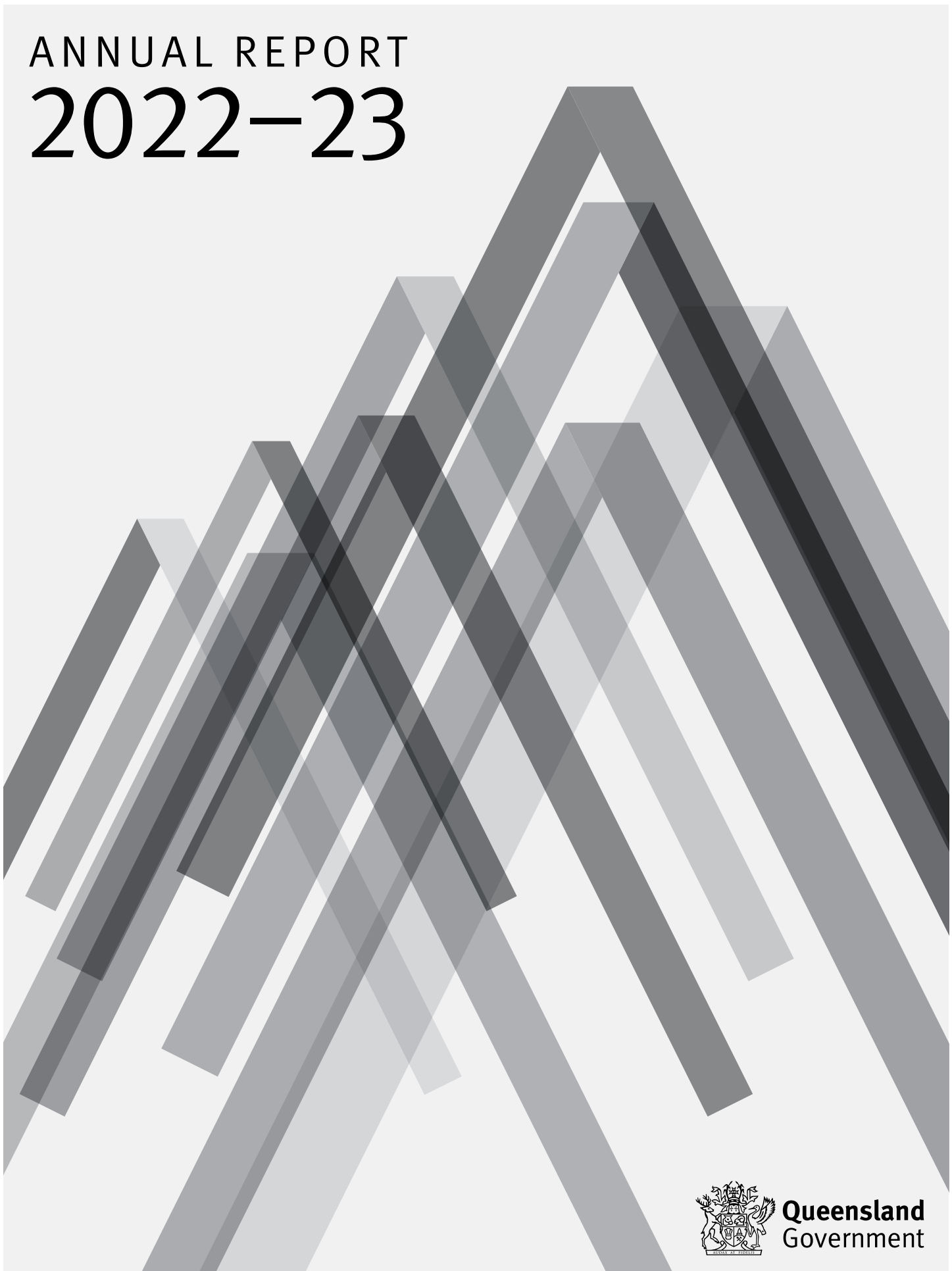


# ANNUAL REPORT 2022–23



## Accessibility

### Interpreter service statement

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on 07 3810 1111 or freecall 1800 131 450 and we will arrange an interpreter to effectively communicate the report to you.



### Open data

Information about consultancies, overseas travel, and the Queensland language services policy is available at the Queensland Government Open Data website (<https://www.data.qld.gov.au>). West Moreton Hospital and Health Service (West Moreton Health) has expenditure to report on overseas travel, but no expenditure to report on consultancy.

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### Attribution

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An electronic copy of this report is available at: [www.westmoreton.health.qld.gov.au/about-us](http://www.westmoreton.health.qld.gov.au/about-us). Hard copies of the annual report are available by phoning the Ipswich Hospital main switch on (07) 3810 1111. Alternatively, you can request a copy by emailing [WMCcommunications@health.qld.gov.au](mailto:WMCcommunications@health.qld.gov.au).

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### Acknowledgment to Traditional Custodians

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

### Recognition of Australian South Sea Islanders

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

*West Moreton Health advises that this publication may contain words, names, images and descriptions of Aboriginal and Torres Strait Islander people who have passed away.*

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30 August 2023

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

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2022–2023 and financial statements for West Moreton Hospital and Health Service.

I certify that this Annual Report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2019*; 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 86 of this annual report.

Yours sincerely



Michael Willis  
Chair  
West Moreton Hospital and Health Board

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# Statement on Queensland Government objectives for the community

The objectives of the *West Moreton Health Strategic Plan 2021–2025* contribute to the Queensland Government objectives of:

- Good jobs: creating more, good, secure jobs in traditional and emerging industries
- Better services: delivering even better services right across Queensland
- Great lifestyle: protecting and enhancing our Queensland lifestyle as we grow.

## From the Chair and Chief Executive

In 2022–2023, West Moreton Hospital and Health Service (West Moreton Health) experienced continued demand for hospital and health services from a growing population.

While our focus remains firmly on the delivery of safe, quality care every day, we have, over the past year, made good progress on initiatives and investments that will enable West Moreton Health to meet the future health needs of our community and our region.

This annual report sets out much of what we have achieved in 2022–2023 and what we are working toward.

Our understanding of the health needs of the West Moreton population was informed in the past year through the completion of our inaugural *Local Area Needs Assessment 2022–2025* (LANA). The LANA is a systematic review of local health issues to identify gaps in service provision and communities with higher healthcare needs. The LANA will be updated annually to guide our decision-making around service planning and models of care.

West Moreton Health also published the *Health Indicators Report 2021*. The report is an analysis of the health status of the West Moreton community compared with the wider Queensland population. It shows that the health challenges we face are long-term and will require ongoing investment, innovation and workforce planning.

One of our priorities in the past year was to create a strategy to provide leadership and direction in how we work with and support our First Nations community, ensuring that we deliver services in a culturally safe and appropriate way. Through the West Moreton Health *First Nations Health Equity Strategy 2022–2025*, we are taking steps to remove systemic barriers to equitable health care and are working towards whole-of-organisation change.

We established a First Nations Community Advisory Committee to identify barriers to equitable health care and opportunities for service improvement. This collaborative approach informs and guides the ongoing work needed to incorporate First Nations health and healing, and culturally responsive care, into all of West Moreton Health's services.

In 2022–2023 we also brought several significant capital projects to near completion. This includes Ripley Satellite Hospital, which will provide a Minor Injury and Illness Clinic and specialist outpatient and community services tailored to local need, when it opens in early 2023–2024.

Construction of our new Mental Health Acute Inpatient Services building on Chelmsford Avenue, Ipswich, continued throughout 2022–2023. The new facility, which is expected to open by early 2024, has been designed to support recovery and wellbeing.

We have continued to work closely with the Department of Health in the development of additional facilities, including a 90-bed sub-acute facility on the Ripley site, a 45-bed residential Alcohol and Other Drugs rehabilitation facility, and the stage 2 expansion of Ipswich Hospital. The latter project will deliver an extra 200 beds and a new Emergency Department and operating theatres in 2027.

West Moreton Health values its strong connections with partners from a wide range of sectors and agencies. Working together we are able to achieve more for the West Moreton community. In addition to our partners in government and health and emergency services, we have strong local partnerships, including our close relationship with the Ipswich Hospital Foundation and the Darling Downs and West Moreton PHN (DDWM PHN). This strong partnership led to the success of Project Echo, which enables clinicians to share knowledge and experience in an interactive virtual forum.

We are also focused on emerging partnerships in research and innovation that inform the quality of our services as we respond to continuing growth and demand in meeting the health needs of our community. This includes relationships with universities and our membership of Health Translation Queensland.

The thoughts, opinions, experiences and feedback we receive from our consumers and communities are essential to informing improvement in person-centred care. Their voices matter. Under the guidance of our Strategic Plan, West Moreton Health invests in deliberate strategies and actions to ensure we receive and act on community and consumer feedback. In the past year, our consumers have changed the way we work with and support young people in detention. Consumer advice has also provided a strong foundation for our health equity strategy.

In the past year, more than 70 volunteers spent time assisting patients in West Moreton Health facilities. The generous contributions of volunteers in supporting patients and families who visit our facilities make a positive difference, every day, to the experience of people who are in our care. Volunteers from the Ipswich Hospital Foundation (IHF) and our rural hospital auxiliaries support our services by giving their time, raising funds and assisting patients in a variety of hospital and health settings.

West Moreton Health's vision is for a thriving community that is achieving its best possible health and wellbeing. Achieving that vision is significantly dependent on the efforts of our staff who work above and beyond every day. We acknowledge and thank the staff of West Moreton Health for their continuing commitment and resourcefulness in helping to realise this vision. We appreciate their passion and determination in caring for our community every day.

West Moreton Health remains committed to the delivery of quality public health services across the region.

Michael Willis, Chair

Hannah Bloch, Chief Executive

## About us

West Moreton Health provides health and wellbeing services across the Somerset, Scenic Rim, Lockyer Valley, and Ipswich communities. The border of the West Moreton Health region lies beyond Esk in the north, Gatton in the west, Ipswich in the east, and Boonah in the south.

West Moreton Health provides preventative and primary healthcare services, medical, surgical, emergency, obstetric, paediatric, acute and sub-acute care, specialist outpatient services, and oral health. Our mental health and specialised services include prison health, and alcohol and other drugs services.

As at June 2022, the population of the West Moreton Health region was 325,000. The population is projected to be 480,000 by 2036. The projected 2.9 per cent compound annual growth rate is the highest of all health regions in Queensland and nearly double the Queensland population growth rate of 1.5 per cent.

West Moreton Health was established on 1 July 2012 as a statutory body under the *Hospital and Health Boards Act 2011*. West Moreton Health is governed by the West Moreton Hospital and Health Board, whose members are accountable to the community and to the Honourable Shannon Fentiman, Minister for Health, Mental Health and Ambulance Services and Minister for Women. West Moreton Health is one of 16 hospital and health services (HHSs), which, together with the Department of Health, make up Queensland Health.

West Moreton Health operates under a service agreement with the Department of Health. That agreement can be viewed here: <https://www.publications.qld.gov.au/dataset/west-moreton-hhs-service-agreements>.

## Strategic direction

In September 2022, the *West Moreton Health Strategic Plan 2021–2025* was updated to focus on preventative health, workforce, health equity, technology and research.

Our strategic plan sets the direction for how we respond to the health needs of a fast-growing population. We continue to connect, partner, grow and transform our services while providing safe, reliable care closer to home.

## Vision, purpose, values

**Vision** A thriving West Moreton community in which people achieve their best possible health and wellbeing

**Purpose** To provide safe, quality care for the West Moreton community

**Values** connect . respect . excel

## Priorities

The *West Moreton Health Strategic Plan 2021–2025* (2022 revision) sets the following priorities:

- Strengthen our communities
- Safe, quality care, now and into the future
- Care for our people

Guided by these priorities, West Moreton Health is continuing to:

- enhance the health of our communities by focusing on health promotion and disease prevention
- remove systemic barriers to equitable health care through advocacy, collaboration, and co-design
- enable safe, quality, compassionate care for our communities
- shape a sustainable health service
- foster a culture where our people thrive and know they are valued.

## Aboriginal and Torres Strait Islander Health

In 2022–2023, together with First Nations people, we worked to enact change in the way we deliver health care to First Nations communities. We published our *First Nations Health Equity Strategy 2022–2025* and developed the *First Nations Health Equity Implementation Plan 2023* to drive that change.

The strategy guides how we provide culturally responsive care for First Nations communities and responds to the *Making Tracks Together – Queensland's Aboriginal and Torres Strait Islander Health Equity Framework* and the *Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021*.

West Moreton Health has strong connections with the region's Aboriginal peoples and Torres Strait Islander peoples and regularly seeks suggestions and feedback from Elders to help shape our health service. The first meeting of the First Nations Community Advisory Council was held in February 2023. The council gives First Nations community members direct input into service planning processes and initiatives. Feedback from this council is provided to the Board and helps guide service planning. With the goal of removing systemic barriers to equitable health care through advocacy, collaboration and co-design, the Health Equity Strategy Implementation team spent time in our rural hospitals, conducted surveys and spoke with First Nations staff, community, Elders and stakeholders. They gathered feedback and ideas on how we can better meet the healthcare needs of our First Nations communities. West Moreton Health is committed to implementing whole-of-organisation change and incorporating First Nations health and healing into all of our services and operations.

The Jaghu Maternal and Infant program was established in 2022 and has undertaken significant recruitment to bring new services online. Jaghu is a First Nations designed and led, holistic service for Aboriginal and Torres Strait Islander families. In 2023, Jaghu expanded to launch a home visit service, opened a new clinical space and began antenatal services. This is a unique First Nations-led service that ensures each family receives the support they require in a culturally safe environment. That support may vary from providing referrals to services to ongoing practical support.

The health care of Indigenous people currently in our prison population remains a priority for West Moreton Health. About 30 per cent of male prisoners and almost 50 per cent of female and youth prisoners in the West Moreton region identify as Aboriginal and/or Torres Strait Islander. To support this priority group, this year we welcomed indigenous health practitioners into the correctional facilities we service.



A First Nations Health Leadership Group, established by Prison Health Services, oversees the development and implementation of health initiatives designed to support the unique needs of First Nations patients within correctional centres in West Moreton.

Our wrap-around care for the First Nations community as a whole includes Indigenous consumers living with, or who are at risk of, a chronic condition. The Deadly Steps Together program is a tailored exercise and lifestyle program that offers exercise sessions and yarning with an exercise physiologist and indigenous health workers.

We worked with consumer groups and Elders to create culturally safe spaces that signalled to First Nations consumers that their perspectives would be heard and understood.

West Moreton Health is a signatory to the Statement of Commitment for a South-East Queensland First Nations Health Equity Partnership between six hospital and health services and Aboriginal and Torres Strait Islander community-controlled health organisations.

We continue to work closely with Kambu Health, the Institute of Urban Indigenous Health and the DDWM PHN to implement local suicide prevention and life promotion strategies.

We are also working with Kambu Health to improve local health referral and treatment pathways.

## Our community-based and hospital-based services

Our hospital network includes Ipswich Hospital and four rural hospitals at Boonah, Esk, Gatton, and Laidley.

### Ipswich Hospital

Ipswich Hospital offers specialist services including: ear, nose and throat surgery; eye surgery; gynaecology; orthopaedics; plastic surgery; urology; obstetrics; oncology; interventional cardiology; acute renal dialysis; stroke intervention; paediatrics; and psychiatry. It offers emergency, palliative, diabetes and rehabilitation care as well as the following services: physiotherapy; social work; occupational therapy; speech pathology; nutrition and dietetics; podiatry; psychology; audiology; child health; community health; oral health; mental health; women's wellness; and immunisation.

### Our rural services

Our four rural hospitals each offer emergency, palliative, interim, transitional, and general acute care as well as a mix of other services including: rehabilitation; physiotherapy; social work; speech therapy; dietetics; occupational therapy; podiatry; community health; child health; oral health; cardiology and cardiac rehabilitation gym; wound clinic; mental health; alcohol, tobacco and other drugs; women's wellness; lung health; renal; hearing; podiatry; maternity home care; diabetes; and immunisation services.

The clinical teams at our rural hospitals work closely with specialists at larger hospitals, including Ipswich, via telehealth to ensure patients receive the right care at the right place at the right time. Where clinically appropriate, this allows residents to have their treatment managed by medical specialists in larger centres while staying close to home.

Teams across our network of hospitals work in partnership with other healthcare providers during the different stages of investigation, diagnosis, treatment and recovery to maximise resources and care for as many people as possible within a flexible delivery framework.

## Community services

Our community services are delivered through off-campus facilities, including Ipswich Health Plaza; Hayden Centre; Goodna Community Health; Ipswich Oral Health Clinic; BreastScreen services at Yamanto Central shopping centre; a preventative health clinic at 77 East Street, Ipswich; our Jaghu Maternal and Infant Program at Bremer Medical Centre on the University of Southern Queensland campus; and residential mental health and rehabilitation services at our Gailes Community Care Unit.

Throughout 2022–2023, work continued on the Ripley Satellite Hospital. The Minor Injury and Illness Clinic is expected to open in late August 2023 before specialist and community outpatient services come online in a phased approach. Work progressed in 2022–2023 on the Mental Health Acute Inpatient Services building opposite Ipswich Hospital.

Community services provided by West Moreton Health include public health, school-based youth health, breast and bowel screening, child health and development, antenatal and maternity services, chronic conditions support and rehabilitation services, oral health, sexual health, and community mental health.

## Specialist services

West Moreton Health offers a range of specialist services for inpatients and outpatients at its Ipswich and rural hospitals. These include: Acute Paediatrics, Aged Care Assessment Team, Alcohol and Other Drugs Service, Anaesthetics, Cardiac Care, Child Development Service, Emergency Department, Forensic and Secure Services (FSS), FSS and Prison Health Services (PHS) pharmacy, General Medical Service, Hospital in The Home, Inpatient Adult Mental Health Service, Intensive Care Unit, Maternity and Gynaecology services, Medical imaging, Nephrology Service, Neonatal services, Older Persons Inpatient Services, Older Persons Outpatients Residential Aged Care Facility Support Service, Geriatric Emergency Department Intervention, Oncology, Orthopaedic Services, Palliative Care, Pharmacy, Rehabilitation and Stroke, Respiratory Service, Specialist Outpatients Department, Surgery and Perioperative – Ear, Nose and Throat, Surgery and Perioperative General Surgery, Surgery and Perioperative Services, Transition Care Program, Older Persons Mental Health and Prison Health Service.

## Mental Health and Specialised Services

Offering Queensland's only forensic mental health inpatient service, The Park – Centre for Mental Health (The Park) at Wacol houses three statewide services: the High Security Inpatient Service (HSIS), the Extended Forensic Treatment Rehabilitation Unit (EFTRU), and the Specialist Mental Health Intellectual Disability Service (SMHIDS).

HSIS is a 70-bed facility that provides the state with a highly supervised, supportive and secure environment, based on a recovery model of care. It caters for people alleged to have committed serious indictable offences as well as those involved with the criminal justice system who present with complex mental health needs that require assessment and/or treatment and rehabilitation.

EFTRU is a statewide service providing 20 medium-security beds in a residential-style setting. It oversees the rehabilitation of consumers transitioning from HSIS who require further support in achieving rehabilitation and recovery goals.

Providing services to the West Moreton, Metro South and Gold Coast catchments, the 34-bed SMHIDS offers a structured environment for medium to long-term inpatients. The SMHIDS also

supports rehabilitation for consumers with persistent and disabling symptoms of mental illness, who cannot be adequately supported in other inpatient settings.

