u>
	<u>141,886</u>	<u>135,155</u>
Capital works in progress		
At cost	<u>18,623</u>	<u>15,758</u>
Total property, plant and equipment	<u>1,289,747</u>	<u>1,273,023</u>

Recognition Thresholds

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

Class	Threshold
Buildings (including land improvements)	\$10,000
Land	\$1
Plant and Equipment	\$5,000

Acquisition

Actual cost is used for the initial recording of all non-current asset acquisitions. Cost is determined as consideration plus any costs directly incurred in getting the asset ready for use. Any training costs are expensed as incurred. The cost of items acquired during the financial year has been judged by management to materially represent the fair value at the end of the reporting period.

Assets under construction are at cost until they are ready for use. The construction of major health infrastructure assets is managed by the Department of Health on behalf of Metro South Health. These assets are assessed at fair value upon practical completion by an independent valuer. They are then transferred from Department of Health to Metro South Health via an equity adjustment.

Where assets are received from Queensland Government agencies free of charge, the acquisition cost is recognised as the gross carrying amount in the books of the transferor immediately prior to the transfer together with any accumulated depreciation. Assets acquired at no cost or for nominal consideration are initially recognised at their fair value at the date of acquisition.

Measurement

Plant and equipment is measured at historical cost in accordance with Queensland Treasury's *Non-Current Asset Policies for the Queensland Public Sector*. The carrying amount for such plant and equipment at cost is not materially different from their fair value. Land and buildings are measured at fair value as required by 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.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

B6 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

Depreciation

Key estimate and judgement: The depreciation rate is determined by application of appropriate useful life to relevant non-current asset classes. The useful lives could change significantly as a result of change in use of the asset, technical obsolescence or some other economic event. The impact on depreciation can be significant and could also result in a write-off of the asset.

Buildings and plant and equipment are depreciated on a straight-line basis. Land is not depreciated. Assets under construction or work-in-progress are not depreciated until they reach service delivery capacity.

Any expenditure that increases the originally assessed service potential of an asset is capitalised and depreciated over the remaining useful life of the asset. The depreciable amount of improvements to leasehold property is allocated progressively over the shorter of the estimated useful lives of the improvements or the unexpired period of the lease, which is inclusive of any option period where exercise of the option is probable.

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.

Metro South Health's complex assets are its buildings. Complex assets comprise separately identifiable components (or groups of components) of significant value, that require replacement at regular intervals and at different times to other components comprising the complex asset. Components are separately recognised and valued on the same basis as the asset class to which they relate.

Metro South Health's buildings have a useful life ranging from 16 to 88 years while the useful life for plant and equipment is between 3 and 47 years.

Impairment

All non-current assets are assessed annually for indicators of impairment. If an indicator of impairment exists, Metro South Health determines the asset's recoverable amount and if this amount is less than the asset's carrying amount it is considered as an impairment loss. An impairment loss is recognised in accordance with AASB 136 *Impairment of Assets* accounting standard.

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

B6 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

Property, Plant & Equipment reconciliation	Land* \$'000	Land** \$'000	Buildings*** \$'000	Plant and equipment \$'000	Work in progress \$'000	Total \$'000
	Level 2	Level 3	Level 3			
Balance at 1 July 2015	231,209	-	824,971	131,421	5,051	1,192,652
Acquisitions	1,609	-	546	32,643	13,059	47,857
Donations received	-	-	-	60	-	60
Disposals	-	-	-	(899)	-	(899)
Donations made	-	-	-	(96)	-	(96)
Transfers in/(out) from other						
Queensland Government	-	-	6,097	(252)	-	5,845
Transfers between asset classes	-	-	1,958	358	(2,316)	-
Transfer recognised in operating surplus/(deficit)	-	-	-	3	(36)	(33)
Revaluation increments to asset revaluation surplus****	30,171	-	65,788	-	-	95,959
Depreciation charge	-	-	(40,239)	(28,083)	-	(68,322)
Balance at 1 July 2016	262,989	-	859,121	135,155	15,758	1,273,023
Acquisitions	-	-	14,498	33,614	17,726	65,838
Donations received	-	-	-	31	-	31
Disposals	-	-	-	(553)	-	(553)
Donations made	-	-	-	(38)	-	(38)
Transfers in/(out) from other						
Queensland Government	-	-	528	(73)	-	455
Transfers in from other Assets****	-	-	236	-	-	236
Transfers between levels**	(115,950)	115,950	-	-	-	-
Transfers between asset classes	-	-	13,873	988	(14,861)	-
Transfer recognised in operating surplus	-	-	-	80	-	80
Revaluation increments to asset revaluation surplus*****	262	-	20,935	-	-	21,197
Depreciation charge	-	-	(43,204)	(27,318)	-	(70,522)
Balance at 30 June 2017	147,301	115,950	865,987	141,886	18,623	1,289,747

* Land level 2 assets are land with active market.

** Land transferred from level 2 to level 3 due to lack of observable inputs.

*** Building level 3 assets are special purpose built buildings with a lack of observable inputs.

**** Refer Note B4.

*****Refer Note B9.

Fair value measurement and valuation

Key estimate and judgement: Property, plant and equipment valuation in respect of fair value measurement can be sensitive to the various valuation inputs selected. Considerable judgement is required to determine what input is significant to fair value and therefore which category within the fair value hierarchy the asset is placed. Valuation standards are used to guide any required judgements.

Fair value is the price that would be received to sell 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 value measurement can be sensitive to various valuation inputs selected. Observable inputs are publicly available data that are relevant to the characteristics of the assets being valued, and include but are not limited to, published sales data for land and general buildings.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

B6 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

Unobservable inputs are data, assumptions and judgements that are not available publicly, but are relevant to the characteristics of the assets being valued. Unobservable inputs are used to the extent that sufficient, relevant and reliable observable inputs are not available for similar assets.

Significant unobservable inputs used by Metro South Health include, but are not limited to:

- subjective adjustments made to observable data to take account of the specialised nature of health service buildings including historical and current construction contracts (and/or estimates of such costs); and
- assessments of physical condition and remaining useful life.

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.

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

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

Fair values relating to land at 248 Ipswich Road, Woolloongabba (Princess Alexandra Hospital site) to the value of \$85.75 million and land at 199 Ipswich Road, Woolloongabba (Wolloongabba carpark site) to the value of \$30.20 million, were transferred from level 2 to level 3 during the reporting period. This was due to lack of observable inputs provided to support the valuation.

Land and building asset classes are measured at fair value and are assessed on an annual basis by an independent professional valuer or by the use of appropriate and relevant indices. Metro South Health has an Asset Valuation Steering Committee that oversees the revaluation processes managed by Metro South Finance. That committee undertakes an annual review of the revaluation practices and reports to Metro South Health's Audit and Risk Committee regarding the outcomes of the valuation, indices and recommendations arising from the valuation process.

Revaluations using independent professional valuers are undertaken at least once every five years. However, if a particular asset class experiences significant and volatile changes in fair value, that class is subject to specific appraisal in the reporting period, where practicable, regardless of the timing of the last specific appraisal.

Where assets have not been specifically valued in the reporting period, their fair values are updated (if material) via the application of relevant indices.

