ANNUAL REPORT 2016–2017

North West Hospital and Health Service

Queensland Government

Purpose of the report

This annual report details the non-financial and financial performance of the North West Hospital and Health Service during financial year 2016–2017.

It highlights the achievements, performance, outlook and financial position of the North West Hospital and Health Service, and satisfies the requirements of the *Financial Accountability Act 2009*, the *Financial and Performance Management Standard 2009* and detailed requirements set out in the *Annual Report Requirements for Queensland Government agencies*.

Attribution

Content from this annual report should be attributed:
North West Hospital and Health Service Annual Report 2016–2017.

ISSN: 2202-5235 (Print)

Public availability

Electronic copies of this annual report can be accessed at www.health.qld.gov.au/mt_isa/Our-board.asp

Paper copies can be obtained by contacting the Media and Communications Officer, Office of the Chief Executive,

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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) 4764 1226 and we will arrange an interpreter to effectively communicate the report to you.

Disclaimer

This document has been prepared with all due diligence and care, based on the best available information at the time of publication. However, the North West Hospital and Health Service will not be liable for any errors or omissions within this document.

Any decisions made by other parties based on this document are solely the responsibility of those parties.

Information contained in this document is drawn from a number of sources and, as such, does not necessarily represent policies of the North West Hospital and Health Service and/or the Queensland Government.

Images contained within this document are courtesy of the North West Hospital and Health Service, unless otherwise attributed.

Acknowledgement of traditional custodians

The North West Hospital and Health Service respectfully acknowledges the elders past and present and the traditional custodians of the land, sea and waterways which we service and declare the North West Hospital and Health Service's commitment to reducing inequalities between Indigenous and non-Indigenous health outcomes in line with the National Indigenous Reform Agreement (Closing the Gap).

(Left) Aunty Fran Page with NAIDOC Award winners, Sharon Savuro, Rhonda Tim, Ayrton Marshall, and NAIDOC Day organiser Mereana Savuro.

Shelley Howe (right) with her Nursing Achievement Award.

The following staff were recognised for their achievements during our NAIDOC day celebrations held on Tuesday 5 July 2016:

- **Shelley Howe** (Aged Care Team) – *Nursing Achievement Award*, for dedication and commitment of long service to the community and North West Hospital and Health Service
- **Regina Mullins** (Operational Services) – *Commitment to Operational Excellence Award*, for dedication and commitment of long service to the community and North West Hospital and Health Service
- **Sharon Savuro** (Aboriginal Liaison Officer) – *The Spirit of Reconciliation Award*, for dedication and commitment to Indigenous health within the North West Hospital and Health Service
- **Ayrton Marshall** (Chronic Disease Team) – *The Health Worker Achievement Award*, for all-rounder dedication to the community and outreach within the North West Hospital and Health Service
- **Chronic Disease Team** (Rhonda Tim, Doris Craigie, Belinda Johnson, Tony Williams and Ayrton Marshall) – *The Service of the Year Award*, for outstanding services and commitment to the community and North West Hospital and Health Service.
- **Belinda Johnson** (Chronic Disease Team) – *The Encouragement Award*, for facilitating improvement in patient care within the North West Hospital and Health Service.

Fast Facts 2016–2017

The North West Hospital and Health Service is responsible for the delivery of public hospital and other health services to the communities of North West Queensland. We serve a population of around 32,000 people, distributed across 300,000 square kilometres, providing services across one regional hospital, two multipurpose health services, three rural/remote hospitals, four primary health clinics and five community health centres.

During 2016–2017	
Budget	• Total revenue received by the North West Hospital and Health Service for 2016–2017 increased by $9.418 million to $168.486 million
Staffing	• Total full time equivalent staff of 776 employed as at 30 June 2017, an increase of 104 staff from 2015–2016, due to efforts to employ permanent staff with less reliance on agency staff.
Emergency presentations	• 96% of immediate, life threatening, emergency presentations (Cat 1 & 2) to the Mount Isa Hospital departed the emergency department within clinically recommended times
Elective surgery	• As at June 30 2017 the Mount Isa Hospital had no long wait elective surgery patients
Specialist outpatients	• As at June 30 2017, the Mount Isa Hospital had cleared all patients waiting in excess of their target treatment time
Occasions of service	• 138,745 health services were delivered in 2016–2017
Average length of stay	• Average length of stay overnight or longer across our facilities was 3.11 days, against approximately five days statewide
Telehealth	• 30% increase in telehealth use over 2016–2017, successfully achieving the Government's Key Performance Indicator target for a 20% increase in actitivity
Births	• 438 babies born at our facilities in 2016–2017, a 9% decrease over the last financial year
Interpretation services	• 36 sessions of interpreter services were provided to clients, with Mandarin, Cantonese and Vietnamese being the most requested languages during 2016–2017
Compliments and complaints	• A total of 357compliments were received for the North West Hospital and Health Service, a considerable increase from the 166 received in the previous financial year. 244 complaints were received during the same period, equating to 0.18 % of total health services delivered during 2016–2017

Queensland
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1 Barkly Highway Mount Isa
PO Box 27 Mount Isa Queensland 4825
Telephone +61 7 4764 0210
Facsimile +61 7 4764 0217
Email Tammy.Parry@health.qld.gov.au

6 September 2017

The Honourable Cameron Dick MP
Minister for Health and Minister for Ambulance Services
GPO 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 the North West 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 70 of this annual report.

Yours sincerely,

Paul Woodhouse

Chair

North West Hospital and Health Board

Contents

Chair's report

This is the fifth year of operation for the North West Hospital and Health Service as an independent statutory body and we continue to build on a firm foundation in our delivery of rural and remote healthcare.

The past 12 months have indeed been a period of building and consolidation with real progress being made in terms of strong partnerships and networks in our communities that will enable us to put in place the measures we need, to ensure better health pathways for everyone in the North West.

The establishment of the Lower Gulf Strategy, a joint tripartite partnership with the Western Queensland Primary Health Network, and Gidgee Healing, will guide reform to deliver a primary health care system which better meets the needs of Aboriginal and Torres Strait Islander peoples in the Lower Gulf. You can read more about the Lower Gulf Strategy on page 18, but in summary it will integrate the health system at every level, will allow Aboriginal and Torres Strait Islander people to participate in decision making affecting their health, and ensure health services are structured around the needs of the individual, family and community. There will be a strong focus on preventive health care and encouraging healthy lifestyles.

It will mean people in communities taking responsibility for their own health, within a supportive framework which they will help construct. We have been listening to our people and hearing what they want. They want the hospital in the home, they want health care that's accessible and not formidable, and they want to own their own health care. They want a grass roots approach, not a top down edict.

Gidgee Healing, as a regional Aboriginal Community Controlled Health Organisation, is an appropriate entity to lead change through a greater community-controlled model of care, and will provide greater cultural integrity within programs and services.

The Chief Health Officer's sixth report: *The Health of Queenslanders 2016*, puts us in no doubt that the need for change is critical, with the statistics in the North West showing only tiny improvements in a few areas: child immunisation and breast screening participation.

We still have very significant figures around smoking, drinking and obesity and we need to address these three huge problems at a primary health level. Nearly 40 percent of adults in the North West are now classified as obese; 20 percent are daily smokers and 30 percent are risky drinkers. The three Lower Gulf partners know it's not easy for individuals to address these three big issues on their own, which is why we are focusing on preventative care and encouraging healthy lifestyles. I know the answers lie within our communities, and I am confident that with this strong strategy and a strong desire for change, we will create better pathways to health.

While we proceed to strengthen our primary health services, we are continuing to maintain and build upon our levels of quality acute care, improving what we are doing well.

Although a big focus is on the Lower Gulf communities, we are also ensuring that intervention and prevention will become more of a focus in partnership with our Upper Gulf communities and councils also.

As a Board, we were grateful to receive a funding boost from the Queensland State Government in their 2016–2017 budget of $16.2m, which gave us a more than 10.4 percent increase on this year's operating budget of $156.3m. In addition, the Department has been working with the North West Hospital and Health Service to ensure we achieved a balanced budget for the end of this financial year. We end this financial year on a good footing, and we start the new financial year in a healthier position than last year. My thanks to Lisa Davies Jones, our Chief Executive and to Chris Watts, our Chief Financial Officer, for working so hard on this and for achieving this great result.

Five Board appointments were up for renewal this year, and were reappointed for further terms, which gives us stability for another few years. Dr Don Bowley OAM, Dr Christopher Appleby, Ms Karen Arbouin, Dr Kathryn Panaretto and Mr Dallas Leon have been reappointed to the Board. Hospital and Health Service Board Members are appointed by the Governor-in-council upon the recommendation of the Minister for Health and Minister for Ambulance Services. It continues to be a privilege to work with my Board colleagues, our Chief Executive and Executive Management Group and I thank them for their hard work over the past year.

As ever, I also extend a personal thank you to all staff of the North West Hospital and Health Service and our Hospital Auxiliaries and look forward to another year of working to improve the health outcomes of people and communities across North West Queensland.

Paul Woodhouse
Chair

Chief Executive's overview

My first year as Chief Executive of the North West Hospital and Health Service has been one of hard work for all of us and some great achievements. I have visited each of our remote facilities several times over the past year and I am always impressed and heartened by the dedication and level of commitment of our staff, members of those discrete communities and our service provider partners, and our joint desire to see better health outcomes for everyone in the North West.

With that goal in mind, with our partners Western Queensland Primary Health Network and Gidgee Healing, we have worked hard on the Lower Gulf Strategy, which aims to provide better, integrated care to our Lower Gulf communities. The emphasis will be on primary health care, with local community involvement and investment. Gidgee Healing, as a regional Aboriginal Community Controlled Health Organisation is well positioned to lead change through a greater community controlled model of care, and with support from the Western Queensland Primary Health Network and the North West Hospital and Health Service, will provide greater cultural integrity within programs and services. You can read more about the Lower Gulf Strategy on page 18 of this Annual Report. The foundation work for the strategy is now complete and we are moving into the implementation phase, which we will report back on in next year's Annual Report.

We have completed a number of building projects this financial year, including the refurbishment of the Alan Ticehurst Building in Cloncurry, to house Community Health and Dental Services there. I have had very positive feedback from the community in Cloncurry about this great new facility. The $65 million redevelopment of Mount Isa Hospital is now complete with the refurbishment of the Maternity Ward and the three theatres. Work is well underway on the new 75 space carpark and the construction of the new helipad close to the Emergency Department, is about to commence. The next financial year will see the commencement of the redevelopment of the McKinlay Shire MultiPurpose Health Service, and we have been assisted in our planning by regular meetings with the McKinlay Shire community.

Engagement with our communities is one of our greatest achievements this year. If we are to turn around the health statistics of our region, we need to listen to the people – our patients, their carers, their families, our staff and our partners in health service provision. There is no place like the North West and within the North West each of our 12 discrete communities need a health plan tailored for them. As our Board Chair keeps saying, "One size fits all doesn't work in the bush." We have well established Community Advisory Networks or similar in most of our communities, and are working to establish new ones in the remaining few that have none.

Another great achievement, which we have all worked hard towards, is a small surplus at the end of this financial year, and a balanced budget for the coming year. Our largest expense continues to relate to staffing, accounting for almost two thirds of our total expenditure. We have made excellent progress in recruiting permanent staff this past financial year, and two of our five Rural Generalist interns from last year have opted to remain in the North West Hospital and Health Service for a further year. Our medical interns and our First Year of Practice nurse graduates find they are exposed to many more medical challenges, more interesting cases and more varied work places than their colleagues who remain in the cities for their training.

Other successes to celebrate this year include achieving zero long waits for Specialist Outpatients and Elective Surgery, and a 30 percent increase in telehealth use, on top of a 46 percent increase in telehealth use for the previous financial year. All these achievements make the patient journey better and easier for our patients.

Our Innovation Council has been working hard on progress with teledental and telepharmacy initiatives, pushing through technology and equipment challenges to bring these services into our remote communities. The telepharmacy project is initially focussing on patients with renal, mental health conditions and chronic diseases in remote communities. Telepharmacy will utilise the existing and established telehealth model of care linking Pharmacists with Clinical Nurse Pharmacy roles, Health Workers and nursing staff in each community.

Our plans for our communities, including the Lower Gulf Strategy and our innovations are guided by Queensland Health's 10 year vision: *My health, Queensland's future: Advancing health 2026*, with four directions: promoting wellbeing, delivering healthcare, connecting healthcare, and pursuing innovation.

We acknowledge the challenges we face in raising our health statistics in the North West, but everywhere I go, in the communities in our most remote places, to the organisations working together in Mount Isa, I am heartened by the will of the people to make progress, to forge better health pathways. We can't do it on our own, but together, we can do it.

I want to thank the Board and the staff, who work together as a team. We have to work hard as the challenges are so great, but we are seeing progress. We've had some great wins this year, and we are putting in place the right infrastructure to really impact positively on our communities.

Lisa Davies Jones
Health Service Chief Executive
North West Hospital and Health Service

The year in review, 2016–2017

The North West Hospital and Health Service strives to be Queensland's leading Hospital and Health Service, delivering excellence in rural and remote healthcare. In addition to the range of key achievements delivered by our staff across each of our facilities, as detailed throughout the following report, a range of other significant events also occurred during 2016–2017

JULY 2016

The Minister for Health and Minister for Ambulance Services, Hon Cameron Dick MP, described the Emergency Department at the Mount Isa as a "top performer". 90.4% of patients were seen, treated and either departed or were admitted within four hours. That is well above the state-wide average of 79%.

Board Chair Paul Woodhouse, Emergency Doctor Khalid Yousif, new board members Dallas Leon and Dr Kathryn Panaretto, and Associate Professor Alan Sandford.

The North West Hospital and Health Board welcomed two new board members, Dr Kathryn Panaretto and Dallas Leon. They were given a tour of the Mount Isa Hospital at the time of their first board meeting.

The Board Chair, Paul Woodhouse, the deputy Chair, Annie Clarke, the Chief Executive Lisa Davies Jones and the Chief Operating Officer, Barbara Davis met with staff at Mornington Island Hospital, Karumba Primary Health Care Clinic, Normanton Hospital, Doomadgee Hospital, and Burketown Primary Health Care Clinic. They also met with partners in primary health care and council members in every location, sharing the North West Hospital and Health Service's Strategic Plan 2016–2020.

Mount Isa's first Magnetic Resonance Imaging (MRI) scanner facility was officially opened at Mount Isa Hospital on 20 July, improving access for patients to MRI scans.

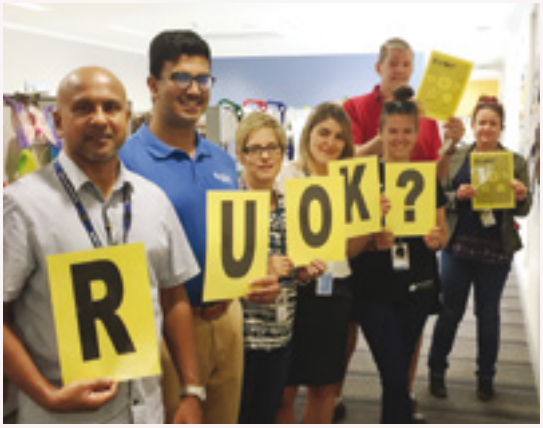
The Chronic Disease team organised a very well attended Kidney Community Awareness event at which Amber Williamson, Support Programs Manager at Kidney Health Australia, and a kidney transplant recipient of 14 years, spoke on her experience.

AUGUST 2016

The Homelessness Health Outreach Team (HHOT) ran a blanket drive, to help homeless men and women move from the river bed into more permanent accommodation. The bedding and linen was distributed to clients who were transitioning into rehabilitation centres, shelters or settling into their own homes.

SEPTEMBER 2016

Mental Health & ATODS ran a week of activities and workshops around suicide prevention, including a free two day Asist Seminar on Suicide Intervention Training. R U OK? Day reached into every corner of the Health Service, with remote facilities participating. The Mental Health & ATODS team held a service provider expo in Mount Isa with about 20 social and emotional well-being service providers showcasing their services through a five minute presentation and exhibits.



Mental Health staff promote RUOK? Day

Dentist Alison Walker and patient Ceara Doomadgee in the mobile clinic at the Deadly Smiles event

The North West Hospital and Health Service collaborated with Gidgee Healing, the Royal Flying Doctor Service (Queensland Branch), Queensland Aboriginal and Islander Health Council and the Rotary Club of Mount Isa to put a smile on local children's faces with a Deadly Smiles event at the Kruttschnitt Oval on September 9. In a joint Mental Health and Oral Health promotion, Rugby League legend and local hero, Scott Prince held a footy workshop while dual Olympic swimmer, Meagen Nay spoke on mental health wellness, general diet advice and body image regarding young women and sport. Children were measured for free mouthguards which were manufactured on site at the mobile dental van.

New Director of Surgery, Dr Ong Cheng Leng, and new Director of Paediatrics, Dr Mark Patrick were welcomed to the Hospital and Health Service.

OCTOBER 2016

Twenty six Aboriginal and Torres Strait Islander people from the Lower Gulf had sight-saving cataract surgery over two days during a 'cataract blitz' at Mount Isa Hospital. It was a logistically challenging endeavour, made possible with dedicated funding provided from the Commonwealth Department of Health to CheckUP, a not-for-profit health organisation based in Brisbane, and with support from Queensland Aboriginal and Island Health Council (QAIHC) and Gidgee Healing.

Normanton patient Tessie Rapson with her family, after her cataract operation.

The Cloncurry MultiPurpose Health Service hosted a morning tea for Ernest Henry Mine executives to celebrate the handing over of $30,000 of medical equipment bought with funds donated by Ernest Henry, through the Glencore Community Program North Queensland. The equipment comprises a paediatric monitor, a breast pump, to be loaned out to new mothers for a short period of time; a bladder scanner, which will help avoid catheterisations and prevent infections mainly among aged care patients; a handheld vein illumination handpiece to assist nursing staff with assessing difficult veins in paediatric patients and emergency patients, and a second Nikki syringe driver, which will benefit terminally ill patients.

Cloncurry MultiPurpose Health Service Director of Nursing Lesley Laffey demonstrates the vein finder to Board Member Dr Chris Appleby

NOVEMBER 2016

The Chief Executive visited remote facilities in the Lower Gulf, as part of her regular visitation to the North West communities, taking in Mornington Island, where she met with the Mayor, Chief Executive Officer and Council, explaining plans to develop primary health care in partnership with Gidgee Healing and Western Queensland Primary Health Network, with Gidgee Healing taking the lead, from the beginning of 2017. On to Karumba Primary Health Clinic for a brief visit, then to Normanton Hospital, where they celebrated Melbourne Cup day with a best hat competition, and Corinne Long's 40 years of service. They also met with the Mayor and acting Chief Executive Officer of Carpentaria Shire Council. At Doomadgee, the Health Council is progressing under the leadership of Guy Douglas, the Chair and Kelly Barclay from North West Remote Health. They were in the process of planning for Doomadgee's Health Expo the following week. Burketown Primary Health Clinic was the last port of call on the successful three day trip.

The Minister of Health and Minister of Ambulance Services, Hon Cameron Dick made a flying visit to Mount Isa where he announced $1.6million extra

funding for a new 65 space car park, subsequently increased to 75, and foreshadowed the consultation and planning for a new helipad closer to the Emergency Department of the Hospital.

Executive Director of Corporate Services, Barbara Davis, Board Chair Paul Woodhouse, Manager of Office of Chief Executive, Tammy Parry, Chief Executive Lisa Davies Jones, Hon Cameron Dick and State Member, Robbie Katter.

DECEMBER 2016

Congratulations were in order for Kathleen Walden's award from the Department of Health Strategic Operational Services Unit. Wardsperson Kathleen was nominated by the Karumba Health Clinic for her enthusiasm and pride in her work.

Fiona MacFarlane, Nurse Unit Manager at Mount Isa Sexual Health, set up a stall in the Mount Isa Hospital foyer to mark World AIDS Day (1 December), helped by Paul Jonkers.

In December we congratulated our Nurse Practitioners who celebrated the 10 year anniversary of their specialised roles in Queensland. Nurse Practitioners are endorsed specialty practitioners who can order blood and radiology tests such as X-rays and prescribe pain relief and medications to patients as well as being able to diagnose and treat infections, illnesses, burns, wounds, bites, stings, fractures, chest infections and other health conditions. We have 10 Nurse Practitioners in the North West Hospital and Health Service, based at Mount Isa, Camooweal, Dajarra, Karumba–Normanton, Mornington Island, Doomadgee and McKinlay Primary Healthcare Centre. Nurse Practitioner Milo Frawley was interviewed on ABC about the Nurse Practitioner role.

Nurse Practitioner and Director of Nursing at Camooweal Primary Health Clinic, Andrew McCallum

The North West Hospital and Health Service welcomed Director of Palliative Care, Dr Robyn Brogan, who had served as a locum specialist in July and August.

JANUARY 2017

We welcomed five new Medical in-house Interns to the North West Hospital and Health Service. Two of last year's intake, the first intake for the Hospital and Health Service, have elected to stay in the North West and continue their careers here. Three of this year's interns will also be pursing Queensland Health's very popular Rural Generalist Pathway training program which skills doctors to specialise in rural and remote general practice.

The Tully District Knitting and Crochet group sent three large boxes of knitted toys and garments to Mount Isa Hospital

The Mayor of Mount Isa, Joyce McCulloch, presents the cheque to the Children's Ward

The Mayor of Mount Isa, Councillor Joyce McCulloch, presented a cheque to the Children's Ward for $9860 raised at her Christmas cocktail party in December. The money will go towards a dedicated defibrillator for the children's ward. On hand to receive the cheque were Chief Executive Lisa Davies Jones, Sue Ryan, Nurse Unit Manager of the Children's Ward, 12 year old patient, Adrian Nero, and popular paediatric nurse Nathan Parrish.

FEBRUARY 2017

Associate Professor Alan Sandford, Executive Director of Medical Services, was named a member of the Order of Australia (AM) in the Australia Day Honours list. He received the award for "significant service to medical administration and health management through a range of executive roles".

The sight of Cloncurry's old dental chair moving down the highway on a forklift was a fair indication to the people of Cloncurry that the dental clinic was on the move to its new location. The new Dental Clinic and Community Health Centre at the Alan Ticehurst Building, on the corner of McIlwraith and Uhr streets opened in February. However, even a new building cannot prevent incidents like a power failure, which meant the dental curing light wouldn't work. The dentist, Dr Blood, had to use the patient's own iPhone with its LED torch function to set the fillings he had just placed, and the blue light from the phone did the trick.

Dentist, Travis Blood, with patients Lilly Fortune, Jr Herbert James, Herbert Fortune, Margaret Fortune, and health worker, Sheila Armstrong outside the new Cloncurry Dental and Community Health Building

Junior House Officer, Dr Brendan Graham and Principal House Officer, Dr Harpreet Sandhu were chosen to take part in the Department of Health's popular Learn2Lead Junior Doctors' Leadership Development Program. They are among 35 junior doctors across Queensland to undertake the high powered program to train the clinical leaders of the future, helping them to meet the challenges they will face in their first years of working in health.

Dr Brendan Graham and Dr Harpreet Sandhu

General surgeon, Dr Francis Asomah arrived in Mount Isa to complete the surgical team at Mount Isa Hospital.

The North West Hospital and Health Service also welcomed a new Director of Cultural Capability and Engagement, Christine Mann.

The Rotary Club of Mount Isa donated a Flexmort Cuddle Cot to the Maternity Ward of Mount Isa Hospital, to keep stillborn babies at a constant cool temperature, allowing their families time to grieve in their presence. The Flexible Mortuary Solutions Cuddle Cot comprises an electrical unit, which comes in a blue box, and an insulated cold blanket, which can be used in either the bassinet or Moses basket, delivering a constant 8 degree temperature to slow down the natural processes that occur after death.

Checking out the blue box, Board Chair Paul Woodhouse, Chief Executive Lisa Davies Jones and Rotary President, Tracy Pertovt

MARCH 2017

We welcomed 28 new first year of practice nursing and midwifery graduates, a record number for the North West Hospital and Health Service, and eight more than last year's intake, which was also a record. The 28 graduates comprise 25 registered nurses and three midwives, and include two who have taken their nursing degree through the Mount Isa Campus of James Cook University. One of those, Steven Foot, won the James Cook University prize in Nursing Excellence last year for the best academic performance across all James Cook University campuses in the State, and he also won an academic medal at James Cook Univeristy for average grades of distinction. The graduates will undertake rotations at Mount Isa, Normanton and Doomadgee Hospitals, as well as the McKinlay Shire and Cloncurry Multipurpose Health Services, and the Burketown and Camooweal primary healthcare centres.

28 new first year of practice nursing and midwifery graduates during their orientation at Mount Isa

Dr Rofe won a $68,179 grant with the Emergency Medical Foundation, the first time we have received a research grant from this foundation. The Emergency Department team also gained a further grant from the Western Queensland Primary Health Network for the same project, taking the total amount for the research project to approximately $130,000, one of the largest research grants ever received by the North West Hospital and Health Service. Researchers from Cairns, Melbourne University and Western Australia are also part of this study. Community associated methicillin resistant Staphylococcus Aureus (CA-MRSA) has been an increasing problem worldwide since the 1990s, with high rates in North West Queensland.

We commemorated National Close the Gap Day in several locations, including a large event in Mount Isa, at which the Chief Executive, Lisa Davies Jones, and Board member Rowena McNally spoke. It was a collaborative event, with Gidgee Healing, North and West Remote Health and the Mount Isa City Council and was well attended with many stalls by service providers.

Queensland Ambulance Service, North West Hospital and Health Service staff and Board members at the Close the Gap Day celebrations in Mount Isa.

APRIL 2017

Two mobile theatres were assembled on the Mount Isa campus to enable surgical services to continue for six weeks while the three Mount Isa theatres were refurbished. The four buildings were slotted into shape with great skill by crane operators, making up two surgical theatres. Each of the units is 12 metres long, fully equipped with medical gases, air conditioning, theatre lights, pre-op and post op patient areas, a surgical scrub area and fluid and blanket warmers. For Aspen Medical, which supplied and re-constructed the mobile units, it was the furthest the company has transported their theatres, and the most remote site.

Gidgee Healing Senior Health Worker, Jocelyn Turner, North West Hospital and Health Chief Executive Lisa Davies Jones, Chief Executive of Gidgee Healing, and North West Hospital and Health Board member Dallas Leon, with Gidgee Healing facilities manager, Dallas McKeown (right), at the opening of the Gidgee Healing hub in Normanton

MAY 2017

Director of Social Work, Linda Ford, was invited onto the Board of Directors for the Australian Association of Social Workers, the only Queenslander and the only Indigenous member of the Board.

Our Chronic Disease team set up a colourful cardiac information stall in the drop off area at Mount Isa Hospital for Heart Week, doing blood pressures, education and providing Heart Foundation resources as well as handing out free balloons and fresh fruit. Board Chair Paul Woodhouse dropped by and got his blood pressure checked. The stall was well attended by members of the public passing by.

Board Chair Paul Woodhouse with members of the Chronic Disease team, Raelene Macnamara, Godfrey Martis and Joanne Cranney.

Seven emergency department nurses completed their Emergency Triage Education Kit (ETEK), which prepares them for the triage role. The ETEK is the product of collaboration between the then Australian Department of Health and Ageing and a number of key stakeholders including: The Australasian College of Emergency Medicine, The College of Emergency Nursing Australasia, The Australian College of Emergency Nursing (ACEN), and The Council of Remote Area Nurses Australia (CRANA).

Triage nurses in Emergency Department

Nurse of the Year Awards this year went to Mount Isa-based emergency department nurse Belinda Scammell, and remote-based nurse Director of Nursing at Camooweal Primary Health Care Clinic, Andrew McAllum. Both received cheques from Q Super for $250, chocolates and flowers.

North West Hospital and Health Service Nurse of the Year (Mount Isa), Belinda Scammell, right, with from left, Nursing Director Community and Primary Health Service, Jo Shaw, and Director of Nursing, Lissa McLoughlin.

Camooweal Director of Nursing and North West Hospital and Health Service Nurse of the Year (remote), Andrew McCallum, with his staff, Operations officer, Kerry Fletcher, first year of practice nurse, Sally Simpson and clinical nurse Tania Burgess.

For Palliative Care Week (21 – 28 May), the theme was "You Matter, Your Care matters. Palliative Care can make a difference." Our Palliative Care team, Dr Robyn Brogan and Clinical Nurse Consultant, Precious Chilolo, ran a series of events, taking on the theme of Palliative Care Week, and the team's own motto: "Palliative Care is everyone's business". They held a morning tea for staff in the Renal Unit celebrating the renal team's work, and beginning Advanced Care Planning in the unit. They held a multi-disciplinary team meeting which included Social Workers and the Blue Care team, who do hugely valuable work out in the community, allowing people to have hands on care in their own homes. They put on a tutorial with Nursing Staff and Allied Health, with a case review from the Medical Ward and also hosted an afternoon tea for the Medical Ward to celebrate the work of the staff and their holistic and person-centred care. They also held the first monthly meeting with oncology staff to talk about where patients are on their journey.

Palliative care team, Precious Chilolo and Dr Robyn Brogan, left, with the Renal Unit staff.

Some of the dancers from the Sundowners Kalkatungu group helped us celebrate National Reconciliation Week at Mount Isa Hospital

JUNE 2017

Allied Health professionals met together in Mount Isa in a first-ever forum for the region, to increase collaboration and share skills in order to improve health outcomes. The forum was open to all Allied Health agencies, services and private practitioners to strengthen the network between practitioners. With sponsorship from the Western Queensland Primary Health Network, Allied Health Professions' Office of Queensland, Mount Isa Centre for Rual and Remote Health (James Cook University) and the Australian Council of Deans of Health Sciences, the Forum was a collaboration between the Hospital and Health Service, Mount Isa Centre for Rural and Remote Health, Gidgee Healing, North and West Remote Health and Education Queensland. Robyn Adams, Executive Officer, Australian Council of Deans of Health Sciences, Julie Hulcombe, Chief Allied Health Officer, Queensland Health, and Lisa Davies Jones, Chief Executive of the North West Hospital and Health Service were keynote speakers.