The Park is also home to the Queensland Centre for Mental Health Learning (the Learning Centre), which is a registered training organisation that delivers statewide workshops and training.

The Queensland Mental Health Benchmarking Unit undertakes internal benchmarking activities with extended-treatment mental health inpatient services through Queensland Health. Also located at The Park, the unit supports HHSs to undertake quality improvement activities aimed at improving health outcomes for consumers.

## **Queensland Centre for Mental Health Research**

The Queensland Centre for Mental Health Research (QCMHR) is Queensland's premier mental health research organisation with a vision to reduce the impact of mental illness in our communities.

Hosted by West Moreton Health at The Park, QCMHR is an academic health partnership between Queensland Health and The University of Queensland (UQ).

## **Prison Health Services**

Our Prison Health Services clinicians deliver primary healthcare to almost half the state's prison population at six prisons and two youth detention centres in South East Queensland. These primary healthcare services include medical, nursing, mental health, optometry, dietary and nutritional care.

Facilities in the West Moreton catchment include Brisbane Correctional Centre, Brisbane Women's Correctional Centre (including at its low-security facility, the Helana Jones Centre), Borallon Training and Correctional Centre, Wolston Correctional Centre, Arthur Gorrie Correctional Centre, Southern Queensland Correctional Centre, and the Brisbane and West Moreton youth detention centres.

We also provide the state's largest prison mental health services through these correctional facilities as well as at Woodford Correctional Centre and Numinbah Correctional Centre.

West Moreton Health will also provide primary healthcare to the population of a high-security men's prison when it opens at the Southern Queensland Correctional Precinct near Gatton in 2024.

## **Car parking concessions**

West Moreton Health is committed to ensuring access to safe and affordable car parking at Ipswich Hospital and Ipswich Health Plaza for patients, carers, visitors and hospital staff.

In 2022–2023, 1521 concession passes were issued to eligible patients and their carers at a cost of \$31,941.

# Challenges and targets

## Challenges

The population health outlook for the West Moreton community, as reported in the *2022 Chief Health Officer's Report (2023 update)* and *Health Indicators Report 2021: West Moreton Health* (published 2023), presents notable challenges, including:

- high rates of maternal obesity (32.6 per cent)
- high birthweight births (11.7 per cent)
- overweight and obesity in children (35.5 per cent)
- overweight in adults (34.5 per cent)
- smoking rates for adults (12 per cent) and during pregnancy (15 per cent)
- almost 150,000 hospital separations from 2017 to 2020 (significantly higher than the Queensland rate)
- more than 13,000 potentially preventable hospitalisations
- higher-than-state-average rates of chronic heart diseases and diabetes
- a high rate of suicide.

In overcoming these challenges, it is important to understand the demographic profile of West Moreton, which has the following features:

- an estimated resident population of 325,428 people, as of June 2022 (six per cent of the Queensland population). This is projected to reach 357,601 people by 2026 and 480,420 people by 2036.
- the largest population growth rate in Queensland over the past five years (11.5 per cent), which is nearly double the Queensland rate (6.3 per cent)
- an Aboriginal and Torres Strait Islander population that is 4.9 per cent of the West Moreton total and higher than the Queensland average of 4.7 per cent
- a relatively high proportion of children aged 0-14 years (22 per cent)
- an additional 35,000 people aged 65 years and above by 2036 (an increase of 86 per cent), which will have major implications for future health service demand in West Moreton
- a significant portion of the prison population who identify as Aboriginal and Torres Strait Islander, which equates to about 30 per cent of the male and 50 per cent of the female and youth prisoners (combined)
- two-thirds of the population (62 per cent) ranked as significantly disadvantaged. Thirty-five per cent of the population is classified as most disadvantaged compared with 20 per cent for Queensland
- 10.1 per cent of families considered to live on a low income
- 6.3 per cent unemployment, which is higher than the state average as of March 2023
- lower levels of education compared with the state average. Forty-seven per cent of the West Moreton population have not completed Year 11 or 12 or equivalent.

West Moreton Health faced a range of strategic operating and environmental challenges in 2022–2023 that included:

- working to meet current and future service demand
- working within constraints of funding
- disruptions to usual services, including planned care activity requiring the rescheduling and outsourcing of category 2 and 3 elective surgeries
- ensuring our partnerships continued to mature in supporting the delivery of care to the community
- continuing to attract and retain high-calibre staff
- managing ongoing change in the external environment.

## Targets

In response to the challenges of our region, *West Moreton Health Strategic Plan 2021–2025 (2022 revision)* identifies the following opportunities:

- Work with consumers, partners and staff on preventing ill health.
- Transform care through service redesign, research and innovation.
- Provide as much care closer to home as possible.
- Improve the health and wellbeing of the prison population.
- Continue to attract, retain and support an engaged workforce.

The strategic plan sets out five strategic actions with measures and outcomes presented in the Performance section of this report.

# Governance

## Our people

### Board membership

The West Moreton Hospital and Health Board comprises nine non-executive members appointed by the Governor in Council on the recommendation of the Minister for Health, Mental Health and Ambulance Services and Minister for Women, in accordance with the *Hospital and Health Boards Act 2011*.

#### **Michael Willis – Board Chair**

Appointed 18 May 2016 (current term 10 June 2021 – 31 March 2024)

Michael Willis is a company director and corporate governance consultant with over 30 years of governance experience in industry, financial services and the health and education sectors. He has served as Chair, Director and Audit and Risk Committee Chair and member with several organisations, including The Springfield Anglican College, FASC Limited, Brisbane City Council and the Northern Queensland Primary Health Network Ltd (currently), and previously with the National Injury Insurance Scheme Qld, Boyce Chartered Accountants, as well as ASX-listed public companies and industry bodies. He is also a consultant in governance at University of Notre Dame Australia. As the national president of the Financial Services Institute of Australasia, he led its participation in the initial development of the ASX Corporate Governance Principles. He is a Fellow of the Australian Institute of Company Directors.

#### **Sue Scheinpflug – Deputy Board Chair**

Appointed 18 May 2016 (current term 18 May 2021 – 31 March 2024)

Sue Scheinpflug has more than 20 years of experience as a Chief Executive Officer in the human services and health sectors. She is currently the Chair of Health Translation Queensland, a community board member of the Parole Board Queensland, Deputy Chair of CPL – Choice, Passion, Life, Chair of UQ Health Care and a member of the Queensland Mental Health and Drug Advisory Council for the Queensland Mental Health Commission. Sue holds qualifications in education and is a Graduate of the Australian Institute of Company Directors.

#### **Professor Gerald Holtmann**

Appointed 18 May 2016 (current term 18 May 2021 – 31 March 2024)

Professor Gerald Holtmann is a clinical academic and medical specialist in the field of gastroenterology with extensive academic and organisational leadership experience as Director of large clinical departments and CEO of an overseas University Hospital. Besides his medical qualifications, he has a Master of Business Administration. He is currently Director of the Department of Gastroenterology and Hepatology at the Princess Alexandra Hospital, Chair of the Queensland Gastroenterology Clinical Network and Director of Clinical Innovation at UQ. He also serves on the board for UQ Health Care.

#### **Patricia Evatt OAM**

Appointed 18 May 2016 (current term 18 May 2021 – 31 March 2024)

Patricia Evatt has a background in psychology, with a strong interest in organisational psychology. She has more than 28 years' experience in corporate governance in both the public and private sectors and is a former director of a consultancy company specialising in industrial relations, organisational development and human resource management. She is currently on the Board of

Ipswich Hospice Care Inc. Patricia holds a Bachelor of Applied Science (Applied Psychology), a Diploma of Psychology, a Master of Organisational Psychology and is a Graduate of the Australian Institute of Company Directors.

### **Stephen Robertson**

Appointed 18 May 2018 (current term 1 April 2022 – 31 March 2026)

Stephen Robertson is Chair of Healthy Land & Water, Southeast Queensland's regional natural resources management body and is the Director for Marketing, Stakeholder Engagement and Strategy at Planet Ark Power, a Brisbane-based power electronics and renewable energy technology company. In 2012, he completed a 20-year career as a Member of the Queensland Parliament and was a senior Minister in successive state governments between 1999 and 2012. Over the course of 13 years of ministerial service, Stephen held the portfolios of Health, Energy, Water, Mines, Natural Resources, Trade and Emergency Services. He has a Bachelor of Arts with Honours from Griffith University.

### **Professor Jeffrey Dunn AO**

Appointed 18 May 2018 (current term 1 April 2022 – 31 March 2026)

Professor Jeffrey Dunn AO is Chief of Mission for the Prostate Cancer Foundation of Australia and Professor and Chair of Social and Behavioural Science in the Division of Research and Innovation at the University of Southern Queensland. Jeffrey is also the current President of the Union for International Cancer Control (UICC).

### **Lyn Birnie**

Appointed 18 May 2018 (current term 1 April 2022 – 31 March 2026)

Lyn Birnie is a finance leader with more than 35 years' experience in senior roles in major mining companies and Queensland Government-owned power generators. She currently serves on the boards of East Coast Apprenticeships, the Legacy Club of Ipswich, Independent Regional Advocacy Service Inc and other community organisations. She is a Graduate of the Australian Institute of Company Directors and a Certified Practising Accountant and holds a Bachelor of Business and a Master of Business Administration.

### **Dr Cathryn Hester**

Appointed 18 May 2019 (current term 1 April 2022 – 31 March 2026)

Dr Cathryn Hester is a specialist and leader in the field of general practice. She is an experienced director and practice owner and has worked in clinical medicine in the Ipswich region for more than a decade. Cathryn is a Queensland deputy chair and Fellow of the Royal Australian College of General Practitioners (RACGP), a Graduate of the Australian Institute of Company Directors and holds a Bachelor of Engineering with honours in Medical Engineering.

### **Deanne Minniecon, Adjunct Associate Professor**

Appointed 18 May 2021 (current term 18 May 2021 – 31 March 2024)

Deanne Minniecon is a proud Aboriginal and Torres Strait Islander woman with over 25 years' experience working in Indigenous health and education at community, regional, state and national levels. She is currently the National Manager, Aboriginal and Torres Strait Islander Engagement with Diabetes Australia and has previously worked with the Brisbane South PHN, Queensland Government, the university sector, and the non-government sector. Deanne is Adjunct Associate Professor at the Queensland University of Technology and Adjunct Senior Lecturer at UQ. Deanne is also on the Board of the DDWM PHN. She holds a Master of Health Science (Health Promotion).

## **Board committees**

### **Executive**

Members: Michael Willis (Chair), Dr Cathryn Hester, Sue Scheinpflug and Deanne Minniecon

The chartered role of the committee is to work with the Chief Executive to progress strategic issues, strengthen the relationship with the Chief Executive and deliver accountability. The committee oversees performance against the measures stated in the service agreement. The committee supports the Board to develop engagement strategies and protocols with primary health organisations and address issues that arise. It also assists the Board in oversight of the Chief Executive's performance, and in monitoring the Health Service's engagement with its stakeholders and issues relating to people and culture. Effective June 2023 the committee oversees workplace health and safety matters that were previously under the remit of the Safety and Quality committee.

### **Safety and Quality**

Members: Professor Gerald Holtmann (Chair), Dr Cathryn Hester, Stephen Robertson and Patricia Evatt

The Safety and Quality Committee assists the Board in its oversight of West Moreton Health's safety and quality-related strategies, performance, clinical governance arrangements and improvements. It is also responsible for promoting a culture of open and honest reporting of any situation that may compromise the quality of patient care. The Safety and Quality Committee includes consumer representatives at each of its meetings to bring the perspective of our consumers to the committee's consideration of safety and quality matters.

### **Audit and Risk**

Members: Professor Jeffrey Dunn (Chair), Lyn Birnie, Patricia Evatt and Deanne Minniecon

The Audit and Risk Committee is responsible for assisting the Board in overseeing West Moreton Health's financial statements, internal control structures, internal audit function, risk management systems and compliance systems. The committee works in partnership with the Queensland Audit Office (QAO) and assesses external audit reports and any subsequent action taken.

### **Finance and Performance**

Members: Stephen Robertson (Chair), Lyn Birnie and Michael Willis

The Finance Committee was renamed the Finance and Performance Committee in January 2022. It is responsible for advising the Board about West Moreton Health's budgets, cash flows, financial and operating performance, financial systems, financial risks or concerns and complex or unusual financial transactions. It also plays a role in overseeing West Moreton Health's assets and infrastructure plans and performance.

### **Research**

Members: Sue Scheinpflug (Chair), Professor Gerald Holtmann and Professor Jeffrey Dunn

The Research Committee was established in early 2021. It is responsible for providing advice and recommending strategies to the Board that contribute to the achievement of West Moreton Health's strategic priority of *safe, quality care, now and into the future* and its related action of ensuring our health services are driven by research and innovation. The committee supports and enables the work of West Moreton Health's Centre for Research and Innovation to be an essential contributor to West Moreton Health's ongoing transformation toward a world class health service.



## Board and committee meeting attendance

Table 1: West Moreton Hospital and Health Board	
Act or instrument	<i>Hospital and Health Boards Act 2011</i>
Functions	<p>In setting the strategic direction of West Moreton Health, the Board is accountable for the performance of the health service and is responsible for:</p> <ul style="list-style-type: none"> <li>• developing, approving and periodically reviewing the strategic plan</li> <li>• approving West Moreton Health's entry into a service agreement with the Department of Health</li> <li>• approving the annual budget</li> <li>• setting performance goals for West Moreton Health</li> <li>• making decisions in relation to significant strategic initiatives or matters of a sensitive or extraordinary nature</li> <li>• overseeing risk management and assessing and determining whether to accept risks outside of the risk appetite set by the Board</li> <li>• ensuring the health service has the resources necessary to achieve goals, monitor progress and report outcomes.</li> <li>• setting the boundaries of the key policies within which West Moreton Health operates.</li> </ul>
Achievements	<p>In 2022–2023, the West Moreton Hospital and Health Board:</p> <ul style="list-style-type: none"> <li>• progressed stage 2 of the West Moreton Health Master Plan and long-term service planning</li> <li>• contributed to the development of the inaugural <i>West Moreton Health First Nations Health Equity Strategy 2022–2025</i></li> <li>• updated and implemented the <i>West Moreton Health Strategic Plan 2021–2025</i>, to address key strategic healthcare challenges for our community</li> <li>• adopted the <i>West Moreton Health Local Area Needs Assessment</i> to guide service planning for the region</li> <li>• routinely engaged with consumers, clinicians and local communities, ensuring their feedback informed planning and improvements to quality of care</li> <li>• appointed a new Health Service Chief Executive to lead the service</li> <li>• monitored and maintained our provision of safe quality and equitable care to our communities, in an environment of constrained resources and infrastructure</li> <li>• reviewed, updated and implemented the West Moreton Health strategic risk framework</li> <li>• reviewed Queensland Audit Office recommendations and monitored their implementation</li> <li>• reviewed internal and external audit activities and findings and monitored implementation of recommendations</li> </ul>
Financial reporting	<ul style="list-style-type: none"> <li>• By way of a Board resolution dated 2 June 2023, the Chair and members of the non-legislated Board Research Committee are now remunerated, respectively as of 1 July 2022, in line with the Remuneration procedures for part-time chairs and members of Queensland government bodies.</li> </ul>
Remuneration	<p>The Governor in Council approves the remuneration arrangements for board chairs, deputy chairs and members. The annual fees paid by West Moreton Health are consistent with the remuneration procedures for part-time chairs and members of Queensland Government bodies. The reported fees may be impacted by fringe benefits tax and other factors.</p>

Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub- committee fees if applicable	Actual fees received
Chair	Michael Willis	18	\$75,000 p.a.	\$7,000 p.a.	\$84,761 (annual fee, Chair of one sub-committee and member of one sub-committee)
Deputy Chair	Sue Scheinpflug	17	\$40,000 p.a.	\$7,000 p.a. (chair of one sub-committee and member of one sub-committee)	\$52,744 (annual fee, chair of one sub-committee and member of one sub-committee)
Member	Professor Gerald Holtmann	17	\$40,000 p.a.	\$7,000 p.a.	\$49,714 (annual fee, chair of one sub-committee and member of one sub-committee)
Member	Patricia Evatt OAM	17	\$40,000 p.a.	\$6,000 p.a.	\$45,843 (annual fee and member of two sub-committees)
Member	Stephen Robertson	13	\$40,000 p.a.	\$7,000 p.a.	\$46,839 (annual fee, chair of one subcommittee and member of one sub-committee)
Member	Professor Jeffrey Dunn AO	9	\$40,000 p.a.	\$7,000 p.a.	\$50,505 (annual fee, chair of one sub-committee and member of one sub-committee)
Member	Lyn Birnie	17	\$40,000 p.a.	\$6,000 p.a.	\$46,121 (annual fee and member of two sub-committees)
Member	Cathryn Hester	17	\$40,000 p.a.	\$6,000 p.a.	\$46,461 (annual fee and member of two sub-committees)
Member	Deanne Minniecon	19	\$40,000 p.a.	\$6,000 p.a.	\$46,554 (annual fee and member of two sub-committees)
No. scheduled meetings/ sessions	Board: 10 Sub-committees: 21 (including 1 extraordinary Audit and Risk Committee meeting)				

Total out-of-pocket expenses	Nil					
Member	Board	Finance Committee	Executive Committee	Audit and Risk Committee	Safety and Quality Committee	Research Committee – non-prescribed
<b>Michael Willis</b> Board and Committee Chair	9/10	4/4	4/4	1 (ex-officio member attendance)	N/A	N/A
<b>Sue Scheinflug</b> Board Deputy Chair and Committee Chair	10/10	N/A	3/4	N/A	N/A	4/4
<b>Prof Gerald Holtmann</b> Board Member and Committee Chair	9/10	N/A	N/A	N/A	4/4	4/4
<b>Patricia Evatt AO</b> Board Member	8/10	N/A	1 (ex-officio attendance)	4/5	4/4	N/A
<b>Stephen Robertson</b> Board Member and Committee Chair	7/10	2/4	N/A	N/A	4/4	N/A
<b>Prof Jeffrey Dunn AO</b> Board Member and Committee Chair	6/10	N/A	N/A	2/5	N/A	1/4
<b>Lyn Birnie</b> Board Member	8/10	4/4	N/A	5/5	N/A	N/A
<b>Dr Cathryn Hester</b> Board Member	9/10	N/A	4/4	N/A	4/4	N/A
<b>Deanne Minniecon</b> Board Member	9/10	N/A	4/4	5/5	N/A	1 (ex-officio attendance)

## **Executive management**

### **Hannah Bloch – Chief Executive**

Hannah Bloch is an accomplished healthcare executive with more than 15 years of experience in the Queensland public system. Hannah has a deep understanding of healthcare operations and experience in managing large and complex services. Hannah holds a Bachelor of Laws/Bachelor of Business (Human Resources Management) and a Graduate Diploma of Legal Practice. Hannah joined West Moreton Health in July 2022 as Interim Chief Executive and was officially appointed to the role in November 2022 after an extensive global search. Hannah has previously held executive roles at Gold Coast Health where she served on their executive from 2016.