Revaluation increments increase the asset revaluation surplus of the appropriate class, except to the extent that 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, if any, in the revaluation surplus relating to that asset class.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

B6 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

Land

Land is measured at fair value each year using independent market valuations or indexation by the State Valuation Service (SVS) within the Department of Natural Resources and Mines.

In 2016-17, Metro South Health's land was valued by SVS using independent market valuation or market indices. The effective date of the valuation was 30 June 2017. Management, through the Asset Valuation Steering Committee, has assessed the valuation provided by SVS as appropriate for Metro South Health and endorsed the result of the independent valuation.

The fair value of land was based on physical inspection and publicly available data on sales of similar land in nearby localities. For the land that was categorised into level 2 of the fair value hierarchy, SVS surmised that they used observable inputs from market transactions data. In determining the values, adjustments were made to the sales data to take into account the location of Metro South Health's land, its size, street/road frontage and access and any significant restrictions. The extent of the adjustments made varies in significance for each parcel of land. The land assets that were categorised into level 3 of the fair value hierarchy have significant, unobservable inputs, due to adjustments made to the observable inputs which would have been used to determine their value. This was determined through consultation with SVS, Department of Natural Resources and Mines and Queensland Treasury. The revaluation of land for 2016-17 resulted in a net increment of \$0.262 million (2016: \$30.171 million) to the carrying amount of land.

Buildings

In 2016-17 Metro South Health engaged independent experts, AECOM quantity surveyors to undertake building revaluation in accordance with the fair value methodology. The revaluation methodology adopted by the valuer has been refined as outlined below. AECOM performed a comprehensive valuation of 7% of the value of Metro South Health's building portfolio (45 buildings) and a desktop valuation for 93% of the building portfolio (68 buildings) previously valued in 2015-16 financial year to align the fair value assessment to the 2016-17 methodology. The effective date of the valuation was 30 June 2017.

The valuation methodology for the independent valuation uses historical and current construction contracts. The replacement cost of each building at date of valuation is determined by taking into account Brisbane location factors and comparing against current construction contracts. The valuation is provided for a replacement building of the same size, shape and functionality that meets current design standards, and is based on estimates of gross floor area, number of floors, building girth and height and existing lifts and staircases.

This method makes an adjustment to the replacement cost of the modern day equivalent building for any utility embodied in the modern substitute that is not present in the existing asset (e.g. mobility support) to give a gross replacement cost that is of comparable utility (the modern equivalent asset). The methodology makes further adjustment to total estimated life taking into consideration physical obsolescence impacting on the remaining useful life to arrive to the current replacement cost via straight line depreciation.

This method addresses each form of obsolescence referred to by AASB 13 as follows:

Physical deterioration – Where the condition of a building has declined significantly over the course of a year, the impact is on the estimate of total useful life and future maintenance costs rather than the benefits provided by the building during the year. If a component's current condition is better (or worse) than previously anticipated, its estimated total useful life is extended (reduced), resulting in a higher (lower) fair value.

Functional (technological) obsolescence – This form of obsolescence is captured either via the gross replacement cost (because the modern equivalent asset of comparable utility by definition excludes functional obsolescence) or through a decrease in the component's total useful life (if the component will be replaced early because it is functionally obsolete).

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

B6 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

Economic (external) obsolescence – This method measures any permanent surplus capacity by basing the modern equivalent asset of comparable utility on the required service capacity rather than the service capacity of the existing asset. If an entity will replace a component earlier than anticipated because of economic obsolescence, it captures the resulting reduction in fair value by decreasing the component's estimated total useful life.

The building valuation for 2016-17 resulted in a net increment of \$20.936 million to the carrying amount of buildings. The independent valuation resulted in a net increment of \$0.402 million and the desktop valuation resulted in a net increment of \$20.534 million.

Change in key estimates and judgements

Metro South Health has adopted a refined methodology for building valuation as outlined above. This has impacted on key estimates and judgement in regards to buildings valued via desktop valuation. The impact of this revaluation has two components, these being normal inflationary considerations, and the impact of the refined fair value methodology. The impact of these two considerations has been a net increase of \$20.534 million or 2.69% to the net book value of buildings valued via desktop valuation, however the relevant inflationary increase or index for the period was \$29.016 million or 3.80%. Therefore, the refined valuation methodology itself resulted in a net decrease of approximately \$8.483 million or 1.08%, and therefore is not considered to be material.

B7 PAYABLES

	2017 \$'000	2016 \$'000
Trade Creditors	31,794	22,175
Accrued expenses	34,336	39,482
Department of Health payables	8,585	13,334
	<u>74,715</u>	<u>74,991</u>

Payables are recognised for amounts to be paid in the future for goods and services received. Trade creditors are measured at the nominal amount, at agreed purchase/contract price, gross of applicable trade and other discounts. The amounts are unsecured and are generally settled in accordance with the vendors' terms and conditions, typically within 30 days.

B8 ACCRUED EMPLOYEE BENEFITS

	2017 \$'000	2016 \$'000
Salaries and wages accrued	53,680	49,796
Other employee entitlements payable	6,258	4,733
	<u>59,938</u>	<u>54,529</u>

No provision for annual leave and long service leave is recognised by Metro South Health as the liability is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049.

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

B9 ASSET REVALUATION SURPLUS

	2017 \$'000	2016 \$'000
Land		
Balance at the beginning of the financial year	39,418	9,247
Revaluation increment	262	30,171
Balance at the end of the financial year	<u>39,680</u>	<u>39,418</u>
Buildings		
Balance at the beginning of the financial year	102,489	36,701
Revaluation increment	20,935	65,788
Balance at the end of the financial year	<u>123,424</u>	<u>102,489</u>
Balance at the end of the financial year	<u>163,104</u>	<u>141,907</u>

B10 EQUITY INJECTIONS AND EQUITY WITHDRAWALS

	2017 \$'000	2016 \$'000
Balance at the beginning of the financial year	1,145,242	1,177,620
Cash injection for asset acquisitions	52,978	30,596
Non-cash injection for asset acquisitions	-	(307)
Equity asset transfers in/(out) from other Queensland Government entities*	455	5,845
Non-cash withdrawal for depreciation**	(70,683)	(68,512)
Balance at the end of the financial year	<u>1,127,992</u>	<u>1,145,242</u>

*These transfers are in accordance with the Designation of Transfer Notice.

**The non-cash equity withdrawal is for offsetting non-cash revenue funding for depreciation expense.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

C NOTES ABOUT RISK AND OTHER ACCOUNTING UNCERTAINTIES

C1 FINANCIAL INSTRUMENTS

Categorisation of financial instruments

Financial assets and financial liabilities are recognised in the Statement of Financial Position when Metro South Health becomes party to the contractual provisions of the financial instrument. Metro South Health has the following categories of financial assets and financial liabilities:

	2017 \$'000	2016 \$'000
Financial assets		
Cash and cash equivalents	93,310	92,902
Financial assets at amortised cost		
Receivables	52,157	49,924
	<u>145,467</u>	<u>142,826</u>
Financial liabilities at amortised cost		
Payables	<u>74,715</u>	<u>74,991</u>

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

Financial risk management

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

Credit risk

Credit risk is the potential for financial loss arising from Metro South Health's debtors defaulting on their obligations. Credit risk is measured by ageing analysis for cash inflows at risk. The maximum exposure to credit risk at balance date is the carrying value of receivable balances adjusted for impairment. Refer Note B2. Credit risk is considered minimal for Metro South Health.