Mount Isa Centre for Rural and Remote Health Professor Sabina Knight, Chief Allied Health Officer Julie Hulcombe, James Cook University Chancellor Bill Tweddell, and Chief Executive of the North West Hospital and Health Service, Lisa Davies Jones, at the Allied Health Forum. Photo: North West Star

Medical Workforce exhibited at the Rural Doctors Association Queensland Conference, with very positive feedback and a keen interest in young doctors wishing to consider the North West as a location in which to live and work.

Dr Brendan Graham and Medical Workforce staff Vanessa Denham and Amy Davy at the Rural Doctors Association Queensland Conference

About 200 people filled the staff amenities building at Mount Isa Hospital to see 131 staff recognised for their long service with the North West Hospital and Health Service, ranging from 40 years to five years. Topping the list was Dianne Jeans with 40 years of service, mainly in maternity. Dianne, who retired a few weeks later, said she believed she had delivered over a thousand babies in the North West over her 40 years. The biggest cheers were for the biggest group, Operational Services, where 20 staff members had clocked up 249 years, averaging 12 ½ years per staff member.

The Chief Executive and the Board visited the Gulf communities of Mornington Island, Karumba, Normanton, Doomadgee and Burketown to hand out awards to long-serving staff in the health facilities there, and made arrangements to visit other centres over the following weeks.

The operations staff, who clocked up 249 years amongst 20 long serving staff

June saw a huge Welcome to Country for Doomadgee babies born last year. The North West Hospital and Health Service held a combined event with the Child Health Expo at the Save the Children premises. Outreach Midwife, Andrea Mitchell, who helped organise the event along with Royal Flying Doctor Service said each of the 52 babies got a welcome certificate and a bag of goodies. She said there was a close relationship between Maternity Ward and Doomadgee families as 95 percent of mothers in outlying communities such as Doomadgee give birth at Mount Isa Hospital.

Outreach midwife, Andrea Mitchell, with families and babies at Doomadgee

The mechanical and electrical upgrade at Cloncurry MultiPurpose Health Service was completed, as was the refurbishment of the surgical theatres at Mount Isa Hospital.

Theatre nurse Jane Pecson and Anaesthetist Dr Desire Banda in one of the newly refurbished theatres.

THE LOWER GULF STRATEGY – TIME FOR CHANGE

The North West Queensland region has the highest per capita health funding of all regions in Queensland, with the majority of this funding going to the Lower Gulf through strategic Indigenous health policy initiatives over the last 15 years.

Despite this investment and the dogged efforts of past and present health service providers, the health status of the general population in the Lower Gulf remains poor and that of Aboriginal and Torres Strait Islander peoples in the region is the poorest for Indigenous people across Australia. This would suggest that the current system of health service delivery does not meet the needs of Aboriginal and non-Aboriginal residents of the Lower Gulf.

The Lower Gulf region is located in north-west Queensland between Mount Isa and the Gulf of Carpentaria and the Lower Gulf communities include the local government areas of Burke, Carpentaria, Mornington Island and Doomadgee. It is an extremely isolated part of Australia.

The Lower Gulf communities have participated in consultations about health needs and systems reform a number of times over the past 15 years, largely top-down in approach, driven by national and/or state level policy directives. This has led to the introduction of some new services, but no significant change or integration of the service delivery system and no change to health outcomes.

With the establishment of the North West Hospital and Health Service and the Western Queensland Primary Health Network there are now regional organisations with the mandate to lead service transformation at the local level. Gidgee Healing, as a regional Aboriginal Community Controlled Health Organisation is an appropriate entity to lead change through a greater community controlled model of care, and with support from the Western Queensland Primary Health Network and the North West Hospital and Health Service, will provide greater cultural integrity within programs and services. This combination of factors underpins a strong appetite for change in the service delivery and system development approaches for the Lower Gulf.

The tripartite binding Memorandum of Understanding between the three organisations has identified actions to guide efforts to better integrate health care, support greater clinical and program leadership, build a stronger, local primary health care base, and work towards greater community controlled governance of primary health care services.

These actions include:

- Integration of the Lower Gulf health system at every level i.e. organisational, management and clinical
- Aboriginal and Torres Strait Islander people participate in decision-making affecting their health including the planning, design, implementation and review of services and programs
- Services are structured around the needs of the individual, family and community and are supportive of health literacy and self-management
- Services are culturally safe and appropriate, of a high quality with a focus on quality improvement
- Strong focus on preventative care and encouraging healthy lifestyles at an individual, family and community level
- Local service system capacity and capability developed
- High quality health information and health service research to enable integrated care, monitoring, review and evaluation
- Development of the Aboriginal health workforce for contemporary health practice
- Strong regional leadership and support by service partners to transition to community controlled health services in the Lower Gulf.

Stakeholders include but are not limited to the Royal Flying Doctor Service, North and West Remote Health, Check Up, Health Workforce Queensland, Queensland Aboriginal and Islander Health Council, Mount Isa Centre for Rural and Remote Health and the Department of Prime Minister and Cabinet.

Progress on the implementation of the Lower Gulf Strategy will be reported on throughout the next year and in the 2017–2018 Annual Report.

General information

Our services

The North West Hospital and Health Service is an independent statutory body overseen by a local Hospital and Health Board. We are responsible for the delivery of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services to a population of around 32,000 people residing in a geographical area of 300,000 kilometres within north western Queensland and the Gulf of Carpentaria. Mount Isa Hospital is the main referral centre.

The North West Hospital and Health Service is responsible for the direct management of the facilities within its geographical boundaries:

- Burketown Health Centre
- Camooweal Health Centre
- Cloncurry Multi-Purpose Health Service
- Dajarra Health Clinic
- Doomadgee Hospital
- Karumba Primary Health Clinic
- McKinlay Shire Multi-Purpose Health Service
- McKinlay Health Clinic
- Mornington Island Hospital
- Mount Isa Hospital
- Normanton Hospital

We provide a comprehensive range of community and primary health services, including aged care assessment, Aboriginal and Torres Strait Islander health programs; child and maternal health services; alcohol, tobacco and other drug services; home care services; community health nursing, sexual health service, allied health, oral health and health promotion programs.

The North West Hospital and Health Board is committed to be Queensland's leading Hospital and Health Service delivering excellence in rural and remote healthcare. We have five strategic objectives:

- providing quality health care for our patients, which are well-coordinated, efficient and sustainable. We will continuously improve our systems, processes and practice
- working with our health partners and local communities to ensure our people can access the health services they need
- supporting our people and developing their skills so they can perform at their best
- supporting new thinking and fresh ideas that help us achieve our vision
- meeting statutory requirements through good governance principles.

These strategic objectives contribute to the Queensland Government's objectives for the community of delivering quality frontline services, building safe, caring and connected communities and creating jobs and a diverse economy. They also contribute to Queensland Health's strategic direction to improve access to quality and safe healthcare in its different forms and settings.

Service summary

The North West Hospital and Health Service has an operating budget of $172.5 million for 2017–2018 which is an increase of $16.2 million (10 percent) from the published 2016–2017 operating budget of $156.3 million. During 2017–2018, we will focus efforts to continue to:

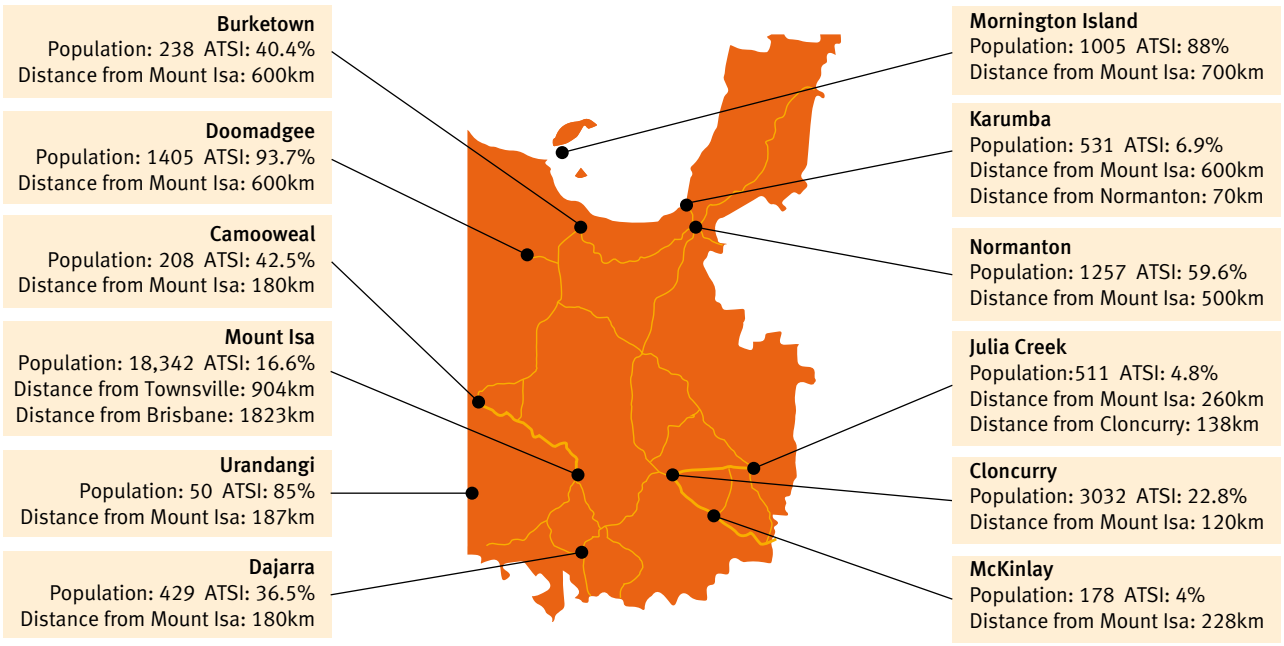
- achieve the Queensland Emergency Access Target with 90 percent of patients treated and discharged within four hours
- maintain elective surgery zero long waits
- maintain endoscopy zero long waits
- maintain zero outpatient long waits
- employ the highest number of nurse practitioners in Queensland across a variety of clinical specialty areas, including renal, heart failure, cardiac, emergency department, diabetes, maternal and child health, as well as five rural and remote nurse practitioners (Currently the North West Hospital and Health Service has the largest percentage of Nurse Practitioners in Queensland.)
- continue to use Telehealth services to connect specialist services with our communities. The program has experienced 30 percent growth this year.

The recent signing of a Tripartite agreement with Western Queensland Primary Health Network and Gidgee Healing (Community Controlled Aboriginal Heath Service) will support integrated care to improve health outcomes of the population of the Lower Gulf.

The following key objectives will also be a key focus for the North West Hospital and Health Service during 2017–2018:

- providing better access to health services
- addressing and improving key population health challenges and risks
- supporting the Government's commitments to revitalise frontline services for families and deliver better infrastructure
- enhancing engagement and developing closer working relationships with patients, families, community groups, general practitioners and other primary healthcare providers

Our communities and services, population data derived from 2016 Census



Note: use of the term 'ATSI' denotes percentage of residents identifying themselves of Aboriginal and Torres Strait Islander descent.
Source: Burnand, J North West Hospital and Health Service Medical Staffing Review, 2014.

Our community

The North West Hospital and Health Service had an estimated resident population of 32,621 in 2014, reduced to 32,588 in 2016.

The population per Local Government Area is indicated in Table 1 below.

Table 1: Estimated resident population by North West region, Local Government Area and Queensland

Custom region / Local Government Area / State	Number as at 30 June:			% average annual growth	
	2009	2014	2016	2009–2014	2014–2016
North West region	**31,032**	**32,621**	**32,588**	**1.0**	**-0.1**
Burke (S)	543	559	328	0.6	-41.3
Carpentaria (S)	2136	2245	1958	1.0	-12.8
Cloncurry (S)	3304	3399	3032	0.6	-10.8
Doomadgee (S)	1273	1395	1405	1.8	0.7
McKinlay (S)	1011	1083	796	1.4	-26.5
Mornington (S)	1158	1223	1143	1.1	-6.5
Mount Isa (C)	21,607	22,717	18671	1.0	-17.41
Queensland	**4,328,771**	**4,722,447**	**4,703,193**	**1.8**	**-0.41**

Source: Australian Bureau of Statistics, 3218.0 - Regional Population Growth, Australia, 2016

Increases in population have historically trended at around 1 percent per annum, but with the drought and the mining downturn it is estimated there are decreases in the Mount Isa region of 0.1 percent and in Mount Isa itself of 17.41 percent (Australian Bureau of Statistics Regional Population Growth, Australia, 2016).

The Queensland Government Statisticians Office estimates the average age for all residents is currently 32 years, which is lower than the Queensland median age of 37 years.

The percentage of indigenous persons living in the North West is 23.3 percent, compared to 4 percent within all of Queensland. In particular, the two Local Government Areas of Doomadgee and Mornington Island have populations in which 86 percent or more of the population identify themselves as Indigenous:

Table 2: Indigenous status by North West region, Local Government Area and Queensland, 2016

Custom region / Local Government Area / State	As at 30 June 2016	
	Aboriginal	%
North West region	**7621**	**23.4**
Burke (S)	133	40.3
Carpentaria (S)	808	41.2
Cloncurry (S)	692	22.8
Doomadgee (S)	1312	93.7
McKinlay (S)	39	4.9
Mornington (S)	983	86.1
Mount Isa (C)	3149	16.9
Queensland	**122,896**	**4**

Source: Australian Bureau of Statistics, Census of Population and Housing, 2016 Aboriginal and Torres Strait Islander Peoples Profile – IO2 and Queensland Treasury Concordance-based estimates

In addition to our rich aboriginal heritage, the Australian Bureau of Statistics census population data for 2016 also indicates that 11.8 percent of the local community – or 3845 people – were born overseas.

The most common countries included New Zealand, the Philippines, United Kingdom, India, South Africa, Papua New Guinea, Fiji and Germany. Consequently around 6.6 percent of the population – or around 2136 people – stated that they commonly speak a language other than English at home.

Our community's health

In comparison to the rest of Queensland, the North West Hospital and Health region continues to have:

- a higher proportion of children
- a higher proportion of males
- a higher proportion of Indigenous people
- challenges associated with providing health care services to dispersed populations in remote locations.

Demand for health services also continues to be influenced by the mining sector and the impact of 'fly-in, fly-out' workers, a mature pastoral industry and a developing tourism industry.

As with all other Hospital and Health Services across Queensland, and in keeping with national trends, we also continue to encounter challenges relating to an ageing population, increasing co-morbidity, limited and ageing infrastructure and higher costs associated with health care delivery.

Due in part to societal and cultural issues, distance and access to routine services, significant numbers of avoidable hospitalisations could potentially be avoided by more timely and effective provision of non-hospital or primary care, including community led prevention measures and this is an issue addressed by our Strategic Plan 2016–2020.

The Health of Queenslanders 2016 – the sixth report of the Chief Health Officer Queensland states that, compared to all other and Queensland Hospital and Health Services for the period 2011–2012, the North West Hospital and Health Service had the highest rates of:

- hospitalisations for Indigenous Queenslanders
- obesity – 39 percent of the population, a rise of 10 percent since the previous report.

The North West Hospital and Health Service ranked second for:

- all causes of deaths
- premature deaths
- Indigenous deaths
- median age at death
- lifetime of risky drinking.

It ranked third for:

- The number of daily smokers.

Although considerable steps have been – and continue to be – taken to ensure innovative, efficient, effective and culturally appropriate health care, issues of significant impact for people living in the region remain:

- smoking
- poor nutrition
- harmful consumption of alcohol and other drugs
- overweight and obesity
- physical inactivity
- early discharge against medical advice
- emotional and psychological and social well-being factors associated with mental health.

On the positive side, 95 percent of pregnant women attended five or more antenatal visits in 2014–2015 and 94 percent of five year olds were fully immunised in 2015.

Caring for our communities

The North West Hospital and Health Service prides itself on providing the best clinical care and ensuring patients receive their care within the clinically recommended timeframe. During the reporting period we consistently exceeded our targets for emergency admissions and elective surgery. We also performed strongly with our specialist outpatient services with no patients waiting longer than the clinically appropriate time as at the end of June 2017.

Engaging with our communities

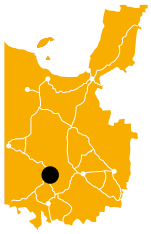
Developing and implementing processes to include increased consumer participation and feedback into service planning is a key priority of the North West Hospital and Health Service.

We also continue to champion a more self-directed approach to health for each of our communities and seek to formalise that through the operational plan linked to the Strategic Plan 2016–2020. In our exhaustive consultation with communities for the Strategic Plan, the message from our communities was that they wanted their own health solutions tailored to their communities. One size does not fit all in the disparate communities across the North West.

A number of North West communities have established regional advisory panels to formally engage with local health providers, including the North West Hospital and Health Service. Our executive sponsors regularly attend the meetings in Julia Creek, Cloncurry and Normanton. A Community Advisory Network was established in Burketown with one proposed for Karumba in the next reporting period. The Health Council on Mornington Island has been running for 12 years and continues to provide valuable local advice to the Hospital and Health Service. Doomadgee Health Council, Yellagungimara, meets regularly.

Smaller communities have expressed their preference to continue to participate in regular open invite health forums. Whilst the engagement formats may differ, we continue to afford effective two way communication and the opportunity to meet and raise questions to the Board and Executive members present, as well as receive updates of local service initiatives and changes.

Mount Isa City
Mount Isa Hospital



887km west of Townsville
1330km north west
of Rockhampton
1900km north west of Brisbane

The city was established in 1923 following the discovery of one of the world's richest deposits of copper, silver, lead and zinc ore. Today, Mount Isa is a progressive industrial, commercial and tourist centre with an active mining industry. The Traditional Owners of the area are the Kalkadoon people, also known as the Kalatungu, Kalkatunga or Kalkadungu people.

Mount Isa Hospital is the main referral centre within the North West Hospital and Health Service. As at 30 June 2017, there were 52 inpatient beds comprising 20 medical, 12 surgical, 10 paediatrics, eight maternity, three special care nursery, 10 day surgery, five intensive care, and three cancer care beds.

Patients from other facilities across the North West region who require specialist treatment and care are referred to either the Mount Isa Hospital or to other major hospitals within Queensland including Townsville, Cairns and Brisbane. Townsville Hospital and Health Service also provides dialysis renal services from an eight chair satellite Renal Unit based at the Mount Isa Hospital.

Specialist outreach patient services are managed from the hospital, which also provides the major hub for telehealth services across the entire North West service area, with five Primary Health Care Clinics and six hospital sites having access to 24/7 medical and nursing support for the advice and management of lower risk emergency department presentations and other outpatient care.

Originally initiated in 2008, the phased redevelopment of the Mount Isa Hospital is close to completion and will further enhance health service access, provide an environment that supports contemporary models of care, and improve patient facilities and staff amenities. The next financial year will see the completion of the new carpark and helipad.

The Mount Isa Hospital provides ambulatory, sub-ambulatory and inpatient services predominantly in the areas of:

- Accident and Emergency
- Specialist Medical and Nurse Led Services – Outpatients
- General Medical, including chronic disease such as diabetes and respiratory care
- Cardiac, including cardiac investigations
- General Surgical including day surgical procedures (endoscopy, colonoscopy)
- Gynaecology
- Ophthalmology
- Obstetrics and Midwifery – Regional Birthing Facility for low and medium risk birthing (from 34 weeks' gestation), with outlying remote facilities only providing emergency/unplanned births
- Critical Care
- Neonatal and Special Care Nursery
- Paediatrics
- Telehealth (inpatient, in reach and outpatient)
- Sub-acute care (palliative, geriatric evaluation and management)
- Mental Health and Alcohol, Tobacco and Other Drugs Service
- Oncology – chemotherapy support by Townsville Cancer Care service
- Breast Care Service - funded through the McGrath Foundation
- Renal (dialysis provided by Townsville Hospital and Health Service – Satellite unit on-campus Mount Isa)
- Allied Health – including dietetics, occupational therapy, podiatry, social work, physiotherapy and speech pathology.

The Mount Isa Hospital radiology diagnostic service is provided by iMED Radiology through a private outsourcing agreement. The radiology department is co-located within the Mount Isa Hospital providing general computerized radiography, magnetic resonance imaging, echo-cardiograms, ultrasound fluoroscopy and mobile trauma services through a digitalized picture communication system supporting outlying facilities.

Subacute services include Community Rehabilitation in partnership with Mount Isa Centre for Rural and Remote Health and North and West Remote Health.

Common episodes of care include: maternity services, chemotherapy, chest pain, colonoscopy, cellulitis, dental extractions and restorations, eye clinic, injuries, gastroscopy, respiratory infections and other health care and prevention services.

Key achievements for 2016–2017 include:

- Completion of major refurbishment of Mount Isa Hospital Maternity Ward and operating theatres and Sterilising Department
- Locally offered Magnetic Resonance Imaging services in partnership with private provider, iMED Radiology.

Looking ahead for 2017–2018, we will deliver:

- Continued expansion of the Nurse Navigator Program across the North West Hospital and Health Service
- Introduction of a nurse-led Palliative Care Service
- Introduction of new telehealth models of care for pharmacy and oral health services based in Mount Isa to support remote sites.

Mount Isa Hospital Auxiliary

Over the last 12 months the Auxiliary held Christmas and Easter raffles together with weekly $100 Boards which returned a profit of more than $3,000 for the Auxiliary.

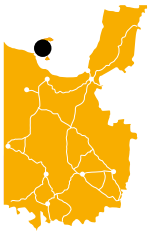
The Annual Christmas Carols for patients, staff and families was held at the entrance to the Hospital on Sunday 11th December 2016.

Donations to Mount Isa Hospital include:

- Paediatrics Ward: Contribution toward Lifepack Defibrillator/Monitor.
- Cancer Care: Furniture for waiting room, kitchen appliances for patient meals.
- Allied Health Services: Baby and infant toys for occupational therapy clinic.

The Chief Executive, Lisa Davies Jones, the Chair of the Mount Isa Hospital Auxiliary Anne Morris and Auxiliary member Sandra McGrady draw the Christmas 2016 raffle.

Mornington Shire
Mornington Island Hospital and Aboriginal Community Health Centre



700km north of Mount Isa
125km north west of Burketown
2270km north west of Brisbane

Mornington Island is the largest of the North Wellesley Islands located in the Gulf of Carpentaria and is currently home to a community of approximately 1500 people. The Island achieved self-governance in 1978 and is now controlled by the Mornington Shire Council. The Traditional Owners of Mornington Island are the Lardil people.

Mornington Island Hospital is a remote level two hospital under the Rural and Remote Clinical Services Capability Framework with eleven inpatient beds. The facility provides 24 hour acute inpatient and accident and emergency care.

Mornington Island Community Health Centre provides outpatient community health services from Monday to Friday. Mornington Island Community Health Centre is staffed by nurses and Aboriginal and Torres Strait Islander health workers. The team works in partnership with hospital staff, and other agencies to provide health assessments, chronic disease management and coordination of visiting services. The model of care includes clinical review, health education and promotion programs which include Deadly Ears; Child and adult respiratory (lung health) care, provided by the Indigenous Respiratory Outreach Care Program; Women's health and child health; Allied health services; Cardiac and respiratory services; Sexual Health; Alcohol and Other Drugs counselling; Maternal Health; Mental Health; Dental; Diabetes Education and Renal Services.

A number of other outreach services are also provided including alcohol and other drugs counselling, maternal health, mental health, dental, diabetic education, Nurse Practitioner renal services, mobile women's health services and sexual health.

Common episodes of care include alcohol withdrawal and intoxication, general injuries, cellulitis, digestive system problems including poisoning / toxic effects of drugs, chest pain, oesophagitis and gastroenteritis, head injuries, respiratory system, otitis media and upper respiratory tract infections.

Mornington Island Hospital

Alcohol abuse is the most common preventable cause of increased morbidity and mortality. Alcohol and drug services are available on Mornington Island. North West Hospital Health Service is working with Mornington Island Shire Council and other service providers to review the Alcohol Management Plan.

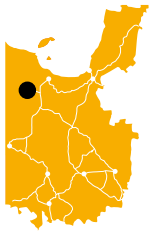
Key achievements for 2016–2017 include:

- Commencement of the Lower Gulf Strategy, a collaborative program between Gidgee Healing, Western Queensland Primary Health Network and North West Hospital Health Service. The tripartite agreement will transform existing primary health care services on Mornington Island into an integrated system
- Introduction of electronic health records
- Welcomed a local Indigenous Registered Nurse, and two trainee Aboriginal and Torres Strait Islander healthworkers to community health
- Development and implementation of an electronic recall system that allows for clients to be reviewed in a timely manner
- Commenced remote iPad telehealth consultations to deliver clinical reviews in the community setting such as the patient's home
- Enhanced the wound clinic utilising telehealth in conjunction with the Mount Isa Wound Care Clinical Nurse Consultant
- A patient from Mornington Island on long-term haemodialysis has received a kidney transplant in Brisbane
- Four employees received service recognition .

Looking ahead for 2017–2018, we will:

- Work in partnership with Gidgee Healing and Western Queensland Primary Health Network to implement a comprehensive integrated primary care model
- Expand and enhance community health services
- Progress towards electronic patient health records
- Enhance and strengthen partnerships with service providers resulting in an expansion of capacity
- Focus on expanding alternative methods in the provision of services including an increase in telehealth usage
- Commence rebuild program for staff accommodation
- Workforce planning to expand and enhance community services.

Doomadgee Shire
Doomadgee Hospital and Community Health Centre



100km south west of Burketown
470km north west of Mount Isa
2200km north west of Brisbane

Covering an area of 186,300 hectares, Doomadgee is located on the Nicholson River in the far north-western corner of Queensland, near the Gulf of Carpentaria. The Waanyi and Gangalidda people are recognised as the traditional owners for the region, which is a Deed of Grant in Trust community governed by the Dooomadgee Aboriginal Shire Council. Aboriginal and Torres Strait Islander people make up 93.7 percent of the population of approximately 1400 people.

Doomadgee Hospital is a level two remote hospital under the Rural and Remote Clinical Services Capability Framework with seven inpatient beds.

The facility provides 24 hour acute inpatient and accident and emergency care including a General Practice clinic. Culturally appropriate care is provided by Aboriginal and Torres Strait Islander health workers, nursing, medical, administration and operational staff.

Doomadgee Community Health Centre is staffed by nurses and Aboriginal and Torres Strait Islander health workers. The team work in partnership with hospital staff and other agencies to provide health assessments, chronic disease management and coordination of visiting services. The model of care includes clinical review, health education and promotion programs which include: Deadly Ears; Child and adult respiratory (lung health) care, provided by the Indigenous Respiratory Outreach Care Program; Women's health and child health; Allied health services; Cardiac and respiratory services; Sexual Health; Alcohol and Other Drugs counselling; Maternal Health; Mental Health; Dental; Diabetes Education, and Renal Services.

Common episodes of care include: General practice and primary care, endocrinology, X-Ray, wound management, midwifery and maternity, paediatrics, nephrology, telehealth, renal dialysis, general medicine, head injuries, respiratory infections, chronic obstructive airways, chest pain; alcohol, tobacco, drugs management and mental health.

Chief Executive Lisa Davies Jones and Board Chair Paul Woodhouse at Doomadgee Hospital

Key achievements during 2016–2017 include:

- Commencement of the Lower Gulf Strategy, a collaborative program between Gidgee Healing, Western Queensland Primary Health Network and North West Hospital Health Service. The tripartite agreement will transform existing primary health care services in Doomadgee into an integrated system
- Nurse Navigator role enables the clinician to work across system boundaries and in close partnership with other health professionals.
- Successfully introduced electronic health records in the hospital and Community Health
- Service provision such as telehealth extended to allow specialist services review, decreasing time away from country and increasing patient satisfaction
- Developed and implemented use of electronic recall system that allows for clients to be reviewed by the appropriate staff members in a timely manner.

Looking ahead for 2017–2018, we will:

- Work in partnership with Gidgee Healing and Western Queensland Primary Health Network to implement comprehensive integrated primary care model
- Workforce planning to expand and enhance community health services
- Enhance and strengthen partnerships with service providers resulting in an expansion of capacity thus ensuring continuity of care for the community
- Focus on expanding alternative methods in the provision of services including an increase in telehealth use to ensure appropriate service delivery including holistic clinical and emotional support
- Further strengthen and embed the four principles of the Nurse Navigator Service to ensure patient focused care - care coordination, improved patient outcomes, creating partnerships, facilitation of systems improvements
- Further develop health education and health promotion activities within the community
- Improve the existing staff accommodation
- Progress towards electronic patient health records to continue to achieve integration of services.

Carpentaria Shire
Normanton Hospital

500km north east of Mount Isa
700km west of Cairns

210okm north west of Brisbane, Normanton is a small community situated on the banks of the Norman River in the Gulf of Carpentaria. Fishing and prawning industries are the mainstay of the area, along with tourism. The Traditional Owners of the Normanton area are the Gkuthaarn, Kukatj, and Kurtijar peoples.