### **Associate Professor Deepak Doshi – Chief Medical Officer**

Associate Professor Deepak Doshi has strong clinical and management experience in a career that spans three continents. Deepak trained as a general surgeon in India before moving to the United Kingdom where he specialised in emergency and paediatric emergency medicine. He has spent the past decade working in Australian hospitals, including as Emergency Department Director at Campbelltown Hospital in Sydney, New South Wales, and most recently as the Deputy Executive Director of Medical Services at Central Queensland HHS. Deepak is the Chair of the Emergency Medical Services Forum. He has a Master of Public Health and a Master of Health Services Management.

### **Claire Barratt – Chief Strategy Officer**

Claire Barratt is a solicitor with 18 years of experience in the banking, retail, pharmacy and health sectors. She holds a Bachelor of Laws, Master of Laws, Graduate Diploma of Legal Practice and Graduate Diploma of Applied Corporate Governance. Claire was previously the General Counsel at West Moreton Health.

### **Alistair Luckas – Chief Finance Officer**

Alistair Luckas is a senior finance executive and chartered accountant with more than 20 years of experience leading finance teams in both the Queensland Government and private sector entities to implement significant financial transformation. Before joining West Moreton Health, Alistair worked for Queensland Health as the acting Chief Finance Officer and as Senior Director of Statutory and Advisory Services.

### **Cang Dang – Chief Operating Officer**

Cang Dang has more than 20 years of experience in the health sector, including in operational and strategic positions. Starting his career as a physiotherapist, Cang also holds a Graduate Certificate in Health Management and has a strong interest in leadership and team culture. Cang joined West Moreton Health in August 2022 as Interim Chief Operating Officer and was officially appointed to the role in April 2023 after an extensive recruitment process. Cang oversees portfolios in the Clinical Services, Allied Health, and Mental Health and Specialised Services divisions, as well as Preventative and Prison Health Services, and the Aboriginal and Torres Strait Islander Health Unit. Cang was previously at Sunshine Coast Health, where he was General Manager Community and Preventative Health.

### **Philip Juffs – Executive Director Allied Health**

Philip Juffs is an Advanced Accredited Practising Dietitian with more than 20 years of experience in clinical dietetics and food service management. He has extensive experience as a clinical dietitian in areas including renal nutrition across a range of large tertiary, rural and remote settings. They include the Royal Brisbane and Women's Hospital, Princess Alexandra Hospital, Alice Springs Hospital, and a range of National Health Service hospitals in the United Kingdom. Philip is a former president of the

Dietitians Association of Australia, and he has represented allied health on the Queensland Clinical Senate since 2018.

### **Karyn Ehren – Executive Director Nursing and Midwifery**

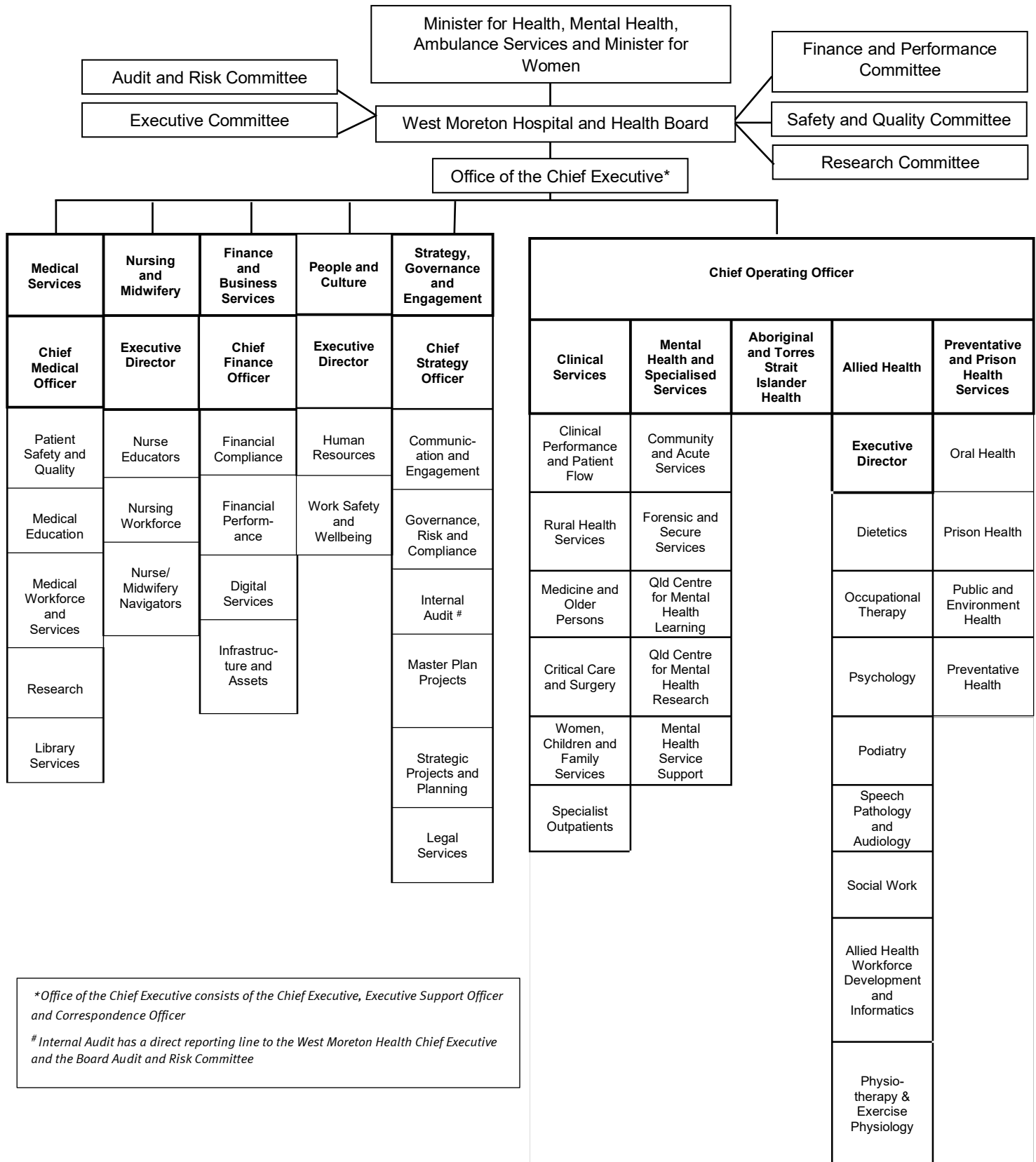
Karyn Ehren has worked in healthcare for 38 years and has a background in senior leadership roles, including Director of Nursing Workforce Sustainability in the Office of the Chief Nursing and Midwifery Officer and Nursing Director Surgery and Perioperative Services at Children’s Health Queensland. Her clinical background is in paediatric intensive care as an educator and nurse unit manager. Karyn holds a Master of Business Administration with concentrations in leadership and health service management and has graduate qualifications in paediatrics and intensive care nursing. Nursing and midwifery leadership and workforce are two areas of interest.

### **Rita Hudson – Interim Executive Director People and Culture**

Rita Hudson has more than 20 years of human resources experience and has a Bachelor of Business specialising in human resources management. She has a strong interest in workforce strategy, leadership development and inclusion. Rita joined West Moreton Health in January 2023 in an interim role after eight years at Gold Coast Health where she held various roles, including Senior Director Organisational Capability.

*West Moreton Health acknowledges the contribution of executives who served for part of the financial year: Executive Director People and Culture Taresa Rosten to December 2022; and Acting Executive Director Nursing and Midwifery Therese Hayes to September 2022.*

Organisational structure and workforce profile



## Workforce profile

Table 2: Workforce profile

Total staffing		
FTE	4,374.5	
Headcount	5,272	
Occupation types (FTE)	Percentage	
Corporate	5.94	
Frontline	76.04	
Frontline support	18.02	
Appointment type (FTE)	Percentage	
Permanent	78.77	
Temporary	16.42	
Casual	4.43	
Contract	0.38	
Employment status	Headcount	Percentage
Full-time	2,754	52.24%
Part-time	2,133	40.46%
Casual	385	7.3%

Table 3: Diversity target group data

Gender	Headcount	Percentage of total workforce
Women	3,888	73.75
Men	1,375	26.08
Non-binary	9	0.17

Groups	Headcount	Percentage of total workforce
Women	3,888	73.75
Aboriginal Peoples and Torres Strait Islander Peoples	123	2.33
People with disability	123	2.33
Culturally and Linguistically Diverse – Speak a language at home other than English	982	18.63
<b>Table 4: Women in leadership roles</b>		<b>Women as percentage of total leadership cohort (calculated on headcount)</b>
Senior Officers (Classified and s122 equivalent combined)		61.54% (8)
Senior Executive Service and Chief Executives (Classified and s122 equivalent combined)		66.67% (4)

\* This includes Aboriginal and Torres Strait Islander languages or Australian South Sea Islander languages spoken at home

**Note:** Workforce is measured in Minimum Obligatory Human Resource Information (MOHRI) Full-Time Equivalent (FTE). Data presented reflects the most recent pay cycle before 30 June 2023. This MOHRI data supplied by the Public Sector Commission is not an exact match with data in the Financial Statements, which is drawn from Decision Support System Necto.

## Strategic workforce planning and performance

The *West Moreton Health Strategic Workforce Plan 2021–2025* identifies opportunities and trends that may affect our future workforce. The plan articulates objectives and strategies that will assist West Moreton Health to mitigate challenges and deliver on its strategic and health service objectives through workforce. The plan presents five priorities that will deliver on the vision for West Moreton Health’s workforce to be an “innovative, responsive and progressive workplace where staff and volunteers thrive, are safe, and contribute to high value, sustainable health care services”.

### Early retirement, redundancy and retrenchment

No redundancy/early retirement/retrenchment packages were paid during the period.

## Open Data

West Moreton Health has Open Data to report on overseas travel and Queensland Language Services Policy, and the data can be found on the Queensland Government Open Data website (<https://www.data.qld.gov.au>).



## Our risk management

The West Moreton Health Board is accountable for the effectiveness of West Moreton Health's risk management system and oversees the application of consistent risk management across the organisation.

The West Moreton Health Risk Appetite Statement outlines the Board's approach to risk-taking in achieving strategic objectives, as well as providing risk-tolerance thresholds to inform decision-making. There is a high appetite for risk in areas of research and innovation and minimal tolerance of risk to consumer and staff safety in the delivery of safe, sustainable care. Executives and leaders are responsible for managing risk in accordance with the risk appetite statement.

Risk management is integrated into our planning, governance and operational processes, while ensuring human and cultural factors are incorporated in risk assessments in accordance with the *Human Rights Act 2019*.

The *Hospital and Health Boards Act 2011* requires annual reports to state each direction given by the Minister to the HHS during the financial year and the action taken by the HHS as a result of the direction. During 2022–2023, no directions were given by the Minister to West Moreton Health.

### Internal audit

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

- The internal audit unit is independent of management, reporting operationally to the Chief Executive and the Audit and Risk Committee and administratively to the Chief Strategy Officer.
- Board-level oversight and support is provided by the Audit and Risk Committee, which oversees internal audit planning, monitoring, and reporting processes. This forms part of the governance processes to ensure Internal Audit operates effectively, efficiently, and economically.
- The Internal Audit Charter, together with the Strategic Plan and Annual Plan, are reviewed and endorsed annually by the Audit and Risk Committee and approved by the Board. They direct the unit's activities, providing a framework for its effective operation.
- The Internal Audit Charter is consistent with the Institute of Internal Auditors' International Professional Practices framework. The plans are developed using a risk-based approach, considering both strategic and operational risks.
- Audit reports include recommendations based on root cause analysis. The implementation of these recommendations is followed up regularly, with progress reported to the Audit and Risk Committee.

Key achievements during 2022–2023 include:

- the highest rating that could be achieved following an external audit by the Institute of Internal Auditors (Australia). The audit was conducted according to the International Professional Practice Framework
- regular review and ongoing delivery of the approved audit plan, targeting high-risk areas and improving the effectiveness of systems, processes and risk management
- enhanced reporting to the Audit and Risk Committee and the Board through continuous improvement to dashboards used for the presentation of data
- continued development of in-house capability and knowledge.

## **External scrutiny, information systems and record keeping**

### **External scrutiny**

#### **Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability**

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (The Royal Commission) was established in April 2019 and commenced in September 2019. In the previous reporting period West Moreton Health assisted the commission by responding to questions about what the government was doing to ensure that people with disability receive essential health care and are protected from COVID-19 and supported if infected. The Royal Commission is continuing, with public hearings completed in May 2023 and the report due to be handed down by 29 September 2023.

### **Accreditation**

West Moreton Health is accredited by the Australian Council on Healthcare Standards against the National Safety and Quality Health Service Standards until 27 February 2025. In December 2022, the Australian Commission on Safety and Quality in Health Care announced that all health services would transition to short notice survey from 1 July 2023. The mandatory short-notice accreditation assessment program (SNAAP) means accreditation can occur with 24 hours' notice at any time during a three-year accreditation cycle.

### **Coronial inquests**

When required, West Moreton Health participates in investigations and inquests conducted by a Coroner to examine the health care provided by West Moreton Health. As a provider of primary health care and mental health care services to several correctional facilities, West Moreton Health participated in five inquests during the 2022–2023 reporting period that examined the health care, including mental health care, provided to prisoners who died in custody. Findings were handed down for two of these inquests with no recommendations or adverse findings made against West Moreton Health about the care provided. West Moreton Health is waiting on the findings for the remaining two inquests. The fifth inquest related to a death in care and involved four HHSs that provided mental health care to the deceased. The findings will be forthcoming in the next reporting period.

### **Audits**

West Moreton Health remains informed about Queensland Audit Office audits, including its health reports 2021–2022 and 2022–2023, which outline recommendations relevant to West Moreton Health. Internal Audit at West Moreton Health tracks and monitors the progress of any external audit findings and tailors the internal audit plan to conduct audits as required.

Internal Audit has also complied with the Queensland Government Customer and Digital Group (QGCDG) requirement to coordinate the annual Information and Security Management System and Australian Signals Directorate compliance return, as per the information security policy (IS18). A full audit of 2020–2021 activity was conducted in 2021, with follow-up reviews conducted in 2021–2022 and 2022–2023. A full ISMS audit will occur in 2023–2024 financial year in accordance with the QGCDG requirements for a three-year cycle.

## Delegations

All legislative changes relevant to West Moreton Health were enacted accordingly within the delegation system. The delegation system is regularly monitored and updated to ensure currency and alignment with other legislative changes and organisational structural changes.

## Information systems and record keeping

West Moreton Health complies with the *Public Records Act 2002* in the ongoing management of both clinical and corporate records. West Moreton Health has procedures in place for the management of clinical and corporate records which align to the Queensland Health policies and standards. West Moreton Health adheres to the general retention and disposal schedule for corporate records and the Health Sector (Clinical Records) Retention and Disposal Schedule for clinical records.

Information security and information privacy continues to be a high priority with a sustained focus on the implementation of a digital clinical record and clinical information systems. West Moreton Health monitors appropriate use and access to ensure compliance with the Crime and Corruption Commission recommendations from Operation Impala. If inappropriate access is found to have occurred, the matter is referred to the Department of Employment and Workplace Relations for further investigation and appropriate action to be taken.

Queensland Health's Information Security Policy and local West Moreton Health procedures guides staff on secure record-keeping within the health service. The Digital Services team facilitates both mandatory information security staff training via West Moreton Learning Online (WMLOL) and regular briefings and guidance on cyber security practices. West Moreton Health is committed to the protection of private and confidential information of both patients and staff and has a nominated privacy and confidentiality officer who supports the organisation with privacy-related matters.

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

Queensland Health is currently in the process of implementing an Information Security Management System (ISMS) in line with the Queensland Government's Information Security Policy (IS18:2018). This policy follows the global standard for Information Security Management Systems (ISO 27001) and emphasises enhanced risk management. Throughout the 2022-2023 fiscal year, West Moreton Health has made substantial strides in meeting the requirements set forth by the Information Security Policy (IS18:2018). While commendable progress has been achieved, we acknowledge the need for a gradual approach in aligning with the Policy. Our agency is actively taking the necessary measures to achieve full alignment with this framework.

## Queensland Public Service ethics and values

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

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

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

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

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

The Code of Conduct is also available to all staff on the West Moreton Health intranet site, along with an online learning program.

## Human rights

West Moreton Health recognises that respecting, protecting and promoting human rights is crucial to the health and wellbeing of our many diverse communities. Our clinicians are firmly committed to advocating for the human rights of consumers and patients in their provision of healthcare. As an organisation, we are equally committed to upholding the rights of our staff. Our commitment to the *Human Rights Act 2019 (Qld)* is reflected in the *West Moreton Health Strategic Plan 2021–2025*.

**Table 5: Human rights complaints**

14 complaints were referred to West Moreton Health by the Queensland Human Rights Commission (QHRC) in 2022–2023. Of these:

- 7 underwent conciliation before the QHRC
  - 5 were resolved
  - 1 is ongoing
  - 1 was closed without resolution.
- 2 were set down for conciliation before the QHRC
  - 1 was resolved before proceeding to conference
  - 1 lapsed due to inaction by the complainant.
- 1 was withdrawn
- 4 are under investigation by the QHRC.

Sixteen employee complaints regarding the COVID-19 vaccination mandate were resolved by the Department of Health.

West Moreton Health undertakes reviews of policies and procedures to ensure human rights consideration. In 2022–2023, we undertook three reviews of policies and 80 reviews of procedures. West Moreton Health has one review under the *Hospital and Health Boards Act 2011* for three patients regarding a human rights complaint.

## Confidential information

The *Hospital and Health Boards Act 2011* requires annual reports to state the nature and purpose of any confidential information disclosed in the public interest during the financial year. In 2022–2023, one disclosure was authorised in relation to specified patient information. The patient information was disclosed to media outlets and the general public for the purpose of a press release regarding the removal of a newborn baby from Ipswich Hospital.

# Performance

## Non-financial performance

We implemented our Strategic Plan across three strategic priorities: Strengthen our communities; Safe, quality care, now and into the future; and Care for our people.

The following section sets out five strategic actions we committed ourselves to in 2022–2023 to help us achieve our vision of a thriving West Moreton community in which people achieve their best possible health and wellbeing. It also details the measures by which we held ourselves accountable.

### Strengthen our communities

#### Strategic action 1: Enhance the health of our communities by focusing on health promotion and disease prevention

**Work with partners on shared initiatives that address the modifiable causes of ill-health and improve the wellness of our population**

In 2022–2023, we partnered with:

- Ipswich Hospital Foundation, who provided our hospitals with about 12,000 volunteer hours and \$485,000 toward the costs of equipment, maintenance and research grants
- Ipswich Hospice and other key stakeholders to establish the West Moreton Voluntary Assisted Dying Service VAD Connect from 1 January 2023
- Health Consumers Queensland and the DDWM PHN to host the 2022 West Moreton Health Engagement Forum for our consumers and community members
- the Refugee Health and Wellbeing Network to improve access to and engagement with health services for consumers from cultural and linguistically diverse backgrounds
- Clinical Excellence Queensland (CEQ), Darling Downs HHS, local non-government organisations and the DDWM PHN to deliver the Western Corridor Tele-Pulmonary Rehabilitation Project. It provides a statewide telehealth approach to delivering pulmonary rehabilitation closer to home for consumers.