Liquidity risk

Liquidity risk refers to the situation when Metro South Health may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or other financial assets. Liquidity risk is measured through monitoring of cash flows by active management of accrual accounts. Metro South Health liquidity risk is minimal due to an approved (and unused) overdraft facility of \$18 million under the whole-of-government banking arrangements to manage any short-term cash shortfalls.

Interest rate risk

Metro South Health has interest rate exposure on the Queensland Treasury Corporation deposits and there is no interest rate exposure on its cash and fixed rate deposits. Metro South Health does not undertake any hedging in relation to interest rate risk. Changes in interest rate have a minimal effect on the operating result of Metro South Health and sensitivity analysis is not required.

Fair value measurement

Cash and cash equivalents are measured at fair value. All other financial assets or liabilities are measured at cost less any allowance for impairment, which, given the short-term nature of these assets, is assumed to represent fair value.

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

C₂ COMMITMENTS

Non-cancellable operating leases*

Commitments under operating leases at reporting date are exclusive of anticipated GST and are payable as follows:

	2017	2016
	\$'000	\$'000
Not later than one year	11,758	11,999
Later than one year and not later than five years	28,958	33,238
Later than five years	10,580	13,803
	<u>51,296</u>	<u>59,040</u>

* Metro South Health's non-cancellable operating leases predominantly relate to office, car park and clinical services accommodation.

Capital expenditure commitments

Commitments for capital expenditure at reporting date are exclusive of anticipated GST and are payable as follows:

	2017	2016
	\$'000	\$'000
Not later than one year	17,211	25,476
Later than one year and not later than five years	-	948
	<u>17,211</u>	<u>26,424</u>

C₃ CONTINGENCIES

Litigation in progress

At 30 June 2017, Metro South Health has 11 litigation cases before the courts (2016: 9 cases). All Metro South Health indemnified claims have been managed by the Queensland Government Insurance Fund (QGIF). There are 94 claims (2016: 111 claims) managed by QGIF, some of which may never be litigated or result in payment of claims. The maximum exposure to Metro South Health under this policy is \$20,000 for each insurable event. Metro South Health's legal advisors, management advisors and management believe it would be misleading to estimate the final amount payable (if any) in respect of litigation before the courts at this time.

Other contingencies

The Queensland Government has established a dedicated taskforce to determine the existence of, and develop a response strategy regarding, non-conforming building products (particularly around aluminium composite panelling) on Queensland Government owned buildings and non-government owned buildings. At the time of certification of the financial statements, the taskforce has not been able to confirm the extent of this risk for Metro South Health's buildings. Further a quantification of any financial impact and any party liable for this has also not been able to be determined. This work will conclude during 2017-18.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

D BUDGET VS ACTUAL COMPARISON

D1 BUDGET VS ACTUAL COMPARISON – STATEMENT OF COMPREHENSIVE INCOME

The following provides explanations of major variances between Metro South Health's actual 2016-17 financial results and the original budget published in the 2016-17 Queensland State Budget Service Delivery Statements of Queensland Health and presented to Parliament in July 2016.

Explanation of major variances – Statement of Comprehensive Income

D1-1 User charges and fees

The variance of \$104 million is mainly attributable to additional Commonwealth growth funding of \$61 million provided to support increased activity (Inpatient, Outpatient, Emergency and Mental Health) levels. Above budget funding was also provided for Enterprise Bargaining agreements (\$7 million), services at Queen Elizabeth Hospital (\$11 million), funding for Winter Bed Management Strategy (\$4 million), National Partnership Agreement funding for Oral Health long waits (\$5 million), a Mental Health Community Wellbeing Program (\$6 million) and own source revenue growth of \$10 million to support the medications management phase of the Digital Hospital implementation at Princess Alexandra Hospital.

D1-2 Grants and other contributions

The variance of \$20 million in Grants and other contributions is primarily due to additional services of \$14 million for Community Aids, Equipment and Assistive Technologies Initiatives (CAEATI) and Vehicle Options Subsidy Scheme (VOSS) funded by the Department of Community Services. The balance was provided for new rehabilitation services funded by Motor Accident Insurance Commission and increases for the Organ and Tissue service.

D1-3 Employee expenses

The \$52 million variance included increased wage rates for staff from the additional Enterprise Bargaining funding of \$7 million provided in-year with the bulk of the remainder being attributable to increased staffing levels put in place to manage significantly increased activity levels.

D1-4 Supplies and Services

The \$70 million variance includes expenditure to deliver the services and activities outlined in Note D1-1 and Note D1-2.

D1-5 Operating result

The 2016-17 surplus of \$8.105 million is under pinned by strong own sourced revenue growth and by being an efficient provider of services given it was able to provide increased activity at less than its funded price per weighted activity unit.

D2 BUDGET VS ACTUAL COMPARISON – STATEMENT OF FINANCIAL POSITION

Explanation of major variances – Statement of Financial Position

D2-1 Property, plant and equipment

\$69.9 million of the total increase of \$98 million is due to the budgeted opening balance of the asset revaluation reserve being based upon indexation, rather than independent valuation which occurred in 2015-16 (higher by \$74.8 million). This is offset by a lower than budgeted result from the current year revaluation (lower by \$4.9 million). An additional \$35.3 million is due to higher than budgeted asset acquisitions offset by \$3.6 million higher than budgeted depreciation expense and 3.5 million other asset movements.

D2-2 Payables

The increase of \$3.6 million is largely attributable to increased expenditure levels and the flow-on impact to outstanding payables at the end of the reporting period.

D2-3 Unearned revenue

The \$6.6 million unearned revenue was not budgeted for in 2016-17 and results from deferred endoscopy funding (\$4.7 million), with the balance relating to lease incentive payments recognised over the term of leases in addition to other funding held where obligations have not been met for the revenue to be recognised.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

D2 BUDGET VS ACTUAL COMPARISON – STATEMENT OF FINANCIAL POSITION (CONTINUED)

D2-4 Asset revaluation surplus

The increase of \$69.9 million dollars is due to the budgeted opening balance of the asset revaluation reserve being based upon indexation, rather than independent valuation which occurred in 2015-16 (higher by \$74.8 million). This is offset by a lower than budgeted result from the current year revaluation (lower by \$4.9 million).

D3 BUDGET VS ACTUAL COMPARISON – STATEMENT OF CASH FLOWS

Explanation of major variances – Statement of Cash Flows

D3-1 User charges and fees

The increase of \$109.7 million is the cash impact of the funding adjustments outlined in note D1-1.

D3-2 Grants and contributions

The increase of \$18.7 million is the cash impact of the actual grants received outlined in note D1-2.

D3-3 Employee expenses

The increase of \$52.9 million is the cash impact of the actual employee expenses as outlined in note D1-3.

D3-4 Supplies and services

The increase of \$57.8 million is the cash impact of the actual supplies and services expense as outlined in note D1-4.

D3-5 Payments for property, plant and equipment

The increase of \$36 million in payments is due to capital acquisition under the backlog maintenance program, deferred minor capital asset acquisitions and general trust funded asset acquisitions.

