Report objective

This Annual Report fulfils Metro South Health’s reporting requirement to the community and to the Minister for Health. It summarises the Hospital and Health Service’s results, performance, outlook and financial position for the 2017–18 financial year.

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

21 August 2018

The Honourable Steven Miles MP
Minister for Health and
Minister for Ambulance Services
PO Box 48
BRISBANE QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2017–2018 and financial statements for Metro South Hospital and Health Service.

I certify that this Annual Report complies with:

- the prescribed requirements of the Financial Accountability Act 2009 and the Financial and Performance Management Standard 2009, and
- the detailed requirements set out in the Annual Report requirements for Queensland Government agencies.

A checklist outlining the annual reporting requirements can be found at page 133 of this Annual Report.

Yours sincerely

Janine Walker
Chair
Metro South Hospital and Health Board
Acknowledgement of the Traditional Owners

Metro South Health recognises the traditional custodians of the land and waters where we provide health services. We pay our respects to the traditional peoples, the Yugambeh, Quandamooka, Jaggera, Ugarapul and Turrbal peoples, and to Elders past, present and yet to come. We sincerely thank them for their ongoing generosity and willingness to work with and support our staff, patients and community members.

Closing the Gap

Metro South Health is committed to Closing the Gap in health outcomes and life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous people. In this report, we share our achievements towards Closing the Gap, the areas we must address and how we plan to progress our aims during the year ahead.
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It gives us tremendous pleasure to present the Metro South Hospital and Health Service Annual Report 2017–18.

We are delighted to announce that this year we became Australia’s first digital health service, with all our hospitals adopting the ieMR (integrated electronic Medical Record) and becoming Digital Hospitals.

Throughout the year, Logan, Beaudesert, Redland (plus Wynnum-Manly Community Health Centre, Gundu Pa) and QEII Jubilee hospitals all successfully became Digital Hospitals, completing the rollout across our Hospital and Health Service.

Congratulations to the many people involved in this massive, ground-breaking achievement. We have truly established ourselves as leaders in digital health and we are proud to offer the benefits of Digital Hospitals to our patients, clients, staff and other community members.

In other ways it has been a challenging year for us. We’ve strived to deliver excellent patient care under pressure from unprecedented demand, especially in our emergency departments, and in the face of one of the worst flu seasons on record. The fact that we serve one of the most diverse populations in Queensland also presents its own challenges and opportunities.

Perhaps some of the greatest pressure has been experienced by our hard working teams in Logan, and in particular the Logan Hospital emergency department. Logan is one of the fastest growing regions in Queensland with a growing and diverse population that has a wide range of healthcare needs.

In order to meet these needs we have put some robust strategies in place that will allow us to build for the future and continue to deliver safe, high quality healthcare that meets the needs of everyone in our communities.

During 2017–18, we made considerable progress on these strategies to address demand, especially in Logan. Much of the year was focused on planning for the expansion of Logan Hospital, and some of the key services within it, to provide a facility that will serve the people of Logan well for many years to come.
To this end, we have been preparing for the Logan Hospital Infrastructure Program, which will deliver a wide range of major healthcare benefits for local people.

Over the past year we have also been delivering prevention and awareness programs designed to help people in our communities look after their health, seek the most effective care for their needs and reduce potentially preventable hospitalisations to our facilities.

For example, we were proud to help deliver actions in Queensland Health’s *Logan Community health action plan (Logan CHAP)* to address the wide-ranging health needs of people in Logan.

As part of this program, we set up Logan’s first three Maternity and Child Health Hubs to improve access to antenatal care, organised two successful Multicultural Health Days in Slacks Creek, set up the Healthy Refugee Communities project to provide healthy eating and physical activity advice, and delivered cultural capability training to more staff than ever before.

We were also delighted to partner with the Brisbane South PHN to launch the Living Healthier Lives Community Grants—small grants for community organisations to help people in our region look after their health conditions at home and stay well.

Partnerships, especially with primary care, community organisations and research groups, were an important focus for Metro South Health in 2017–18 and they will continue to be a major strategy. We know that leveraging the expertise of people who are experts in relevant fields is an effective way to improve health outcomes.

It’s also fair to say that 2017–18 was a year of infrastructure investment and planning for Metro South Health. We’ve invested heavily in new facilities to help people in our region access state-of-the-art healthcare services now and into the future.

In addition to planning the Logan Hospital Infrastructure Program, we were delighted to open the new Wynnum-Manly Community Health Centre, Gundu Pa at a well attended community day in October 2017, as well as the new Woolloongabba Community Health Centre.

We also finalised the Stage Two Expansion of Inala’s Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Healthcare – just one example of our unwavering commitment to Closing the Gap and bringing healthcare close to home for the community we serve. Our dedication to delivering excellent, person-centred care – putting people at the heart of everything we do – was very much in evidence throughout 2017–18. We prepared to submit our application for Planetree designation (an accolade which recognises organisations delivering excellence in person-centred care) and rolled out the Person-Centred Care Reflective Practice Program to all our staff. The program is designed to embed person-centred care in all our actions and beliefs.

Thanks to a superb effort from all the nursing teams at QEII Jubilee Hospital, the facility gained Pathway to Excellence® designation for creating a culture of excellence in nursing.

We also continued our process of continual improvement by investing in innovation, research and redesign. During 2017–18, Metro South Health funding was driving more than 80 innovation and change projects aimed at providing real benefits for our patients and community.

A number of these projects garnered deserved awards throughout the year. Our Clinical Excellence and Advance Care Planning teams took home prestigious Queensland Health eAwards for leading digital innovation. The Zika Mozzie Seeker team, based at Metro South Public Health Unit, received a Queensland Health Award for Excellence.

We continued to translate the latest research and technological advancements into patient care. In a world first, a team at PA Hospital transplanted a 3D-printed shin bone (tibia) into a patient.

Through our Centres for Health Research we managed more than 990 active research projects, and through strong partnerships with leading universities and collaboratives we advanced even more crucial research into health issues that affect our community.

In 2017–18, everyone at Metro South Health worked hard to deliver the best care possible and laid important foundations that will allow us to deliver excellent care far into the future. We look forward to the possibilities and progress to be realised throughout 2018–19.

Janine Walker  
Chair  
Metro South Hospital and Health Board

Dr Stephen Ayre  
Chief Executive  
Metro South Hospital and Health Service

‘We are delighted to become the first digital health service in Australia. We have established ourselves as leaders in digital healthcare and are proud to offer its benefits to our patients and community.’
Key achievements of 2017

Logan residents gain access to an additional 15,000 dental appointments following the opening of a $4.3 million expansion of oral health services at Logan Central Community Health Centre.

PA Hospital welcomes Queensland Health’s most advanced MRI machine—the $5 million MAGNETOM Prisma.

The new Woolloongabba Community Health Centre opens, providing a range of oral health and addiction and mental health services.

Metro South Health officially launches the Healthier Choices project to improve access to healthy food and drinks in hospitals and health centres 24 hours a day.

Metro South Health partners with community organisations to host a free Multicultural Health Day in Logan. The event helps people learn more about health services available nearby.

The new Wynnum-Manly Community Health Centre, Gundu Pa in Wynnum West officially opens with a community day. Local people come out in force to see their state-of-the-art health centre.

In a world first, surgeons at PA Hospital transplant a 3D-printed shin bone (tibia) into a patient.

Metro South Health partners with community organisations to host a free Multicultural Health Day in Logan. The event helps people learn more about health services available nearby.

Logan Hospital becomes a fully Digital Hospital—the first public hospital in Australia to go live with the complete system in a single stage, with other hospitals having taken a multi-stage approach.

Metro South Health publishes Queensland’s first healthy eating toolkit to help supported accommodation providers create a healthier environment for residents.

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Beaudesert Hospital goes live with the integrated electronic Medical Record (ieMR) and becomes Australia’s first rural Digital Hospital.