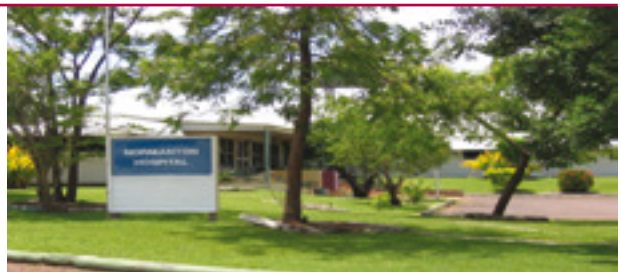
Normanton Hospital is a level two hospital under the Rural and Remote Clinical Services Capability Framework with 16 inpatient beds with capacity to provide respite/palliative care services. The facility provides 24 hour acute inpatient and accident and emergency care. Outpatient services include general outpatients, nurse and medical led clinics, radiology, pathology, pharmacy and dressing clinics.

Normanton Community Health consists of Aboriginal and Torres Strait Islander health workers and nurses. The team works in partnership with Normanton Hospital staff and other agencies to provide health assessments, chronic disease management and coordination of visiting services. The model of care includes clinical review, health education and promotion programs which include: Deadly Ears; Child and adult respiratory (lung health) care, provided by the Indigenous Respiratory Outreach Care Program; Women's health and child health; Allied health services; Cardiac and respiratory services; Sexual Health; Alcohol and Other Drugs counselling; Maternal Health; Mental Health; Dental; Diabetes Education and Renal Services.

Common episodes of care include: chest pain, general injuries, digestive system disorders, cellulitis, alcohol intoxication and withdrawal, oesophagitis and gastroenteritis, abdominal pain, respiratory system, otitis media, upper respiratory tract infections and non-surgical spinal disorders.

Key achievements during 2016–2017 include:

- Commencement of the Lower Gulf Strategy, a collaborative program between Gidgee Healing, Western Queensland Primary Health Network and North West Hospital and Health Service. The tripartite agreement will transform existing primary health care services in Normanton into an integrated system



Normanton Hospital

- Normanton based x-ray operator training and assessment completed as per workforce plan
- Delivery of improved palliative care services
- Enhance and strengthen partnerships with service providers ensuring continuity of care for the community
- Workforce planning to expand and enhance community health services
- Focus on expanding alternative methods in the provision of services including an increase in telehealth usage to ensure appropriate service delivery
- Home visiting model of care enhanced to improve discharge planning and achieve coordinated care
- Successful implementation of the diabetic club which provides health education, health promotion and peer and wellbeing support
- Successful introduction of the Nurse Navigator Nurse Practitioner Candidate role, which enables the clinicians to work across system boundaries and in close partnership with other health professionals.
- Nineteen employees received service recognition
- 'Operational Services Award of Excellence' awarded to the Supervisor of Operations.

Looking ahead for 2017–2018, we will deliver:

- Work in partnership with Gidgee Healing and Western Queensland Primary Health Network to implement a comprehensive integrated primary care model
- Develop and implement an electronic recall system that allows for clients to be reviewed by the appropriate staff members in a timely manner
- Focus on expanding alternative methods in the provision of services including an increase in telehealth use, including cardiac halter monitoring and pharmacy inpatient medication support
- White Blood Cell point of care test results available on the electronic pathology system
- Upgrade infrastructure to include automatic doors for ambulance bays
- Increase health promotion and health education programs directed at the 25 to 54 age group
- Further strengthen and embed the four principles of the Nurse Navigator Service to ensure patient focused care – increase community capacity and health literacy.

Carpentaria Shire
Karumba Primary Health Clinic

Gulf of Carpentaria
70km north of Normanton
570km North West of Mount Isa
2222km North West of Brisbane

Located at the mouth of the Norman River, on the coast of the Gulf of Carpentaria, Karumba's main industries are based around tourism and fishing. Approximately 600 people reside in the Karumba region. With an estimated 100,000 visitors each year, tourism increases the population by an additional 2000 to 3000 people from April to September. The Yangkal and Kaiadilt peoples are recognised as the Traditional Owners of the lands in the Karumba area.

Karumba Health Clinic is a level one facility under the Rural and Remote Clinical Services Capability Framework. The service provides a low risk ambulatory care service provided by nursing, administration and operational staff. The Karumba Primary Health Clinic encompasses a nurse led and visiting Medical Officer model of care.

The facility provides a nurse-led 24 hour acute and emergency on-call service. Patients requiring higher levels of care are transferred for management at a higher level facility.

Visiting allied health services provided by North and West Remote Health include: physiotherapy, dietetics, speech therapy, occupational therapy, diabetes education, continence advice, podiatry, exercise physiology and mental health nurse/counsellor. Other visiting outreach services include cardiology, obstetrics and gynaecology, respiratory, surgery, optometry, skin check and women's health services and Royal Flying Doctor Service Mental Health counsellor.

Common episodes of care include: general outpatients, pathology collection, immunisation, health checks, medication prescription, pre and post-natal checks, home visits including palliative care in the home, acute and chronic wound care and telehealth services.

Key achievements during 2016–2017 include:

- Service provision such as telehealth appointments extended to allow specialist services to decrease time away from country and increase patient satisfaction
- Inclusion of the First Year Practitioner nursing program to Karumba Primary Health Clinic

Staff, Queensland Ambulance staff, executives and board members at the Karumba Primary Health Clinic

- Implementation of robust quality systems including auditing requirements
- Successfully introduced electronic health records in Karumba Primary Health Clinic
- Recommenced the Women's Health GP Clinics supported by federal funding through the "Check Up" program
- Continue working in partnerships with service providers including Public Health Unit for surveillance screening
- 'Operational Services Award of Excellence' awarded to the Supervisor of Operations
- 'Queensland Health Services Unit Excellence Award' awarded to Operations staff member
- Three employees received service recognition
- Positive community response regarding the bi-annual visit of the mobile Breast Screen Clinic
- Successful commencement of a new skin check clinic by Fairfield Medical (Townsville)
- Commencement of local Exercise Physiology program through collaboration between Mount Isa Centre for Rural and Remote Health and James Cook University, working closely with North and West Remote Health Exercise Physiologist to ensure continuity of care
- Nurse Practitioner Candidate model of care commenced
- Establishment of a Health Promotion board to inform the community on current issues, topics and events.

Looking ahead for 2017–2018, we will deliver:

- Establish the Karumba Community Advisory Group
- Enhance service delivery and patient care utilising the Nurse Practitioner model of care
- Further development of health promotion activities including well health checks
- Deliver education to travellers regarding the need for preparation and consideration of health for travelling in remote Australia
- Enhance and strengthen partnerships with service providers resulting in an expansion of capacity
- Continue to review and implement the medical officer services at Karumba in consultation with the North West Hospital Health Service Executive team.

Cloncurry Shire
Cloncurry Multipurpose Health Service (MPHS)

120km east of Mount Isa
766km east of Townsville
1708km west of Brisbane

Cloncurry is located on the Cloncurry River in central west Queensland and comprises approximately 3032 residents supplemented by a fly in, fly out workforce of approximately 3000. The town supports major silver, gold, copper and zinc mining operations and also has thriving cattle and sheep industries. The Mitakoodi people are recognised as the Traditional Owners of the lands surrounding the Cloncurry region. In total, over twenty two percent of the local population identify themselves as Indigenous Aboriginal.

Cloncurry Multipurpose Health Service provides rural and remote hospital services including a 15 inpatient bed facility, 10 bed residential aged care facility, emergency department and outpatient department. A multidisciplinary model of care is implemented across the continuum with inpatient services supported by a Medical Superintendent.

Community health services provide an aged care assessment team, sexual health, chronic disease management, diabetes education, mental health, alcohol and drug service, school health, child and youth health, women's health, palliative care, physiotherapy, dietician, and optometry services. North and West Remote Health provides allied health services and diabetes education.

Common episodes of care include: general injuries, chest pain, cellulitis, digestive system disorders, otitis media and upper respiratory infections, abdominal pain, chronic obstructive airway disease, respiratory infections and antenatal and other obstetric care.

Community Health Staff outside their new building

Key achievements during 2016–2017 include:

- Implementation of robust quality systems including auditing of clinical coding for inpatient activity
- Workforce planning to expand and enhance community health services
- Community Advisory Network Meeting continues with a positive response from the community
- Community Health relocated to new premises to enable enhanced delivery of care and services
- Enhance and strengthen partnerships with service providers resulting in an expansion of capacity thus ensuring continuity of care for the community
- Successful applications for grants through Ernest Henry mine for clinical equipment
- Increase in First Year Practitioner placements for Cloncurry MPHS
- Successfully introduced electronic health records in Cloncurry MPHS
- Service provision such as telehealth appointments extended to allow specialist services, thus increasing patient satisfaction
- Dr Bryan Connor received the Cloncurry Citizen of the Year Award for his contribution to the community.

Looking ahead for 2017–2018, we will deliver:

- Completion of acute ward refurbishment including provision of ensuite bathrooms
- Introduction of the Nurse Navigator Nurse Practitioner Candidate role, which enables the clinicians to work across system boundaries and in close partnership with other health professionals. The Nurse Navigator Service has impacted on patient and family outcomes by improving patient experience and satisfaction, reducing unnecessary travel and duplication of clinical services and aids safe supportive health
- Focus on expanding alternative methods in the provision of services including an increase in telehealth usage to ensure appropriate service delivery including holistic clinical and emotional support
- Further development of health education and health promotion activities within the community.

Cloncurry Shire
Dajarra Primary Health Clinic

150km south of Mount Isa
1950km north-west of Brisbane

Dajarra Primary Health Clinic is located in a remote setting, challenged by geographical distances, isolation and extreme weather variances. The Dajarra population is comprised of a number of family groups that form a core group of long term Dajarra residents, yet the population of Dajarra is characterised by regional mobility. The area has a rich Aboriginal heritage and the Traditional Owners of the Dajarra area are the Yulluna people.

Dajarra Primary Health Clinic is a level one facility under the Rural and Remote Clinical Services Capability Framework. The service provides low risk ambulatory, acute and preventative care provided by nursing, Aboriginal and Torres Strait Islander health workers, administration, and operational staff. Dajarra Primary Health Clinic provides a nurse-led 24 hour acute and emergency on-call service with a Hospital Based Ambulance.

Dajarra Primary Health Clinic is a nurse-led facility with a nurse practitioner model of care, focusing on chronic disease management, preventative health, health promotion and health education. The clinic offers pharmacy services, sexual and women's health services, antenatal and postnatal care, child health, immunisation, school based well health checks and community home visits.

Visiting services include the Royal Flying Doctor Service, endocrinology, cardiology, child health nurse, women's health nurse, dentistry, diabetes nurse practitioner and the North and West Remote Health team which includes diabetes nurse educator, podiatry, occupational therapy and physiotherapy.

Common episodes of care include: Head injuries, heart failure, oesophagitis (reflux), kidney and urinary tract infections, injuries, poisoning and toxic effect of drugs.

Dajarra Primary Health Clinic

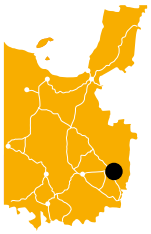
Key achievements during 2016–2017 include:

- Introduction of outreach rural pharmacist to provide support for audit mechanisms including review of stock limits
- Health promotion activities within the community such as three monthly school visits
- Successful mobilisation of the Drover Dental Van in June 2017 with over 30 client consultations
- Introduction of electronic health records
- Development and implementation of an electronic recall system that allows for clients to be reviewed by the appropriate staff members in a timely manner
- Enhanced chronic disease model of care focusing on preventative health with particular improvement with diabetes patients
- Increasing numbers of clients accessing visiting allied health services
- Expansion of chronic disease model of care including healthy aging clinic and healthy skin program
- Comprehensive adult vaccination program for influenza, pneumococcal and zostavax
- Enhancement and strengthening of partnerships with service providers resulting in development of a community garden to promote the importance of fresh fruit and vegetables and develop local skills
- Service provision such as telehealth extended to allow specialist services review, decreasing time away from country and increasing patient satisfaction.

Looking ahead for 2017–2018, we will deliver:

- Increase in preventative care including chronic disease management, point of care testing, and an increase in comprehensive adult health checks
- Focus on expanding alternative methods in the provision of services including an increase in telehealth usage to ensure appropriate service delivery including holistic clinical and emotional support
- Enhance and strengthen partnerships with service providers resulting in an expansion of capacity, thus ensuring continuity of care for the community. This will include Home and Community Care partnerships to introduce a Meals-on-Wheels service and Station Health Program.

McKinlay Shire
McKinlay Shire Multipurpose Health Service (MPHS)



260km east of Mount Isa
650km west of Townsville
1633km north west of Brisbane

Julia Creek is a cattle and sheep grazing area located on the Flinders Highway, one of the most important interstate road routes in Australia. The major administrative and business centre of the shire, the town also supports silver, lead and zinc mining. McKinlay Shire sits above the Great Artesian Basin which provides a flowing bore of heated water to the centre of town. McKinlay Shire has a population of approximately 800 people. The Traditional Owners of the area are the Mitakoodi people.

McKinlay Multipurpose Health Service is a level two facility under the Rural and Remote Clinical Services Capability Framework. It provides rural and remote hospital services including a seven inpatient bed facility, a two bed residential aged care facility, emergency department and outpatient department. A multidisciplinary model of care is implemented across the continuum with inpatient services supported by a Medical Superintendent.

The Multipurpose Health Service and the McKinlay Shire Council jointly fund the position of a community nurse.

Coordination of visiting specialist services include dental, allied health, women's health and diabetes.

Common episodes of care include: General surgery, X-Ray, physiotherapy, midwifery and maternity, gynaecology, telehealth, transient ischaemic attack (mini stroke), head injuries, respiratory disease, chest pain, cardiac arrest, oesophagitis and gastroenteritis, cellulitis, trauma to skin, immunological disorders, infectious and parasitic diseases.

McKinlay Shire Multipurpose Health Service, known as Julia Creek Hospital

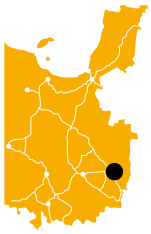
Key achievements during 2016–2017 include:

- Refurbishment of facilities, including pathology area, emergency room and paediatric area to enhance clinical care, appropriate use of space and in accordance with the rural and remote standards
- Enhance and strengthen partnerships with service providers resulting in an expansion of capacity thus ensuring continuity of care for the community.
- Increased promotion of visiting health specialists which has increased patient access
- Community Advisory Network Meeting continues with a positive response from the community.
- Ongoing community consultation continues with key stakeholders
- Service provision such as telehealth appointments extended to allow specialist services review and increasing patient satisfaction. These services included telehealth cardiac monitoring.

Looking ahead for 2017–2018:

- Workforce planning to expand and enhance community and hospital health services
- Staff development opportunities extended via remote educators and video conferencing
- Funding received for a redevelopment program of the McKinlay Shire MultiPurpose Health Service
- Focus on expanding alternative methods in the provision of services including an increase in telehealth usage to ensure appropriate service delivery including holistic clinical and emotional support
- Further development of health education and health promotion activities within the community
- Review of McKinlay MPHS model of care to a primary health care model focussing on health promotion, prevention, early intervention and chronic disease management.

McKinlay Shire
McKinlay Primary Health Clinic



228km south east of Mount Isa
864km west of Townsville
1,595km north west of Brisbane

McKinlay is a town in remote north west Queensland, located on the Landsborough Highway. At the 2016 census, McKinlay and the surrounding pastoral area had a population of 178.

McKinlay is a cattle and sheep grazing area established in 1888 as a staging post for the Cobb and Co. coaches and a gathering point for the graziers from surrounding properties. Today, it is known for the Walkabout Creek Hotel, featured in the movie Crocodile Dundee. BHP Cannington Mine, Australia's largest silver and lead mine is 85 km west of McKinlay.

The matter of providing suitable nursing and health care in McKinlay dates back to 1924. From that time, local residents have played a role in establishing and maintaining bush nursing centres and financially supporting their presence by donations and fundraising by way of dances, raffle tickets, markets and gymkhanas. The first Bush Nursing Association building in McKinlay opened in 1927.

McKinlay Primary Health Clinic is a level one facility under the Rural and Remote Clinical Services Capability Framework. The service provides low risk ambulatory, acute and preventative care provided by nursing and operational staff.

The McKinlay Primary Health Clinic provides a nurse-led 24 hour acute and emergency on-call service.

McKinlay Primary Health Clinic is a nurse-led facility, focusing on chronic disease management, preventative health, health promotion and health education. The clinic offers pharmacy services, immunisation, visiting allied health and medical officers. The Commonwealth Home Support Program is supported by the clinic.

McKinlay Primary Health Clinic

Common episodes of care include: Aged care support, Influenza, hypertension (high blood pressure) and trauma care.

Key achievements during 2016–2017 include:

- Revitalisation of Regional, Rural and Remote Health Services Program Funding
- Participation in Consumer Advisory Network Meeting McKinlay Shire MPHS
- Service provision such as telehealth appointments extended to allow specialist services, increasing patient satisfaction
- Successfully introduced electronic health records
- Transitioned the Bush Nurse Clinic to a Primary Health Clinic in line with other North West Hospital and Health Service Primary Health Clinics.

Looking ahead for 2017–2018, we will:

- Enhance and strengthen partnerships with service providers resulting in an expansion of capacity thus ensuring continuity of care for the community. This includes working in partnership with Flinders Medical Practice to develop shared care arrangements using a comprehensive primary health care model
- Increase in preventative care including chronic disease management, point of care testing, and increase in comprehensive adult health checks in particular annual cycle of care.
- Focus on expanding alternative methods in the provision of services including an increase in telehealth usage to ensure appropriate service delivery including holistic clinical support.

Burke Shire
Burketown Primary Health Clinic

550km north of Mount Isa
2174 north west of Brisbane

Burketown is located on the Albert River about 25 kilometres from the Gulf of Carpentaria in the heart of the Gulf country. Located in a remote setting, road access to Mount Isa and Cloncurry is restricted during wet season closures, although an all-weather airport provides regular scheduled services to Mount Isa and Cairns. Approximately 500 people live in Burketown and the surrounding areas. The Traditional Owners of the area are the Waanyi people. During winter months population numbers can increase significantly with 'grey nomads' and holiday makers.

Burketown Primary Health Centre is a level one facility under the Rural and Remote Clinical Services Capability Framework. The service provides a low risk ambulatory care provided by nursing, administration and operational staff. The Burketown Primary Health Clinic encompasses a nurse led and visiting Medical Officer model of care. The Royal Flying Doctor Service provides a weekly General Practitioner clinic and child health clinic every two weeks. The facility provides a nurse-led 24 hour acute and emergency on-call service with a Hospital Based Ambulance. The service provides co-ordination and care for specialist services, chronic disease management and stabilisation of acute care patients prior to transfer to a higher-level facility. The clinic offers pharmacy services, antenatal and postnatal care, and community home visits. Visiting services include allied health services, Mobile Women's health, Indigenous Cardiac Outreach Program, endocrinology, diabetes nurse practitioner, ophthalmology and breast screening.

Common episodes of care include: Head injury, heart failure, disorders of pancreas and biliary, cellulitis, urinary disease and disorder of the kidney and urinary tract, pregnancy, alcohol and drug use, injuries, poisoning and toxic effects of drugs.

Board Chair Paul Woodhouse acts as the patient while Director of Nursing Dianne Phillips demonstrates the use of telehealth at the opening of the Burketown to Doomadgee fibre optic cable

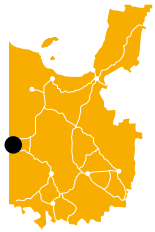
Key achievements during 2016–2017 include:

- Introduction of electronic health records
- Development and implementation of an electronic recall system that allows for clients to be reviewed by the appropriate staff members in a timely manner
- Service provision such as telehealth extended to allow specialist services review, decreasing time away from country and increasing patient satisfaction
- The commencement of the Burketown Community Advisory Group
- The opening of the Doomadgee to Burketown Fibrelink project in May, along with a visit from State Minister Coralee O'Rourke and Senator Ian McDonald, who visited the clinic and were given a demonstration on telehealth.

Looking ahead for 2017–2018, we will deliver:

- Consolidation of the First Year Practitioner Program
- Enhance and strengthen partnerships with service providers resulting in an expansion of capacity thus ensuring continuity of care for the community
- Focus on expanding alternative methods in the provision of services including an increase in telehealth usage to ensure appropriate service delivery including holistic clinical and emotional support
- Increase in preventative care including chronic disease management, point of care testing, and increase in comprehensive adult health checks.

Mount Isa City
Camooweal Primary Health Clinic



188km from Mount Isa
330km south of Burketown
2019km north west of Brisbane

Camooweal is a country town of approximately 200 people situated 13 kilometres from the Northern Territory border. Established in 1884 as a service centre for surrounding cattle properties, Camooweal marks the furthest tip of Mount Isa City Council catchment. The Indjalandji-Dhidhanu people are recognised as the traditional custodians of the lands around Camooweal.

There is a mix of Indigenous and non-Indigenous patients, mostly locals and staff from surrounding stations, including in the nearby Northern Territory.

Camooweal Primary Health Clinic is a level one facility under the Rural and Remote Clinical Services Capability Framework. The service provides low risk ambulatory, acute and preventative care provided by nursing, Aboriginal and Torres Strait Islander health workers, administration, and operational staff. The Camooweal Primary Health Clinic provides a nurse-led 24 hour acute and emergency on-call service with a Hospital Based Ambulance.

Camooweal Primary Health Clinic is a nurse-led facility with a nurse practitioner model of care, focusing on chronic disease management, preventative health, health promotion and health education. The clinic offers pharmacy services, child health, immunisation; school based well health checks and community home visits.

Visiting services include the Royal Flying Doctor Service, endocrinology, cardiology, child health nurse, women's health nurse, dentistry, diabetes nurse practitioner and the North and West Remote Health team which includes diabetes nurse educator, podiatry, occupational therapy and physiotherapy.

Common episodes of care include: Digestive disorder, musculoskeletal injuries, metabolic diseases, injuries, poisonings and toxic effect of drugs, cellulitis, and chronic obstructive airways.

Chief Executive Lisa Davies Jones with Camooweal Primary Health Clinic Director of Nursing, Nurse Practitioner, Andrew McCallum

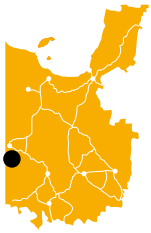
Key achievements during 2016–2017 include:

- Workforce planning to expand and enhance community primary health clinic
- Nurse practitioner case management of complex chronic conditions for patients and families in collaboration with the Royal Flying Doctor Service, General Practitioners and Medical Specialists
- Continuation of Camooweal School Screening program 'Band Aid Parade', screening for scabies, skin sores and head lice
- School Holiday Health Screening program commenced to educate families regarding skin problems, diabetes and oral hygiene
- Primary health care program developed and delivered locally including workplace influenza immunisation program at Myuma Corporation
- Safe sex/STI prevention program delivered at Camooweal Campdraft and Rodeo
- Participation of Camooweal Clinic staff in community liaison meeting, with membership consisting of Camooweal School staff, Queensland Police Service, Rainbow Gateway and Myuma group staff
- Introduction of electronic health records
- Service provision such as telehealth appointments extended to allow specialist services review.

Looking ahead for 2017–2018, we will:

- Upskill and develop clinical, operational and administrative staff with a focus on collaborative management of the patient and families
- Develop and deliver high quality primary health care programs including smoking cessation program, diabetes and kidney disease education
- Focus on expanding alternative methods in the provision of services including an increase in telehealth use to ensure appropriate service delivery including holistic clinical and emotional support
- Enhance and strengthen partnerships with service providers resulting in an expansion of capacity thus ensuring continuity of care for the communities
- Increase in preventative care including chronic disease management, point of care testing, and increase in comprehensive adult health checks.

Boulia Shire
Urandangi Health Clinic



187km south west of Mount Isa
295km from Boulia
2007km north west of Brisbane

The community of Urandangi is located in the local government area of Boulia Shire. Located on the banks of the Georgina River, the community has a population of around 20–30 permanent residents but can at times build up to between 50 and 80. It was founded in 1885 by Charlie Webster and James Hutton who started a general store, and it was an important centre for travellers and drovers using the Georgina and other stock routes. Urandangi is home to the Bularnu Waluwarra and Wangkayujuru people who are the Traditional Owners of the area.

The North and West Remote Health and Royal Flying Doctor Service have regular clinics in Urandangi. The North West Hospital and Health Service's Community and Primary Health Care Chronic Disease Team have an indigenous health worker team visit several times a year. When required the team provides help with patient transport for clients who have been discharged from Mount Isa Hospital, or who are required to attend appointments for Deadly Ears, breast screening, dental, outpatient clinics and other specialised appointments.

The Community and Primary Health Care Maternal, Child and Youth Health team perform hearing health screening at Urandangie School. The Community and Primary Health Care Women's Health team hold clinics in Urandangie several times a year.

Urandangi is serviced by the North West Hospital and Health's Indigenous Health Worker team quarterly, Healthy Skin, Hearing Health, Women's Health and Royal Flying Doctor Service fortnightly.

Common episodes of care include: The Indigenous Health Worker predominantly sees diabetes patients, and the Hearing Health Team sees school aged children for hearing screens. Clinics are run by the Royal Flying Doctor Service.

Advanced Indigenous Health Workers in the Chronic Disease Team, Doris Craigie and Tony Williams, outside the Urandangi Health Clinic

Key achievements during 2016–2017 include:

- Hearing health screening at Urandangi School: three visits to the school with referrals to Deadly Ears
- Healthy Skin visit to the school to review the children and discuss education with the teachers
- Diabetes education provided to the community and individuals.

Looking ahead for 2017–2018, we will deliver:

- Information sessions for the community using Indigenous focused resources, which will be Health Worker led with a focus on health promotion and a healthy lifestyle
- Coordination of the health services that visit Urandangi to provide a consistent message to the community and to streamline care
- Health literacy education
- Regular Healthy Skin visits in conjunction with Indigenous Health Worker visits to assist with skin issues in the community
- Prepare for Prep vision screening program to commence.

Allied Health

North West Allied Health provides inpatient and outpatient services across the North West Hospital and Health Service. The Allied Health workforce is an innovative and multidisciplinary team, led by a Director of Allied Health, and is made up of Indigenous Liaison Officers, Social Workers, Speech Pathologists, Physiotherapists, Occupational Therapists, Dietetics, Podiatrist, Audiology Assistant, Allied Health Assistant, Administration, Clinical Educator, Clinical Measurements and Radiology Support.

The Allied Health team provides services to the local community and the wider Hospital and Health Service, and engages with community organisations and network partners.

The Team is committed to:

- Providing high quality, client-centered care
- Ongoing service review, quality improvement and learning and development
- Collaborative and interdisciplinary service provision to be prepared for future challenges

Over the past year, the Allied Health team has invested energy into innovation and quality activities, with a focus on reviewing current models of care, increasing the use of technology to support clients and outreach clinicians and improving efficiency of services to reduce waitlists and meet the needs of the community. Four of our early career professionals have enrolled in rural generalist training programs, making a commitment to rural and remote Allied Health professional development and participating in further innovative service delivery and quality activities.

A summary of some of the highlights achieved by the team this year include:

- Revision of the hospital menu in Mount Isa and remote sites
- Implementation of the enFIT feeding system
- Telehealth dietetic access to remote sites
- Acquisition of Allied Health Professional Office of Queensland-funded Allied Health Rural Generalist Training Position (AHRGTP)
- Trial of a Physiotherapy Telehealth service across the Hospital and Health Service to improve the flow of clients returning to local sites
- Introduction of a secondary contact Physiotherapist in the Accident and Emergency Department and trial of a Physiotherapist in Fracture Clinic
- Upcoming introduction of Orthopaedic Physiotherapy Group Program and re-establishment of a Women's Pelvic Health Physiotherapy service
- Undertaking the discharge against medical advice position
- Increasing the Social Work team to participate in the Domestic and Family Violence High Risk Team
- Review of Social Work service model in Emergency Department

Senior Physiotherapist Lynda Jones with Skinny Pete

Director of Social Work, Linda Ford, with Indigenous Liaison Officers, Rhonda West, Robert Warren and Melissa Duncan

Our strategic direction

The North West Hospital and Health Service is committed to becoming Queensland's leading Hospital and Health Service, exceeding the government's expectations by delivering excellence in rural and remote healthcare for the individuals, families and communities of the North West region and becoming a proud employer of choice for our staff.

Aligning the North West Hospital and Health Service strategic priorities with those outlined in the *Department of Health Strategic Plan 2016–2020*, and in *My Health, Queensland's future: Advancing Health 2026*, the Queensland Government's 10 year strategy, we will work together with our partners and other stakeholders to achieve the following objectives of the Queensland Government:

- Delivering quality frontline services
- Building safe, caring and connected communities
- Creating jobs and a diverse economy.

We will do this by strengthening our public health system, providing responsive and integrated government services, supporting disadvantaged Queenslanders, and improving health outcomes.

Fundamental to this are early intervention and prevention models of care, improved health equity and access to healthcare for the communities we serve in conjunction with a number of partners, which include:

- Aboriginal Health Services such as Gidgee Healing, a Mount Isa Aboriginal Community Controlled health Service
- The Flinders Medical Centre, Cloncurry and the Western Queensland Primary Health Network
- Other outreach Allied Health and medical service providers, including the Deadly Ears and Indigenous Respiratory Outreach Care (IROC) programs
- The Royal Flying Doctor Service, which provides emergency evacuations and other primary health care services
- Queensland Ambulance Service and the Queensland Police Service
- Centacare, Headspace and other charitable or not for profit enterprises
- Shire Councils including McKinlay Shire (Julia Creek), Boulia Shire (Urandangi) and Cloncurry Shire (Dajarra)
- Universities and other education providers, including Mount Isa Centre for Rural and Remote Health, hosted by James Cook University.

