

West Moreton Hospital and Health Service

ANNUAL
REPORT
2020–2021



Queensland
Government

Accessibility

Information about the Queensland language services policy is available at the Queensland Government Open Data website (qld.gov.au/data). West Moreton Hospital and Health Service have no expenditure to report on overseas travel and consultancy during 2020-2021.

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

Acknowledgment to Traditional Owners

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

Recognition of Australian South Sea Islanders

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

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18 August 2021

The Honourable Yvette D'Ath MP
Minister for Health and Ambulance Services
GPO Box 48
Brisbane QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2020–2021 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 on page 82 of this annual report.

Yours sincerely

A handwritten signature in black ink, appearing to read "Michael Willis".

Michael Willis
Chair
West Moreton Hospital and Health Board



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West Moreton Health

Statement on Queensland Government objectives for the community

The objectives of the *West Moreton Health Strategic Plan 2017–21* contribute to the Queensland Government objective of keeping Queenslanders healthy, creating jobs and working together to protect Queenslanders and save lives as outlined in *Unite and Recover – Queensland's Economic Recovery Plan*. Integral to these objectives is a focus on safeguarding people's health and jobs by keeping Queensland pandemic ready, growing our regions by attracting people, talent and investment and backing our frontline services by delivering world-class frontline services in health.

Our purpose is to provide safe, quality and appropriate health and wellbeing services for the West Moreton community. This is consistent with the West Moreton Health vision to create a community that is thriving and well.

Safeguarding our health

During the pandemic we created scalable models of care, increased our telehealth services and developed plans for agile and rapid responses to evolving situations.

We safeguarded the health of staff and the community by:

- increasing emergency department capacity
- increasing intensive care capacity
- creating a scalable contact tracing model for our public health unit
- fostering partnerships that allowed us to stand up fever clinics and vaccination centres in the community at short notice.

Growing our regions

As one of the largest employers in the region, we play an integral role in supporting the economic vitality of the community we serve.

We specifically support a stronger economy by:

- increasing workforce participation
- ensuring safe, productive and fair workplaces
- stimulating economic growth and innovation
- delivering new infrastructure and investment.

Backing our frontline services

West Moreton Health provides a wide range of services throughout the region underpinned by our values of connect, respect, excel. We recognise that world-class patient care begins with staff who feel safe and supported. We care for our staff through regular communication, occupational violence mitigation strategies, professional development and training opportunities, annual performance reviews, and the provision of multiple forums to raise concerns and suggest improvements.

From the Chair and Chief Executive

In 2020–21, the delivery of health care in a pandemic environment became the new normal. Our staff demonstrated great resourcefulness, determination and commitment to ensure the West Moreton community had ongoing access to health services despite the challenges and restrictions imposed by COVID-19.

We have continued to lead the way in virtual care, using technology to transform care and provide more care closer to home. In 2020–21, we increased use of telehealth videoconferencing by more than 90 per cent and capitalised on our established virtual health programs to deliver remote patient monitoring for new patient cohorts. The expanded virtual care service includes antenatal and postnatal care for pregnant women, cardiac care, and a collaborative program that provides prostate cancer survivors access to clinical and psychosocial care. Using virtual care programs to increase access to mental health services will be a key focus in the year ahead.

While we remain responsive to COVID-19 in the present, we are committed to planning the evolution of our services for the future. In 2020–21, we worked with clinicians to redesign our models of care for paediatric outpatients, oncology, and rehabilitation and stroke services. We are continuing to collaborate with partners to coordinate care for the growing population of older persons in the West Moreton region.

West Moreton is the fastest growing region in the state in relative terms and our population of 313,000 is expected to almost double to 588,000 by 2036. We continue to progress our staged 15-year Master Plan, which will help us meet future demand for health care from the region's rapidly growing population. The Master Plan details our vision to provide world-class health care through new infrastructure projects, digital innovations, and strong partnerships with other healthcare providers. When complete, the \$146.3 million first stage of the Master Plan will have laid the groundwork for an all-encompassing Ipswich Health Precinct in the central business district (CBD). Stage one includes hospital refurbishments and a new 26-bed ward, a magnetic resonance imaging (MRI) suite, a new acute mental health unit and the purchase of properties in the Ipswich CBD to expand the footprint of our major hospital. These projects support the future development of the Ipswich Health Precinct and attendant new models of care, for which we have begun planning as part of the second stage of our Master Plan. Further upgrades to the hospital will allow us to expand our busy Emergency Department, build an obstetric theatre and further support the increased demand for our renal and nephrology programs.

In partnership with the Department of Health, we are analysing the health needs of our community to determine the services we will provide at a future satellite hospital at South Ripley. Together with the Department of Health, we have also begun planning for an alcohol and other drugs service to provide 10 withdrawal management beds and 35 residential rehabilitation beds.

As our population increases, so too does demand for our services, and we continue to respond to ongoing pressures on our health system, most notably the increasing acuity of presentations. We are working closely with our staff and partners, including Queensland Ambulance Service, Darling Downs and West Moreton Primary Health Network (PHN) and general practitioners (GPs), to find solutions in the short and long term. Meanwhile, we continue to prioritise the provision of the safe, sustainable services for which we are funded.

The safety and wellbeing of staff, patients and community is our highest priority. It remains at the forefront of all our decision-making and guides our journey of continuous improvement. In 2020–21, we introduced the Speaking Up for Safety program to promote a safe and reliable culture across our organisation and give staff the communication skills to effectively raise patient safety concerns. We also implemented the Patient Reported Experience Measures (PREMs) system to provide another avenue for consumer feedback. Led by the Patient Safety and Quality Unit, PREMS captures feedback from inpatients about their hospital experience and helps identify and prioritise areas for improvement.

With our Public Health Unit as our first line of defence against COVID-19, we worked with partners to rapidly respond to and contain six simultaneous outbreaks of the contagion in West Moreton in August and September 2020. We set up mobile testing clinics and provided expert guidance to

government partners and community leaders as we responded to cluster outbreaks at two secondary colleges, a youth detention centre, a correctional centre, a residential aged care facility and at Ipswich Hospital.

As our COVID-19 response evolved to become the 'new normal' and the Therapeutic Goods Administration approved two vaccines for use in Australia, West Moreton Health staff mobilised quickly to establish a COVID-19 vaccination clinic at Ipswich Hospital as well as temporary mobile satellite clinics. We are continuing to deliver vaccinations in progressive phases to workers in high-risk occupations, such as healthcare, vulnerable members of the community and the general population in accordance with the Australian Government's COVID-19 Vaccine National Roll-out Strategy. We continue to play a lead role in encouraging community participation in COVID-safe practices and scaling up and down our contact tracing and testing efforts in response to demand. Our Incident Management Team remains alert to the ever-present threat of COVID-19 transmission in the community.

We engage with our community and consumers to ensure they have a voice in design and delivery of healthcare services, and in 2021–22 we will bring these stakeholders closer to the decision-making table when we establish a Community and Consumer Advisory Council. Our COVID-19 response has served to strengthen our partnerships with the Queensland Ambulance Service, Queensland Police Service, Darling Downs and West Moreton PHN, local governments, primary health providers and community leaders, and we look forward to maintaining this engagement next year.

The appointment to the new position of Director Aboriginal and Torres Strait Islander Health has strengthened our ability to lead improvements in the health outcomes of the Aboriginal and Torres Strait Islander community in West Moreton, alongside a range of initiatives to close the gap in life expectancy between Aboriginal and Torres Strait Islander peoples and other Australians.

Without doubt, this has been a difficult 12 months with unprecedented health and economic challenges. We are proud of, and grateful to, the exceptional people who work for and support West Moreton Health. Thanks to them, we delivered on our promise of Caring Better Together by living our values of connect, respect and excel. By continuing to work together, we are confident we will continue to provide quality healthcare for the West Moreton community.

Michael Willis, Chair

Dr Kerrie Freeman, Chief Executive

About us

West Moreton Health provides health and wellbeing services to about 313,000 people across the Somerset, Scenic Rim, Lockyer Valley and Ipswich communities. Its borders stretch to the north of Esk, west of Gatton, east of Ipswich and Springfield, and south of Boonah.

We provide preventative and primary healthcare services, ambulatory services, acute care, sub-acute care, and oral health, mental health and other specialised services (including prison health services and alcohol and other drugs services) to the region.

West Moreton is the fastest growing region in Queensland in relative terms with a population that is expected to almost double to 588,000 by 2036.

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

West Moreton Health operates in line with the *Service Agreement* with the Department of Health.

The agreement can be viewed here: www.publications.qld.gov.au/dataset/west-moreton-hhs-service-agreements

We recognise and welcome the role we play in healthcare as well as in the economic development, sustainability and prosperity of the West Moreton region.

Our hospital network includes Ipswich Hospital and four rural hospitals at Boonah, Gatton, Laidley and Esk, which together provide 372 beds for their communities and additional beds quarantined for the interim care of suspected or confirmed COVID-19 patients. An additional 124 beds are provided at The Park – Centre for Mental Health, where West Moreton Health provides Queensland's only forensic mental health inpatient beds. Community services are also delivered through the Ipswich Health Plaza, Goodna Community Health, Gailes Community Care Unit and the Ipswich Oral Health Clinic. The expansion of community services as well as our virtual health program means more care is provided in people's homes, as well as community outreach centres at Springfield, Goodna, Redbank Plains, South Ripley and Laidley or via our mobile BreastScreen and dental vans.

We also provide statewide services through the Queensland Centre for Mental Health Research, the Queensland Centre for Mental Health Learning (the Learning Centre) and the Queensland Mental Health Benchmarking Unit. In addition, our Prison Health Services are expanding to provide health care to more than half the state's prisoner population. In 2020–21, West Moreton Health assumed responsibility for health care at Arthur Gorrie Correctional Centre and West Moreton Youth Detention Centre and from 1 July 2021, Prison Health Services will also deliver healthcare services at Southern Queensland Correctional Centre. We also provide health care at Brisbane Correctional Centre, Brisbane Women's Correctional Centre, Brisbane Youth Detention Centre, Borallon Training and Correctional Centre and Wolston Correctional Centre.

We engage with our community and consumers to ensure they have a voice in planning, design, delivery and evaluation of healthcare services. In 2021–22 we will establish a Community and Consumer Advisory Council to bring community members and consumers closer to the decision-making table and our Board and Executive closer to the people they serve. We thank our community reference groups and consumers for their significant contribution to healthcare delivery in West Moreton.

Operating environment

As the West Moreton community expands rapidly over the next 15 years, we are committed to growing our infrastructure and transforming our care through service redesign, research and innovation.

In 2020–21, we put several initiatives in place to respond to significant growth in demand:

- We expanded our virtual health program to transform how services are delivered in areas such as cardiac and prostate care.
- We strengthened partnerships with the Queensland Ambulance Service, Queensland Police Service, Darling Downs and West Moreton PHN, GPs, community and private partners to integrate delivery of care.
- We reopened the Gatton Hospital Emergency Department after a \$1.2 million refurbishment.
- We began construction on our \$92.4 million new Acute Mental Health Unit, which will link to the Ipswich Hospital Emergency Department via an overhead bridge.
- We opened our new Allied Health Services Outpatient Unit and Oncology Day Unit as part of a \$25 million master-planned expansion of Ipswich Hospital.
- We began construction of a new 26-bed medical and surgical ward, as part of the Ipswich Hospital Expansion, which will open in late 2021.
- We began planning \$22 million worth of further upgrades to Ipswich Hospital, involving the Emergency Department, obstetrics, and renal and nephrology services.
- We began planning the creation of a \$24.5 million Alcohol and Other Drugs withdrawal management and rehabilitation service for adults.
- With the Queensland Government, we began planning a satellite hospital at South Ripley, supporting public healthcare delivery and providing better care closer to home. This is part of the government's \$265 million program to build seven satellite hospitals in South East Queensland.
- We purchased several inner-city properties worth \$20.7 million for future development in Ipswich.
- We began a \$2 million business case to identify the infrastructure and services needed to deliver complex care to our growing population under stage two of the Master Plan. The business case will be delivered in late 2021.

Our response to future demand

As well as broad population growth across the region, West Moreton is experiencing exponential residential growth in two distinct locations: the Ripley Valley–Springfield corridor in the east and Lockyer Valley in the west.

Over the next 15 years, our Master Plan will deliver world-class infrastructure, digital solutions, innovation and partnerships with other healthcare providers to meet a population-driven doubling of demand for healthcare services. Clinicians, consumers and community representatives have been involved in both the development and delivery phases of current projects under the Master Plan.

The Queensland Government provided \$146.3 million for the first stage of the Master Plan, and all projects were either completed in the 2020–21 financial year or are underway. Stage one projects began with the opening of the Ipswich Hospital MRI suite in December 2019 and have continued with:

- construction of an Acute Mental Health Unit for adults and older people across the road from Ipswich Hospital. This three-storey facility has been co-designed with consumers and clinicians as a place of healing and recovery that reflects contemporary care practices. Once open in late

2022, the existing Ipswich Hospital Acute Mental Health Unit will be demolished, creating land for future development under the Master Plan.