Metro South Health makes progress towards Planetree designation, including launching the Person-Centred Care Reflective Practice Program for all staff members.

Metro South Health celebrates the contributions and achievements of women across the health service at the inaugural International Women’s Day Staff Forum.

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Metro South Health staff and community members support and even compete at the Gold Coast Commonwealth Games.

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Our organisation

1. Our organisation

Agency role and functions

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

Metro South Health became a Hospital and Health Service (HHS) on 1 July 2012. Under the Hospital and Health Boards Act 2011, it is the principal provider of public health services for the community within its geographical area. Under the Hospital and Health Boards Act 2011, the Queensland Department of Health is responsible for the overall management of the public health system including statewide planning and monitoring the performance of Hospital and Health Services.

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

About Metro South Health

Metro South Health is one of 16 Hospital and Health Services in Queensland and serves an estimated resident population of more than one million people, 23 per cent of Queensland’s population. It employs more than 15,000 staff and has an annual operating budget of $2.315 billion.

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

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

The Service Agreement is negotiated annually with the Department of Health and is publicly available at publications.qld.gov.au/dataset/metro-south-hhs-service-agreements.

Our hospitals

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

Major community health centres

- Beenleigh Community Health Centre
- Browns Plains Community Health Centre
- Eight Mile Plains Community Health Centre
- Inala Community Health Centre
- Logan Central Community Health Centre
- Marie Rose Centre, Dunwich
- Redland Health Service Centre
- Southern Queensland Centre of Excellence, Inala
- Wynnum-Manly Community Health Centre, Gundu Pa
- Woolloongabba Community Health Centre

Specialty services

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

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

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

Our vision
To be renowned worldwide for excellence in healthcare, teaching and research.

Our purpose
To deliver high quality healthcare through innovative and evidence-based strategies, enabled by the efficient use of available resources, robust planning processes and stakeholder collaboration.
Services delivered in the community

We deliver a range of essential services close to our community members’ homes, including:

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

Statewide services

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

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

In 2018 Metro South Health assumed responsibility for the governance of Queensland Cancer Registry, which maintains a register of all cases of cancer diagnosed in Queensland since the beginning of 1982.

Education and research

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

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

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

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

Our communities

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

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

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

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

In Metro South Health’s geographical region:

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

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

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

Our strategic objectives

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**Strategic focus 1**
Clinical excellence and better healthcare solutions for patients through redesign and improvement, efficiency and quality

**Strategic focus 2**
Technology that supports best practice, next generation clinical care

**Strategic focus 3**
Health system integration

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Our values

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**Customers first**
- Know your customer
- Deliver what matters
- Make decisions with empathy

**Ideas into action**
- Challenge the norm and suggest solutions
- Encourage and embrace new ideas
- Work across boundaries

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

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

**Empower people**
- Lead, empower and trust
- Play to everyone’s strengths
- Develop yourself and those around you

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Our vision: To be renowned worldwide for excellence in healthcare, teaching and research

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Enabler 1
Resource management that supports health service delivery needs

Enabler 2
Enabling and empowering our people

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

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Annual Report 2017–2018 | Metro South Hospital and Health Service
Our organisation

Strategic risks, challenges and opportunities

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

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

Risks and challenges

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

Demand is greater than infrastructure and resource capacity

There are indications that the health of Queenslanders is improving. Life expectancy is increasing, death rates for many causes are decreasing, and more people continue to report satisfaction with their health. However, hospitalisation rates are increasing for many health conditions, and are likely to continue to rise over the next 20 years.

While much of the future pressure on the healthcare system will come from an ageing population, there are also other causes, in particular the impact of chronic diseases. The current infrastructure and resources are unlikely to be able to meet the health needs of Metro South residents over the coming years. Changes to models of care and the delivery of health services are required to ensure demand is able to be met.

Revenue generated is less than planned

Metro South Health has developed a number of strategies to generate revenue. If these strategies do not deliver the expected results, a review of services will be required to retain financial viability.

Unanticipated events (e.g. natural disasters, pandemics)

Queensland regularly experiences severe weather events and natural disasters. Metro South Health, as the largest Hospital and Health Service, is integral in the management of pandemics or disease outbreaks. Plans are in place to respond to disease outbreaks, natural disasters and environmental hazards.

Advances in health technology

It is estimated that half of the increase in health spending over the past 50 years will be due to the introduction of new technologies and the subsequent increased volume of services per treated case. Metro South Health is committed to increasing the availability and use of technology in an appropriate way.

Opportunities

Key opportunities for 2018–19 that will assist Metro South Health to continue to meet its targets include:

- incorporation of new technology, particularly the bedding down of Digital Hospital systems and ieMR (integrated electronic Medical Record) across the health service and the use of technology to provide home-based healthcare. New technologies, including eHealth and telehealth, will provide opportunities to deliver more effective health services and improve health outcomes.

- activities that contribute to public-private partnerships to develop infrastructure and utilise value-based contracting and outsourcing to improve the effectiveness and efficiency of support services and procurement.

- a strong partnership with the Brisbane South Primary Health Network (PHN) to move towards a more integrated and coordinated healthcare system.

- leading research and promoting translational research initiatives through the Translational Research Institute (TRI) to enable the transfer of research knowledge into improved health outcomes.

- maintaining and improving the current positive workplace culture in the midst of large change programs and new work environments, to realise benefits from an effective and efficient workforce structure.

During 2017–18, Metro South Health began work on its new Strategic Plan 2018–2022, which will identify additional or changed risks and strategies for addressing them.
2. Our governance

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

An accountable structure

Hospital and Health Board

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

Metro South Health Executive

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

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

Clinical Streams

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

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

The benefits of Clinical Stream governance are improved integration of services across Metro South Health and targeted innovation and clinical redesign.

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

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

Metro South Hospital and Health Board
Chair: Janine Walker

Health Service
Chief Executive
Dr Stephen Ayre

Minister for Health
and Minister for
Ambulance Services
Hon. Dr Steven Miles MP

Metro South Hospital
and Health Service

Executive team

Executive Director
Logan-Bayside Health Network

Executive Director
Addiction and Mental Health Services

Executive Director
PAH-QEII Health Network

Executive Director
Clinical Governance

Executive Director
Corporate Services

Executive Director
Planning, Engagement and Reform

Executive Director
Allied Health Services

Executive Director
Medical Services

Executive Director
Nursing Services

Health services

Beaudesert Hospital
Logan Hospital
Redland Hospital

Princess Alexandra Hospital
QEII Jubilee Hospital/Oral Health

Addiction and Mental Health Services

Support services

Finance Services

Information Services

Clinical Governance

Corporate Services

Planning, Engagement and Reform

Clinical Streams

- Addiction and Mental Health Services
- Aged Care and Rehabilitation Services
- Cancer Services
- Emergency Services
- Medicine and Chronic Disease Services
- Oral Health Services
- Patient Flow Program
- Surgical Services
- Women’s and Children’s Services

Organisation structure
(as of 30 June 2018)
Our governance

Our Board

The Metro South Hospital and Health Board (MSHHB) comprises 10 members appointed by the Governor in Council on the recommendation of the State Minister for Health and Minister for Ambulance Services pursuant to the Hospital and Health Boards Act 2011 (the Act). Each member brings a broad range of skills, expertise and experience to the Board.

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

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

Key responsibilities

The Board reports to the Minister for Health and Minister for Ambulance Services. The key responsibilities of the Board include:

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

Board roles

**Board Chair**

The Chair of the Board is elected on the recommendation of the Minister for Health and Minister for Ambulance Services following an advertised recruitment process.

The Chair of the Board’s responsibilities are to:

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

**Corporate Secretary**

The Corporate Secretary provides administrative support to the Board.

The Corporate Secretary is responsible for:

- preparing agendas and minutes
- organising Board meetings
- organising Directors’ attendances
- preparing the Board induction package
- providing a point of reference for communication between the Board and Metro South Health executive
- attending to all statutory filings, requirements and regulatory bodies.

