

ANNUAL REPORT 2021–2022



Accessibility

Information about the Queensland language services policy is available at the Queensland Government Open Data website (<https://data.qld.gov.au>). West Moreton Hospital and Health Service have no expenditure to report on overseas travel and consultancy during 2021–2022.

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

Hard copies of the annual report are available by phoning the main switch (07) 3810 1111. Alternatively, you can request a copy by emailing: WMCommunications@health.qld.gov.au



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



This annual report is licensed by the State of Queensland (West Moreton Hospital and Health Service) under a Creative Commons Attribution (CC BY) 4.0 International license.

You are free to copy, communicate and adapt this annual report, as long as you attribute the work to the State of Queensland (West Moreton Hospital and Health Service). To view a copy of this license, visit: <https://creativecommons.org/licenses/by/4.0/>

Content from this annual report should be attributed as: State of Queensland (West Moreton Hospital and Health Service) Annual Report 2021–2022.

© West Moreton Hospital and Health Service 2022 ISSN 2202-6991 (print) ISSN 2202-9788 (online)

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.

Contents

Statement on Queensland Government objectives for the community	5
From the Chair and Interim Chief Executive	6
About us	8
Our community-based and hospital-based services	8
Strategic direction	9
Values, vision, purpose	10
Priorities	10
Challenges and targets	10
Challenges	10
Targets	11
Our consumers, community and partners	12
Local Area Needs Assessment	13
Achieving health equity for our communities	13
Aboriginal and Torres Strait Islander Health	14
Governance	15
Our Board	15
Board membership	15
Board committees	17
Board and committee meeting attendance	18
Our Executive	21
Our organisational structure	23
Our workforce	24
Strategic workforce planning and performance	24
Our risk management	26
Internal audit	26
External scrutiny, information systems and record keeping	27
Queensland Public Service ethics	29
Human Rights	29
Confidential information	30
Performance	31
Caring for people	31
Safe, sustainable care	34
Future focus	37
Service standards	46
Financial summary	48
Financial statements	50
Independent Auditor's Report	87
Glossary	91
Compliance checklist	92
Annual Report 2021–2022	3



2 September 2022

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 2021–2022 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 92 of this annual report.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Michael Willis', written over a horizontal line.

Michael Willis
Chair
West Moreton Hospital and Health Board

Address

Level 4, Hayden Centre
South Street
Ipswich QLD 4305

Postal address

PO Box 73
Ipswich QLD 4305

Phone: (07) 3810 1111
www.westmoreton.health.qld.gov.au

West Moreton Health



Statement on Queensland Government objectives for the community

The objectives of the *West Moreton Health Strategic Plan 2021–2025* contribute to the Queensland Government objectives of keeping Queenslanders healthy, supporting jobs and safeguarding our health 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 balancing non-COVID and COVID health needs while remaining ready to respond to the evolving pandemic, growing our regions by attracting people, talent and investment, and backing our frontline services by delivering world-class health services and supporting our staff to access professional development and training.

Our purpose is to provide safe, quality care for the West Moreton community. This is consistent with the West Moreton Health vision for a thriving community in which people achieve their best possible health and wellbeing.

From the Chair and Interim Chief Executive

The past year has been one of momentous change at West Moreton Health. One that has positioned us to innovate, transform and grow our health service.

Our staff demonstrated great resourcefulness, determination and commitment in maintaining our provision of safe, quality care against the backdrop of the initial and subsequent sub-variant COVID-19 Omicron waves of the pandemic. They have proven once again to be our greatest asset.

Our consumers came to the fore in 2021–2022 with the establishment of two consumer and community advisory councils, one of which is dedicated to youth. The councils will bring community members and consumers from a wide range of backgrounds closer to the decision-making table as we co-design quality care. This program will also bring our Board and Executive closer to the people they serve.

We pledged to accelerate the pace of change towards closing the health gap for First Nations consumers by 2031 and began working on a 10-year strategy with our Elders, community, partners and staff to guide us as we provide culturally responsive care for our First Nations communities.

We worked with our partners, the Darling Downs and West Moreton Primary Health Network, to undertake a comprehensive assessment of community and health service needs in the West Moreton region. The *West Moreton Local Area Needs Assessment 2022–2025* is set to inform our decision-making around long-term service planning and models of care to ensure we deliver the right care, in the right place, at the right time.

We maintained our accreditation by the Australian Council on Healthcare Standards and progressed initiatives under our *Safety and Quality Improvement Strategy 2020–2023*.

In 2021–2022, West Moreton Health continued on its path to future-proof its services against rapid population growth and rising demand for our healthcare services.

By 2036, our current population of 320,000 is forecast to almost double to 588,000, making ours one of the fastest growing regions in Queensland, in relative terms.

Progression of our master-planned capital works program is a key component of the *West Moreton Health Strategic Plan 2021–2025*.

In 2021–2022, we completed several significant infrastructure projects and are on track to complete the first stage of our \$146.3 million Ipswich Hospital Expansion program by early next year.

In October 2021, we opened a 26-bed medical and surgical ward at Ipswich Hospital, along with a patient care transit lounge.

We continued constructing a multi-storey Acute Mental Health Unit, which will provide 50 beds on opening in 2023 and capacity for a further 14 beds as part of our forward planning.

We also completed the \$20.7 million purchase of properties in the Ipswich CBD to safeguard our options for the future expansion of our hospital campus.

We look forward to the realisation of several significant projects in coming years that will further help us meet the healthcare needs of our community.

These include the \$710 million stage 2 expansion of Ipswich Hospital which will deliver an extra 200 beds by 2027; the delivery of the Ipswich Satellite Hospital at Ripley which will yield an extra 90 beds; the development of a 45-bed residential Alcohol and Other Drugs rehabilitation facility in Ipswich; and construction of a 174-bed public hospital at Springfield by late 2024 in a partnership between Mater Private Hospital Springfield and the Queensland Government.

The COVID-19 pandemic continued to put significant pressure on our health service in 2021–2022, particularly during the initial Omicron wave (December 2021 to March 2022) and second wave from June 2022.

We worked to minimise disruptions by increasing the provision of care that could be appropriately delivered via virtual health and working with our private partners to deliver more elective activity as well as provide inpatient medical care to increase our bed platform.

We also worked closely with our government and private partners to protect the community against COVID-19, particularly the Omicron wave.

Our COVID-19 virtual HITH model supported the recovery of more than 3000 patients in their home, thereby minimising preventable hospital presentations due to COVID-19 in 2021–2022. Our Virtual COVID Lite Touch models were also rolled out within Prison Health Services and The Park – Centre for Mental Health to successfully manage COVID-19 outbreaks through dedicated COVID wellness screening and clinical escalation pathways.

In 2021–2022, we vaccinated up to 1500 people a day at our peak within the large-scale community vaccination clinic in the Ipswich CBD. We also vaccinated the community in pop-up clinics at schools, businesses, forensic and correctional settings and mobile clinics across the four council regions.

As at 30 June 2022, 570,255 COVID-19 vaccine doses had been administered to residents in the West Moreton region. More than 92 per cent of residents aged 16 years and older were considered fully vaccinated (two primary doses) and 55.5 per cent had received a single booster. The equivalent rates for Queensland were similar (92.9 per cent and 58.8 per cent respectively).

The success of our vaccination program is a tribute to the commitment of regional general practitioners (GPs), Kambu Aboriginal and Torres Strait Islander Corporation for Health, pharmacies, the Darling Downs and West Moreton PHN, our four regional councils, schools and businesses to support and deliver healthcare to our community.

We also closed our Court Street COVID-19 testing clinic on 26 June 2022, further signalling our transition from COVID-19 response to COVID-19 recovery.

As with the closure of our Ipswich CBD COVID-19 Community Vaccination Clinic, the closure of the Court Street Fever Clinic will allow the health service to redirect resources and workforce to where they are needed most.

In July 2022, we also said farewell to our Chief Executive Kerrie Freeman, who led West Moreton Health through significant change since joining in early 2017. We wish her well in her new role as Chief Executive Officer at Southern Adelaide Local Health Network.

In 2022–2023, we will continue to engage with our community, consumers and partners to ensure the people who use our services have a voice in planning, design, delivery and evaluation of healthcare services.

As always, we will continue the delivery of our services in recognition of the significant influence that quality public healthcare has on the economic development, sustainability and prosperity of the West Moreton region.

Michael Willis, Chair

Hannah Bloch, Interim Chief Executive

About us

West Moreton Hospital and Health Service (West Moreton Health) provides health and wellbeing services to about 320,000 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 south of Boonah.

We provide preventative and primary healthcare services, medical, surgical, emergency, obstetric, paediatric, acute and sub-acute care, specialist outpatient services, oral health, mental health and specialised services, including prison health and alcohol and other drugs services.

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.

As the West Moreton community expands rapidly over the next 14 years, we are committed to growing our infrastructure and transforming our care through service redesign, research and innovation.

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 its service agreement with the Department of Health.

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

Our community-based and hospital-based services

Our hospital network includes Ipswich Hospital and four rural hospitals at Boonah, Gatton, Laidley and Esk, which together provide 488 beds for their communities.

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

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

Our expanding virtual healthcare program means we can offer care closer to home for people living in rural areas, meaning they can still access specialist services delivered out of Ipswich Hospital without having to travel to our major hospital.

Teams across our network of hospitals in the West Moreton region work in partnership to meet the different care needs of people during the different stages of investigation and diagnosis, treatment and recovery. This allows us to maximise our available resources and care for as many people as possible.

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. 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, supporting the health needs of more than half the state's prisoner population. On 1 July 2021, we assumed responsibility for healthcare at the 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, Wolston Correctional Centre, Arthur Gorrie Correctional Centre and West Moreton Youth Detention Centre, as well as prison mental health services to Woodford Correctional Centre.

Our community services are delivered through the Ipswich Health Plaza, Hayden Centre, Goodna Community Health, Gailes Community Care Unit, and the Ipswich Oral Health Clinic. Our community services include: breast and bowel screening services; public health; chronic conditions support services and rehabilitation; oral health; sexual health; child health and child development; young people's health and school-based youth health; antenatal and maternity services; mental health and specialised services including alcohol and other drugs services; dietetics and nutrition; as well as older persons support services. 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 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.

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 2021–2022 period, 948 concession passes were issued to eligible patients and their carers at a cost of \$18,098.18.

Strategic direction

In 2021, the *West Moreton Health Strategic Plan 2021–25* 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 the fastest growing community in Queensland.

The *West Moreton Health Strategic Plan 2021–25* focused on three priorities:

- **Caring for people:** caring for the community and each other
- **Safe, sustainable care:** delivering safe, quality care, now and in the future
- **Future focus:** innovating, growing and adapting along with the community we serve.

In 2021, West Moreton Health engaged extensively with staff, community partners, consumers and community members, including young people aged up to 25, to renew the Strategic Plan. The *West Moreton Health Strategic Plan 2021–25* seeks to manage the ongoing 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 built 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 thriving West Moreton community in which people achieve their best possible health and wellbeing

Our purpose To provide safe, quality care for the West Moreton community

Priorities

Our priorities – caring for people; safe, sustainable care; and future focus – are outlined in the *West Moreton Health Strategic Plan 2021–2025*.

Guided by our strategic priorities, West Moreton Health strives to:

- collaborate and co-design quality care with consumers, community, clinicians, and other partners
- remove systemic barriers to equitable health outcomes for Aboriginal and Torres Strait Islander people
- continue to deliver safe, quality services
- rapidly grow our research capability
- care for our staff now and in the future
- transform and optimise our services for the future
- deliver care closer to home.

Challenges and targets

Challenges

The population health outlook for the West Moreton community as reported in the *2020 Chief Health Officer's Report (2021 update)* presents notable challenges, including:

- 35 per cent of adults are obese
- 12 per cent of adults smoke, and 15 per cent of women smoke during pregnancy
- 45 per cent of deaths are premature
- 8 per cent of hospitalisations are potentially preventable
- a high rate of suicide.

In overcoming these challenges, it is to be noted that West Moreton's demographic has the following features:

- the fastest growing population in Queensland, in relative terms. Our population of 320,000 is expected to almost double to 588,000 by 2036
- a mainly urban population: 70 per cent of West Moreton residents live in the city and 30 per cent live in rural areas
- an Aboriginal and Torres Strait Islander population that represents 5 per cent of West Moreton's total population
- a high percentage of people born overseas (18 per cent) or who speak a language other than English (9.8 per cent)

- a high percentage of people (5.6 per cent) with a profound or severe disability
- more than 60 per cent of the population in the bottom two quintiles of relative socio-economic disadvantage
- a high rate of unemployment (8.9 per cent compared to 7.3 per cent in Queensland).

West Moreton Health also faced a range of strategic operating and environmental challenges in 2021–2022 that included:

- working to meet current and future service demand
- working within constraints of funding, particularly in the challenging COVID-19 economic environment
- disruptions to usual services, including planned care activity requiring the rescheduling and outsourcing of Category 2 and 3 elective surgery
- the redeployment of staff to essential frontline areas as per our COVID-19 tiered response
- ensuring our partnerships continued to mature in supporting the delivery of care to the community
- continuing to attract and retain high-calibre staff
- managing ongoing change in the external environment.

Targets

In response to the challenges of our region, *West Moreton Health Strategic Plan 2021–2025* sets out the following strategic actions:

- collaborate and co-design quality care with consumers, community, clinicians, and other partners by:
 - partnering to prevent obesity in young people
 - delivering on the Diabetes Alliance Strategy with our partners
 - working with partners to look after older people
 - connecting youth and child services.
- remove systemic barriers to equitable health outcomes for Aboriginal and Torres Strait Island peoples by progressing the Aboriginal and Torres Strait Islander Health Equity Framework.
- continue to deliver safe, quality services by delivering on our Quality and Safety Framework
- rapidly grow our research capability by delivering on our research plan
- care for our staff now and in the future by implementing the Strategic Workforce Plan
- transform and optimise our services for the future by:
 - improving health and wellbeing for people in prison
 - planning each of our services for the future
 - making prevention a priority, thriving through a sound public health strategy
 - rapidly maturing our asset management plan
 - delivering new infrastructure and the Master Plan
 - forecasting our operational funding needs to support growth

- delivering innovation through service redesign.
- deliver care closer to home by:
 - implementing the Care Closer to Home Program
 - transforming services to prisons through virtual care
 - continuing to lead the way on virtual healthcare.

Our consumers, community and partners

Healthcare is best delivered in partnership, and West Moreton Health values its strong connections with partners from a wide range of sectors: government, non-government, community, health and emergency services, industry, research, and education. This engagement ensures an interconnected, person-centred approach to healthcare delivery and promotes health literacy in the community.

We listen to and collaborate with consumers, their families and carers, and we invite their feedback and contribution to our service planning. In this way, we co-design our services and models of care with the people who use them. Our *Engagement Strategy 2020–2021* and *Engagement Framework 2020–21* 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.

In 2022, we established the inaugural Youth Advisory Council and Consumer and Community Advisory Council to give consumers and community members a direct input into service planning processes and initiatives and to help share health information with their wider networks. The new councils were an outcome of a co-design project with our former consumer reference group. They represent a broad cross-section of the West Moreton community, including people living with mental illness and chronic conditions; youth residing in detention centres; carers of people with a life-limiting illness or complex care needs; Aboriginal and Torres Strait Islander peoples; members of Culturally and Linguistically Diverse (CALD) communities; and lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) people.