Our strategic direction is also underpinned by a number of national and state agreements, strategies and plans which include, but are not restricted to:

National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes

Closing the gap in life expectancy between Aboriginal and Torres Strait Islander people and other Queenslanders by 2033, and halving the Indigenous child mortality gap by 2018 are key priority areas under the National Indigenous Reform Agreement (NIRA) and Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033: policy and accountability frameworks.

Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033

The framework outlines the core principles of cultural respect and recognition, communication, relationships and partnerships, and capacity building which underpin our approach to delivering culturally responsive health services.

Queensland Plan for Mental Health 2007–2017

This plan seeks to facilitate access to a comprehensive, recovery oriented mental health system to improve mental health for all Queenslanders.

Queensland Mental Health, Drug and Alcohol Strategic Plan

Developed by the Queensland Mental Health Commission, this whole of government plan sets the vision to further establish a more integrated, evidence-based, recovery-oriented mental health and substance misuse system.

Queensland Health Disability Services Plan 2014–2016

Sets actions to improve access and participation of people with disabilities across the system, including Queensland Health employees, people seeking employment, or people accessing health services provided by health care facilities.

Queensland Health Clinical Services Capability Framework

Which specifies minimum support services, staff profile, safety standards and other service requirements for both public and provide sector health care providers.

Better health for the bush

Developed by the Statewide Rural and Remote Clinical Network (SRRCN) to define clearer service capability standards and service expectations for rural and remote communities.

As we work through our strategic plan in 2017–2018, we will be adhering to Queensland Public Service Values: Putting customers first, being courageous, putting ideas into action, unleashing potential and empowering people.

The Strategic Plan encapsulates very simply the direction in which the North West Hospital and Health Service is heading. Our main focus is on primary health care, which we believe is the foundation for good health in our district. Our main purpose is to collaboratively improve health outcomes of people and communities across North West Queensland, and we have five priorities that will be top of mind in everything we do.

Strategic priorities

The *Financial and Performance Management Standard 2009* requires the development and periodic review of a strategic plan to identify our key objectives and actions to be implemented to achieve them. Such planning also ensures our actions align with the government's broader objectives for the community.

Our key strategic priorities as at 30 June 2017 to be delivered during the 2017–2018 financial year – are as follows:

Strategic Priority 1:

Safe and high-quality service delivery through continuous improvement

Objective
The North West Hospital and Health Service will provide excellent quality, evidence-based and safe services that are well coordinated, efficient and sustainable.

Strategies
Develop and implement models of care that are tailored to the specific needs of our communities, evidence-based, clinically appropriate and cost effective.
Partner with other health care providers and communities to create an integrated system of care for our local communities.
Monitor, report and continuously improve the quality and safety of clinical care.
Continue to meet or exceed national healthcare and other required standards.
Engage with our communities to promote participation in health.

Strategic Priority 2:

A highly skilled, motivated and engaged workforce which continually strives to improve patient care and Hospital and Health Service performance

Objective
The North West Hospital and Health Service will support and develop its people to perform at their best.

Strategies
Develop, support and engage with our staff to make the North West Hospital and Health Service a great place to work and an employer of choice.
Adopt a strategic approach to workforce planning that focusses on high levels of engagement through collaboration and continuing to 'grow our own'.
Communicate and consult with our staff, provide feedback and implement reward and recognition mechanisms.
Use contemporary initiatives to attract and retain people with the attributes, skills and experience to help achieve our ambitions.
Apply, allow and embed high quality management and leadership practices and behaviours.

Strategic Priority 3:

Strong partnerships which build integrated and streamlined services

Objective
The North West Hospital and Health Service will work with its service partners and local communities to ensure access to health services across the spectrum with a focus on identified regional priorities.
Strategies
Support and partner with Indigenous health services.
Connect health services and shared patient information.
Drive a regional strategy which has a patient-centred approach.
Engage patients and families in a meaningful way to improve their health experience.
Work with other service providers, patients and their families to design services which are easy to understand, access and navigate.
Improve each patient's pathway by working with other service providers and communities.

Strategic Priority 4:

An environment that supports innovation, technology and research

Objective
The North West Hospital and Health Service will support innovative thinking and ideas that support it to achieve its vision.
Strategies
Develop new service models through technology and innovation.
Create a vibrant research and innovation culture.
Be an active member of any research body that provides benefit to the North West Hospital and Health Service.
Adopt information technology and systems that support best practice and the delivery of integrated health care.

Strategic Priority 5:

An accountable, responsible and stable Hospital and Health Service

Objective
The North West Hospital and Health Service will effectively meet its statutory requirements through good governance principles.
Strategies
Maximise the utilisation of our resources and assets.
Measure the things that matter.
Live within our means and minimise waste.
Improve data timeliness, integrity, reliability and use.

Strategic risks and opportunities

The ongoing effective management of the following core risk areas is central to ensuring that high quality health services continue to be delivered to the people we serve across North West Queensland.

Attracting and retaining a workforce that is skilled, confident, effective and flexible

- We will continue to facilitate partnerships with tertiary facilities to enhance our position as the leader in rural generalist training across Medical, Nursing and Allied Health disciplines. Early 2017 saw the North West Hospital and Health Service accept the second intake of five rural generalist interns to commence training in North West. Through providing a teaching, training and research environment with career progression opportunities, we will ensure an ongoing recruitment advantage.
- Further accreditation of our training pathways with Specialist Medical Colleges has led to a more clearly established choice of career paths and opportunities for our medical officers
- Cross disciplinary teaching and training including simulation models has allowed a more integrated approach to workforce development and training outcomes are enhanced
- Provision of support for recruited practitioners, such as housing and inaccessibility allowances, is pivotal to recruitment and retention
- Continue on the Magnet Recognition Programme journey to facilitate recruitment and retention of nurses and midwives. Magnet Recognition® is a credential that is granted to healthcare organisations that achieve exceptional quality and safety outcomes by nurturing professionalism, sustaining positive and collaborative work environments, supporting lifelong learning and fostering engagement and innovation

Achieving our intent to lead innovative practices using the available Information and Communications Technology infrastructure

- The North West Hospital and Health Service is pursuing a position as a best practice site with the adoption and adaptation of Information and Communications Technology, particularly telehealth and information management systems such as Communicare
- Access to and communication between systems is a critical success factor in achieving our goals in Information and Communications Technology.

Delivering integrated and coordinated care in an environment where responsibility and funding is fragmented

- Endeavours to build strong partnerships with the Western Queensland Primary Health Network and Gidgee Healing are well in progress and inter-organisational strategies to tackle the adverse primary health care outcomes for the North West will continue to be developed in 2017–2018
- Clinical Leadership and a focus on patient outcomes will guide the integration of healthcare delivery that sees a more seamless and responsive delivery of service
- Investment in compatible health information systems is needed to ensure the sequential and concurrent services received by patients are managed effectively, for example, communication between providers in acute care and primary care.

Meeting challenges associated with the projected increase in burden of disease

- The sixth report from the Queensland Health Chief Health Officer, *The Health of Queenslanders 2016*, on the burden of disease clearly shows the North West region as having an unacceptably high burden of disease. The treatment and prevention of illness and disease requires enhanced services and empowered practitioners who are able to work in a sustainable environment which focuses on areas of high need such as diabetes, cardiovascular disease, respiratory diseases and infectious diseases
- Increased access to public health screening, trends and data will assist in guiding the strategies and implementation of new and strengthened services to address the current high burden of disease
- Cross sector efforts with education, social services and justice should be undertaken to identify areas of collaboration.

Meeting community health expectations with finite resources

- Ongoing community engagement is needed with review of models of care to align with contemporary and innovative best practice for remote locations.
- Engagement has commenced with local consumers to provide an insight into the patient experience and to assist with the development of appropriate and viable models of care
- In 2017–2018, we will again continue to improve access to telehealth services and develop new models of care provision to ensure care is provided in appropriate settings closer to home.

Service areas and standards

A service agreement between the Department of Health and the North West Hospital and Health Service defines the health services, clinical teaching and research and other services that are to be provided and the associated funding for the delivery of these services. It also defines the outcomes that are to be met and how performance will be measured.

For 2016–2017 the service agreement in force, covers the period from 1 July 2016 to 30 June 2019. During the reporting period, changes relating to funding, activity and key performance indicators were agreed with the Department of Health in January 2017 and May 2017.

Our ongoing performance is monitored against the following range of key indicators:

Safety – minimising risk and avoiding harm, including in-hospital mortality and hospital acquired infections

Patient centred – healthcare that is respectful of and responsive to individual patient needs and values, including resolution of complaints and patient reported experiences

Effectiveness – healthcare that delivers the best achievable outcomes, including unplanned readmissions and potentially preventable hospitalisations

Efficiency – resources are available to deliver sustainable high quality health care, including full year forecast financial position and average length of stay for a defined group of conditions

Timeliness – care is provided within an appropriate timeframe, including length of time in emergency departments, time waiting for elective surgery and time waiting to see a specialist

Equity – Access, including, access to oral health services, discharge against medical advice and Telehealth services.

Performance statement:
North West Hospital and Health Service 2016–2017

The following table summarises key performance achievements for 2016–2017, and targets for 2017–2018.

Service standards Effectiveness measures	**2016–17 Target/Est.**	**2016–17 Est. Actual**	**2017–18 Target/ Est.**	**Commentary**
Percentage of patients attending emergency departments seen within recommended timeframes [1]				
Category 1 (within 2 minutes)	100%	96%	100%	The North West Hospital and Health Service has **exceeded** the required level of service in most categories.
Category 2 (within 10 minutes)	80%	97%	80%	
Category 3 (within 30 minutes)	75%	91%	75%	
Category 4 (within 60 minutes)	70%	85%	70%	
Category 5 (within 120 minutes)	70%	98%	70%	
All categories	..	90%	..	
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department [2]	>80%	89%	>80%	The North West Hospital and Health Service has **exceeded** the required level of service.
Percentage of elective surgery patients treated within clinically recommended times [3]				
Category 1 (30 days)	>98%	98%	>98%	As at 30 June 2017, there were **no** elective surgery patients waiting longer than the recommended time.
Category 2 (90 days)	>95%	100%	>95%	
Category 3 (365 days)	>95%	100%	>95%	
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days [4]	<2	1.2	<2	The North West Hospital and Health Service will continue to strive to **achieve better** than the required minimum rate.
Percentage of specialist outpatients waiting within clinically recommended times[5]				
Category 1 (30 days)	40%	63%	98%	As at 30 June 2017, there were **no** patients waiting longer than the recommended time for their specialist outpatient appointment.
Category 2 (90 days)	70%	93%	95%	
Category 3 (365 days)	90%	98%	95%	
Percentage of specialist outpatients seen within clinically recommended times[6]				
Category 1 (30 days)	New measure	76%	98%	As at 30 June 2017, there were **no** patients waiting longer than the recommended time for their specialist outpatient appointment.
Category 2 (90 days)	New measure	88%	95%	
Category 3 (365 days)	New measure	99%	95%	
Median wait time for treatment in emergency departments (minutes) [7]	20	16	20	The North West Hospital and Health Service has **exceeded** the required level of service.
Median wait time for elective surgery (days) [8]	25	38	25	There was a significant improvement in median wait time for elective surgery from 54 days in 2015–2016 to 38 days in 2016–2017. The North West Hospital and Health Service will continue to strive to improve this time.
Average cost per weighted activity unit for Activity Based Funding facilities [9, 10]	$5707	$6102	$6581	Due in part to costs attributed to: • remoteness of the Mount Isa hospital • the high burden of disease associated with Indigenous patients unrecognised by the National Efficient Price • the costs unique to providing services in remote regions including the Remote Area Nursing Incentive Package, staff accommodation and travel. Compounding these factors is the inability of the North West Hospital and Health Service to meet fixed cost structures associated with the level of specialty clinical service provision at the volumes of episodes presenting. This cost inefficiency is balanced against the cost of subsidising these patients to travel to Townsville or Brisbane to receive specialty care.

Service standards Other measures	2016–17 Target/Est.	2016–17 Est. Actual	2017–18 Target/ Est.	Commentary
Number of elective surgery patients treated within clinically recommended times [11]				
Category 1 (30 days)	New measure	194	203	As at 30 June 2017, there were **no** elective surgery patients waiting longer than the recommended time.
Category 2 (90 days)	New measure	245	251	
Category 3 (365 days)	New measure	188	192	
Number of Telehealth outpatient occasions of service events [12]	New measure	3,850	4,606	The North West Hospital and Health Service has **exceeded** the required level of service.
Total weighted activity units (WAU) [9, 13]				
Acute Inpatient	6,712	7,877	8,290	The North West Hospital and Health Service has exceeded the required level of service for four out of six of these targets and will strive to achieve the required level of service for the remaining two.
Outpatients	3,572	3,549	3,683	
Sub-acute	365	531	561	
Emergency Department	7,032	5,482	5,503	
Mental Health	55	155	156	
Prevention and Primary Care	350	488	350	
Ambulatory mental health service contact duration (hours) [14]	>8,133	6,209	>8,133	The North West Hospital and Health Service will continue to strive to achieve the required level of service.

Notes:

1. The 2016–2017 Estimated Actual figures are based on actual performance from 1 July 2016 to 30 April 2017. A Target/Estimate for percentage of emergency department patients seen within recommended timeframes is not included in the 'All Categories' as there is no national benchmark.
2. This is a measure of access and timeliness of emergency department services. The 2016–2017 Estimated Actual figures are based on actual performance from 1 July 2016 to 30 April 2017.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the recommended timeframe for each urgency category. The 2016–2017 Estimated Actual figures are based on actual performance from 1 July 2016 to 30 April 2017.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals.

   Staphylococcus aureus are bacteria commonly found on around 30 percent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days for each jurisdiction. The 2016–2017 Estimated Actual figures are based on actual performance from 1 July 2016 to 31 March 2017.
5. This is a measure of effectiveness that shows the percentage of patients who are waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, within the clinically recommended time. The 2016–2017 Estimated Actual figure is based on patients waiting as at 30 April 2017.
6. This is a measure of effectiveness that indicates the percentage of patients seen within clinically recommended times during the reporting period. The 2016–2017 Estimated Actual figures are based on actual performance from 1 July 2016 to 30 April 2017.
7. This measure indicates the amount of time for which half of all people waited in the emergency department (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). The 2016–2017 Estimated Actual figure is based on actual performance from 1 July 2016 to 30 April 2017.
8. This is a measure of effectiveness that reports on the number of days for which half of all patients wait before undergoing elective surgery.

   The 2016–2017 Estimated Actual figure is based on actual performance from 1 July 2016 to 30 April 2017.
9. A WAU is a measure of activity and provides a common unit of comparison so that all activity can be measured consistently. Service agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. Refer to Box 1, page 12.
10. The 2016–2017 Estimated Actual figure reflects 1 July to 31 December 2016 activity based costs and actual activity based funded activity.

    The 2017–2018 Target/Estimate reflects the activity based funding less Clinical Education and Training and Specified Grants and activity within the finance and activity schedules of the 2017–2018 Final Round Service Agreements Contract Offers. 2017–2018 Target/Estimate for cost per Queensland WAU includes HHS activity forecast over delivery in 2016–2017, funded by the Commonwealth at a marginal rate of 45 percent. The impact of this is partially offset in some HHSs due to changes in Own Source Revenue classification between 2016–2017 and 2017–2018, and non- Queensland WAU investments. 2016–2017 Estimated Actual cost per Queensland WAU is a point in time measure which includes the first 6 months of HHS expenditure and activity. It includes the impact of one-off investments in 2016–2017.
11. This is a measure of activity. The 2016–2017 Estimated Actual figures are based on 10 months of actual performance from 1 July 2016 to 30 April 2017 forecast out over 12 months.
12. This measure tracks the growth in occasions of service for Telehealth enabled outpatient services. These services support timely access to contemporary specialist services for patients from regional, rural and remote communities, supporting the reduction in wait times and costs associated with patient travel. The 2016–2017 Estimated Actual figure is based on actual performance from 1 July 2016 to 30 April 2017 forecast out over 12 months.
13. The 2016–2017 Estimated Actual figures are based on 2016–2017 Queensland WAU forecasts as provided by HHSs. 2017–2018 Target/Estimate figures are based on the 2017–2018 Final Round Service Agreements Contract Offers. All activity is reported in the same phase - Activity Based Funding (ABF) model Q19. 'Total WAUs – Interventions and procedures' has been reallocated to 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' service standards. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs. Total WAUS - Prevention and Primary Care' is a new measure for the Service Delivery Statement, however, it has been included in the HHS Service Agreements since 2016–2017. Purchased Queensland WAUs in 2017–2018 for Prevention and Primary Care are lower due to one off investments in Oral Health in 2016–2017 and NPA funding not yet allocated.
14. This measure counts the number of in-scope service contact hours attributable to each HHS, based on the national definition and calculation of service contacts and duration. The Estimated Actuals for 2016–2017 are for the period 1 July 2016 to 31 March 2017. It is important to note that not all activity of ambulatory clinicians is in-scope for this measure, with most review and some service coordination activities excluded. In addition, improvements in data quality have contributed to the result, with the data more accurately reflecting way in which services are delivered. The Target/Estimate for this measure is determined using a standard formula based upon available clinical staffing, HHS rurality, and historical performance. The targets for these measures have been set to be consistently calculated and are considered a stretch for many services.

Financial performance summary 2016–2017

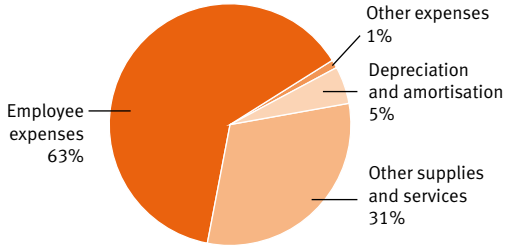
Total revenue received by the North West Hospital and Health Service for 2016–2017 increased by $9.423 million to $168,486 million. Total expenditure for 2016–2017 was $168.431 million, resulting in an operational surplus of $55,000 compared to a loss of $2.138 million for the previous financial year.

2016–2017 has been a year of financial constraint and hard work to ensure the North West Hospital and Health Service operated within the budget. Cost of employment is the most significant cost for the Hospital and Health Service. In 2016–2017 there was a successful recruitment campaign aiming to decrease the number of external staff members. This resulted in $2.0 million decrease in contract labour costs. Labour expense increased by $5.7 million reflected by changes in enterprise bargaining arrangements and specifically funded positions.

The activity based funding (ABF) activity level achieved is a 12 percent increase from the previous year.

The Queensland Audit Office has subsequently delivered, for the fifth successive year, an unqualified audit of our financial statement for financial year 2016–2017.

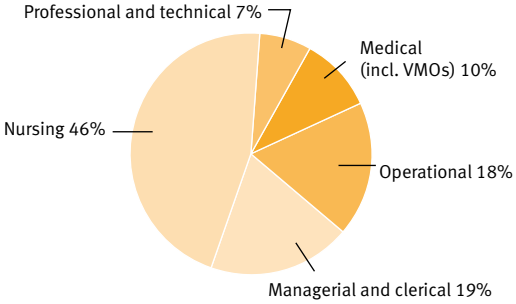
Proportion of total expenditure 2016–2017



Cost pressures upon the service continue to be those associated with the provision of a health service in a large remote region, with issues of specialist recruitment, short term medical specialist placements and contracted nursing services.

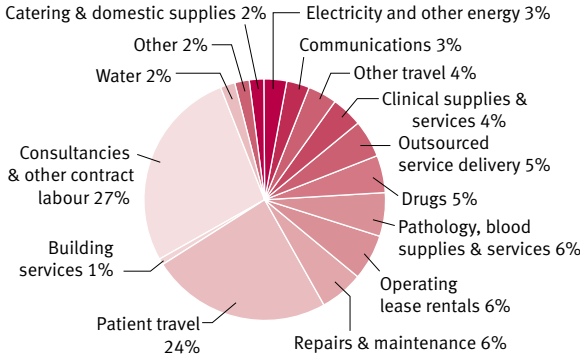
Staffing and related costs, including contract employees, account for 63 percent of total expenditure, with clinical positions comprising 56 percent of the employed staff. While specialist/locum costs are, at times unavoidable requirements, this is something the Hospital and Health Service is continuing to address by seeking to recruit further permanent staff into vacant positions, thereby decreasing reliance on locums.

Proportions of full-time equivalents (FTE) both internal and external



Reflective of the total catchment area and wide spread of residents across the North West region, patient travel is by far the largest component of non-salary expenditure. This has however remained relatively stable, totalling 19 percent of non-salary costs.

Breakdown of 2016–2017 supplies and services



Expenditure is further itemised in the Financial Statements provided from page 71 of this Annual Report.

Open data

Additional annual report disclosures – relating to expenditure on consultancy, overseas travel and implementation of the Queensland Language Services Policy are published on the Queensland government's open data website, available via www.data.qld.gov.au

Governance: management and structure

In accordance with the *Hospital and Health Boards Act 2011*, the North West Hospital and Health Board is accountable to the local community and the Minister for Health and Minister for Ambulance Services for the services provided by the North West Hospital and Health Service.

A Health Service Chief Executive is employed by and is solely accountable to the Board for ensuring patient safety through effective executive leadership and day to day operational management of all local hospital and health services, as well as the associated support functions.

Achieving the ambitions articulated through the *North West Hospital and Health Service Strategic Plan 2016–2020* requires good governance which includes robust organisational structures and clear accountabilities. A realignment of the management structure in the latter half of 2016 is facilitating the collaboration necessary to ensure a seamless shift from acute models of care to an integrated primary health care model which focuses on preventative health care in the North West Queensland communities. It is also supporting stronger integration of clinically led acute services across Mount Isa hospital.

The North West Hospital and Health's organisation structure as at 30 June 2017 was as follows:

Our Board

Under the *Hospital and Health Boards Act 2011*, the Hospital and Health Board must consist of five or more members appointed by the Governor in Council for terms of up to four years.

Collectively, the Board serves to strengthen local decision-making and accountability by promoting local consumer, community and clinician engagement and setting the local health system planning and coordination agenda, including financial management and oversight.

The North West Hospital and Health Board met on 12 occasions during the reporting period.

As at June 30 2017, membership comprised:

Paul Woodhouse
Chair
(Chair Engagement Committee)
(Chair Executive Committee)

Paul is a primary producer resident of North West Queensland. He is currently also a Member of CSIRO's Land & Water Flagship. In 2016 he was elected by other Hospital and Health Board Chairs and appointed by the Minister for Health and Minister for Ambulance Services as the Chair of the Queensland Hospital and Health Board Chair Forum. He is also Chair of the North West Hospital and Health Board's Executive Committee. Former roles include Chairman of Regional Development Australia for the Townsville and North West region, Mayor of McKinlay Shire, Chairman of Southern Gulf Catchments Ltd., Flinders / Gilbert Agricultural Resource Assessment (Governance) Committee, Health Minister's Infrastructure Advisory Panel and the Northern Australia Health Roundtable.

Originally appointed as inaugural Chair of the North West Hospital and Health Board on 18 May 2012, Paul was reappointed on 18 May 2016, until 17 May 2019.

Annie Clarke
Deputy Chair

Annie has lived in the Gulf Country as a primary producer in northwest Queensland for more than 40 years. Annie has 19 years' experience in local government, including 15 years as Mayor of Burke Shire.

Annie has hands on experience in small business and economic development, roads and transport infrastructure, tourism and sports development, education and training, health and social issues, and disaster management. Annie is also currently a member of the North and West Remote Health Board, a member of the Australian Institute of Company Directors, and is Vice President of North West Division QCWA.

Originally appointed on 9 November 2012, Annie was reappointed on 18 May 2016 until 17 May 2019.

Dr Christopher Appleby
Board member

Chris has a 17-year career in the design of innovative models of rural Primary Health Care. Chris has co-owned and operated General Practice Medical Centres in rural communities such as Richmond and Cloncurry, in North West Queensland and Montville and Maleny, in the Sunshine Coast Hinterland.

Chris is currently the Practice Support Advisor for whole of program with Generalist Medical Training at James Cook University, where he is also an Adjunct Senior Lecturer. Chris is a Director at the Western Queensland Primary Health Network, where he Chairs the Finance & Risk Committee.

Chris has a Bachelor of Science (Honours), a Doctorate of Philosophy in Pharmacology and is Graduate of the Australian Institute of Company Directors. Chris is currently completing a Masters of Business Administration, part time, through the University of Newcastle.

Originally appointed on 9 November 2012, Chris was reappointed on 18 May 2017, until 17 May 2019.

Rowena McNally
Board member
(Chair Quality, Safety and Risk Committee)

Rowena is an experienced company director and corporate lawyer specialising in health, corporate governance and infrastructure. She has previously held positions as Chair of the Quality and Risk Committees for Mount Olivet Hospital, St Vincent's Hospital, and Holy Spirit Hospital.

Rowena is Chair of National Employment Services Association, Vice President of the Mount Isa Rotary Rodeo Inc. and a Board member of the Lasallian Mission Council and the International Committee for Health Care Institutions. She is the immediate past Chair of Mount Isa Water Board, Catholic Health Australia, the Institute of Arbitrators and Mediators Australia (now Resolution Institute), and previously served as Chair of Cerebral Palsy League of Queensland, Deputy Chair of Cerebral Palsy Australia, and as a Board member of St Vincent's and Holy Spirit Health Limited, Mount Olivet Hospital, Holy Spirit Hospital (Chermside), and St Vincent's Hospital (Toowoomba), Trustees Mary Aikenhead Ministries (health, aged care and education), Mary Aikenhead Education Limited and the Queensland Law Society.

Originally appointed on 29 June 2012, Rowena was reappointed on 18 May 2016, until 17 May 2019.

Richard Stevens OAM
Board member (Chair Finance, Audit and Risk Management Committee)

Richard has more than 30 years' experience in public sector administration across all tiers of government. Richard has expertise in corporate governance, natural resource management and economics.

Richard is currently a Commissioner with the Australian Fisheries Management Authority, and chairs a number of fisheries management related Committees in NSW, South Australian and the Northern Territory.

Previous board appointments include Chair of the South Australian Country Fire Service Board, member of the New South Wales Natural Resources Advisory Council, Board member of the Queensland Rural Adjustment Authority, non-executive Director of the Fisheries Research and Development Corporation, and Chair of the Australian Fisheries Management Authority's Finance and Audit Committee.

Originally appointed on 29 June 2012, Richard was reappointed on 18 May 2016, until 17 May 2019.

Karen (Kari) Arbouin
Board member

Kari is an Associate Vice Chancellor for Central Queensland University. Previously she worked for 11 years in senior management positions at James Cook University, including acting in the role of Chief Executive Officer for James Cook University's Singapore campus. Kari was also involved in major business development projects for James Cook University, including planning of the successful funding bid for the Cairns Research Institute.

Kari is a registered nurse and practising midwife. Whilst in the role of Director of Nursing at Julia Creek she led the hospital to becoming the first Australian Council on Healthcare Standards accredited hospital in north-west Queensland. She has also held the position of Director of Nursing at The Wesley Hospital in Townsville. Kari was awarded Julia Creek Hospital, Australia Day and Queensland Health awards for her service to the hospital and community.

Kari was a founding Board member for the James Cook University's health practice, and Board Chair of the University's child care facilities. She holds academic qualifications in health, business, law and public health. Kari is an international reviewer for universities in the United Kingdom and United Arab Emirates. She is also a Fellow of the Australian Institute of Management and Graduate of the Australian Institute of Company Directors.

Originally appointed on 18 May 2013, Kari was reappointed on 18 May 2017 until 17 May 2019.

Dr Don Bowley OAM
Board Member

Don is the Senior Medical Officer at the Mt Isa Base of the Royal Flying Doctor Service (Queensland Section). He has 23 years of experience with the Royal Flying Doctor Service and has been based at Mount Isa for the past 19 years. Don has a passion for improving the quality of health care available for the people who live in remote Australia and has a special interest in addressing the inequity in remote and indigenous health outcomes.

He holds Fellowships from the Royal Australian College of General Practice and the Australian College of Rural and Remote Medicine.

Don is an Adjunct Associate Professor with the Mount Isa Centre for Rural and Remote Health, James Cook University. He is a Member of the Western Queensland Primary Health Network's Northern Clinical Chapter and Clinical Council.

Don was a member of the Mount Isa District Health Community Council from 1999 to 2011. He was also the Co-project Manager for Gregory Downs Health Clinic Building Redevelopment and Project Manager for the Urandangi Health Clinic Building Redevelopment.

Originally appointed on 29 June 2012, Don was reappointed on 18 May 2017, until 17 May 2019.

Dr Kathryn Panaretto
Board Member

Kathryn, a general practitioner at QUT Medical Centre in Brisbane, has a background in primary health care, having worked as a general practitioner at Mount Isa's Gidgee Healing and with the Remote Women's Health clinics at Julia Creek and Cloncurry. She has spent the last 15 years working in Aboriginal Health in Queensland. She also is a Public Health Physician with the Darling Downs Public Health Unit in Toowoomba, Locum Public Health Physician at Darling Downs Public Health Unit and West Moreton Public Health Unit, Adjunct Professor at James Cook University and the University of Queensland, and committee member of the Australian Commission on Safety and Quality in Health Care.

Originally appointed on 18 May 2016, Kathryn was reappointed on 18 May 2017, until 17 May 2020.

Dallas Leon
Board Member

Dallas, a Kalkadoon and Waanyi man, was born in Mount Isa and returned to the city a few years ago. He has worked in the Indigenous health arena for 19 years, initially as an Aboriginal health worker, and then specialising in population health before moving into management. He is the Director of the Queensland Aboriginal and Islander Health Council, Chair of the Western Queensland Primary Health Network Clinical Chapter (North West), Chief Executive Officer of Gidgee Healing and a member of the Western Queensland Primary Health Network Clinical Council.

Originally appointed on 18 May 2016, Dallas was reappointed on 18 May 2017, until 17 May 2020.