Board activities and achievements

The Board and committee activities and major achievements in 2017–18 include:

- Directing the strategic vision for Metro South Health’s digital future, including building on the success of becoming Australia’s first digital health service.
- Building and managing relationships with key stakeholders and partners, including universities, community representatives and primary care (such as Brisbane South PHN and GPs).
- Maximising opportunities to bring healthcare closer to home for people in our communities, such as Logan Maternity and Child Health Hubs, the expansion of oral health services at Logan Central Community Health Centre and the opening of both Woolloongabba Community Health Centre and Wynnum-Manly Community Health Centre, Gundu Pa.
- Ensuring Metro South Health engages effectively with our diverse communities so we can continue to meet their needs.
- Guiding our long-term plans to improve the health of Aboriginal and Torres Strait Islander people, including our performance against the Metro South Health Closing the Gap Plan.
- Overseeing updates to the current Metro South Health Strategic Plan and providing direction for the development of the new strategic plan.
- Continuing to develop Metro South Health’s positive workforce culture—for example, providing a vision for actions resulting from the 2017 Employee Survey.
- Ensuring Metro South Health manages risk effectively and invests resources strategically to achieve maximum benefits for our community.
Our governance

Board members (at 30 June 2018)

Ms Janine Walker

**Board Chair**

*Appointed: 18 May 2016*

*Appointed as Chair: 13 October 2017*

*Current term: 18 May 2017–17 May 2021*

*Note: Mr Terry White AO held the position of Board Chair until 5 October 2017.*

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

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

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

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

Professor Johannes (John) Prins

**Deputy Chair/Board Director**

*Appointed: 29 June 2012*

*Current term: 18 May 2016–17 May 2019*

*Leave without pay: 7 May 2018 to 5 November 2018*

*Note: Professor Prins temporarily took leave from the Board on 7 May 2018. He was expected to return to the Board on 5 November 2018.*

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

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

As Chair of the Centres for Health Research on the PA Hospital campus from 2005 to 2009, John coordinated a campus-wide research strategy, fostered research, facilitated the recruitment of researchers to the campus and integrated research and clinical activities. He has an ongoing clinical appointment as Senior Staff Endocrinologist at PA Hospital.

In 2009 John was appointed Chief Executive and Director of the Mater Medical Research Institute. He has substantial commercialisation experience, holds three international patents and was founder and Scientific Director of a biotech company Adipogen Pty Ltd. He is Professor of Endocrinology at UQ and has produced more than 140 publications with more than 10,000 citations.
Our governance

Mr Brett Bundock

Board Director

*Appointed: 18 May 2018*

*Current term: 18 May 2018–17 May 2019*

Brett is one of the Asia Pacific region’s most influential contributors to the geospatial technology industry. He is a company director with a spatial industry career spanning more than three decades, across four continents.

Brett is currently the Group Managing Director for Esri Australia and Esri South Asia, and is also an active contributor to various community and industry groups.

Ms Helen Darch

Board Director

*Appointed: 18 May 2017*

*Current term: 18 May 2017–17 May 2020*

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

She is currently Chair of the Domino’s Give for Good Pty Ltd Board, interim Chair of The Moreton Bay Foundation, and member of the Translational Research Institute’s Strategy and Partnerships Committee. Until 2018 she was Deputy Chair, Children’s Hospital Foundation, and interim Chair of the Children’s Health Research Alliance, an initiative of the Children’s Hospital Foundation and Children’s Health Queensland. She chaired the Cerebral Palsy League, Queensland Board, and its Nominations Committee and Executive Appraisal Committee until 2015.
Our governance

Adjunct Professor Iyla Davies OAM

Board Director
Appointed: 18 May 2017
Current term: 18 May 2017–17 May 2020

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

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

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

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

In 2018 Iyla received a Queen’s Birthday Honour (OAM) for services to education.

Mr Peter Dowling AM

Board Director
Appointed: 29 June 2012
Current term: 18 May 2016–17 May 2019

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

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

He is a Director of Healthdirect, TAFE Queensland and WorkCover Queensland and chairs a number of state and local government audit committees. He is also the Queensland Honorary Consul for Botswana.
Our governance

Ms Donisha Duff

Board Director  
Appointed: 18 May 2016  
Current term: 18 May 2017–17 May 2021

Donisha has a background in health policy, planning and management with a particular focus on Aboriginal and Torres Strait Islander health. She has more than 15 years’ experience in health and Indigenous affairs working in the federal government, Queensland Health, Australian Indigenous Doctors’ Association, the National Aboriginal Community Controlled Health Organisation (NACCHO) and as Advisor (Indigenous Health) to the former Minister for Indigenous Health, Warren Snowdon MP. She is currently the General Manager (Deadly Choices) at the Institute for Urban Indigenous Health (IUIH).

Donisha holds a number of board appointments including Council Member of the Australian Institute for Aboriginal and Torres Strait Islander Studies (AIATSIS), Member of the Medical Radiation Practice Board of the Australian Health Practitioner Regulation Agency (AHPRA), Member of the Queensland Government’s Aboriginal and Torres Strait Islander Business and Innovation Reference Group, and Deputy Chair of the Stars Foundation Ltd.

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

Dr John Kastrissios

Board Director  
Appointed: 29 June 2012  
Current term: 18 May 2017–17 May 2019

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

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

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

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

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

Dr Marion Tower

**Board Director**  
*Appointed: 29 June 2012*  
*Current term: 18 May 2016–17 May 2019*

Marion is a registered nurse and an academic. She is currently the Director of Undergraduate and Pre-Registration Nursing and Midwifery Programs at UQ’s School of Nursing, Midwifery and Social Work. She is also a Fellow of the Institute of Teaching and Learning Innovation at UQ.

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

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

Mr Paul Venus

**Board Director**  
*Appointed: 18 May 2017*  
*Current term: 18 May 2017–17 May 2020*

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

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

Paul is Metro South Health’s appointed Director on the Board of the PA Research Foundation and a Board Member of the City of Logan Mayor’s Charity Trust.
In October 2017 we celebrated the tremendous contributions Mr Terry White AO made to the leadership of Metro South Health and our mission to provide excellent healthcare to everyone in the community.

Terry was Metro South Health’s inaugural Board Chair and served in the position from the establishment of the Hospital and Health Service in 2012 until his departure from the Board in October 2017.

Over more than five years Terry was instrumental in developing the capacity and vision of Metro South Health to ensure that it continues to provide high quality healthcare, embraces innovation, has a positive culture at all levels and is well prepared for the future.

Terry performed his role with great passion and displayed considerable admiration and support for all our staff. He was well respected and admired within Metro South Health and by stakeholders across the healthcare sector, Government and beyond. He is a people person and forged strong relationships and partnerships that continue to benefit Metro South Health patients and staff.

Terry played a crucial role in setting the long-term direction for our health service. He was a champion of key strategic aims, such as putting digital technology and research at the forefront of healthcare, bringing care closer to home and placing people at the heart of everything we do (person-centred care).

As a result, Terry presided over many of our major achievements to date, including overseeing the first and most complex phase of the Digital Hospital project – the rollout of the ieMR (integrated electronic Medical Record) at PA Hospital. In late 2016 PA Hospital became Australia’s first large-scale Digital Hospital.

Under Terry’s guidance a culture of nursing excellence continued to grow, with PA Hospital becoming the first healthcare organisation outside the USA to receive the prestigious Magnet® designation for a third time, and Logan-Bayside Health Network achieving Pathway to Excellence® designation for nursing excellence.

With Terry as Board Chair, Metro South Health developed several state-of-the-art healthcare facilities in the heart of our community. For example, we opened Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Healthcare, expanded QEII Jubilee Hospital emergency department and laid the groundwork for Wynnum-Manly Community Health Centre, Gundu Pa.