- the expansion of Ipswich Hospital, in which existing levels of the hospital were refurbished to create an Oncology Day Unit and Allied Health Services outpatients' area, featuring consulting and treatment clinics for audiology, hand and podiatry services, a rehabilitation gym and a multipurpose area. A new 26-bed medical and surgical ward and patient transit lounge will open later this year as part of the expansion. It is the first new ward for the hospital in seven years and will improve patient flow from the Emergency Department.
- the purchase of properties in the Ipswich CBD. The purchase will settle in September 2021, providing a significant site for redevelopment within a 250m radius of Ipswich Hospital.

Approach to future stages

A preliminary business case is underway to identify the mix of infrastructure and services West Moreton Health will need to meet future demand in acute, non-acute, outpatient and community health settings.

Through careful planning, strong partnerships for integrated care, and innovation derived from research and technology, West Moreton Health will be equipped to provide more complex and better health care to the community, closer to their homes. Our Master Plan and commitment to innovation and research underpin our goal of providing increased tertiary-level services.

Our Master Plan has identified medium to long-term infrastructure and service priorities more broadly across the West Moreton region, which will be the subject of future business cases.

In the short-term, and in partnership with the Queensland Government, we are planning new services, new infrastructure, and upgrades to our existing facilities. This includes:

- building more paediatric treatment spaces and a dedicated area for mental health patients in the Ipswich Hospital Emergency Department
- the creation of a dedicated obstetric theatre
- the expansion of renal and nephrology services
- the creation of a drugs and alcohol withdrawal and rehabilitation service for adults, which will provide 10 withdrawal management beds and 35 residential rehabilitation beds
- a satellite hospital at South Ripley, which will ease demand on Ipswich Hospital and provide care closer to home for residents in this residential growth corridor. Services will be informed by the needs of the community
- a Queensland Government partnership with Mater Health Services that will deliver a 174-bed public hospital in Springfield. This expansion adds to the existing public service agreement between West Moreton Health and Mater Private Hospital Springfield, which provides direct access to care at the private facility for public patients.

Impact of COVID-19

While the sudden onset of the COVID-19 pandemic had a significant effect on staff, consumers and services across West Moreton Health, our focus in 2020–21 has been on maintaining the community's access to core services while operating in a pandemic environment.

We achieved this by:

- formally evaluating our COVID-19 responses in a range of scenarios to identify opportunities for improvement.
- continuing to review and refine our scalable contact tracing models.
- continuing to lead the way in virtual health care, which puts the safety and wellbeing of staff, patients and the community at the forefront of service delivery in a pandemic environment. This includes telehealth, sub-acute care within the home setting, remote monitoring, and remote chronic disease management.
- developing scalable models for our fever clinics to respond to community demand for COVID-19 testing.
- launching a dual AstraZeneca and Pfizer vaccination hub at Ipswich Hospital and temporary satellite clinics to deliver the vaccines to high-risk and vulnerable cohorts in line with the Australian Government's COVID-19 Vaccine National Roll-out Strategy.
- introducing a P2/N95 mask fit-testing program for frontline healthcare workers and implementing Chief Health Officer directions to ensure the safety and wellbeing of our staff working in a COVID-19 environment.
- adopting the EVA Check-in app for visitors and staff at all West Moreton Health facilities to assist the Public Health Unit with contact tracing in the event of an outbreak.

Strategic direction

In 2020, the *West Moreton Health Strategic Plan 2017–21* was updated to acknowledge the health and economic challenges posed by COVID-19 while continuing to develop virtual health, infrastructure and services to meet the needs of one of the fastest growing communities in Queensland.

The *West Moreton Health Strategic Plan 2017–21* focused on four priorities:

1. **Person-centred care:** delivering equitable, person-centred care and supporting diverse and vulnerable communities.
2. **Caring for our teams:** inspiring a workplace where staff, volunteers and partners thrive and know they are valued.
3. **Interconnected care:** using partnerships and technology to deliver virtual and integrated care.
4. **Better care:** delivering safe, high quality and high value care backed by innovation and research.

Future direction

In 2021, West Moreton Health undertook extensive engagement with staff, partners, consumers and community, including young people aged up to 25, to renew the Strategic Plan. The *West Moreton Health Strategic Plan 2021–25* seeks to manage the challenges posed by COVID-19 and the increased demand for our services by connecting, partnering, growing and transforming our services while providing safe, reliable care that is closer to home. This new plan will build on the work achieved in 2020-21 under the *West Moreton Health Strategic Plan 2017–21*.

Values, Vision, Purpose

Our values connect . respect . excel

Our vision A West Moreton community that is thriving and well

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

Priorities

Our priorities – person-centred care, caring for our teams, interconnected care, and better care – are outlined in the *West Moreton Health Strategic Plan 2017–21*.

Our priorities have guided our following actions:

Equity Framework

The *West Moreton Equity Framework* sets out our vision and values for providing an accessible, equitable workplace for staff and accessible, equitable services for the community.

Engaging with the community and consumers

West Moreton Health engages with the community by listening to and collaborating with consumers, their families and carers. Our *Engagement Strategy 2020–21* and *Engagement Framework 2021* has guided our work in building strong and effective partnerships within our diverse community, facilitating active participation in healthcare planning and design, service delivery and evaluation, and improving health and wellbeing for all. All our engagement is driven by our strategic objectives.

We have consumer reference groups which meet quarterly and provide regular feedback on service improvement and communication strategies.

The Consumer Liaison Office manages all consumer feedback about services provided by West Moreton Health. When a compliment, suggestion or complaint is received, the Consumer Liaison Office team will:

- record and report all consumer feedback
- let staff know about compliments and suggestions to be shared
- advise staff of complaints and support them in their resolution
- provide consumer feedback management training on request
- assist with the identification of complaint trends to contribute to quality improvement actions.

The Consumer Liaison Office also coordinates responses to complaints from external sources, including the Office of the Health Ombudsman, local Members of Parliament, Office of the Public Guardian, and the Honourable Yvette D'Ath MP, Minister for Health and Ambulance Services. The Consumer Liaison Office also ensures it complies with the *Human Rights Act 2019*.

The *West Moreton Health Cultural Diversity Action Plan* aims to deliver equitable, person-centred care that supports vulnerable communities.

West Moreton Health's commitment to ensuring workforce diversity is demonstrated by the fact that 17.34 per cent of our staff are from non-English speaking backgrounds. Approximately 18 per cent of West Moreton residents were born overseas and approximately 9.8 per cent speak a language other than English at home.

The Multicultural Health and Wellbeing Collaborative brings together representatives from key services and agencies in the West Moreton region to improve access to and engagement with health services for consumers from cultural and linguistically diverse backgrounds.

West Moreton Health appreciates the generous contribution of volunteers in supporting patients and families who visit our facilities. From Ipswich Hospital Foundation volunteers to community members who are part of our rural hospital auxiliaries, volunteers support our services by giving their time, raising funds and assisting patients in a variety of hospital and health spaces.

Partnering with stakeholders

Healthcare is best delivered in partnership and West Moreton Health values its strong connections with wide-ranging partners across the government, non-government, community, health and emergency services, industry and research and education sectors to ensure an interconnected, person-centred approach to delivering healthcare, and also to promote preventive health in the community.

Our partnership with the Queensland Ambulance Service (QAS) is among our most important, and alongside the Queensland Police Service, we continue to work in close partnership to provide better health outcomes for the West Moreton community.

In 2020–21, West Moreton Health strengthened its close partnership with Darling Downs and West Moreton PHN and GPs to provide better, integrated healthcare for the community and improve health services. We continue to work closely with the Ipswich Hospital Foundation to achieve our shared vision for a thriving West Moreton community.

As we work to grow our research capabilities, West Moreton Health is expanding its partnerships with other research institutions and organisations to achieve our shared goals.

West Moreton Health continued its engagement with union partners through regular Local and Health Service Consultative Forums. As our response to the COVID-19 pandemic progressed, we further strengthened our relationships with unions as we navigated significant impacts on our clinical teams and workforce. We established weekly union briefings through the Microsoft Teams platform, which enabled us to share results from regular staff surveys, consult on our agile workforce strategies, and capture feedback to understand the needs of our workforce. In 2020–21, West Moreton Health proposed significant organisational changes to create a more cohesive structure that aligns with our strategic direction and enables the transformation of clinical services. Throughout this process, we have actively engaged with our union partners through regular consultative forums, out-of-session meetings, and written correspondence to address questions and concerns raised by unions and the workforce.

Research

The West Moreton Health Research and Innovation Strategy focuses on supporting staff to provide care that is underpinned by research and evidence-based practice. Our research priorities include chronic and preventable disease, health promotion and prevention, service delivery improvement and mental health. The West Moreton Centre for Research and Innovation has a strong focus on building research capability and capacity within the clinical workforce through research skills training, communities of practice, structured mentorship and supporting staff to start research higher degrees with our academic partners.

In 2021, the West Moreton Health Board established a new Research Committee, reflecting our strong focus on transformation towards a world-class health service. The Research Committee is designed to further support and enable the work of the West Moreton Centre for Research and Innovation. The committee will advise and recommend strategies to the Board that build innovation and research capabilities to improve our care.

Within West Moreton Health, the Human Research Ethics Committee (HREC) carefully considers potential benefits and risks associated with each research proposal. HREC operates in accordance with the policies and guidelines published by the National Health and Medical Research Council (NHMRC) and Queensland's Research Ethics and Governance Unit.

West Moreton Health is home to Queensland's premier mental health research facility, the Queensland Centre for Mental Health Research (QCMHR), which aims to reduce the level of disability

associated with mental illness. It achieves this by providing internationally recognised research that leads to more effective mental health services and interventions, the identification and reduction of risk factors and the development of researchers in the field of mental health. In 2020–21, QCMHR advanced major research projects to support mental health and wellbeing, including the National Mental Health Service Planning Framework; Global Burden of Disease project; and the Queensland Urban Indigenous Mental Health Survey, supported by the Department of Health's Aboriginal and Torres Strait Islander Health Branch.

Aboriginal and Torres Strait Islander Health

West Moreton Health is working to deliver safe, quality care and create a culturally safe and welcoming environment for the Aboriginal and Torres Strait Islander community of West Moreton. The West Moreton Health Strategic Plan is underpinned by a population health approach, including working with our partners to address health inequality and to close the gap in health outcomes for First Nations peoples. This is a long-term challenge to which we are committed. 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.

In 2020, West Moreton Health established the role of Director Aboriginal and Torres Strait Islander Health to lead improvements in health outcomes for First Nations communities. The Director provides advice to the Chief Executive, executive leadership team and the West Moreton Health Board on strategic direction, policies and priorities to improve health outcomes for Aboriginal peoples and Torres Strait Islander peoples.

On 18 May 2021, Deanne Minniecon, a proud Gooreng Gooreng and Erub woman with both Aboriginal and Torres Strait Islander heritage, was appointed as a West Moreton Hospital and Health Service Board member. She has more than 20 years' experience in Aboriginal and Torres Strait Islander health and education, and is a respected, connected and strong advocate for Aboriginal peoples and Torres Strait Islander peoples.

Caring for Aboriginal peoples and Torres Strait Islander peoples during the COVID-19 pandemic was a priority in recognition of the vulnerability of First Nations communities. As well as working with Aboriginal and Torres Strait Islander communities to advocate COVID-19 testing, vaccination and ongoing care needs during the pandemic, West Moreton Health also developed COVID-safe plans to ensure the continuation of targeted programs for First Nations consumers. They included a COVID-safe Deadly Steps program, and an exercise and yarning activity designed to engage 'at risk' community members vulnerable to COVID-19 due to chronic conditions.

The Discharge Against Medical Advice (DAMA) Committee, established in 2020, assists with identifying DAMA specific risk for Aboriginal consumers and Torres Strait Islander consumers, a key point indicator for Aboriginal and Torres Strait Islander Health.

In 2021, a new Social and Emotional Wellbeing framework was drafted as part of our work to progress a Health Equity Strategy for Aboriginal peoples and Torres Strait Islander peoples. The initiative aims to better support access to health services by Aboriginal consumers and Torres Strait Islander consumers, and their families.

In working to close the gap, and in response to the *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: Investment Strategy 2018–2021*, West Moreton Health continues to engage with staff and the community on how it provides Indigenous health services.

Indigenous hospital liaison officers provide direct support and assistance to clinicians and Aboriginal and Torres Strait Islander inpatients, families and community members accessing Ipswich Hospital. These liaison staff encourage the continuum of care from hospital to home and refer community members to our Aboriginal and Torres Strait Islander health workers based in our community health teams who support them in the community to reduce preventable hospitalisations.

Our community based and hospital based services

West Moreton Health provides medical, surgical, emergency, obstetric, paediatric and specialist outpatient services and mental health, critical care, sub-acute and clinical support services throughout the region's five hospitals as well as The Park – Centre for Mental Health, Goodna Community Health and Gailes Community Care Unit.

As Queensland's only forensic mental health inpatient service, The Park – Centre for Mental Health (The Park) has three separate areas: the High Security Inpatient Service, the Extended Forensic Treatment Rehabilitation Unit, and the Secure Mental Health Rehabilitation Unit. The Park also houses health services for South East Queensland prisons, including the state's largest prison mental health service and Prison Health Services.

West Moreton Health continues to lead the way in virtual health care. The Mobile Enabled Care (MeCare) program continues to demonstrate improved health value for people with complex and chronic illnesses. This successful partnership with Philips Healthcare has been a powerful enabler for the expansion of the full suite of virtual care delivered at West Moreton Health. In 2020–21, we capitalised on our established virtual health programs to deliver remote patient monitoring and telehealth/video conferencing programs for new patient cohorts. We continue to explore how virtual care can improve patient engagement, prevent adverse outcomes and deliver timely, safe care to patients outside of the hospital environment.