Our Board Committees

The *Hospital and Health Boards Act 2011*, and supporting *Hospital and Health Regulation 2012*, require Hospital and Health Boards to establish a range of prescribed committees relating to audit, safety and quality, finance, and the executive management of the service.

These committees do not replace or replicate executive management responsibilities and delegations, or the reporting lines and responsibilities of either internal audit or external audit functions.

Finance, Audit and Risk Management Committee

The Finance, Audit and Risk Management Committee comprises the two prescribed committees relating to finance and audit. The role of this combined committee is to provide independent assurance and assistance to the North West Hospital and Health Board on a range of matters regarding:

- Financial management of the North West Hospital and Health Service in accordance with its statutory and administrative obligations, including risk, control and compliance frameworks and other internal and external accountabilities
- Identification and implementation of efficiencies and innovation in the areas of finance, audit and risk management
- Other relevant matters, as determined by the Board.

The Committee met on eight occasions during the reporting period.

Key activities and achievements for 2016–2017:

- Monitored financial risks identified by the committee
- Refinement of the Chief Financial Officer reporting template to assist Committee Members and the board in monitoring activity and financial performance
- Completion of internal audits focused on fraud, risk management, staff travel processes, financial management assurance and progress against prior year audit findings
- Implementation of Related Party Transaction Policy and Procedure.

Looking ahead for 2017–2018, the Committee will:

- Continue monitoring expenditure against service agreement components, ensuring the financial sustainability of the Hospital and Health Service
- Ongoing review of supporting Information, Communication and Technology systems to ensure efficiency and effectiveness of financial and other reporting and decision making
- Introduce enhanced strategic asset management processes by finalising the Strategic Asset Plan and Capital Investment Plan.

External scrutiny

As part of its annual audit program with respect to the performance of public sector entities, the Queensland Audit Office conducted three audits specific to Queensland Hospital and Health Services, namely:

- Efficiency and cost of operating theatres
- 2015–2016 results of financial audits
- Efficient and effective use of high value medical equipment. The North West Hospital and Health Service had no equipment that met the criteria for this audit.

Operating theatre efficiency

The Queensland Audit Office found that public hospitals could substantially improve their theatre efficiency, both by increasing utilisation and by better managing their costs of surgery. The audit found that across the state:

- Too many sessions do not start on time
- The changeover time between many surgeries takes too long
- Sessions close early and surgery cancellations are not well managed.

Surgery in the North West Hospital and Health Service is conducted at the Mount Isa Hospital. The Queensland Audit Office noted that the:

- Operating theatre time available was under utilised
- Operating theatre sessions often started late.

The North West Hospital and Health Service continues to monitor and review the efficiency of operating theatres, and regularly implements improvement in processes to ensure increased productivity, which is evidenced by no patients waiting longer than the clinically recommended time for their surgery as at 30 June 2017.

Financial audits

The Queensland Audit Office provided an unmodified audit opinion on the North West Hospital and Health Service's financial statements. This confirms that our financial statements were prepared according to requirements of legislation and Australian accounting standards, and can be relied upon.

The accumulated deficit of $3.4 million in 2015–2016 reduced to $3 million in 2016–2017.

Internal Audit

During the reporting period, four internal audits or operational reviews were undertaken:

- **Management of staff travel:** Audit found the travel booking system in use did not adequately support an integrated travel management system and noted a new system was in development. Audit made four recommendations to provide clarity over policy and strengthen internal controls. These recommendations will all be completed within the agreed timeframe.
- **Operational review of the North West Hospital and Health Service prioritisation and decision making framework:** While Audit found there were a number of opportunities to improve governance with respect to decision making, it was noted that significant work had been completed to strengthen the robustness and transparency of decisions being made.
- **Management of Fraud Risk:** Audit found that fraud risk management processes had matured from an earlier audit conducted in 2014. Audit made seven recommendations with respect to policy, increasing fraud awareness and strengthening internal controls.
- **Financial management assurance:** Audit found that Management and the Finance team in response to feedback during fieldwork have commenced revising the structure of work papers and follow up on action plans. Audit made two recommendations in regard to role definition and reconciliation frequency.

Quality, Safety and Risk Committee

The Quality, Safety and Risk Committee ensures the provision of effective governance frameworks across the North West Hospital and Health Service and promotes delivery of safe and quality clinical patient services.

The Quality, Safety and Risk Committee ensures the provision of effective governance frameworks across the North West Hospital and Health Service and promotes delivery of safe and quality clinical patient services.

The Committee also provides assurance and assistance to the Board on a range of matters regarding:

- The identification and mitigation of risks for people receiving clinical care, occupational health and safety risks for employees and others
- Ensuring, in conjunction with the Board's Finance, Audit and Risk Management Committee, that accurate and complete performance data is reported to the Board, external agencies and Government departments as required by the Board's Service Agreement with the Queensland Government and as otherwise required by legislation, funding instruments or benchmarking commitments
- Analysis and critique of the operational performance of our facilities with respect to quality, risk and safety indicators
- Other relevant matters, as determined by the Board, in order to ensure a safe and efficient environment that continually fosters improvements to the wellbeing of the people who access our services, and our staff
- Monitoring and making recommendations about factors and strategies affecting the health of residents within the North West, including our Indigenous, rural and remote communities.
- Planning with community and partner organisations to improve the reporting and monitoring of health outcomes for our Indigenous communities, with a focus on primary health care indicators and prevention strategies
- The Committee met on ten occasions during the reporting period.

Key activities and achievements for 2016–2017:

- Reviewed the North West Hospital and Health Service's Clinical and Operational Governance framework
- Developed primary health care indicators for the Hospital and Health Service, holding a workshop for key internal and external stakeholders
- Support to improve patient waitlist resulting in zero long waits for elective surgery by end of June 2017, and continued management of Specialist Outpatient long waits with an expected target of zero for these also.
- Review of single nurse posts and an agreement with Queensland Police Service regarding their attendance if needed, to ensure the safety of staff, visitors and patients in our remote hospitals.

Looking ahead for 2017–2018, the Committee will:

- Continue to monitor and make recommendations to the Board about matters pertaining to quality, safety and risk, consistent with the Committee's Terms of Reference
- Continue to monitor quality, safety and risk performance
- Expect to receive improved reporting with the introduction of Riskman (risk reporting system) for more in-depth information, leading to closer monitoring of quality, safety and risk parameters and better identification of opportunities for improvement
- Further develop governance processes for local research-related activities and clinical and health education initiatives in relation to strategic direction and priorities, including Indigenous participation in the workforce and in the services provided by the Hospital and Health Service
- Provide an increased focus on identification and monitoring of health indicators for the population of North West Queensland
- Expect improved monitoring of health indicators for our Indigenous communities, with the expectation that partnerships with Indigenous and other primary health care providers will over time result in improved health outcomes within our Indigenous communities.

Business Development Committee

At the March 2017 meeting of the North West Hospital and Health Board meeting, the Board resolved to disband the Business Development Committee due to the replication of functions with the iProgram Council.

The iProgram Council is an ambitious innovation program that oversees changes to how we deliver health services across North West Queensland. This will include how services are accessed, where and how services are provided and who may provide services.

The innovation Program Management Framework describes how the iProgram will be governed and managed and the approach that will be used to ensure consistency in how the program is managed and how individual projects are selected, designed, governed and delivered.

The iProgram Council is accountable to the Board for program delivery, and the Chief Executive is accountable for achieving program goals. Membership of the iProgram Council consists of the Executive Management Group, the iProgam Director (Nursing Director, Quality Safety and Risk Unit), the Director of Cultural Capability and Engagement, the Media and Communications Officer, the Chief Executive Officer of Gidgee Healing, the Director of the Mount Isa Centre for Rural and Remote Health. The Board nominated Dr Christopher Appleby and Ms Kari Arbouin to be ex-officio members of the iProgram Council.

Engagement Committee

The Engagement Committee promotes effective relationships and communication with our consumers, communities and workforce across the North West by providing independent assurance and assistance to the North West Hospital and Health Board on a range of matters regarding:

- Continuation of effective relationships and partnerships with key internal and external stakeholders to facilitate and promote the goals and objectives of the North West Hospital and Health Service
- Ensuring clear communication with North West communities
- Development and implementation of the Hospital and Health Service's Strategic Plan, organisation-wide Engagement Strategy and any other strategic documents
- Other relevant matters, as determined by the Board, in order to support local decision making and to drive innovation and flexibility to pursue local efficiencies.

The Committee met on four occasions during the reporting period.

Key activities and achievements for 2016–2017:

- Successful engagement tour of the facilities in the Lower Gulf of Carpentaria in July, along with meetings with local government councils, with the launch and promotion of the North West Hospital and Health Service's Strategic Plan at every facility
- Two forums held for GP engagement
- Community Advisory Networks are meeting regularly in Cloncurry, Julia Creek and Carpentaria Shire; the long standing Health Council meets regularly on Mornington Island; the Doomadgee Health Council, (Yellagungimara) meets regularly; a new Community Advisory Network was established in Burketown, and work is progressing on establishing a Community Advisory Network in Mount Isa and Karumba
- Meeting with Health Consumers Queensland
- Much of the work progressed for the 2017 Mount Isa Health Expo to be held in August 2017
- Board visit and meeting in Doomadgee in November 2016
- We welcomed the appointment of the Director of Cultural Capability and Engagement in January 2017.
- Commenced a monthly email bulletin, "Board Shorts" from the Board Chair to improve staff engagement
- Workforce Leaders' Group devised and implemented a long service recognition plan, which was rolled out in Mount Isa and the Lower Gulf facilities in June 2017, with a view to reaching remaining facilities in July and August 2017
- Regular meetings with the Clinical Directors Group.

Looking ahead for 2017–2018, the Committee will:

- Complete the roll out of the long service recognition plan, holding award ceremonies at the remaining facilities in July and August 2017
- Continue to use the North West Hospital and Health Service Engagement Strategy to engage with communities and improve health outcomes
- Continue to support the existing Community Advisory Networks and establish similar in communities where they do not exist
- Welcome Consumer Representatives onto the Engagement Committee
- Plan for the establishment of a Community Advisory Forum with representation from all communities
- Build on the successes of the 2014 and 2015 Mount Isa Health Expo, to deliver a third event in August 2017, making it a biennial health event
- Seek Board representation at all significant community events
- Monitor and evaluate effective engagement with the Workforce Leaders' Group
- Continue to seek further opportunities such as small regional health events to ensure and promote effective two way engagement with our local communities and staff across the North West region
- Continue to engage with the Hospital and Health Service's Clinical Directors Group.

Board Remuneration

In accordance with the *Hospital and Health Boards Act 2011*, board members are remunerated for their participation in fees and allowances payable to the chair, deputy chair and members of Hospital and Health Boards in accordance with the *Remuneration Procedures for Part-time Chairs and Members of Queensland Government Bodies*.

Out of pocket expenses for the board members for the reporting period totalled $392.28.

Further details regarding remuneration are provided on page 21 and 22 of the financial statements.

Our Executive Management Group

The Health Service Chief Executive is responsible for the day to day operations of the North West Hospital and Health Service and oversees the Executive Management Group which delivers services against the strategic framework set by the Board.

The Office of the Chief Executive is a busy hub which ensures efficient and timely response to all business needs. The office is staffed with one Executive Assistant, five Executive Business Support Officers, one Media and Communications Officer, one Director of Cultural Capability and Engagement and one Director of Board Operations.

The team of support officers works closely with their respective executive members to manage the flow of information to and from internal and external departments and agencies.

To strengthen the involvement of senior managers in the deliberation of matters such as clinical services, budget setting and the capital program, a Senior Management Team, comprising senior managers from all areas of the Hospital and Health Service, was established early 2017.

The Senior Management Team is the key forum for the consideration and management oversight of major strategies, operational plans and programs, and setting the benchmark for the culture and behaviours expected across the North West Hospital and Health Service. The Senior Management Team meets monthly and met on four occasions during the reporting period.

The Executive Management Group met on 10 occasions during the reporting period. The Executive Director of Integrated Health Services was appointed after this reporting period. As at June 30 2017, membership comprised:

Lisa Davies Jones
Health Service Chief Executive

Lisa has had a broad ranging healthcare career within nursing, service improvement, healthcare management and clinical governance. Lisa has worked in a number of senior leadership roles within healthcare organisations in the United Kingdom and more recently in Queensland.

Lisa has spent the first year of her tenure with the North West Hospital and Health Service building partnerships with Western Queensland Primary Health Network and Gidgee Healing, to establish the foundations of their shared approach to developing comprehensive primary health care through integrated services. Her strong commitments to improving health outcomes have led to a determination to see health services integrated across the North West Hospital and Health Service, for the seamless delivery of primary health care.

Lisa is passionate about creating an environment where staff at all levels of the organisation can flourish in their work and are able to generate new learning and continuous improvements in health care.

Lisa has qualifications in registered and specialist nursing and post graduate management and leadership. Lisa is a graduate of the Australian Institute of Company Directors.

Michelle Garner
Executive Director Nursing and Midwifery and Clinical Services

Michelle has held the position of Executive Director of Nursing and Midwifery since 2008, and with the 2017 executive tier restructure, her title was changed to Executive Director Nursing and Midwifery and Clinical Services.

Michelle is an endorsed nurse practitioner, and has a special interest in advanced pathways for the nursing and midwifery professions. While in this role, Michelle has prioritised support and development of nurse practitioner roles in rural, remote and specialised areas of practice.

Michelle represents rural and remote nurses on state-wide committees and at strategic level forums. She is a member of the Department of Health's Rural and Remote Clinical Network, and is a member of joint Department of Health and Queensland Nurses' Union enterprise bargaining committees and working groups.

Michelle is also a member of the Queensland Nursing and Midwifery Executive Council, the Executive Directors of Nursing and Midwifery Forum, National Nursing Executive Group, Nursing and Midwifery Implementation Group and the Queensland Clinical Senate.

Michelle holds a Bachelor of Nursing, Graduate Diploma in Advanced Critical Care Nursing, and a Masters Nurse Practitioner, and is an Adjunct Associate Professor with James Cook University. She is a Board Member of the Good Shepherd Catholic College in Mount Isa, and a Board Member of the Queensland Board of the Nursing and Midwifery Board of Australia.

Associate Professor Alan Sandford, AM
Executive Director of Medical Services and Clinical Governance

Alan, a Specialist Medical Administrator, is an experienced health executive and clinical consultant with over 29 years of executive health management experience. He commenced in the role of Executive Director of Medical Services in early 2014 and with the 2017 executive tier restructure, his title was changed to Executive Director of Medical Services and Clinical Governance. Alan has held executive level management positions in a variety of health settings both in Australia and internationally. He was awarded Member of the Order of Australia in the Australia Day Honours in January 2017.

Working with groups of senior clinicians to optimise engagement is a priority for Alan. Recent roles in rural Australia have strengthened health workforce, governance and clinical functionality within organisations. He was previously the head of Health Workforce for Victoria with the Department of Human Services with State and Commonwealth roles in the area of workforce.

Alan has over 23 years' experience as an Australian Council on Healthcare Standards (ACHS) surveyor and is currently an active coordinating surveyor involved in accreditation in both the public and private health sectors across Australia.

Alan is a Fellow of the Royal Australian College of Medical Administrators, and is currently the Censor in Chief. He holds postgraduate qualifications in health management and is a Graduate of the Australian Institute of Company Directors. Alan is also Adjunct Associate Professor with James Cook University and Clinical Associate Professor with the University of Tasmania.

Barbara Davis
Executive Director of Corporate Services

Barb was appointed to the position of Director of Business Support in 2004 which became Executive Director of Corporate Services in 2007. In late 2014, the position was subsequently upgraded to Chief Operating Officer and Barb was successful in applying for this new position. In 2017 with the Executive restructure, Barb's position title reverted to Executive Director of Corporate Services. She has more than 39 years' experience in nursing and administrative roles in a wide range of locations throughout Australia.

Barb represents the North West Hospital and Health Service on State-wide committees which include Chief Operating Officer Forum, and various State-wide specific project groups. She remains in the North West due to her passion for progressing equity in health status for the North West communities.

Barb is responsible for the dedicated team of staff who manage most non-clinical areas within North West Hospital and Health Service with particular emphasis on operational, human resources, administration, infrastructure, and maintenance and asset management. She also is responsible for the patient access areas of Specialist Outpatients and Telehealth. Team members are client focussed and provide high quality services that support health care delivery. Barb is a former registered nurse, neonatal intensive care nurse, and midwife. She holds a Bachelor of Health Science and a Masters of Health Management.

Chris Watts
Chief Finance Officer

Chris has been the Chief Financial Officer for the North West Hospital and Health Service since November 2016. His key challenges and achievements in the 2016–2017 financial year have been to improve the financial sustainability of the Hospital and Health Service, return a balanced operating result and develop a five year ICT strategy. Chris represents the North West Hospital and Health Service on State-wide committees which include Chief Finance Officer Forum and Chief Information Officer Forum and works with other rural and remote Hospital and Health Service Chief Financial Officers to promote the financial challenges faced in western and northern Queensland hospitals.

Chris has 15 years' experience working in local government, managing business functions in water, wastewater and waste utilities and more recently overseeing the strategic financial management portfolio at Townsville City Council. Chris has a passion for linking operations and annual budgets with organisational strategy and improving financial literacy in the organisation.

Chris is responsible for the dedicated and professional team of staff who manage the finance, systems, contracts and ICT functions of the Hospital and Health Service. With a philosophy of partnering with operational departments, Chris' teams have delivered excellent outcomes in improving financial knowledge and accountability and information system proficiency.

Chris holds a Bachelor of Commerce degree, is a member of the Institute of Chartered Accountants of Australia and New Zealand and is currently studying a Masters of Business Administration.

Quality, safety and risk management

The Executive Director Medical Services and Clinical Governance, Associate Professor Alan Sandford, gets his flu jab at a Mount Isa Hospital flu vax event, hosted by Quality, Safety and Risk, in April 2017

The North West Hospital and Health Service is committed to providing accessible, responsive, quality health services to the communities we serve. Our Strategic Plan outlines this commitment to develop efficient, innovative models of care which reflect current evidence based practice to provide better health outcomes for the community.

The Quality, Safety and Risk Unit provides clinical and administrative resources for the North West Hospital and Health Service, to enable all staff to enact these commitments.

Accreditation

The North West Hospital and Health Service is committed to maintaining nationally recognised accreditation under the Australian Health Service Safety and Quality Accreditation Scheme. The service is evaluated on a continuous basis against ten clinical National Safety and Quality Health Service Standards and five EQuIP National Standards developed by the Australian Council on Healthcare Standards. Mental health services are assessed against both the national standards and the additional National Standards for Mental Health Services.

The Hospital and Health Service is currently fully accredited for the period 2016–2020.

The Australian Council on Healthcare Standards Periodic Review takes place in November 2017.

Safety and Quality Plan

The Quality, Safety and Risk Unit has developed a Safety and Quality Plan and Framework, based on the strategic plan and vision of the organisation. This plan will ensure that the communities we serve are provided with evidence based, safe services and staff are supported to identify and act on areas of improvement. The plan will also support the North West Hospital and Health Service to continue to achieve full accreditation.

Risk management

Risk is managed through the Queensland Health RiskMan electronic management system. Risk is monitored by the Quality and Safety Unit, which will liaise with risk owners to ensure appropriate mitigation strategies are in place and that risks are regularly reviewed through the appropriate governance pathways.

Risk is a standing agenda item at clinical governance meetings and all Board and committee meetings.

Schedule of audit

A central audit schedule is in place to ensure the care we provide is of a high quality. The audits are based on the National Standard requirements and results are collated by the audit and compliance officer. Monthly reports are sent to each unit manager outlining their performance against each standard. The Quality Safety and Risk Unit also monitors any action plans arising from the audit results.

Patient experience

The North West Hospital and Health Service is committed to ensuring that our patients have the best possible experience while using our services.

Collation of patient experience surveys is a measure by which we can gauge their satisfaction in our services.

Compliments and complaints are managed by the Patient Liaison Officer through the RiskMan electronic system, with investigations completed by the relevant managers.

Details and any trend noted in complaints are tabled at the relevant clinical governance committee for action.

Patient safety

Clinical Incident management is an essential component of a quality patient care system. A clinical incident is any event or circumstance which has actually, or could potentially, lead to unintended and/or unnecessary mental or physical harm to a patient. Staff are encouraged to report such incidents via the RiskMan Clinical Incident database, including submitting suggestions as to how a similar issue might be avoided in the future.

The Weekly Incident Panel also monitors trends and makes recommendations to support line managers in the investigation of incidents.

Trends and any significant clinical incidents are tabled at the relevant clinical governance committees.

Ryan's Rule

Ryan's Rule is a Queensland wide initiative which provides a three-step process that can be used by patients, families and carers to escalate their concerns when they feel the patient's condition is worsening or not improving.

All calls are followed up by the Quality and Safety team.

Interpreter services

Interpreter Services are available for any of our patients who have difficulty understanding English.

Interpretation services, centrally provided by Queensland Health on a twenty four hours per day, seven day per week basis, also provide translation of any documents, follow up letters, treatment plans or other assistance that would enhance the treatment of the patient.

Infection prevention and control services

A Clinical Nurse Consultant manages the North West Hospital and Health Service infection prevention and control program. Key activities include supporting strategies for prevention of healthcare associated infections, monitoring and reporting healthcare associated infections, coordination of workforce immunisation programs, and monitoring other key infection prevention strategies, such as hand hygiene compliance.

The Clinical Nurse Consultant conducts comprehensive surveillance for infections occurring as a result of any aspect of the provision of healthcare whether through surgery or interventions such as medical devices. Identified infections are assessed against a standardised set of criteria and where necessary, possible improvements in practice or process are identified. Hand hygiene is the single most important strategy for reducing the transmission of infection in any setting – even at home. A significant part of the Infection Prevention and Control program is monitoring compliance with the practices recommended by the National Hand Hygiene Initiative.

The Infection Prevention service also assists the Human Resources team to assess and monitor the new Queensland Health requirements for pre-employment vaccinations.

Information systems and record keeping

All North West Hospital and Health Service employees have specific responsibilities regarding security, confidentiality and the management of records and other information accessible to them during the course of their work. Staff understand their responsibilities in accordance with the *Information Privacy Act 2009*.

Our skilled staff are responsible for the management of central information systems and record keeping. Medical Records is responsible for the lifecycle management of clinical records, including audit. Staff are informed of audit results and involved in continuous improvement activities.

Administration officers with responsibility for medical records complete mandatory training, and ongoing competency assessments continue to be undertaken to ensure all staff comply with record keeping requirements. Individual service areas manage non-clinical records. To assist in maintaining a high level of service, written and electronic support resources are also available to staff at all times.

Medical records are currently tracked with the Hospital Based Corporate Information System (HBCIS) database. Clinical records are retained and disposed of in accordance with the Health Sector (Clinical Records) Retention and Disposal Schedule (QDAN 683) and public records in accordance with the *Public Records Act 2002*.

Public Interest Disclosure

In accordance with section 160 of the *Hospital and Health Boards Act 2011*, the North West Hospital and Health Service is required to include a statement in its Annual Report detailing the disclosure of confidential information in the public interest. There were no disclosures under this provision during 2016–2017.

HELPING THEM QUIT

Cigarette smoking remains a leading cause of preventable disease and premature death in Australia and internationally. The prevalence of smoking in Australians is about 16 percent.

The number one leading cause (risk factor) for the total disease burden in Queensland is tobacco use. Smoking continues to be the leading cause of death and disease in Queensland. Daily smoking rates are about 30-40 percent higher in remote areas. North West Hospital and Health Service smoking rates are 61 percent higher than the Queensland average, while the smoking rate for Indigenous Queenslanders is 2.5 times higher than non-Indigenous. Indigenous Queensland women are four times more likely to have smoked during pregnancy (*The Health of Queenslanders 2016*, and *Closing the Gap 2016*).

A recent review showed most Australian smokers want to quit; only about six percent of the smoking population do not want to quit. Dedicated smoking management services are a gap within most communities.

The North West Hospital and Health Service aims to assist their clients with the management of nicotine addiction in the community through the Nurse Practitioner-led Smoking Management Clinic.

The clinic is promoted to clients with the title "Managing your smoking". Using such a title assists in building the initial thought process for change and begins the engagement process.

Using the title "Smoking cessation" or "Quit Smoke", can be daunting to most. The goal of this smoking management clinic provides one to one assistance with counselling and pharmacotherapy in smoking cessation. This is a Nurse Practitioner-led service with an extended scope of practice in Nicotine Addiction Management. This is the only Nurse Practitioner-led service in Australia.

Clinical Treatment Officer Mario Amaya-Bonilla with a bottle full of tar at an ATODS stall for World No Tobacco Day in May.

This service is extended to all clients age 15 and above with a history of smoking.

The service is widely accessed in the community; it receives referral from the North West Hospital and Health Service inpatient team, Chronic disease management team, Dental team, Maternity Outpatients, General Practitioners and Mental Health team. From September 2016 to April 2017, the service has received 154 referrals. At the end of the reporting period, 67 patients were actively using the service, while others have declined the service, are not ready to engage or opted out after an attempt to quit.

The service closely integrates Mental Health team case managers, providing a dedicated one on one smoking management clinic for mental health clients. This strategy has assisted to improve the compliance, build rapport and maintain a collaborative care model with the Mental Health team.

The service goal aim is to build a further telehealth smoking management clinic for remote towns to access this service and to build a collaborative care with the Alcohol, Tobacco and Other Drugs Services team and other Nurse Practitioners in the remote community.

Smoking service is aiming to integrate with the Midwifery Caseload Nurse to build continuity of care for smoking women during pregnancy.

Human resources

Our people

The contribution of skilled and committed staff across all roles within our organisation ensures that we are able to deliver a quality health service. Our highly-skilled and valued workforce remains a priority as we meet the challenges of future health needs and the changing workforce environment.

As at 30 June 2017, we employed 776.77 Full Time Equivalent (FTE) people, representing a Minimum Obligatory Human Resource Information (MOHRI) Headcount of 784 employees, 104 more FTE than the previous financial year.

North West Hospital and Health Service is working to ensure we have a sustainable and highly qualified workforce to meet the future needs. There are a number of challenges facing the future growth of our organisation, including:

- the critical focus on primary health care
- an ageing workforce
- recruitment and retention of a skilled workforce
- a multi-generational workforce.

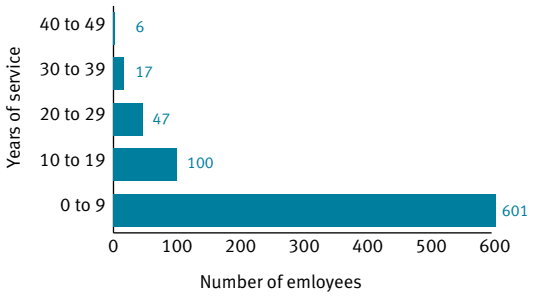
To meet these challenges and other emerging needs of the health service environment, it is critical we continue to invest in our people.

In an effort to support and invest in staff, and following extensive staff and stakeholder engagement from strategic planning in mid-2016, the North West Hospital and Health Board requested the Chief Executive to review the current executive structure. The aim is to inform current capacity to align the intent and requirement to meet the need to improve health outcomes. This is combined with an essential focus on working with partners and integrating health services in the primary health care area. The risks identified pointed to a need to realign the executive level structure and to enhance supporting committee roles and functions to ensure the Hospital and Health Service can deliver quality, safety and compliance and reporting responsibilities with such a small team covering such a large region. This has resulted in a realignment of Executive portfolios and the introduction of an Executive Director Integrated Health Services.

The North West Hospital and Health Board also championed Recognition of Service, initiating ceremonies throughout our facilities, where employees were acknowledged for their length of service with a ceremony, appropriate year badge (Five years, 10 years and greater than 20 years) and an award.

This recognition will be an ongoing celebration of all employees. Current workforce profile for the North West Hospital and Health Service is as follows:

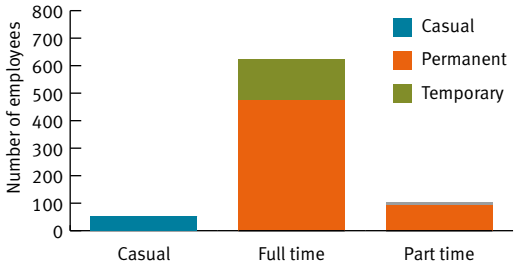
MOHRI occupied headcount 2016–2017



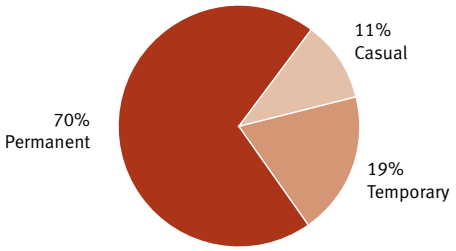
The majority of our employees are permanently employed remaining relatively steady since prior financial year.

Our workforce profile remains static compared to prior years with minimal difference in actual numbers.