**Provide care that is tailored to the needs of our communities, encourages disease prevention and promotes a healthy lifestyle**

In 2022–2023, we:

- formed a consumer advisory group to inform promotional strategies for our breast- and bowel-cancer screening programs
- worked to develop a research advisory council to inform local research into better ways of delivering healthcare
- published the *West Moreton Health Indicators Report 2021*, which expands on *The Health of Queenslanders: Report of the Chief Health Officer Queensland*
- partnered with public health units at Metro South and Gold Coast HHSs to conduct surveillance for Japanese encephalitis virus in community settings
- began point-of-care testing and immediate follow-up care for hepatitis C as part of a research project with the University of New South Wales
- supported the Queensland Police Service in the prosecution of illegal trade of vapes containing tobacco and tobacco-related products.

## **Collaborate with primary health networks, First Nations care providers, government agencies, education providers and key partners to address health need**

In 2022–2023, we partnered with the DDWM PHN on a range of initiatives, including:

- the *Feel Well, Live Well: Older Person's Health and Wellbeing Strategy* to guide the way we plan and deliver community, primary and secondary health services to support older people to stay healthy, connected and at home
- the trial of a perinatal mental health service to ensure a responsive service was provided to women who had been referred to antenatal clinics by GPs
- the hosting of the Together in Mind perinatal and infant mental health program. This program provides psychoeducation and support for mothers who have a diagnosed moderate to severe mental illness and an infant under one year of age
- the West Moreton Obesity Advisory Group in partnership with UQ, and other key stakeholders
- the Older Persons and Mental Health series in the Project ECHO virtual knowledge-sharing program, which facilitates discussions between clinicians. The series was launched through a partnership with the DDWM PHN and Darling Downs HHS.

## **Strategic action 2: Remove systemic barriers to equitable healthcare through advocacy, collaboration, and co-design**

### **Drive health reform through collaboration and co-design of safe, equitable and quality care**

In 2022–2023, we:

- published the West Moreton Health First Nations Health Equity Strategy according to priorities identified in consultation with First Nations Elders, consumers, community members and staff
- drafted the First Nations Health Equity Implementation Plan 2023. The preliminary draft has been published on the West Moreton Health website
- formed the inaugural West Moreton Health First Nations Advisory Council to give First Nations community members direct input into service planning processes and initiatives. The council consists of eight Elders, young people and community representatives who meet monthly to advise the Board and Executive on healthcare delivery for their communities.
- implemented the Courageous Conversations about Race program, which seeks to improve interracial dialogue between staff, consumers and community. Several West Moreton Health staff have been trained as program facilitators
- continued to meet quarterly with local Elders for a dialogue on health service developments and community perceptions
- consulted with the First Nations community on the design of commissioned artwork that will adorn the link bridge to our new Mental Health Acute Inpatient Services facility when it opens in late 2023
- consulted with Elders and Traditional Custodians on building design elements for the new Ripley Satellite Hospital, which will open in late 2023
- continued to partner with the Institute for Urban Indigenous Health, Kambu Health and the DDWM PHN to accelerate the pace of health system reform in South East Queensland
- continued developing networking and mentoring opportunities for Aboriginal and Torres Strait Islander school-based trainees, undergraduates and graduates in nursing and midwifery.

## **Close the gap in life expectancy for Aboriginal and Torres Strait Islander peoples through implementation of a health equity strategy, improving access to culturally safe services**

In 2022–2023, we:

- opened a clinical space for the Jaghu maternal and infant program and launched a home visit service for new mothers. The service has conducted 183 home visits since starting in February 2023.
- recruited to identified nursing, allied health and midwifery roles throughout the health service
- expanded the Deadly Steps Together program to deliver home visits and telehealth services. Based at Jaghu Gym, Deadly Steps Together is a tailored exercise and lifestyle program for Indigenous consumers living with, or who are at risk of, a chronic condition
- brought on six school-based nursing trainees and one allied health trainee under the Deadly Starts program
- worked to develop an integrated model of care for First Nations community members at risk of suicide and self-harm
- introduced the Courageous Conversations about Race (CCAR) program by hosting workshops for staff. This program will continue in 2023–2024.

Prison Health Services established the First Nations Health Leadership Group to oversee the development and implementation of health initiatives designed to support the unique needs of First Nations patients within correctional centres. These initiatives have included engagement with:

- correctional centre prisoners through ‘health yarning’
- Elders regarding the delivery of healthcare services in correctional centres
- Kambu Health regarding telehealth opportunities
- Queensland Corrective Services cultural liaison officers to improve the delivery of healthcare services to First Nations consumers.

## **Integrate services for the prison population to improve their health and wellbeing**

West Moreton Health delivers primary and mental health services to incarcerated people at six correctional centres and two youth detention centres in South East Queensland. In 2022–2023, we:

- created two identified health practitioner roles to improve health literacy among First Nations prisoners and support the delivery of services
- continued the Didge-Lungs health program at Brisbane Youth Detention Centre, teaching young men about lung health as they learn to play the didgeridoo
- invested in screening for blood-borne viruses among incarcerated consumers
- supported the Australian Institute of Health and Welfare National Prisoner Health Data survey
- implemented an Opioid Substitution Therapy program, including the delivery of long-acting injectables
- worked in partnership with Queensland Corrective Services to ensure a holistic response to patients with deteriorating conditions.

## How we measured: Strengthen our communities

### Improved engagement and outcomes achieved through the development and implementation of joint strategies/service delivery plans between West Moreton Health and key stakeholders/service providers

West Moreton Health is working with its health partners to provide additional services to ensure consumers do not have to leave the region to obtain specialist care. During 2022 – 2023 the health service worked with:

- Children’s Health Queensland to open a cochlear implant telehealth clinic at Ipswich Hospital in May 2023. The clinic saves consumers travelling to Queensland Children’s Hospital for appointments.
- the DDWM PHN on Project Echo, a virtual knowledge-sharing platform. The latest five-part series, offering a community of practice on the My Aged Care system, had 150 attendance registrations. On average, about 45 clinicians attend the knowledge-sharing sessions, which are recorded and distributed to each registered clinician.

### Improved performance in overall potentially preventable hospitalisations, including specific measures for people with diabetes and First Nations people

The West Moreton region experiences significantly higher rates of obesity and diabetes.

In response to this challenge, we established the Preventative Integrated Care Service (PICS) in 2022–2023 to provide health interventions and early disease management for patients with chronic conditions such as diabetes. Since its launch in late 2022, PICS has accepted 66 referrals from First Nations consumers, which represents 8.16 per cent of total referrals to the service. Ninety per cent of patients are seen within 48 hours of referral, providing rapid access to care and reducing potentially preventable hospitalisations.

In 2023–2024, we will work to expand the capacity of our PICS program through telehealth and remote patient monitoring.

Another investment is our participation in the West Moreton Obesity Advisory Group (WMOAG), which is a partnership that aims to reduce one of the strongest risk factors for diabetes. The WMOAG is a partnership with UQ, the DDWM PHN and other stakeholders. The group evaluates existing health and wellbeing programs in the community, gains an understanding of food insecurity issues in the region, maps regional social systems, and undertakes research-based advocacy for policy change.

In 2023–2024, West Moreton Health plans to develop an Aboriginal and Torres Strait Islander Health and Wellbeing Pathway for First Nations peoples with chronic conditions. A multidisciplinary team will work with participants for 8–12 weeks to stabilise their condition and arrange follow-up care to be provided by Kambu Health or their GP.



Overall potentially preventable hospitalisations (PPHs) decreased by 5 per cent in 2022–2023, and PPH for Aboriginal and Torres Strait Islander consumers decreased by 2.9 per cent in the same period. Diabetes-related PPHs increased by 4.9 per cent.

**Table 6: Potentially preventable hospitalisations**

	2019–2020	2020–2021	2021–2022	2022–2023
Annual total	13,341	12,896	15,055	14,307 (annualised)

**Table 7: Diabetes-related potentially preventable hospitalisations**

	2019–2020	2020–2021	2021–2022	2022–2023
Annual total	3242	3492	3277	3439 (annualised)

**Table 8: Potentially preventable hospitalisations for Aboriginal and Torres Strait Islander people**

	2019–2020	2020–2021	2021–2022	2022–2023
Annual total	790	683	906	880 (annualised)

*\* Annualised data based on 2022–2023 FYTD March data*

### Increased levels of consumer engagement across all service improvement initiatives

In 2022–2023, West Moreton Health engaged extensively with consumers and community on the following projects:

- the new Ripley Satellite Hospital, including the Minor Injuries and Illness Centre and sub-acute models of care, such as palliative, rehabilitation and care of the elderly
- the new Mental Health Acute Inpatient Services facility
- staff training and development programs to ensure the consumer voice is represented
- Preventative Integrated Care Service.
- Co-design of:
  - Mental Health Acute Inpatient Services artwork and furnishing
  - Consumers in Research (Research Consumer Advisory Group)
  - Health Consumers Queensland Conference presentation
  - CEQ Showcase presentation
  - Cancer Screening Health Promotion Advisory Group
  - the West Moreton Health Engagement Forum 2023.

Consumers were involved in:

- Digital Healthcare Strategy and roadmap
- Ripley Valley Satellite Hospital Minor Injuries and Illness Centre staff interview panel
- Patient Access and Co-ordination Hub (PACH) project
- ED model of care project

- ED Stroke Simulation training
- Disability Services Plan
- CCAR program
- Lessons Learned training module for staff
- Board Safety and Quality Committee
- committees supporting Standard 1 of the National Safety and Quality Health Service (NSQHS) Standards (Clinical Governance)
- Partnering with Consumers Committee supporting Standard 2 of the NSQHS Standards
- Voluntary Assisted Dying implementation
- reviews of documents and training models.

West Moreton Health also continued to work with its Youth Advisory Council, Consumer and Community Advisory Council and newly formed First Nations Advisory Council. These councils represent a broad cross-section of the West Moreton community, including people living with mental illness and chronic conditions; youth residing in detention centres; carers of people with a life-limiting illness or complex care needs; Aboriginal and Torres Strait Islander peoples; members of Culturally and Linguistically Diverse (CALD) communities; and lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) people.

Projects and initiatives under way for the West Moreton Consumer and Community Advisory Council include reducing mental health stigma in the medical profession, which is a partner project with Mental Health and Specialised Services and the DDWM PHN.

The West Moreton Youth Advisory Council (YAC) has prioritised the development of a peer support network for young people with chronic illness. Other priorities for the council include:

- preventative care with a focus on early education for children and young people
- improved mental health and wellbeing for youth through education
- developing programs with a focus on alcohol and other drugs for children and young adults
- improved health services for LGBTQI+ and young people with culturally and linguistically diverse backgrounds
- better training for staff on partnering with young consumers in their healthcare journey
- a health reference group for inmates at the Brisbane Youth Detention Centre.

In 2022–2023, we formed a consumer advisory group to inform promotional strategies for our breast and bowel-cancer screening programs. The Cancer Screening Health Promotion Team established the Cancer Screening Health Promotion Consumer Advisory Group (CAG) in December 2022.

The Disability Services Plan Advisory Group met for the first time in March 2023. The group provides input, expertise, and connections to support the development, promotion and implementation of the *West Moreton Health Disability Service Plan 2023–2026*.

## **Rates of immunisation and participation in screening programs in line with state benchmarks**

In 2022–2023, BreastScreen Queensland Ipswich conducted 11,680 breast screens – a 7.1 per cent decrease on 2020–2021 when 12,578 screens were conducted. Trends are determined by comparing annual data from every second year because it most accurately indicates whether women are returning for their two-yearly screen. In June 2023, West Moreton Health opened a second stationary breast screen clinic in a suburban shopping centre to improve participation in its screening program.

The National Immunisation Program sets a benchmark of 95 per cent for childhood immunisations. In 2022–2023, West Moreton Health immunised:

- 93.5 per cent of children in their first year of life
- 91.5 per cent of children in their second year
- 94.5 percent of children in their fifth year.

Although these figures are below the national benchmark, in January–March 2023, West Moreton's immunisation rate for childhood immunisation were higher than the Queensland rate.

Queensland's School Immunisation Program provides free vaccinations for all secondary school children in years 7 and 10. The program is coordinated by HHSs and delivered by vaccination service providers. As the Australian Department of Health reports by calendar year, results are not available for 2023. In 2022, West Moreton Health vaccinated:

- 62.1 per cent of Year 7 students against diphtheria, tetanus and pertussis (whooping cough)
- 61.6 per cent of Year 7 students with dose 1 of the human papillomavirus (HPV) vaccine
- 52.6 per cent of Year 7 students with dose 2 of the HPV vaccine
- 58.1 per cent of Year 10 students against meningococcal bacteria A, C, W and Y.

School-based vaccination rates have been declining since 2019, most notably for HPV. This is likely the results of the COVID-19 pandemic, which at different stages resulted in the cancellation of some school clinics, a sustained increase in student and staff absenteeism, increased confusion and hesitancy around routine vaccination services, and general vaccination fatigue.

### **Improved performance in consumer reported outcome measures**

The Patient Reported Experience Measures (PREMs) system captures feedback from inpatients about their hospital experience. In 2022–2023, we collected more than 2,670 responses from patients. Of these, 90.6 per cent rated the experience in our care as good or very good, compared to a statewide average of 90 per cent. As our goal is one of continual improvement, we will work to enhance our provision of compassionate health care in 2023–2024.

## Safe, quality care, now and into the future

### Strategic Action 3: Enable safe, quality, compassionate care for our communities

#### Ensure care is person-centred, safe, integrated, and accessible within our communities now and into the future

In 2022–2023, we:

- began a peritoneal dialysis service. Previously, patients had to travel to the Princess Alexandra Hospital for their care and training in self-administered peritoneal dialysis
- opened a Rapid Access Clinic (RAC) to streamline the patient journey and reduce Emergency Department presentations and admissions. GPs and hospital departments can refer patients directly to the RAC for rapid assessment by physicians and multidisciplinary teams
- launched our Medical Assessment Planning Unit, which offers early multidisciplinary care and earlier discharges for patients with chronic conditions who have an expected hospital stay of less than 48 hours
- launched the Preventative Integrated Care Service, which provides individualised, multi-disciplinary care for people with high-risk chronic conditions to improve their quality of life
- completed the six-person Acute Renal Inpatient Unit within the footprint of Ward 7B. Ongoing engagement continues with Mater Health Springfield regarding haemodialysis capacity with the aim of returning patients from other HHSs to West Moreton
- launched the Cardiac Catheter Laboratory at Ipswich Hospital. This service provides diagnostic angiography and operates three days (five sessions) a week, accommodating inpatient and outpatient pathways
- trialled telehealth assessments for people presenting to Boonah Hospital to help prevent unnecessary transfers to Ipswich Hospital ED
- continued involvement in the Every Week Counts National Preterm Birth Prevention Collaborative with the goal to safely lower the rates of preterm and early term birth by 20 per cent.

#### Transform our services through research and translate evidence into patient care and health service delivery

In 2022–2023 we:

- focused on priority areas to build the capacity of our systems, infrastructure and people to support and undertake research, in accordance with the West Moreton Health Research Strategy 2021–2025
- harnessed the expertise, knowledge and connections of the Queensland Centre for Mental Health Research to provide additional oversight and leadership of the implementation of West Moreton Service Research Strategy
- increased the staffing profile of the Research and Innovation Unit, consistent with the research strategy. Two research development officers were appointed to support West Moreton clinicians in developing their research projects
- enhanced our capability to conduct clinical trials by appointing a clinical trials coordinator and teletrials nurse, with support from the Queensland Regional Clinical Trials Co-ordinating Centre
- ensured clinical trials conducted at West Moreton Health conformed to the requirements of the new Australian Commission of Safety and Quality in Health Care's Clinical Trials governance framework
- collaborated with the Ipswich Hospital Foundation, Health Translation Queensland, the DDWM PHN, universities, other HHSs, local health service providers and consumers to achieve the vision of being a health service fully informed by excellence in research.

**Drive digital transformation to enable more care closer to home, encourage patients to proactively manage their health and wellbeing; and improve our services**

In 2022–2023 we:

- continued our Hospital in the Home (HITH) optimisation plan to review the service and expand capacity. Our funded capacity is 15 beds but, on average, about 20–25 patients are admitted into the HITH service daily
- successfully delivered the upgrade of the Engage virtual care platform
- rolled out the Pulmonary Telerehabilitation Project to deliver virtual group-based pulmonary rehabilitation to chronic respiratory disease patients
- provided ongoing medical officer tele-mentoring and clinical support to Southern Queensland Correctional Centre
- developed a Virtual Care Strategy to expand the delivery of community mental health services
- trialled prisoner case reviews via telehealth as part of the opioid substitution therapy program
- continued to participate in projects for increased telehealth use
- created a new role to manage the implementation of the digital asset management framework
- started planning to implement the integrated electronic Medical Record (ieMR) system at Boonah, Esk, Gatton and Laidley hospitals in 2024 as part of the statewide ieMR Hub and Spoke project

**Strategic Action 4: Shape a sustainable health service****Provide high-value care that is aligned with our purpose and service objectives**

To address the growth in demand from population growth and increased acuity, we:

- opened a Medical Assessment and Planning Unit to provide rapid clinical assessment by a physician, early referral and a multidisciplinary approach to discharge planning
- extended the opening hours of our crisis support space, the Emu Café
- established a first contact model of care in orthopaedics, rheumatology, and gynaecology outpatient clinics using allied health practitioners
- opened a cochlear implant telehealth clinic in partnership with Queensland Children’s Hospital for follow-up care closer to home
- opened a cardiac catheter laboratory to provide diagnostic angiograms and stent insertions
- opened a six-bed Acute Haemodialysis Unit at Ipswich Hospital, expanding the capacity of the acute service from 24 haemodialysis sessions per week in 2021 to 72 sessions per week in 2023
- established the Preventive Integrated Care Service to provide tailored health interventions and early disease management for patients with complex health conditions
- introduced the “Hello, my name is ...” initiative to facilitate better communication between clinicians and patients
- worked to reduce the number of urinary catheter insertions and use of antipsychotics in delirium under the Choosing Wisely program
- introduced the Shatter the Stigma mental health program
- developed new models of specialised care for respiratory, cardiology and diabetic consumers.

**Accelerate our infrastructure planning and delivery to meet community demand**

In 2022–2023, we:

- progressed service development plans to inform future service provision requirements, infrastructure and workforce planning
- reviewed the governance of our service transformation and major capital program
- planned recruitment for an uplift in staff for Prison Mental Health Services.

**Rapidly mature our asset management to support access to health services**

In 2022–2023, we:

- completed an asset and lifecycle condition assessment
- started an asset validation project at Laidley Hospital.

**Strengthen our environmental sustainability to minimise our carbon footprint**

In 2022–2023, we:

- committed to minimising our carbon footprint through greater uptake of renewable energy, and reductions in waste, electricity, fuel and water use
- launched a sustainability working group and created a Climate Change Risk Management plan to reflect flood and weather event mitigation
- began a review of QFleet vehicles, including creating a strategy to transition to electric vehicles
- introduced reusable anaesthesia drug trays, leading to a 34 per cent reduction in the number of trays used
- participated in Operation Clean Up to reduce waste across Ipswich Hospital.

**How we measured: Safe quality care**

**Environmental sustainability baseline measures established, and targets aligned to state benchmarks identified**

In 2022–2023, we:

- began the development of a Waste and Recycling Plan
- Replaced nine vehicles with electric vehicles and ordered another 12. The electric vehicle transition strategy is on track
- implemented an emission reduction program, which includes smarter energy use, such as solar energy and light-emitting diodes, and upgrades to heating, ventilation, and air-conditioning systems
- joined the Climate and Health Alliance and Global Green and Healthy Hospitals.