During Terry’s time at the helm, Metro South Health also made considerable progress in improving access to healthcare across the region. From 2012 to 2017, we reduced the long wait list for elective surgery from 3000 people to just a handful of people. Since 2015, we reduced long wait times for specialist outpatient appointments by 70 per cent.

Everyone at Metro South Health thanks Terry for his decisive leadership, enthusiasm and kindness. We wish him well for his future endeavours.
Board committees

The Metro South Hospital and Health Board has established five committees to assist in carrying out its functions and responsibilities.

The five committees are:

- Executive Committee
- Aboriginal and Torres Strait Islander Health Access Committee
- Finance Committee
- Audit and Risk Committee
- Safety and Quality Committee

Executive Committee

The Executive Committee is an advisory committee to the Board.

The Executive Committee functions under the authority of the Board in accordance with section 32b of the Hospital and Health Boards Act 2011.

The Executive Committee is established to support the Board by:

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

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

Membership

Chair: Ms Janine Walker

Committee members: Mr Peter Dowling AM; Dr John Kastrissios; Professor John Prins; Dr Marion Tower; Ms Donisha Duff; Ms Helen Darch; Mr Paul Venus; Adjunct Professor Iyla Davies OAM; Mr Brett Bundock

Standing invitees: Health Service Chief Executive; Chief Finance Officer

Note: Mr Robert Mackway-Jones attended two meetings as Acting Health Service Chief Executive

Aboriginal and Torres Strait Islander Health Access Committee

The Aboriginal and Torres Strait Islander Health Access Committee was newly established in 2017–18 to provide high-level oversight of Metro South Health’s strategic objectives towards Closing the Gap.

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

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

The Finance Committee is a prescribed committee under part 7, section 31, of the Hospital and Health Boards Regulation 2012.

The Finance Committee functions under the authority of the Board in accordance with schedule 2, section 8, of the Hospital and Health Board Act 2011.

The Finance Committee's functions include:

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

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

Membership

Chair: Mr Peter Dowling AM

Committee members: Ms Janine Walker and Mr Paul Venus

Standing invitees: Health Service Chief Executive; Chief Finance Officer; Director Audit and Risk Management

Audit and Risk Committee


The committee meets at least quarterly and provides oversight of the Executive’s effectiveness in managing risk, the operation of Internal Audit, follow-up of internal and external findings and governance of Metro South Health.

Membership

Chair: Mr Peter Dowling AM

Committee members: Ms Janine Walker and Mr Paul Venus

Standing invitees: Health Service Chief Executive; Chief Finance Officer; Director Audit and Risk Management
The Safety and Quality Committee is a prescribed committee under part 7, section 32 of the Hospital and Health Boards Regulation 2012. It functions under the authority of the Board in accordance with schedule 1, section 8 of the Hospital and Health Boards Act 2011.

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

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

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

**Membership**

**Chair:** Dr Marion Tower/Professor John Prins

**Committee members:** Dr John Kastrissios; Ms Helen Darch; Adjunct Professor Iyla Davies OAM and Ms Donisha Duff

**Standing invitees:** Health Service Chief Executive; Executive Director, Clinical Governance, plus three professional heads, one quality coordinator and one frontline clinician.

**Note:** Dr Marion Tower assumed the position of Chair due to Professor John Prins stepping down from the Board for a period of up to six months in 2017–18.
### Our governance

#### Board Director meeting attendance

<table>
<thead>
<tr>
<th>Board Director</th>
<th>Board Meeting</th>
<th>Executive Committee</th>
<th>Finance Committee</th>
<th>Audit and Risk Committee</th>
<th>Safety and Quality Committee</th>
<th>Aboriginal and Torres Strait Islander Health Access Committee</th>
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<tr>
<td>Mr Terry White AO</td>
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<td>Ms Janine Walker</td>
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<td>Mr Peter Dowling AM</td>
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<td>Dr John Kastrissios</td>
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<td>Professor John Prins</td>
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<td>Ms Donisha Duff</td>
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<td>Adjunct Professor Iyla Davies OAM</td>
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<td>Mr Brett Bundock</td>
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*Denotes Chair of Board/Committee  
**Appointed to the Board 18 May 2018  
***Departed Board in October 2017–18

### Remuneration of Board Directors

Total Board expenses, including allowance and employer superannuation expenses incurred by Metro South Health, are disclosed in the financial reports section at the end of this Annual Report from page 118.

There was a total of $364 in out-of-pocket expenses for Board members during 2017–18.
Our Executive team

Health Service Chief Executive (HSCE) (at 30 June 2018)

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

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

The Chief Executive may delegate the Chief Executive’s functions under the Hospital and Health Boards Act 2011 to an appropriately qualified executive or employee.

Dr Stephen Ayre

Health Service Chief Executive

Stephen began his career as a general practitioner on the Sunshine Coast and has worked in several hospitals across the state.

He is a graduate of the University of Queensland Medical School, has a Masters in Health Administration from the University of NSW, and is a Fellow of the Royal Australasian College of Medical Administrators.

Stephen has worked in senior management roles across health, including community health, Medical Superintendent and medical services. He also worked in Tasmania, where he was the CEO of the Launceston General Hospital from 2004–2008.

Stephen worked as Executive Director of Medical Services at The Prince Charles Hospital from 2008–2014. He was appointed Executive Director, Princess Alexandra Hospital and QEII Jubilee Hospital Health Network in May 2014, prior to his appointment as Health Service Chief Executive in July 2017.

Mr Robert Mackway-Jones

Chief Finance Officer

Robert has 23 years of health sector experience across the Australian and New Zealand health environments. His senior leadership roles include various Chief Finance Officer roles in New Zealand from 2001, and from June 2013 with Metro South Health.

From 2010–2013 he led the health needs assessment, strategic planning, funding and contracting for health services for the Southern District Health Board in New Zealand while concurrently fulfilling its Chief Finance Officer role. His background also includes time spent in the agricultural and ICT sectors.

Robert was appointed Acting Health Service Chief Executive at Metro South Health from February 2017 to July 2017.
Our governance

Dr Michael Cleary

Executive Director, PAH-QEI Health Network

Michael commenced working with Queensland Health 34 years ago and was appointed as Executive Director, PA Hospital and QEII Jubilee Hospital Health Network in October 2017.

Michael has an extensive background in emergency and trauma medicine and with senior level positions within health, including his involvement on the Boards of the Australian College for Emergency Medicine and Australian Council on Healthcare Standards. He represented Queensland on the Australian Health Ministers’ Advisory Council and the Hospitals’ Principal Committee.

He has held the role of Deputy Director-General and Chief Operations Officer within the Queensland Department of Health. He is currently the President of the Royal Australian College of Medical Administrators and newly elected Vice-President of the Australian Medical Association (AMA) Queensland.

Dr Susan O’Dwyer

Executive Director, Medical Services

Susan has worked in various medical administration roles at facilities across Queensland Health since 2001. Her experience includes a seven-year term at the Department of Health with responsibilities for medical workforce, education and training.

Susan has a long-standing involvement with the Australian Medical Council (AMC), including accreditation activities for international medical graduate pathways, pre-vocational accreditation, and specialist college accreditation.

Susan is a Censor with the Royal Australasian College of Medical Administrators (RACMA), a member of the Medical Board of Australia, and Chair of the Queensland Board of the Medical Board of Australia. She is also the Chair of the Queensland Registration Committee of the Medical Board of Australia. These professional roles complement Susan’s role with Metro South Health as the professional lead for medical practitioners.
Ms Veronica Casey

**Executive Director, Nursing and Midwifery Services**

Veronica has held nursing and midwifery executive leadership positions in Queensland Health since 1997. She worked in Nursing and Midwifery Director roles at The Prince Charles Hospital District, the Royal Brisbane Hospital and the Royal Women’s Hospital prior to her appointment as Executive Director, Nursing Services Princess Alexandra Hospital and Executive Director Nursing and Midwifery Services, Metro South Health.

During her time at Princess Alexandra Hospital, she has been instrumental in helping the hospital achieve re-designation under the Magnet® credentialing program, and the introduction of the Nurse Sensitive Indicator performance monitoring system.