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 is a member of the Refugee Health and Wellbeing Network, which brings together representatives from key services and agencies to improve access to and engagement with health services for consumers from cultural and linguistically diverse backgrounds.

We strive to ensure that our consumers have access to information about the services they are receiving. In 2021–2022, 0.28 per cent of consumers required an interpreter, leading to 2681 occasions of service.

West Moreton Health appreciates the generous contribution of volunteers in supporting patients and families who visit our facilities. Volunteers from Ipswich Hospital Foundation and our rural hospital auxiliaries support our services by giving their time, raising funds and assisting patients in a variety of hospital and health settings.

Local Area Needs Assessment

In 2022, West Moreton Health undertook a comprehensive assessment of community and health service needs in the West Moreton region. We worked closely with Darling Downs and West Moreton PHN to develop our inaugural Local Area Needs Assessment (LANA) to understand the health care needs of our communities and identify the programs, services and opportunities for improving the health of people living in our region.

We identified 56 needs across the following nine themes: health of the community; rural health; health equity; women, children, young people and families; older persons; mental health; service integration and partnerships; capable and skilled workforce; and service access and availability.

A shortlist of 25 needs were prioritised by members of the LANA Steering Committee, Executive Leadership Committee and Board against five criteria and the LANA has been embedded into our Integrated Planning Framework as the strategic level document that informs all other planning.

The *West Moreton Local Area Needs Assessment 2022–2025* will inform decision-making on strategic direction, operational planning, targeted initiatives, models of care, service redesign, and engagement with key partners and stakeholders.

Achieving health equity for our communities

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

In 2021–2022, we commenced work alongside our partners, Elders and community to develop the inaugural *West Moreton Health Aboriginal and Torres Strait Islander Health Equity Strategy*. The strategy, which will be finalised by 30 September 2022, will guide how we provide culturally responsive care for First Nations communities and responds to the *Making Tracks Together – Queensland's Aboriginal and Torres Strait Islander Health Equity Framework* and the *Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021*.

West Moreton Health is working to deliver quality care that is culturally responsive and creating a culturally safe environment for Aboriginal and Torres Strait Islander peoples. The West Moreton Health Strategic Plan is underpinned by a population health approach, including working with our partners to address health inequities and to close the gap and achieve life expectancy parity by 2031 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 2022, we signed a Statement of Commitment for a South-East Queensland First Nations Health Equity Partnership between six hospital and health services and Aboriginal and Torres Strait Islander community-controlled health organisations. As partners, we are working collectively on implementing

a regional plan to achieve First Nations Health Equity through a 10-year strategy. This work is complemented by the West Moreton Aboriginal and Torres Strait Islander Health Equity Strategy.

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.

Aboriginal and Torres Strait Islander Health

In 2022, we established the Jaghu Maternal and Infant program to provide a First Nations designed and led, holistic service for Aboriginal and Torres Strait Islander families from conception and through the first 1000 days of a baby's life.

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.

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

We have established a Life Promotion Committee to facilitate several culturally safe initiatives, including an on-call rapid response service for at-risk Aboriginal and Torres Strait Islander people who present to our emergency departments.

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

In 2021–2022, an internal audit considered our progress towards closing the gap in health outcomes for Indigenous residents by 2033. The audit recommended a service review of the Aboriginal and Torres Strait Islander Unit and its resourcing to facilitate the sustainable development of Indigenous health initiatives. Progress is being made to address the audit recommendations within agreed timeframes.

Governance

Our Board

The West Moreton Hospital and Health Board comprises nine non-executive members appointed by the Governor in Council on the recommendation of the Minister for Health 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 entry into a 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
- ensuring the health service has the resources necessary to achieve goals, monitor progress and report outcomes.

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

Board membership

Michael Willis – Board Chair

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

Michael Willis is a company director and corporate governance consultant with more than 30 years of governance experience in industry, financial services and the health and education sectors. He has served as chair, director, and Audit and Risk Committee chair with several organisations, including The Springfield Anglican College, FSAC Limited, the National Injury Insurance Scheme Queensland and Boyce Chartered Accountants, as well as ASX-listed public companies and industry bodies. He is also a consultant and sessional lecturer in governance at Australian Catholic University. As the national president of the Financial Services Institute of Australasia, he led its participation in the initial development of the ASX Corporate Governance Principles. He is a Fellow of the Australian Institute of Company Directors.

Lyn Birnie

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

Lyn Birnie is a finance leader with more than 35 years' experience in senior roles in major mining companies and Queensland Government-owned power generators. She currently serves on the boards of East Coast Apprenticeships, the Legacy Club of Ipswich, Independent Regional Advocacy Service Inc and the Zonta Club of Ipswich. 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

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

Professor Jeff Dunn AO is Chief of Mission for the Prostate Cancer Foundation of Australia and Professor and Chair of Social and Behavioural Science in the Division of Research and Innovation at

the University of Southern Queensland. Jeff also serves the Union for International Cancer Control as President Elect.

Patricia Evatt OAM

Appointed 18 May 2018 (current term 18 February 2021 – 31 March 2024)

Patricia Evatt OAM 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

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

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

Professor Gerald Holtmann

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

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

Deanne Minniecon

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

Deanne Minniecon is a proud Aboriginal and Torres Strait Islander woman with more than 25 years' experience working in Indigenous health and education at a community, regional, state and national level. She is currently the National Manager, Aboriginal and Torres Strait Islander Engagement with Diabetes Australia and has previously worked with the PHN, Queensland Government, the university sector and the non-government sector. Deanne holds a Master of Health Science (Health Promotion).

Stephen Robertson

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

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, and Chair of Healthy Land and Water, a South East Queensland natural resource management organisation. 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. During 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

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

Sue Scheinpflug has more than 20 years of experience as a Chief Executive Officer in the human services and health sectors. She is currently the Chair of Health Translation Queensland, a community board member of the Parole Board Queensland, Deputy Chair of CPL – Choice, Passion, Life, 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.

West Moreton Health acknowledges the contribution of former Deputy Chair Susan Johnson who served to March 2022.

Board committees

Executive

Members: Michael Willis (Chair), Dr Cathryn Hester, Sue Scheinpflug and Deanne Minniecon (since 25 March 2022). Susan Johnson was a member until her retirement from the Board on 31 March 2022. 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 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, especially its consumers and the regional community, and issues relating to people and culture.

Safety and Quality

Members: Professor Gerald Holtmann (Chair), Dr Cathryn Hester, Stephen Robertson and Pat Evatt OAM. 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 or 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 AO (Chair), Lyn Birnie, Patricia Evatt OAM and Deanne Minniecon (since 25 March 2022). Susan Johnson was a member until her retirement on 31 March 2022. The Audit and Risk Committee is responsible for assisting the Board in overseeing West Moreton Health's financial statements, internal control structures, internal audit function, risk management systems and compliance systems. The committee works in partnership with the Queensland Audit Office (QAO) and assesses external audit reports and any subsequent action taken.

Finance and Performance

Members: Stephen Robertson (Chair), Lyn Birnie and Michael Willis. The Finance Committee was renamed the Finance and Performance Committee in January 2022. It is responsible for advising the Board about West Moreton Health's budgets, cash flows, financial and operating performance, financial systems, financial risks or concerns and complex or unusual financial transactions. The committee oversees performance against the measures outlined in the service agreement. 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 Jeff Dunn AO. The Research Committee was established in early 2021. The committee is responsible for providing advice and recommending strategies to the Board that contribute to the achievement of West Moreton Health's strategic goal of Safe, Sustainable Care and its related action of rapidly growing our research capability. 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 thriving West Moreton community in which people achieve their best possible health and wellbeing.

Board and committee meeting attendance

West Moreton Hospital and Health Board					
Act or instrument	<i>Hospital and Health Boards Act 2011</i>				
Functions	See page 15				
Achievements	<p>In 2021–2022, the West Moreton Hospital and Health Board:</p> <ul style="list-style-type: none"> progressed and approved stage 2 of the Master Plan and long-term service planning developed the <i>West Moreton Health Strategic Plan 2021–2025</i> to address key strategic healthcare challenges for our community monitored and maintained our provision of safe quality and equitable care to our community, in an environment of constrained resources and infrastructure joined a cross-agency South-East Queensland partnership to implement legislated requirements to achieve health equity for Aboriginal and Torres Strait Islander people approved the <i>West Moreton Health Research Strategy 2021–2025</i> reviewed, updated and adopted changes to West Moreton Health’s strategic risks reviewed Queensland Audit Office recommendations and monitored their implementation reviewed internal and external audit activities and findings and monitored implementation of recommendations approved the West Moreton Health Clinical Services Plan 2020–2035 (2021 update) 				
Financial reporting	Transactions of the entity are accounted for in the financial statements on page 50.				
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 2021–2022. The total value reimbursed was \$5172.				
Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub- committee fees if applicable	Actual fees received
Chair	Michael Willis	24/24	\$75,000 p.a.	\$7,000 p.a.	\$81,719 (annual fee, Chair of 1 sub-committee and member of 1 sub-committee)
Deputy Chair	Susan Johnson (Appointment ended 31 March 2022)	17/19	\$40,000 p.a.	\$6,000 p.a.	\$37,027 (annual fee and member of 2 sub-committees)
Member	Sue Scheinpflug	22/23	\$40,000 p.a.	\$3,000 p.a.	\$45,842 (annual fee, Chair on 1 sub-committee and member on 1 sub-committee)
Member	Lyn Birnie	24/25	\$40,000 p.a.	\$3,000 p.a.	\$45,842 (annual fee and member

					of 2 sub-committees)
Member	Patricia Evatt OAM	22/24	\$40,000 p.a.	\$6,000 p.a.	\$42,853 (annual fee and member of 2 sub-committees)
Member	Jeffrey Dunn AO	22/24	\$40,000 p.a.	\$4,000 p.a.	\$44,539 (annual fee, Chair of 1 sub-committee and member of 1 subcommittee)
Member	Gerald Holtmann	23/23	\$40,000 p.a.	\$3,000 p.a.	\$46,839 (annual fee, Chair of 1 subcommittee and member of 1 subcommittee)
Member	Stephen Robertson	20/24	\$40,000 p.a.	\$7,000 p.a.	\$46,839 (annual fee, Chair of 1 subcommittee and member of 1 subcommittee)
Member	Cathryn Hester	22/23	\$40,000 p.a.	\$6,000 p.a.	\$45,842 (annual fee and member of 2 sub-committees)
Member	Deanne Minniecon	19/21 – attended 4 sub-committee meetings as an ex-officio member prior to being appointed to a sub-committee	\$40,000 p.a.	\$6,000 p.a.	\$41,243 (annual fee and member of 2 sub-committees)
No. scheduled meetings/sessions	Board 15 (including 3 extra-ordinary) Legislated sub-committees: 18 (including 1 extra-ordinary) Non legislated sub-committee: 4				
Total out-of-pocket expenses	See page 18				

Committee meetings						
Member	Board	Finance and Performance Committee	Executive Committee	Audit and Risk Committee	Safety and Quality Committee	Research Committee – non-prescribed
Michael Willis Board and Committee Chair	15/15	5/5	4/4			
Susan Johnson Board Deputy and Committee Chair (Appointment ended 31 March 2022)	10/11		3/3* Appointed ended 31 March 2022	4/5		
Lyn Birnie Board Member	14/15	5/5		5/5		
Prof Jeff Dunn AO Board Member and Committee Chair	13/15			5/5		4/4
Patricia Evatt AO Board Member	15/15			5/5	2/4	
Dr Cathryn Hester Board Member	14/15		4/4		4/4	
Prof Gerald Holtmann Board Member and Committee Chair	15/15				4/4	4/4
Deanne Minniecon Board Member	14/15	1/1* attended as an ex-officio member	0/1 as member 1/1* attended as an ex-officio member	2/2* attended one as ex-officio member before formal appointment		1/1* attended as an ex-officio member

Stephen Robertson Board Member and Committee Chair	12/15	5/5			3/4	
Sue Scheinpflug Board Member and Committee Chair	14/15		4/4			4/4

Our Executive

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 Health Translation Queensland, 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 – 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 was previously the General Counsel at West Moreton Health.

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 is the Chair of the Executive Directors’ Medical Services Forum. He has a Master of Public Health and a Master of Health Services Management.

Therese Hayes – Acting Executive Director Nursing and Midwifery

Therese Hayes has more than 35 years’ experience in the health sector and for the past 10 years has supported the implementation of transformational change and health service strategy. As a Registered Nurse/Registered Midwife, Therese’s clinical background is in paediatric emergency as a clinical nurse consultant and educator. She has a Master of Nursing Leadership and works closely with teams to coach and support innovation and change, engaging families and staff to provide solutions to deliver positive outcomes for the health service.

Philip Juffs – 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 the

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

Emma Foreman – Executive Director Mental Health and Specialised Services

Emma Foreman has 26 years' experience working across the aged care, communities, disability and health sectors. Over the past 10 years, she has focused on the delivery of mental health services, policy development, program and contract management, and healthcare partnerships. She has previously worked in regional roles as well as corporate roles with the Mental Health Alcohol and Other Drugs Branch, Department of Health, and the former Department of Communities, Child Safety and Disability Services. Emma has a Master of Philosophy, a Graduate Certificate in Public Sector Management and a Bachelor of Health Science.

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 the Queensland Government and private sector entities to implement significant financial transformation. Before joining West Moreton Health, Alistair worked for Queensland Health as the acting Chief Finance Officer and as Senior Director of Statutory and Advisory Services.

Taresa Rosten – Executive Director People and Culture

Taresa Rosten has 20 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.

Matthew Tallis – Chief Operating Officer

Matthew Tallis has more than 23 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.