D3-6 Equity injections

The increase of \$35.6 million is due to higher than budgeted equity funded asset acquisitions under the backlog maintenance program and minor capital asset acquisitions.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

E OTHER INFORMATION**E1 KEY MANAGEMENT PERSONNEL AND REMUNERATION EXPENSES****Details of key management personnel**

As from 2016-17, Metro South Health's responsible Minister is identified as part of Metro South Health's key management personnel, consistent with additional guidance included in *AASB 124 Related Parties Disclosures*. The responsible Minister is Hon Cameron Dick, Minister for Health and Minister for Ambulance Services.

The following details for non-Ministerial key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of Metro South Health during 2016-17. Further information on key management personnel positions can be found in the body of the Annual Report under the section relating to Executive Management.

Position and name	Position Responsibility	Contract classification and appointment authority	Date of Initial Appointment	Date of Cessation
<i>Metro South Hospital and Health Board</i>				
Chair Mr Terry White AO	The Board decides the objectives, strategies and policies to be followed by Metro South Health and ensure it performs its functions in a proper, effective and efficient way.	Appointments are under the provisions of the <i>Hospital and Health Boards Act 2011</i> by Governor in Council. Notice published in the Queensland Government Gazette.	18/05/2012	
Deputy Chair Adjunct Professor Janine Walker			18/05/2016	
Board Members Mr Peter Dowling AM			29/06/2012	
Ms Helen Darch			18/05/2017	
Adjunct Professor Iyla Davies			18/05/2017	
Ms Donisha Duff			18/05/2016	
Dr John Kastrissios			29/06/2012	
Professor John Prins			29/06/2012	
Dr Marion Tower			29/06/2012	
Mr Paul Venus			18/05/2017	
Ms Margo MacGillivray			14/06/2013	17/05/2017
Ms Lorraine Martin AO			07/09/2012	17/05/2017

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

E1 KEY MANAGEMENT PERSONNEL AND REMUNERATION EXPENSES (CONTINUED)

Position	Position Responsibility
<i>Metro South Health Executives</i>	
Health Service Chief Executive	Delegated the operational responsibility to fulfil the Board's objectives and strategies. The Health Service Chief Executive then sub-delegates certain functions to the Executive team and other employees as specified under the various instruments of delegation.
Executive Director, PAH-QEII Health Network	Executive leadership and operational responsibility for the health network.
Executive Director, Logan-Bayside Health Network	Executive leadership and operational responsibility for the health network.
Executive Director Addiction and Mental Health Services	Executive leadership and operational responsibility for addiction and mental health services.
Executive Director, Clinical Governance	This position provides leadership for Clinical Governance and Patient Safety in Metro South Health and ensures the appropriate performance and outcomes of the clinical governance systems across Metro South Health across the domains of compliance, performance and support.
Chief Finance Officer	This position is responsible and accountable for the operation of the financial management system and control environment for Metro South Health. It provides strategic advice and leadership of the financial management functions for the Hospital and Health Service.
Executive Director, Corporate Services	This position is the executive lead for asset management, capital planning and development, procurement management, contracts management, human resource management, operational support services, building engineering and maintenance services and other ancillary corporate support functions.
Chief Information Officer	This position provides strategic leadership, direction and management across Metro South Health for Clinical Informatics and Technology Services and is responsible for a diverse range of Communications Technology (ICT) services.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

E1 KEY MANAGEMENT PERSONNEL AND REMUNERATION EXPENSES (CONTINUED)

Position	Position Responsibility
Executive Director, Medical Services	This position is the principal medical officer for Metro South Health and is responsible for supporting the Health Service Chief Executive in the planning and management of the health service's clinical services. This position provides professional leadership to all medical officers within Metro South Health.
Executive Director, Nursing and Midwifery Services	This position provides strategic leadership in the areas of nursing and midwifery practice, standards and education, and workforce of Metro South Health.
Executive Director, Allied Health Services	This position provides strategic leadership to the allied health workforce and services of Metro South Health.

Key management personnel remuneration policies*Key management personnel remuneration – Minister*

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

Key management personnel remuneration – Board

Metro South Health is independently and locally controlled by the Hospital and Health Board (The Board). The Board appoints the Health Service Chief Executive and exercises significant responsibilities at a local level, including controlling the financial management of Metro South Health and the management of Metro South Health land and buildings (section 7 *Hospital and Health Board Act 2011*).

Remuneration arrangements for the Metro South Health Board are approved by the Governor in Council and the chair, deputy chair and members are paid an annual fee consistent with the government procedures titled '*Remuneration procedures for part-time chairs and members of Queensland Government bodies*'.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

E1 KEY MANAGEMENT PERSONNEL AND REMUNERATION EXPENSES (CONTINUED)

Key management personnel remuneration - Executive Leadership Team (ELT)

Section 74 of the *Hospital and Health Board Act 2011* provides that the contract of employment for health executive staff must state the term of employment, the person's functions and any performance criteria as well as the person's classification level and remuneration package.

Remuneration policy for Metro South Health key executive management personnel is set by direct engagement common law employment contracts and various award agreements. The remuneration and other terms of employment for the key executive management personnel are also addressed by these common law employment contracts and awards. The remuneration packages provide for the provision of some benefits including motor vehicles. The remuneration packages of Metro South Health key management personnel do not provide for any performance or bonus payments.

Remuneration expenses for key management personnel comprise the following components:

- Short-term employee expenses which include:
 - salaries, allowances and leave entitlements earned and expensed for the entire year or for that part of the year which the employee was a key management person
 - non-monetary benefits consisting of provision of vehicle together with fringe benefits tax applicable to the benefit.
- Long-term employee expenses which include amounts expensed in respect of long service leave entitlements earned.
- Post-employment expenses including amounts expensed in respect of employer superannuation obligations.

Termination benefits include payments on termination and other lump sum separation entitlements (excluding annual and long service leave entitlements) payable on termination of employment or acceptance of an offer of termination of employment.

Remuneration expenses

The following tables contain the expenses incurred by Metro South Health attributable to non-Ministerial KMP during the respective reporting periods. For board positions, the expenses are specific to the individual board member. For executive positions, all expenses incurred by Metro South Health that are attributable to that position are included for the respective reporting period, regardless of the number of personnel filling the position in either substantive or acting capacity. Therefore, the amounts disclosed are recognised on the same basis as expenses recognised in the Statement of Comprehensive Income.