The Heart Health Hub is a community-based virtual medication titration service that provides remote support for more than 50 heart failure patients. Patients are supported by technology outside the hospital environment and their health is monitored by a clinical team to deliver high quality, timely care closer to home. Positive preliminary results show patients are reaching optimal medication doses up to four weeks earlier than in traditional programs, which improves long-term health outcomes for patients.

The Hospital in The Home (HITH) service uses virtual care technology to support consumers to recover at home and avoid unnecessary hospitalisation. In 2021, we launched GEM (Geriatric Evaluation Management) HITH, a geriatrician-led model of care to support the short-term rehabilitation of geriatric patients who have received care in our emergency departments and/or medical and surgical wards. This model of care supports people over 65 years, Aboriginal peoples and Torres Strait Islander peoples over 50 years, as well as those with mild functional decline such as mild delirium. GEM HITH enables the early discharge of patients who can continue their care at home, reduces hospital-acquired complications and reduces re-admissions. The multidisciplinary team, which includes allied health support, also helps patients transition to community-based care programs.

We also continued our virtual care response to the COVID-19 pandemic, using virtual beds within our HITH service to support COVID-19 positive patients with milder symptoms. Patients were monitored at home and maintained regular contact with their health care team.

Telehealth consultations increased across the health service in response to COVID-19, ensuring we could continue to provide consumers with access to important health services during the pandemic. The person-centred model of care offers benefits even in a non-pandemic environment. West Moreton Health now offers telehealth appointments for antenatal consultations and education, allied health services, community health services and to partner with other health services to accommodate patients who are unable to travel for their care.

The West Moreton Prostate Cancer Survivorship pilot program gives prostate cancer survivors access to clinical and psychosocial care using established virtual health care partnerships. A feasibility study from the 12-month pilot will be used to explore future opportunities to continue to grow and improve our services through research and innovation.

The Project Air pilot is exploring how virtual care can support mental health consumers, and a multidisciplinary team has been established with funding from the Queensland Government's COVID-19 Economic Recovery Strategy. The Living Well Team will provide psychological interventions for

consumers with a personality disorder diagnosis using virtual care technology to improve health and wellbeing outcomes for this patient cohort.

The West Moreton Diabetes Alliance supports the West Moreton community to make healthy lifestyle choices, prevent diabetes and improve the lives of people living with diabetes, which is the leading cause of preventable hospitalisations in the region. The alliance – a collaboration of eight partners, including West Moreton Health – aims to address four key pillars: leadership and advocacy within the health sector; awareness within the community; access to care for community members; and education for health professionals and the community.

In response to an increased demand for renal services, West Moreton Health opened a clinic at the University of Southern Queensland's Ipswich campus in 2021, enabling us to offer peritoneal dialysis to consumers for the first time. This service, which enables dialysis in a home environment, reduces travel time for patients who previously accessed training and support through Metro South Health. Kidney Support Care clinics commenced in 2020, offering symptom management and advance care planning to patients with advanced kidney failure who do not want dialysis or who are not suitable for dialysis. Our partnership with St Andrew's Private Hospital Ipswich also allows public patients to access dialysis closer to home. In 2021, a telenephrology outpatient program began offering rural patients virtual appointments with a nephrologist. Conducted by a nurse navigator or nurse practitioner at Gatton, Esk and Boonah hospitals, these clinics provide care closer to home, saving consumers the inconvenience and discomfort of travel.

The Specialist Palliative Care in Residential Aged Care project is a partnership with regional residential aged care facilities to support advanced care planning and palliative care plans for residents. The project uses the Hospital In The Home model to manage symptoms and avoid hospital transfer for residents who wish to die at home in the facility.

The Palliative Care for People with Disabilities Research Project has increased access to specialist palliative care for those living with a disability in West Moreton. The project, which supports the choice to die at home, is governed by the West Moreton Care at End of Life Collaborative, a 10-member collaboration that includes West Moreton Health.

Sub-acute rehabilitation care was extended to Boonah Hospital as part of the Rehabilitation and Stroke Services Clinical Redesign Project, enabling Scenic Rim consumers to continue their recovery closer to home.

The Ipswich Hospital inpatient service meets the acute mental health needs of the community and helps reduce Emergency Department length of stay for mental health consumers.

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. During the 2020–21 period, 1231 concession passes were issued to eligible patients and their carers at a cost of \$25,851.

Targets and challenges

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

As a community, West Moreton has a unique demographic outlook including:

- the fastest growing population (in relative terms) in Queensland, which is expected to increase to about 588,000 people by 2036
- an Aboriginal and Torres Strait Islander population that represents 5 per cent of West Moreton's total population (2020)
- a high percentage of people born overseas (approximately 18 per cent) or who speak a language other than English (9.8 per cent)
- 5.9 per cent of our community who have a profound or severe disability
- more than 60 per cent of the population who are in the bottom two quintiles of relative socio-economic disadvantage.

The population health outlook for the West Moreton community as reported in the *2020 Chief Health Officer's Report* presents some notable challenges including:

- 38 per cent of adults who are obese
- 12 per cent of adults who smoke, and 16 per cent of women who smoke during pregnancy
- 45 per cent of deaths that are premature
- 7 per cent of hospitalisations that are potentially preventable
- higher than average rates of suicide.

In addition to the unique demographic and population health challenges, West Moreton Health faces a range of strategic operating challenges that include:

- meeting current and future service demand
- working within constraints of funding, particularly in the challenging COVID-19 economic environment
- ensuring our partnerships continue 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.

Governance

Our people

The West Moreton Hospital and Health Board comprises 10 non-executive members appointed by the Governor in Council on the recommendation of the Honourable Yvette D'Ath MP, Minister for Health and Ambulance Services in accordance with the *Hospital and Health Boards Act 2011*.

In setting the strategic direction of West Moreton Health, the Board is responsible for:

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

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

Board remuneration

The Governor in Council approves the remuneration arrangements for board chairs, deputy chairs and members.

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

Board members were reimbursed for out-of-pocket expenses during 2020–21. The total value reimbursed was \$3,015.82.

Board and committee meeting attendance

Member	Position	Board	Finance Committee	Executive Committee	Audit and Risk Committee	Safety and Quality Committee	Research Committee - non prescribed committee
Michael Willis	Board and Committee Chair Tenure 18/5/16-17/5/21, 10/6/21-31/3/24 Initial appointment date 18/5/16	10/10	5/5	4/4			3/3***
Susan Johnson	Board Deputy and Committee Chair Tenure 18/05/19 – 31/03/22 Initial appointment date 26/06/15	12/12		4/4	5/5		
Lyn Birnie	Member Tenure 18/05/19 – 31/03/22 Initial appointment date 18/05/18	12/12	6/6		5/5		
Prof Jeff Dunn AO	Member and Committee Chair Tenure 18/05/19 – 31/03/22 Initial appointment date 18/05/18	11/12			5/5		2/3
Patricia Evatt*	Member Tenure 18/05/21 – 31/03/24 Initial appointment date 18/05/16	12/12			5/5	3/3***	
Dr Cathryn Hester	Member Tenure 18/05/19 – 31/03/22 Initial appointment date 18/05/19	12/12		4/4		5/5	
Prof Gerald Holtmann*	Member and Committee Chair Tenure 18/05/21 – 31/03/24 Initial appointment date 18/05/16	12/12	3/3**			5/5	2/3
Deanne Minniecon	Member Tenure 18/05/21 – 31/03/24 Initial appointment date 18/05/21	1/2					
Stephen Robertson	Member and Committee Chair Tenure 18/05/19 – 31/03/22 Initial appointment date 18/05/18	12/12	6/6			4/5	
Sue Scheinpflug*	Member Tenure 18/05/21 – 31/03/24 Initial appointment date 18/05/16	12/12		4/4		2/2***	3/3

*Change in Safety and Quality Committee membership as at 1-Jan-21 meeting

**Change in Finance Committee membership as at 1-Jan-21 meeting

***Also attended additional meeting as ex-officio member

Board membership

Michael Willis – Board Chair

Michael Willis is a company director and corporate governance specialist with over 30 years' governance experience in industry, financial services and the health and education sectors. He has served as Chair, Director and Audit and Risk Committee Chair with several organisations, including the National Injury Insurance Scheme Qld, the Queensland Health Board Chairs Forum, the Queensland Health Leadership Board, Boyce Chartered Accountants, Independent Schools Queensland Ltd, the Asian Securities and Investments Federation and Financial Services Institute of Australasia (FINSIA). He is also a consultant and sessional lecturer in governance and accounting with the executive education program of Australian Catholic University. As the national president of FINSIA, 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.

Susan Johnson – Deputy Chair

Susan Johnson is a self-employed consultant with a background in law, public policy, research and governance, integrity principles, risk management and effective governance. She has worked in and with public sector agencies for more than 30 years, including senior executive roles in research and misconduct prevention at the former Criminal Justice Commission and Crime and Misconduct Commission (now the Crime and Corruption Commission), and she has been involved in major policy reviews for government in the areas of police powers, domestic violence and child protection. Susan holds a Bachelor of Arts, a Bachelor of Laws, and a Master of Business Administration. Susan is a Graduate of the Australian Institute of Company Directors.

Lyn Birnie

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 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.

Professor Jeff Dunn AO

Professor Jeff Dunn AO is Chief Executive Officer of the Prostate Cancer Foundation of Australia and Professor and Chair of Social and Behavioural Science in the Division of Research and Innovation at the University of Southern Queensland. Jeff also serves the Union for International Cancer Control as President Elect.

Patricia Evatt

Patricia Evatt has a background in psychology, with a strong interest in organisational psychology. She has more than 24 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.

Dr Cathryn Hester

Dr Cathryn Hester is a medical specialist and leader in the field of general practice. She is a practice owner and has worked in clinical medicine in the Ipswich region for more than a decade. Cathryn is a Queensland Council member and Fellow of the Royal Australian College of General Practitioners

(RACGP), Graduate of the Australian Institute of Company Directors and holds a Bachelor of Engineering with honours in Medical Engineering.

Professor Gerald Holtmann

Professor Gerald Holtmann is a medical specialist in the field of gastroenterology with extensive academic and organisational leadership experience. Besides his medical qualifications, he has a Master of Business Administration. He is Director of the Department of Gastroenterology and Hepatology at the Princess Alexandra Hospital in Queensland and Director of Clinical Innovation for the Health Faculties of The University of Queensland (UQ). He also serves on the board for UQ Health Care.

Deanne Minniecon

Deanne Minniecon has over 20 years' experience working in Aboriginal and Torres Strait Islander health and education at a community, regional, state and national level. She is currently the Principal Advisor for First Nations Communities with Health and Wellbeing Queensland and has previously worked with Brisbane South PHN, Queensland Government, the university sector and the non-government sector. Deanne is also an Adjunct Senior Lecturer in the Faculty of Health, Queensland University of Technology. Deanne holds a Master in Health Science (Health Promotion) and a Graduate Diploma in Health Promotion.

Stephen Robertson

Stephen Robertson 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.

Sue Scheinpflug

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 Brisbane Diamantina Health Partners, a community board member of the Parole Board Queensland, a board member of CPL – Choice, Passion, Life, a board member 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.

Board committees

Executive

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

Safety and Quality

Members: Professor Gerald Holtmann (Chair), Dr Cathryn Hester, Stephen Robertson and Sue Scheinpflug. The Safety and Quality Committee assists the Board in its oversight of West Moreton Health's safety and quality-related strategies, performance, governance arrangements and improvements. It is also responsible for promoting a culture of open and honest reporting of any situation that may threaten the quality of patient care and staff safety. 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 Jeff Dunn (Chair), Lyn Birnie, Patricia Evatt and Susan Johnson. The Audit and Risk Committee is responsible for assisting the Board in overseeing West Moreton Health's financial statements, internal control structures, internal audit function, risk management systems and compliance systems. The committee works in partnership with the Queensland Audit Office (QAO) and assesses external audit reports and any subsequent action taken. The members of the committee:

- reviewed, updated and recommended Board approval of changes to West Moreton Health's strategic risks
- reviewed, updated and recommended Board approval of changes to the *West Moreton Health Strategic Plan 2021–25*
- reviewed and recommended Board approval of the *West Moreton Health Annual Report 2019–20*
- updated and recommended Board approval of the 2019–20 Internal Audit work plan
- reviewed QAO recommendations and monitored their implementation
- reviewed internal and external audit activities and findings and monitored implementation of recommendations
- recommended the Board's approval of amendments to relevant policies and procedures as they fell due.

Finance

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

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 goal of Better Care and its related action of building our innovation and research capabilities to improve our care. 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, realising its vision of creating a West Moreton community which is thriving and well.

Executive management

Dr Kerrie Freeman – Chief Executive

Dr Kerrie Freeman has more than 15 years' leadership of healthcare delivery and transformative change. She has a Doctor of Philosophy (Community Health), a Bachelor of Business and a Graduate Diploma of Public Health. She is also a Graduate of the Australian Institute of Company Directors and holds an Adjunct Professorship at The University of Queensland. Kerrie holds a board director position with Brisbane Diamantina Health Partners, a research collaborative. Before joining West Moreton Health as Chief Executive, Kerrie led health services in New Zealand, remote Queensland and quaternary health services at Children's Health Queensland.