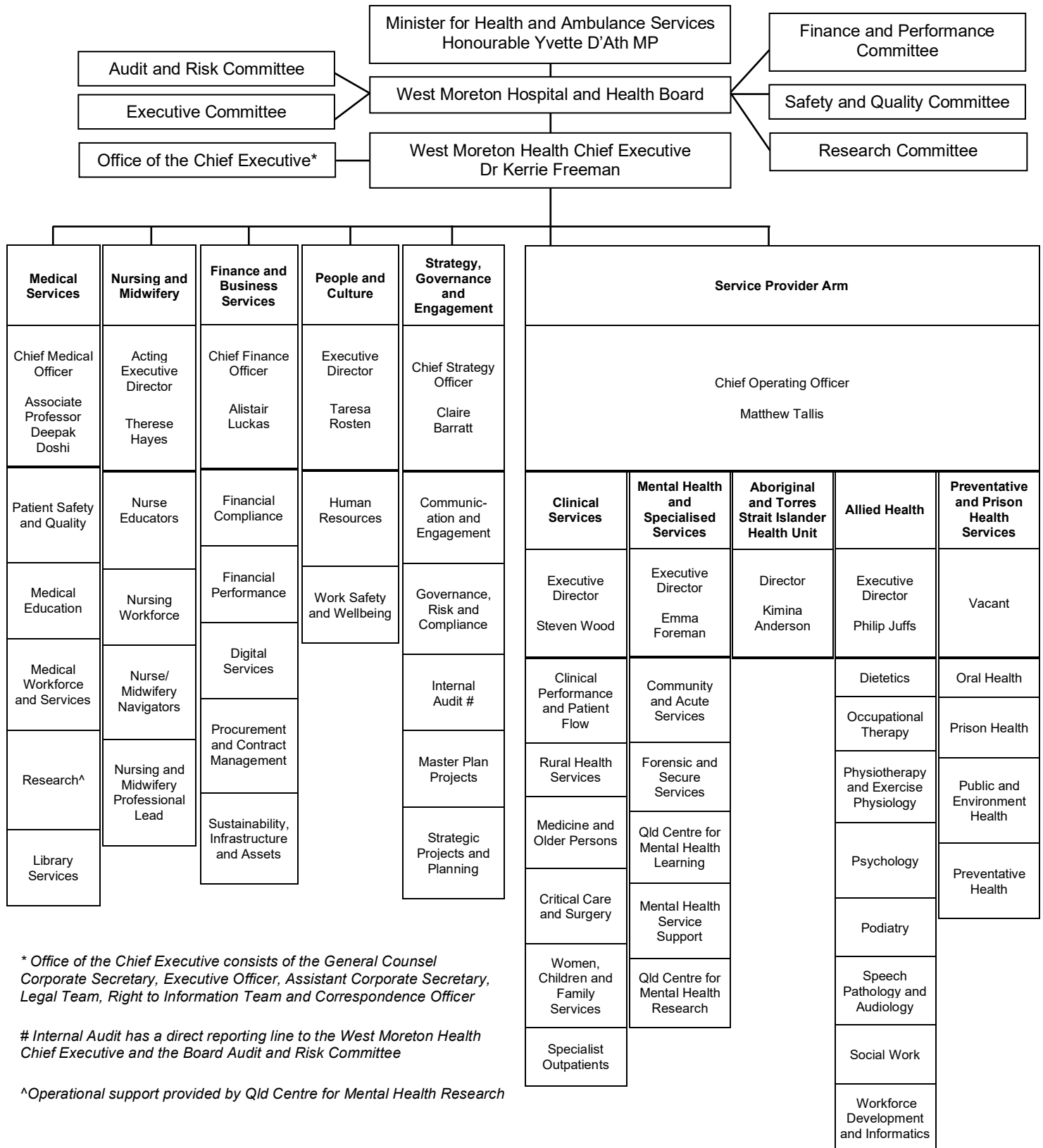
Steven Wood – Executive Director Clinical Services

Steven Wood has 15 years' experience in healthcare and has supported clinical engagement and service development at both Children's Health Queensland (CHQ) and the South Eastern Sydney Local Health District in New South Wales. At CHQ, he was the Divisional Director Critical Care. Since November 2019 and throughout the COVID-19 pandemic, Steve was responsible for the leadership of tertiary and quaternary paediatric services including emergency medicine, cardiac services, anaesthetics and pain management, medical imaging and nuclear medicine, intensive care and retrieval services, and statewide clinical support services.

West Moreton Health acknowledges the contribution of executives who served for part of the financial year: Executive Director Ipswich Hospital Michael Lewczuk to August 2021, Executive Director Nursing and Midwifery Karyn Ehren to November 2021, and Executive Director Community and Rural Services Melinda Parcell to December 2021.

Matthew Tallis acted as Chief Executive from 18 to 30 June 2022.

Our organisational structure



Our workforce

Table 1: More doctors, nurses and allied health practitioners*					
	2017–18	2018–19	2019–20	2020–21	2021–22
Medical staff ^a	414	450	457	462	483
Nursing staff ^a	1,603	1,807	1,840	1,907	2,106
Allied Health staff ^a	432	462	446	559	584

Table 2: Greater diversity in our workforce*					
	2017–18	2018–19	2019–20	2020–21	2021–22
Persons identifying as being First Nations ^b	55	65	70	66	84

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 26 June 2022.

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

Strategic workforce planning and performance

The *West Moreton Health Strategic Workforce Plan 2021–2023* identifies opportunities and trends that may affect our future workforce. The plan articulates objectives and strategies that will assist West Moreton Health to mitigate challenges and deliver on its strategic and health service objectives through workforce. The plan presents five priorities that will deliver on the vision 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”.

Workforce snapshot

West Moreton Health provides quality health and wellbeing services to the community. Of 4178 fulltime 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.

Supporting our employees

West Moreton Health supports flexible working arrangements for staff, providing a variety of work options. Subject to operational requirements, these include part-time work, job sharing, career breaks, telecommuting, variable shift lengths and patterns, access to leave, and phased retirement. Currently, 42.59 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. West Moreton Health has supported our workforce to achieve a ratio of remote and in-person work that maximises efficiency and service delivery while also realising a work-life balance.

Cultural capability

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

Our goal is that we respect, include and celebrate Aboriginal and Torres Strait Islander culture in all we do, including operating in culturally safe ways that are free of individual, systemic and institutional racism.

Ongoing initiatives to increase our cultural capability include:

- reaching parity in employment in line with population demographics. In real terms, that sets us a goal of 5 per cent of all staff identifying as Aboriginal or Torres Strait Islander
- building a culturally capable and safe workforce by delivering cultural safety and anti-racism training and enabling racial equity transformation across our services
- creating career pathways and developing culturally safe recruitment and retention practices to ensure West Moreton Health becomes a preferred employer for Aboriginal and Torres Strait Islander community members
- transforming our physical spaces. We are working with the site team for the Ipswich Satellite Hospital at Ripley to create a culturally safe and welcoming environment that acknowledges the culture and history of local communities.
- our Board, Executive Leadership Committee members, health service partners and other senior leaders attended the Beyond Diversity: Courageous Conversations about Race (CCAR) program to better understand how they can lead change for a more racially equitable health service for First Nations communities in West Moreton.

The following initiatives have been established to support the delivery of a Health Equity Reform agenda and close the gap in health outcomes:

- quarterly meetings of Elders and Traditional Owners with the West Moreton Health Chief Executive, Executive team and Board members
- establishment of the Aboriginal and Torres Strait Islander Health Unit within the Office of the Chief Operating Officer
- planning the establishment of an Aboriginal and Torres Strait Islander Community Advisory Council, which will meet quarterly in 2022–2023.
- health equity governance structures including the following working groups: clinical systems and health outcomes, workforce, and cultural safety and racism working groups
- First Nations Health Equity Implementation and Steering Committees that report to the Executive Leadership Committee to oversee the implementation of the health equity activities identified within West Moreton Health's Aboriginal and Torres Strait Islander Health Equity Strategy
- working with Health Consumers Queensland to run community-led yarning circles on health equity and the Jaghu Maternal and Infant program as part of our co-design process.

A diverse workforce

West Moreton Health continues to exceed Queensland Health targets for workforce who identify as culturally and linguistically diverse, with 17.87 per cent of our workforce coming from a non-English speaking background.

In the past 12 months, the percentage of staff who identify as having a disability has increased by 0.4 per cent to 2 per cent.

As we have developed the function of the Director of Aboriginal and Torres Strait Islander Health, the strategies implemented to increase First Nations workforce are starting to have an impact on the proportion of our workforce who identify as Indigenous, increasing by 0.3 per cent over the past 12 months. This continues to be an area of focus for West Moreton Health as our First Nations Health Equity framework is embedded, with working groups focused on cultural safety, racism and the workforce.

Consultative frameworks

West Moreton Health has a well-established framework of local consultative forums for all employment streams, with the peak Health Service Consultative Forum meeting monthly as an opportunity for our leaders and our union partners to communicate regularly and clearly on matters of shared concern for our workforce.

Delivering innovative development for our teams

West Moreton Health continues to work with our strategic partner, Clinical Excellence Queensland's Centre for Leadership Excellence (CLE), 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. In 2021–2022, we partnered with CLE to deliver two cohorts of staff through the Inspiring Leaders Program, a series of masterclasses and coaching sessions for senior leaders as they navigate their teams through the most challenging times our health service has seen.

Early retirement, redundancy and retrenchment

There were no redundancies, early retirements or packages paid in the financial year.

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 achieving 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 minimal 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 2021–2022, 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 reviewed and endorsed annually by the Audit and Risk Committee and approved by the Board. They direct the unit's activities, providing a framework for its effective operation.
- The Internal Audit Charter is consistent with the Institute of Internal Auditors' International Professional Practices framework. The plans are developed using a risk-based approach, considering both strategic and operational risks.
- Audit reports include recommendations based on root cause analysis. The implementation of these recommendations is followed up regularly, with progress reported to the Audit and Risk Committee.

Key achievements during 2021–2022 include:

- regular review and ongoing delivery of the approved audit plan, targeting high-risk areas and improving the effectiveness of systems, processes and risk management
- enhanced reporting to the Audit and Risk Committee and the Board through continuous improvement to dashboards used for the presentation of data
- continued development of in-house capability and knowledge.

External scrutiny, information systems and record keeping

External scrutiny

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

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was established in April 2019 and commenced in September 2019. In 2021–2022 West Moreton Health assisted the commission by responding to questions about what the government was doing to ensure that people with disability receive essential health care and are protected from COVID-19 and supported if infected. The commission is continuing.

Accreditation

West Moreton Health is accredited by the Australian Council on Healthcare Standards against the National Safety and Quality Health Service Standards until 27 February 2025.

Coronial inquests

When required, West Moreton Health participates in investigations and inquests conducted by a coroner who examines 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 two inquests in 2021–2022. Both inquests examined the healthcare provided to prisoners who died in custody. Findings for these two inquests all reported that the care provided was reasonable and appropriate, given the circumstances. For one inquest, the coroner recommended that Queensland Police Service consults with Queensland Health regarding a consistent approach in relation to the management of patients in police custody and considers whether other measures adopted by West Moreton Health could be applied in other Hospital and Health Districts. West Moreton Health has briefed the Director General of Queensland Health, given that this was a statewide issue.

Audits

West Moreton Health remains informed about the Queensland Audit Office audits including the Queensland Audit Office (QAO) health reports 2020–2021 and 2021–2022, which outline audit recommendations relevant to West Moreton Health. Internal audit at West Moreton Health is tracking and monitoring the progress of any external audit findings and tailors the internal audit plan to conduct audits as required, considering key issues, such as First Nations health outcomes and procurement management.

During the 2022–2023 audit year, internal audit will review contract management to follow up on QAOs findings of deficiencies in this area. Internal audit has also complied with the Queensland Government Customer and Digital Group requirement to coordinate the annual Information and Security Management System and Australian Signals Directorate compliance return, as per the information security policy (IS18). A full audit of 2020–2021 activity was conducted in 2021 and the first annual review is to assess 2021–2022 compliance has begun.

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 delegation system. The delegation system also underwent a comprehensive review to ensure currency and alignment with other legislative changes and organisational structural changes.

Information systems and record keeping

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

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

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 via West Moreton Learning Online (WMLOL). West Moreton Health is committed to the protection of private and confidential information of both patients and staff and has a nominated Privacy and Confidentiality Officer who supports the organisation with privacy-related matters.

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

Queensland Health is implementing an Information Security Management System (ISMS) to meet the Queensland Government's information security policy (IS18:2018). IS18 is aligned with the international standard for Information Security Management Systems (ISO 27001) and provides a greater focus on risk management. IS18 is aligned with the international standard (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 cultural rights. In making decisions, we were mindful of our obligations under the *Human Rights Act 2019* to ensure any limitations on human rights were reasonable and justified.

Number of human rights complaints
1950 consumer complaints
194 employee complaints
Outcomes of complaints
1946 assessed consumer complaints were resolved internally.
Three prisoner consumer complaints underwent conciliation before the Queensland Human Rights Commission. Two were resolved with no further action, and one was resolved by way of an agreement.
One prisoner consumer complaint underwent conciliation on 30 June 2022 and negotiations continue.
159 employee complaints were resolved internally while 35 employee complaints remain under review.

A total of 140 employee applications for exemption from the mandatory COVID-19 vaccination were assessed as being compatible with human rights and are not included as employee complaints.

The increase in consumer complaints is due to improved recording and reporting practices and staff training regarding recording the Human Rights Act assessment for each consumer complaint.

West Moreton Health also undertakes reviews of our policies and procedures to ensure human rights consideration. In 2021–2022 we undertook six reviews of policies and 224 reviews of procedures.

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.

The 2021 Census of Population and Housing occurred on 10 August 2021. West Moreton Health supported the Census by distributing forms to patients for completion on Census night and by supplying a subset of Census data on behalf of admitted patients who were mentally or physically incapable of filling out a form themselves and did not have support available.

Disclosure of confidential information is prohibited by section 142 of the *Hospital and Health Boards Act 2011*, except if disclosure is permitted by an Act or associated regulation. A public interest declaration as per section 160(1) of the *Hospital and Health Boards Act 2011* was required to enable West Moreton Health to support the Census night.

The nature of any confidential information disclosed under section 160(1) was relevant Census information taken from the clinical records of those patients who were unable to complete the Census population and housing forms supplied by Australia Bureau of Statistics (ABS). The confidential information was disclosed to ensure that there was complete record of all patients at West Moreton Health facilities for the purpose of completing the 2021 census conducted by the ABS.

Performance

We implemented our Strategic Plan across three strategic priorities:

Caring for people

Strategic Action 1: Collaborate and co-design quality care with consumers, community, clinicians, and other partners

- We established two consumer advisory councils, the Consumer and Community Advisory Council and the Youth Advisory Council, in 2022 following expressions of interest campaigns. The councils give consumers, carers and community members a direct say in health service planning, policy and service improvement.
- We seek regular feedback and input from consumers, their families and carers to understand what we are doing well and where we can make improvements. One method is the Patient Reported Experience Measures survey which provides a one-off capture of a patient's perception of what happened during their healthcare visit and their overall satisfaction with our services. Our other engagement and feedback channels include Mental Health Experience Surveys and our Consumer Liaison program.
- Consumers, community, clinicians and partners have contributed to the co-design of models of care and services in 2021–2022, including child health, maternity services, and the Swift Patient Assessment model used in Ipswich Hospital's Emergency Department.
- In September 2021, we commissioned the Emu Café at Ipswich Hospital. The Emu Café provides a support service for people experiencing a mental health crisis. The service is supported through a partnership model with a non-government organisation peer workforce model. This initiative was a part of a broader statewide crisis system reform strategy, aimed at preventing suicide and improving our crisis response.
- We have been working closely with our National Disability Insurance Scheme (NDIS) partners to enhance the development and formulation of positive behavior support plans for our complex mental health consumers as they progress on their recovery journey.

Partner to prevent obesity in young people

- We collaborated with partners to form the West Moreton Obesity Advisory Group and began developing a West Moreton Obesity Strategy to align with the National Obesity Strategy 2022–2032.

Deliver on the Diabetes Alliance Strategy with our partners

- We joined regional partners to establish the West Moreton Diabetes Alliance to improve resources for people living with diabetes. Multiple bids in 2021–2022 for non-government organisation funding to progress initiatives were unsuccessful and the alliance is now considering opportunities for alternative partnerships addressing lifestyle-related diseases, including diabetes. We promoted the Diabetes Alliance Social Prescribing Project, which allows participating GPs to share access to low-cost and no-cost lifestyle programs with patients of all ages.