In early 2023–2024, West Moreton Health will establish baseline measures and targets for environmental sustainability.

**Reduced adverse events across the health service**

**Hospital-acquired infections:** We achieved consistent performance in relation to serious hospital acquired infections in 2022–2023. Sixteen hospital-acquired Staphylococcus aureus bacteraemias (SAB) were recorded in 2022–2023, which is in line with our target of 1.0 per 10,000.

Table 9: Hospital-acquired infections			
	2020–2021	2021–2022	2022–2023
Rate/10,000 bed days	1.09	0.9	1.1
SAB incidents	15	15	16

**Hospital-acquired complications:** An increase in the number of hospital-acquired complications was recorded in 2022–2023. Strategies to reduce hospital-acquired complications are an ongoing focus in 2023–2024.

	2020–2021	2021–2022	2022–2023*
Rate/10,000 bed days	87.0	81.8	93.9
Number of complications	1200	1338	1470

\*Annualised data as of 30 April 2023

**Sentinel events:** Sentinel events are wholly preventable and result in serious harm to, or death of, a patient. In 2022–2023, West Moreton Health did not record any sentinel events.

In 2022–2023, we continued to improve our capacity as a learning organisation. This was supported through the launch of a framework for learning from clinical incidents and the introduction of a range of tools to help share learnings with our frontline staff. Our focus in 2023–2024 will be improving how we engage with consumers to include their experience and feedback in the review of serious clinical incidents.

More than 100 actions for new quality improvements across the health service were registered in 2022 - 2023.

We also introduced a quality improvement register where staff share their quality improvement success stories. These improvements included recommendations for mental health telehealth reviews for rural emergency departments. This trial process was developed in collaboration with Boonah Hospital and the Acute Care Team.

Recruitment is in progress for a Safety and Quality Information Analyst. This role is aimed at improving the quality of our analysis and reporting of safety and quality data.

### Completion of Enterprise Discharge Summaries

In 2022–2023, our discharge summary performance declined, with a completion rate of 58.08 per cent, compared to 70.75 per cent in the previous financial year. The result was affected by the ongoing challenge of meeting increased demand for services amid decreased workforce availability.

In 2023–2024, while we face increasing challenges with medical workforce availability, we are actively undertaking initiatives that will result in the provision of timely discharge information and communication to patients and primary healthcare providers.

### Improved communication with service providers to enhance continuity of consumer care

In 2022–2023, we:

- improved access for patients to Mater Private Hospital Springfield, St Andrews Private Hospital Ipswich, Ipswich Hospice and Ipswich Day Hospital for planned care activity
- established formal and regular relationship meetings with our private hospital, residential aged care and National Disability Insurance Scheme partners
- commenced virtual care (long-stay patient) models of care with non-government providers
- arranged secure web transfer of ED discharge letters to patients' nominated general practitioners (GPs) to improve continuity of care after discharge

- continued our monthly interprofessional virtual Grand Round seminars to ensure the sharing of clinical best practice and referral pathways to improve patient care and navigation throughout the health system
- facilitated a Maternity Shared Care Symposium which resulted in improved communication protocols between healthcare providers during the pregnancy journey
- continued to deliver formal monthly communication updates from the Chief Medical Officer to the region's GPs
- established a partnership with the mental health Head to Health phone service to streamline interagency referrals
- established a liaison service with the local Headspace service to support that agency in its work with young people aged 12 to 25 years
- collaborated with Richmond Fellowship Queensland on follow-up care for people who have recently experienced a suicidal crisis.

### **Increased capability and excellence in research**

In 2022–2023, we:

- authorised the commencement of 26 new research projects
- provided ethics approval for seven new research projects
- supported the publishing of 115 research articles by West Moreton Health staff.

### **Successful advocacy for delivery of infrastructure that adequately meets health service demand now and into the future**

In 2022–2023, we:

- supported the Department of Health during the infrastructure planning phase for the new alcohol and other drug residential rehabilitation and withdrawal service to be established in Ipswich. This included input into site identification, development of the business case, concept design and community engagement
- received endorsement of our Stage 2 Ipswich Hospital Expansion Project Validation Report to deliver a purpose-built acute clinical service building, featuring an emergency department, operating theatres and 200 beds in 2027
- worked with the Department of Health on the delivery of a new sub-acute facility on the site of the Ripley Satellite Hospital.

### **Sustained increase in patients and services supported through digitally enabled models and in-home care services**

The Ipswich Hospital Living Well Mental Health program provides virtual care that is responsive to the unique needs of consumers living with borderline personality disorder. In 2022–2023, our Living Well mental health program received 168 referrals and supported 110 unique consumers. This level of service delivery was comparable to 2021–2022, when 173 referrals and 113 unique consumers were received. Due to the continued success of the virtual Living Well program, we intend expanding service provision in 2023–2024 to include patients with schizophrenia and eating disorders.

In 2022–2023, West Moreton Health delivered 1495 telehealth/video conference appointments for patients with chronic conditions through its PICS and MeCare models. The most presentations occurred in July (256 appointments) and August 2022 (268 appointments). The models of care include telehealth, virtual care, face-to-face clinic appointments, and home visits. Through improvements in digital technology, West Moreton Health has adapted its models of care to ensure patients can also be supported using remote patient monitoring where suitable.

West Moreton Health's Heart Health Hub (HHH) is a virtual model of care aimed at improving titration rates and patient access to services. The HHH is a community service provided by the Heart Failure Service and Chronic Conditions Service. The virtual model of care enables HHH patients to receive care closer to home by reducing travel time and the need to travel outside of the community to receive



care. This virtual model has reported high rates of patient satisfaction and lower 12-month hospital readmissions in patients using the system.

The Mobile Pulmonary Rehabilitation Program (mPRP) delivers exercise therapy via telehealth. Advanced clinical assessment nurses work closely with an exercise physiologist to deliver the program. mPRP enables clinicians to connect with patients and caregivers for the purposes of assessment, intervention, consultation, education and/or supervision. This has led to better outcomes in improved exercise capacity, reduced symptoms, prevention of further decline, improved health-related quality of life, and reduced dependency on healthcare services.

The Western Corridor Project (WCP) aims to deliver virtual, group-based pulmonary rehabilitation to chronic respiratory disease patients in the West Moreton, Darling Downs and South West Queensland health regions. It is delivered in partnership with other HHSs to improve timely local access to care for patients with chronic lung disease. This is achieved through a hub-and-spoke tele-rehabilitation model. Since it began on 20 February 2023, the WCP has recorded 434 appointments and delivered 355 occasions of service.

## Care for our people

### Strategic Action 5: Foster a culture where our people thrive and know they are valued

#### Ensure the workplace is safe, enhances wellbeing and equips our teams to perform to the best of their ability

In 2022–2023 we:

- developed the *West Moreton Staff Health and Wellbeing Plan 2023*, which included a program of monthly wellbeing themes led by executive sponsors
- hosted weekly Coming Up for Air Together sessions, and included wellbeing segments in our leaders huddles, clinical directors meetings, staff forums and line manager forums
- rolled out the Coming Up for Air Mindfully program with fortnightly mindfulness activities led by a dedicated group of West Moreton Health staff
- established permanent funding for a staff wellbeing psychologist role to oversee staff health and wellbeing and support leaders and teams, following the successful pilot of a temporary role
- hosted activities for Mental Health Week, including the annual Ipswich Mental Health and Wellbeing Expo
- expanded our staff recognition day to a Thank You Month
- expanded our ambassador program to progress wellbeing initiatives
- implemented a model for staff to easily reverse their sick leave and replace it with special pandemic leave.

#### Attract, select, retain and empower our existing and future workforce

In 2022–2023 we:

- promoted the Speaking Up for Safety program, which provides communication tools to safeguard staff and patient safety
- continued to work with the CEQ Centre for Leadership Excellence to enhance the capabilities of staff through the #everyoneisaleader framework. Through this framework, the health service continually builds leadership capability by improving the quality of conversations between staff and leaders at all levels
- empowered staff by facilitating the sharing of ideas and solutions. The #everyoneisaleader program underpins all learning interactions, starting with the orientation of new staff through to foundational management competencies.

## **Establish career progression pathways to promote new ways of working and meet the growing needs of our communities**

In 2022–2023 we:

- offered a dedicated focus on developing staff and offering clear professional practice pathways through the PICS model
- upskilled teams with contemporary leadership theory and practice, project methodology and change management methodology.

## **Strengthen our leadership framework to promote accountability, inspire a learning and development culture, create workforce connections and acknowledge excellence**

In 2022–2023, we delivered training through the Inspiring Leaders and Ignite your Leadership programs in partnership with the CEQ Centre for Leadership Excellence.

## **Grow an inclusive and diverse workforce that reflects our community**

In 2022–2023, we:

- reviewed and updated the Strategic Workforce Plan to ensure it reflected the changing workforce needs of the health service
- progressed work on electronic entry and exit interview tools – First Impressions and Lasting Impressions – to inform our attraction and retention strategies
- started a significant recruitment campaign, including a careers page targeting rural, graduate and First Nations communities, Facebook posts and a recruitment video.

## **How we measured: Care for our people**

### **Increased number of partnerships with education providers to promote workforce capacity and capability**

In 2022–2023, we:

- accepted 89 nursing and midwifery graduates and 23 allied health graduates, interns and early career professionals. This compares with 87 nursing and midwifery graduates in 2021–2022 and 50 in 2020–2021.
- increased the number of education providers we partner with to promote workforce capacity and capability
- engaged with local education providers Ipswich State High School, TAFE, University of Southern Queensland and Griffith University to create strong entry pathways into West Moreton Health for interns and graduates.
- In 2023–2024, we plan to mature our partnerships with universities, local secondary schools and other education providers to increase our medical workforce and opportunities for trainees.

### **Increased number of staff completing leadership development programs**

In 2022–2023, we:

- connected 358 staff with the Management Essentials Series to increase practical experience of systems, processes, and procedures
- led leadership training sessions for 338 current and emerging leaders.

In 2023–2024, we plan to increase the number of staff completing leadership development programs.

## **Increased proportion of staff who identify as being Aboriginal and/or Torres Strait Islander, culturally and linguistically diverse, or with disability**

In 2022–2023, we:

- accepted 12 students from local schools into West Moreton Health’s Deadly Start internships program
- increased Indigenous participation in the West Moreton Health workforce from 2.13 per cent (106 staff by headcount) to 2.33 per cent (123 staff by headcount).

In 2023–2024, we plan to:

- increase the proportion of our staff who are Aboriginal and/or Torres Strait Islander to reach parity in employment in line with population demographics. In real terms, that sets us a goal of 5 per cent of all staff. We will do this by creating career pathways and developing culturally safe recruitment and retention practices to ensure West Moreton Health becomes a preferred employer for Aboriginal and Torres Strait Islander community members.
- We will also work to increase our number of staff from culturally and linguistically diverse backgrounds, and those with disability, through greater engagement with education providers and other stakeholder organisations.

## **Continuous improvement in workforce engagement and wellbeing, attraction, retention, and workplace health and safety**

In 2022–2023, we:

- welcomed 814 new staff to the health service
- made our weekly psychologist-led Coming Up for Air Together sessions more accessible through our Staff Wellbeing intranet page
- uploaded recordings of 17 Coming Up for Air Mindfully sessions and 31 wellbeing tips to our Staff Wellbeing intranet page.

In 2023–2024, we plan to:

- complete the development of our psychosocial risk assessment and dashboard
- roll out short training sessions for our health and safety representatives
- create a dedicated GP service for West Moreton staff
- roll out the APHIRM (A Participative Hazard Identification and Risk Management) tool to address physical and psychosocial hazards across West Moreton Health
- continue occupational violence prevention training for all staff
- build leadership capacity and succession planning
- embed further initiatives to enhance staff wellbeing
- complete the introduction of our Speaking Up for Safety program to encourage better care for patients, colleagues, and self.

## Service standards

Table 11: West Moreton Hospital and Health Service	2022-2023 Target	2022-2023 Actual
<b>Effectiveness measures</b>		
Percentage of emergency department patients seen within recommended timeframes		
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100% 80% 75% 70% 70%	100% 46% 58% 78% 94%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	54%
Percentage of elective surgery patients treated within the clinically recommended times <sup>1</sup>		
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>2</sup></li> <li>Category 3 (365 days)<sup>2</sup></li> </ul>	>98% .. ..	97% 87% 81%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>3</sup>	<2	1.1
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit <sup>4</sup>	>65%	68.6%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>5</sup>	<12%	12.1%
Percentage of specialist outpatients waiting within clinically recommended times		
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>6</sup></li> <li>Category 3 (365 days)<sup>6</sup></li> </ul>	98% .. ..	66% 31% 79%
Percentage of specialist outpatients seen within clinically recommended times		
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>6</sup></li> <li>Category 3 (365 days)<sup>6</sup></li> </ul>	98% .. ..	75% 28% 71%
Median wait time for treatment in emergency departments (minutes)	..	18
Median wait time for elective surgery treatment (days) <sup>1</sup>	..	30
<b>Efficiency measure</b>		
Average cost per weighted activity unit for Activity Based Funding facilities <sup>7</sup>	\$5,139	\$5,798
<b>Other measures</b>		
Number of elective surgery patients treated within clinically recommended times <sup>1</sup>		
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>2</sup></li> <li>Category 3 (365 days)<sup>2</sup></li> </ul>	1,666 .. ..	1,760 1,165 609
Number of Telehealth outpatients service events <sup>8</sup>	10,982	10,348

Total weighted activity units (WAU) <sup>9</sup>		
• Acute Inpatients	58,370	55,541
• Outpatients	14,255	14,340
• Sub-acute	5,292	6,375
• Emergency Department	16,332	15,429
• Mental Health	14,599	12,885
• Prevention and Primary Care	3,508	3,685
Ambulatory mental health service contact duration (hours) <sup>10</sup>	>52,691	56,989
Staffing <sup>11</sup>	3,802	4,375

1	In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021-2022 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies.
2	Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery and the continual impacts to services as a result of responding to COVID-19, treated in time performance targets for category 2 and 3 patients are not applicable for 2022-2023.
3	Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2022-2023 Actual rate is as at 7 August 2023.
4	Mental Health rate of community follow up 2022-2023 Actual is as at 14 August 2023.
5	Mental Health readmissions 2022-2023 Actual is for the period 1 July 2022 to 31 May 2023 as at 14 August 2023.
6	Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time targets for category 2 and 3 patients are not applicable for 2022-2023.
7	All measures are reported in QWAU (Queensland Weighted Activity Unit) Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic.
8	Telehealth 2022-2023 Actual is as at 21 August 2023.
9	The 2022-2023 target varies from the published 2022-2023 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. 2022-2023 Actuals are as at 14 August 2023.
10	Ambulatory Mental Health service contact duration 2022-2023 Actual is as at 14 August 2023.
11	Corporate FTEs are allocated across the service to which they relate. The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments. 2022-2023 Actual is for pay period ending 25 June 2023.

# Financial summary

## Operating result

West Moreton Health's operating result for 2022–2023 was a deficit of \$3.36 million (2021–2022 \$0.74 million surplus), representing 0.4% of total income. This has been primarily driven by increasing activity demands, continuing impacts of the COVID-19 pandemic and inflationary pressures. West Moreton Health continues to meet the evolving community need for health services.

## Income

Income from all funding sources in the reporting period 2022–2023 was \$917.11 million, representing an increase of \$95.84 million above the previous period. Major variances include a \$45.45 million increase in funding from the Queensland Department of Health for Enterprise Bargaining Agreements; \$16.5 million for additional activity, programs and services; \$16.1 million to manage the COVID-19 pandemic response; \$8.5 million for 2021–2022 program funding deferrals; \$4.1 million for depreciation funding, and \$3.65 million for special pandemic leave funding.

## Expenditure

West Moreton Health's total expenditure (funds spent) in 2022–23 was \$920.47 million. This was an increase of 12.2% per cent over West Moreton Health's total expenditure of \$820.53 million in the previous financial year. Labour costs increased by \$89.46 million and non-labour expenses increased by \$10.49 million. The significant increase in demand for healthcare services and the continuing impacts of COVID-19 have driven the rise in both labour costs and staff numbers and non-labour costs. Increased enterprise bargaining and inflationary pressures have also contributed to the increase in expenditure.

## Future outlook

2022–2023 was a year of major growth for West Moreton Health, with a significant response phase to recover and rebuild from the impacts of the COVID-19 pandemic. It is expected that healthcare demands will continue to grow in 2023–2024. The environment in which West Moreton Health operates will continue to be dynamic. In response, we will continue to provide safe, quality care and will look for ways to optimise how we deliver our services, manage demand, and meet community needs. 2023–2024 will see construction completed on the Ripley Satellite Hospital and a new Acute Mental Health Unit.

## Deferred maintenance

Deferred maintenance is a common building maintenance strategy used in the public and private sectors. All Queensland Health entities comply with the Queensland Government Maintenance Management Framework, which requires the reporting of deferred maintenance.

The Maintenance Management Framework defines deferred maintenance as maintenance work that is postponed to a future budget cycle or until funds become available. Some maintenance activities can be postponed without immediately having a noticeable effect on the functionality of the building. All deferred maintenance items are risk assessed to identify any potential impact on users and services are closely managed to ensure all facilities are safe. As of 30 June 2023, West Moreton Health had reported deferred maintenance of \$32.2 million. West Moreton Health has the following strategies in place to mitigate any risks associated with these items:

- sustaining Capital works and equipment funding applications, which includes the Priority Capital Works program
- Capital Maintenance Asset Renewal funding of \$4.88 million
- ongoing risk assessment and condition assessment reviews.

# Financial statements

## Statement of comprehensive income

For the year ended 30 June 2023

	Notes	2023 \$'000	2022 \$'000
<b>Income</b>			
Funding for provision of public health services	A1(a)	837,871	760,183
User charges and fees	A1(b)	61,075	42,954
Grants and other contributions	A1(c)	10,296	10,084
Other revenue		7,498	7,949
<b>Total revenue</b>		<b>916,740</b>	<b>821,170</b>
Gains on disposal/revaluation of assets		370	96
<b>Total income</b>		<b>917,110</b>	<b>821,266</b>
<b>Expenses</b>			
Employee expenses	A2(a)	87,320	82,290
Health service employee expenses	A2(b)	581,599	497,172
Supplies and services	A2(c)	211,680	202,019
Grants and subsidies		338	389
Depreciation and amortisation	A2(d)	27,232	28,295
Impairment losses		2,377	1,561
Other expenses	A2(e)	9,928	8,803
<b>Total expenses</b>		<b>920,474</b>	<b>820,529</b>
<b>Operating result for the year</b>		<b>(3,364)</b>	<b>737</b>
<b>Other comprehensive income</b>			
Items that will not be subsequently reclassified to operating result:			
Increase in asset revaluation surplus	C2	24,238	23,855
<b>Total other comprehensive income</b>		<b>24,238</b>	<b>23,855</b>
<b>Total comprehensive income</b>		<b>20,874</b>	<b>24,592</b>

The accompanying notes form part of these statements.