Veronica’s experience and expertise in the nursing profession extends to national and international platforms, holding membership on the Nursing and Midwifery Board of Australia, serving as an inaugural International Magnet Commissioner for the American Nurses Credentialing Centre (ANCC) from 2010 to December 2017, and past contributions to the Australian Quality and Safety Commission.

She has also been recognised for her contribution to the nursing and midwifery profession by being awarded the ANCC HRH Princess Muna Al-Hussein Award for international contribution to nursing in 2011.

Mr Michael Draheim

**Acting Executive Director, Logan-Bayside Health Network**

Before his appointment as Acting Executive Director, Logan-Bayside Health Network in 2018, Michael served as Chief Information Officer for Metro South Hospital and Health Service. He is an Adjunct Professor at the University of Queensland’s Business School and holds a postgraduate qualification in Health Administration and Information Systems.

Michael has more than 30 years of healthcare experience in both public and private organisations across Australia; this includes health management, leadership and executive roles. He also has more than 14 years of clinical practice across a variety of settings with speciality focus as a Registered Nurse with advanced practitioner expertise in adult intensive care and advanced life support, including senior clinical leadership roles.

Michael has practical experience in clinical education, informatics and leadership positions. This experience is supported by competencies in clinical service management, wait list management, policy development, clinical information system implementation, program/project management, organisational governance and change management.

From an outcome perspective, Michael’s major achievements include the successful delivery of the first end-to-end digitalisation of a major public hospital in Australia, including the first adult public hospital in Australia to achieve EMRAM Level 6; service delivery transformation to support changing models of care; aligned reporting around data analytics and predictive modelling to support clinical care; and delivering projects to support major telehealth services to regional and remote hospitals.
Our governance

Professor David Crompton OAM

Executive Director, Addiction and Mental Health Services

David worked in private practice as a rural general practitioner prior to commencing psychiatry training and spending 12 years in private psychiatry practice. He is a Professor within the School of Health Service and Social Work at Griffith University and holds academic titles with UQ and QUT.

David has held leadership roles in Queensland Health and New South Wales Health and is the coordinator for the Centre for Neuroscience, Recovery and Mental Health.

He was awarded a Medal of the Order of Australia (OAM) for development of community-based mental health services for veterans and development of community post-traumatic stress disorder and anxiety and substance abuse treatment services.

David’s research interests include the impact of trauma and natural disasters, suicide and factors that influence recovery of individuals with mental illness.

Dr Michael Daly

Executive Director, Clinical Governance

Michael is a graduate of University College Dublin, who commenced his senior management roles as Executive Director Medical Services, West Moreton in 2002. After leading the Bundaberg Hospital Emergency Response Team in 2005, Michael founded the Southern Area Clinical Governance Unit, introducing baseline clinical governance systems across the southern part of Queensland.

Since 2008, Michael has been the Executive Director Clinical Governance, Metro South Health. He has developed and evolved a number of Australia-leading clinical governance systems, including communication training programs, senior medical performance systems, audit and scorecard systems, and Digital Hospital safety systems.

Michael led the accreditation against the 10 National Standards that saw Metro South Health hospitals achieve the best results in Australia. He has been invited to provide clinical governance support and advice to 17 other hospitals and, since 2014, 14 hospitals have visited Michael and his team. He is also running collaborations with New Zealand and Norway.

Michael is an Adjunct Associate Professor at QUT and is a member of the National Model Clinical Governance Advisory panel. He is an international speaker on senior medical performance and Digital Hospital safety and has published about deteriorating patients, end of life, disaster management and communication programs.
Our governance

Ms Jen Rossiter

Acting Executive Director, Corporate Services

Jen has more than 20 years’ experience in Queensland Health and has undertaken both corporate and technical roles during this period. She is a graduate of QUT with a Master of Science and spent almost 10 years ‘on the bench’ at Forensic and Scientific Services, specialising in trace metal toxicological analysis.

In the past, Jen worked in a number of roles including ICT and workforce project management, before moving back to the laboratory environment as Director and successfully leading a significant business improvement program.

More recently, following her desire to work in an engineering environment (as her Masters qualification was a joint study with the School of Civil Engineering) she worked in the Department of Transport and Main Roads, leading the delivery of the state planning and corporate services programs and the facilitation of land development across the state.

Jen has undertaken a number of postgraduate studies in leadership and management and has particular interests in adaptive leadership, culture change and the implementation of systems and processes that dramatically improve service delivery in healthcare and the public sector as a whole.

Ms Kay Toshach

Executive Director, Planning, Engagement and Reform

Kay has a background in physiotherapy and worked as a senior clinician within Queensland Health and the United Kingdom’s National Health Service (NHS) before pursuing an interest in health service planning, change management and corporate governance.

Both within the Princess Alexandra Hospital and, more recently, across Metro South Health, she has been responsible for leading a range of broad change initiatives, including planning frameworks, performance models, critical service partnerships and corporate governance models.

Kay acted as the Metro South Health lead for the transition to an independent statutory body in line with national and state health reform in 2012, and continues as the Board Secretary for Metro South Health.
Mr Geoff Lau

Acting Executive Director, Allied Health Services

Geoff has worked extensively as a mental health clinician, supervisor and manager since 1992 across acute, tertiary, inpatient and community-based services. His core training in occupational therapy at UQ, combined with postgraduate training in social science at QUT, guided his clinical practice and interest in evidence-informed psychosocial therapies and physical health interventions.

In 2010, Geoff was appointed the Director of Therapies and Allied Health, Metro South Addiction and Mental Health Services, and he is currently the Acting Executive Director of Allied Health Services, Metro South Health. He is also the Occupational Therapy Australia delegate for Mental Health Australia, and is enrolled as a PhD candidate researching the impact of a Therapies Capability Framework in publicly-funded mental health services.

Mr Dave Waters

Executive Director, Workforce Services

Dave joined Metro South Health as Executive Director, Workforce Services in October 2017. His previous roles include Chief Human Resources Officer for both Queensland’s Department of Health and the Department of Transport and Main Roads.

During his state public sector career spanning more than 10 years, he led major public sector enterprise bargaining rounds as Head of Employee Relations for the Department of Health and the Department of Education and Training.

Dave holds tertiary qualifications in human resources management, economics and government.
Mr Cameron Ballantine

Acting Chief Information Officer

Cameron is a Registered Nurse with postgraduate qualifications in Intensive Care. He has practical experience in clinical leadership positions across the public sector, has worked in health delivery roles in Queensland, and also has a Masters qualification in Health Science. He has experience in the implementation, management and delivery of ICT and its benefits in hospital and healthcare systems, through working with clinicians to drive transformation and deliver outcomes.

His most recent position has been leading the implementation of Digital Hospital/ieMR for Metro South Health. His digital experience includes service delivery transformation to support changing models of care associated with Digital Hospitals. This includes significant experience in leading implementation of data analytics and predictive modelling to support patient care.

Health service committees

The care provided, policies and direction of key areas at Metro South Health are managed by a range of service-wide committees, led by Executive or Director-level staff members. Below are the main committees that operated in 2017–18.

**Asset Strategic Governance Group**
Responsible for the strategic coordination of asset management activities across the organisation in line with principles outlined in the [Asset Management Policy](#).

**Blood Management Group**
Provides high-level clinical expertise, oversight and advice relating to the management and administration of blood and blood products to patients.

**Building Engineering and Maintenance Services Committee**
Oversees building and maintenance performance (including financial), key risks and priorities, policies and reforms.

**Clinical Ethics Committee**
Provides a forum for discussion about clinical ethics issues and situations in a safe and confidential environment.

**Clinical Governance Senior Leadership Team**
Contributes to the provision of quality and safe care across Metro South Health by operationalising, implementation and alignment of the [Clinical Governance Strategic Plan](#), providing a forum for collaboration and developing Clinical Governance senior leaders.