Work with partners to look after older people

- In partnership with the Darling Downs and West Moreton PHN, we finalised our Older Persons Health and Wellbeing Strategy to guide the planning and delivery of health services to older persons across community, primary and secondary healthcare settings. This work supports older persons to stay healthy, connected and at home. Actions already delivered include the Older Persons Project ECHO series, which supports inter-professional knowledge sharing through interactive peer-to-peer

webinars, and the clinical redesign of Care at Home services, including Hospital in the Home and in-home acute care follow-up services.

- The Older Persons Care Collaborative was established with five specialty networks reporting to an overarching governance committee. West Moreton Health has retained leadership of the inpatient care component of the collaborative.
- We commenced a palliative care education and practice development pilot program in six residential aged care facilities. The program will be extended to another six sites in 2022–2023.
- We continue to be a leader in the area of advance care planning. Despite West Moreton comprising only 6 per cent of the Queensland population, West Moreton Health has contributed 10.5 per cent of the state’s Enduring Advance Care Planning documents and 8.2 per cent of the state’s Statements of Choice, as at 30 June 2022.

Connect youth and child services

- We developed and published the Children and Young Persons Framework in August 2021 to identify the vision, priorities and actions required to achieve improved health outcomes for children and young people in West Moreton. Guided by the framework, we will work with our health partners on coordinated improvements to healthcare access and literacy for youth.
- We are working with the Youth Advisory Council to investigate how we can improve service areas identified by the council as priorities, including preventative care, physical and mental health and wellbeing education, health literacy, alcohol and other drugs programs for children and young adults, and training that will allow staff to partner with young consumers on their healthcare journey.
- We are working with Children’s Health Queensland to optimise care for adolescents and young adults in West Moreton through participation in the Queensland Child and Youth Clinical Network and joint health service planning. In line with *A great start for our children: Statewide plan for children and young people’s health services to 2026*, we have been key participants in the Adolescents and Young Persons Population Project.
- We hosted the annual Talkin’ it Up Regional Youth Mental Health Forum to connect high school students with mental health services, build awareness and reduce the stigma surrounding mental health issues.

Strategic Action 2: Remove systemic barriers to equitable health outcomes for Aboriginal and Torres Strait Islander People

Progress the Aboriginal and Torres Strait Islander Health Equity Framework

- We established new First Nations Health Equity Implementation and Steering Committees, that report to the Executive Leadership Committee to oversee the implementation of the health equity activities identified within West Moreton Health’s First Nations Health Equity Strategy. The health equity activities, as is legislatively required, will be co-designed, delivered and monitored in partnership with local Aboriginal and Torres Strait Islander Elders, staff, community members and other local health service partners.
- We are finalising our inaugural First Nations Health Equity Strategy to detail the activities to support a renewed and shared health reform agenda to improve Aboriginal and Torres Strait Islander peoples’ health outcomes, lived experiences, and access to care across the system. The strategy will be finalised by 30 September 2022.
- We established four working groups to oversee the development of implementation plans for each of the First Nations Health Equity activities, which were identified after extensive consultation with prescribed stakeholder groups.

- We signed a Statement of Commitment for a South-East Queensland First Nations Health Equity Partnership between six hospital and health services and Aboriginal and Torres Strait Islander community-controlled health organisations in the region. As partners, we are working collectively on implementing a regional plan to achieve First Nations health equity through a 10-year strategy.
- In partnership with Health Consumers Queensland, three community-led yarning circles have been held to provide feedback on the draft First Nations Health Equity Strategy and identify how we can work better with the local West Moreton First Nations community to address racism and discrimination in the health service that contributes to inequity in health outcomes for Aboriginal and Torres Strait Islander peoples.
- We commenced a process to form a new Aboriginal and Torres Strait Islander Advisory Council to advise the West Moreton Health Executive and Board on strategic policies and service planning. The council's inaugural meeting will be held in early 2022-23.
- Our Board, and Executive Leadership Committee members, our health service partners, and other senior leaders attended the Beyond Diversity: Courageous Conversations about Race (CCAR) program to better understand how they can lead for change for a more racially equitable health service for First Nations communities in West Moreton.
- We launched the Jaghu Maternal and Infant Model of Care to provide a First Nations-led, holistic service for Aboriginal and Torres Strait Islander families from conception through to the first 1000 days of a baby's life. Recruitment of an 11 FTE team is underway and is expected to be completed in early 2022–2023.
- We employed two Indigenous nursing graduates, in Maternity and the Emergency Department, as well as two Indigenous undergraduate students in nursing and one undergraduate student in midwifery. Three First Nations school-based trainees also started with us in 2021–2022. We are working with Health Consumers Queensland to establish three yarning circles for the co-design of a culturally safe service delivery model for mothers, babies, fathers, and families during pregnancy and a child's early development.
- We continue to work closely with Kambu Health, the Institute of Urban Indigenous Health and Darling Downs and West Moreton PHN to implement local suicide prevention and life promotion strategies.
- We delivered Mental Health First Aid training to our staff and partners at Kambu Health to enhance local capacity to address mental health and associated risk in community members presenting for treatment.
- We are progressing plans for an on-call rapid response service to assist at-risk Aboriginal and Torres Strait Islander people who present to our emergency departments. Mental Health and Specialised Services will provide training and peer support to Indigenous Health Liaison Officers who will be on-call to provide cultural support as part of the response for people experiencing a mental health crisis.

Caring for People: How we measured

Improved performance in consumer reported outcome measures

- The Patient Reported Experience Measures (PREMs) system was introduced within West Moreton Health in February 2021 to capture feedback from inpatients about their hospital experience. Since then, we have collected almost 3000 responses from patients. Of these, 84 per cent rated the experience in our care as good or very good. This is against a statewide average of 89 per cent. As our goal is one of continual improvement, we will work to enhance our provision of compassionate health care in 2022–2023 by introducing the internationally successful and person-centred campaign “Hello, my name is ...”.

Reduction in preventable hospitalisations for diabetes

- The number of potentially preventable hospitalisations relating to diabetes decreased by 5.58 per cent in 2021–2022.
- In 2022–2023, we will finalise a strategy on obesity that is tailored to the health challenges of the West Moreton community. With a focus on preventative health, the *West Moreton Obesity Strategy* will be implemented in partnership with University of Southern Queensland, The University of Queensland, Scenic Rim Regional Council, Lockyer District Regional Council, Somerset Regional Council, Ipswich City Council, Health and Wellbeing Queensland and Ipswich Hospital Foundation.
- West Moreton Health will chair the West Moreton Obesity Advisory Group as it evaluates existing health and wellbeing programs in the community, gains an understanding of food insecurity issues within the region, maps regional social systems, and undertakes research-based advocacy for policy change.

Table: Diabetes-related potentially preventable hospitalisations

	2019-20	2020-21	2021-22 projected total*
Annual total	3242	3492	3297

* Projected data based on 2021–2022 FTD March data (2473)

Reduction in overall preventable hospitalisations

- The number of potentially preventable hospitalisations increased 3.75 per cent in 2021–2022.

Table: Potentially preventable hospitalisations

	2019-20	2020-21	2021-22 projected total*
Annual total	13,341	12,896	13,379

* Projected data based on 2021–2022 FTD March data (10,034)

Reduction in preventable hospitalisations for Aboriginal and Torres Strait Islander consumers

- The number of potentially preventable hospitalisations for Aboriginal and Torres Strait Islander consumers increased by 15.52 per cent in 2021–2022.

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

	2019-20	2020-21	2021-22 projected total*
Annual total	790	683	789

* Projected data based on 2021–2022 FTD March data (592)

Safe, sustainable care

Strategic Action 3: *Continue to deliver safe, quality services*

Deliver on our Quality and Safety Framework

- We maintained our accreditation by the Australian Council on Healthcare Standards and have completed 6 of the 16 recommendations for ongoing improvement. We will continue to implement the remaining 10 for review at the next assessment in 2025.
- Our BreastScreen Queensland – Ipswich Service maintained its accreditation against the BreastScreen Australia National Accreditation Standards to March 2026.

- We partnered with the Cognitive Institute to deliver Speaking up for Safety training to equip staff with the communication skills they need to confidently raise issues of concern with anyone, regardless of their position. In 2021–2022, 17.3 per cent of our workforce completed the training against our target of 50 per cent. The reduced uptake was due to reduced staff availability because of workforce reallocation during our response to the Omicron wave, staff furloughed due to COVID-19 and flooding impacts. In response to these challenges, we were accredited to deliver the Speaking up for Safety program virtually to make training accessible to those furloughed due to COVID-19 or impacted by flooding.
- We joined Choosing Wisely Australia, a global network of medical colleges, societies, associations and health services who work in partnership with patients to use evidence-based interventions and ensure the right tests, treatments and procedures are provided at the right time. As a Choosing Wisely Champion Health Service, we are implementing strategies to reduce or eliminate the need for unnecessary tests, treatments and procedures. In 2021–2022, we completed project planning, established an intranet site for staff to access information on Choosing Wisely, and began participating in the Choosing Wisely Australia network for learning.
- We established a working group to explore barriers and opportunities to improve discharge communication and other communication between clinicians and patients to support safe care. In June 2022, we implemented a system to improve continuity of care for patients who present to Ipswich Hospital Emergency Department by making their discharge letters available to their GP via secure web transfer.

Strategic Action 4: Rapidly grow research capability

Deliver on the Research Plan

- We developed our Research Strategy 2021–2025, which provides a roadmap of how we will rapidly grow our research capability by focusing on areas of local priority and build the capacity of our systems, infrastructure and people to support and undertake research.
- West Moreton Health Board’s newly established Board Research Committee is driving West Moreton Health’s research and innovation agenda by focusing on research opportunities for the West Morton Health workforce that also support the regional health needs of the community.
- We finalised a Business Case for Change process for the Research portfolio and have formally engaged Queensland Centre for Mental Health Research (QCMHR) to harness expertise and knowledge and implement the *West Moreton Health Research Strategy 2021–2025*.
- We are collaborating with Ipswich Hospital Foundation, Health Translation Queensland, Darling Downs and West Moreton PHN, university partners, other hospital and health services, health service providers, our consumers and others to achieve our vision of being a health service fully informed by excellence in research that supports the West Moreton community to achieve their best possible health and wellbeing.
- We are prioritising:
 - equitable access to healthcare, including culturally safe health services for diverse populations and addressing the social determinants of health
 - mental health research including the underlying causes of mental illness, burden of disease, clinical interventions, service delivery and evaluation, and policy and practices
 - digitally driven health service redesign
 - health services research to drive excellence in healthcare.

- We are supporting 95 active research projects, which were reviewed and recommended by our Research Ethics and Governance Officers (REGOs) for authorisation. Our REGOs have oversight of the ongoing monitoring and governance of these projects.
- We began increasing our clinical trial capability by participating in workshops on the implementation of the National Clinical Trial Governance Framework. These workshops were organised by the Department’s Clinical Trials Coordinator Unit.
- We received non-recurrent funding from the Commonwealth Medical Research Future Fund to recruit a 0.5 FTE Teletrial Coordinator until March 2024. The coordinator will champion the Australian Teletrial Program and implement the Australian Teletrial Model at West Moreton Health. Recruitment is expected to be finalised in early 2022–2023. The teletrial model uses telehealth platforms to support clinical trials at satellite sites.
- We authorised the commencement of 24 new research projects and provided ethics approval for another nine research projects that will be performed exclusively at West Moreton Health sites. This compares to 33 site-specific authorised projects and nine projects that received ethics approval in 2020–2021. The drop in new research submissions reflects the disruption of COVID-19 and the reallocation of our workforce during the escalated response, especially in early 2022.

Safe, sustainable care: How we measured

Material improvement in hospital-acquired infections, hospital-acquired complications and never events

- **Hospital-acquired infections:** We achieved a reduction in the rate of serious hospital acquired infections in 2021–2022, bringing our result of 0.8/10,000 bed days under the target < 1.0 per 10,000. The number of hospital-acquired *Staphylococcus aureus* bacteraemia (SAB) remained steady at 15, despite a significant increase in the total number of patient bed days at Ipswich Hospital.

Table: Hospital-acquired infections		
	2020–2021	2021–2022
Rate/10,000 bed days	1.09	0.9
SAB incidents	15	15
Total number of bed days	137,868	163,665

*Data note: From November 2020 the bed day data definition was expanded to include all day only admissions and mental health admissions. This is in line with the ACQSHC Implementation Guide for Surveillance of *Staphylococcus aureus* Bacteraemia (<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/implementation-guide-surveillance-staphylococcus-aureus-bacteraemia>).

- **Hospital-acquired complications:** We achieved a reduction in the rate of hospital-acquired complications in 2021–2022. While there was a small increase in the overall number of complications, this was in the context of a significant increase in the total number of patient bed days at Ipswich Hospital.

Table: Hospital-acquired complications		
	2020–2021	2021–2022
Rate/10,000 bed days	87.0	81.8

Number of complications	1200	1338
Total number of bed days	137,868	163,665

- **Never events:** Never events are wholly preventable and result in serious harm to, or death of, a patient. In 2021–2022, West Moreton Health did not record any never events.
- In 2022–2023, we will continue to improve our capacity as a learning system. A draft strategy for learning from clinical incidents is undergoing consultation with staff and consumers before it is finalised and launched in the coming year.
- We have also launched a range of new quality improvement tools available to staff, increased quality improvement training and coaching, and established a register of quality improvements that can be viewed and search by all staff.

Substantial improvement in completion of Enterprise Discharge Summaries

- In 2021–2022 our discharge summary performance remained steady with a completion rate of 70.75 per cent. The result was impacted by the COVID-19 pandemic and the challenges of meeting increased demand for services amid significantly decreased workforce availability. This included about 15 per cent reduction in junior doctors at West Moreton Health.
- In 2022-2023 we are focusing on training and education of junior doctors, rostering and policy development to improve accountability and prioritisation of discharge summaries. This reflects our continued commitment to provide timely discharge communication to patients and our primary healthcare partners.

Improved West Moreton Health research

- The number of new research ethics and Site Specific Assessment (SSA) authorisations decreased in 2021–2022 due to the escalated COVID-19 response, especially in early 2022.