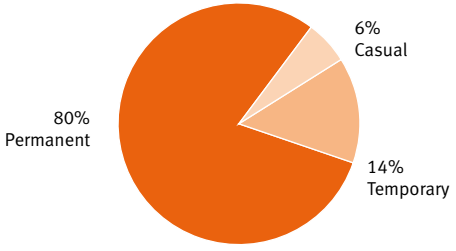
Workforce numbers 2016–2017

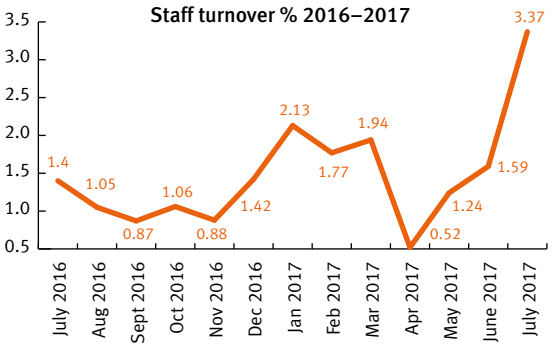


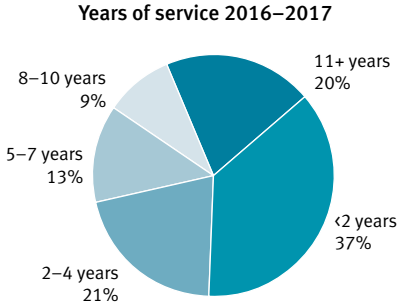
Employment status 2016–2017

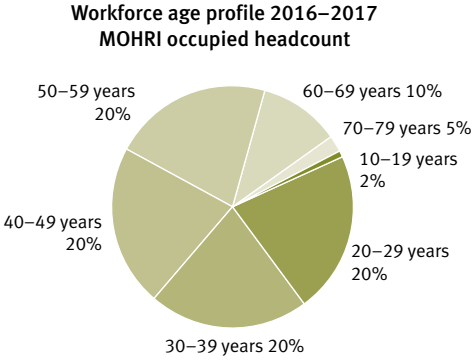


Employment group 2016–2017









Code of Conduct and Public Sector Ethics

The Hospital and Health Service upholds the Public Sector Values published by the Queensland Government. We are committed to upholding the values and standards in the Code of Conduct for the Queensland Public Service. All staff are required to undertake training related to the Code of Conduct for the Queensland Public Service and Public Sector Ethics and Ethical Decision Making.

Code of Conduct requirements are included in the terms of employment in all appointment letters and training is provided in the central orientation program and via online training modules. Human Resource Officers are also available to provide in-house training where requested.

One voluntary redundancy of $158,244.39 was paid by the North West Hospital and Health Service during the reporting period.

We continue to grow our Indigenous workforce with an increase from 9.4 percent in the 2015–2016 financial year to a current 10.28 percent.

Increasing Aboriginal and Torres Strait Islander representation in employment and reducing the overall level of disadvantage among Indigenous Australians is an integral part of the health service's commitment to closing the gap between Indigenous and non-Indigenous Australians. This is key to working in partnership with other health service providers.

In 2016 we participated in a state-wide Working for Queensland survey. Critical to the results of this survey was to listen to our staff and implement changes to address documented challenges. *You Said, We Did* publication was released late June 2017.

Our staff

Medical and Clinical Governance Services

Health Services across the vast area of the North West of Queensland are led by an extraordinary and skilled medical staff comprising over 60 doctors, from Interns through to Senior Consultants with leadership provided by the Executive Director of Medical Services and Clinical Governance.

While the majority of medical staff are based at the Mount Isa Hospital, they also participate in regular out-reach services to ensure access to a broad array of medical services is available to our remote communities. We are also fortunate to have full-time Medical Superintendents leading staff at Mornington Island, Doomadgee and Cloncurry, in addition to senior permanent staff in Normanton, Julia Creek and the lower Gulf, who provide important local medical leadership and are fully supported by specialist staff located at Mount Isa Hospital.

The medical services departments are supported by dental, allied health and other ancillary services and, together with our nursing staff, provide front line services to our patients across the North West. Services include:

- General Medical
- General Surgical
- Paediatrics
- Obstetrics and Gynaecology
- Anaesthetics and Intensive Care
- Emergency Medicine
- Palliative Care
- Mental Health
- Oncology and Cancer Care
- Imaging Services.

These services are supplemented with other regular visiting medical services, which include:

Ophthalmology, Orthopaedics, Respiratory Medicine, Cardiology, including paediatric cardiology, Endocrinology, Rheumatology, Public Health, Sexual health, Ear, Nose and Throat, including “Deadly Ears”, Renal, Oncology, Faciomaxillary, Neurology, Rehabilitation medicine, including paediatric rehabilitation, Dermatology (mostly tele-dermatology) and Gastroenterology.

Paediatrics, Surgery, Medicine and Obstetrics and Gynaecology departments hosted at the Mount Isa Hospital also provide robust outreach services to smaller hospital and primary health centres across the region, in addition to telehealth support.

As a remote location, services are also supported with the assistance of the Royal Flying Doctor Service and Medical Retrieval Services Queensland. All medical staff are credentialed by the North West Hospital and Health Service.

The **Quality Safety and Risk Unit** was established in January 2015 to provide support for all staff throughout the Health Service, and now sits under Medical Services.

The Quality Safety and Risk Unit was responsible for the successful completion of the self-assessment component of the Australian Council of Healthcare Standards accreditation cycle on November 2016. The assessors noted that excellent progress had been made on recommendations from the previous survey.

The **Medical Workforce Unit** is the coordinating hub for recruitment, retention, rostering, education, credentialing and financial activity related to Medical Workforce in the North West Hospital and Health Service. The main services include medical workforce planning, attraction, recruitment and retention, advice on appointment levels based on current industrial and professional benchmarks and credentialing of medical practitioners.

The Medical Workforce Unit

The unit also provides leadership and operational management for medical officers including payroll, leave management, travel requirements, rostering, career support/professional development, and the oversight of medical officer financial cost centres. The Medical Workforce Unit also incorporates Outreach Services, Medical Education and Library Services.

Outreach Services facilitates the efficient delivery of medical services to all communities within the Hospital and Health Service. Assistance with the compilation of Contracts and Service Level Agreements for visiting medical officers and specialists from other Hospital and Health Services is also supported by the Outreach Service Coordinator position.

The Medical Education Unit is responsible for supporting the medical education and professional development of Medical Officers within the Hospital and Health Service. The services includes assessing training needs for prevocational medical graduates, developing, enhancing and delivering training to meet these needs, while contributing to the achievement of required training programme accreditation.

The Yacca Library is located at the Mount Isa Base Hospital and provides services to all staff. The Library is one of the state wide Queensland Health Libraries and is jointly funded by the North West Hospital and Health Service and the Mount Isa Centre for Rural and Remote Health / James Cook University. The Yacca Library allows staff to utilise and access information that supports conducting research, study, evidence-based practice, professional development, and innovative models of care. Yacca aims to assist with the health service's priorities of a highly skilled, motivated and engaged workforce as well as a vibrant research and innovative culture.

Key achievements for 2016–2017 include:

In addition to the range of local achievements delivered by our staff across each of our local facilities, as summarised between pages 23–35 of this report, we also delivered:

- A new Risk Management Framework, which was endorsed by the Board and will mean we now have a more robust and transparent Risk Management system for the entire Hospital and Health Service
- A roll out of State-wide RiskMan system which will provide improved reporting capabilities and will allow "real time" access to incident figures and trends
- Recruited Director Surgical Services, Director of Paediatrics, Specialist Physician, Director Palliative Care, Clinical Director of Mental Health Services, Specialist Surgeon, three Senior Medical Officers (Emergency Department), and Senior Medical Officer (Paediatrics)
- In conjunction with Gidgee Healing and CheckUP conducted a Cataract Surgery Blitz for indigenous patients from the lower gulf district
- In January 2017 – Gordon Mayne, Rural and Remote Clinical Support Unit, conducted an audit of the North West Hospital and Health Service's credentialing database. A number of administration errors (rated low to medium risk only) were identified, which have now been rectified. All practitioners providing services to the Hospital and Health Service had current and appropriate scope of clinical practice at the time of the audit. The Medical Workforce Unit has now implemented a monthly internal audit to ensure that any errors are immediately addressed and appropriate actions are taken. A follow up Audit was conducted in June 2017 where only one low risk error was identified
- June 2017 – Annual attendance as an exhibitor at the Rural Doctors Association Queensland Conference, with very positive feedback and keen interest in wishing to consider the North West as a location in which to live and work
- The librarian has worked throughout the year with the IT team to make Endnote and UpToDate available to download, improving accessibility to these resources for staff.

Looking ahead for 2017–2018, we will deliver:

- Further development of the risk and clinical incident management potential of the RiskMan system
- Completion of preparation for the Periodic Review, Australian Council in Healthcare Standards accreditation, due in November 2017
- Medical administration, in collaboration with Human Resources Services, will improve the quality of services relating to the attraction and retention of medical practitioners
- Continued reduction in the use of locums
- Work with the medical education unit to identify accreditation opportunities to increase intern numbers in 2018
- Medical Education will continue to maintain and extend the scope of Mount Isa Hospital as a training institution for medical staff – including pre-vocational training, intern training, Australia General Practice Training/Rural Generalist training and training for specialist colleges
- Engage external stakeholders to enable on-site training for accredited courses
- Library Services will focus on providing services and resources that meet the needs of our employees, and providing staff with an avenue for professional development through study and support.

Integrated Health Services

A Tier 2 Executive restructure at the end of 2016 resulted in the creation of a new portfolio: Integrated Health Services. Covering the oversight of all our remote facilities (profiled on pages 23–35), Community and Primary Health Services, Mental Health Services, Oral Health Services, Allied Health Services and Pharmacy Services, Integrated Health Services is tasked with ensuring these units all work together with the aim of improving primary health in our communities. Along with the remote facility management, there is a focus on improving primary health care and working closely with our partners, Gidgee Healing, and Western Queensland Primary Health Network.

Chief Executive Lisa Davies Jones, Meagan Nay, Robbie Katter MP, and Scott Prince, at the Deadly Smiles dental blitz day, September 2016

Oral Health Services

Oral Health Services is comprised of a multidisciplinary team of 21 staff and four James Cook University final year dental students. The service is based in Mount Isa, and provides visiting oral health services to remote townships and communities throughout the Hospital and Health Service on a regular basis. A broad range of general and emergency oral health services, in line with the Statewide eligibility criteria and standard schedule of dental services, are provided to both children and adults. Services are delivered via seven fixed dental facilities within hospitals and communities throughout the North West and one mobile dental unit (the dental "drover" which services townships and communities where fixed facilities have been decommissioned).

Mt Isa Hospital Dental Clinic consists of four surgeries, a dental laboratory, and sterilising services. Sunset School, Cloncurry, Julia Creek, Doomadgee, Normanton and Mornington Island all have single surgery fixed facilities with on-site sterilising.

General and emergency oral health services are provided for children and adults including treatment under General Anaesthetic (weekly dental lists). The team also provides oral health promotion within community settings throughout the Hospital and Health Service.

Key achievements for 2016–2017 include:

- Denture Service Blitz
- Teledental Service
- School Dental Model of Care Development
- Recruitment graduate Oral Health Therapist
- Increase in Oral Health Promotion activity
- Reduction of Oral Health wait lists.

Looking ahead for 2017–2018, we will deliver:

- Fluoride Varnish Application: an annual application of fluoride varnish reported to reduce dental caries by up to 30 percent
- ALO Oral Health Certification to identify oral health issues, provide oral health promotion advice, apply fluoride varnish
- Capacity to tie in with teledental services to provide support as necessary
- School-based Tooth-brushing programmes to be set up at Sunset State School and Mornington Island State Schools
- Successful application for resources (toothbrushes and toothpaste) from Colgate.
- Reinstitution of Outreach Drover Services, with additional budget allocation to staff this service
- Outsourcing Dental Prosthetic Services.

The Community and Primary Health Care team at their Strategy Planning Day

Community and Primary Health Care

The Community and Primary Health Care team provides comprehensive specialist care using an inter-professional collaborative practice framework. The team provides a primary and secondary whole-of-life service with a patient and family centred model of care.

The Community and Primary Health Care team provides Aged Care are Services, Chronic Disease Team (including cardiac, diabetes, renal, rheumatic heart disease, respiratory and respiratory and cardiac rehabilitation), Indigenous Primary Health Care Service, Maternal, Child and Youth Health (including child health, healthy skin program, lead health management, maternal health, school based health youth nurses and hearing and eye health), Nurse Navigator Service and Sexual and Women's Health services.

The team is based in Mount Isa and services are provided in Mount Isa and various communities within the North West Hospital and Health Service Network. A service partner structure is in place to build to build capacity, deliver safe, high quality, sustainable and culturally appropriate care across the health continuum.

The current team consists of Nursing (including Nurse Practitioners, Nurse Unit Managers, Clinical Nurse

Consultants, Clinical Nurses and Assistants in Nursing), Indigenous Health Workers and Administration and Operational (including Project Officers and Health Promotion) staff.

The **Aged Care Team** supports older people to lead healthy independent lives while staying connected to their community. Assistance includes gaining access to services such as Home Care, Residential Care (permanent or respite) or Transition Care. Comprehensive assessments are provided in the community or hospital setting.

The **Chronic Disease Team** provides an integrated, interdisciplinary range of specialist services throughout the North West Queensland region. The team delivers culturally appropriate primary and secondary interventions to improve disease management and quality of life, with a patient and family centred care management approach.

The **Indigenous Primary Health Care Service** provides a range of culturally sensitive education and health care services to the Mount Isa Aboriginal and Torres Strait Islander community. The team works in partnerships with patients and their families. The health care workers establish a relationship based on trust, acceptance and transparency and treat patients as individuals in a way they consider to be culturally safe.

Maternal, Child and Youth Health offers a variety of specialist community services to help children, families and young people lead healthier lives. The service model includes early intervention strategies, development progress, health monitoring and health promotion.

The Nurse Navigator service is provided by highly experienced nurses who have an in-depth understanding of the health system. They 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. The nurse navigator team educate and help patients to better understand their health conditions and enable them to self-manage or participate in decisions about their health care.

Mount Isa Sexual Health (MISH) delivers safe, accessible and culturally appropriate health care focusing on sexual and reproductive health and wellbeing of men and women. MISH offers a free and confidential service with friendly male and female staff. The Mount Isa Sexual Health service also concentrates on access to screening, treatment and resources throughout the North West Queensland district, offering a Mobile Women's Health Service.

Key achievements for 2016–2017 include:

- Cardiac Awareness display for Heart Week- May 2017
- NAIDOC week health screening, health prevention and education
- Closing the Gap day screening, health prevention and health promotion
- Successful move of premises with minimal disruption of services for Sexual & Women's Health Services.
- Development and release of short videos based on sexual health with Indigenous actors which screen on television
- Introduction of point of care lead testing.
- Development and implementation of the Nurse Navigator Service
- Standardised Spirometry Calibration established July 2016
- Doomadgee Health Expo November 2016
- The Nurse Navigator Service participated in health literacy activities at the North and West Remote Health Literacy Project HeLP sessions
- The Nurse Navigator Program Manager is the Co-Chair of the Nurse Navigator state wide network
- Successful immunisation rates continue with 95.3 percent of children fully immunised at five years of age

Looking ahead for 2017–2018, we will deliver:

- Integrated Diabetes Collaborative General Practitioner Initiative Collaboration with the Western Queensland Primary Health Network and General Practitioners in Mount Isa to implement an integrated diabetes model of care
- Expansion of the Lead Health Management Service
- Focus on integration ensuring Community and Primary Health Care team, work collaboratively with key internal and external stakeholders to ultimately provide patient centred care and outcomes.

Mental Health Services

The Mental Health, Alcohol, Tobacco and Other Drug Service and the Homeless Health Outreach Team are community based programs located in Mount Isa with hubs in Doomadgee, Mornington Island and Normanton. The Service is staffed with a multi-disciplinary team, made up of Nurses, Psychologists, Social Workers, Occupational Therapists, Community Support Workers, Health Workers and Administrative Support.

RUOK? Day with Executive Director, ATODS, Queensland Health, Associate Professor John Allan, Director of Mental Health, Sandra Kennedy, Associate Professor Alan Sandford and Chief Executive Lisa Davies Jones

The services aim to provide effective, evidence-informed prevention, treatment and harm-reduction, mental health and substance abuse services to individuals, families, carers, and communities.

The services provide: Individual assessment and treatment; structured therapeutic and psycho-education groups; advice and support to families; consultation and liaison service; health promotion, prevention and early intervention programs; access to a range of Alcohol and Other Drugs rehabilitation and recovery services; an Integrated Court Referral Service; a Police Diversion Program; Alcohol Tobacco and Other Drugs education and skills development and support to generalist service providers; Secondary Needle and Syringe Program; Opioid Substitution Treatment Program; smoking cessation therapy; pharmacotherapies to support abstinence, moderated drinking, or harm reduction for individuals with alcohol dependence; dedicated service for homeless people and young people; outreach services; planned and unplanned outpatient and inpatient Alcohol Tobacco and Other Drugs withdrawal support.

Mental Health Services have a multidisciplinary staff mix with nursing, social workers, occupational therapists and psychologists with two consultant psychiatrists.

The key functions of Mental Health Services are:

- The Acute Care Service for initial presentations to Mental Health Service through the acute assessment and brief intervention/treatment phase
- The Continued Care Service for those clients who require longer term care through case management e.g. clients under the *Mental Health Act 2016*
- The Child and Youth Mental Health Service for infants, children and adolescents who present with mental health issues, which can be through assessment and case management
- The Community Outreach Service for those clients who live in rural and remote communities within the Hospital and Health Service.

Key achievements for 2016–2017 include:

- July 2016 Mental Health and Alcohol, Tobacco and Other Drugs Services co-presented with Queensland Police Service at five Ice and Domestic Violence Community Awareness Presentations in Mount Isa, Cloncurry, Normanton, Mornington Island, and Doomadgee
- Facilitated a Mornington Island Men's Group 10-week drug and alcohol education program – averaging over 20 participants per session throughout. This was followed up with a Mornington Island Women's Group four-week drug and alcohol education program which the Alcohol, Tobacco and Other Drugs Community Support Worker continues to deliver
- Delivery of a six-session education and relapse prevention program for drug and alcohol issues to the residents of the Mount Isa Recovery Service
- Completed a 10-week long-term Disengaged Youth Program with three of the seven participants successfully being returned to full-time education
- The ATODS Youth Team played a lead role in the Mount Isa Substance Misuse Action Group which was instrumental in seeing the introduction of low aromatic fuels to Mount Isa with 100 percent of the Mount Isa Service Stations compliant by the end of October 2016, and Camooweal and Doomadgee targeted for future rollout
- Delivery of a six-session education and relapse prevention program for drug and alcohol issues to the residents of the Normanton Recovery Centre.
- Homelessness Health Team ran a community blanket and towel drive to spotlight homelessness.
- Consistent psychiatrist's outreach visit per month to Doomadgee and Normanton
- Psychiatrist's outreach visit to Mornington Island once every 6–8 weeks
- Psychiatrist's visit to Cloncurry once every six weeks, later changed to once every four weeks to meet the needs of that community
- Regular outreach visits by a mental health clinician to Normanton, Cloncurry and Julia Creek
- National Suicide Prevention Multi-Platform Campaign – a week of engagement coinciding with National Suicide Prevention Day –hosting and collaborating with other service providers to engage consumers, North West service providers and communities specifically via: R U OK local and social media campaign; Mount Isa Social and Emotional Well-Being Service Provider Expo; Co-facilitated Applied Suicide Intervention Training with North and West Remote Health.

Looking ahead for 2017–2018, we will deliver:

- Strengthen partnership arrangements with other health care providers and communities to create an integrated system of care for Alcohol, Tobacco and Other Drugs and Homelessness Service clients
- Value-add to discharge planning for clients who are homeless or at risk of homelessness for seamless service provision.

Allied Health Services

Allied Health Services are a diverse, multidisciplinary team consisting of Allied Health Assistants in Occupational Health, Physiotherapy, Audiology, three Indigenous Liaison Officers, a Clinical Educator, a Cardiac scientist, two dieticians, two occupational therapists, two occupational therapists, three physiotherapists with a further two in rural and remote generalist positions, one podiatrist, three social workers, two speech pathologists, and radiology support. The Allied Health team is profiled on page 36.

Key achievements for 2016–2017 include:

- Dietetics achieved a roll out of ENfit (new enteral feeding equipment) across Mount Isa Hospital

- Occupational Therapy collaborated with North and West Remote Health, utilising telehealth to deliver services to outreach sites
- New High Risk Foot Ulcer Clinic runs weekly through Outpatients supported by Podiatry and Wound Clinical Nurse Consultant
- Speech Pathology developed a 10-week early communication development parent education group program and implemented it at a local community multicultural playgroup
- Speech Pathologist presented at the 2016 bi-annual *Are You Remotely Interested?* Conference alongside allied health new graduates in July 2016
- Allied Health Clinical Educator accepted to present at National Allied Health Conference in Sydney in August 2017.
- Director of Social Work was accepted onto the national board of the Australian Association of Social Workers
- Successful inaugural Outback Allied Health Forum June 2017.

Looking ahead for 2017–2018, we will deliver:

- Establishment of inter-agency Occupational Therapy workforce development committee
- Increase Physiotherapy presence in Emergency Department and Fracture Clinic, and streamline referral process from these departments to physiotherapy outpatients
- Social Work: Finalise integration of the High Risk Team
- Speech Pathology: Design and implement a Telepractice Dysphagia Assessment Service to remote outlying sites within the Hospital and Health Service
- Further develop and embed the graduate program for all recent Allied Health graduates, along with possible rotation from tertiary hospitals elsewhere.
- Dietetics: Expansion of services to include implementation of the 'I Inject to Eat' Diabetes management group (based on program run at Princess Alexhandra Hospital).

Pharmacy Services

The Pharmacy team has developed and implemented a successful telepharmacy service which provides remote residents access to a clinical pharmacist for outpatient and inpatient consultations. The team also improved the services provided to the renal unit, mental health unit and the paediatrics ward to assist with the quality use of medications in these at risk patient groups.

In response to the expansion of clinical services the department also introduced weekly education for pharmacy staff. Education is provided either in-house or by Townsville hospital and allows staff to learn from each other and has improved our ties with the Townsville pharmacy department.

For the next financial year, the department is looking to maintain these clinical services and increase the support given to remote sites on medication ordering, supply and inventory management. This will improve the pharmacy services provided by remote nurses through support and education.

Nursing and Midwifery Services

The North West Hospital and Health Service Nursing and Midwifery Services aim to ensure delivery of safe, quality and efficient Nursing and Midwifery care responsive to consumer and community need and expectations, whilst encouraging Nursing and Midwifery innovation in clinical, education and research domains.

The Executive Director Nursing and Midwifery and Clinical Services has a diverse portfolio that manages the professional governance for Nursing and Midwifery services in the Hospital and Health Service and operational services at Mount Isa Hospital, including Medical Services, Surgical Services, Maternal and Child Health Services, Emergency Services, Cancer and Palliative Care Services and Professional Practice Support Unit.

The Outreach Caseload midwife for Doomadgee and Mornington Island has welcoming day celebrations for the babies in the community every year. The midwife has created a closed Facebook group where the women can get information on pregnancy topics and share their stories with each other. Approximately 80 percent of birthing women are Aboriginal orTorres Strait Islander.

The Cancer Care Unit is designed to deliver chemotherapy to patients in Mount Isa to avoid patients having to travel long distances. Two chemotherapy qualified nurses work full time in the unit along with a part time nurse. Patients are seen via telehealth with oncologists in Townsville, who order the chemotherapy which is delivered to Mount Isa Hospital Pharmacy. Wednesdays, Thursdays and Fridays are chemotherapy days and Mondays and Tuesdays are reserved for non-oncology infusions for medical or maternity patients.

The Paediatric Ward received several large donations this year, including from Duchess 51 for video games and play equipment and from the Mount Isa Hospital Auxiliary for outdoor play equipment. A large donation from the Mayor of Mount Isa's Christmas party will help fund a dedicated defibrillator, and a donation from the Busutill family will purchase two paediatric monitors for the Paediatric Ward.

Key achievements for 2016–2017 include:

- Two new graduate midwives in 2016, three in 2017
- A paid midwifery student position at 0.5 fulltime equivalent
- Participated in Rheumatic Heart Disease in Pregnancy Research 2015-2016 conducted by the Australasian Maternity Outcomes Surveillance System (AMOSS), who visited the North West Hospital and Health Service in 2016 to share the results at a grand round
- Have commenced antenatal classes in conjunction with Ngukuthati Child and Family Centre
- Utilising of mobile theatres without decreasing theatre utilisation
- Acquisition of 12 new Hill Rom beds for the Surgical Ward, which have pressure relieving system and falls alarms
- Successful introduction of the Surgical Transition Programme
- Established Nurse Educator Professional Practice Support for surgical ward
- Recognition and acknowledgement of staff – 3rd annual Nurse and Midwife of the Year awards presented
- Cancer Care Unit hosted The Biggest Morning Tea, raising $2855 for Cancer Queensland
- Commencement of the Nurse Manager Magnet Coordinator
- Completion and release of the Professional Practice Model
- Appointment of administration officers as part of the project for the implementation of Nurse Unit Manager/ Midwife Unit Manager support through EB9
- Supernumery placement of novice nurses in remote facilities to promote retention of nurses
- Completion of the Remote Area Nursing Safety and Security Report funded through the Office of the Chief Nursing and Midwifery Officer.

Looking ahead for 2017–2018, we will deliver:

- The ability to offer women water immersion pain relief in labour
- Review of Caseload Midwifery
- Continue rolling recruitment with the aim to achieve 100% Queensland Health staff
- Upskilling Midwives in perineal suturing
- Upskilling Midwives in Townsville Neonatal Intensive Care
- Review everyday processes within the Medical Ward to increase time spent with patients
- Evidence based expert nursing care – Medical Ward
- Continue to work on administration policies for monoclonal antibodies to make delivery of these medications safer and more efficient – Cancer Care Unit
- To introduce optimal cancer care pathways for breast and colorectal cancers
- Develop and establish collaborated services and communication with Gidgee Health and North and West Remote Health to eliminate or minimise service overlap or duplication – Paediatric Ward
- Establish a school in the hospital for long term paediatric patients
- Source volunteers for child and parent support in the Paediatric Ward
- Source funding for new observation monitors and ISTAT machine
- Achieving status in Special Care Nursery from Clinical Services Capability Framework Level 3 to Level 4
- Continue on the Magnet journey
- Continue supernumery placement of novice nurses in remote facilities to promote retention of nurses.

Corporate Services

The role of the Executive Director of Corporate Services has a prime focus on strategic asset management including capital and maintenance, support services including operational and administrative services, patient travel, patient access including specialist outpatients and telehealth and human resource services including Human Resources, Learning and Development and Safety and Wellbeing.

Team members are patient focussed and provide high quality services that support health care delivery.

Key achievements for 2016–2017 include:

- Successful completion of further major capital works including:
  - Mount Isa Hospital - completion of mechanical and electrical upgrade including complete refurbishment of the operating theatres
  - Cloncurry MultiPurpose Health Service - completion of mechanical and electrical upgrade
  - Cloncurry Community Health - completion of refurbishment of the Alan Ticehurst building to become the new community health facility.

Other achievements include:

- Mount Isa hospital – commencement of car parking facilities for staff and visitors
- Zero long waits in Elective Surgery
- Zero long waits in Specialist Outpatients
- 30 percent increase in Telehealth services
- Successful funding submissions for staff accommodation Mornington Island
- Negotiated immediate commencement of staff accommodation at Doomadgee via Department of Housing and Public Works
- *You Said, We Did* publication post Working for Queensland survey.

Looking ahead for 2017–2018, we will deliver:

- Redevelopment of the McKinlay Multipurpose Health Service
- Complete Staff accommodation on Mornington Island
- Complete car parking facility Mount Isa Hospital
- Complete Helicopter landing site Mount Isa Hospital
- Work with the Senior Management Team to evaluate and finalise the Executive realignment
- Continue to implement outcomes of Working for Queensland survey
- Improve processes for waitlist management for Specialist Outpatients.

Finance department

The Chief Finance Officer is responsible for the management of revenue and expenditure of the North West Hospital and Health Service, contracts management and development and management of primary care information systems. For financial year 2016–2017, the total expenditure for the Hospital and Health Service was $168.431 million. The year ended with the Hospital and Health Service delivering a surplus of $55,000.

Our finance team

Key achievements for 2016–2017 include:

- Development of a four year Information Communications Technology Strategy (ICT)
- Balanced operating result for 2016–2017
- Implementation of financial system improvements associated with contractor engagement and credit card transaction management.

Looking ahead for 2017–2018, we will deliver:

- Further development of the health service's primary care information systems
- Improvements in budget variance reporting across the different management tiers of the Hospital and Health Service
- Ongoing financial and performance reporting assistance will continue throughout the year
- Delivery of contemporary cost delegate training across the service
- Implementation of a new Financial Management Procedure Manual to improve its accessibility and readability to all staff in the North West Hospital and Health Service
- Implementation of Information Communications Technology initiatives for the ICT strategic Plan.

Director of Cultural Capability and Engagement

During this reporting period, the North West Hospital and Health Service reviewed this role that was vacated in July 2016. The Chief Executive identified this role as central in providing leadership and direction in building the capacity and capability of the Hospital and Health Service. Creating permanency for this position also demonstrates the value placed on the position, which reports directly to the Chief Executive. In January 2017, the appointment of Christine Mann, Director of Cultural Capability and Engagement was made. Ms Mann joined the Hospital and Health Service, after spending 11 years in child protection and transferred at level from her Senior Manager position.

Director of Cultural Capability and Engagement, Christine Mann

Recognition and Celebration

The North West Hospital and Health Service is committed to promoting and observing Aboriginal cultural days of significance and recognising staff for their efforts. This year has included events taking place to observe National Closing the Gap Day; internal observance of the Anniversary of the National Apology, Reconciliation Week and NAIDOC week. In July each year, the Hospital and Health Service hosts a local NAIDOC week celebration in Mount Isa and participates in community events in towns across our district. NAIDOC awards were presented at the Mount Isa event to five individuals and one service area for their contributions to improving health outcomes for Aboriginal and Torres Strait Islander patients. In March 2017, the North West Hospital and Health Service's

localised version of the Statement of Commitment to Reconciliation was launched jointly with Queensland Ambulance Service at the National Closing the Gap Day activities held on the Mount Isa Civic Centre lawns.