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

E1 KEY MANAGEMENT PERSONNEL AND REMUNERATION EXPENSES (CONTINUED)

2016-17 Position title Position holder	Short-term employee expense		Total expenses \$'000
	Monetary expenses \$'000	Post- employment expenses \$'000	
Chair Mr Terry White AO	93	10	103
Deputy Chair Adjunct Professor Janine Walker	57	5	62
Board Member Mr Peter Dowling AM	77	7	84
Board Member Ms Helen Darch	6	1	7
Board Member Adjunct Professor Iyla Davies	6	1	7
Board Member Ms Donisha Duff	52	5	57
Board Member Dr John Kastrissios	53	5	58
Board Member Professor John Prins	53	5	58
Board Member Dr Marion Tower	53	5	58
Board Member Mr Paul Venus	6	1	7
Board Member Ms Margo MacGillivray	49	4	53
Board Member Ms Lorraine Martin AO	47	5	52

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

E1 KEY MANAGEMENT PERSONNEL AND REMUNERATION EXPENSES (CONTINUED)

2016-17 (continued)

Position title	Short-term employee expenses		Long term employee expenses \$'000	Post-employment expenses \$'000	Total expenses \$'000
	Monetary expenses \$'000	Non-monetary expenses \$'000			
Health Service Chief Executive	469	13	9	46	537
Executive Director, PAH-QEII Health Network	447	-	9	35	491
Executive Director, Logan-Bayside Health Network	419	1	7	31	458
Executive Director, Addiction and Mental Health Services	504	1	10	34	549
Executive Director, Clinical Governance	439	1	8	30	478
Chief Finance Officer	235	-	5	23	263
Executive Director, Corporate Services	194	-	4	17	215
Chief Information Officer	221	-	4	21	246
Executive Director, Planning, Engagement and Reform	214	-	4	20	238
Executive Director, Medical Services	407	-	8	31	446
Executive Director, Nursing and Midwifery Services	311	-	6	28	345
Executive Director, Allied Health Services	162	-	3	20	185

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

E1 KEY MANAGEMENT PERSONNEL AND REMUNERATION EXPENSES (CONTINUED)

2015-16 Position title	Short-term employee expense		Total expenses \$'000
	Monetary expenses \$'000	Post- employment expenses \$'000	
Chair Terry White AO	86	8	94
Deputy Chair Peter Dowling AM	53	6	59
Board Member Donisha Duff	5	1	6
Board Member Dr John Kastrissios	48	4	52
Board Member Margo MacGillivray	51	5	56
Board Member Lorraine Martin AO	48	4	52
Board Member Professor John Prins	54	6	60
Board Member Dr Marion Tower	48	4	52
Board Member Adjunct Professor Janine Walker	3	-	3

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

E1 KEY MANAGEMENT PERSONNEL AND REMUNERATION EXPENSES (CONTINUED)

2015-16 (continued)

Position title	Short-term employee expenses		Long term employee expenses \$'000	Post-employment expenses \$'000	Total expenses \$'000
	Monetary expenses \$'000	Non-monetary expenses \$'000			
	Health Service Chief Executive	538			
Executive Director, PAH-QEII Health Network	482	-	9	34	525
Executive Director, Logan-Bayside Health Network	213	-	4	21	238
Executive Director, Addiction and Mental Health Services	512	1	10	33	556
Executive Director, Clinical Governance	435	1	9	33	478
Chief Finance Officer	206	-	3	21	230
Executive Director, Corporate Services	227	-	4	20	251
Chief Information Officer	227	-	5	23	255
Executive Director, Planning, Engagement and Reform	215	-	4	21	240
Executive Director, Medical Services	434	-	9	33	476
Executive Director, Nursing and Midwifery Services	287	-	5	26	318
Executive Director, Allied Health Services	170	-	3	19	192

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

E2 RELATED PARTY TRANSACTIONS

Transactions with Queensland Government Controlled Entities

Metro South 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

Metro South Health receives funding from the Department of Health. The Department of Health receives a majority of its revenue from the Queensland Government, and the remainder from the Commonwealth.

The funding is provided to Metro South Health is predominantly for specific public health services purchased by the Department in accordance with a service agreement between the Department and Metro South Health. The service agreement is reviewed periodically and updated for changes in activities and prices of services delivered by Metro South Health. Refer to note A1-1.

The signed service agreements are published on the Queensland Government website and publically available.

In addition, the Department of Health provides a number of services as outlined in note A1-2. Any other expenses paid by Department of Health to third parties on behalf of Metro South Health are recouped by the Department of Health.

Refer to note B2 for information on receivables from the Department of Health and other Queensland Health entities. Refer to note B7 for information on payables to the Department of Health.

Other Hospital and Health Services

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

Queensland Treasury Corporation

Metro South Health have investment bank accounts with the Queensland Treasury Corporation for general trust monies. Refer Note B1.

Department of Housing and Public Works

Metro South Health pays rent to the Department of Housing and Public Works for a number of properties. In addition, Metro South Health pays the Department of Housing and Public Works for vehicle fleet management services (Qfleet).

Transactions with people/entities related to KMP

All transactions in the year ended 30 June 2017 between Metro South Hospital and Health Service and key management personnel, including their related parties, were examined. Transactions were identified with three related entities, which were all on normal commercial terms and conditions and were immaterial in nature.

E3 RESTRICTED ASSETS

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

At 30 June 2017, amounts of \$27.147 million (2016: \$27.449 million) in general trust and \$3.768 million (2016:\$1.855 million) for research projects are set aside for the specified purposes underlying the contribution.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

E4 AGENCY AND FIDUCIARY TRUST TRANSACTIONS AND BALANCES

Fiduciary trust transactions

Metro South Health acts in a fiduciary trust capacity in relation to patient trust accounts. These funds are received and held on behalf of patients with Metro South Health having no discretion over these funds. 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 Metro South Health, trust activities are included in the audit performed annually by the Auditor-General of Queensland.

	2017 \$'000	2016 \$'000
Fiduciary trust receipts and payments		
Receipts	2,705	2,492
Payments	<u>(2,692)</u>	<u>(2,616)</u>
Increase/(decrease) in net patient trust assets	<u>13</u>	<u>(124)</u>
Decrease in net refundable deposits	<u>-</u>	<u>(1)</u>
Fiduciary trust assets		
Current Assets		
Cash		
Patient trust funds	285	272
Other refundable deposits	<u>8</u>	<u>8</u>
Total current assets	<u>293</u>	<u>280</u>

Agency granted private practice transactions and balances

Metro South Health has a Granted Private Practice arrangement in place as follows:

Assignment model - all revenue generated by the clinician is paid to and recognised as revenue by Metro South Health. Doctors under this arrangement are employees of Metro South Health.

Retention model - the revenue generated is initially payable to the private practice doctors directly. Under this arrangement, doctors receive the generated revenue up to an established annual cap. Amounts over the cap are split one third to the doctor and two thirds to Metro South Health. The portion due to Metro South Health is receipted into a general trust account for a study, education and research fund for all staff, which is referred to as SERTA funds. Recoverable costs (e.g. administration costs, etc.) in respect of this arrangement, which Metro South Health is entitled to, are recorded as revenue in Metro South Health's Statement of Comprehensive Income.

Metro South Health acts as an agent in respect of the transactions and balances of the private practice bank accounts. The private practice funds are not controlled by Metro South Health but the activities are included in the annual audit performed by the Auditor-General of Queensland.

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2017

E4 AGENCY AND FIDUCIARY TRUST TRANSACTIONS AND BALANCES (CONTINUED)

	2017 \$'000	2016 \$'000
Granted private practice receipts and payments		
Receipts		
Private practice receipts	50,811	46,909
Interest	82	90
Other receipts*	6,449	7,312
Total receipts	<u>57,342</u>	<u>54,311</u>
Payments		
Payments to doctors	11,029	12,068
Payments to Metro South Health for recoverable costs	34,297	30,984
Payments to Metro South Health general trust for SERTA	6,032	3,800
Other payments**	6,639	7,358
Total payments	<u>57,997</u>	<u>54,210</u>
Increase/(decrease) in net granted private practice assets	<u>(655)</u>	<u>101</u>

* Other receipts relating to dietitian, oral health, children's health, medical imaging and outstanding deposits not yet received.