## Statement of financial position

As at 30 June 2023

	Notes	2023 \$'000	2022 \$'000
<b>Current assets</b>			
Cash and cash equivalents	B1	49,873	47,579
Receivables	B2	27,313	16,727
Inventories		5,645	7,746
Other assets		1,286	1,979
<b>Total current assets</b>		<b>84,117</b>	<b>74,031</b>
<b>Non-current assets</b>			
Property, plant and equipment	B3	340,690	302,336
Right-of-use assets		1,731	-
<b>Total non-current assets</b>		<b>342,421</b>	<b>302,336</b>
<b>Total assets</b>		<b>426,538</b>	<b>376,367</b>
<b>Current liabilities</b>			
Payables	B4	102,436	84,919
Accrued employee benefits		7,352	1,374
Lease liabilities		330	-
Provisions		152	134
Unearned revenue		158	6,977
<b>Total current liabilities</b>		<b>110,428</b>	<b>93,404</b>
<b>Non-current liabilities</b>			
Lease liabilities		1,407	-
<b>Total non-current liabilities</b>		<b>1,407</b>	<b>-</b>
<b>Total liabilities</b>		<b>111,835</b>	<b>93,404</b>
<b>Net assets</b>		<b>314,703</b>	<b>282,963</b>
<b>Equity</b>			
Contributed equity	C1	206,112	195,246
Accumulated deficit		(8,861)	(5,497)
Asset revaluation surplus	C2	117,452	93,214
<b>Total equity</b>		<b>314,703</b>	<b>282,963</b>

The accompanying notes form part of these statements.



## Statement of changes in equity

For the year ended 30 June 2023

	Accumulated surplus/ (deficit)	Asset revaluation surplus (Note C2)	Contributed equity (Note C1)	Total equity
	\$'000	\$'000	\$'000	\$'000
<b>Balance as at 1 July 2021</b>	<b>(6,234)</b>	<b>69,359</b>	<b>179,884</b>	<b>243,009</b>
Operating result for the year	737	-	-	737
<i>Total other comprehensive income</i>				
Increase in asset revaluation surplus	-	23,855	-	23,855
<i>Transactions with owners</i>				
Non-appropriated equity injections	-	-	43,012	43,012
Non-appropriated equity withdrawals	-	-	(28,295)	(28,295)
Non-appropriated equity asset transfer	-	-	645	645
<b>Balance as at 30 June 2022</b>	<b>(5,497)</b>	<b>93,214</b>	<b>195,246</b>	<b>282,963</b>

	Accumulated surplus/ (deficit)	Asset revaluation surplus (Note C2)	Contributed equity (Note C1)	Total equity
	\$'000	\$'000	\$'000	\$'000
<b>Balance as at 1 July 2022</b>	<b>(5,497)</b>	<b>93,214</b>	<b>195,246</b>	<b>282,963</b>
Operating result for the year	(3,364)	-	-	(3,364)
<i>Total other comprehensive income</i>				
Increase in asset revaluation surplus	-	24,238	-	24,238
<i>Transactions with owners</i>				
Non-appropriated equity injections	-	-	37,251	37,251
Non-appropriated equity withdrawals	-	-	(27,232)	(27,232)
Non-appropriated equity asset transfer	-	-	847	847
<b>Balance as at 30 June 2023</b>	<b>(8,861)</b>	<b>117,452</b>	<b>206,112</b>	<b>314,703</b>

The accompanying notes form part of these statements.

## Statement of cash flows

For the year ended 30 June 2023

	Notes	2023 \$'000	2022 \$'000
<b>Cash flows from operating activities</b>			
<i>Inflows:</i>			
Funding for provision of public health services		799,190	740,503
User charges and fees		58,542	42,966
Grants and other contributions		3,245	3,208
Interest received		28	7
GST collected from patients/consumers		407	335
GST input tax credits		14,310	13,641
Other		7,840	8,448
<i>Outflows</i>			
Employee expenses		(81,341)	(82,064)
Health service employee expenses		(563,105)	(492,255)
Supplies and services		(209,115)	(193,887)
Grants and subsidies		(337)	(389)
Insurance		(8,234)	(7,720)
GST paid to suppliers		(14,252)	(14,396)
GST remitted		(353)	(357)
Other		(1,671)	(1,714)
<b>Net cash provided by operating activities</b>	E3	<b>5,154</b>	<b>16,326</b>
<b>Cash flows for investing activities</b>			
<i>Inflows:</i>			
Sales of property, plant and equipment		380	144
<i>Outflows:</i>			
Payments for property, plant and equipment		(40,428)	(44,073)
<b>Net cash used in investing activities</b>		<b>(40,048)</b>	<b>(43,929)</b>
<b>Cash flows from financing activities</b>			
<i>Inflows:</i>			
Equity injections		37,251	43,012
<i>Outflows:</i>			
Finance lease payments		(63)	(156)
<b>Net cash provided by financing activities</b>		<b>37,188</b>	<b>42,856</b>
Net decrease in cash and cash equivalents		2,294	15,253
Cash and cash equivalents at beginning of the financial year		47,579	32,326
<b>Cash and cash equivalents at end of financial year</b>	B1	<b>49,873</b>	<b>47,579</b>

The accompanying notes form part of these statements.

## Notes to the financial statements

### Overview

West Moreton Hospital and Health Service (West Moreton Health) is a not-for-profit statutory body established under the *Hospital and Health Boards Act 2011* and is domiciled in Australia. West Moreton Health does not have any controlled entities. Its principal place of business is Level 4, Hayden Centre, 37 South Street, Ipswich QLD 4305.

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

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

### Compliance with prescribed requirements

The financial statements:

- have been prepared in compliance with section 39 of the *Financial and Performance Management Standard 2019* and section 62(1) of the *Financial Accountability Act 2009 (the Act)*
- have been prepared in accordance with all applicable new and amended Australian Accounting Standards and Interpretations, as well as *Queensland Treasury's Minimum Reporting Requirements* for the period beginning 1 July 2022 and other authoritative pronouncements
- have not early adopted any Australian Accounting Standards and Interpretations that have been issued or amended but are not yet effective.

### Currency and rounding

The financial statements:

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

### Current/non-current classification

Assets and liabilities are classified as either 'current' or 'non-current' in the financial statements. Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months of the reporting date. Liabilities are classified as 'current' when they are due to be settled within 12 months of the reporting date or West Moreton Health does not have an unconditional right to defer settlement beyond 12 months of the reporting date.

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

## A Income and expenses

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

### A1 Income

#### (a) Funding for provision of public health services

	2023 \$'000	2022 \$'000
<b>Revenue from contracts with customers</b>		
<i>Contracted health services – activity based funding</i>		
Commonwealth	227,771	196,930
State	299,729	257,029
<b>Other funding for provision of public health services</b>		
<i>Contracted health services – block funding</i>		
Commonwealth	50,437	49,427
State	108,318	93,466
<i>System manager funding</i>		
Commonwealth	2,868	13,392
State	105,129	106,657
Depreciation funding	27,232	28,295
<i>Teacher training funding</i>	16,387	14,987
<b>Total funding for provision of public health services</b>	<b>837,871</b>	<b>760,183</b>

West Moreton Health receives funding, which includes both State and Commonwealth contributions, in accordance with an enforceable contract under a Service Agreement with the Department. West Moreton Health is funded for eligible services through activity-based funding, block funding, or a combination of both. Activity based funding is based on an agreed number of activities stipulated within the Service Agreement and a state wide price by which relevant activities are funded. Block funding is not based on levels of public care activity. The Service Agreement is reviewed periodically through window and extraordinary amendments. The amendments recognise changes in activities and prices of services delivered by West Moreton Health. At the end of financial year, a technical adjustment between the Department and West Moreton Health may be required to reflect levels of services under or over agreed level of activity and this may result in an unearned revenue or receivable respectively. This technical adjustment process is undertaken annually according to the provisions of the Service Agreement and ensures the revenue recognised in each financial year correctly reflects West Moreton Health's delivery of health services.

West Moreton Health recognises revenue over time for activity-based funding in line with the satisfaction of the relevant performance obligations. Where West Moreton Health has not received funds for performance obligations satisfied under the Service Agreement, a receivable is raised. Block funding is recognised at a point in time when funding is received.

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

Under the terms of the Service Agreement, the Department will provide West Moreton Health with a reconciliation of all Service Agreement funding and purchased activity for the financial year. This reflects the agreed position between the parties following conclusion of the end of year technical adjustment process.

**(b) User charges and fees**

	2023 \$'000	2022 \$'000
<b>Revenue from contracts with customers</b>		
Hospital fees	14,029	12,180
Sale of goods and services	46,609	30,292
<b>Other user charges and fees</b>		
Rental income	437	482
<b>Total user charges and fees</b>	<b>61,075</b>	<b>42,954</b>

Revenue recognition for hospital fees and sales of goods and services is based on volumes of goods or services delivered.

**(c) Grants and other contributions**

	2023 \$'000	2022 \$'000
Commonwealth grants	3,237	3,202
Other grants	381	410
Donations	23	6
Services received below fair value	6,655	6,466
<b>Total grants and other contributions</b>	<b>10,296</b>	<b>10,084</b>

Grants, contributions, donations and gifts that are non-reciprocal in nature are recognised as revenue in the year in which West Moreton Health obtains control over them. The grants do not contain sufficiently specific performance obligations for West Moreton Health to transfer goods or services to a third party on the grantor's behalf, therefore the transaction is accounted for under AASB 1058 *Income for Not-for-Profit Entities*.

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

West Moreton Health receives corporate services from the Department at no cost. Corporate services received include payroll services, accounts payable, some taxation services, some supply services and some information technology services. The fair value of these services has been estimated by the Department and recognised in West Moreton Health's financial statements. This amount has been recognised in grants and other contributions with an equal amount recognised in supplies and services as required by AASB 1058 *Income for Not-for-Profit Entities* (see Note A2(c)).

## A2 Expenses

### (a) Employee expenses

	2023 \$'000	2022 \$'000
Wages and salaries	69,090	66,048
Employer superannuation contributions	6,181	6,784
Annual leave levy/expenses	10,112	7,817
Long service leave levy/expenses	1,937	1,641
<b>Total employee expenses</b>	<b>87,320</b>	<b>82,290</b>

Wages and salaries due but unpaid at reporting date are recognised in the statement of financial position at the current salary rates. As West Moreton Health expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted amounts.

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

Post-employment benefits for superannuation are provided through defined contribution or accumulation plans or the Queensland Government's defined benefit plan as determined by the employee's condition of employment. The former QSuper defined benefit categories are now administered by the Government Division of the Australian Retirement Trust. Under the defined contribution plans, contributions are made to eligible superannuation funds based on the rates specified in the relevant Enterprise Bargaining Agreement or other conditions of employment. Contributions are expensed when they are paid or become payable following completion of the employee's service each pay period.

Under the defined benefit plan 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*. The contributions for defined benefit plan obligations are based upon the rates determined on the advice of the State Actuary. Contributions are paid at the specified rate following completion of the employee's service each pay period. West Moreton Health's obligations are limited to those contributions paid.

Number of MOHRI* full time equivalent employees (FTE)	30 June 2023	30 June 2022
West Moreton Health employees	200	194
Health service employees provided to West Moreton Health	4,177	3,984
<b>Total FTE</b>	<b>4,377</b>	<b>4,178</b>

\*Minimum obligatory human resource information

### (b) Health service employee expenses

	2023 \$'000	2022 \$'000
<b>Health service employee expenses</b>	<b>581,599</b>	<b>497,172</b>

The Queensland Health employer arrangements allow West Moreton Health to perform its functions and exercise powers under the *Hospital and Health Boards Act 2011* and to ensure delivery of the services prescribed in the Service Agreement. These functions include:

- The Department provides Queensland Health employees to perform work for West Moreton Health and Queensland Health acknowledges and accepts its obligations as the employer of the Queensland Health employees.
- West Moreton Health is responsible for the day-to-day workforce management.
- West Moreton Health reimburses the Department for the salaries and on-costs of these Queensland Health employees.

West Moreton Health treats the reimbursements to the Department for these Queensland Health employees as health service employee expenses in these financial statements.

**(c) Supplies and services**

	2023 \$'000	2022 \$'000
Clinical supplies and services	66,031	65,910
Contractors and consultants	12,766	21,875
Drugs	54,096	36,275
Pathology	16,304	14,772
Repairs and maintenance	9,430	12,164
Catering and domestic supplies	9,255	8,570
Communications	9,492	8,234
Computer services	6,304	6,231
Services received below fair value*	6,655	6,466
Electricity and other energy	3,265	3,173
Operating lease rentals	1,691	1,394
Patient travel	840	589
Water	52	66
Other travel	572	572
Building services	5,978	7,947
Motor vehicles	507	408
Other	8,442	7,373
<b>Total supplies and services</b>	<b>211,680</b>	<b>202,019</b>

\*See Note A1(c)

**(d) Depreciation and amortisation**

	2023 \$'000	2022 \$'000
Depreciation	27,174	27,562
Software amortisation	-	581
Right-of-use amortisation	58	152
<b>Total depreciation and amortisation</b>	<b>27,232</b>	<b>28,295</b>

**(e) Other expenses**

	2023 \$'000	2022 \$'000
Insurance	8,259	7,234
Journals and subscriptions	496	581
Interpreter fees	338	299
Advertising	155	120
External audit fees	182	183
Special payments	25	2
Inventory written-off	10	16
Other legal costs	356	280
Bank fees	10	8
Other	97	80
<b>Total other expenses</b>	<b>9,928</b>	<b>8,803</b>

Total audit fees quoted by the Queensland Audit Office relating to the 2022–2023 financial statements are \$184,500 (2022: \$180,000) There are no non-audit services included in this amount.

Occasionally, West Moreton Health makes special (ex-gratia) payments even though it is not contractually or legally obligated to make such payments. West Moreton Health maintains a register of all special payments greater than \$5,000 as required by legislation. Total special payments made during 2023 were \$25,486 (2022: \$1,834), this included a single payment of \$20,000 as a settlement payment.



## B Operating assets and liabilities

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

### B1 Cash and cash equivalents

	2023 \$'000	2022 \$'000
Cash at bank	49,408	47,127
Cash on deposit	459	446
Cash on hand	6	6
<b>Total cash and cash equivalents</b>	<b>49,873</b>	<b>47,579</b>

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

West Moreton Health's bank accounts are managed in line with the *Queensland Whole-of-Government Transactional Banking and Payment Services Agreement (2014)* with the Commonwealth Bank of Australia (CBA). West Moreton Health does not earn interest on funds held within revenue and operating accounts and is not charged interest or fees for accessing its approved cash debit facility as it is part of the whole-of-government arrangements. Interest earned on the aggregate set-off arrangement balance accrues to the consolidated fund.

Cash on deposit represents cash contributions from external entities and other benefactors in the form of gifts, donations and bequests for specific purposes. These funds are retained in the Queensland Treasury Corporation cash fund and are set aside for specific purposes underlying the contribution. Cash on deposit is at call and is subject to floating interest rates. The weighted average effective interest rate was 3.35 per cent in 2023 (2022: 0.89 per cent)

Cash at bank (except operating and revenue accounts) is at call and is subject to floating interest rates. The weighted average effective interest rate was 4.22 per cent in 2023 (2022: 0.62 per cent).

### B2 Receivables

	2023 \$'000	2022 \$'000
Trade debtors	27,739	16,164
Other debtors	461	486
Less: allowance for impairment	(2,581)	(1,730)
<b>Net debtors</b>	<b>25,619</b>	<b>14,920</b>
GST receivable	1,762	1,820
GST payable	(68)	(13)
<b>Net GST receivable</b>	<b>1,694</b>	<b>1,807</b>
<b>Total receivables</b>	<b>27,313</b>	<b>16,727</b>

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

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

### Key judgements and estimates

**Recoverability of receivables:** Judgement is required in determining the level of provisioning for customer debts. West Moreton Health's current methodology adheres to a conservative and considered approach for the invoicing of patient fees with the patients' ability to pay being assessed at the time of treatment. The assessment includes:

- the economic and citizenship status of debtors which impacts access to private health cover and eligibility for treatment as a public patient
- historical default rates
- financial circumstance of the debtor
- probability of bankruptcy or financial reorganisation
- default or delinquency in payments
- past experience
- management judgement.

West Moreton Health adopts a range of cutoff dates for delinquency that are reflective of the risk for the underlying transactions. The loss allowance for trade and other debtors therefore reflects lifetime expected credit losses and incorporates reasonable and supportable forward-looking information.

### Disclosure – Credit risk exposure of receivables

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

At 30 June, the ageing of receivables from provision of services was as follows:

Ageing	2023			2022		
	Gross Receivables \$'000	Loss Rate %	Expected Credit Losses \$'000	Gross Receivables \$'000	Loss Rate %	Expected Credit Losses \$'000
Current	25,233	1%	(342)	14,670	2%	(331)
30-60 days	706	54%	(378)	301	58%	(175)
61-90 days	361	44%	(160)	515	29%	(151)
More than 90 days	1,900	90%	(1,701)	1,164	92%	(1,073)
<b>Total</b>	<b>28,200</b>		<b>(2,581)</b>	<b>16,650</b>		<b>(1,730)</b>

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

	2023 \$'000	2022 \$'000
<b>Balance at the beginning of the financial year</b>	<b>1,730</b>	<b>2,061</b>
Amounts written-off during the year	(1,527)	(1,893)
Increase in allowance recognised in operating result	2,378	1,562
<b>Balance at the end of the financial year</b>	<b>2,581</b>	<b>1,730</b>

**B3 Properties, plant and equipment**

	Land (at fair value)	Buildings (at fair value)	Plant and equipment (at cost)	Capital works in progress (at cost)	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>At 30 June 2021</b>					
Gross	29,013	664,252	67,647	7,851	768,763
Accumulated depreciation*	-	(469,067)	(38,434)	-	(507,501)
	<b>29,013</b>	<b>195,185</b>	<b>29,213</b>	<b>7,851</b>	<b>261,262</b>
<b>Year ended 30 June 2022</b>					
<b>Opening net book value</b>	<b>29,013</b>	<b>195,185</b>	<b>29,213</b>	<b>7,851</b>	<b>261,262</b>
Acquisitions	6,511	14,138	10,657	12,831	44,137
Transfer between asset classes	-	7,658	566	(8,224)	-
Transfers in/out from QLD Government entities	-	-	644	-	644
Revaluation increments/(decrements)	613	23,242	-	-	23,855
Depreciation charge for the year	-	(21,567)	(5,995)	-	(27,562)
<b>Carrying amount at 30 June 2022</b>	<b>36,137</b>	<b>218,656</b>	<b>35,085</b>	<b>12,458</b>	<b>302,336</b>
<b>At 30 June 2022</b>					
Gross	36,137	739,779	78,824	12,458	867,198
Accumulated depreciation*	-	(521,123)	(43,739)	-	(564,862)
	<b>36,137</b>	<b>218,656</b>	<b>35,085</b>	<b>12,458</b>	<b>302,336</b>
<b>Year ended 30 June 2023</b>					
<b>Opening net book value</b>	<b>36,137</b>	<b>218,656</b>	<b>35,085</b>	<b>12,458</b>	<b>302,336</b>
Acquisitions	-	100	14,188	26,140	40,428
Donations received	-	-	15	-	15
Transfer between asset classes	-	15,882	842	(16,724)	-
Transfers in/out from QLD Government entities	-	-	847	-	847
Revaluation increments/(decrements)	972	23,266	-	-	24,238
Depreciation charge for the year	-	(20,769)	(6,405)	-	(27,174)
<b>Carrying amount at 30 June 2023</b>	<b>37,109</b>	<b>237,135</b>	<b>44,572</b>	<b>21,874</b>	<b>340,690</b>
<b>At 30 June 2023</b>					
Gross	37,109	809,664	91,579	21,874	960,226
Accumulated depreciation*	-	(572,529)	(47,007)	-	(619,536)
	<b>37,109</b>	<b>237,135</b>	<b>44,572</b>	<b>21,874</b>	<b>340,690</b>

\*Adjustments have been made to accumulated depreciation to recognise assets transferred in and out of West Moreton Health. The comprehensive asset revaluations completed have also impacted fair value and accumulated depreciation by recognising the changing condition and remaining useful life of assets.