Table: New research approvals and authorisations

	2019-20	2020-21	2021-22
Ethics approval	10	9	9
Site Specific Assessment (SSA) authorisation	27	33	24

Future focus

Strategic Action 5: Care for our staff now and in the future

Implement the Strategic Workforce Plan

- Our *Strategic Workforce Plan 2021–2023* identifies opportunities and future trends that would impact the future workforce of West Moreton Health. Our proposed strategies are designed to address the challenges of a changing workforce including:
 - areas of workforce ageing and imminent retirement risk
 - areas of low digital literacy across the workforce
 - increased prevalence of mental ill health, burn out and fatigue in the workforce
 - high reliance on casual and agency staff

- growing the capability of our leaders.
- We implemented 24 of 51 strategic workforce objectives that were identified as priorities in the first two years of the three-year plan. Strategies successfully implemented in 2021–2022 were largely focused on ensuring governance and support around pandemic safe workforce approaches and building proficiency in people management connected with our #everyoneisaleader framework. In 2022–2023, we will continue our focus on #everyoneisaleader and enhance our focus on wellbeing initiatives to ensure our workforce is well looked after.
- We established an Interprofessional Practice Committee to develop and advise on interprofessional workforce plans to:
 - support our workforce to access education, research practice and training
 - identify service development priorities
 - provide advice on workforce capability, skill requirements and opportunities for interprofessional collaboration to deliver new service models.
- A key achievement in 2021–2022 was the commencement of a new Simulation Nurse Educator role to support the professional development of our nursing, midwifery, medical and allied health staff using simulated medical emergency training. The role supports professions to respond to emergency need and increasing acuity by focusing on core skills, communication and resource management during adverse events.
- We established the Wellbeing Strategic Group, chaired by the Executive Director People and Culture, to coordinate and drive a wellbeing focus in all areas of workforce engagement. Practical guidance to enhance wellbeing and build healthy habits and resilience in our workforce is delivered through the Coming Up For Air Together series.
- We launched our Inspiring Leaders series to prepare our senior leaders to develop and support high-performing teams through a series of masterclasses and coaching sessions and implemented other learning and development opportunities for leaders to support compassionate and resilient leadership through the COVID-19 response, such as Leadership in Times of Disruption. Our Inspiring Leaders series will be supported by the Ignite Your Leadership series, which is aimed at middle-layer managers and will introduce the same concepts.
- We implemented the Employee COVID-19 Vaccination Requirements Health Employment Directive to provide a safe workplace for our staff in a pandemic environment and ensure we can safely deliver care now and in the future.
- We hosted the first regional delivery of the Queensland Trauma Education (QTE) course in October 2021 at Ipswich Hospital to offer education from nurse educators, simulation educators, medical clinicians, and the Ipswich Nurse Practitioner. Our rural medical and nursing teams completed the Rural QTE program in May 2022, with further on-site rural training to be delivered in 2022–2023.
- We began a review of our Forensic and Secure Services (FSS) allied health workforce structure to ensure we optimise our workforce while meeting service need. It also provided the opportunity to review organisational improvements that would support the FSS allied health workforce to achieve their operational objectives.

Strategic Action 6: *Transform and optimise our services for the future*

Improving health and wellbeing for people in prison

- We established a Steering Committee and working group to lead the local rollout of the statewide Opioid Substitution Treatment (OST) Program to extend treatment access to all adult prisoners in correctional centres from July 2022. An OST Program is already provided in Brisbane Women’s Correctional Centre and to male prisoners who commenced a treatment program prior to their imprisonment.

- We are training more nurses in x-ray operation to increase timely access to medical imaging across all West Moreton Health correctional and youth detention centres. Currently 20 staff across Prison Health Services are certified as x-ray operators.
- We are preparing to trial self-managed medication within Brisbane Women's Correctional Centre in partnership with the Office of Prisoner Health and Wellbeing, Department of Health and Queensland Corrective Services following recommendations made as a part of the state-wide review of Offender Health Services commissioned by the Department of Health in 2018.
- We introduced routine breast and bowel screening at four correctional centres in West Moreton to improve access to preventative health care and improve health outcomes through early detection.
- We partnered with Health Consumers Queensland to provide information on consumer engagement and health rights to our staff and Queensland Correctional Services partners, in response to a recommendation from the 2018 Offender Health Services Review.
- Brisbane Women's Correctional Centre was a pilot site and the first high-security prison in Australia to offer same day results and treatment of Hepatitis C Virus (HCV) as part of a rapid test and treat program trialed in December 2021 with an HCV point-of-care testing machine. Prisoners who returned a positive result received follow-up review and treatment by a specialised nurse practitioner. The use of HCV point-of-care testing machines will be continued at Arthur Gorrie Correctional Centre and Brisbane Women's Correctional Centre.

Plan for each of our services for the future

- We are developing service delivery plans for all service areas across West Moreton Health to ensure our services are evolving and responding to the needs of our growing community. The plans highlight the current operating supply and demand, workforce impacts and planned future state. Through service gap analysis, we have outlined the capability, infrastructure and workforce gaps that need to be met to deliver the future service state.
- In 2021–2022 we completed service delivery planning for emergency; maternity; cardiac; child and youth (acute); inpatient and community services; food services; oncology; orthopaedics and respiratory care.
- Service delivery planning is underway for infectious diseases; palliative care; neurology, including stroke services; and public health, including sexual health.
- In early 2022–2023, we will undertake service delivery planning for operational services; rehabilitation; older persons; renal medicine; oral health; intensive care unit; general surgery; and surgical specialties.

Make preventative health a priority, thrive through a sound public health strategy

- We completed a business case for change of our Provider Arm services, establishing a Preventative and Prison Health Services division within the health service to better support the strategic focus of preventive health initiatives.
- We are developing our West Moreton Health Prevention Strategy 2022–2025 to maximise the health and wellbeing of our patients, staff and community and support people to live well at all stages of their lives. Stakeholder engagement on a draft strategy will commence in early 2022–2023, with the implementation of the finalised strategy to be achieved over four years.
- We are drafting West Moreton Health's *2021 Health Indicators Report* to provide an updated snapshot of the health status of the West Moreton population, including mortality and hospitalisations for major diseases, cancer screening rates, maternal and child health indicators and chronic disease risk factors. The report will be a

reference document for health practitioners and partners across West Moreton and will help inform policy and planning in the region in conjunction with the Local Area Needs Assessment. The finalised report is expected to be published in the first half of 2022–2023.

- Our Public Health Unit is transitioning its COVID-19 response, a significant focus of its work since the pandemic began, to business as usual to achieve the identified early priorities of our preventive health focus.

Rapidly mature our asset management plan

- The 2021 update of West Moreton Health's Strategic Asset Management Plan was approved in December 2021 and outlines our asset strategy to continue planning for a new Ipswich Hospital and a review of the whole West Moreton Health master plan and to maintain and upgrade our existing ageing and non-compliant remaining infrastructure using sustaining capital funding.
- In 2021-22 we have:
 - reviewed and published our Asset Management Policy and Functional Location guideline to enable integration of the plan
 - commenced our Asset Condition and Lifecycle Assessment of West Moreton Health facilities to support the development of a whole-of-life-cycle asset plan for each asset class
 - commenced a review of West Moreton Health specifications for maintaining assets to support the update of our Queensland Health Asset Services documentation
 - commenced a review of workflow processes for maintenance work orders and service records to implement record-keeping improvements and efficiencies
 - completed the implementation of the business case for change for the Finance and Business Services division, which will support the asset management plan
 - considered requirements for climate change, sustainability and innovation in any future asset investment through our participation in the Environmental Sustainability Performance Indicator data collection and system requirements for Queensland Government environmental strategies, targets and climate commitments. Our West Moreton Health Sustainability Working Group will be established in early 2022–2023 to address climate change and environmental sustainability initiatives.

Deliver new infrastructure and the Master Plan

- We are progressing our 15-year Master Plan to deliver world-class infrastructure, digital solutions, innovation and partnerships with other healthcare providers to meet a population-driven doubling of demand for healthcare services.
- Using \$146.3 million in State Government funding through the Building Better Hospital program, in 2021–2022 we have:
 - opened a 26-bed medical and surgical ward at Ipswich Hospital
 - continued construction of the Acute Mental Health Unit, which is expected to open to consumers in 2022–2023
 - finalised a \$20.7 million land purchase in the Ipswich CBD for future development.
- Using \$22 million in State Government funding for Ipswich Hospital, in 2022–2023 we will:

- refurbish the Emergency Department
- expand renal and nephrology services
- construct a new theatre.
- We are supporting the Department of Health to deliver two new facilities within the West Moreton Health catchment that are expected to open in mid-2023:
 - a healthcare facility at South Ripley, one of seven new facilities in Queensland to support public healthcare closer to home under the \$280 million Satellite Hospitals Program
 - a new Alcohol and Other Drugs Service, one of three facilities to be built in Queensland.
- Clinicians, consumers and community representatives have been involved in both the development and delivery phases of current projects under the Master Plan.

Forecast our operational funding needs to support growth

- We are developing an operational funding plan for 2022–2023 and a 15-year forecast that aligns with our Master Plan, population and growth targets, workforce projections, department funding and ability to generate own source revenue to achieve a balanced operating position every financial year.

Deliver innovation through service redesign

- We established systems to respond safely to surges in demand for our services as part of the Interagency Patient Flow Project, including:
 - increasing Transfer Initiative Nurse capacity in the Ipswich Hospital Emergency Department to allow Queensland Ambulance Service paramedics to transfer patients to our care and return to the community sooner
 - expanding the bed platform at Ipswich Hospital
 - outsourcing elective surgery Category 2 and 3 patients to private partners
 - partnering with St Andrew's Private Hospital and Mater Private Hospital Springfield to provide medical beds for public patients
 - operating a 7-day model for the Mental Health Co-Responder program which includes Queensland Police Service and Queensland Ambulance Service
 - introducing Nursing Director to the evening shift in the Patient Access and Coordination Hub to drive flow
 - opening the Transit Care Lounge to facilitate discharges and improve patient flow
 - reconfiguring Paediatric Emergency Department for improved flow
 - establishing four rehabilitation beds at Boonah Hospital.
- The Specialist Palliative Care in Aged Care (SPACE) Project commenced a co-designed model of care in July 2021 to integrate palliative care provider services in the region and deliver quality specialist palliative care in residential aged care facilities. The SPACE team works with Ipswich Nursing Service, a community palliative care service provider, GPs and residential aged care facilities as an integrated team.
- The Radiology Information System (RIS) project, which will be completed in 2022–2023, is replacing an aging radiology information system to provide staff with the technology to deliver high level services and increased productivity.

- We launched our Perinatal Mental Health Service Project to provide integrated care for women presenting with mental health issues at any time during pregnancy or until the baby is six months old (perinatal period). The model of care supports the high proportion of women who experience depression and anxiety in the perinatal period and aims to positively impact maternal and infant outcomes. One in 10 women experience depression during pregnancy and one in seven women experience it in the year following birth. Anxiety disorders are also prevalent and comorbidity with depression is high. Mental health conditions can negatively affect a woman's emotional welfare and happiness, her experience of pregnancy and parenting, and her ability to bond with her baby. Poor mental health is also associated with an increased risk of obstetric and neonatal complications. Negative maternal and infant outcomes are more likely to occur when a mental health condition is combined with serious or multiple adverse psychosocial circumstances. This model identifies the importance of a woman's physical and mental health at every aspect of care.
- In partnership with Darling Downs Health and the Darling Downs and West Moreton PHN, we launched the region's *Mental Health and Other Drugs Plan – Healthy Minds Health Lives*. The plan provides the overarching strategy to integrate and complement existing mental health, suicide prevention and alcohol and other drug services in the region in 2021–2026. As Chair, West Moreton Health completed the development of the governance framework and identified key priority projects for the region to take forward with partners. In 2021–2022 we commenced planning to establish an eating disorders hub for the region.

Strategic Action 7: *Deliver care closer to home*

Implementing the Care Closer to Home program

- We began the development of a Care at Home model to manage the early discharge of patients who can be supported by care in the home setting. The model, using Care4Qld Clinical Excellence Queensland funding, aims to improve patient flow and access to timely care and will also support referrals from GPs, Queensland Ambulance Service and residential aged care facilities.
- We commenced a redesign of our Hospital in the Home (HITH), Geriatric Evaluation and Management HITH, and Multidisciplinary Avoidance and Post-acute Service to integrate and coordinate our care in the home services. These services aim to reduce potentially preventable hospital admissions while providing access to hospital level inpatient or post-acute follow up care in an alternate location. Since the transition of HITH from the Community and Rural Service to the Medicine Division, there has been a significant increase in the program's use to meet or exceed the Healthcare Improvement Unit target of 1.61 per cent of all inpatient discharges to transition to HITH by 2023. The HITH team is planning to revise this target to 2.25 per cent by December 2022 to support more consumers to access the service.
- Our COVID-19 virtual HITH model provides care to patients infected with COVID-19 through a hybrid service delivery model. The service delivers care using telephone, telehealth and virtual care platforms to support vulnerable patient cohorts, reduce Emergency Department presentations and avoid or reduce inpatient length of stays. Since July 2021, more than 3000 patients have been supported on the Virtual COVID HITH model, including almost 1800 since January 2021, when the program was scaled up in response to the Omicron outbreak to support more people throughout their illness in their home and avoid hospital presentations.
- Virtual COVID Lite Touch models were rolled out within Prison Health Services and The Park – Centre for Mental Health to successfully manage COVID-19 outbreaks through dedicated COVID wellness screening and clinical escalation pathways.
- We supported more patients to receive care closer to home through our Day Infusion Service (DINF), which provides an outpatient service for West Moreton Health patients and those receiving specialist care from alternate care providers who need medication support. The DINF service aims to reduce the length of inpatient stay

through timely discharge and avoidable hospital presentations and admissions. Between January and June 2022, the service supported about 550 people. The service improves access to health care by accepting direct referrals from GPs and hospital medical staff. It also allows patients to receive specialist services through their private or tertiary provider, whilst enabling them to receive their regular treatment closer to home. This shared care model allows patients greater choice in where their treatment is delivered. We are planning to expand the current service at our rural facilities to support the needs of the growing population and ensure care closer to home for consumers.

- A day service providing rapid, hyper-acute care for stroke patients in the Ipswich Hospital Emergency Department was expanded to become a 24/7 service in July 2021. The expanded hours have enabled the Queensland Ambulance Service to assess whether patients would benefit from rapid hyper-acute care at Ipswich Hospital or clot retrieval services at the Princess Alexandra Hospital, ensuring stroke patients get the right care in the right setting at the right time.
- We extended palliative care hospital in the home services to consumers under the age of 65 years to give people care in a place of choice at a significant time in their lives. Home-based palliative care reduces the provision of non-beneficial end-of-life care in the hospital and has led to a reduction in emergency department (ED) presentations, with a predicted 13 per cent of patients who received home-based palliative care visiting ED fewer times in the last year of life. The reduction in hospital bed days also translates to an improved patient and family experience.
- We opened a new chronic conditions gym – West Moreton Jaghu Gym – in Ipswich to support consumers who need rehabilitation for respiratory and cardiac conditions through exercise and wellness programs as part of the Heart Failure Rehabilitation Service and Deadly Steps Together Program.
- We provided a disaster recovery response through the delivery of mental health recovery strategies to individuals and communities in the Lockyer Valley, Somerset and Scenic Rim regions. These communities have been drought-declared and severely impacted by bushfires in recent years, and then were affected by major flooding in 2021–2022. These recovery strategies improved people’s access to support, thereby reducing the burden on current mental health services.

Transform services to prisons through virtual care

- We introduced the Prison Health Service Lite Touch COVID-19 Model to support people in prisons with COVID-19. Daily clinical reviews by nursing staff were supported via the development of an in-house Telehealth Emergency Management Support Unit-style model for remote consultations between on-site nursing staff and a remote medical officer regarding clinical management. This assisted with the reduction of transfers to hospital for inpatient care while maintaining safe, quality care. The model has been expanded to support the care of people experiencing other respiratory viral illnesses, including influenza.
- We expanded use of telehealth in correctional centres to give the prison population greater access to specialist care without transferring to a hospital. Examples include the pilot of a Telehealth Emergency Management Support Unit at Brisbane Youth Detention Centre and Borallon Training Correctional Centre. The pilot gives Prison Health Services staff and patients access to specialist services through videoconferencing telehealth for unscheduled, non-critical and low acuity health needs. Telehealth support improves access to early and appropriate clinical intervention and avoids unnecessary patient transfers.
- We developed a GP tele-mentoring service – a shared care telehealth model in conjunction with the Nurse Practitioner – to support patients at the Southern Queensland Correctional Centre to access GP healthcare.