Claire Barratt – Acting Chief Strategy Officer

Claire Barratt is a solicitor with 18 years' 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 has been appointed as the General Counsel and Corporate Secretary for West Moreton Health since 2019.

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 Hospital and Health Service. Deepak has a Master of Public Health and a Master of Health Services Management.

Matthew Tallis – Chief Operating Officer

Matthew Tallis has more than 20 years' experience in healthcare. He has worked in both Australia and the Middle East in roles spanning hospital and health service operations, policy, reform, commissioning, innovation and performance improvement. He has a Master of Health Management, Graduate Certificates in Business Innovation and Global Healthcare and a Bachelor of Physiotherapy.

Alistair Luckas – Chief Finance Officer

Alistair Luckas is a senior finance executive and chartered accountant with more than 20 years' experience leading finance teams in both 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.

Taresa Rosten – Executive Director People and Culture

Taresa Rosten has more than 17 years' experience in human resources, workplace relations and strategy, having held several leadership positions within the public sector. She holds a Bachelor of Commerce with Honours and a Bachelor of Law. She held the position of executive director strategy management at Children's Health Queensland before joining West Moreton Health.

Philip Juffs – Acting Executive Director Allied Health

Philip Juffs is an Advanced Accredited Practising Dietitian with more than 20 years' experience in clinical dietetics and food service management. He has extensive experience as a clinical dietitian in

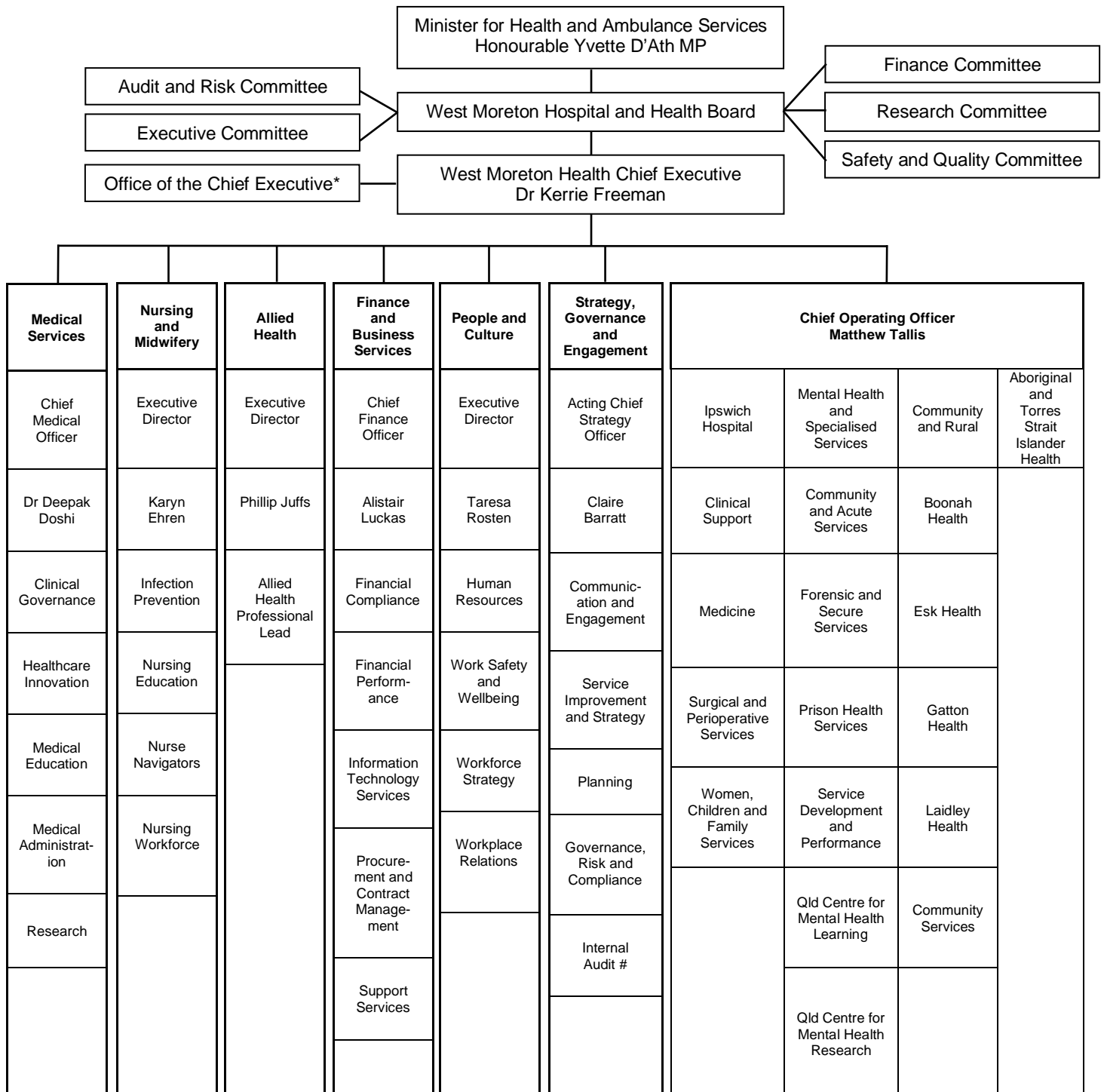
areas including renal nutrition across a range of large tertiary, rural and remote settings. They include the Royal Brisbane and Women's Hospital, Princess Alexandra Hospital, Alice Springs Hospital, and a range of National Health Service hospitals in the United Kingdom. Philip is a former President of 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, 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.

West Moreton Health acknowledges and thanks the contribution of the past members of the executive leadership team who served this financial year: Chief Strategy Officer Colleen Clur, to May 2021, Executive Director Nursing and Midwifery Robyn Henderson, to 11 December 2020, and Mental Health and Specialised Services Executive Director Rachel Phillips to August 2020.

Organisational structure and workforce profile



* Office of the Chief Executive consists of the General Counsel Corporate Secretary, Executive Officer, Assistant Corporate Secretary, Legal Team, Right to Information Team and Correspondence Officer

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

Workforce profile

Table 1: More doctors, nurses and allied health practitioners*

	2016–17	2017–18	2018–19	2019–20	2020–21
Medical staff ^a	370	414	450	457	462
Nursing staff ^a	1,436	1,603	1,807	1,840	1,907
Allied Health staff ^a	392	432	462	446	559

Table 2: Greater diversity in our workforce*

	2016–17	2017–18	2018–19	2019–20	2020–21
Persons identifying as being First Nations ^b	48	55	65	70	66

Note: * Workforce is measured in MOHRI Full-Time Equivalent (FTE). Data presented reflects the most recent pay cycle at year's end. Data presented is to Jun-21.

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

Workforce snapshot

West Moreton Health provides quality health and wellbeing services to the community. Of 3856 full-time equivalent staff, 84 per cent are frontline staff.

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

Throughout the year, West Moreton Health experienced a 4.81 per cent permanent separation rate.

Supporting our employees

West Moreton Health supports flexible working arrangements for staff, providing a variety of work options, subject to operational requirements, including part-time work, job sharing, career breaks, telecommuting, variable shift lengths and patterns, access to leave and phased retirement. Currently, 35.83 per cent of the workforce is employed under part-time arrangements. Working from home arrangements increased during the COVID-19 pandemic to ensure staff safety.

Cultural capability

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

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

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

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

- quarterly Elders and Traditional Owners meetings with the West Moreton Health Chief Executive and executive team
- Aboriginal and Torres Strait Islander Elders on executive recruitment panels
- Aboriginal and Torres Strait Islander representation on recruitment panels for identified/specified positions
- provision of cultural support and advice to health service employees
- attendance at community events to promote the health service as an employer of choice, and celebration and recognition of culturally significant days.

Strategic workforce planning and performance

As we acknowledge the skill and dedication of our clinicians, clinical and non-clinical support staff, educators and administrators across West Moreton Health and their contribution to delivering high quality and safe care to the West Moreton community, we acknowledge the significant workforce challenges that will need to be considered and remediated in order to deliver on health service objectives. Some of these challenges include significant workforce ageing and imminent retirement risk, areas of low digital literacy amid digital transformation and increase in mental ill health, burnout and fatigue, particularly in the post COVID-19 context.

In April 2020, People and Culture released the West Moreton Health Strategic Workforce Plan (SWP) to identify opportunities and trends that may affect our future workforce. The SWP articulates objectives and strategies that will assist West Moreton Health to mitigate challenges and deliver on its strategic and health service objectives through workforce in 2021–23. The SWP presents five priorities that will deliver on the vision of West Moreton Health as an “innovative, responsive and progressive workplace where staff and volunteers thrive, are safe and contribute to high value, sustainable health care services”.

Delivering innovative development for our teams

West Moreton Health continues to work with our strategic partner, Clinical Excellence Queensland's Centre for Leadership Excellence, to enhance the capabilities of staff through the #everyoneisaleader framework. Through this framework, the health service builds leadership capability by improving conversations between staff and leaders at all levels.

These conversations empower 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 our 'Management Essentials Series' focusing on the foundational management competencies required for effective financial management, and people and team leadership, and our 'Conversations that Make a Difference' and 'Leadership in Times of Disruption' programs. Under our Virtual First methodology, all People and Culture-facilitated programs were facilitated via a virtual delivery model to keep our staff safe, maintain a COVID-safe workplace, promote flexible access and working arrangements, and enhance program viability through uncertain times.

This year we also acknowledged the change required to step up and take on the larger responsibility, and the tremendous opportunity, that comes with leading a team. We count on our people leaders to help us fulfil our promise to our staff and the community that we are caring better together, and we understand that people often have a lot of questions when they take on a new role. Our 'People Leader Essentials Handbook' was designed with feedback from current leaders at West Moreton Health, and draws on their early leadership experiences to contribute advice, information and resources to help new leaders on their way.

Early retirement, redundancy and retrenchment

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

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, best-practice risk management across the organisation.

The Risk Appetite Statement outlines the Board's approach to risk to achieve our 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 zero tolerance of risk to consumer and staff safety as we deliver safe, sustainable care. Executives and leaders are responsible for managing risk according to 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 West Moreton Health during the financial year and the action taken by the HHS as a result of the direction. During 2020–21, 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 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 endorsed 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 2020–21 include:

- the ongoing delivery of the approved audit plan, targeting high-risk areas and improving the effectiveness of systems, processes and risk management
- enhanced reporting to the Audit and Risk Committee and the Board through continual improvement to dashboards used for the presentation of data
- 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 (DRC) was established in April 2019 and commenced in September 2019. The DRC expressed an intention to engage with people in various types of closed institutions, including prisons, youth detention facilities, forensic mental health facilities and forensic disability units. Accordingly, West Moreton Health has assisted with facilitating visits by the DRC members to The Park – Centre for Mental Health to engage with patients who wish to participate in the enquiry. The DRC is continuing.

Accreditation

West Moreton Health is accredited by the Australian Council on Healthcare Standards to the National Safety and Quality Health Service Standards to 27 February 2021. Accreditation occurred in May – June 2021.

Coronial inquests

When required, West Moreton Health participates in investigations and inquests conducted by a coroner to examine healthcare provided by West Moreton Health. As a provider of primary healthcare and mental healthcare services to several correctional facilities, West Moreton Health participated in four inquests during 2020–21. Three inquests examined the healthcare provided to prisoners who died in custody. Findings for two inquests reported that the care provided to the relevant prisoners was reasonable and appropriate in the circumstances. Findings for the third inquest are yet to be handed down. A fourth inquest regarding the death of a person on parole examined the arrangements for sharing confidential information between Queensland Health and Queensland Corrective Services (QCS), particularly as prisoners transition from prison to parole. While the coroner made recommendations relevant to QCS, it was reported that QCS is considering improvements to the sharing of mental health information in prisoners' transition to parole.

Audits

West Moreton Health has remained informed about the Queensland Audit Office audit of the statewide implementation of Queensland Health's S/4HANA sourcing and procurement system. Internal audit activity that was aligned to further expand on the scope of this audit, has commenced and will continue in the next financial year.

Internal Audit conducted a Post Implementation Review into S/4HANA which commenced during the 2019–20 financial year and was completed in October 2020. There was one high-priority finding and four medium-priority findings. The majority of the actions from the implementation audit have been closed and plans are in place for the remaining open items.

Delegations

Both the Commonwealth and Queensland Government responses to COVID-19 involved changes to legislation and associated delegations. All changes relevant to West Moreton Health were enacted accordingly within the delegations system. The delegations system also underwent a comprehensive review to ensure currency and alignment with other legislative changes and organisational structural changes.

Information systems and record keeping

The implementation of digital medical records as part of the Integrated Electronic Medical Records (ieMR) is now complete and continues to assist West Moreton Health in maintaining its compliance with Queensland State Archives' (QSA) whole-of government record-keeping policy framework and the *Public Records Act 2002*. West Moreton Health applies the General Retention and Disposal Schedule for corporate records management and clinical records.

Information security and information privacy has been a sustained focus due to increased storage of records in digital systems.

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

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

Queensland Health is implementing an Information Security Management System (ISMS) to meet the Queensland Government's information security policy standard, Information Standard 18 (IS18:2018). IS18 is aligned with the current Australian and International standard for Information Security Management Systems (ISO 27001) and provides a greater focus on risk management. West Moreton Health will localise the implementation of the ISMS to meet requirements.