**(a) Recognition threshold**

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

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

**(b) Acquisition**

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

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

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

**(c) Measurement**

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

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

**(d) Depreciation**

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

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

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

Class	Depreciation rates
Buildings and land improvements	2.5-3.3%
Plant and equipment	5.0-20.0%

Where assets have separately identifiable components that are subject to regular replacement, these components are assigned useful lives relative to each part of the asset and are depreciated accordingly.

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

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

**(e) Impairment of assets**

All property, plant and equipment assets are assessed for indicators of impairment on an annual basis. Where the asset is measured at fair value, this assessment is an examination for a change in fair value/service potential since the last valuation was completed. The impairment assessment found no material impairments.

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

#### **(f) Revaluation of land and buildings at fair value**

##### **Fair Value**

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

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

Unobservable inputs are data, assumptions and judgements, not available publicly, however are relevant to the characteristics of the assets being valued. Significant unobservable inputs used by West Moreton Health include, however are not limited to, subjective adjustments made to observable data to take account of the specialised nature of health service buildings and on hospital-site residential facilities. This includes historical and current construction contracts (and/or estimates of such costs) and assessments of physical condition and remaining useful life. Unobservable inputs are used where relevant, reliable, observable inputs are not available for similar assets/liabilities.

A fair value measurement of a non-financial asset considers a market participant's ability to generate economic benefit by using the asset in its highest and best use or by selling it to another market participant that would use the asset in its highest and best use.

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

##### **Fair value hierarchy**

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

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

**Level 2** - represents fair value measurements for unrestricted land and non-health service delivery buildings that are substantially derived from inputs (other than quoted prices included within level 1) that are observable, either directly or indirectly

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

	Level 1	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000
<b>2022</b>				
Land	-	36,137	-	36,137
Buildings	-	156	218,500	218,656
<b>Fair value at 30 June 2022</b>	-	<b>36,293</b>	<b>218,500</b>	<b>254,793</b>
<b>2023</b>				
Land	-	37,109	-	37,109
Buildings	-	178	236,957	237,135
<b>Fair value at 30 June 2023</b>	-	<b>37,287</b>	<b>236,957</b>	<b>274,244</b>

## Land

In 2022–2023, rural and community health land was independently valued by McGees. If land was not comprehensively revalued, it will continue to be revalued on an annual basis using the appropriate and relevant indices provided by an external registered valuer. The effective date of the valuation was 30 June 2023.

The revaluation of land for 2022–2023 resulted in a net increase of \$972K or 2.69 per cent to the carrying amount of land (2022: \$613K, 1.73 per cent increase).

## Buildings

A comprehensive independent revaluation was undertaken of rural, dental and community health facilities. In the current year, desktop comprehensive revaluations were adopted for low risk and low value assets. This method used photographs rather than site visits for these assets, reducing costs and travel. The effective date of the valuation was 30 June 2023.

West Moreton Health uses indices to provide a valid estimation of the assets' fair values at reporting date. Such indices are either publicly available or are derived from market information available to the valuer.

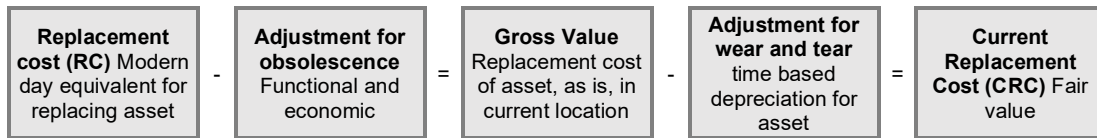
Regardless of the timing of the last specific appraisal, if an asset class experiences significant and volatile changes in fair value, the relevant asset class is subject to specific appraisal in the reporting period, where practical.

Any revaluation increments arising from the revaluation of an asset are credited to the asset revaluation surplus of the appropriate asset class, except to the extent it reverses a revaluation decrement for the asset class previously recognised as an expense. A decrease in the carrying amount on revaluation is charged as an expense, to the extent it exceeds the balance in the revaluation surplus relating to the relevant asset class.

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

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

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



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

The valuations have been prepared on an elemental basis with 25 components being adopted for buildings and 25 components adopted for site improvements. To estimate the replacement cost of each component, each element was measured. These key quantities have been measured from drawings provided and verified on site during the site inspection.

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

The independent revaluation concluded a \$23,266K or 10.88 per cent increase in value (2022: \$23,242K, 12.24 per cent increase). The main drivers for this change in valuation is driven by continuous growth and significant funding in the current building construction activity across various sectors, contractors' pricing and long lead times, increasing costs of construction materials and review of significant work programs resulting in re-lifing of assets.

The following table details a reconciliation of level 3 movements:

	Buildings \$'000
<b>Fair value at 1 July 2021</b>	<b>195,011</b>
Additions	14,138
Transfers between asset classes	7,658
Depreciation	(21,549)
<i>Gains recognised in other comprehensive income:</i>	
Increase in asset revaluation reserve	23,242
<b>Fair value at 30 June 2022</b>	<b>218,500</b>
<b>Fair value at 1 July 2022</b>	<b>218,500</b>
Additions	100
Transfers between asset classes	15,882
Depreciation	(20,761)
<i>Gains recognised in other comprehensive income:</i>	
Increase in asset revaluation reserve	23,236
<b>Fair value at 30 June 2023</b>	<b>236,957</b>

## B4 Payables

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

	2023 \$'000	2022 \$'000
Trade creditors	82,628	77,085
Accrued health service employee benefits	19,808	7,834
<b>Total payables</b>	<b>102,436</b>	<b>84,919</b>

## C Equity and risk management

### C1 Contributed equity

	2023 \$'000	2022 \$'000
<b>Opening balance at beginning of year</b>	<b>195,246</b>	<b>179,884</b>
<i>Non-appropriated equity injections</i>		
Capital Maintenance and Asset Replacement	21,862	7,478
Priority capital program funding	3,897	6,022
Ipswich Hospital Stage 1A Redevelopment	242	27,016
Ipswich Hospital Stage 2 Redevelopment	5,048	-
Right-of-use lease funding	52	156
COVID-19 capital funding	5,590	2,230
Other funding	560	110
	<b>37,251</b>	<b>43,012</b>
<i>Non-appropriated equity withdrawals</i>		
Non-cash depreciation and amortisation funding returned to Department of Health as a contribution towards capital works program	(27,232)	(28,295)
<i>Non-appropriated equity asset transfers</i>		
Plant and equipment	847	645
<b>Balance at the end of the financial year</b>	<b>206,112</b>	<b>195,246</b>

### C2 Asset revaluation surplus by class

	2023 \$'000	2022 \$'000
<i>Land</i>		
<b>Balance at the beginning of the financial year</b>	<b>7,272</b>	<b>6,659</b>
Revaluation increments	972	613
	<b>8,244</b>	<b>7,272</b>
<i>Buildings</i>		
<b>Balance at the beginning of the financial year</b>	<b>85,942</b>	<b>62,700</b>
Revaluation increments	23,266	23,242
	<b>109,208</b>	<b>85,942</b>
<b>Balance at the end of the financial year</b>	<b>117,452</b>	<b>93,214</b>

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



### C3 Financial risk management

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

	2023 \$'000	2022 \$'000
<i>Financial assets</i>		
Cash and cash equivalents	49,873	47,579
Receivables	27,313	16,727
	<b>77,186</b>	<b>64,306</b>
<i>Financial liabilities</i>		
Payables	102,436	84,919
Lease liabilities	1,737	-
	<b>104,173</b>	<b>84,919</b>

#### (a) Credit risk

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

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

Overall credit risk is considered minimal.

#### (b) Liquidity risk

Liquidity risk is the risk that West Moreton Health will not have the resources to meet its obligations to settle its financial liabilities as they fall due.

West Moreton Health is exposed to liquidity risk through its trading in the normal course of business. West Moreton Health aims to reduce the exposure to liquidity risk, by ensuring that sufficient funds are available at all times to meet employee and supplier obligations. West Moreton Health has prepared an eighteen-month cash flow forecast, to provide confidence that sufficient funds are available given current assets are less than current liabilities. This cash forecast is reviewed regularly to provide confidence in our ability to meet obligations.

- **(i) Financing arrangements**

Under the whole-of-government banking arrangements, West Moreton Health has an approved working debt facility of \$9,000K (2022: \$9,000K) to manage any short-term cash shortfalls.

- **(ii) Maturities of financial liabilities**

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

#### (c) Interest rate risk

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

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

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

**(d) Fair value measurements**

Cash and cash equivalents are measured at fair value. All other financial assets or liabilities are measured at cost, less any loss allowance or amortisation.

**C4 Climate risk disclosure**

West Moreton Health addresses the financial impacts of climate related risks by identifying and monitoring the accounting judgements and estimates which could potentially be affected. West Moreton Health is committed to fostering a climate ready and resilient health service which delivers safe and quality health services. Through this ongoing process, West Moreton Health has not yet identified any significant impacts relevant to the financial report as at the reporting date.

## D Key management personnel

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

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

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

West Moreton Health Board Position and name of current incumbent	Appointment authority	Initial appointment date
Chair – Michael Willis	Hospital and Health Boards Act 2011 Tenure: 10/06/21 – 31/03/24	18/05/16
Deputy Board Chair – Sue Scheinpflug	Hospital and Health Boards Act 2011 Tenure: 18/05/21 – 31/03/24	18/05/16
Board Member – Prof Gerald Holtmann	Hospital and Health Boards Act 2011 Tenure: 18/05/21 – 31/03/24	18/05/16
Board Member – Patricia Evatt OAM	Hospital and Health Boards Act 2011 Tenure: 18/05/21 – 31/03/24	18/05/16
Board Member – Stephen Robertson	Hospital and Health Boards Act 2011 Tenure: 01/04/22 – 31/03/26	18/05/18
Board Member – Prof Jeff Dunn AO	Hospital and Health Boards Act 2011 Tenure: 01/04/22 – 31/03/26	18/05/18
Board Member – Lyn Birnie	Hospital and Health Boards Act 2011 Tenure: 01/04/22 – 31/03/26	18/05/18
Board Member – Dr Cathryn Hester	Hospital and Health Boards Act 2011 Tenure: 01/04/22 – 31/03/26	18/05/19
Board Member – Deanne Minniecon	Hospital and Health Boards Act 2011 Tenure: 18/05/21 – 31/03/24	18/05/21

**West Moreton Health Executives**

**Chief Executive**

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

**Chief Operating Officer**

Responsible for the operational leadership and management of clinical areas throughout West Moreton Health.

**Chief Finance Officer**

Responsible for financial management, information services management, contract management, procurement, health information management, digital health, infrastructure and assets management and statutory reporting obligations of West Moreton Health.

**Chief Medical Officer**

Responsible for the effective leadership and management of the medical profession across West Moreton Health.

**Executive Director People and Culture**

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

**Chief Strategy Officer**

Responsible for leading the strategy, governance and engagement functions throughout West Moreton Health.

**Executive Director Nursing and Midwifery**

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

**Executive Director Allied Health**

Responsible for leading the Allied Health division within West Moreton Health.

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

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

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

Remuneration for KMP comprises the following components:

- Short-term employee benefits which include:
  - Base – consisting of base salary, allowances and leave entitlements paid for the entire year or pro-rata for the period that the employee occupied the specified position. Amounts disclosed equal the amount expensed in the statement of comprehensive income.
  - Non-monetary benefits – includes provision of vehicle together with fringe benefits tax (FBT) applicable to the benefit.

- Long-term employee benefits include long service leave levy paid.
- Post-employment benefits include superannuation contributions.
- Redundancy payments are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu on termination, regardless of the reason for termination.
- There were no performance bonuses paid in the 2023 financial year (2022: \$nil).

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

Name	Short-term benefits		Long-term benefits	Post-employment benefits	Total remuneration
	Base	Non-monetary benefits			
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>2023 Board Members</b>					
Mr Michael Willis (Chair)	85	-	-	9	94
Ms Sue Scheinplug (Deputy Chair)	53	-	-	5	58
Professor Gerald Holtmann	50	-	-	5	55
Ms Patricia Evatt OAM	46	-	-	5	51
Mr Stephen Robertson	47	-	-	5	52
Professor Jeffrey Dunn AO	51	-	-	5	56
Ms Lyn Birnie	46	-	-	5	51
Dr Cathryn Hester	46	-	-	5	51
Ms Deanne Minniecon	47	-	-	5	52
<b>2023 Executive KMP*</b>					
Chief Executive (from 18/07/2022)	328	-	9	31	368
Chief Operating Officer (from 25/08/2022)	205	-	5	18	228
Chief Finance Officer	234	-	6	23	263
Chief Medical Officer	473	-	8	41	522
Executive Director People and Culture (to 7/12/2022)	99	-	3	12	114
Executive Director People and Culture (from 10/01/2023)	91	-	3	8	102
Chief Strategy Officer	216	-	6	23	245
Executive Director Nursing and Midwifery (to 15/10/22)	80	-	2	6	88
Executive Director Nursing and Midwifery (from 19/09/2022)	225	-	6	27	258
Executive Director Allied Health	209	-	6	26	241

\* Amounts include backfill arrangements to show complete costs of key management positions.

Name	Short-term benefits		Long-term benefits	Post-employment benefits	Total remuneration
	Base	Non-monetary benefits			
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>2022 Board Members</b>					
Mr Michael Willis (Chair)	83	-	-	8	91
Ms Susan Johnson	35	-	-	3	38
Professor Gerald Holtmann	47	-	-	5	52
Ms Patricia Evatt OAM	46	-	-	5	51
Ms Sue Scheinplug	46	-	-	5	51
Mr Stephen Robertson	47	-	-	5	52
Professor Jeffrey Dunn AO	45	-	-	4	49
Ms Lyn Birnie	46	-	-	5	51
Dr Cathryn Hester	46	-	-	5	51
Ms Deanne Minniecon	42	-	-	4	46
<b>2022 Executive KMP</b>					
Chief Executive	325	-	7	35	367
Chief Operating Officer	233	-	5	42	280
Chief Finance Officer	200	-	4	21	225
Chief Medical Officer	478	-	10	36	524
Executive Director People and Culture	217	-	5	23	245
Chief Strategy Officer	136	-	3	13	152
Executive Director Nursing and Midwifery	223	-	5	23	251
Executive Director Allied Health	158	-	3	40	201

## E Other information

### E1 Contingencies

#### Litigation

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

### E2 Commitments

Commitments for capital expenditure at reporting date are:

	2023 \$'000	2022 \$'000
<i>Land and buildings</i>		
Not later than one year	1,176	8,502
<i>Major plant and equipment</i>		
Not later than one year	1,082	3,915
<b>Total commitments</b>	<b>2,258</b>	<b>12,417</b>

### E3 Notes to the statement of cash flows

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

	2023 \$'000	2022 \$'000
<b>Operating result from continuing operations</b>	<b>(3,364)</b>	<b>737</b>
<i>Non-cash items</i>		
Depreciation expense	27,174	27,563
Amortisation expense	58	733
Donated assets received	(15)	-
Net gains on disposal of property, plant and equipment	(370)	(144)
Depreciation and amortisation funding	(27,232)	(28,295)
<i>Changes in assets and liabilities</i>		
(Increase)/decrease in receivables	(10,586)	(3,521)
(Increase)/decrease in inventories	2,101	(2,681)
(Increase)/decrease in other assets	693	993
Increase/(decrease) in payables	17,517	18,823
Increase/(decrease) in accrued employee benefits	5,979	223
Increase/(decrease) in provisions	18	(40)
Increase/(decrease) in unearned revenue	(6,819)	1,935
Net cash provided by / (used in) operating activities	<b>5,154</b>	<b>16,326</b>

## E4 Patient fiduciary funds

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

	2023 \$'000	2022 \$'000
Cash at beginning of financial year	84	67
Patient fund receipts	1,588	1,540
Patient fund related payments	(1,582)	(1,523)
Cash at end of financial year	90	84

## E5 Application of new accounting standards or change in accounting policy

### Changes in Accounting Policy

West Moreton Health has not changed any of its accounting policies during 2022–2023.

### Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2022–2023.

### Accounting Standards Applied for the First Time

No accounting standards have been applied for the first time during 2022–2023.

### Future Accounting Standards not yet Mandatory

There are no Australian Accounting Standards and interpretations with future effective dates that are applicable to the activities of West Moreton Health or have an expected material impact.

## E6 Subsequent events

West Moreton Health is not aware of any events occurring after the reporting date that warrant disclosure or recording in the financial statements.

## E7 Taxation

West Moreton Health is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation, with the exception of FBT and Goods and Services Tax (GST). GST receivable from and GST payable to the Australian Taxation Office, are recognised in the Statement of Financial Position (refer to Note B2).

## E8 Related party disclosures

### (i) Transactions with Queensland Government controlled entities

West Moreton Health is controlled by its ultimate parent entity, the State of Queensland. All State of Queensland controlled entities meet the definition of a related party in AASB 124 Related Party Disclosures.



### Department of Health

West Moreton Health receives funding from the Department. The Department receives most of its revenue from the Queensland Government and the remainder from the Commonwealth Government.

The funding from the Department is provided predominantly for specific public health services purchased by the Department from West Moreton Health in accordance with a Service Agreement. The Service Agreement is reviewed periodically and updated for changes in activities and prices of services delivered by West Moreton Health (see Note A1(a)).

The signed Service Agreements are published on the Queensland Government website and publicly available. In addition, the Department provides corporate services as outlined in note A1(c). Any other expenses paid by the Department to third parties on behalf of West Moreton Health are recouped by the Department.

Related transactions for the year are as follows:

	2023 \$'000	2022 \$'000
Revenue received	848,399	766,304
Expenditure incurred	81,962	58,458
Receivables and other assets	21,283	11,677
Payables and other liabilities	78,272	52,330
Contract liabilities	-	6,449

In addition, there are Health service employee arrangements with the Department (see Note A2(b)).

### Other Hospital and Health Services

Payments to and receipts from other health services occur to facilitate the transfer of patients, drugs, staff and other incidentals. These payments are not material.

### Queensland Treasury Corporation

West Moreton Health has an investment account with Queensland Treasury Corporation for general trust monies (see Note B1).

### Department of Energy and Public Works (DEPW)

West Moreton Health pays rent to the DEPW for a number of properties and for vehicle fleet management services (Qfleet).

### (ii) Transactions with other related parties

All transactions in the year ended 30 June 2023 between West Moreton Health and KMP, including their related parties, were on normal commercial terms and conditions and were immaterial in nature.