** Payments relating to the receipts on behalf of other Queensland Health entities such as pathology services, medical imaging, children's services, refund to Medicare and/or private insurance.

	2017 \$'000	2016 \$'000
Granted private practice assets		
Current assets		
Cash*	1,197	1,852
Total current assets	<u>1,197</u>	<u>1,852</u>

*Cash balance predominantly includes doctor payments and payments to other entities outstanding at balance date and other payments due to Metro South Health that have been accrued as revenue in Metro South Health's accounts.

E5 ARRANGEMENTS FOR THE PROVISION OF PUBLIC INFRASTRUCTURE BY OTHER ENTITIES

The Department of Health, prior to the establishment of Metro South Health, entered into a contractual arrangement with a private sector entity for the construction and operation of a public infrastructure facility for a period of time on land now controlled by Metro South Health. After an agreed period of time, ownership of the facility will pass to Metro South Health. Arrangements of this type are known as Public Private Partnerships (PPP). The PPP is a Build-Own-Operate-Transfer (BOOT) arrangement.

Metro South Health has not recognised any rights or obligations relating to these facilities other than those associated with land rental and the provision of services under the agreements. Metro South Health has the right to retain the rent in accordance with the Deed of Lease in the Transfer Notice.

Although the land on which the facility has been constructed remains an asset of Metro South Health, Metro South Health does not control the facility associated with the arrangement. Therefore this facility is not recorded as an asset. Metro South Health may receive rights under the arrangement, including:

- rights to receive the facility at the end of the contractual terms; and
- rights to receive cash flows in accordance with the respective contractual arrangements.

The arrangement was structured to minimise risk exposure for the public health system.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

E5 ARRANGEMENTS FOR THE PROVISION OF PUBLIC INFRASTRUCTURE BY OTHER ENTITIES (CONTINUED)

Public Private Partnership (PPP) arrangements operating for all or part of the financial year are as follows:

Facility	Counterparty	Term of Agreement	Commencement Date
The Princess Alexandra Hospital Multi-Storey Car Park	International Parking Group Pty Limited	25 years	February 2008

The Princess Alexandra Hospital Multi-Storey Car Park

The developer has constructed a 1,403 space multi-storey car park on site at the hospital. Rental of \$0.295 million per annum escalated for CPI annually will be received from the car park operator up to February 2033. The developer operates and maintains the facility at its sole cost and risk. Metro South Health staff are entitled to concessional rates when using the car park.

Assets

As at 30 June 2017, Metro South Health does not have legal title to the property, nor does it control the facility, therefore it is not recognised as an asset of the agency. The land where the facility has been constructed is recognised as Metro South Health's land. The recognised value of the relevant land parcel at Princess Alexandra Hospital (PAH) is \$22.1 million. The portion dedicated to the PAH multi-storey car park is 33.4% with an estimated value of \$7.4 million.

	2017 \$'000	2016 \$'000
Revenues		
Revenues recognised in relation to these arrangements:		
User charges and fees*	<u>364</u>	<u>358</u>

*This represents the actual rental payments for the multi-storey car park.

PPP arrangements of Metro South Health cash flows (indicative)

The Princess Alexandra Hospital multi-storey car park	2017 \$'000	2016 \$'000
Up to 1 year	372	366
More than 1 year but less than 5 years	1,602	1,578
More than 5 years but less than 10 years	2,289	2,253
Later than 10 years	<u>2,991</u>	<u>3,525</u>
Net indicative cash flow	<u><u>7,254</u></u>	<u><u>7,722</u></u>

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2017

E6 CO-LOCATION ARRANGEMENTS

Co-location arrangements operating for all or part of the financial year are as follows:

Facility	Counterparty	Term of Agreement	Commencement Date
Mater Private Hospital Redland	Sisters of Mercy in Queensland	25 years + 30 years	August 1999
Translational Research Institute (TRI) Building	Translational Research Institute Pty Ltd	30 years + 20 years	May 2013
University of Queensland Training Facility – Redland Hospital	University of Queensland	20 years	August 2015
University of Queensland Training Facility – Queen Elizabeth II Jubilee Hospital	University of Queensland	20 years	September 2015

There are contractual arrangements with private sector entities for the operation of a private health facility for a period of time on land controlled by Metro South Health. Metro South Health may receive rights to receive cash flows or rights to receive the facility at the end of the contractual term in accordance with the respective contractual arrangements. As a concession contract, Metro South Health does not recognise the facility as an asset.

Co-location agreement with Mater Private Hospital Redland

In accordance with the Co-location Agreement, in 2016-17 Metro South Health recognised \$0.222 million (2016: \$0.222 million) revenue. Metro South Health has not recognised any rights or obligations relating to these facilities other than those associated with land rental and the provision of services under the agreements. Metro South Health has the right to retain the rent in accordance with the Deed of Lease in the Transfer Notice.

Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the Mater Private Hospital Redland was constructed is approximately 9% of the Redland Hospital land recognised at a total value of \$12 million.

Co-location agreement with Translational Research Institute Pty Ltd

Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the Translational Research Institute was constructed is approximately 12% of the relevant parcels of the Princess Alexandra Hospital land recognised at a total value of \$13.484 million. The lease for the building is between the Department of Health and TRI Pty Ltd and Metro South Health has sublease for building areas but no revenue is recorded from this arrangement.

Co-location agreement with University of Queensland – Redland Hospital

Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the University of Queensland Training Facility was constructed is approximately 0.3% of the relevant parcels of the Redland Hospital land recognised at a total value of \$0.04 million. The lease for the building is between the Department of Health and the University of Queensland but no revenue is recorded from this arrangement.

Co-location agreement with University of Queensland – Queen Elizabeth II Jubilee Hospital

Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the University of Queensland Training Facility was constructed is approximately 0.3% of the relevant parcels of the Queen Elizabeth II Jubilee Hospital land recognised at a total value of \$0.05 million. The lease for the building is between the Department of Health and the University of Queensland but no revenue is recorded from this arrangement.

CERTIFICATE OF METRO SOUTH HEALTH

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) The statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of Metro South Health for the financial year ended 30 June 2017 and of the financial position of Metro South Health at the end of that year; and
- c) These assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material respects, with respect to financial reporting throughout the reporting period.



Terry White AO
BA DipPharm FAIM
Chair

Metro South Hospital and Health Board

22/8/17



Dr Stephen Ayre
MBBS (Qld), MHA (UNSW) FRACMA
Chief Executive Officer

Metro South Health

22/8/17



Robert Mackway-Jones
BCom MBA ACA
Chief Finance Officer

Metro South Health

22/8/2017

INDEPENDENT AUDITOR'S REPORT

To the Board of Metro South Hospital and Health Service

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of Metro South Hospital and Health Service. The financial report comprises the statement of financial position as at 30 June 2017, 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.

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2017, 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.