- We invested in eye-screening technology at Wolston Correctional Centre to establish capacity for initial screening of patients by nurses within the centre, with specialist review and ongoing management of patients delivered through telehealth.
- We improved access to a regular telehealth service to support the management of HIV positive patients.
- We are planning for the implementation of Prisoner Electronic Medical Records in 2022–2023 to give Prison Health Services clinicians direct access to secure and reliable patient information at the point of care.

Continuing to lead the way on virtual healthcare

- We established a COVID-19 Virtual Hospital in the Home (HITH) program in January 2022 to provide in-home support for COVID-19 patients with moderate level illness who are well enough to remain at home but are at higher risk because of additional health concerns. In-home patient monitoring devices, telephone and video conferencing allow clinicians to remotely monitor patient observations and keep regular contact with patients to safely escalate deterioration and enable acute hospital beds to be used for higher acuity patients. In-person reviews are provided at our Ipswich Hospital HITH COVID-19 clinic when needed.
- We commenced our Virtual Breast Care Clinic as part of a research feasibility study for patients that have been diagnosed with breast cancer and have had surgery but not requiring chemotherapy. Each patient receives in-home follow-up care via a virtual platform with the aim to improve health outcomes through symptom management, self-care and education.
- We participated in a virtual care research pilot for prostate cancer survivorship to access the feasibility, acceptability and effectiveness of using digital technology for this model of care. The findings from this study will help us to further develop and scale the digital health roadmap for the West Moreton community.
- We launched a new virtual platform, Engage, to support more than 50 people with borderline personality disorder to access more timely support. The Living Well Team offers workshops, brief interventions, group therapy sessions and virtual consultations. The virtual care platform allows clinicians to support more people, meaning they are better able to respond in real time to patients' immediate help needs, rather than waiting for a future appointment. The virtual model has reduced emergency department presentations and acute admissions by more than 60 per cent for these patients and bed days have been reduced significantly which reduces the demand on acute mental health beds.
- We increased patient access to heart failure services through our Heart Health Hub, which uses remote patient monitoring and video conferencing to virtually manage heart failure patients. The virtual model, which allows clinicians to see more patients and more frequently, focuses on timely medication titration to achieve the optimal medication dose sooner and removes the need for frequent trips to the hospital.
- Through our Heart Health Hub, we also improved access to care for medication titration within our heart failure services. The virtual technology allows nurse practitioners to see more patients more frequently, reduces travel and provides a responsive, portable model of care. Results to date have indicated that there is a marked reduction on the time taken to achieve optimal medication titration compared to the traditional model. The outcome report of the current health evaluation will soon be finalised for analysis.
- We have supported more than 600 chronic condition patients on our care co-ordination MeCare model, which uses in-home patient monitoring equipment, videoconferencing and data analytics to allow the interdisciplinary team to detect deterioration, initiate early management plans and support people to work with their GPs to stay well in their own homes and avoid hospitalisations. Virtual healthcare support has achieved a 23 per cent reduction in Potentially preventable hospitalisations (PPH), 22 per cent reduction in bed days, and 14 per cent reduction

in ED presentations. Patients report feeling well supported, more proactive in maintaining their health and more motivated to work towards health and wellbeing goals.

- We have increased our fleet of electronic resources at The Park to enhance our virtual care offerings. The resources will facilitate virtual care, access to rehabilitation programs and connection with family and support networks for consumers in the high security service.

Future focus: How we measured

Sustained annual improvement in Working for Queensland results

- Since the outset of the COVID-19 pandemic, response rates to surveys have been significantly reduced due to the demands of the COVID-19 response and the redeployment of staff and focus on frontline duties. In 2021, we achieved a slight increase in responses to the Working for Queensland survey, with 13 per cent of staff (636 people) participating, compared with 10 per cent (460 people) in 2020. This remains low compared to the pre-COVID Working for Queensland survey response of 32 per cent (1424 people) in 2019. As such, the low response rate impacts the reliability of conclusions drawn from the data and how we measure change.

Delivery of Infrastructure and clinical redesign in preparation for tertiary level services by 2027

- We are nearing the completion of the \$146.3 million first stage of our Master Plan.
- In June 2022, we were allocated \$710 million for Stage 2 of our Master Plan, with projects to be delivered by 2027.
- Six clinical redesign projects were completed in 2021–2022 and a further 11 projects are underway.
- Twelve service development plans were completed in 2021–2022 and a further three are in progress.

Annual achievement of balanced operating position

- Our 2021–2022 operating result was a surplus of \$737,000, which was driven by sustainability plans, efficiencies, improvements to models of care and workforce utilisation.

Sustained increase in patients and services supported on the virtual care program

- We have achieved a significant increase in the volume of services supported by virtual care. The number of patients who received care via telephone or videoconference increased from 69,335 occasions of service in 2020-2021 to 72,502 occasions of service in 2021-2022.
- In January 2022 we established a new Virtual COVID Hospital in the Home program in response to the Omicron variant and the high number of COVID-19 cases in the community. This, alongside a broader increased uptake in use of virtual health care service delivery as part of the escalated COVID-19 response, attributed to a spike the volume of telephone and videoconferencing from January 2022.

Sustained annual self-sufficiency increases (subject to funding)

- Self-sufficiency for the care of adults has decreased by 2.6 percentage points over the last five years while self-sufficiency for children has increased almost four percentage points.
- In the five years to 2021-2022, demand for adult public inpatient services from West Moreton residents has increased by 1.4 per cent. In that time, our provision of admitted services has decreased by 2 per cent and our self-sufficiency decreased from 75.9 to 73.3 per cent.

- Demand for children’s public inpatient services from West Moreton residents has increased by 20.5 per cent. In that time we have provided 32.4 per cent more inpatient services for children, achieving an increase in self-sufficiency from 57.5 per cent to 63.3 per cent.

Service standards

West Moreton Hospital and Health Service	2021-2022 Target	2021-2022 Actual
Effectiveness measures		
Percentage of emergency department patients seen within recommended timeframes ¹		
<ul style="list-style-type: none"> • Category 1 (within 2 minutes) • Category 2 (within 10 minutes) • Category 3 (within 30 minutes) • Category 4 (within 60 minutes) • Category 5 (within 120 minutes) 	<p>100%</p> <p>80%</p> <p>75%</p> <p>70%</p> <p>70%</p>	<p>100%</p> <p>50%</p> <p>57%</p> <p>78%</p> <p>94%</p>
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	57%
Percentage of elective surgery patients treated within the clinically recommended times ²		
<ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days)³ • Category 3 (365 days)³ 	<p>>98%</p> <p>..</p> <p>..</p>	<p>98%</p> <p>82%</p> <p>81%</p>
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.8
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵	>65%	63.7%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	11.8%
Percentage of specialist outpatients waiting within clinically recommended times ⁷		
<ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days)⁸ • Category 3 (365 days)⁸ 	<p>98%</p> <p>..</p> <p>..</p>	<p>78%</p> <p>35%</p> <p>78%</p>
Percentage of specialist outpatients seen within clinically recommended times ⁷		
<ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days)⁸ • Category 3 (365 days)⁸ 	<p>98%</p> <p>..</p> <p>..</p>	<p>79%</p> <p>37%</p> <p>78%</p>
Median wait time for treatment in emergency departments (minutes) ¹	..	18
Median wait time for elective surgery treatment (days) ²	..	25
Efficiency measure		

West Moreton Hospital and Health Service	2021-2022 Target	2021-2022 Actual
Average cost per weighted activity unit for Activity Based Funding facilities ⁹	\$4,928	\$5,981
Other measures		
Number of elective surgery patients treated within clinically recommended times ²		
• Category 1 (30 days)	1,666	1,418
• Category 2 (90 days) ³	..	681
• Category 3 (365 days) ³	..	356
Number of Telehealth outpatients service events ¹⁰	8,000	12,447
Total weighted activity units (WAU) ¹¹		
• Acute Inpatients	58,146	47,822
• Outpatients	11,460	9,909
• Sub-acute	4,733	4,877
• Emergency Department	13,881	13,663
• Mental Health	14,379	19,140
• Prevention and Primary Care	3,077	3,259
Ambulatory mental health service contact duration (hours) ¹²	>52,691	54,412
Staffing ¹³	3,790	4,178

1	During the COVID-19 pandemic Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in a safe and effective manner. As fever clinic services represent an extension of regular operational services and as a result, the 2021-2022 Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions.
2	In response to the COVID-19 pandemic the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives.
3	As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021-2022 will be carried forward into 2022-2023.
4	Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021-2022 Estimated Actual rate is based on data reported between 1 July 2021 and 31 March 2022.
5	Mental Health rate of community follow up 2021-2022 Actuals are as of 16 August 2022.
6	Mental Health readmissions 2021-2022 Actuals are for the period 1 July 2021 to 31 May 2022, as of 16 August 2022.
7	In response to the COVID-19 pandemic the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives.
8	As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021-2022 will be carried forward into 2022-2023.
9	The 2021-2022 Target varies from the published 2021-2022 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAW Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021-2022 Actuals are as of 22 August 2022.
10	Telehealth 2021-2022 Actual is as of 18 August 2022.

11	The 2021-2022 Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result of illness or Health Service Directives. The 2021-2022 Target varies from the published 2021-2022 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021-2022 Actual figures are as of 22 August 2022. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target can occur.
12	Ambulatory Mental Health service contact duration 2021-2022 Actual is as of 16 August 2022.
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. 2021-2022 Actual is for pay period ending 26 June 2022.

Financial summary

Operating result

West Moreton Health's operating result for 2021–2022 was a surplus of \$737,000 (2020–2021 \$1 million surplus). This has been primarily driven by financial improvement plans to support allocation of funding to meet increasing demand and cost pressures. 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 2021–2022 was \$821.27 million, representing an increase of \$73.73 million from the \$747.54 million recorded in the previous period. Major variances include a \$18.53 million increase in funding from the Queensland Departmental of Health for additional activity and services, additional funds of \$37.67 million to manage the COVID-19 pandemic response and additional funds of \$12.46 million to establish and operate COVID-19 vaccination clinics.

Expenditure

West Moreton Health's total expenditure (funds spent) in 2021–2022 was \$820.53 million. This was an increase of 9.9 per cent over West Moreton Health's total expenditure of \$746.54 million in the previous financial year. Labour costs increased by \$54.80 million and non-labour expenses increased by \$19.19 million primarily due to the significant increase in demand for healthcare services and impacts of the COVID-19 pandemic.

Future outlook

2021–2022 was a year of major growth for West Moreton Health, with a significant response required to address the COVID-19 pandemic. It is expected that healthcare demands will continue to grow in 2022–2023. 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. 2022–2023 will see construction completed on the new Acute Mental Health Unit and completion of the first stage of the \$146.3 million Ipswich Hospital Expansion program.

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 2022, West Moreton Health had reported a total anticipated maintenance budget of \$22.7 million. To mitigate any risks associated with anticipated maintenance, West Moreton Health has the following strategies in place:

- applications for funding assistance from the statewide Priority Capital Program
- ongoing risk assessment and condition assessment reviews
- reviews of operational and renewals budget prioritisation based on risk.
- increased Capital Maintenance Asset Renewal funding of \$4.88 million.

Financial Statement Contents

STATEMENT OF COMPREHENSIVE INCOME	51
STATEMENT OF FINANCIAL POSITION.....	52
STATEMENT OF CHANGES IN EQUITY	53
STATEMENT OF CASH FLOWS	54
NOTES TO THE FINANCIAL STATEMENTS	55
A INCOME AND EXPENSES.....	56
A1 INCOME.....	56
A2 EXPENSES	58
B OPERATING ASSETS AND LIABILITIES	61
B1 CASH AND CASH EQUIVALENTS	61
B2 RECEIVABLES	61
B3 INVENTORIES	63
B4 PROPERTY, PLANT AND EQUIPMENT	64
B5 PAYABLES	70
C EQUITY AND RISK MANAGEMENT.....	71
C1 CONTRIBUTED EQUITY	71
C2 ASSET REVALUATION SURPLUS BY CLASS	71
C3 FINANCIAL RISK MANAGEMENT.....	72
C4 CLIMATE RISK DISCLOSURE.....	73
D KEY MANAGEMENT PERSONNEL	74
E OTHER INFORMATION	78
E1 CONTINGENCIES.....	78
E2 COMMITMENTS	78
E3 NOTES TO THE STATEMENT OF CASH FLOWS	78
E4 PATIENT FIDUCIARY FUNDS	79
E5 APPLICATION OF NEW ACCOUNTING STANDARDS OR CHANGE IN ACCOUNTING POLICY	79
E6 SUBSEQUENT EVENTS.....	79
E7 TAXATION	79
E8 RELATED PARTY DISCLOSURES.....	79
E9 SIGNIFICANT IMPACTS FROM COVID-19 PANDEMIC	81
F BUDGETARY REPORTING DISCLOSURES	82
MANAGEMENT CERTIFICATE.....	86
INDEPENDENT AUDITOR'S REPORT	87

Statement of Comprehensive Income

For the year ended 30 June 2022

	Notes	2022 \$'000	2021 \$'000
Income			
Funding for provision of public health service	A1(a)	760,183	691,515
User charges and fees	A1(b)	42,954	40,995
Grants and other contributions	A1(c)	10,084	9,542
Other revenue	A1(d)	7,949	5,411
Total Revenue		821,170	747,463
Gains on disposal/revaluation of assets		96	81
Total income		821,266	747,544
Expenses			
Employee expenses	A2(a)	82,290	74,779
Health service employee expenses	A2(b)	497,172	449,887
Supplies and services	A2(c)	202,019	184,607
Grants and subsidies		389	335
Depreciation and amortisation	A2(d)	28,295	26,490
Impairment losses		1,561	1,856
Other expenses	A2(e)	8,803	8,585
Total expenses		820,529	746,539
Operating result for the year		737	1,005
Other comprehensive income			
Items that will not be subsequently reclassified to operating result:			
Increase in asset revaluation surplus	C2	23,855	1,958
Total other comprehensive income		23,855	1,958
Total comprehensive income		24,592	2,963

The accompanying notes form part of these statements.

Statement of Financial Position

As at 30 June 2022

	Notes	2022 \$'000	2021 \$'000
Current assets			
Cash and cash equivalents	B1	47,579	32,326
Receivables	B2	16,727	13,206
Inventories	B3	7,746	5,065
Other assets		1,979	2,972
Total current assets		74,031	53,569
Non-current assets			
Property, plant and equipment	B4	302,336	261,262
Intangible assets		-	644
Right-of-use assets		-	152
Total non-current assets		302,336	262,058
Total assets		376,367	315,627
Current liabilities			
Payables	B5	84,919	66,096
Accrued employee benefits		1,374	1,151
Lease liabilities		-	156
Provisions		134	174
Unearned revenue		6,977	5,041
Total current liabilities		93,404	72,618
Total liabilities		93,404	72,618
Net assets		282,963	243,009
Equity			
Contributed equity	C1	195,246	179,884
Accumulated deficit		(5,497)	(6,234)
Asset revaluation surplus	C2	93,214	69,359
Total equity		282,963	243,009

The accompanying notes form part of these statements.