Cultural Practice Program

The Cultural Practice Program is delivered monthly for employees by Mr Shaun Solomon, Head of Indigenous Health at the Mount Isa Centre for Rural and Remote Health. The program aims to embed the four guiding principles of the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033*. These principles are Respect and Recognition, Communication, Relationships and Partnerships and Capacity Building. Compliance in this area for the reporting period was 80 percent which is 3 percent down on the previous reporting period. Measures will be worked through in ensuring the Cultural Practice Program remains well attended so our new staff can develop the knowledge and skills that will enable every person to best contribute through their role to improving health outcomes for Aboriginal and Torres Strait Islander people.

Looking ahead for 2017–2018, will see:

- A greater focus on consumer and community engagement
- Increased Aboriginal and Torres Strait Islander workforce planning
- Development for more localised health brochures inclusive of artworks by local Aboriginal artists.

Glossary

Activity based funding (ABF): Activity based funding (ABF): Funding framework for public health care services delivered across Queensland based on standardised costs of health care services, referred to as 'activities'. The ABF framework applies to those facilities which are operationally large enough to support the framework. For the North West Hospital and Health Service, this currently applies to the Mount Isa Hospital only, with all other hospital facilities receiving block funding (see definition below).

Acute care: Healthcare in which a patient is treated for an acute (immediate and severe) episode of illness; for the subsequent treatment of injuries related to an accident or other trauma; management of labour or during recovery from surgery. Acute care is usually provided in hospitals. Unlike chronic care (longer term physical conditions), acute care is often necessary only for a short time.

Ambulatory care: Care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics.

Block funding: Block funding is typically applied for small public hospitals where there is an absence of economies of scale that mean some hospitals may not be financially viable under Activity Based Funding.

Community service: Non-admitted patient health services, excluding hospital outpatient services, typically delivered outside of hospital settings.

Deadly Ears: Queensland Health's State-wide Aboriginal and Torres Strait Islander Ear Health Program for children. Middle ear disease, medically known as otitis media, affects up to 8 out of 10 Aboriginal and Torres Strait Islander children living in remote communities and is conductive to hearing loss, which impacts upon health, child development and educational outcomes of children, their families and communities.

Emergency Department: Dedicated area of a hospital organised and administered to provide emergency care to those in the community who perceive the need for, or are in need of, acute or urgent care.

Inpatient service: A service provided under a hospital's formal admission process. Treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home or other settings.

North and West Remote Health: A not-for-profit primary health care company, recognised as a significant Commonwealth and State Government primary health care organisation, servicing 14 Local Government Areas and 39 communities across an area of over 600,000 kilometres of remote Queensland.

Nurse Navigators: An initiative of the Queensland Government to strengthen patient safety and frontline services. Nurse Navigators are experienced nurses tasked with easing a patient's journey through the health system, ensuring they are supported and receiving the best possible care in a timely manner.

Nurse Practitioners: Nurse Practitioners are the most senior clinical nurses involved in diagnosing and treating patient illnesses. They are highly qualified and work independently, while alongside other doctors and health care professionals, to assess, diagnose, treat and manage patient illnesses. Nurse Practitioners are authorised by the Nursing and Midwifery Board Australia.

Outpatient: A non-admitted, non-emergency patient provided with a service such as an examination, consultation, treatment or other service.

Performance indicator: Measures the extent to which agencies are achieving their objectives.

Primary care: First level healthcare, including health promotion, advocacy and community development, provided by general practitioners (GPs) and a range of other healthcare professionals.

Primary Health Networks (PHNs): Established by Federal Government with the key objectives of increasing the efficiency and effectiveness of medical services for patients – particularly those at risk of poor health outcomes – and improving coordination of care to ensure patients receive the right care in the right place at the right time.

Royal Flying Doctor Service (RFDS): A not-for-profit organisation, supported by the Commonwealth, State and Territory Governments but also relying heavily on fundraising and donations from the community to purchase and medically-equip its aircraft, and to finance other major capital initiatives. Today, the RFDS has a fleet of 63 aircraft operating from 21 bases located across the nation and provides medical assistance to over 290,000 people every year.

Service standard: A standard of efficiency and effectiveness to which an agency will deliver services within its budget. Standards define a level of performance that is appropriate for the service and are expected to be achieved.

Strategic plan: A short, forward-looking document to set direction and provide local objectives and strategies to ensure alignment with the government's objectives for the community.

Telehealth: The delivery of health services and information using telecommunication technology, including:

- Live interactive video and audio links for clinical consultations and education.
- Store and forward systems to enable the capture of digital images, video, audio and clinical data stored on a computer and forwarded to another location to be studied and reported on by specialists.
- Remote reporting and provision of clinical advice associated with diagnostic images.
- Other services and equipment for home monitoring of health.

Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7	Page 3
Accessibility	Table of contents Glossary	ARRs – section 9.1	Page 5 Pages 68 - 69
	Public availability	ARRs – section 9.2	Inside front cover
	Interpreter service statement	*Queensland Government Language Services Policy* ARRs – section 9.3	Inside front cover
	Copyright notice	*Copyright Act 1968* ARRs – section 9.4	Inside front cover
	Information Licensing	*QGEA – Information Licensing* ARRs – section 9.4	Not applicable
General information	Introductory Information	ARRs – section 10.1	Pages 6 - 18
	Agency role and main functions	ARRs – section 10.2	Pages 19 - 22
	Operating environment	ARRs – section 10.3	Pages 23 - 35
Non-financial performance	Government's objectives for the community	ARRs – section 11.1	Page 37
	Other whole-of-government plans / specific initiatives	ARRs – section 11.2	Page 37
	Agency objectives and performance indicators	ARRs – section 11.3	Pages 38 - 40
	Agency service areas and service standards	ARRs – section 11.4	Pages 40 - 42
Financial performance	Summary of financial performance	ARRs – section 12.1	Page 43
Governance – management and structure	Organisational structure	ARRs – section 13.1	Page 44
	Executive management	ARRs – section 13.2	Pages 51 - 52
	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	Page 57
	Queensland public service values	ARRs – section 13.5	Page 57
Governance – risk management and accountability	Risk management	ARRs – section 14.1	Page 53
	Audit committee	ARRs – section 14.2	Page 47
	Internal audit	ARRs – section 14.3	Page 48
	External scrutiny	ARRs – section 14.4	Page 47
	Information systems and recordkeeping	ARRs – section 14.5	Page 54
Governance – human resources	Workforce planning and performance	ARRs – section 15.1	Page 56 - 58
	Early retirement, redundancy and retrenchment	Directive No.11/12 *Early Retirement, Redundancy and Retrenchment* *Directive No. 16/16 Early Retirement, Redundancy and Retrenchment* (from 20 May 2016) ARRs – section 15.2	Page 57
Open Data	Statement advising publication of information	ARRs – section 16	Page 43
	Consultancies	ARRS – section 33.1	Page 43
	Overseas travel	ARRs – section 33.2	Page 43
	Queensland Language Services Policy	ARRs – section 33.3	Page 43
Financial statements	Certification of financial statements	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section 17.1	Page 30 of financial statements
	Independent Auditors Report	FAA – section 62 FPMS – section 50 ARRs – section 18.2	Pages 31 - 34 of financial statements

FAA: *Financial Accountability Act 2009* FPMS: *Financial and Performance Management Standard 2009*
ARRs: *Annual report requirements for Queensland Government agencies*

FINANCIAL STATEMENTS 2016–2017

30 June 2017

North West Hospital and Health Service

ABN 22 692 119 544

Queensland Government

North West Hospital and Health Service

FINANCIAL STATEMENTS CONTENTS

STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2017

	Notes	2017 $'000	2016 $'000
Income			
User charges and fees	A1-1	165,828	155,879
Grants and other contributions	A1-2	1,643	2,284
Other revenue	A1-3	1,015	902
Total income		168,486	159,065
Expenses			
Employee expenses	A2-1	88,988	83,253
Supplies and services	A2-2	67,932	67,201
Grants and subsidies	A2-3	356	320
Depreciation and amortisation	B4	8,568	7,993
Impairment losses		183	194
Other expenses	A2-4	2,404	2,242
Total expense		168,431	161,203
Operating result for the year		55	(2,138)
Other comprehensive income			
Items that will not be subsequently reclassified to operating result:			
Increase/(decrease) in asset revaluation surplus		15,630	-
Total other comprehensive income		15,630	-
Total comprehensive income		15,685	(2,138)

The accompanying notes form part of these statements.

STATEMENT OF FINANCIAL POSITION
As at 30 June 2017

	Notes	2017 $'000	2016 $'000
Current assets			
Cash and cash equivalents	B1	**9,184**	2,153
Receivables	B2	**2,417**	7,301
Inventories	B3	**950**	949
Other		**113**	14
Total current assets		**12,664**	10,417
Non-current assets			
Property, plant and equipment	B4	**118,127**	99,242
Total non-current assets		**118,127**	99,242
Total assets		**130,791**	109,659
Current liabilities			
Payables	B5	**10,342**	5,263
Accrued employees benefits	B6	**3,866**	2,928
Total current liabilities		**14,208**	8,191
Total liabilities		**14,208**	8,191
Net assets		**116,583**	101,468
Equity			
Contributed equity	B7	**94,436**	95,346
Accumulated surplus		**(3,050)**	(3,445)
Asset revaluation surplus	B8	**25,197**	9,567
Total equity		**116,583**	101,468

The accompanying notes form part of these statements.

STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2017

	Contributed equity $'000	Accumulated surplus $'000	Asset revaluation surplus $'000	Total equity $'000
Balance as at 1 July 2015	89,966	(1,307)	9,567	98,226
Balance as at 1 July 2015	89,966	(1,307)	9,567	98,226
Operating Result from Continuing Operations	-	(2,138)	-	(2,138)
Transactions with owners				
- Non-appropriated equity injections	13,251	-	-	13,251
- Non-appropriated equity withdrawals	(7,993)	-	-	(7,993)
- Non-appropriated equity asset transfers	122	-	-	122
Balance at 30 June 2016	95,346	(3,445)	9,567	101,468
Balance as at 1 July 2016	**95,346**	**(3,445)**	**9,567**	**101,468**
Accumulated surplus adjustment	-	**340**	-	**340**
Balance as at 1 July 2016	**95,346**	(3,105)	**9,567**	**101,808**
Operating Result from Continuing Operations	-	**55**	-	**55**
Total other comprehensive income				
- Increase/(decrease) in asset revaluation surplus	-	-	**15,630**	**15,630**
Transactions with owners				
- Non-appropriated equity injections (Note B7-1)	**7,636**	-	-	**7,636**
- Non-appropriated equity withdrawals (Note B7-1)	**(8,568)**	-	-	**(8,568)**
- Non-appropriated equity asset transfers (Note B7-1)	**22**	-	-	**22**
Balance at 30 June 2017	**94,436**	**(3,050)**	**25,197**	**116,583**

The accompanying notes form part of these statements.

STATEMENT OF CASH FLOWS
For the year ended 30 June 2017

	Notes	2017 $'000	2016 $'000
Cash flows from operating activities			
Inflows:			
User charges and fees		**162,448**	142,120
Grants and other contributions		**1,643**	2,284
GST collected from customers		**197**	226
GST input tax credits from ATO		**5,114**	5,162
Other		**1,343**	1,376
Outflows:			
Employee expenses		**(88,549)**	(84,511)
Supplies and services		**(62,962)**	(68,205)
Grants and subsidies		**(432)**	(394)
GST paid to suppliers		**(5,203)**	(5,300)
GST remitted to ATO		**(175)**	(260)
Other		**(1,957)**	(2,025)
Net cash provided by operating activities		**11,467**	(9,527)
Cash flows from investing activities			
Inflows:			
Sales of property, plant and equipment		**260**	33
Outflows:			
Payments for property, plant and equipment		**(12,332)**	(9,451)
Net cash used in investing activities		**(12,072)**	(9,418)
Cash flows from financing activities			
Inflows:			
Equity injections		**7,636**	13,251
Outflows:			
Equity withdrawals		**-**	-
Net cash provided by financing activities		**7,636**	13,251
Net increase in cash and cash equivalents		**7,031**	(5,694)
Cash and cash equivalents at the beginning of the financial year		**2,153**	7,847
Cash and cash equivalents at the end of the financial year	**B1**	**9,184**	2,153

The accompanying notes form part of these statements.

STATEMENT OF CASH FLOWS
For the year ended 30 June 2017

NOTES TO THE STATEMENT OF CASH FLOWS

	2017 $'000	2016 $'000
Operating result from continuing operations	**55**	(2,138)
Non-cash items:		
Depreciation and amortisation	**8,568**	7,993
Net (gain) on disposal of property, plant and equipment	**-**	(1)
Depreciation and amortisation funding	**(8,568)**	(7,993)
Net loss on disposal of property, plant and equipment	**271**	42
Prior year adjustment	**340**	-
Changes in assets and liabilities:		
(Increase)/decrease in receivables	**4,884**	(5,362)
(Increase)/decrease in inventories	**(1)**	54
(Increase)/decrease in prepayments	**(99)**	2,186
Increase/(decrease) in payable	**6,017**	(4,308)
Net cash from operating activities	**11,467**	(9,527)

BASIS OF FINANCIAL STATEMENT PREPARATION

General Information

The North West Hospital and Health Service (NWHHS) is a not-for-profit statutory body under the *Hospital and Health Boards Act 2011* and is domiciled in Australia. The NWHHS is responsible for providing public sector health services to communities within the area assigned under the Hospital and Health Boards Regulation 2012. Its principal place of business is

30 Camooweal Street

Mount Isa QLD 4825

Funding is obtained predominately through the purchase of health services by the Department of Health (DOH) on behalf of both the State and Australian Governments. In addition, health services are provided on a fee for service basis mainly for private patient care.

The ultimate parent entity is the State of Queensland.

Controlled entities

The North West Hospital and Health Service does not have any controlled entities

Investment in Western Queensland Primary Care Collaborative Limited

Western Queensland Primary Care Collaborative Limited (WQ PCC) was registered in Australia as a public company limited by guarantee on 22 May 2015. North West Hospital and Health Service is one of three founding members with Central West HHS and South West HHS, each holding one voting right in the company. The principal place of business of WQ PCC is Mount Isa, Queensland. Each founding member is entitled to appoint one Director to the Board of the company.

WQ PCC's principal purposes as a not for profit organisation are to increase the efficiency and effectiveness of health services for patients in Western Queensland, particularly those at risk of poor health outcomes; and improve co-ordination to facilitate improvement in the planning and allocation of resources enabling the providers to provide appropriate patient care in the right place at the right time. These purposes align with the strategic objective of North West HHS to integrate primary and acute care services to support patient wellbeing.

Each member's liability to WQ PCC is limited to $10. WQ PCC's constitution legally prevents it from paying dividends to the members and also prevents the income or property of the company being transferred directly or indirectly to the members. This does not prevent WQ PCC from making loan repayments to North West HHS or reimbursing North West HHS for goods or services delivered to WQ PCC.

North West HHS's interest in WQ PCC is immaterial in terms of the impact on North West HHS's financial performance because it is not entitled to any share of profit or loss or other income of WQ PCC. Accordingly, the carrying amount of North West HHS's investment and subsequent changes in its value due to annual movements in the profit and loss of WQ PCC are not recognised in the financial statements.

North West HHS does not have any contingent liabilities or other exposures associated with its interests in WQ PCC.

Statement of Compliance

The financial statements:

- have been prepared in compliance with section 62(1) of the Financial Accountability Act 2009 and section 43 of the Financial and Performance Management Standard 2009;
- are general purpose financial statements prepared on a historical cost basis, except where stated otherwise;
- are presented in Australian dollars;
- have been rounded to the nearest $1,000 or, where the amount is $500 or less, to zero unless the disclosure of the full amount is specifically required;
- present reclassified comparative information where required for consistency with the current year's presentation;
- have been prepared in accordance with all applicable new and amended Australian Accounting Standards and Interpretation as well as the Queensland Treasury's Minimum Reporting Requirements for the year ended 30 June 2017, and other authoritative pronouncements.

Authorisation of financial statements for issue

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

Further information

For information in relation to NWHHS's financial statements:

- Email mt_isa_finance@health.qld.gov.au or
- Visit the NWHHS website at: www.health.qld.gov.au/mt_isa

NOTES ABOUT FINANCIAL PERFORMANCE

This section considers the income and expenses of North West Hospital and Health Service.

A1 INCOME

Note A1-1: User charges and fees

	2017 $'000	2016 $'000
Department of Health Funding		
Activity based funding	**76,082**	64,326
Block funding	**36,369**	29,493
Departmental of Health funding	**39,597**	49,323
Depreciation funding	**8,568**	7,993
Total Department of Health Funding	**160,616**	151,135
Other user charges		
Sales of goods and services	**2,340**	2,366
Hospital fees	**2,118**	1,668
Rent	**81**	77
Remote Indigenous S100 arrangements (Australian Government)	**673**	633
Total other user charges	**5,212**	4,744
Total user charges and fees	**165,828**	155,879

Revenue is recognised when it is probable that the economic benefit will flow to North West Hospital and Health Service and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

Funding is provided predominantly by the Department of Health for specific public health services purchased by the Department in accordance with a service agreement. The Department of Health receives its revenue for funding from the Queensland Government (majority of funding) and the Commonwealth. Activity based funding is based on an agreed number of activities, per the service agreement and a state-wide 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 NWHHS. The funding from the Department is received fortnightly in advance. At the end of the financial year, a financial adjustment may be required where the level of service provided is above or below the agreed level.

The service agreement between the Department of Health and NWHHS specifies that the Department funds NWHHS's depreciation and amortisation charges via non-cash revenue. The Department retains the cash to fund future major capital replacements. This transaction is shown in the Statement of Changes in Equity as a non-appropriated equity withdrawal.

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

Note A1-2: Grants and other contributions

	2017 $'000	2016 $'000
Australian Government grants and contributions		
Rural and Remote Medical Benefits Scheme	**955**	884
Indigenous health programs	**173**	466
Total Australian Government grants	**1,128**	1,350
State Government grants and contributions		
Other	**181**	34
Total State Government grants and contributions	**181**	34
Other grants and contributions		
Other	**287**	861
Donations	**47**	39
Total other grants and contributions	**334**	900
Total grants and contributions	**1,643**	2,284

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

Contributed assets are recognised at their fair value. Contributions of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated. Where this is the case, an equal amount of revenue and expense is recognised.

Note A1-3: Other revenue

	2017 $'000	2016 $'000
Interest	**8**	3
Other	**1,007**	899
Total other revenue	**1,015**	902

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

A2 EXPENSES

Note A2-1: Employee expenses

	2017 $'000	2016 $'000
Employee expenses		
Wages and salaries	72,364	67,258
Annual leave levy	7,404	7,076
Employer superannuation contributions	7,054	6,548
Long service leave levy	1,498	1,401
Redundancies	282	450
Workers compensation premium	386	520
Total employee expenses	88,988	83,253

On 1 July 2014, North West Hospital and Health Service became the prescribed employer and as such employees are employed directly by North West Hospital and Health Service from that date. North West Hospital and Health Service treats these payments as employee expenses in the financial statements.

Salaries and wages due but unpaid at reporting date are recognised in the statement of financial position at the remuneration rates expected to apply at the time of settlement.

Workers' compensation insurance is a consequence of employing employees, but is not counted in an employee's total remuneration package. They are not employee benefits and are recognised separately as employee related expenses.

Annual leave, long service leave and sick leave

Under the Queensland Government's Annual Leave Central Scheme (established on 30 June 2008) and Long Service Leave Central Scheme (established on 1 July 1999), levies are payable by North West Hospital and Health Service to cover the cost of employees' annual leave (including leave loading and on-costs) and long service leave. No provisions for long service leave or annual leave are recognised in North West Hospital and Health Service financial statements as the provisions for these schemes are reported on a Whole-of-Government basis pursuant to AASB 1049 Whole of Government and General Government Sector Financial Reporting. These levies are expensed in the period in which they are paid or payable. Amounts paid to employees for annual leave and long service leave are claimed from the schemes quarterly in arrears. Non-vesting employee benefits such as sick leave are recognised as an expense when taken.

Superannuation

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. Contributions are expensed in the period in which they are paid or payable and North West Hospital and Health Service's obligation is limited to its contribution to QSuper. The QSuper scheme has defined benefit and defined contribution categories. The liability for defined benefits is held on a Whole-of-Government basis and reported in those financial statements pursuant to AASB 1049 Whole of Government and General Government Sector Financial Reporting.

Key management personnel and remuneration disclosures are detailed in Note D1.

Number of full time equivalent employees (FTE)*	2017 No.	2016 No.
Total FTE	711	672

*reflecting Minimum Obligatory Human Resource Information (MOHRI)

Note A2-2: Supplies and services

	2017 $'000	2016 $'000
Consultancies and other contract labour	18,220	19,998
Electricity and other energy	2,345	2,161
Patient travel	16,338	15,365
Other travel	2,491	2,286
Water	1,264	1,349
Building services	374	305
Computer services	146	94
Motor vehicles	150	81
Communications	2,387	2,656
Repairs and maintenance	4,081	3,257
Minor plant and equipment	155	169
Operating lease rentals	4,058	4,087
Drugs	3,129	3,073
Outsourced service delivery	3,067	3,139
Clinical supplies and services	3,022	2,815
Catering and domestic supplies	1,511	1,709
Pathology and blood supplies and services	3,755	3,191
Other	1,439	1,466
Total supplies and services	67,932	67,201

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.

North West Hospital and Health Service receives corporate services support from the Department of Health for no cost. Corporate services received include payroll services, accounts payable services, finance transactional 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 the Statement of Comprehensive Income.

Note A2-3: Grants and subsidies

	2017 $'000	2016 $'000
Public hospital support services	356	320
Total grants and subsidies	356	320

Note A2-4: Other expenses

	2017 $'000	2016 $'000
External audit fees	174	174
Other audit fees	140	135
Bank fees	4	5
Insurance	1,228	1,292
Inventory written off	162	57
Net losses from disposal of property, plant and equipment	271	42
Other legal costs	185	192
Journals and subscriptions	56	17
Advertising	65	110
Interpreter fees	1	1
Other	118	217
Total other expenses	2,404	2,242

Total audit fees paid or payable to Queensland Audit Office relating to the 2016-17 financial year were $174,000 (2016: $174,000). There are no non-audit services included in this amount.

The HHS's non-current physical assets and other risks are insured through the Queensland Government Insurance Fund (QGIF), premiums being paid on a risk assessment basis.

Certain losses of public property are insured with the QGIF. The claims made in respect of these losses have yet to be assessed by QGIF and the amount recoverable cannot be estimated reliably at reporting date. Upon notification by QGIF of the acceptance of the claims, revenue will be recognised for the agreed settlement amount and disclosed as Other Revenues.

Occasionally NWHHS makes a special (ex-gratia) payment even though it is not contractually or legally obligated to make such payments to other parties. NWHHS maintains a register of all special payments greater than $5,000. These payments relate to loss of property and personal expense reimbursement. There were no special payments made greater than $5,000.

NOTES ABOUT OUR FINANCIAL POSITION

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

B1 CASH AND CASH EQUIVALENTS

	2017 $'000	2016 $'000
Cash at bank and on hand	8,946	1,920
Queensland Treasury Corporation cash fund	238	233
Total cash and cash equivalents	9,184	2,153

For the purposes of the Statement of Financial Position and the Statement of Cash Flows, cash assets include all cash and cheques receipted but not banked at 30 June as well as deposits at call with financial institutions.

NWHHS's bank accounts are grouped with the whole of Government set-off arrangement with Queensland Treasury Corporation. As a result, NWHHS does not earn interest on surplus funds. Interest earned on the aggregate set-off arrangement balance accrues to the Consolidated Fund.

Cash at bank (except operating and revenue accounts) is at call and is subject to floating interest rates. The weighted average effective interest rate is 2.58% (2016: 2.88%).

Overdraft Facility

North West Hospital and Health Service has approval from Queensland Treasury to operate bank accounts in overdraft up to a limit of $1,500,000 (2016:$1,500,000).

B2 RECEIVABLES

	2017 $'000	2016 $'000
Trade receivables	2,101	7,113
Less: Allowance for impairment loss	(286)	(347)
	1,815	6,766
GST input tax credits receivable	641	552
GST payable	(39)	(17)
	602	535
Total receivables	2,417	7,301

Receivables are measured at their carrying amount less any impairment, which approximates their fair value at reporting date. Trade receivables are initially recognised at the amount invoiced to customers for services provided with settlement being 30 days from invoice date. Other receivables generally arise from transactions outside the usual operating activities of the HHS and are recognised at their assessed values. Receivables includes end of year funding accrual of $1.1M (2016: $6.1M).

The maximum exposure to credit risk at balance date for receivables is the gross carrying amount of those assets inclusive of any provisions for impairment.

The HHS assesses whether there is objective evidence that receivables are impaired or uncollectible on an ongoing basis. Objective evidence includes financial difficulties of the debtor, the class of debtor, changes in debtor credit ratings and default or delinquency in payments (more than 90 days overdue). When there is evidence that an amount will not be collected it is provided for and then written off. If receivables are subsequently recovered the amounts are credited against other expenses in the statement of comprehensive income when collected.

The individually impaired receivables mainly relate to ineligible patients without insurance and external contract value dispute.

B3 INVENTORIES

	2017 $'000	2016 $'000
Clinical supplies and pharmaceuticals	946	945
Other	4	4
	950	949

Inventories

Inventories consist mainly of clinical supplies and pharmaceuticals held for distribution to hospital and health service facilities. Inventories are measured at weighted average cost, adjusted for obsolescence. Unless material, inventories do not include supplies held for ready use in the wards throughout the hospital and health service facilities.

B4 PROPERTY, PLANT AND EQUIPMENT

Note B4-1: Balances and reconciliation of carrying amounts

	Land (at fair value) $'000	Buildings (at fair value) $'000	Plant and equipment (at cost) $'000	Capital works in progress (at cost) $'000	Total $'000
Year ended 30 June 2016					
Opening net book value	4,282	87,575	5,113	766	97,736
Acquisitions	2	1,368	2,109	5,940	9,419
Disposals	-	(32)	(10)	-	(42)
Transfer of assets from Department of Health	-	-	122	-	122
Depreciation expense	-	(6,904)	(1,089)	-	(7,993)
Carrying amount at 30 June 2016	4,284	82,007	6,245	6,706	99,242
At 30 June 2016					
At cost/fair value	4,284	210,008	12,841	6,706	233,839
Accumulated depreciation	-	(128,001)	(6,596)	-	(134,597)
	4,284	82,007	6,245	6,706	99,242
Year ended 30 June 2017					
Opening net book value	**4,284**	**82,007**	**6,245**	**6,706**	**99,242**
Acquisitions	-	**2,248**	**1,928**	**7,897**	**12,073**
Disposals	-	**(259)**	**(13)**	-	**(272)**
Revaluation increments/ (decrements)	**(98)**	**15,728**	-	-	**15,630**
Transfer of assets from Department of Health	-	**22**	-	-	**22**
Transfer of assets between asset classes	-	**6,627**	-	**(6,627)**	-
Depreciation expense	-	**(7,360)**	**(1,208)**	-	**(8,568)**
Carrying amount at 30 June 2017	**4,186**	**99,013**	**6,952**	**7,976**	**118,127**
At 30 June 2017					
At cost/fair value	**4,186**	**237,105**	**14,497**	**7,976**	**263,764**
Accumulated depreciation	-	**(138,092)**	**(7,545)**	-	**(145,637)**
	4,186	**99,013**	**6,952**	**7,976**	**118,127**

Note B4-2: Accounting Policies

Property, Plant and Equipment

Recognition threshold

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

Class	Threshold
Land	$1
Buildings and Land Improvements	$10,000
Plant and Equipment	$5,000

North West HHS has a comprehensive annual maintenance program for its buildings. Expenditure is only capitalised if it increases the service potential or useful life of the existing asset. Maintenance expenditure that merely restores original service potential (arising from ordinary wear and tear) is expensed.

Acquisition

Actual cost is used for the initial recording of all non-current asset acquisitions. Cost is determined as the value given as consideration plus costs incidental to the acquisition, including all other costs incurred in getting the assets ready for use. Any training costs are expensed as incurred.

Where assets are received free of charge from another Queensland Government entity (whether as a result of a machinery-of-Government change or other involuntary transfer), the acquisition cost is recognised at the gross carrying amount in the books of the transferor immediately prior to the transfer together with any accumulated depreciation.

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

Subsequent measurement

Land and buildings are subsequently measured at fair value as required by Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector. These assets are reported at their revalued amounts, being the fair value at the date of valuation, less any subsequent accumulated depreciation and accumulated impairment losses where applicable. The cost of items acquired during the financial year has been judged by management to materially represent their fair value at the end of the reporting period.

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

Depreciation

Property, plant and equipment is depreciated on a straight-line basis progressively over its estimated useful life to the HHS. Land is not depreciated. Assets under construction (work-in-progress) are not depreciated until they are ready for use.

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

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

For each class of depreciable assets, the following useful lives were used:

Class	Useful Life
Buildings and Improvements	8 – 80 years
Plant and Equipment	1 – 30 years

Impairment

Key Judgement and Estimate: All non-current physical are assessed for indicators of impairment on an annual basis. If an indicator of possible impairment exists, management determines the asset's recoverable amount. Any amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss.

The asset's recoverable amount is determined as the higher of the asset's fair value less costs to sell and depreciated replacement cost.

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

Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior years. A reversal of an impairment loss is recognised as income, unless the asset is carried at a revalued amount, in which case the reversal of the impairment loss is treated as a revaluation increase.