**Consultative Forum**
Enables consultation and communication between Metro South Health management and union representatives.

**Corporate Services Directors Meeting**
Oversees Corporate Services’ performance (including financial), key risks and priorities, policies and reform processes.

**Credentialing and Scope of Clinical Practice Committee**
Ensures that all medical and dental practitioners utilising Metro South Health facilities practice high quality care, by granting Scope of Clinical Practice only to those practitioners who are appropriately qualified, trained and experienced.

**Digital Executive Committee**
Provides strategic leadership and advice around digital initiatives and solutions that support healthcare delivery.

**Disability Action Committee**
Oversees initiatives which improve health outcomes and increase the accessibility and appropriateness of health services for people with disability.
Our governance

Disaster and Emergency Management Committee
Provides a health service-wide disaster and emergency network to enable each Metro South Health facility to optimally prepare for and respond to disaster and emergency incidents at a facility, health service-wide or statewide level.

Executive Planning and Innovation Committee (EPIC)
Addresses priority initiatives identified by the Board, Chief Executive and Executive.

Executive Quality of Care Committee
Provides advice and knowledge sharing to both the Metro South Health Executive and Board Safety and Quality Committee.

Executive Strategic Workforce Committee
Leads the development of a Metro South Health-wide workforce vision and the implementation of related strategies.

Finance Network Committee
Oversees the financial management of Metro South Health, including activity, staffing and budget.

Health Service Executive Committee
Oversees the delivery and performance of services and gives advice to the Chief Executive by monitoring and making decisions regarding quality and safety, employment and human resources, activity, capital works, budget assignment, equipment purchasing and expenditure.

Human Research Ethics Committee (HREC)
Acts in a consultative and advisory capacity with researchers to ensure that all clinical, research and management practices are conducted in an ethical and scientifically robust manner.

ICT Executive Committee
Responsible for the overarching strategy and high-level direction for information, communications and technology (ICT).

Medicines Management Committee
Provides evidence-based decision making and oversight to promote safe and quality use of medicines organisation wide.

Multicultural Reference Committee
Serves to increase the capacity of health services to engage and partner with communities from culturally and linguistically diverse (CALD) backgrounds and to develop strategies for involving CALD consumers and communities.

Nursing and Midwifery Executive Committee
Provides leadership and strategic direction for nursing and midwifery services and advises the Metro South Health Executive regarding the planning and management of health services.

Nurse Navigator Advisory Group
Determines the future allocation of Nurse Navigator resources across Metro South Health and provides Executive oversight.

Procurement Governance Committee
Oversees the Metro South Health procurement strategy and plans and identifies priority areas for opportunities.

Radiation Safety Management Reference Group
Monitors, reports on and advises on the use of ionising and non-ionising radiation sources across Metro South Health to minimise the risk to staff, patients and the public arising from radiation sources.

Ethics and code of conduct

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

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

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

Each principle is strengthened by a set of values and standards of conduct describing the behaviour that will demonstrate that principle. The principles and associated values are equally important. Metro South Health is committed to upholding the intention and spirit of the
principles and values contained in the *Code of Conduct for the Queensland Public Service*.

All Metro South Health employees are required to undertake training in the *Code of Conduct for the Queensland Public Service* during their induction and following any change to the document. They are also required to undertake training to help them be aware of and tackle bullying, harassment and discrimination along with training on ethics, fraud and conflicts of interest.

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

- orientation sessions
- intranet-based modules (LEAPOnline)
- digital training modules accessed by computer.

**Corrupt conduct**

The Staff Integrity and Investigation Unit is the central point within Metro South Health to receive, assess and refer allegations of suspected corrupt conduct to the Crime and Corruption Commission.

The unit is responsible for coordinating, managing, reviewing and investigating major, complex and sensitive matters assessed as suspected corrupt conduct and misconduct matters which includes Public Interest Disclosures involving Metro South Health staff. The unit enables the Chief Executive to fulfil the legislated obligation under the *Crime and Corruption Act 2001*.

Metro South Health is committed to preventing fraud, misconduct and corruption and has a zero-tolerance approach to such behaviour, which can take away vital resources from our health service and undermine public confidence in our work.

Metro South Health encourages employees to be aware of information about corrupt conduct, public interest disclosures, bullying, harassment or sexual harassment and processes for reporting or making a complaint of suspected corrupt conduct, including fraud.

During 2017–18, Metro South reviewed and updated procedures relating to:

- workplace and sexual harassment and bullying
- workplace conduct—ethics, integrity and accountability
- reporting corrupt conduct
- Public Interest Disclosures
- employee complaints
- investigations.

**Prevention**

Fraud is deception that is wrong or unlawful and intended to result in personal or financial gain. It is one aspect of corrupt conduct. Metro South Health actively monitors transactions and workforce activity for suspected fraud.

During 2017–18, Metro South Health has focused on conflicts of interest and nepotism (in recruitment and procurement), false timesheet and leave submissions, theft and unauthorised access/disclosure of information.

Updates have been made to the Staff Integrity and Investigations Unit webpage that provides all staff with information relating to fraud awareness, fraud control, warning signs that could indicate fraud is taking place and how to make a complaint of suspected corrupt conduct.

**Assessment and investigation**

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

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

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

**Audit and risk management**

**External scrutiny**

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

**QAO Audit**

As a public sector entity, Metro South Health is subject to annual audit by the QAO. The QAO also issued the following Auditor-General Reports to Parliament that contained recommendations of direct relevance to Metro South Health:

- Report 17: 2016–17 *Organisational structure and accountability*
- Report 2: 2017–18 *Managing the mental health of Queensland Police employees*
Our governance

- Report 14: 2017–18 National Disability Insurance Scheme

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

Risk management

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

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

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

Key accountability bodies within the risk framework are:

- The Board retains ultimate responsibility for monitoring key risks and ensuring there are systems and processes in place to identify, manage and monitor these risks. The Board has delegated responsibility for overseeing risk management activities to the Audit and Risk Committee.
- The Audit and Risk Committee oversees the assurance of the health service’s risk management framework, and the internal control structure and systems’ effectiveness for monitoring compliance with relevant laws, regulations and government policies.

The executive management team, known as Metro South Health Executive, has active risk management responsibilities both collectively and individually as Executive Directors in charge of separate service delivery streams.

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

Internal auditing

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

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

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

The Internal Audit function operates with due regard to Queensland Treasury Audit Committee Guidelines. The Internal Audit unit has a central role in improving operational processes and financial practices by:

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

The Strategic and Annual Audit Plan, approved by the Audit and Risk Committee, directs the unit’s activities and provides a framework for its effective operation. A risk-based planning approach is used to develop audit plans, including considering risk registers and consulting with internal stakeholders and the QAO.

Metro South Health risk registers are regularly reviewed for changes in the organisational risk profile and potential impacts on planned audits and areas of Internal Audit focus. Audit reports include recommendations to address deficiencies in risk treatment and all audit reports are reviewed by the Audit and Risk Committee.

Internal Audit achievements during 2017–18 include:
Information systems and recordkeeping

Recordkeeping roles and responsibilities

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

Across Metro South Health, each facility has a Medical Records Department responsible for the lifecycle management of the clinical records in accordance with the relevant statutory requirements. Non-clinical records are managed through each service’s administration teams.

Appropriate record management is maintained by ensuring:

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

Reliability and security

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

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

Digital records: integrated electronic Medical Record (ieMR)

All Metro South Health hospitals use a fully integrated electronic Medical Record (ieMR). PA Hospital completed full ieMR implementation in early 2017. Logan, Beaudesert, Redland and QEII hospitals all completed ieMR implementation during 2017–18.

While historic patient information will remain available via paper medical records, all new clinical information is documented electronically and available within the ieMR.

Any subsequent paper-based information is scanned within 48 hours of the notes arriving in the Scanning Unit and is then available for viewing in the ieMR. Quality and auditing processes have been implemented to ensure a high quality scanning service is provided at all times.