Statement of Changes in Equity

For the year ended 30 June 2022

	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

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

The accompanying notes form part of these statements.

Statement of Cash Flows

For the year ended 30 June 2022

	Notes	2022 \$'000	2021 \$'000
Cash flows from operating activities			
<i>Inflows:</i>			
Funding for provision of public health services		740,503	673,264
User charges and fees		42,966	36,399
Grants and other contributions		3,208	3,161
Interest received		7	7
GST collected from patients/consumers		335	301
GST input tax credits		13,641	10,066
Other		8,448	5,674
<i>Outflows:</i>			
Employee expenses		(82,064)	(78,198)
Health service employee expenses		(492,255)	(444,373)
Supplies and services		(193,887)	(173,483)
Grants and subsidies		(389)	(335)
Insurance		(7,720)	(6,822)
GST paid to suppliers		(14,396)	(10,391)
GST remitted		(357)	(325)
Other		(1,714)	(1,855)
Net cash provided by / (used in) operating activities	E3	16,326	13,090
Cash flows from investing activities			
<i>Inflows:</i>			
Sales of property, plant and equipment		144	98
<i>Outflows:</i>			
Payments for property, plant and equipment		(44,073)	(20,510)
Net cash used in investing activities		(43,929)	(20,412)
Cash flows from financing activities			
<i>Inflows:</i>			
Equity injections		43,012	18,781
<i>Outflows:</i>			
Finance lease payments		(156)	(617)
Net cash provided by financing activities		42,856	18,164
Net decrease in cash and cash equivalents		15,253	10,842
Cash and cash equivalents at beginning of the financial year		32,326	21,484
Cash and cash equivalents at end of financial year	B1	47,579	32,326

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 2021 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, shown as \$K or \$'000, unless the disclosure of the full amount is specifically required; where the amount is less than \$500, the rounded amount is zero;
- present reclassified comparative information where required for consistency with the current year's presentation.

Current/non-current classification

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

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

A Income and Expenses

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

A1 Income

(a) Funding for provision of public health services

	2022 \$'000	2021 \$'000
Revenue from contracts with customers		
<i>Contracted health services – activity based funding</i>		
Commonwealth	196,930	188,642
State	257,029	221,388
Other funding for provision of public health services		
<i>Contracted health services – block funding</i>		
Commonwealth	49,427	54,576
State	93,466	110,498
<i>System manager funding</i>		
Commonwealth	13,392	13,380
State	106,657	60,260
Depreciation funding	28,295	26,490
<i>Teacher training funding</i>	14,987	16,281
Total funding for provision of public health services	760,183	691,515

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 2021-22 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.

For the 2021-22 financial year, the Department determined that the Commonwealth Minimum Funding Guarantee is applied with the following principles:

- Adjustment 1: for all activity which is 100% state funded or listed as a specific investment within the Service Agreement, full activity reconciliation will occur where there is an under delivery against the purchased activity. In this case funding will be withdrawn at full price.
- Adjustment 2: for the remainder of the purchased activity, funds will be reconciled based on the under delivery against purchase target with 45% of the National Efficient Price being retained by West Moreton Health. The State funding component only will be withdrawn.
- Adjustment 3: from 1 January 2022 to 30 June 2022 the Commonwealth Minimum Funding Guarantee will be applied to both the State and Commonwealth portion of the funding, meaning no activity reconciliation (except for adjustment 1) will occur for these months.

The funding arrangements for COVID-19 have impacted revenue by \$37,672K (2021: \$26,184K). 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

	2022 \$'000	2021 \$'000
Revenue from contracts with customers		
Hospital fees	12,180	12,555
Sale of goods and services	30,292	28,079
Other user charges and fees		
Rental income	482	361
Total user charges and fees	42,954	40,995

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

	2022	2021
	\$'000	\$'000
Other grants and contributions		
Commonwealth grants	3,202	3,137
Other grants	410	212
Donations	6	2
Services received below fair value	6,466	6,191
Total grants and other contributions	10,084	9,542

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)).

(d) Other Revenue

	2022	2021
	\$'000	\$'000
Other Revenue		
Recoveries	6,934	4,207
Other revenue	1,015	1,204
Total Other Revenue	7,949	5,411

A2 Expenses**(a) Employee expenses**

	2022	2021
	\$'000	\$'000
Wages and salaries	66,048	60,462
Employer superannuation contributions	6,784	6,144
Annual leave levy/expenses	7,817	6,751
Long service leave levy/expenses	1,641	1,422
Other employee related expenses	-	-
Total employee expenses	82,290	74,779

Number of MOHRI* Full Time Equivalent Employees (FTE)	30 June 2022	30 June 2021
West Moreton Health employees	194	185
Health service employees provided to West Moreton Health	3,984	3,671
Total FTE	4,178	3,856

*Minimum Obligatory Human Resource Information

(b) Health service employee expenses

	2022	2021
	\$'000	\$'000
Health service employee expenses	497,172	449,887

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

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

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

(c) Supplies and services

	2022	2021
	\$'000	\$'000
Clinical supplies and services	65,910	68,667
Contractors and consultants	21,875	15,657
Drugs	36,275	33,669
Pathology	14,772	14,203
Repairs and maintenance	12,164	9,850
Catering and domestic supplies	8,570	7,585
Communications	8,234	8,094
Computer services	6,231	5,588
Services received below fair value*	6,466	6,191
Electricity and other energy	3,173	2,736
Operating lease rentals	1,394	1,380
Patient travel	589	819
Water	66	18
Other travel	572	334
Building services	7,947	3,050
Motor vehicles	408	320
Other	7,373	6,446
Total supplies and services	202,019	184,607

* See Note A1(c)

(d) Depreciation and amortisation

	2022 \$'000	2021 \$'000
Depreciation	27,562	25,543
Software amortisation	581	408
Right-of-use asset amortisation	152	539
Total depreciation and amortisation	28,295	26,490

(e) Other expenses

	2022 \$'000	2021 \$'000
Insurance	7,234	6,822
Journals and subscriptions	581	699
Interpreter fees	299	287
Advertising	120	81
External audit fees	183	184
Special payments	2	66
Inventory written-off	16	57
Other legal costs	280	336
Bank fees	8	9
Other	80	44
Total other expenses	8,803	8,585

Total audit fees paid or payable to Queensland Audit Office relating to the 2021-22 financial year were \$183,000 (2021: \$183,750). 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 2022 were \$1,834 (2021: \$65,868).

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 \$37,672K (2021: \$26,184K). 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

	2022 \$'000	2021 \$'000
Cash at bank	47,127	31,876
Cash on deposit	446	444
Cash on hand	6	6
Total Cash and Cash Equivalents	47,579	32,326

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

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

Cash on deposit represents cash contributions from external entities and other benefactors in the form of gifts, donations and bequests for specific purposes. These funds are retained in the Queensland Treasury Corporation cash fund and are set aside for specific purposes underlying the contribution. Cash on deposit is at call and is subject to floating interest rates. The weighted average effective interest rate was 0.89% in 2022 (2021: 0.75%).

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 0.62% in 2022 (2021: 0.82%).

B2 Receivables

	2022 \$'000	2021 \$'000
Trade debtors	16,164	14,235
Other debtors	486	3
Less: allowance for impairment	(1,730)	(2,061)
Net debtors	14,920	12,177
GST receivable	1,820	1,064
GST payable	(13)	(35)
Net GST receivable	1,807	1,029
Total	16,727	13,206

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:

	2022 \$'000	2021 \$'000
Less than 30 days (not yet due)	331	222
30-60 days	175	186
61-90 days	151	122
More than 90 days	1,073	1,531
Balance at the end of the financial year	1,730	2,061

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

	2022 \$'000	2021 \$'000
Balance at the beginning of the financial year	2,061	2,121
Amounts written-off during the year	(1,893)	(1,916)
Increase in allowance recognised in operating result	1,562	1,856
Balance at the end of the financial year	1,730	2,061

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

	2022 \$'000	2021 \$'000
30-60 days	301	383
61-90 days	515	169
More than 90 days	1,164	129
Balance at the end of the financial year	1,980	681

B3 Inventories

	2022 \$'000	2021 \$'000
Medical	6,398	4,870
Other	1,348	195
Total Inventories	7,746	5,065

B4 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 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
Year ended 30 June 2022					
Opening net book value	29,013	195,185	29,213	7,851	261,262
Acquisitions	6,511	14,138	10,657	12,831	44,137
Disposals	-	-	-	-	-
Transfers between asset classes	-	7,658	566	(8,224)	-
Transfers in/out from QLD Government entities	-	-	644	-	644
Revaluation increments/(decrements)	613	23,242	-	-	23,855
Depreciation charge for the year	-	(21,567)	(5,995)	-	(27,562)
Carrying amount at 30 June 2022	36,137	218,656	35,085	12,458	302,336
At 30 June 2022					
At cost/fair value	36,137	739,779	78,824	12,458	867,198
Accumulated depreciation*	-	(521,123)	(43,739)	-	(564,862)
	36,137	218,656	35,085	12,458	302,336

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

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

(c) Measurement

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

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

(d) Depreciation

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

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

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

Class	Depreciation rates
Buildings (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 considers a market participant's ability to generate economic benefit by using the asset in its highest and best use or by selling it to another market participant that would use the asset in its highest and best use. 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
2021				
Land	-	29,013	-	29,013
Buildings	-	192	195,011	195,185
Fair value at 30 June 2021	-	29,187	195,011	224,198
2022				
Land	-	36,137	-	36,137
Buildings	-	156	218,500	218,656
Fair value at 30 June 2022	-	36,293	218,500	254,793

Land

In 2021-22, three parcels of land were 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 2022. The revaluation of a sub-set 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 2021-22 resulted in a net increase of \$613K or 1.73% to the carrying amount of land (2021: \$362K, 1.26% increase). The main driver for this change in valuation is driven by increasing inflation cost pressure, which resulted in rising prices.

Buildings

A comprehensive independent revaluation was undertaken of a portion of The Park Centre for Mental Health and level 2 building assets. In the current year, desktop comprehensive revaluations were adopted for low risk and low value assets. This method utilised photographs rather than site visits for these assets, reducing costs and travel during the COVID-19 pandemic. The effective date of the valuation was 30 June 2022.

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.

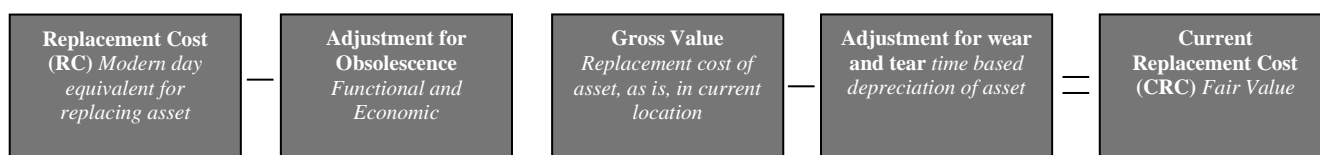
Regardless of the timing of the last specific appraisal, if an asset class experiences significant and volatile changes in fair value, the relevant asset class is subject to specific appraisal in the reporting period, where practical.

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 \$23,242K or 12.24% increase in value (2021: \$1,596K, 0.24% increase). The main drivers for this change in valuation is driven by increasing inflation cost pressure, high commodity prices, record fuel prices, significant funding in recent budgets for infrastructure projects, the collapse of two large construction firms, the flood repair work and the war in Ukraine.

The following table details a reconciliation of level 3 movements:

	Buildings \$'000
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
Fair value at 1 July 2021	195,011
Additions	14,138
Disposals	
Transfers in/out from QLD Government	
Transfers between asset classes	7,658
Depreciation	(21,549)
<i>Gains recognised in other comprehensive income:</i>	
Increase in asset revaluation reserve	23,242
Fair value at 30 June 2022	218,500

B5 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.

	2022	2021
	\$'000	\$'000
Trade creditors	77,085	61,891
Accrued health service employee benefits	7,834	4,205
	84,919	66,096

C Equity and Risk Management

C1 Contributed Equity

	2022 \$'000	2021 \$'000
Opening balance at beginning of year	179,884	187,373
<i>Non-appropriated equity injections</i>		
Minor capital funding	7,478	7,530
Priority capital program funding	6,022	754
Ipswich Hospital Stage 1A Redevelopment	27,016	8,326
Right-of-use lease funding	156	617
COVID-19 and COVID-19 vaccination program	2,230	1,048
Other funding	110	506
	43,012	18,781
<i>Non-appropriated equity withdrawals</i>		
Non-cash depreciation and amortisation funding returned to Department of Health as a contribution towards capital works program	(28,295)	(26,490)
<i>Non-appropriated equity asset transfers</i>		
Plant and equipment	645	220
Balance at the end of the financial year	195,246	179,884

C2 Asset Revaluation Surplus by Class

	2022 \$'000	2021 \$'000
<i>Land</i>		
Balance at the beginning of the financial year	6,659	6,297
Revaluation increments	613	362
	7,272	6,659
<i>Buildings</i>		
Balance at the beginning of the financial year	62,700	61,104
Revaluation increments	23,242	1,596
	85,942	62,700
Balance at the end of the financial year	93,214	69,359

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:

	2022 \$'000	2021 \$'000
<i>Financial assets</i>		
Cash and cash equivalents	47,579	32,326
Receivables	16,727	13,206
	64,306	45,532
<i>Financial liabilities</i>		
Payables	84,919	66,096
Lease liabilities	-	156
	84,919	66,252

(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 (2021: \$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. West Moreton Health is committed to fostering a climate ready and resilient health service which delivers safe and quality health services. Through this ongoing process, West Moreton Health has not yet identified any significant impacts relevant to the financial report as at the reporting date.

The climate risk strategy is to respond to the challenges and opportunities that climate change risks present to West Moreton Health. To strengthen the management of climate risk across the organisation, West Moreton Health will build a business-as-usual approach considering the local demographics and geographical context. This approach will recognise the need to address climate change; both short and long term, as well as meet the expectations under the whole-of-government approach of adapting to the changing climate and reducing emissions. A key initiative is to align to Queensland Government Climate Change Response by monitoring and reporting against energy efficiency targets using the Queensland Government Environmental Sustainability Performance Indicators including emissions, energy, water and waste.

West Moreton Health continues to work with the Department to align future planning with the state-wide approach to climate risk. West Moreton Health will commence a sustainability working group to endorse and drive initiatives in 2022-23 to meet our obligations under the Queensland Government Climate Change Response including aligning to the QFleet transition strategy of transitioning fuel vehicles to electric vehicles by 2026 and implementing the Emissions Reduction Program.

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: 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 OAM	<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: 01/04/22 – 31/03/26	18/05/18
	Professor Jeffrey Dunn AO	<i>Hospital and Health Boards Act 2011</i> Tenure: 01/04/22 – 31/03/26	18/05/18
	Ms. Lyn Birnie	<i>Hospital and Health Boards Act 2011</i> Tenure: 01/04/22 – 31/03/26	18/05/18
	Dr Cathryn Hester	<i>Hospital and Health Boards Act 2011</i> Tenure: 01/04/22 – 31/03/26	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, digital health, infrastructure and assets management and statutory reporting obligations of West Moreton Health.