Note B4-3: Valuation

Non-current physical assets measured at fair value are revalued, where required, so that the carrying amount of each class of asset does not materially differ from its fair value at the reporting date. This is achieved by engaging independent, professionally qualified valuers to determine the fair value for each class of property, plant and equipment assets 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 practical, regardless of the timing of the last specific appraisal.

In the intervening years, NWHHS uses appropriate publicly available cost indices for the region and asset type to form the basis of a management valuation for relevant asset classes in addition to management's engagement of independent, professionally qualified valuers to perform a "desktop" valuation. A desktop valuation involves management providing updated information to the valuer regarding additions, deletions and changes in key assumptions. The valuer then determines suitable indices which are applied to each asset class.

NWHHS engaged McGees Property to comprehensively revalue land and buildings in the 2016/17 financial year. In determining the values reported in the accounts for NWHHS land and buildings we have relied on the information provided by the independent valuers.

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.

Any revaluation increment arising on the revaluation of an asset is credited to the asset revaluation surplus of the appropriate class, except to the extent it reverses a revaluation decrement for the class previously recognised as an expense. 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.

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

- Level 1: represents fair value measurements that reflect unadjusted quoted market prices in active markets for identical assets and liabilities;

- Level 2: represents fair value measurements that are substantially derived from inputs (other than quoted prices included in level 1) that are observable, either directly or indirectly; and

- Level 3: represents fair value measurements that are substantially derived from unobservable inputs.

Land Component

Land was comprehensively revalued by McGees Property as at 30 June 2017.

Level 2 input evidence is available for NWHHS and therefore the Direct Comparison Approach has been utilised to assess the value of freehold land owned by NWHHS.

Under this approach, properties have been directly compared to recent Sales Evidence, after first making appropriate adjustments for variations in:

- shape
- location
- land area
- topography and
- planning.

Values have been applied to land in accordance with this approach, to Mt Isa, Camooweal, Dajarra, Cloncurry, Julia Creek, Normanton and Karumba.

In Burketown, McKinlay, Doomadgee and Mornington Island, where the leasehold land is held by the local Council on behalf of the Queensland Government and leased to various users, including NWHHS, no value has been attributed to land due to the absence of any interest/tenure to NWHHS.

The overall outcome of the land valuations is detailed Note B4-1.

Building Component

Buildings were comprehensively revalued by McGees Property as at 30 June 2017.

Reflecting the specialised nature of health service buildings and on hospital-site residential facilities, fair value is determined using an excess utility and straight line methodology. This method makes an adjustment to the gross replacement cost of the modern substitute for any utility embodied in the modern substitute that is not present in the existing asset to give a gross replacement cost that is of comparable utility (the modern equivalent asset), and then makes a further adjustment using a straight-line formula. This method addresses each form of obsolescence referred to by AASB 13 – *Fair Value Measurement*

The assessment of physical deterioration, functional (technical)/economic (external) obsolesce and remaining economic life of the Buildings has been assessed on an elemental basis in accordance with the schedule of Building Elements published by the Australian Institute of Quantity Surveyors.

The age of Buildings and the elements within them has been based upon site inspections, interviewing site personnel and a review of the documents that has been made available. The remaining effective lives of Buildings have been based on the valuers professional opinion, discussions with NWHHS personnel, industry available information and schedules of effective lives published in Australian Tax Rulings.

Building services have been inspected on a random basis where exposed to view. No internal inspections were undertaken to plant, equipment, machinery, ceiling spaces or where services are covered or hidden by building elements or finishes. Where spaces or rooms were not accessible, condition has been based on adjoining spaces.

The calculation of Gross Replacement Costs is based on the valuer's best knowledge of current building costs at the time of report issue using a conventional tendering procurement methodology. Actual costs may vary dependent on exact scope, timing, market pressure and contractual conditions.

The Gross Replacement Cost has been based on the building as it stands today and does not include any design upgrades in accordance with current building standards. An allowance for builder's preliminaries, profit and professional fees has been included. Allowances for additional costs due to remote locations has also been considered and incorporated

The overall outcome of the building valuations is detailed Note B4-1.

NWHHS has classified land and buildings into the three levels prescribed under the accounting standards

	Level 2 $'000	Level 3 $'000	Total $'000
2016			
Land	4,284	-	4,284
Buildings	791	81,216	82,007
Fair value at 30 June 2016	5,075	81,216	86,291
2017			
Land	**4,186**	**-**	**4,186**
Buildings	**-**	**99,013**	**99,013**
Fair value at 30 June 2017	**4,186**	**99,013**	**103,199**

The following table details a reconciliation of level 3 movements:

	Buildings $'000	Total $'000
Fair value at 30 June 2015	86,711	86,711
Additions net of disposals	1,336	1,336
Depreciation	(6,831)	(6,831)
Fair value at 30 June 2016	81,216	81,216
Fair value at 30 June 2016	**81,216**	**81,216**
Additions net of disposals	**1,989**	**1,989**
Transfer between fair value hierarchy	**791**	**791**
Transfers in (Department of Health)	**22**	**22**
Transfers in (work-in-progress)	**6,627**	**6,627**
Transfers out	**-**	**-**
Depreciation	**(7,360)**	**(7,360)**
Gains recognised in other comprehensive income:		
Increase in asset revaluation reserve	**15,728**	**15,728**
Fair value at 30 June 2017	**99,013**	**99,013**

B5 PAYABLES

These amounts represent liabilities for goods and services provided to NWHHS prior to the end of financial year which are unpaid. The amounts are unsecured and are usually paid within 60 days of recognition. Trade and accruals are presented as current liabilities unless payment is not due within 12 months from the reporting date. They are recognised initially at their fair value and subsequently measured at amortised cost using the effective interest method.

	2017 $'000	2016 $'000
Trade payables	10,341	5,262
Other	1	1
	10,342	5,263

B6 ACCRUED EMPLOYEE BENEFITS

	2017 $'000	2016 $'000
Accrued employee benefits	3,866	2,928
Total	3,866	2,928

B7 CONTRIBUTED EQUITY

	2017 $'000	2016 $'000
Opening balance at beginning of year	95,346	89,965
Non-appropriated equity injections		
Minor capital funding	-	1,528
Capital acquisition plan projects	7,636	-
Non-appropriated equity withdrawals		
Depreciation funding	(8,568)	(7,993)
Non-appropriated equity asset transfers	22	122
Major capital works projects	-	11,724
Balance at the end of the financial year	94,436	95,346

Non-reciprocal transfers of assets and liabilities between wholly-owned Queensland State Public Sector entities as a result of machinery-of-government changes are adjusted to contributed equity in accordance with Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities*. Appropriations for equity adjustments are similarly designated.

NWHHS receives funding from the Department of Health to cover depreciation costs. However, as depreciation is a non-cash expenditure item, the Minister of Health has approved a withdrawal of equity by the State for the same amount, resulting in non-cash revenue and non-cash equity withdrawal.

B8 ASSET REVALUATION SURPLUS BY CLASS

	2017 $'000	2016 $'000
Land		
Balance at the beginning of the financial year	1,538	1,538
Revaluation increments/(decrements)	(98)	-
	1,440	1,538
Buildings		
Balance at the beginning of the financial year	8,029	8,029
Revaluation increments/(decrements)	15,728	-
	23,757	8,029
Balance at the end of the financial year	25,197	9,567

NOTES ABOUT RISKS AND OTHER ACCOUNTING UNCERTAINTIES

C1 FINANCIAL RISK MANAGEMENT

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

	Note	2017 $'000	2016 $'000
Financial assets			
Cash and cash equivalents	B1-1	9,184	2,153
Receivables	B2-1	2,417	7,301
Total		11,601	9,454
Financial liabilities			
Financial liabilities at amortised cost - comprising:			
Payables	B5-1	10,342	5,263
Total		10,342	5,263

(a) Credit Risk

Credit risk is the potential for financial loss arising from a counterparty defaulting on its obligations. The maximum exposure to credit risk at balance date is equal to the gross carrying amount of the financial asset, inclusive of any allowance for impairment. The carrying amount of financial assets, which are disclosed in more detail in notes B1 and B2, represent the maximum exposure to credit risk at the reporting date.

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

There are no significant concentrations of credit risk.

Overall credit risk is considered minimal.

(b) Liquidity risk

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

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

Under the whole-of-government banking arrangements, NWHHS has an approved working debt facility of $1.5M (2016: $1.5M) to manage any short-term cash shortfalls. This facility has not been drawn down as at 30 June 2017, (2016: nil)

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

(c) Interest rate risk

NWHHS is exposed to interest rate risk on its cash deposited in interest bearing accounts with Queensland Treasury Corporation.

NWHHS does not undertake any hedging in relation to interest rate risk.

Changes in interest rate have a minimal effect on the operating result of NWHHS.

(d) 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.

C2 CONTINGENCIES
Litigation

As at 30 June 2017, there were no cases filed in the courts naming the State of Queensland acting through the North West Hospital and Health Service as defendant (2016: no cases).

Health litigation is underwritten by the Queensland Government Insurance Fund (QGIF). NWHHS liability in this area is limited to an excess per insurance event. The maximum exposure to NWHHS under this policy is up to $20,000 for each insurable event.

C3 COMMITMENTS

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

Commitments for minimum lease payments in relation to non-cancellable operating leases are payable as follows:

	2017 $'000	2016 $'000
Commitments		
No later than 1 year	**2,520**	3,524
Later than 1 year but no later than 5 years	**415**	1,355
Total	**2,935**	4,879

Operating lease commitments includes contracted amounts for various residential properties and fleet vehicles under non-cancellable operating leases expiring within 1 and 5 years with, in some cases, options to extend. The leases have various escalation clauses. On renewal, the terms of the leases are renegotiated.

KEY MANAGEMENT PERSONNEL

D1 Key Management Personnel

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of NWHHS, directly or indirectly, including the Minister and Board members of NWHHS.

As from 2016-17, the responsible Minister is to be identified as part of the Hospital and Health Service's KMP.

Minister for Health and Minister for Ambulance Services, Hon Cameron Dick along with the following persons were considered key management personnel of NWHHS during the current financial year:

Position	Name	Contract classification and appointment authority	Initial Appointment Date
Non-executive Director – Board Chair	Paul Woodhouse	*Hospital and Health Boards Act 2011*	1 July 2012
Non-executive Director – Deputy Board Chair	Annie Clarke	*Hospital and Health Boards Act 2011*	9 November 2012
Non-executive Director – Board Member	Don Bowley OAM	*Hospital and Health Boards Act 2011*	1 July 2012
	Rowena McNally	*Hospital and Health Boards Act 2011*	1 July 2012
	Richard Stevens OAM	*Hospital and Health Boards Act 2011*	1 July 2012
	Christopher Appleby	*Hospital and Health Boards Act 2011*	9 November 2012
	Karen Arbouin	*Hospital and Health Boards Act 2011*	17 May 2013
	Ronald Page	*Hospital and Health Boards Act 2011*	17 May 2013
	Dr Kathryn Panaretto	*Hospital and Health Boards Act 2011*	18 May 2016
	Dallas Leon	*Hospital and Health Boards Act 2011*	18 May 2016
Chief Executive - Responsible for the overall management of North West Hospital and Health Service through functional areas to ensure the delivery of hospital and health service objectives.	Lisa Davies-Jones	S24/S70 Hospital and Health Boards Act 2011	18 May 2016
Chief Finance Officer - Responsible for the overall financial management of North West Hospital and Health Service, including budgeting, activity based funding measurement and departmental relationship management.	Christopher Watts Lucy Dungavell	HES-2 *Hospital and Health Boards Act 2012* DOS1-1 *Hospital and Health Boards Act 2011*	14 November 2016 – 30 June 2017 14 August 2016 – 13 November 2016
Executive Director Corporate Services - Responsible for the delivery of non-clinical support services, including building, engineering and maintenance services, capital infrastructure and contract management.	Barbara Davis	DOS1-1 *Hospital and Health Boards Act 2011*	1 July 2012
Executive Director Medical Services - Responsible for the overall management and coordination of medical services for the Mount Isa hospital.	Associate Professor Alan Sandford	MMOI-3 *District Health Services Senior Medical Officers*	5 May 2014
Executive Director Nursing Services - Responsible for the professional leadership of nursing services for the Mount Isa Hospital as well as the operational management of the nine outlier facilities and acute areas of the Mount Isa Hospital.	Michelle Garner	NRG11 *Queensland Health Nurses and Midwives Award 2012*	1 July 2012

Ministerial remuneration entitlements are outlined in the Legislative Assembly of Queensland's Members' Remuneration Handbook. The HHS does not bear any cost of remuneration of the Minister. The majority of Ministerial entitlements are paid by the Legislative Assembly, with the remaining entitlements being provided by Ministerial Services Branch within the Department of the Premier and Cabinet. As all Ministers are reported as KMP of the Queensland Government, aggregate remuneration is expenses for all Ministers is disclosed in the Queensland General 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.

Remuneration of other Key Management Personnel comprises the following components:

- Short-term employee benefits which include:
  - ***Base*** – consisting of base salary, allowances and leave entitlements paid and provided for the entire year or for that part of the year during which the employee occupied the specified position. Amounts disclosed equal the amount expensed in the statement of comprehensive income
  - ***Non-monetary benefits*** – consisting of provision of vehicle together with fringe benefits tax applicable to the benefit
- Long-term employee benefits include long service leave accrued
- Post-employment benefits include superannuation contributions
- Termination payments are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu on termination, regardless of the reason for termination.
- There was no performance bonuses paid in the 2016-17 financial year (2016: $nil).
- Total fixed remuneration is calculated on a 'total cost' basis and includes the base and non-monetary benefits, long term employee benefits and post-employment benefits.

2017

Name	Short-term benefits		Long term benefits	Post employee benefits	Termination benefits	Total remuneration
	Base	Non-monetary benefits				
	$'000	$'000	$'000	$'000	$'000	$'000
Paul Woodhouse	69	26	-	-	-	95
Annie Clarke	41	-	-	4	-	45
Rowena McNally	44	-	-	4	-	48
Richard Stevens OAM	44	-	-	4	-	48
Christopher Appleby	41	-	-	4	-	45
Karen Arbouin	39	-	-	4	-	43
Kathryn Panaretto	42	-	-	4	-	46
Dallas Leon	42	-	-	4	-	46
Don Bowley OAM	39	-	-	4	-	43
Lisa Davies-Jones	273	26	5	24	-	328
Barbara Davis	143	35	3	16	-	197
Assoc. Prof Alan Sandford	602	35	12	45	-	694
Michelle Garner	178	45	4	19	-	246
Christopher Watts	120	10	2	12	-	144
Lucy Dungavell	48	2	1	6	-	57

2016

Name	Short-term benefits		Long term benefits	Post employee benefits	Termination benefits	Total remuneration
	Base	Non-monetary benefits				
	$'000	$'000	$'000	$'000	$'000	$'000
Paul Woodhouse	70	27	-	-	-	97
Annie Clarke	30	-	-	3	-	33
Rowena McNally	34	-	-	3	-	37
Richard Stevens OAM	34	-	-	3	-	37
Christopher Appleby	37	-	-	3	-	40
Karen Arbouin	36	-	-	3	-	39
Ronald Page	16	-	-	3	-	19
Susan Belsham	116	7	1	7	127	258
Terry Mehan	129	7	2	12	-	150
Lisa Davies-Jones	27	2	1	3	-	33
Brett Oates	83	20	2	8	-	113
Lucy Dungavell	79	16	1	5	-	101
Barbara Davis	143	39	3	17	-	202
Assoc. Prof Alan Sandford	663	51	13	46	-	773
Michelle Garner	184	32	3	19	-	238
Leigh Purvis	132	28	2	10	171	343
Jacqui Wynne-Jones	22	3	-	2	-	27

D2 Related Party Transactions

NWHHS is subject to a new requirement effective for the financial year ending 30 June 2017 to disclose related party transactions in their annual financial statements. This requirement is based on mandatory compliance with AASB 124 Related Party Transactions; the purpose of which is to enable a reader of the financial statements to identify transactions involving key personnel or their close family members.

Transactions with Queensland Government controlled entities

NWHHS 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

NWHHS receives funding in accordance with a service agreement with the Department of Health. The Department of Health receives its revenue from the Queensland Government (majority of funding) and the Commonwealth. NWHHS are funded for eligible services through block funding; activity based funding or a combination of both. Activity based funding is based on an agreed number of activities per the service agreement and a state-wide price by which relevant activities are funded. Block funding is not based on levels of public care activity.

The funding from Department of Health is provided predominantly for specific public health services purchased by the Department from NWHHS in accordance with a service agreement between the Department and NWHHS. The service agreement is reviewed periodically and updated for changes in activities and prices of services delivered by Hospital and Health Service.

The signed service agreements are published on the Queensland Government website and publically available. The 2016-17 service agreement was for $168.272 million.

In addition, the Department of Health provides a number of services including, procurement, payroll, information technology infrastructure and support as well as accounts payable services. Any expenses paid by Department of Health on behalf of NWHHS for these services are recouped by the Department of Health.

Queensland Treasury Corporation

Under the whole-of-government banking arrangements, NWHHS has an approved working debt facility of $1.5M. NWHHS have accounts with the Queensland Treasury Corporation for general trust monies.

Department of Housing and Public Works

NWHHS pays rent to the Department of Housing and Public Works for a number of properties. In addition, NWHHS provides property maintenance for Department of Housing and Public works on a fee for service arrangement.

Inter HHS

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

Transactions with other related parties

The following entities have been disclosed as relevant interests for key management personnel:

Western QLD PHN;

North and West Remote Health;

Gidgee Healing;

Royal Flying Doctor Service;

James Cook University;

University of Queensland;

Central Queensland University;

Connor Medical Pty Ltd.

All transactions in the year ended 30 June 2017 between NWHHS and key management personnel, including their related parties were on normal commercial terms and conditions and were immaterial in nature.

OTHER INFORMATION

E1 PATIENT TRUST FUNDS

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

	2017 $'000	2016 $'000
Patient trust funds		
Opening balance	33	44
Patient fund receipts	17	23
Patient fund related payments	(41)	(34)
Closing balance (represented by cash)	9	33

E2 TAXATION

NWHHS 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 NWHHS.

Both NWHHS 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.

E3 FIRST YEAR APPLICATION OF NEW STANDARDS OR CHANGE IN POLICY

Changes in accounting policy

Accounting Standards Applied for the First Time in 2016-17

AASB 124 - Related Party Disclosures

From reporting periods beginning on or after 1 July 2016, the HHS will need to comply with the requirements of AASB 124 Related Party Disclosures. That accounting standard requires a range of disclosures about the remuneration of key management personnel, transactions with related parties/entities, and relationships between parent and controlled entities. The HHS already discloses information about the remuneration expenses for key management personnel (refer to Note D) in compliance with requirements from Queensland Treasury. Therefore, the most significant implications of AASB 124 for the HHS's financial statements will be the disclosures to be made about transactions with related parties, including transactions with key management personnel or close members of their families.

E4 FUTURE IMPACT OF ACCOUNTING STANDARDS NOT YET EFFECTIVE

At the date of authorisation of the financial report, the expected impacts of new or amended Australian Accounting Standards issued but with future commencement dates are set out below:

AASB 15 Revenue from Contracts with Customers

This Standard will become effective from reporting periods beginning on or after 1 January 2018 and contains much more detailed requirements for the accounting for certain types of revenue from customers. Depending on the specific contractual terms, the new requirements may potentially result in a change to the timing of revenue from sales of the HHS's goods and services, such that some revenue may need to be deferred to a later reporting period to the extent that the HHS has received cash but has not met its associated obligations (such amounts would be reported as a liability (unearned revenue) in the meantime). The HHS is yet to complete its analysis of current arrangements for sale of its goods and services, but at this stage does not expect a significant impact on its present accounting practices.

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

These Standards will become effective from reporting periods beginning on or after 1 January 2018. The main impacts of these standards on the HHS are that they will change the requirements for the classification, measurement, impairment and disclosures associated with the HHS's financial assets. AASB 9 will introduce different criteria for whether financial assets can be measured at amortised cost or fair value.

The HHS is yet to fully assess the impact of these standards, however, given the nature of and limited extent of financial instruments held, the impact is expected to be minimal.

AASB 16 Leases

This Standard will become effective for reporting periods beginning 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 AABS 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.

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. The NWHHS will await further guidance from Queensland Treasury on the transitional accounting method to be applied.

The NWHHS 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.

All other Australian accounting standards and interpretations with future commencement dates are either not applicable to the NWHHS's activities, or have no material impact on the HHS.

E5 SUBSEQUENT EVENTS

Up to the date of signing there are no matters or circumstances that have arisen since 30 June 2017 that have significantly affected, or may significantly affect NWHHS's operations, the results of those operations, or the HHS's state of affairs in future financial years.

BUDGETARY REPORTING DISCLOSURES

NB: A budget versus actual comparison and explanation of major variances has not been included for the statement of changes in equity, as major variances relating to that statement have been addressed in explanation of major variances in the other statements.

a) Statement of comprehensive income

	Note	Actual 2017 $'000	Budget 2017 $'000	Variance $'000	Variance %
Income					
User charges and fees		**165,828**	**152,483**	13,345	8%
Grants and other contributions		**1,643**	**2,726**	(1,083)	(66%)
Other revenue		**1,015**	**1,068**	(53)	(5%)
Total income		**168,486**	**156,277**	12,209	
Expenses					
Employee expenses	a	**88,988**	**80,992**	7,996	9%
Supplies and services		**67,932**	**66,730**	1,202	2%
Grants and subsidies		**356**	-	356	100%
Depreciation and amortisation		**8,568**	**8,152**	416	5%
Impairment losses		**183**	**253**	(70)	(38%)
Other expenses		**2,404**	**150**	2,254	94%
Total expenses		**168,431**	**156,277**	12,154	
Operating result		**55**	-	55	
Other comprehensive income					
Items that will not be subsequently reclassified to operating result					
Increase/(decrease) in asset revaluation surplus	b	**15,630**	-	15,630	100%
Total other comprehensive income		**15,630**	-	15,630	
Total comprehensive income		**15,685**	-	15,685	

b) Statement of financial position

	Note	Actual 2017 $'000	Budget 2017 $'000	Variance $'000	Variance %
Current assets					
Cash and cash equivalents	c	**9,184**	**(868)**	10,052	109%
Receivables		**2,417**	**855**	1,562	65%
Inventories		**950**	**1,025**	(75)	(8%)
Other		**113**	**(2)**	115	102%
Total current assets		**12,664**	**1,010**	11,654	
Non-current assets					
Property, plant and equipment		**118,127**	**119,556**	(1,429)	(1%)
Total non-current assets		**118,127**	**119,556**	(1,429)	
Total assets		**130,791**	**120,566**	10,225	
Current Liabilities					
Payables	d	**10,342**	**8,628**	1,714	17%
Accrued employees benefits	e	**3,866**	**51**	3,815	99%
Unearned revenue		**-**	**559**	(559)	0%
Total current liabilities		**14,208**	**9,238**	4,970	
Total liabilities		**14,208**	**9,238**	4,970	
Net assets		**116,583**	**111,328**	5,255	
Equity					
Contributed equity		**94,436**	**90,165**	4,271	5%
Accumulated deficit		**(3,050)**	**(9,089)**	6,039	(198%)
Asset revaluation surplus	f	**25,197**	**30,252**	(5,055)	(20%)
Total equity		**116,583**	**111,328**	5,255	

c) Statement of cash flows

	Note	Actual 2017 $'000	Budget 2017 $'000	Variance $'000	Variance %
Cash flows from operating activities					
Inflows:					
User charges and fees		**162,448**	**152,284**	10,164	6%
Grants and other contributions		**1,643**	**2,726**	(1,083)	(66%)
GST collected from customers		**197**	**-**	197	100%
GST input tax credits from ATO		**5,114**	**-**	5,114	100%
Other		**1,343**	**5,298**	(3,955)	(294%)
Outflows:					
Employee expenses	g	**(88,549)**	**(80,992)**	(7,557)	9%
Supplies and services	h	**(62,962)**	**(70,720)**	7,758	(12%)
Grants and subsidies		**(432)**	**-**	(432)	100%
GST paid to suppliers		**(5,203)**	**-**	(5,203)	100%
GST remitted to ATO		**(175)**	**-**	(175)	100%
Other		**(1,957)**	**(150)**	(1,807)	92%
Net cash from/(provided by) operating activities		**11,467**	**8,446**	3,021	
Cash flows from investing activities					
Inflows:					
Sales of property, plant and equipment		**260**	**1**	259	100%
Outflows:					
Payments for property, plant and equipment	i	**(12,332)**	**(1,218)**	(11,114)	**90%**
Net cash from/(used by) investing activities		**(12,072)**	**(1,217)**	(10,855)	
Cash flows from financing activities					
Inflows:					
Equity injections	j	**7,636**	**1,218**	6,418	**84%**
Outflows:					
Equity withdrawals	k	**-**	**(8,152)**	8,152	0%
Net cash from/(used by) financing activities		**7,636**	**(6,934)**	14,570	
Net increase/(decrease) in cash and cash equivalents		**7,031**	**295**	6,736	
Cash and cash equivalents at the beginning of the financial year		**2,153**	**(1,163)**	3,316	154%
Cash and cash equivalents at the end of the financial year		**9,184**	**(868)**	10,052	

Explanation of major variances:
Major variances are considered to be variances that are material within the 'Total' line item that the item falls within.

(a) The increase is predominately due to new funded positions valued at $6.5M as well as enterprise bargaining agreements valued at $2.1M. Refer to Note A2-1 for details of employee expenses and FTE numbers.

(b) Comprehensive revaluation of land and buildings has resulted in an increase to the asset revaluation surplus account. Refer to Note B4 for details of movements in revaluation surplus by asset class.

(c) The increase attributed to adjustment of service level agreement with Department of Health.

(d) Budget variance for payables comprises primarily of the clawback of funding by DoH of $1.35M. The actual balance for the year also includes general expense accruals of $5.3M of which significant portion relates to capital works within the HHS in addition to external contract labour accruals of $2.6m.

(e) The increase relates to the timing for the transfer of leave liabilities from the Department of Health.

(f) The budget for asset revaluation surplus was over estimated. Budget was based on asset portfolio prior to residential asset transfer to Department of Public Works and Housing.

(g) The increase is predominately due to new funded positions valued at $6.5M as well as enterprise bargaining agreements valued at $2.1M. Refer to Note A2-1 for details of employee expenses and FTE numbers.

(h) The decrease relates to saving initiatives implemented in the year across different expense items. Significant saving was realised in contract labour of $1.8M.

(i) The increase is attributed to the funded capital projects completed in the year most significantly is the Priority Capital Projects valued at $7.5M and commencement of the new car park and Helipad valued at $2M.

(j) The increase is due to funded capital projects completed and reimbursed in the year most significantly is the Priority Capital Projects total value of $7.5M.

(k) Equity withdrawals are related to depreciation funding which is a non-cash transaction and should be excluded from this budget.

MANAGEMENT CERTIFICATE

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

(a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects;

(b) these financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of North West Hospital and Health Service for the financial year ended 30 June 2017 and of the financial position of the Service at the end of the year; and

(c) these assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material respects, with respect to financial reporting throughout the reporting period.

Mr Paul Woodhouse
Chair
25 August 2017

Ms Lisa Davies Jones
Chief Executive
25 August 2017

INDEPENDENT AUDITOR'S REPORT

To the Board of North West Hospital and Health Service

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of North West Hospital and Health Service.

In my opinion, the financial report:

a) gives a true and fair view of the entity's financial position as at 30 June 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.

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.

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. These matters were addressed in the context of my audit of the financial report as a whole, and in forming my opinion thereon, and I do not provide a separate opinion on these matters.

Specialised buildings valuation ($99M)

Key audit matter	How my audit addressed the key audit matter
Buildings were material to North West Hospital and Health Service at balance date, and were measured at fair value using the current replacement cost method. North West Hospital and Health Service performed a comprehensive revaluation of all of its buildings during the current year. The current replacement cost method comprises: • Gross replacement cost, less • Accumulated depreciation North West Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for: • identifying the components of buildings with separately identifiable replacement costs • developing a unit rate for each of these components, including: o estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. $/square metre) o identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating the adjustment to the unit rate required to reflect this difference. • the measurement of accumulated depreciation involved significant judgements for forecasting the remaining useful lives of building components. The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense.	My procedures included, but were not limited to: • 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 applied to revalue the identified components: o Assessing the competence, capabilities and objectivity of the experts used to develop the models o 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. o Discussed the valuation process, methodology, key inputs/assumptions and results with external valuation experts. o On a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: ▪ modern substitute (including locality factors and oncosts) ▪ adjustment for excess quality or obsolescence. • On a sample basis, benchmarked unit rates used in the valuation with other public sector valuations of similar nature. • Reviewed significant increments and decrements for root cause to identify any outlier valuations at a building level. • Reviewed the derivation and application of locality allowances applied to unit rates to obtain gross replacement cost. • Evaluating useful life estimates for reasonableness by: o Reviewing management's annual assessment of useful lives. o At an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement cost of assets. o Ensuring that no asset still in use has reached or exceeded its useful life. o Enquiring of management about their plans for assets that are nearing the end of their useful life. o Reviewing assets with an inconsistent relationship between condition and remaining useful life. o Performing sensitivity analysis on the impact of changes in component useful lives o Performed benchmarking of total useful lives against similar public sector entities. Where changes in useful lives were identified, evaluating whether they were supported by appropriate evidence.

Refer to Note B4 in the financial report.

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:

a) I received all the information and explanations I required.

b) In my opinion, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.

D J OLIVE
as delegate of the Auditor-General

Queensland Audit Office
Brisbane