Retention and disposal

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

Information disclosure

In accordance with section 160 of the Hospital and Health Boards Act 2011, Metro South Health is required to include a statement in Its Annual Report detailing the disclosure of confidential information in the public interest. There were three disclosures under this provision during 2017–18:

• Release of medical information of a patient to NSW Family and Community Services pursuant to a request under the Children and Young Persons (Care and Protection) Act 1998 (NSW).
• Release of medical information of a patient to the Department of Natural Resources, Mines and Energy relating to activities and investigations around statistical recording of coal mine dust lung disease.
• Release of medical information of a patient to children of the patient to warn of potential hereditary disease and the need to seek testing/medical advice.

Open data

2. Our performance

Throughout 2017–18, Metro South Health maintained steady performance amid increasing demand across a number of key healthcare services.

Performance snapshot

Elective surgery wait times

- **98%** of the most urgent elective surgery cases treated within the recommended times
- **26** patients on the long wait list—the same as the end of June 2017

Emergency department access

- **68%** of emergency department patients treated or discharged within four hours
- **10%** increase in the most complex and urgent emergency department cases

Specialist outpatient appointments

- **99%** reduction in outpatient ultra long waits (waits of more than two years) compared to 2015–16
- **900** more new specialist outpatient appointments delivered in 2017–18 compared to 2016–17

Investing in high-tech healthcare facilities

- **x 4** hospitals completed go-live with the ieMR to become Digital Hospitals

Delivering clinical excellence

- **PATHWAY TO EXCELLENCE®** designation for nursing
- **QEII Jubilee Hospital attained Pathway to Excellence® designation for nursing**

2017–18 at a glance

- **262,021** people admitted to hospital
- **277,543** people attended our emergency departments
- **1,055,974** outpatient appointments provided
- **24,122** elective surgeries performed
- **5558** births
- **4281** telehealth appointments provided
Government’s objectives for the community

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

Delivering quality frontline services

Metro South Health delivers clinical care to more than 4000 people each day—in hospital, in community settings, and in the home. The organisation is aiming to go beyond clinical compliance and become recognised as a leading example of outstanding healthcare by pursuing best-practice accreditation against a number of excellence programs. A major emphasis is pursuing Planetree recognition for person-centred care—focusing on the areas of detail that make a difference to clinical outcomes and our patients’ experiences.

Building safe, caring and connected communities

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

Creating jobs and a diverse economy

With a workforce consisting of around 15,000 employees, Metro South Health is one of Queensland's largest employers. The organisation is committed to investing in the skills and diversity of its workforce, flexible working arrangements, supporting current and future leaders, improving opportunities for women and fostering a positive organisational culture.
Our performance

My health, Queensland’s future: Advancing health 2026

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

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

- Metro South Health is investing in preventative health measures in partnership with the primary care sector and Brisbane South PHN. One key initiative is the launch of community grants to help reduce potentially preventable hospitalisations.
- Metro South Oral Health Service has implemented a number of dental health promotion initiatives including Healthy Mouth Day, Oral Health Refugee Project and Lift the Lip, which aim to provide easier access to oral health services along with support and education as a cost-effective preventative health model for the health service.
- Metro South Health is leading the state in promoting quality end-of-life care. The My Care, My Choices program involves encouraging patients and members of the community to think and make choices about their future healthcare. The program developed a Statement of Choices document which can be used to record a person’s values, beliefs and healthcare preferences.

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

- Metro South Health maintains full Australian Council on Healthcare Standards (ACHS) accreditation at all of its hospitals and health services. It is also committed to going beyond compliance to become recognised as a leading example of healthcare, both nationally and internationally.
- Metro South Health is investing heavily in long-term service planning and infrastructure, including a major expansion of Logan Hospital. In 2017–18, we opened the new Wynnum-Manly Community Health Centre, Wooloongabba Community Health Centre and the Stage Two expansion of the Southern Queensland Centre for Excellence in Aboriginal and Torres Strait Islander Primary Healthcare in Inala.
- With the most culturally diverse health region in Queensland, Metro South Health is committed to ensuring access to equitable, accessible and culturally safe care. We provide a number of targeted clinical services and multicultural positions including the Queensland Transcultural Mental Health Centre, the Refugee Health Service, and Nurse Navigator positions at Logan, PA and QEII hospitals.
- We are committed to delivering our actions in Queensland Health’s Logan Community health action plan (Logan CHAP) to improve the lives of people in one of our major areas.

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

- Metro South Health works closely with partners and stakeholders, in particular the Brisbane South PHN, to develop strategies to better connect and integrate health services for consumers. Initiatives include the implementation of the Clinical Prioritisation Criteria to provide a streamlined referral process for primary care professionals; ‘beacon’ clinics for multidisciplinary management of people with diabetes; and a shared maternity care model, where a woman’s GP remains part of the broader healthcare team throughout the pregnancy.
- A major initiative in 2017–18 was the launching of three Maternity and Child Health Hubs in Logan to improve access to antenatal care.
- Metro South Health is investing in the Planetree program to become Australia’s first organisation recognised for excellence in person-centred care. Person-centred care focuses on providing care that respects patients’ preferences, needs and values. Evidence shows that a focus on person-centred care results in better clinical outcomes, improved patient satisfaction and decreased infection rates.

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

- Metro South Health is now Australia’s first digital health service after implementing the Digital Hospital program service wide. Digital Hospitals have an integrated electronic Medical Record (ieMR), integrated digital systems and a paper-light environment, enabling faster diagnosis, more accurate monitoring, complete patient information visible to clinicians at the bedside and improved accuracy in clinical decision making and prescribing.
- Metro South Health invests a significant proportion of funding into translational research through the Centres for Health Research based at PA Hospital.
- Metro South Health has established a Transformation and Innovation Collaborative (TIC) to promote and support redesign and innovation capability across the health service. TIC has supported a wide range of change and redesign projects.
Agency service areas and service standards

Metro South Health is responsible for providing public hospital and other health services, including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatients, mental health, critical care and clinical support services.

A Department of Health Service Delivery Statement documents the expected service standards and activities funded in the 2017–18 Queensland Budget.

Below are details of the major deliverables for Metro South Health as outlined in the Service Delivery Statement and our progress towards meeting them.

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening the Stage Two expansion of the Southern Queensland Centre of Excellence at Inala</td>
<td>Stage Two expansion successfully opened in early 2018</td>
</tr>
<tr>
<td>Opening Wynnum-Manly Community Health Centre, Gundu Pa, which will offer expanded specialist outpatient, primary healthcare, oral health and BreastScreen services</td>
<td>Gundu Pa successfully opened in October 2017</td>
</tr>
<tr>
<td>Commencement of oral health services from the new Woolloongabba Community Health Centre, which will be the largest dental clinic south of the Brisbane River</td>
<td>Woolloongabba Community Health Centre, including oral health services, successfully opened in October 2017</td>
</tr>
</tbody>
</table>

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

Metro South Health facilities also report on national targets outlined in the National Partnership Agreement on Improving Public Hospital Services and documented in the Service Delivery Statement and Service Agreement. The targets broadly align with Queensland Health’s 10-year vision—My health, Queensland’s future: Advancing Health 2026.

Below is an overview of Metro South Health’s effectiveness in meeting the key targets outlined in the Service Delivery Statement and Service Agreement for the 2017–18 financial year.