Queensland Public Service ethics

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

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

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

During our response to the COVID-19 pandemic, West Moreton Health balanced the protection of the right to life and the right to health services with some necessary limits on freedom of movement, privacy and reputation and cultural rights. In making these decisions, we were mindful of our obligations under the *Human Rights Act 2019* to ensure we acted compatibly with human rights and that any limitations on these rights were reasonable and justified.

In 2020–21, we:

- identified that three languages commonly spoken in West Moreton were not represented in the 19 translated Australian Charter of Healthcare Rights fact sheets
- developed a multilingual Australian Charter of Healthcare Rights poster, which incorporates acknowledgment of the Traditional Owners and custodians
- incorporated the Older Persons Principles – namely independence, participation, care, self-fulfilment and dignity – into the Master Plan stage two Preliminary Business Case design for application across all adult inpatient units.

Number of human rights complaints
984 consumer complaints
211 employee complaints
Outcomes of complaints
Outcomes of complaints:
3 underwent conciliation before the Queensland Human Rights Commission
264 assessed consumer complaints remain under review whilst 717 resolved internally.
66 assessed employee complaints remain under review whilst 145 resolved internally.

West Moreton Health continues to review its processes and service deliveries to ensure compatibility with human rights. The Public Health Unit and Prison Health Services developed COVID-19 quarantine information and flow pathways when prisoners were released from correctional facilities to ensure their human rights were respected and protected while minimising community transmission.

Confidential information

Section 160 of the *Hospital and Health Boards Act 2011* requires that confidential information disclosures made in the public interest by a service are outlined in the annual report for that service. In the past 12 months, there have been no confidential information disclosures by West Moreton Health pursuant to Section 160.

Performance

Key achievements in implementing our Strategic Plan across the four strategic priorities included:

Person-centred care

- We implemented the PREMs system to capture feedback from inpatients about their hospital experience and help identify and prioritise areas for improvement in line with National Safety and Quality Health Service (NSQHS) Standards.
- We established the Discharge Against Medical Advice (DAMA) Committee to lead strategies to improve rates of DAMA and provide a culturally safe and welcoming environment for Aboriginal and Torres Strait Islander people.
- The Lived Experience Workforce model was embedded, providing peer support for people living with mental health challenges.
- We improved access to our children's dental services by introducing a digital sign-up form and virtual parent/guardian consent arrangements.
- We supported the *Human Rights Act 2019* by promoting the Charter of Healthcare Rights to diverse communities.
- A Cardiology Outreach Clinic commenced at Esk Hospital to provide more care closer to home.
- We introduced a range of new services in 2020–21 to increase access to health care and improve health outcomes for the prisoner population, including offering onsite x-rays.

Caring for our teams

- We measured staff sentiment through Check In surveys to understand and respond to staff feedback.
- We improved our engagement with staff by increasing the frequency of staff forums and holding them virtually on Microsoft Teams.
- We continued to mature the #everyoneisaleader program to grow leadership capability in a rapidly changing health landscape.
- The second cohort of the Allied Health Graduate Program in Mental Health commenced in 2021 after a successful pilot project in 2020. Evaluation showed the program provided allied health graduates with a positive transition to professional practice in mental health, while also supporting allied health workforce development, planning and sustainability.
- We embedded monthly 'Safety Shares' initiatives and introduced the Speaking Up for Safety program to promote a safe and reliable culture across our organisation for the safety of our staff and consumers to reduce workplace health and safety incidents.
- We commenced an organisational change process for the provider services (Ipswich Hospital, Mental Health and Specialised Services and Community and Rural Services), Allied Health and Research, and Finance and Business Services portfolios. It aims to provide improved support structures for staff and enable leaders to make effective, co-ordinated decisions to transform clinical services in line with our strategic plan.
- The *People Leader Essentials Handbook* was developed in 2020 to offer leaders at all levels guidance in self-management, leading people, managing budgets, and accessing information systems.
- We engaged extensively with frontline and non-frontline staff to create a more functional and searchable Intranet for staff information, news, policies and procedures.

Interconnected care

- We increased our video conferencing (telehealth) consultations by more than 90 per cent to ensure consumers could maintain safe access to healthcare services in a pandemic environment.
- We continued the Mental Health Co-Responder (MH-CORE) collaboration with the Queensland Police Service and Queensland Ambulance Service to support care for patients with mental health needs.
- The West Moreton Diabetes Alliance was formed to support the West Moreton community to make healthy lifestyle choices, prevent diabetes and improve the lives of people living with diabetes,
- We hosted a two-day West Moreton Aged Care Symposium, in partnership with Darling Downs and West Moreton PHN, to provide Residential Aged Care Facility staff and primary health care nurses with best-practice training and information to support quality care for older residents.
- The West Moreton Breast Cancer Research Project was initiated in partnership with Ipswich Hospital Foundation to investigate the feasibility of a virtual breast care clinic to support patients after breast cancer surgery.
- We expanded our Nurse Practitioner Service to deliver an integrated specialist palliative care model of care in our regional areas in partnership with the community nurses at each of the four rural hospitals.
- The Specialist Palliative Care in Residential Aged Care project commenced, providing co-designed solutions for residential aged care facilities and GPs supporting end-of life care.
- The Care at the End of Life Collaborative launched a new website in 2020 – West Moreton Care Connect – to provide a directory of local services, support networks and organisations that can assist people with a life-limiting illness, as well as their carers and families. The collaborative of 10 health partners, including West Moreton Health, was set up to improve end-of-life care by addressing gaps in care and access and improving the capability of health workers and professional caregivers
- We began a proactive outreach model for rural and regional communities impacted by disaster with funding from the Disaster Recovery Funding Arrangements. Two mental health clinicians offer mental health and emotional wellbeing support for individuals, volunteers and communities in the aftermath of natural disaster.
- We introduced monthly Courageous Conversations about Death and Dying workshops to give clinicians across the region the tools to feel more confident about communicating at the end of life.
- We launched the Health Professionals page on the West Moreton Health website to provide GPs and other referring health professionals with information that assists decision-making regarding patient care and management and to help GPs refer patients to the right service the first time.
- We developed communication channels with our partners and the region's GPs to keep them informed of our COVID-19 response and vaccination roll-out as well as changes to services.
- Chronic Diseases Services partnered with Diabetes Queensland in a pilot program to expand the delivery of Type 1 Dose Adjustment for Normal Eating (DAFNE) education to rural areas.

Better care

- We continued to plan and transform our services for a sustainable future and achieved a measurable increase in annual self-sufficiency.
- Our 2020-21 operating result was a surplus of \$1 million, which was driven by sustainability plans, efficiencies, improvements to models of care and workforce utilisation.

- We achieved sustained annual improvement in patient safety measures.
- We continued to implement the first stage of our 15-year Master Plan.
- Planning is now underway to identify the mix of infrastructure and services that will be needed to deliver complex care in the proposed Ipswich Health Precinct.
- The West Moreton Prostate Cancer Survivorship Pilot program (a partnership with the University of Southern Queensland) commenced in 2021 to improve access to clinical and psychosocial care for prostate cancer survivors using virtual health programs.
- We completed clinical redesign projects led by clinicians for areas including paediatric outpatients, oncology and rehabilitation and stroke services, and raised development of framework for the care of children and young people.
- We commenced a review of maternity and cardiac services and designed a 10-year plan for children and young people.
- We appointed our first Director Aboriginal and Torres Strait Islander Health to lead health improvements for the First Nations communities and completed a redesign of services for Aboriginal peoples and Torres Strait Islander peoples.
- We progressed plans for a more coordinated approach to care of older persons through the development of the West Moreton Health Older Persons Framework and shared our five-year strategy with the PHN.
- The Heart Health Hub was launched in 2020 as part of West Moreton Health's virtual health program to provide a community-based medication titration service.
- We became an official partner of Project ECHO to support rural and regional clinicians via an online, interactive knowledge-sharing platform. The initiative aims to reduce health outcome disparities for people in regional and rural areas by giving clinicians ready access to best-practice care for complex conditions through a collaborative learning environment.

Infrastructure, maintenance and security**Building refurbishments**

In 2020–21, West Moreton Health delivered significant infrastructure improvements, which included:

- completing the upgrade of the Ipswich Hospital Ward Block main electrical switchboard to ensure compliance with electrical standards and to enable full emergency backup power supply
- starting the upgrade of nurse call and duress systems at The Park – Centre for Mental Health
- preparing to replace Ipswich Hospital chillers to support critical air-conditioning systems throughout the hospital and for cooling of medical imaging equipment
- preparing to upgrade the Ipswich Hospital theatre air-conditioning and electrical systems to ensure compliance with relevant standards
- preparing to upgrade The Park – Centre for Mental Health and Ipswich Hospital CCTV security systems to ensure improved safety and service delivery capability.

In 2020–21, West Moreton Health invested \$1.03M as part of the annual infrastructure renewals program. Operationally funded projects included:

- refurbishment of the Gatton Hospital Emergency Department Resuscitation Bays to ensure the safety of patients and staff
- remediation works on the wards to ensure the safety of patients, staff and the public
- an electrical safety audit to ensure the safety of patients, staff and the public.

Other infrastructure works that have started and are continuing into 2021–22 include modifications to the Building Management System and the upgrade of security systems across sites through the provision of access controls and monitoring systems to ensure staff and patient safety.

Service Standards

<i>Table 3: Service Standards – Performance 2020/21</i>	2020–21 Target	2020–21 Actual
Effectiveness measures		
Percentage of emergency department patients seen within recommended timeframes ¹		
Category 1 (within 2 minutes)	100%	100%
Category 2 (within 10 minutes)	80%	59%
Category 3 (within 30 minutes)	75%	60%
Category 4 (within 60 minutes)	70%	80%
Category 5 (within 120 minutes)	70%	95%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	60%
Percentage of elective surgery patients treated within clinically recommended times ²		
Category 1 (30 days)	>98%	99%
Category 2 (90 days) ³	..	91%
Category 3 (365 days) ³	..	91%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	1.1
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	71.1%
Proportion of re-admissions to an acute psychiatric care within 28 days of discharge ⁶	<12%	13.4%
Percentage of specialist outpatients waiting within clinically recommended times: ⁷		
Category 1 (30 days)	98%	73%
Category 2 (90 days) ⁸	..	46%
Category 3 (365 days) ⁸	..	87%
Percentage of specialist outpatients seen within clinically recommended times: ¹⁰		
Category 1 (30 days)	98%	78%
Category 2 (90 days) ⁸	..	48%
Category 3 (365 days) ⁸	..	87%
Median wait time for treatment in emergency departments (minutes) ¹	..	15
Median wait time for elective surgery (days) ²	..	29
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities ¹⁰	\$4,937	\$5,472
Other measures		
Number of elective surgery patients treated within clinically recommended times: ²		
Category 1 (30 days)	1,666	1,862
Category 2 (90 days) ³	..	1,176
Category 3 (365 days) ³	..	817
Number of Telehealth outpatients service events ¹¹	5,030	9,737
Total weighted activity units (WAU) ¹²		
Acute Inpatient	55,221	50,307
Outpatients	10,909	12,425
Sub-acute	4,646	4,559
Emergency Department	13,014	13,039
Mental Health	13,889	16,645
Prevention and Primary Care	2,507	3,283
Ambulatory mental health service contact duration (hours) ⁵	>52,691	64,009
Staffing ¹³	3,726	3,856

Notes:

1. During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020-21 Actual includes some fever clinic activity.
2. In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019-20. This has impacted the treat in time performance and has continued to impact performance during 2020-21 as the system worked to reduce the volume of patients waiting longer than clinically recommended.
3. 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 2020-21.
4. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Actual rate is based on data reported between 1 January 2020 and 31 December 2020.
5. Mental Health measures reported as at 22 August 2021.
6. Mental Health readmissions 2020-21 Actual is for the period 1 July 2020 to 31 May 2021.
7. Waiting within clinically recommended time is a point in time performance report and was impacted by preparing for COVID-19 in 2019-20.
8. 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 performance targets for category 2 and 3 patients are not applicable for 2020-21.
9. As a result of preparing for COVID-19, the seen in time performance was impacted in 2019-20. This impact has continued throughout 2020-21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended.
10. The 2020-21 Target varies from the published 2020-21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. Data reported as at 23 August 2021.
11. Telehealth data reported as at 23 August 2021.
12. The 2020-21 Target varies from the published 2020-21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur. Data reported as at 23 August 2021.
13. 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.

Financial summary

Operating result

West Moreton Health's operating result for 2020-21 was a surplus of \$1.00 million (2019-20 \$10.40 million deficit). This surplus has been primarily driven by improvements to models of care and workforce utilisation. West Moreton Health continues to meet the evolving community need for health services while also responding to the COVID-19 pandemic.

Income

Income from all funding sources in the reporting period 2020-21 was \$747.54 million, representing an increase of \$56.18 million from the \$691.36 million recorded in the previous period. Major variances include a \$28.96 million increase in Departmental funding for additional activity and services \$8.72 million in own source revenue mostly relating to increased pharmaceutical benefits systems claims for drugs and additional funds of \$18.98 million for COVID-19 response initiatives.