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 (\$866M)

Key audit matter	How my audit addressed the key audit matter
<p>Buildings were material to Metro South Hospital and Health Service at balance date, and were measured at fair value using the current replacement cost method. Metro South Hospital and Health Service performed a comprehensive revaluation of 7% of the value of its buildings with the remaining buildings being revalued using a desktop valuation.</p> <p>The current replacement cost method comprises:</p> <ul style="list-style-type: none"> • Gross replacement cost, less • Accumulated depreciation <p>Metro South Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for:</p> <ul style="list-style-type: none"> • identifying the components of buildings with separately identifiable replacement costs • developing a unit rate for each of these components, including: <ul style="list-style-type: none"> ○ estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre) ○ identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating the adjustment to the unit rate required to reflect this difference. <p>The measurement of accumulated depreciation involved significant judgements for forecasting the remaining useful lives of building components.</p> <p>The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense.</p>	<p>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. • Assessing the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices • For unit rates associated with buildings that were comprehensively revalued this year: <ul style="list-style-type: none"> ○ Assessing the competence, capabilities and objectivity of the experts used to develop the models ○ Reviewing the scope and instructions provided to the valuer, and obtaining an understanding of the methodology used and assessing its appropriateness with reference to common industry practices. ○ On a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: <ul style="list-style-type: none"> ▪ modern substitute (including locality factors and oncosts) ▪ adjustment for excess quality or obsolescence. • Evaluating useful life estimates for reasonableness by: <ul style="list-style-type: none"> ○ Reviewing management's annual assessment of useful lives. ○ 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 they were supported by appropriate evidence.

Refer to Note B6 in the financial report.

Other information

Other information comprises the information included in the entity's annual report for the year ended 30 June 2017, but does not include the financial report and my auditor's report thereon.

The Board is responsible for the other information.

My opinion on the financial report does not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial report, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or my knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Responsibilities of the entity for the financial report

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

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

Auditor's responsibilities for the audit of the financial report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the entity's internal control.

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

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

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

Report on other legal and regulatory requirements

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2017:

- I received all the information and explanations I required.
- In my opinion, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.



D J OLIVE
as delegate of the Auditor-General



Queensland Audit Office
Brisbane

Glossary of acronyms and abbreviations

ACHS	Australian Council on Healthcare Standards
AM	Member of the Order of Australia
AO	Order of Australia
BEMS	Building, Engineering and Maintenance Service
Board	Metro South Hospital and Health Board
BSPHN	Brisbane South PHN
CARE-PACT	Comprehensive Aged Residential Emergency and Partners in Assessment, Care and Treatment
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHIP	Community Hospital Interface Program
CMMS	Computerized Maintenance Management System
CNC	Clinical Nurse Consultant
CSIRO	Commonwealth Scientific and Industrial Research Organisation
DESMOND	Diabetes Education and Self-Management for Ongoing and Newly Diagnosed
ED	Emergency Department
ELOS	Emergency length of stay
EPIC	Executive Planning and Innovation Committee
ES	Elective surgery
FTE	Full time equivalent
GP	General practitioner
HBCIS	Hospital-Based Corporation Information System
HHS	Hospital and Health Service
HITH	Hospital in the Home
HSCE	Health Service Chief Executive
HVAC	Heating, ventilation and air conditioning
ICT	Information and communication technology
ieMR	integrated electronic Medical Record
ISO	International Organization for Standardisation
IT	Information technology
KPIs	Key Performance Indicators

LEAPOnline	Learning Education and Professional development Online
MARS	Digital Hospital functionality known as medications, management, anaesthesia, and research support
Metro South Health	Metro South Hospital and Health Service
MOHRI	Minimum Obligatory Human Resource Information
MP	Member of Parliament
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant <i>Staphylococcus aureus</i>
MSAMHS	Metro South Addiction and Mental Health Services
MSH	Metro South Hospital and Health Service
MSHHB	Metro South Hospital and Health Board
NEST	National Elective Surgery Target
NGO	Non-government organisation
OAM	Medal of the Order of Australia
PAH	Princess Alexandra Hospital
PCR	Polymerase chain reaction
PHN	Primary health network
QAO	Queensland Audit Office
QAS	Queensland Ambulance Service
QEII	Queen Elizabeth II Jubilee Hospital or QEII Jubilee Hospital
QUT	Queensland University of Technology
QWAU	Queensland Weighted Activity Unit
SAB	<i>Staphylococcus aureus</i> bloodstream
SMS	Short message service
SQCoE	Southern Queensland Centre of Excellence
TAFE	Technical and Further Education
TIC	Transformation and Innovation Collaborative
TRI	Translational Research Institute
UQ	The University of Queensland
VLAD	Variable Life Adjusted Display
WAU	Weighted Activity Unit

Glossary of terms

Activity Based Funding	The funding framework used to fund public health care services delivered across Queensland
Advance Care Planning	A process to help a person plan their health care in advance. An advance care plan is used if a person becomes too unwell to make decisions for themselves or communicate their health decisions
Apps	A small specialised software program, designed for a specific purpose or application, usually downloaded to a mobile device
Bariatric	A branch of medicine dealing with the study and treatment of obesity
Burden of disease	The impact of a health problem as measured by financial cost, mortality, morbidity and other indicators
CBORD	An internationally recognised software program that automates menu management
Choosing Wisely Australia	Collaborative effort by participating clinical bodies and organisations to review which care really delivers value to patients
Clinical streams	Health specialty areas
Digital Hospital	A hospital where all patient medical information is electronically recorded and accessed through computers instead of paper files
EMERGO	Mass casualty emergency exercise
Gamma Knife®	A non-invasive alternative to neurosurgery that uses radioactive sources to treat brain tumours
Magnet®	An international program providing recognition for excellence in nursing care
Nurse Navigator	A role in Queensland's public health sector in which highly experienced nurses provide support to patients with complex health conditions
Pathway to Excellence®	An international nursing excellence credential
Planetree	A person-centred and holistic approach to health care, which means caring for each person as an individual; and recognising their mental, social, emotional, spiritual and physical care needs
Telehealth	The delivery of health services and information using telecommunication technology such as live video and audio links, tele-radiology, storing of clinical data and images on a computer for forwarding to another location
Translational research	Translates findings in fundamental research into medical practice and meaningful health outcomes

Compliance checklist

Summary of requirement	Basis for requirement	Annual report page reference
Letter of compliance	<ul style="list-style-type: none"> A letter of compliance from the accountable officer or statutory body to the relevant Minister/s 	ARRs – section 7 p. 3
Accessibility	<ul style="list-style-type: none"> Table of contents 	ARRs – section 9.1 p. 4
	<ul style="list-style-type: none"> Glossary 	ARRs – section 9.1 pp. 146-147
	<ul style="list-style-type: none"> Public availability 	ARRs – section 9.2 Inside front cover
	<ul style="list-style-type: none"> Interpreter service statement 	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3 Inside front cover
	<ul style="list-style-type: none"> Copyright notice 	<i>Copyright Act 1968</i> ARRs section 9.4 Inside front cover
	<ul style="list-style-type: none"> Information licensing 	<i>QGEA – Information Licensing</i> ARRs – section 9.5 Inside front cover
General information	<ul style="list-style-type: none"> Introductory information 	ARRs – section 10.1 pp. 12-13
	<ul style="list-style-type: none"> Agency role and main functions 	ARRs – section 10.2 pp. 12-15
	<ul style="list-style-type: none"> Operating environment 	ARRs – section 10.3 p. 16
Non-financial performance	Government's objectives for the community	ARRs – section 11.1 p. 52
	Other whole-of-government plans/ specific initiatives	ARRs – section 11.2 pp. 53, 89-90
	Agency objectives and performance indicators	ARRs – section 11.3 pp. 61-90
	Agency service areas and service standards	ARRs – section 11.4 pp. 54-60
Financial performance	Summary of financial performance	ARRs – section 12.1 p. 96
Governance – management and structure	Organisational structure	ARRs – section 13.1 p. 18
	Executive management	ARRs – section 13.2 pp. 30-35
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3 Not applicable
	Public Sector Ethics Act 1994	Public Sector Ethics Act 1994 ARRs – section 13.4 p. 48
	Queensland public service values	ARRs – section 13.5 p. 15
Governance – risk management and accountability	Risk management	ARRs – section 14.1 p. 49
	Audit committee	ARRs – section 14.2 pp. 28-29
	Internal audit	ARRs – section 14.3 p. 49
	External scrutiny	ARRs – section 14.4 p. 48
	Information systems and recordkeeping	ARRs – section 14.5 p. 50