## F Budgetary reporting disclosures

### Statement of comprehensive income

	Notes	Actual 2023 \$'000	Budget 2023 \$'000	Variance \$'000	Variance %
<b>Income</b>					
Funding for provision of public health services	(i)	837,871	763,736	74,135	10%
User charges and fees	(ii)	61,075	41,554	19,521	47%
Grants and other contributions		10,296	9,600	696	7%
Other revenue		7,868	2,130	5,738	269%
<b>Total income</b>		<b>917,110</b>	<b>817,020</b>	<b>100,090</b>	<b>12%</b>
<b>Expenses</b>					
Employee expenses		87,320	87,759	(439)	(1%)
Health service employee expenses	(iii)	581,599	509,966	71,633	14%
Supplies and services	(iv)	211,680	173,692	37,988	22%
Grants and subsidies		338	335	3	1%
Depreciation and amortisation		27,232	27,651	(419)	(2%)
Impairment losses		2,377	1,801	576	32%
Other expenses	(v)	9,928	15,816	(5,888)	(37%)
<b>Total expenses</b>		<b>920,474</b>	<b>817,020</b>	<b>103,454</b>	<b>13%</b>
<b>Operating result for the year</b>		<b>(3,364)</b>	<b>-</b>	<b>(3,364)</b>	
<b>Other comprehensive income</b>					
Increase in asset revaluation surplus	(vi)	24,238	-	24,238	
<b>Total other comprehensive income</b>		<b>24,238</b>	<b>-</b>	<b>24,238</b>	
<b>Total comprehensive income</b>		<b>20,874</b>	<b>-</b>	<b>20,874</b>	

Statement of financial position

	Notes	Actual 2023 \$'000	Budget 2023 \$'000	Variance \$'000	Variance %
<b>Current assets</b>					
Cash and cash equivalents	(vii)	49,873	26,311	23,562	90%
Receivables	(viii)	27,313	13,457	13,856	103%
Inventories		5,645	5,065	580	11%
Other assets		1,286	2,973	(1,687)	(57%)
<b>Total current assets</b>		<b>84,117</b>	<b>47,806</b>	<b>36,311</b>	<b>76%</b>
<b>Non-current assets</b>					
Property, plant and equipment	(ix)	340,690	272,866	67,824	25%
Right-of-use assets		1,731	-	1,731	-%
<b>Total non-current assets</b>		<b>342,421</b>	<b>272,866</b>	<b>69,555</b>	<b>25%</b>
<b>Total assets</b>		<b>426,538</b>	<b>320,672</b>	<b>105,866</b>	<b>33%</b>
<b>Current liabilities</b>					
Payables	(x)	102,436	63,959	38,477	60%
Accrued employee benefits		7,352	1,779	5,573	313%
Lease liabilities		330	-	330	-%
Provisions		152	184	(32)	(17%)
Unearned revenue		158	260	(102)	(39%)
<b>Total current liabilities</b>		<b>110,428</b>	<b>66,182</b>	<b>44,246</b>	<b>67%</b>
<b>Non-current liabilities</b>					
Lease Liabilities		1,407	-	1,407	-%
<b>Total Non-current Liabilities</b>		<b>1,407</b>	<b>-</b>	<b>1,407</b>	<b>-%</b>
<b>Total liabilities</b>		<b>111,835</b>	<b>66,182</b>	<b>45,653</b>	<b>69%</b>
<b>Net assets</b>		<b>314,703</b>	<b>254,490</b>	<b>60,213</b>	<b>24%</b>
<b>Equity</b>					
<b>Total equity</b>		<b>314,703</b>	<b>254,490</b>	<b>60,213</b>	<b>24%</b>

Statement of cash flows

	Notes	Actual 2023 \$'000	Budget 2023 \$'000	Variance \$'000	Variance %
<b>Cash flows from operating activities</b>					
<i>Inflows:</i>					
Funding for provision of public health services		799,190	763,736	35,454	5%
User charges and fees	(xi)	58,542	40,267	18,275	45%
Grants and other contributions		3,245	3,096	149	5%
Interest received		28	10	18	180%
Other	(xii)	22,557	3,911	18,646	477%
<i>Outflows</i>					
Employee expenses	(xiii)	(81,341)	(87,456)	6,115	(7%)
Health service employee expenses	(xiv)	(563,105)	(509,966)	(53,139)	10%
Supplies and services	(xv)	(209,115)	(174,067)	(35,048)	20%
Grants and subsidies		(337)	(335)	(2)	1%
Other	(xvi)	(24,510)	(9,292)	(15,218)	164%
<b>Net cash provided by / (used in) operating activities</b>		<b>5,154</b>	<b>29,904</b>	<b>(24,750)</b>	<b>(83%)</b>
<b>Cash flows for investing activities</b>					
<i>Inflows:</i>					
Sales of property, plant and equipment		380	-	380	-%
<i>Outflows:</i>					
Payments for property, plant and equipment	(xvii)	(40,428)	-	(40,428)	-%
<b>Net cash provided by / (used in) investing activities</b>		<b>(40,048)</b>	<b>-</b>	<b>(40,048)</b>	<b>-%</b>
<b>Cash flows from financing activities</b>					
<i>Inflows:</i>					
Equity injections		37,251	52	37,199	71,537%
<i>Outflows:</i>					
Finance lease payments		(63)	-	(63)	-%
Equity withdrawals		-	(27,651)	27,651	(100%)
<b>Net cash provided by financing activities</b>		<b>37,188</b>	<b>(27,599)</b>	<b>64,787</b>	<b>(235%)</b>
Net increase/(decrease) in cash and cash equivalents		2,294	2,305	(11)	-%
Cash and cash equivalents at beginning of the financial year		47,579	24,006	23,573	98%
<b>Cash and cash equivalents at end of financial year</b>		<b>49,873</b>	<b>26,311</b>	<b>23,562</b>	<b>90%</b>

Explanation of major variances

Major variances have been identified and explained below:

Statement of comprehensive income

- (i) The funding for provision of public health services increase compared to budget primarily relates to funding received through Window Amendments of \$72,030K (\$45,450K Enterprise Bargaining Agreements, \$16,501K for additional activity, programs and services and \$8,507K for 2021–2022 program funding deferrals), COVID-19 funding \$16,114K less End of Year Technical Adjustments \$14,010K.

- (ii) The increase for user charges primarily relates to an increase in Pharmaceutical Benefit Scheme revenue \$12,524K, project cost reimbursement \$3,215K, inpatient charges \$2,096K and other revenue \$1,667K.
- (iii) Health service employee expenses and supplies and services cost are \$109,621K over budget primarily due to additional costs in the following funded items: \$45,450K for Enterprise Bargaining Agreement, \$20,820K for drugs, \$16,114K for COVID-19, \$6,655K for services received below fair value, \$6,344K for Prisoner Primary Healthcare Services, \$4,864K for Preventative Integrated Care Services, \$3,898K for Better Care Together, and \$3,978K for inter-entity transactions reflecting project costs.
- (iv) See (iii).
- (v) The decrease is primarily a result of a difference in mapping of accounts between the Financial Statements and the Service Delivery Statements. The Service Delivery Statements records the budget for services received below fair value \$6,655K within Other Expenses. The Financial Statements record this item within Supplies and services (see iii).
- (vi) There is no budget for asset revaluations. The revaluation amount is primarily driven by continuous growth and significant funding in the current building construction activity across various sectors, contractors' pricing and long lead times, increasing costs of construction materials and review of significant work programs resulting in re-living of assets.

#### Statement of Financial Position

- (vii) The budget principles require that cash balances do not change year on year. Actual balances reflect increased funding offset by increased expense (see iii) and timing of payroll settlements.
- (viii) Receivables increased primarily due to Department of Health End of Year Technical Adjustments \$8,260K, \$3,500K Program Funding, \$1,440K Oral Health Activity Funding.
- (ix) This increase is driven primarily by significant capital projects undertaken - \$40,428K in acquisition, \$24,238K in revaluations and \$847K in asset transfers in.
- (x) The increase in payables is primarily driven due to \$18,659K Enterprise Bargaining Agreement Accrual calculations, \$11,482K for activity reconciliation payments due and \$8,326K of payroll accrual.

#### Statement of Cash Flows

- (xi) See (ii).
- (xii) Other inflows are driven by increased recoveries and increased GST receipts.
- (xiii) The health service employee expenses is driven by increased expenditure on health service employee expenses related to additional funding received to meet increased activity and Enterprise Bargaining Agreement funding.
- (xiv) See Note (xiii).
- (xv) The supplies and services variance is largely driven by increased activity that has resulted in increased expenditure against budget of \$20,820K drugs, \$2,961K Building Services, \$2,101K pathology charges, \$2,208K in clinical supplies, \$1,670K in catering and domestic services, \$1,565K in communication charges, \$1,079K QGIF Insurance and various other non-labour escalations which was not factored into the original budget.
- (xvi) The other outflows increase is primarily driven by increased GST payments.
- (xvii) This increase is driven primarily by significant capital projects undertaken, Capital Maintenance and Asset Replacement \$21,863K, COVID-19 Capital Funding \$5,590K, Ipswich Stage 2 Redevelopment \$5,048K, Priority Capital Programs \$3,896K.

**Management certificate**

These general purpose financial statements have been prepared pursuant to Section 62(1)(a) of the *Financial Accountability Act 2009* (the Act), Section 39 of the *Financial and Performance Management Standard 2019* and other prescribed requirements. In accordance with Section 62(1)(b) of the Act, we certify that in our opinion:

- a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- b) these financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of West Moreton Hospital and Health Service for the financial year ended 30 June 2023 and of the financial position of the Service at the end of that year; and
- c) we acknowledge responsibility under s.7 and s.11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.



**Michael Willis BEcon SFFin FAICD  
Chair**

28 August 2023



**Hannah Bloch  
Chief Executive**

28 August 2023

## INDEPENDENT AUDITOR'S REPORT

To the Board of West Moreton Hospital and Health Service

### Report on the audit of the financial report

#### Opinion

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

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2023, 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 2019 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2023, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including material accounting policy information, and the management certificate.

#### Basis for opinion

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

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

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

#### Other information

Other information comprises financial and non-financial information (other than the audited financial report) included in the West Moreton Hospital and Health Service annual report.

Those charged with governance are responsible for the other information.

My opinion on the financial report does not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial report, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or my knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

### Key audit matters

Key audit matters are those matters that, in my professional judgement, were of most significance in my audit of the financial report of the current period. I addressed these matters in the context of my audit of the financial report as a whole, and in forming my opinion thereon, and I do not provide a separate opinion on these matters.

#### **Fair value of buildings (\$237 million)**

Refer to note B3 in the financial report.

Key audit matter	How my audit addressed the key audit matter
<p>Buildings were material to West Moreton Hospital and Health Service at balance date and were measured at fair value using the current replacement cost method.</p> <p>West Moreton Hospital and Health Service performed a comprehensive revaluation of 37 building assets across the following locations:</p> <ul style="list-style-type: none"> <li>• Laidley</li> <li>• Esk</li> <li>• Gatton</li> <li>• Boonah</li> <li>• Goodna</li> <li>• Gailes.</li> </ul> <p>All other buildings were assessed using relevant indices.</p> <p>The current replacement cost method comprises:</p> <ul style="list-style-type: none"> <li>• gross replacement cost, less</li> <li>• accumulated depreciation.</li> </ul> <p>West Moreton Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for:</p> <ul style="list-style-type: none"> <li>• identifying the components of buildings with separately identifiable replacement costs</li> <li>• developing a unit rate for each of these components, including: <ul style="list-style-type: none"> <li>○ estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre)</li> <li>○ identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating the adjustment to the unit rate required to reflect this difference.</li> </ul> </li> </ul> <p>Using indexation required:</p> <ul style="list-style-type: none"> <li>• significant judgement in determining changes in cost and design factors for each asset type since the previous revaluation</li> </ul>	<p>My procedures included, but were not limited to:</p> <ul style="list-style-type: none"> <li>• assessing the adequacy of management's review of the valuation process and results</li> <li>• reviewing the scope and instructions provided to the valuer</li> <li>• assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices</li> <li>• assessing the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices</li> <li>• assessing the competence, capabilities and objectivity of the experts used to develop the models</li> <li>• for unit rates, on a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: <ul style="list-style-type: none"> <li>○ modern substitute (including locality factors and oncosts)</li> <li>○ adjustment for excess quality or obsolescence</li> </ul> </li> <li>• evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices</li> <li>• evaluating useful life estimates for reasonableness by: <ul style="list-style-type: none"> <li>○ reviewing management's annual assessment of useful lives</li> <li>○ at an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement cost of assets</li> <li>○ testing that no building asset still in use has reached or exceeded its useful life</li> <li>○ enquiring of management about their plans for assets that are nearing the end of their useful life</li> <li>○ reviewing assets with an inconsistent relationship between condition and remaining useful life</li> </ul> </li> </ul>



Key audit matter	How my audit addressed the key audit matter
<ul style="list-style-type: none"> <li>reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used.</li> </ul> <p>The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components.</p> <p>The significant judgements required for gross replacement cost and useful lives are also significant judgements for calculating annual depreciation expense.</p>	<ul style="list-style-type: none"> <li>where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.</li> </ul>

### Responsibilities of the entity for the financial report

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

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

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

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in 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. This is not done for the purpose of forming an opinion on the effectiveness of the entity's internal controls, but allows me to form an opinion on compliance with prescribed requirements.

- Evaluate the appropriateness of material accounting policy information 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.

### **Statement**

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2023:

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

### **Prescribed requirements scope**

The prescribed requirements for the establishment and keeping of accounts are contained in the *Financial Accountability Act 2009*, any other Act and the *Financial and Performance Management Standard 2019*. The applicable requirements include those for keeping financial records that correctly record and explain the entity's transactions and account balances to enable the preparation of a true and fair financial report.



D J Toma  
as delegate of the Auditor-General

30 August 2023

Queensland Audit Office  
Brisbane

## Glossary

Term	Meaning
AO	Officer of the Order
ABS	Australian Bureau of Statistics
APHIRM	A Participative Hazard Identification and Risk Management
ARRs	Annual report requirements for Queensland Government agency
ASX	Australian Securities Exchange
CAG	Consumer Advisory Group
CALD	Culturally and Linguistically Diverse
CBA	Commonwealth Bank of Australia
CBD	Central Business District
CCAR	Courageous Conversations about Race
CEQ	Clinical Excellence Queensland
CHQ	Children's Health Queensland
CLE	Centre for Leadership Excellence
CRC	Current Replacement Cost
DEPW	Department of Energy and Public Works
DDWM PHN	Darling Downs West Moreton PHN
DRC	Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
FAA	Financial Accountability Act
FPMS	Financial and Performance Management Standard
FTE	Full-Time Equivalent

GP	General Practitioner
HITH	Hospital in the Home
HHH	Heart Health Hub
HHS	Hospital and Health Service
ISMS	Information Security Management System
KMP	Key Management Personnel
LANA	Local Area Needs Assessment
LGBTQ+	Lesbian, gay, bisexual, transgender, queer and intersex
MAPU	Medical Assessment and Planning Unit
MeCare	Mobile Enabled Care program
MHAIS	Mental Health Acute Inpatient Service
MOHRI	Minimum Obligatory Human Resource Information
mPRP	Mobile Pulmonary Rehabilitation Program
NSQHS	National Safety and Quality Health Service
OAM	Medal of the Order
PHN	Primary Health Network
PICS	Preventative Integrated Care Service
PPH	Potentially preventable hospitalisations
PREMs	Patient Reported Experience Measures
QAO	Queensland Audit Office
QCMHR	Queensland Centre for Mental Health Research
QGCDG	Queensland Government Customer and Digital Group

QGEA	Queensland Government Enterprise Architecture
QSA	Queensland State Archives
QTE	Queensland Trauma Education
RAC	Rapid Access Clinic
RACGP	Royal Australian College of General Practitioners
RC	Replacement Cost
RSH	Ripley Satellite Hospital
SAB	Staphylococcus aureus bloodstream
SNAAP	Short-notice accreditation assessment program
The Park	The Park – Centre for Mental Health
UQ	The University of Queensland
VAD	Voluntary Assisted Dying
WAU	Weighted Activity Unit
WCP	Western Corridor Project
WMLOL	West Moreton Learning Online
WMOAG	West Moreton Obesity Advisory Group
YAC	Youth Advisory Council

## Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> <li>A letter of compliance from the accountable officer or statutory body to the relevant Minister/s</li> </ul>	ARRs – section 7	4
Accessibility	<ul style="list-style-type: none"> <li>Table of contents</li> </ul>	ARRs – section 9.1	3
	<ul style="list-style-type: none"> <li>Glossary</li> </ul>		83
	<ul style="list-style-type: none"> <li>Public availability</li> </ul>	ARRs – section 9.2	2
	<ul style="list-style-type: none"> <li>Interpreter service statement</li> </ul>	Queensland Government Language Services Policy ARRs – section 9.3	2
	<ul style="list-style-type: none"> <li>Copyright notice</li> </ul>	Copyright Act 1968 ARRs – section 9.4	2
	<ul style="list-style-type: none"> <li>Information Licensing</li> </ul>	QGEA – Information Licensing ARRs – section 9.5	2
General information	<ul style="list-style-type: none"> <li>Introductory Information</li> </ul>	ARRs – section 10	7-13
Non-financial performance	<ul style="list-style-type: none"> <li>Government’s objectives for the community and whole-of-government plans/specific initiatives</li> </ul>	ARRs – section 11.1	5
	<ul style="list-style-type: none"> <li>Agency objectives and performance indicators</li> </ul>	ARRs – section 11.2	29-43
	<ul style="list-style-type: none"> <li>Agency service areas and service standards</li> </ul>	ARRs – section 11.3	44-45
Financial performance	<ul style="list-style-type: none"> <li>Summary of financial performance</li> </ul>	ARRs – section 12.1	46
Governance – management and structure	<ul style="list-style-type: none"> <li>Organisational structure</li> </ul>	ARRs – section 13.1	22
	<ul style="list-style-type: none"> <li>Executive management</li> </ul>	ARRs – section 13.2	20-21
	<ul style="list-style-type: none"> <li>Government bodies (statutory bodies and other entities)</li> </ul>	ARRs – section 13.3	17
	<ul style="list-style-type: none"> <li>Public Sector Ethics</li> </ul>	Public Sector Ethics Act 1994 ARRs – section 13.4	27

Summary of requirement		Basis for requirement	Annual report reference
	• Human Rights	Human Rights Act 2019 ARRs – section 13.5	28
	• Queensland public service values	ARRs – section 13.6	27
Governance – risk management and accountability	• Risk management	ARRs – section 14.1	25
	• Audit committee	ARRs – section 14.2	16
	• Internal audit	ARRs – section 14.3	25
	• External scrutiny	ARRs – section 14.4	26
	• Information systems and recordkeeping	ARRs – section 14.5	27
	• Information Security attestation	ARRs – section 14.6	27
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	24
	• Early retirement, redundancy and retrenchment	Directive No.04/18 Early Retirement, Redundancy and Retrenchment ARRs – section 15.2	24
Open Data	• Statement advising publication of information	ARRs – section 16	24
	• Consultancies	ARRs – section 31.1	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	• Overseas travel	ARRs – section 31.2	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	• Queensland Language Services Policy	ARRs – section 31.3	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	78
	• Independent Auditor’s Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	79

FAA Financial Accountability Act 2009

FPMS Financial and Performance Management Standard 2019

ARRs Annual report requirements for Queensland Government agency