Expenditure

West Moreton Health's total expenditure (funds spent) in 2020-21 was \$746.54 million. This was an increase of 6.4 per cent over West Moreton Health's total expenditure of \$701.71 million in the previous financial year. Labour costs increased by \$19.19 million primarily due to increases in specific funded programs (\$3.99 million), COVID-19 pandemic direct employee costs (\$9.19 million) and other enterprise bargaining arrangements cost (\$4.96 million). Non-labour expenses increase by \$25.64 million, primarily increased service activity including expenditure on outsourcing costs \$15.49 million, drugs \$6.93 million and clinical supplies \$3.43 million.

Assets

Total assets for West Moreton Health in the reporting period were valued at \$315.63 million, an increase of \$14.07 million from the previous reporting period. The increase in cash and cash equivalents of \$10.84 million is due to the significant COVID-19 funding received in June and timing of transactions. The decrease in property, plant and equipment of \$2.93 million is attributed to depreciation exceeding capital expenditure. Right-of-use assets have decreased by \$1.05 million due to the reduction in term for the Hayden Centre Lease. In addition, West Moreton Health also experienced an increase in receivables of \$4.51 million driven primarily by receivables from the Department for Health Professionals back pay \$2.08 million and funding for capital projects mainly the 26-Bed Ward Project \$1.41 million.

Future outlook

2020-21 was a year of significant growth for West Moreton Health, with significant response required to address the COVID-19 pandemic. It is expected that healthcare demands will continue to grow in 2021-22. 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. 2021-22 will see construction works complete on the new Mental Health Unit in the Ipswich Health Precinct, as well as the mass vaccination site opening in Ipswich CBD.

Anticipated maintenance

Anticipated 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 anticipated maintenance.

Anticipated maintenance is maintenance that is necessary to prevent the deterioration of an asset or its function, but which has not been carried out. Some anticipated maintenance activities can be postponed without immediately having a noticeable effect on the function of the building. All anticipated maintenance items are risk assessed to identify any potential impact on users and services and are closely managed to ensure all facilities are safe. Anticipated maintenance items are identified through the completion of triennial condition assessments, and the value and quantum of anticipated maintenance will fluctuate in accordance with the assessment programs and completed maintenance works.

As of 30 June 2021, West Moreton Health had reported a total anticipated maintenance budget of \$22.9 million. To mitigate any risks associated with anticipated maintenance, West Moreton Health has the following strategies in place:

- an application for funding assistance from the statewide Priority Capital Program
- ongoing risk assessment and condition assessment reviews
- reviews of operational and renewals budgets prioritisation based on risk.

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Statement of Comprehensive Income

For the year ended 30 June 2021

		2021	2020
	Notes	\$'000	\$'000
Income			
Funding for provision of public health service	A1(a)	691,515	643,576
User charges and fees	A1(b)	40,995	35,907
Grants and other contributions	A1(c)	9,542	9,060
Other revenue		5,411	2,767
Total Revenue		747,463	691,310
Gains on disposal/revaluation of assets		81	48
Total income		747,544	691,358
Expenses			
Employee expenses	A2(a)	74,779	487,441
Health service employee expenses	A2(b)	449,887	18,039
Supplies and services	A2(c)	184,607	158,851
Grants and subsidies		335	389
Depreciation and amortisation	A2(d)	26,490	26,332
Impairment losses		1,856	2,668
Other expenses	A2(e)	8,585	7,994
Total expenses		746,539	701,714
Operating result for the year		1,005	(10,356)
Other comprehensive income			
Items that will not be subsequently reclassified to operating result:			
Increase in asset revaluation surplus	C2	1,958	7,595
Total other comprehensive income		1,958	7,595
Total comprehensive income		2,963	(2,761)

The accompanying notes form part of these statements.

Statement of Financial Position

As at 30 June 2021

	Notes	2021 \$'000	2020 \$'000
Current assets			
Cash and cash equivalents	B1	32,326	21,484
Receivables	B2	13,206	8,694
Inventories		5,065	3,897
Other assets		2,972	1,111
Total current assets		53,569	35,186
Non-current assets			
Property, plant and equipment	B3	261,262	264,187
Intangible assets		644	988
Right-of-use assets		152	1,200
Total non-current assets		262,058	266,375
Total assets		315,627	301,561
Current liabilities			
Payables	B4	66,096	47,089
Accrued employee benefits		1,151	4,579
Lease liabilities		156	610
Provisions		174	199
Unearned revenue		5,041	877
Total current liabilities		72,618	53,354
Non-current liabilities			
Lease liabilities		-	672
Total non-current liabilities		-	672
Total liabilities		72,618	54,026
Net assets		243,009	247,535
Equity			
Contributed equity	C1	179,884	187,373
Accumulated deficit		(6,234)	(7,239)
Asset revaluation surplus	C2	69,359	67,401
Total equity		243,009	247,535

The accompanying notes form part of these statements.

Statement of Changes in Equity

For the year ended 30 June 2021

	Accumulated surplus/ (deficit)	Asset revaluation surplus (Note C2)	Contributed equity (Note C1)	Total Equity
	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2019	3,117	59,806	198,353	261,276
Operating result for the year	(10,356)	-	-	(10,356)
<i>Total other comprehensive income</i>				
Increase in asset revaluation surplus	-	7,595	-	7,595
<i>Transactions with owners</i>				
Non-appropriated equity injections	-	-	15,385	15,385
Non-appropriated equity withdrawals	-	-	(26,332)	(26,332)
Non-appropriated equity asset transfers	-	-	(33)	(33)
Balance as at 30 June 2020	(7,239)	67,401	187,373	247,535

	Accumulated surplus/ (deficit)	Asset revaluation surplus (Note C2)	Contributed equity (Note C1)	Total Equity
	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2020	(7,239)	67,401	187,373	247,535
Operating result for the year	1,005	-	-	1,005
<i>Total other comprehensive income</i>				
Increase in asset revaluation surplus	-	1,958	-	1,958
<i>Transactions with owners</i>				
Non-appropriated equity injections	-	-	18,781	18,781
Non-appropriated equity withdrawals	-	-	(26,490)	(26,490)
Non-appropriated equity asset transfers	-	-	220	220
Balance as at 30 June 2021	(6,234)	69,359	179,884	243,009

The accompanying notes form part of these statements.

Statement of Cash Flows

For the year ended 30 June 2021

	Notes	2021 \$'000	2020 \$'000
Cash flows from operating activities			
<i>Inflows:</i>			
Funding for provision of public health services		673,264	616,575
User charges and fees		36,399	34,328
Grants and other contributions		3,161	3,055
Interest received		7	13
GST collected from patients/consumers		301	277
GST input tax credits		10,066	9,462
Other		5,674	2,802
<i>Outflows:</i>			
Employee expenses		(78,198)	(498,523)
Health service employee expenses		(444,373)	-
Supplies and services		(173,483)	(154,643)
Grants and subsidies		(335)	(389)
Insurance		(6,822)	(6,606)
GST paid to suppliers		(10,391)	(9,248)
GST remitted		(325)	(297)
Other		(1,855)	(1,362)
Net cash provided by / (used in) operating activities	E3	13,090	(4,556)
Cash flows from investing activities			
<i>Inflows:</i>			
Sales of property, plant and equipment		98	82
<i>Outflows:</i>			
Payments for property, plant and equipment		(20,510)	(14,480)
Net cash used in investing activities		(20,412)	(14,398)
Cash flows from financing activities			
<i>Inflows:</i>			
Equity injections		18,781	15,385
<i>Outflows:</i>			
Finance lease payments		(617)	(446)
Net cash provided by financing activities		18,164	14,939
Net decrease in cash and cash equivalents		10,842	(4,015)
Cash and cash equivalents at beginning of the financial year		21,484	25,499
Cash and cash equivalents at end of financial year	B1	32,326	21,484

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 2020 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;
- have been prepared with the consideration of the ongoing impact of COVID-19 and disclosures are made within the relevant sections.

Currency and rounding

The financial statements:

- have been prepared on a historical cost basis, except where stated otherwise;
- are presented in Australian dollars;
- round amounts to the nearest \$1,000 unless the disclosure of the full amount is specifically required; where the amount is 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

	2021 \$'000	2020 \$'000
Revenue from contracts with customers		
<i>Contracted health services – activity based funding</i>		
Commonwealth	188,642	185,314
State	221,388	215,659
Other funding for provision of public health services		
<i>Contracted health services – block funding</i>		
Commonwealth	54,576	46,420
State	110,498	105,578
<i>System manager funding</i>		
Commonwealth	13,380	3,053
State	60,260	45,032
Depreciation funding	26,490	26,332
<i>Teacher training funding</i>	16,281	16,188
Total funding for provision of public health services	691,515	643,576

West Moreton Health receives funding, which includes both State and Commonwealth, 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.

Where categories of funding have reached a material level in the 2020-21 financial year, prior year amounts have been provided at the same level of detail for comparative purposes.

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 will reflect the agreed position between the parties following conclusion of the end of year technical adjustment process.

With the exception of the programs, services and projects that are specified in *Table 1 Specific Funding Commitments* of the Service Agreement, during 2020-21 no financial adjustment will be applied where West Moreton Health is unable to deliver or exceeds the activity that has been funded. This is in recognition of the Commonwealth Government's treatment of the National Health Reform Agreement to support the response to the COVID-19 pandemic.

The funding arrangements for COVID-19 have impacted revenue by \$26,184K (2020: \$7,202K). This change is driven by West Moreton Health being party to the National Partnership on COVID-19 Response Agreement. Under this agreement West Moreton Health receives revenue for COVID-19 items not covered in the Service Agreement (see Note E9).

(b) User charges and fees

	2021 \$'000	2020 \$'000
Revenue from contracts with customers		
Hospital fees	12,555	13,519
Sale of goods and services	28,079	21,954
Other user charges and fees		
Rental income	361	434
Total user charges and fees	40,995	35,907

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

	2021 \$'000	2020 \$'000
Other grants and contributions		
Commonwealth grants	3,137	3,029
Other grants	212	-
Donations	2	26
Services received below fair value	6,191	6,005
Total grants and other contributions	9,542	9,060

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 of Not-for-Profit Entities* (see Note A2(c)).

A2 Expenses

(a) Employee expenses

	2021 \$'000	2020 \$'000
Wages and salaries	60,462	388,825
Employer superannuation contributions	6,144	42,086
Annual leave levy/expenses	6,751	46,903
Long service leave levy/expenses	1,422	9,617
Other employee related expenses	-	10
Total employee expenses	74,779	487,441

From 15 June 2020, due to changes in employer arrangements, employee expenses represent the cost of engaging Board members, health service executives, senior medical officers and visiting medical officers who are employed directly by West Moreton Health. Prior to 15 June 2020, employee expenses represented all West Moreton Health staff.

Number of MOHRI* Full Time Equivalent Employees (FTE)	30 June 2021	30 June 2020
West Moreton Health employees	185	186
Health service employees provided to West Moreton Health	3,671	3,559
Total FTE	3,856	3,745

*Minimum Obligatory Human Resource Information

(b) Health service employee expenses

	2021 \$'000	2020 \$'000
Health service employee expenses	449,887	18,039

From 15 June 2020, changes in the Queensland Health employer arrangements meant that all non-executive health service employees in West Moreton Health were changed to be employed by the Director-General as system manager of Queensland Health.

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

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.

(c) Supplies and services

	2021 \$'000	2020 \$'000
Clinical supplies and services	68,667	49,751
Contractors and consultants	15,657	19,010
Drugs	33,669	26,742
Pathology	14,203	12,432
Repairs and maintenance	9,850	8,217
Catering and domestic supplies	7,585	7,711
Communications	8,094	7,668
Computer services	5,588	4,560
Services received below fair value*	6,191	6,005
Electricity and other energy	2,736	2,845
Operating lease rentals	1,380	1,600
Patient travel	819	1,060
Water	18	183
Other travel	334	477
Building services	3,050	2,616
Motor vehicles	320	390
Other	6,446	7,584
Total supplies and services	184,607	158,851

* See Note A1(c)

(d) Depreciation and amortisation

	2021 \$'000	2020 \$'000
Depreciation	25,543	25,371
Software amortisation	408	433
Right-of-use asset amortisation	539	528
Total depreciation and amortisation	26,490	26,332

(e) Other expenses

	2021 \$'000	2020 \$'000
Insurance	6,822	6,606
Journals and subscriptions	699	473
Interpreter fees	287	319
Advertising	81	90
External audit fees	184	219
Loss on sale of property, plant and equipment	-	1
Special payments	66	2
Inventory written-off	57	50
Other legal costs	336	177
Bank fees	9	12
Other	44	45
Total other expenses	8,585	7,994

Total audit fees paid or payable to Queensland Audit Office relating to the 2020-21 financial year were \$183,750 (2020: \$218,750). 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 2021 were \$65,868 (2020: \$1,753) and include a payment of \$65,000 to staff as a settlement payment.

West Moreton Health has incurred expenditure due to the impact of the COVID-19 pandemic. The impact of COVID-19 has been an increase in expenditure of \$26,184K (2020: \$7,773K). This change is driven by the provision of diagnosis and treatment of COVID-19 confirmed and suspected cases; and changes to models of care to mitigate COVID-19 risks (see Note E9).

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

	2021 \$'000	2020 \$'000
Cash at bank	31,876	21,038
Cash on deposit	444	441
Cash on hand	6	5
Total Cash and Cash Equivalents	32,326	21,484

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). As a result, 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 0.75% in 2021 (2020: 1.59%).