Summary of requirement		Basis for requirement	Annual report page reference
Governance – human resources	Workforce planning and performance	ARRs – section 16.1	pp. 91-95
	Early retirement, redundancy and retrenchment	Directive No. 11/12 <i>Early Retirement, Redundancy and Retrenchment</i> Directive No. 16/16 <i>Early Retirement, Redundancy and Retrenchment</i> (from 20 May 2016) ARRs – section 15.2	p. 94
Open Data	Statement advising publication of information	ARRs – section 16	p. 50
	Consultancies	ARRs – section 33.1	p. 50
	Overseas travel	ARRs – section 33.2	p. 50
	Queensland Language Services Policy	ARRs – section 33.3	p. 50
Financial statements	Certification of financial statements	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section 17.1	p. 141
	Independent Auditor’s Report	FAA – section 62 FPMS – section 50 ARRs – section 17.2	pp. 142-145

FAA *Financial Accountability Act 2009*
FPMS *Financial and Performance Management Standard 2009*
ARRs *Annual report requirements for Queensland Government agencies*

Consumer feedback

Metro South Health's consumers, carers and community are at the centre of everything we do. We are respectful of, and responsive to the preferences, needs and values of people—regardless of where they are in their individual healthcare journey—and the families and communities in their support networks.

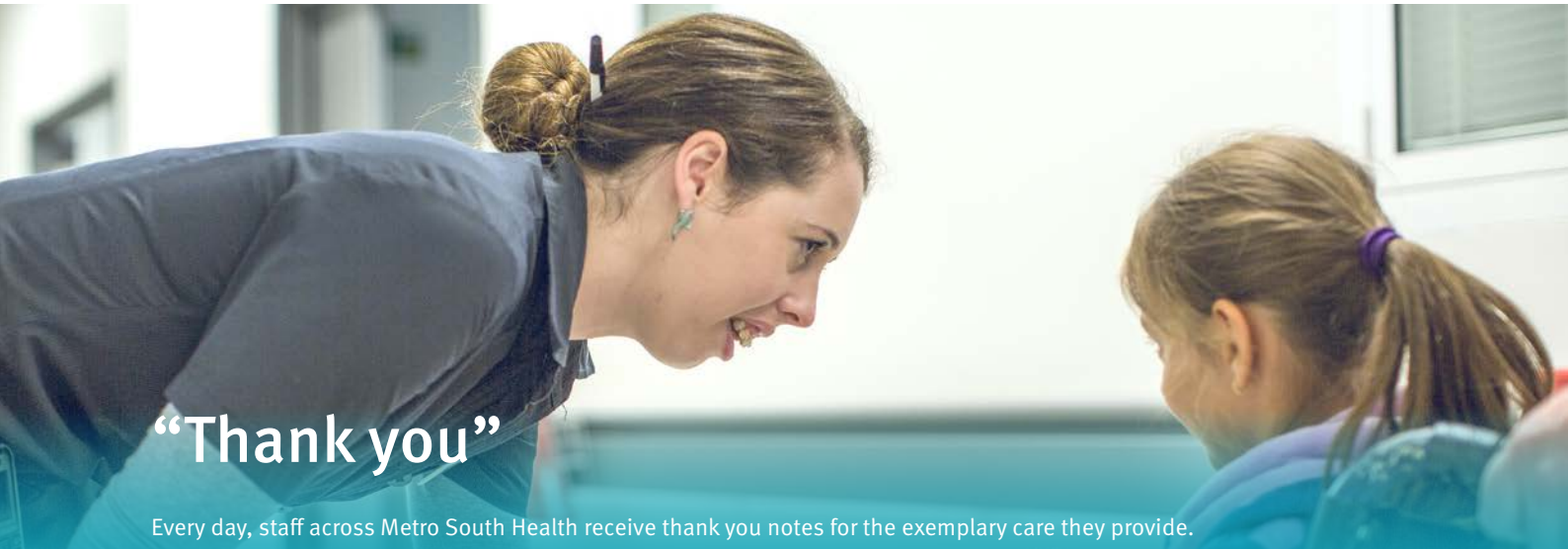
We acknowledge and embrace the diversity in our region. We listen and use appropriate tools and techniques that encourage effective two-way communication. We form genuine partnerships with our consumers, carers and the community to develop and deliver solutions to improve service planning and design, service delivery and service monitoring and evaluation of health services and programs.



...the closer we can get to the community, the better we can understand the needs of our community...

- Mr Terry White AO

Chair, Metro South Hospital and Health Board



“Thank you”

Every day, staff across Metro South Health receive thank you notes for the exemplary care they provide.

A big thank you to the wonderful [Redland Hospital] staff. The doctors were so kind, caring and thorough and thoughtful with their dealings with my daughter. The nurses were also just as wonderful! We were very grateful for being accommodated so I could stay with my daughter. This made her feel less worried about being in hospital. The heartfelt care given by all team members means the world to us mums.”

“I thought it was just luck but now I have been to PAH twice for procedures and the staff and especially the nursing care are exceptional. I was in the Surgical Care Unit for most of the day and all nursing staff were professional and caring. I observed them treating all patients with the same amount of respect and care. I feel privileged to have been treated at PAH. Well done!”

“How could anyone not compliment the treatment at the [QEII] hospital? My husband has received the very best attention from the beginning. The care and compassion is second to none. We had a phone call the following morning enquiring about his wellbeing. How good is that? We are so grateful for the wonderful care we have received. Thanks to everyone.”

“Thanks to all who assisted me at Logan Hospital when I visited after fracturing my wrist. Compliments go to staff at the emergency department and the fracture clinic. I cannot thank you all enough for such great treatment. A wonderful experience for which they all should be praised. Professional, friendly and caring service by all.”

Connect with us

For news, events and information on our services, visit our website:

metrosouth.health.qld.gov.au

Join us on social media:



facebook.com/MetroSouthHealth



twitter.com/MetSthHealth



[linkedin.com/Metro-South-Hospital-and-Health Service](https://linkedin.com/Metro-South-Hospital-and-Health-Service)

Contact a hospital:

Beaudesert Hospital	(07) 5541 9111
Logan Hospital	(07) 3299 8899
Princess Alexandra Hospital	(07) 3176 2111
QEII Jubilee Hospital	(07) 3182 6111
Redland Hospital	(07) 3488 3111