Chief Medical Officer

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

Executive Director People and Culture

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

Chief Strategy Officer

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

Executive Director Nursing and Midwifery

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

Executive Director Allied Health

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

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

Pursuant to the *Hospital and Health Boards Act 2011*, Board members' fees are determined by the Governor in Council. Board members are paid an annual salary consistent with the *Remuneration procedures for part-time chairs and 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 2021-22 financial year (2021: \$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				
2022 Board Members						
Mr Michael Willis (Chair)	83			8		91
Ms Susan Johnson	35			3		38
Professor Gerald Holtmann	47			5		52
Ms Patricia Evatt OAM	46			5		51
Ms Sue Scheinpflug	46			5		51
Mr Stephen Robertson	47			5		52
Professor Jeffrey Dunn AO	45			4		49
Ms Lyn Birnie	46			5		51
Dr Cathryn Hester	46			5		51
Ms Deanne Minniecon	42			4		46
2022 Executives¹						
Chief Executive	325	-	7	35	-	367
Chief Operating Officer	233	-	5	42	-	280
Chief Finance Officer	200	-	4	21	-	225
Chief Medical Officer	478	-	10	36	-	524
Executive Director People & Culture	217	-	5	23	-	245
Chief Strategy Officer	136	-	3	13	-	152
Executive Director Nursing and Midwifery	223	-	5	23	-	251
Executive Director Allied Health	158	-	3	40	-	201

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

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

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:

	2022 \$'000	2021 \$'000
<i>Land and buildings</i>		
Not later than one year	8,502	29,137
<i>Major plant and equipment</i>		
Not later than one year	3,915	3,285
Total commitments	12,417	32,422

E3 Notes to the Statement of Cash Flows

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

	2022 \$'000	2021 \$'000
Operating result from continuing operations	737	1,005
<i>Non-cash items</i>		
Depreciation expense	27,563	25,543
Amortisation expense	733	947
Asset related transactions	(144)	(92)
Depreciation and amortisation funding	(28,295)	(26,490)
<i>Changes in assets and liabilities</i>		
(Increase)/decrease in receivables	(3,521)	(4,512)
(Increase)/decrease in inventories	(2,681)	(1,168)
(Increase)/decrease in other assets	993	(1,861)
Increase/(decrease) in payables	18,823	19,007
Increase/(decrease) in accrued employee benefits	223	(3,428)
Increase/(decrease) in provisions	(40)	(25)
Increase/(decrease) in unearned revenue	1,935	4,164
Net cash provided by / (used in) operating activities	16,326	13,090

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.

	2022	2021
	\$'000	\$'000
Cash at beginning of financial year	67	183
Patient fund receipts	1,540	1,533
Patient fund related payments	(1,523)	(1,649)
Cash at end of financial year	84	67

E5 Application of New Accounting Standards or Change in Accounting Policy

Changes in Accounting Policy

West Moreton Health has made one change to its accounting policies during 2021-22. This policy change relates to the International Financial Reporting Interpretations Committee decision April 2021 "Configuration or Customisation Costs in a Cloud Computing Arrangement".

This interpretation provides guidance on the treatment of software as a service and associated configuration/customisation costs. West Moreton Health has aligned its accounting policies to this guidance, with no material impacts from this change.

Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2021-22.

Accounting Standards Applied for the First Time

No accounting standards have been applied for the first time during 2021-22.

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:

	2022 \$'000	2021 \$'000
Revenue received	766,304	700,227
Expenditure incurred	58,458	55,458
Receivables and other assets	11,677	10,704
Payables and other liabilities	52,330	41,384
Contract Liabilities	6,449	4,781

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

Other Hospital and Health Services

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

Queensland Treasury Corporation

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

Department of Housing and Public Works (DHPW)

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 2022 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.

	2022 \$'000	2021 \$'000
Statement of Comprehensive Income		
Significant expense items arising from COVID-19		
COVID-19 hospital service costs	32,746	24,180
COVID-19 state public health costs	4,926	2,004
Total significant expense items arising from COVID-19	37,672	26,184
Significant revenue items arising from COVID-19		
Additional revenue recognised to fund COVID-19 initiatives	37,672	26,184
Total significant revenue items arising from COVID-19	37,672	26,184
Statement of Financial Position		
Significant changes in assets arising from COVID-19		
Additional inventory specifically due to COVID-19		451
Capital equipment purchases specifically for COVID-19 pandemic	2,052	812
Total significant changes in assets arising from COVID-19	2,052	1,263

F Budgetary Reporting Disclosures

Statement of Comprehensive Income

	Note	Actual 2022 \$'000	Budget 2022 \$'000	Variance \$'000	Variance %
Income					
Funding for provision of public health services		760,183	699,689	60,494	9%
User charges		42,954	39,572	3,382	9%
Grants and other contributions		10,084	9,108	976	11%
Other revenue		8,045	2,119	5,925	280%
Total income		821,266	750,488	70,778	9%
Expenses					
Employee expenses		82,290	82,284	6	-%
Health service employee expenses	(i)	497,172	435,851	61,321	14%
Supplies and services	(ii)	202,019	190,061	11,958	6%
Grants and subsidies		389	376	13	3%
Depreciation and amortisation		28,295	26,828	1,467	5%
Impairment losses		1,561	938	623	66%
Other expenses		8,803	14,150	(5,347)	(38%)
Total expenses		820,529	750,488	70,041	9%
Operating result		737	-	737	
Other comprehensive income					
Increase in asset revaluation surplus	(iii)	23,855	-	23,855	
Total other comprehensive income		23,855	-	23,855	
Total comprehensive income			-		

(b) Statement of Financial Position

	Note	Actual 2022 \$'000	Budget 2022 \$'000	Variance \$'000	Variance %
Current assets					
Cash and cash equivalents	(iv)	47,579	23,843	23,736	100%
Receivables	(v)	16,727	4,200	12,527	298%
Inventories		7,746	3,897	3,849	99%
Other assets		1,979	1,111	868	78%
Total current assets		74,031	33,051	40,980	124%
Non-current assets					
Property, plant and equipment		302,336	292,282	10,054	3%
Intangible assets		-	240	(240)	(100%)
Total non-current assets		302,336	292,522	9,814	3%
Total assets		376,367	325,573	50,794	16%
Current liabilities					
Payables	(vi)	84,919	49,859	35,060	70%
Accrued employee benefits		1,374	1,210	164	14%
Provisions		134	184	(50)	(27%)
Unearned revenue		6,977	-	6,977	100%
Total current liabilities		93,404	51,253	42,151	82%
Total liabilities		93,404	51,253	42,151	82%
Net assets		282,963	274,320	8,643	3%
Equity		282,963	274,320	8,643	3%
Total equity		282,963	274,320	8,643	3%

(c) Statement of Cash Flows

	Note	Actual 2022 \$'000	Budget 2022 \$'000	Variance \$'000	Variance %
Cash flows from operating activities					
<i>Inflows:</i>					
Funding for provision of public health services		740,503	699,412	41,091	6%
User charges		42,966	38,654	4,312	11%
Grants and other contributions		3,208	3,081	127	4%
Interest received		7	10	(3)	(30%)
Other	(vii)	22,424	10,649	11,775	111%
<i>Outflows:</i>					
Employee expenses		(82,064)	(81,959)	(105)	-%
Supplies and services	(viii)	(686,142)	(620,903)	(65,239)	11%
Grants and subsidies		(389)	(376)	(13)	3%
Other	(ix)	(24,187)	(16,386)	(7,801)	48%
Net cash provided by operating activities		16,326	32,182	(15,856)	(49%)
Cash flows from investing activities					
<i>Inflows:</i>					
Sales of property, plant and equipment		144	-	144	100%
<i>Outflows:</i>					
Payments for property, plant and equipment	(x)	(44,073)	-	(44,073)	100%
Net cash used by investing activities		(43,929)	-	(43,929)	100%
Cash flows from financing activities					
<i>Inflows:</i>					
Equity injections	(xi)	43,012	631	42,381	6,716%
<i>Outflows:</i>					
Finance lease payments		(156)	(674)	518	(77%)
Equity withdrawals	(xii)	-	(26,828)	26,828	(100%)
Net cash provided by financing activities		42,856	(26,871)	69,727	(259%)
Net increase/(decrease) in cash and cash equivalents held		15,253	5,311	9,942	187%
Cash and cash equivalents at beginning of the financial year		32,326	18,532	13,794	74%
Cash and cash equivalents at end of the financial year		47,579	23,843	23,736	100%

Explanation of major variances:

Major variances have been identified and explained below:

Statement of Comprehensive Income

- (i) Health service employee expenses and supplies and services cost are \$73,279K over budget primarily due to additional funding provided during the year with \$37,672K in COVID Funding, \$19,833K in Care for Queensland funding, \$12,424K funding for COVID vaccinations, \$5,297K in inter-entity transactions reflecting

- project activity, and a large number of programs under with a two million or less in funding \$14,873K, offset by activity reconciliation adjustments of \$20,266K.
- (ii) See (i).
 - (iii) There is no budget for asset revaluations. The revaluation amount is primarily driven by high inflation cost pressure, high commodity prices, record fuel prices, significant funding in recent budgets for infrastructure projects, the collapse of two large construction firms, the flood repair work and the war in Ukraine.

Statement of Financial Position

- (iv) The budget principles require that cash balances do not change year on year. Actuals balances reflect increased funding offset by increased expense (see (i)) and timing of payroll settlements.
- (v) Receivables increased primarily due to COVID funding due \$8,054K and capital reimbursement due \$1,160K.
- (vi) The increase in payables is primarily due to \$10,500K for activity reconciliation payments due and \$25,677K of payroll accrual for the last 18 days of the pay period.

Statement of Cash Flows

- (vii) Other inflows is driven by increased recoveries and increased GST receipts.
- (viii) The Supplies and services increase is driven by increased expenditure on Health service employee expenses to meet increased activity and COVID demand surges (see (i)).
- (ix) The other outflows increase is primarily driven by increased GST payments.
- (x) The Property, Plant & Equipment increase primarily relates to significant capital projects undertaken, Ipswich Stage 1a Redevelopment \$27,016K, Capital Maintenance Asset Renewal and Health Technical Equipment Replacement programs \$7,447K, Priority Capital Programs \$6,022K, and COVID and COVAX capital items \$2,230K.
- (xi) See (x) as capital projects funded by equity injections.
- (xii) The budgeted equity withdrawal is reported as cash, however this withdrawal relates to depreciation funding that is withdrawn from West Moreton Health as a non-cash transaction by an offset against equity. The depreciation funding concept exists within the Health system to maintain a neutral position within the Hospital and Health Services.

Management Certificate

These general purpose financial statements have been prepared pursuant to Section 62(1) of the *Financial Accountability Act 2009* (the Act), Section 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 2022 and of the financial position of the Service at the end of that year; and
- (c) we, acknowledge responsibility under s.7 and s.11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.



Michael Willis BEcon SFFin FAICD
Chair

26 August 2022



Hannah Bloch
Interim Chief Executive

26 August 2022

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 2022, 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 2022, 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 (\$739.779 million)

Refer to Note B4 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 performs comprehensive revaluations of its buildings at least every 5 years under a rolling program, with desktop valuations based on appropriate indices used in intervening years.</p> <p>West Moreton Hospital and Health Service performed a comprehensive revaluation of a portion of The Park Centre for Mental Health and level 2 building assets 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 balance date using unit prices that required significant judgements for:</p> <ul style="list-style-type: none"> • identifying the components of buildings with separately identifiable replacement costs • developing a unit rate for each of these components, including: <ul style="list-style-type: none"> ○ estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre) ○ identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating the adjustment to the unit rate required to reflect this difference. <p>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 revaluation • 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 ○ testing 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.

Key audit matter	How my audit addressed the key audit matter
<p>The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components.</p> <ul style="list-style-type: none"> The significant judgements required for gross replacement cost and useful lives are also significant judgements for calculating annual depreciation expense. 	

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 2022:

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

Prescribed requirements scope

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



D J Toma
as delegate of the Auditor-General

30 August 2022

Queensland Audit Office
Brisbane

Glossary

Term	Meaning
AO	Officer of the Order
ABS	Australian Bureau of Statistics
ASX	Australian Securities Exchange
CALD	Culturally and Linguistically Diverse
CBD	Central Business District
CCAR	Courageous Conversations about Race
CHQ	Children's Health Queensland
CLE	Centre for Leadership Excellence
DRC	Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
FTE	Full-Time Equivalent
GP	General Practitioner
HITH	Hospital in the Home
ISMS	Information Security Management System
LANA	Local Area Needs Assessment
LGBTQ+	Lesbian, gay, bisexual, transgender, queer and intersex

Term	Meaning
MeCare	Mobile Enabled Care program
OAM	Medal of the Order
PHN	Primary Health Network
PREMs	Patient Reported Experience Measures
QAO	Queensland Audit Office
QCMHR	Queensland Centre for Mental Health Research
QSA	Queensland State Archives
QTE	Queensland Trauma Education
RACGP	Royal Australian College of General Practitioners
SAB	Staphylococcus aureus bloodstream
The Park	The Park – Centre for Mental Health
UQ	The 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 91
	<ul style="list-style-type: none"> Public availability 	ARRs – section 9.2	2
	<ul style="list-style-type: none"> Interpreter service statement 	Queensland Government Language Services Policy ARRs – section 9.3	2
	<ul style="list-style-type: none"> Copyright notice 	Copyright Act 1968 ARRs – section 9.4	2
	<ul style="list-style-type: none"> Information Licensing 	QGEA – Information Licensing ARRs – section 9.5	2
	General information	<ul style="list-style-type: none"> Introductory Information 	ARRs – section 10
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	31-46
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 11.3	46-48
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 12.1	48
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 13.1	23
	<ul style="list-style-type: none"> Executive management 	ARRs – section 13.2	21-22
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 13.3	18-19
	<ul style="list-style-type: none"> Public Sector Ethics 	Public Sector Ethics Act 1994 ARRs – section 13.4	29
	<ul style="list-style-type: none"> Human Rights 	Human Rights Act 2019 ARRs – section 13.5	29
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 13.6	29
Governance – risk management and accountability	<ul style="list-style-type: none"> Risk management 	ARRs – section 14.1	26
	<ul style="list-style-type: none"> Audit committee 	ARRs – section 14.2	17
	<ul style="list-style-type: none"> Internal audit 	ARRs – section 14.3	26-27
	<ul style="list-style-type: none"> External scrutiny 	ARRs – section 14.4	27-28
	<ul style="list-style-type: none"> Information systems and recordkeeping 	ARRs – section 14.5	28
	<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	24-26
	• Early retirement, redundancy and retrenchment	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	26
Open Data	• Statement advising publication of information	ARRs – section 16	2
	• Consultancies	ARRs – section 31.1	https://data.qld.gov.au
	• Overseas travel	ARRs – section 31.2	https://data.qld.gov.au
	• Queensland Language Services Policy	ARRs – section 31.3	https://data.qld.gov.au
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	86
	• Independent Auditor’s Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	87-90

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

ANNUAL REPORT 2021–2022

West Moreton Hospital and Health Service

www.westmoreton.health.qld.gov.au