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 0.82% in 2021 (2020: 1.43%).

B2 Receivables

	2021 \$'000	2020 \$'000
Trade debtors	14,235	10,125
Other debtors	3	11
Less: allowance for impairment	(2,061)	(2,121)
Net debtors	12,177	8,015
GST receivable	1,064	739
GST payable	(35)	(60)
Net GST receivable	1,029	679
Total	13,206	8,694

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

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

Key judgements and estimates

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

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

	2021 \$'000	2020 \$'000
Less than 30 days (not yet due)	222	441
30-60 days	186	171
61-90 days	122	58
More than 90 days	1,531	1,451
Balance at the end of the financial year	2,061	2,121

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

	2021 \$'000	2020 \$'000
Balance at the beginning of the financial year	2,121	1,388
Amounts written-off during the year	(1,916)	(2,029)
Increase in allowance recognised in operating result	1,856	2,762
Balance at the end of the financial year	2,061	2,121

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

	2021 \$'000	2020 \$'000
30-60 days	383	348
61-90 days	169	105
More than 90 days	129	83
Balance at the end of the financial year	681	536

B3 Property, Plant and Equipment

	Land (at fair value) \$'000	Buildings (at fair value) \$'000	Plant and equipment (at cost) \$'000	Capital works in progress (at cost) \$'000	Total \$'000
At 30 June 2019					
At cost/fair value	27,337	631,355	57,786	3,788	720,266
Accumulated depreciation*	-	(417,947)	(34,696)	-	(452,643)
	27,337	213,408	23,090	3,788	267,623
Year ended 30 June 2020					
Opening net book value	27,337	213,408	23,090	3,788	267,623
Acquisitions	839	292	7,301	5,970	14,402
Disposals	-	-	(29)	-	(29)
Transfers between asset classes	(245)	5,066	494	(5,315)	-
Transfers in/out from QLD Government entities	-	-	(33)	-	(33)
Revaluation increments/(decrements)	720	6,875	-	-	7,595
Depreciation charge for the year	-	(20,325)	(5,046)	-	(25,371)
Carrying amount at 30 June 2020	28,651	205,316	25,777	4,443	264,187
At 30 June 2020					
At cost/fair value	28,651	657,662	60,742	4,443	751,498
Accumulated depreciation*	-	(452,346)	(34,965)	-	(487,311)
	28,651	205,316	25,777	4,443	264,187
Year ended 30 June 2021					
Opening net book value	28,651	205,316	25,777	4,443	264,187
Acquisitions	-	133	9,053	11,260	20,446
Disposals	-	-	(6)	-	(6)
Transfers between asset classes	-	7,839	13	(7,852)	-
Transfers in/out from QLD Government entities	-	-	220	-	220
Revaluation increments/(decrements)	362	1,596	-	-	1,958
Depreciation charge for the year	-	(19,699)	(5,844)	-	(25,543)
Carrying amount at 30 June 2021	29,013	195,185	29,213	7,851	261,262
At 30 June 2021					
At cost/fair value	29,013	664,252	67,647	7,851	768,763
Accumulated depreciation*	-	(469,067)	(38,434)	-	(507,501)
	29,013	195,185	29,213	7,851	261,262

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

(a) Recognition threshold

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

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

(b) Acquisition

Property, plant and equipment 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 as a result of a machinery-of-Government change or other involuntary transfer), the acquisition cost is recognised at the gross carrying amount in the books of the transferor immediately prior to the transfer together with any accumulated depreciation.

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

(c) Measurement

Land and buildings assets are measured at fair value in accordance with AASB 116 *Property, Plant and Equipment*, AASB 13 *Fair Value Measurement* and Queensland Treasury's *Non-Current Asset Policies for the Queensland Public Sector*. These assets are reported 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 (including land improvements)	2.5 – 3.3%
Plant and equipment	5.0 – 20.0%

Where assets have separately identifiable components that are subject to regular replacement, these components are assigned useful lives 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 testing found no material impairments.

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

(f) Revaluation of land and buildings at fair value

Fair value

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

Fair values reported by West Moreton Health are based on valuation techniques that maximise the use of available and relevant observable inputs and minimise the use of unobservable inputs. Observable inputs are publicly available data, 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 takes into account a market participant's ability to generate economic benefit by using the asset in its highest and best use or by selling it to another market participant that would use the asset in its highest and best use. The impact of COVID-19 has been considered and does not currently materially affect the fair value estimates and inputs used for asset revaluation.

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; and

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

	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
2020				
Land	-	28,651	-	28,651
Buildings	-	192	205,124	205,316
Fair value at 30 June 2020	-	28,843	205,124	233,967
2021				
Land	-	29,013	-	29,013
Buildings	-	174	195,011	195,185
Fair value at 30 June 2021	-	29,187	195,011	224,198

Land

In 2020-21, land at the Ipswich Hospital precinct 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 2021. The revaluation of a subset of land assets follows the comprehensive and independent valuation of all West Moreton Health's land and buildings in 2017-18 and is consistent with the comprehensive and independent valuation of the corresponding buildings located on the underlying land parcel.

The revaluation of land for 2020-21 resulted in a net increase of \$362K or 1.26% to the carrying amount of land (2020: \$720K, 2.63% increase). The main driver for this change in valuation is the improved market conditions driven by increased competition and activity for development sites, which resulted in rising prices.

Buildings

A comprehensive independent revaluation was undertaken of the Ipswich Hospital precinct building assets by using a methodology in the current period consistent with the prior year. The effective date of the valuation was 30 June 2021.

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

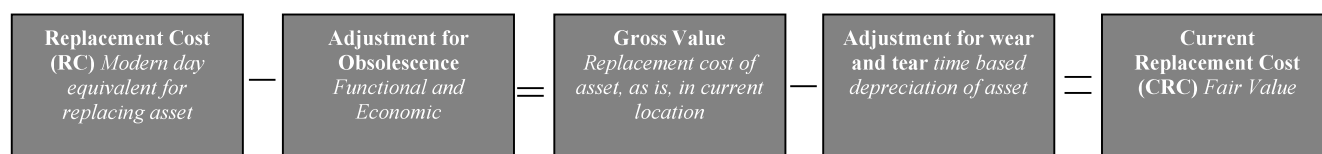
Regardless of the timing of the last specific appraisal, if an asset class experiences significant and volatile changes in fair value, the relevant asset class is subject to specific appraisal in the reporting period, where practical.

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 \$1,596K or 0.24% increase in value (2020: \$6,875K, 1.09% increase). The main drivers for this change in valuation include changes in the gross floor area and remaining useful lives due to changes in the master plan timetable.

The following table details a reconciliation of level 3 movements:

	Buildings \$'000
Fair value at 1 July 2019	212,134
Additions	56
Disposals	-
Transfers in/out from QLD Government	-
Transfers between asset classes	4,821
Depreciation	(18,758)
<i>Gains recognised in other comprehensive income:</i>	
Increase in asset revaluation reserve	6,871
Fair value at 30 June 2020	205,124
Fair value at 1 July 2020	205,124
Additions	133
Disposals	-
Transfers in/out from QLD Government	-
Transfers between asset classes	7,839
Depreciation	(19,681)
<i>Gains recognised in other comprehensive income:</i>	
Increase in asset revaluation reserve	1,596
Fair value at 30 June 2021	195,011

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.

	2021	2020
	\$'000	\$'000
Trade creditors	61,891	29,050
Accrued health service employee benefits	4,205	18,039
	66,096	47,089

C Equity and Risk Management

C1 Contributed Equity

	2021 \$'000	2020 \$'000
Opening balance at beginning of year	187,373	198,353
<i>Non-appropriated equity injections</i>		
Minor capital funding	7,530	5,607
Priority capital program funding	754	1,993
Ipswich Hospital Stage 1A Redevelopment	8,326	7,098
Right-of-use lease funding	617	446
COVID-19 and COVID-19 vaccination program	1,048	-
Other funding	506	241
	18,781	15,385
<i>Non-appropriated equity withdrawals</i>		
Non-cash depreciation and amortisation funding returned to Department of Health as a contribution towards capital works program	(26,490)	(26,332)
<i>Non-appropriated equity asset transfers</i>		
Plant and equipment	220	(33)
Balance at the end of the financial year	179,884	187,373

C2 Asset Revaluation Surplus by Class

	2021 \$'000	2020 \$'000
<i>Land</i>		
Balance at the beginning of the financial year	6,297	5,577
Revaluation increments	362	720
	6,659	6,297
<i>Buildings</i>		
Balance at the beginning of the financial year	61,104	54,229
Revaluation increments	1,596	6,875
	62,700	61,104
Balance at the end of the financial year	69,359	67,401

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:

	2021 \$'000	2020 \$'000
<i>Financial assets</i>		
Cash and cash equivalents	32,326	21,484
Receivables	13,206	8,694
	45,532	30,178
<i>Financial liabilities</i>		
Payables	66,096	47,089
Lease liabilities	156	1,282
	66,252	48,371

(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 aging and impairment calculations and are stated at the carrying amounts as indicated.

Overall credit risk is considered minimal.

(b) Liquidity risk

Liquidity risk is the risk that West Moreton Health will not have the resources 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 (2020: \$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 and all other financial assets or liabilities are measured at amortised cost.

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. These can include asset useful lives, fair values of assets, provisions or contingent liabilities and changes to future expenses and revenue.

West Moreton Health continues to work with the Department to align planning with the state-wide approach to climate risk, and through this ongoing process, has not yet identified any significant impacts relevant to the financial report at the reporting date. West Moreton Health constantly monitors the emergence of such risks under the *Queensland Climate Transition Strategy*.

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 Department's Minister for Health and Ambulance Services 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	Name	Appointment authority	Initial appointment date
Chair	Mr. Michael Willis	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/16 – 17/05/21, 10/06/21 – 31/03/24	18/05/16
Board Members	Ms. Susan Johnson	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/19 – 31/03/22	26/06/15
	Professor Gerald Holtmann	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/21 – 31/03/24	18/05/16
	Ms. Patricia Evatt	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/21 – 31/03/24	18/05/16
	Ms. Sue Scheinpflug	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/21 – 31/03/24	18/05/16
	Mr. Stephen Robertson	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/19 – 31/03/22	18/05/18
	Professor Jeffrey Dunn AO	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/19 – 31/03/22	18/05/18
	Ms. Lyn Birnie	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/19 – 31/03/22	18/05/18
	Dr Cathryn Hester	<i>Hospital and Health Boards Act 2011</i> Tenure: 18/05/19 – 31/03/22	18/05/19
	Ms. Deanne Minniecon	<i>Hospital and Health Boards Act 2011</i> 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, 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.

Senior Legal Counsel

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

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.

Divisional Director Clinical Support

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 member of Queensland Government bodies*.

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

Remuneration for KMP comprises the following components:

- Short-term employee benefits which include:

- **Base** – consisting of base salary, allowances and leave entitlements paid for the entire year or pro-rata for the period which the employee occupied the specified position. Amounts disclosed equal the amount expensed in the statement of comprehensive income.
- **Non-monetary benefits** – includes provision of vehicle together with fringe benefits tax (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 2020-21 financial year (2020: \$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	Termination benefits	Total remuneration
	Base	Non-Monetary benefits				
	\$'000	\$'000				
2021 Board Members						
Mr Michael Willis (Chair)	78	-	-	7	-	85
Ms Susan Johnson	46	-	-	4	-	50
Professor Gerald Holtmann	47	-	-	4	-	51
Ms Patricia Evatt	43	-	-	4	-	47
Ms Sue Scheinpflug	46	-	-	4	-	50
Mr Stephen Robertson	47	-	-	4	-	51
Professor Jeffrey Dunn AO	44	-	-	4	-	48
Ms Lyn Birnie	46	-	-	4	-	50
Dr Cathryn Hester	46	-	-	4	-	50
Ms Deanne Minniecon	3	-	-	-	-	3
2021 Executives						
Chief Executive	311	-	7	34	-	352
Chief Operating Officer	216	-	5	24	-	245
Chief Finance Officer	195	-	4	21	-	220
Chief Medical Officer	397	-	8	28	-	433
Executive Director People & Culture	178	-	4	19	-	201
Senior Legal Counsel	150	-	3	19	-	172
Chief Strategy Officer	243	-	5	21	-	269
Executive Director Nursing and Midwifery	219	-	5	21	-	245
Divisional Director Clinical Support	161	-	3	18	-	182

Name	Short-term benefits		Long-term benefits	Post-employment benefits	Termination benefits	Total remuneration
	Base	Non-Monetary benefits				
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
2020 Board Members						
Mr Michael Willis (Chair)	85	-	-	8	-	93
Ms Susan Johnson	48	-	-	4	-	52
Professor Gerald Holtmann	47	-	-	4	-	51
Ms Patricia Evatt	45	-	-	4	-	49
Ms Sue Scheinpflug	47	-	-	4	-	51
Mr Stephen Robertson	48	-	-	4	-	52
Professor Jeffrey Dunn AO	45	-	-	4	-	49
Ms Lyn Birnie	46	-	-	4	-	50
Dr Cathryn Hester	45	-	-	4	-	49
2020 Executives						
Chief Executive	301	-	6	33	-	340
Chief Operating Officer (from 25/11/2019)	120	-	3	14	-	137
Chief Finance Officer	257	-	5	24	-	286
Chief Medical Officer	414	-	9	25	-	448
Executive Director People & Culture	176	-	4	19	-	199
Senior Legal Counsel	153	-	3	18	-	174
Chief Strategy Officer	191	-	4	21	-	216
Executive Director Nursing and Midwifery	201	-	4	20	-	225
Divisional Director Clinical Support (from 05/08/2019)	141	-	3	16	-	160
Director Business Improvement (from 01/03/2020)	51	-	1	6	-	58
Executive Director Ipswich Hospital & Executive Director Community and Rural Services (to 25/11/2019)	71	-	1	8	-	80
Executive Director Mental Health and Specialised Services (to 25/11/2019)	76	-	2	8	-	86

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:

	2021 \$'000	2020 \$'000
<i>Land and buildings</i>		
Not later than one year	29,137	-
<i>Major plant and equipment</i>		
Not later than one year	3,285	1,785
Total commitments	32,422	1,785

E3 Notes to the Statement of Cash Flows

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

	2021 \$'000	2020 \$'000
Operating result from continuing operations	1,005	(10,356)
<i>Non-cash items</i>		
Depreciation expense	25,543	25,371
Amortisation expense	947	961
Asset related transactions	(92)	24
Depreciation and amortisation funding	(26,490)	(26,332)
<i>Changes in assets and liabilities</i>		
(Increase)/decrease in receivables	(4,512)	(2,985)
(Increase)/decrease in inventories	(1,168)	212
(Increase)/decrease in other assets	(1,861)	(360)
Increase/(decrease) in payables	19,007	25,628
Increase/(decrease) in accrued employee benefits	(3,428)	(16,845)
Increase/(decrease) in provisions	(25)	(544)
Increase/(decrease) in unearned revenue	4,164	671
Net cash provided by / (used in) operating activities	13,090	(4,556)

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.

	2021	2020
	\$'000	\$'000
Cash at beginning of financial year	183	170
Patient fund receipts	1,533	1,684
Patient fund related payments	(1,649)	(1,671)
Cash at end of financial year	67	183

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 2020-21.

Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2020-21.

Accounting Standards Applied for the First Time

The only Australian Accounting Standard that became effective for the first time in 2020-21 is AASB 1059 *Service Concession Arrangements*.

The standard requires the grantor to initially measure a service concession asset provided by the operator at current replacement cost in accordance with the cost approach to fair value in AASB 13 *Fair Value Measurement*. West Moreton Health has assessed its current arrangements and has determined that there are no applicable transactions to be recognised at this time under this standard.

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

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:

	2021 \$'000	2020 \$'000
Revenue received	700,227	649,581
Expenditure incurred	55,458	52,632
Receivables and other assets	10,704	4,965
Payables and other liabilities	41,384	26,759
Contract Liabilities	4,781	819

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 Housing and Public Works

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

Transactions with other related parties

All transactions in the year ended 30 June 2021 between West Moreton Health and KMP, including their related parties, were on normal commercial terms and conditions and were immaterial in nature.

E9 Significant impacts from COVID-19 pandemic

The following significant transactions were recognised by West Moreton Health in response to the COVID-19 pandemic.

	2021 \$'000	2020 \$'000
Statement of Comprehensive Income		
Significant expense items arising from COVID-19		
COVID-19 hospital service costs	24,180	5,802
COVID-19 state public health costs	2,004	1,400
Additional impairment of receivables specifically due to COVID-19 impacts*	-	571
Total significant expense items arising from COVID-19	26,184	7,773
Significant revenue items arising from COVID-19		
Additional revenue recognised to fund COVID-19 initiatives	26,184	7,202
Total significant revenue items arising from COVID-19	26,184	7,202
Other significant impacts arising from COVID-19		
West Moreton Health has also waived the collection of licence revenue from 1 March 2020 to 31 December 2020. The amounts of revenue forgone from 1 July 2020 to 31 December 2020 is calculated to be approximately \$104K based on the licences renewed during this time. This amount is not reflected in the significant revenue/expense items above.		
Statement of Financial Position		
Significant changes in assets arising from COVID-19		
Additional impairment of receivables specifically due to COVID-19 impacts*	-	571
Additional inventory specifically due to COVID-19	451	-
Capital equipment purchases specifically for COVID-19 pandemic	812	38
Total significant changes in assets arising from COVID-19	1,263	609

* No additional funding for these items was received in 2019-20.

F Budgetary Reporting Disclosures

Statement of Comprehensive Income

	Note	Actual 2021 \$'000	Budget 2021 \$'000	Variance \$'000	Variance %
Income					
Funding for provision of public health services		691,515	649,036	42,479	7%
User charges	(i)	40,995	31,703	9,292	29%
Grants and other contributions		9,542	8,924	618	7%
Other revenue		5,492	1,379	4,113	298%
Total income		747,544	691,042	56,502	8%
Expenses					
Employee expenses	(ii)	74,779	84,947	(10,168)	(12%)
Health service employee expenses	(iii)	449,887	410,688	39,199	10%
Supplies and services	(iv)	184,607	155,338	29,269	19%
Grants and subsidies		335	376	(41)	(11%)
Depreciation and amortisation		26,490	25,383	1,107	4%
Impairment losses		1,856	995	861	87%
Other expenses	(v)	8,585	13,315	(4,730)	(36%)
Total expenses		746,539	691,042	55,497	8%
Operating result		1,005	-	1,005	
Other comprehensive income					
Increase in asset revaluation surplus		1,958	-	1,958	
Total other comprehensive income		1,958	-	1,958	
Total comprehensive income		2,963	-	2,963	

Explanation of major variances:

Explanations are provided for all material line items where the variance is greater than 5% of the budgeted amount for employee expenses and supplies and services. For all other material line items, explanations are provided for variances greater than 10% of the budgeted amount. Materiality for 2020-21 has been calculated to be \$7,020K.

Major variances have been identified and explained below:

Statement of Comprehensive Income

- (i) The increase primarily relates to an increase in Pharmaceutical Benefit Scheme revenue due to increased activity in prisons \$6,930K and oncology \$2,713K.
- (ii) The decrease primarily relates to the late change to the health service employee arrangements in June 2020 with the budget being based on estimates of associated inputs.
- (iii) The increase primarily relates to the following; additional staff to support the COVID-19 response \$14,281K, in year amendments to support additional activity and specific programs in Mental Health \$5,887K and Ipswich Hospital \$2,500K, additional funding for enterprise bargaining \$4,959K, and changes to estimates for employees expenses \$10,440 (see (ii)).

- (iv) The increase primarily relates to increased activity including expenditure on outsourcing costs \$15,486K and drugs \$6,927K. Also included in actuals is services received below fair value \$6,191K which is budgeted in Other Expenses (see (v)).
- (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 \$5,880K within Other Expenses. The Financial Statements record this item within Supplies and Services (see (iv)).

Management Certificate

These general purpose financial statements have been prepared pursuant to Section 62(1) 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 2021 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
WMHH Board Chair
17 August 2021



Dr Kerrie Freeman
Health Service Chief Executive
17 August 2021

INDEPENDENT AUDITOR'S REPORT

To the Chair 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 2021, 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 of the statement of financial position as at 30 June 2021, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

I conducted my audit in accordance with the *Auditor-General 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) in the West Moreton Hospital and Health Service annual report.

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 less accumulated depreciation (\$195.185 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 over Ipswich Hospital Precinct this year as part of the rolling revaluation program. All other buildings were assessed using relevant indices.</p> <p>The current replacement cost method comprises:</p> <ul style="list-style-type: none"> • gross replacement cost, less • accumulated depreciation. <p>West Moreton Hospital and Health Service derived the gross replacement cost of its buildings at the balance date using unit prices that required significant judgements for:</p> <ul style="list-style-type: none"> • identifying the components of buildings with separately identifiable replacement costs • developing a unit rate for each of these components, including: <ul style="list-style-type: none"> ○ estimating the current cost for a modern substitute (including locality factors and oncosts, ○ identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating the adjustment to the unit rate required to reflect this difference. <p>The measurement of accumulated depreciation involved significant judgements for 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> <p>Using indexation required:</p> <ul style="list-style-type: none"> • significant judgement in determining changes in cost and design factors for each asset type since the previous comprehensive valuation • reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used. 	<p>My procedures included, but were not limited to:</p> <ul style="list-style-type: none"> • assessing the adequacy of management's review of the valuation process and results. • reviewing the scope and instructions provided to the valuer. • assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices. • assessing the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices • assessing the competence, capabilities and objectivity of the experts used to develop the models • 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"> ○ modern substitute (including locality factors and oncosts) ○ adjustment for excess quality or obsolescence. • evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices • evaluating useful life estimates for reasonableness by: <ul style="list-style-type: none"> ○ reviewing management's annual assessment of useful lives ○ at an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement cost of assets ○ ensuring that no building asset still in use has reached or exceeded its useful life ○ enquiring of management about their plans for assets that are nearing the end of their useful life ○ reviewing assets with an inconsistent relationship between condition and remaining useful life. • Where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.

Responsibilities of the entity for the financial report

The Board is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 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 expressing an opinion on the effectiveness of the entity's internal controls, but allows me to express an opinion on compliance with prescribed requirements.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the entity.
- Conclude on the appropriateness of the entity's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

From the matters communicated with the Board, I determine those matters that were of most significance in the audit of the financial report of the current period and are therefore the key audit matters. I describe these matters in my auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, I determine that a matter should not be communicated in my report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2021:

- 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.



David Toma
as delegate of the Auditor-General

18 August 2021

Queensland Audit Office
Brisbane

Glossary

Term	Meaning
CBD	Central Business District
CDB	Communicable Disease Branch
DAMA	Discharge Against Medical Advice
DAPHNE	Dose Adjustment for Normal Eating
DRC	Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
FINSIA	Financial Services Institute of Australasia
FTE	Full-Time Equivalent
GEDI	Geriatric Emergency Department Intervention
GEM	Geriatric Evaluation Management
GP	General Practitioner
HITH	Hospital in the Home
HREC	Human Research Ethics Committee
DAMA	Discharge Against Medical Advice
ieMR	Integrated Electronic Medical Records
ISMS	Information Security Management System
MeCare	Mobile Enabled Care program

Term	Meaning
MH-CORE	Mental Health Co-Responder
MRI	Magnetic Resonance Imaging
PHN	Primary Health Network
PHS	Prison Health Services
PREMs	Patient Reported Experience Measures
QAO	Queensland Audit Office
QAS	Queensland Ambulance Service
QCMHR	Queensland Centre for Mental Health Research
QSA	Queensland State Archives
QCS	Queensland Corrective Services
SAB	Staphylococcus aureus bloodstream
SWP	Strategic Workforce Plan
The Park	The Park – Centre for Mental Health
UQ	University of Queensland
WAU	Weighted Activity Unit
WMLOL	West Moreton Learning Online

Compliance checklist

Summary of requirement	Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> A letter of compliance from the accountable officer or statutory body to the relevant Minister/s 	ARRs – section 7 4
Accessibility	<ul style="list-style-type: none"> Table of contents Glossary 	ARRs – section 9.1 3 81
	<ul style="list-style-type: none"> Public availability 	ARRs – section 9.2 2
	<ul style="list-style-type: none"> Interpreter service statement 	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3 2
	<ul style="list-style-type: none"> Copyright notice 	<i>Copyright Act 1968</i> ARRs – section 9.4 2
	<ul style="list-style-type: none"> Information Licensing 	<i>QGEA – Information Licensing</i> ARRs – section 9.5 2
General information	<ul style="list-style-type: none"> Introductory Information 	ARRs – section 10 8-18
Non-financial performance	<ul style="list-style-type: none"> Government's objectives for the community and whole-of-government plans/specific initiatives 	ARRs – section 11.1 5
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 11.2 35-38
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 11.3 39-40
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 12.1 41
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 13.1 27
	<ul style="list-style-type: none"> Executive management 	ARRs – section 13.2 25
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 13.3 n/a
	<ul style="list-style-type: none"> Public Sector Ethics 	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4 33
	<ul style="list-style-type: none"> Human Rights 	<i>Human Rights Act 2019</i> ARRs – section 13.5 34
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 13.6 33
Governance – risk management and accountability	<ul style="list-style-type: none"> Risk management 	ARRs – section 14.1 31
	<ul style="list-style-type: none"> Audit committee 	ARRs – section 14.2 24
	<ul style="list-style-type: none"> Internal audit 	ARRs – section 14.3 31
	<ul style="list-style-type: none"> External scrutiny 	ARRs – section 14.4 32
	<ul style="list-style-type: none"> Information systems and recordkeeping 	ARRs – section 14.5 33
	<ul style="list-style-type: none"> Information Security attestation 	ARRs – section 14.6 n/a

Summary of requirement		Basis for requirement	Annual report reference
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	30
	• Early retirement, redundancy and retrenchment	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	30
Open Data	• Statement advising publication of information	ARRs – section 16	2
	• Consultancies	ARRs – section 33.1	2 (Nil)
	• Overseas travel	ARRs – section 33.2	2 (Nil)
	• Queensland Language Services Policy	ARRs – section 33.3	https://data.qld.gov.au
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	76
	• Independent Auditor’s Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	77

FAA *Financial Accountability Act 2009*
 FPMS *Financial and Performance Management Standard 2019*
 ARRs *Annual report requirements for Queensland Government agency*

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West Moreton Hospital and Health Service

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