<table>
<thead>
<tr>
<th>KPI description</th>
<th>2017–18 target</th>
<th>Metro South Health performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shorter stays in emergency departments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency department length of stay (ELOS): percentage of emergency department attendees who depart within four hours of their arrival in the emergency department</td>
<td>&gt;80%</td>
<td>68%</td>
</tr>
<tr>
<td><strong>Shorter waits for elective surgery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of elective surgery patients treated within clinically recommended times</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 1 (30 days)</td>
<td>&gt;98%</td>
<td>98%</td>
</tr>
<tr>
<td>Category 2 (90 days)</td>
<td>&gt;95%</td>
<td>86%</td>
</tr>
<tr>
<td>Category 3 (365 days)</td>
<td>&gt;95%</td>
<td>87%</td>
</tr>
<tr>
<td><strong>Fewer long waiting specialist outpatients</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of specialist outpatients seen within clinically recommended times</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 1 (30 days)</td>
<td>75%</td>
<td>72%</td>
</tr>
<tr>
<td>Category 2 (90 days)</td>
<td>70%</td>
<td>61%</td>
</tr>
<tr>
<td>Category 3 (365 days)</td>
<td>85%</td>
<td>82%</td>
</tr>
</tbody>
</table>
Our performance

Emergency departments

In 2017–18, Metro South Health’s emergency departments have seen more than 277,500 patients—approximately one per cent more patients than during 2016–17.

Not only have we seen an overall growth in demand, our emergency departments have seen a 10 per cent increase in the most complex and urgent presentations, compared to the previous financial year.

As a result of an increase in urgent and complex presentations, 62 per cent of all presentations to our emergency departments were seen within clinically recommended timeframes for their urgency category.

Overall, in the face of this increased demand from the most urgent cases, Metro South Health has maintained its performance, with 68 per cent of patients admitted or discharged from an emergency department within four hours.

### Hospital ELOS within 4 hours % 2017–18

<table>
<thead>
<tr>
<th>Hospital</th>
<th>ELOS within 4 hours % 2017–18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaudesert</td>
<td>86%</td>
</tr>
<tr>
<td>Logan</td>
<td>66%</td>
</tr>
<tr>
<td>Princess Alexandra</td>
<td>68%</td>
</tr>
<tr>
<td>QEII Jubilee</td>
<td>67%</td>
</tr>
<tr>
<td>Redland</td>
<td>69%</td>
</tr>
<tr>
<td>HHS total</td>
<td>68% (Department of Health 2017–18 target is &gt;80%)</td>
</tr>
</tbody>
</table>

Improving emergency department access

During 2017–18, Metro South Health implemented models of care, education campaigns and redesign programs aimed at reducing or managing the demand on our emergency departments:

**Patient Access Coordination Hub (PACH):** This state-of-the-art command centre, run in partnership Queensland Ambulance Service (QAS), gives staff a birds-eye view of demand, capacity and the flow of patients across Metro South Health hospitals, including emergency departments. It is also designed to help staff manage surges in demand, identify delays in treatment and take early action to respond. As a result, the PACH can help improve the speed and effectiveness of emergency department treatment, and help us identify alternatives for patients where possible.

**Emergency Choices:** In 2017–18 we supported Brisbane South PHN’s Emergency Choices education campaign, which helps community members know when it’s best to visit an emergency department and when it’s more appropriate to visit a GP or other health professional instead.

**Virtual fracture clinics:** Patients with minor bone injuries of the hand, wrist, foot or ankles are treated at a ‘virtual clinic’, where they can get advice and be referred to appropriate services, such as allied health. The virtual clinics reduce the time spent at physical clinics and reduce the demand on emergency departments. During 2017–18 the clinics were available to patients at Logan and Redland hospitals.

**Value-based wound care:** The development of a Metro South Health-wide integrated wound care service will help improve the patient journey and reduce avoidable emergency department presentations.
Elective surgery

In 2017–18, Metro South Health surgeons have treated more than 24,000 patients from the waiting list, with 91 per cent receiving their elective surgery within the recommended timeframes. As of 30 June 2018, there were 26 ready-for-surgery patients waiting longer than clinically recommended for elective surgery—the same as at the end of June 2017.

This is an excellent result when put in the context of a successful go-live implementation of the integrated electronic Medical Record (ieMR) across multiple facilities together with increasing demand across the system. Metro South Health has delivered record numbers of specialist outpatient appointments and endoscopies, many of which convert onto the elective surgery wait list.

As a result of implementing the Metro South Health Endoscopy Action Plan, the number of people waiting longer than clinically recommended for an endoscopy has fallen from 2718 as of 1 January 2017 to 219 patients at 30 June 2018—a reduction of 91.9 per cent.

Although there has been a reduction in the number of elective surgery cases year on year, Metro South Health has maintained a steady ratio of elective surgery volumes for categories one, two and three patients. As a result, median wait times have remained the same as at 30 June 2017.

Elective surgery treat-in-time performance has deteriorated year on year by four per cent, from 95 per cent in 2016–17 to 91 per cent in 2017–18. This is largely the result of the implementation of the ieMR, with staff undertaking training to ensure a safe go-live. These impacts are temporary in nature with services returning to normal into 2018–19.
Our performance

Specialist outpatients

In 2015–16, Queensland Health launched the Specialised Outpatient Strategy – Improving the patient journey by 2020. This was designed to tackle wait lists and improve access to specialist services by 2020.

As a part of the strategy, Metro South Health has focused on delivering outpatient appointments for those patients who have waited the longest. When the strategy was launched, Metro South Health reported that there were 11,389 patients who had been waiting for more than two years. As of 30 June 2018, this number had fallen to 67—a 99 per cent reduction.

Since the launch of the Specialist Outpatient Strategy, Metro South Health has seen a reduction in the number of patients waiting longer than clinically recommended for a specialist outpatient appointment. The figure fell from more than 42,200 in February 2015 to 14,502 at 30 June 2018—a reduction of more than 65 per cent.

This performance has been achieved despite approximately 14 per cent growth in demand for specialist outpatient services as of the 30 June 2018, compared with the end of June 2017.

In response to the growth in referrals, record numbers of initial outpatient appointments have been delivered across Metro South Health, with close to 107,400 new specialist outpatient appointments as of 30 June 2018. This is almost 900 (or almost one per cent) more appointments than the same period in 2016–17.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaudesert</td>
<td>1</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Logan</td>
<td>1,126</td>
<td>2,848</td>
<td>572</td>
</tr>
<tr>
<td>Princess Alexandra</td>
<td>2,234</td>
<td>4,846</td>
<td>744</td>
</tr>
<tr>
<td>QEII Jubilee</td>
<td>164</td>
<td>659</td>
<td>97</td>
</tr>
<tr>
<td>Redland</td>
<td>185</td>
<td>878</td>
<td>134</td>
</tr>
<tr>
<td>HHS total</td>
<td>3,710</td>
<td>9,244</td>
<td>1,568</td>
</tr>
</tbody>
</table>

Specialist outpatient wait list reduction programs

Metro South Health invests considerable resources in measures to reduce specialist outpatient wait lists. In 2017–18 we continued the most effective wait list reduction initiatives and implemented innovative new programs. These included:

Allied health-led outpatient clinics

Metro South Health continued to use allied health-led clinics to fast track treatment for patients on the specialist outpatient wait list. Many patients on the wait list do not need surgery for their condition and can benefit from non-surgical management from an allied health practitioner. The clinics include:

- Orthopaedic Conservative Management Clinics (physiotherapy, hand therapy, podiatry)
- Integrated ENT Clinic
- Dietitian First Gastroenterology Clinic
- Back Assessment Clinic
- Integrated Allied Health Paediatric Service
- Pelvic Health Clinic.

Mater Health Services partnership

Metro South Health continued its partnership with Mater Health Services, which allows our patients to access additional public specialist outpatient services at no cost. Under a long-term agreement, Metro South Health patients referred to the most in-demand specialties are offered the opportunity to receive care at Mater’s South Brisbane or Springfield campuses.
Under the agreement with Mater Health Services, patients transferred to a Mater facility must be seen and treated within the clinically recommended timeframes.

In 2017–18, Mater Health Services treated a total of 9215 Metro South Health patients (including some elective surgery, medical inpatient and allied health services allowed under the agreement).

Specialist outpatient management

Throughout 2017–18 Metro South Health implemented two new projects designed to deliver more specialist outpatient appointments and reduce wait times for specialist outpatient services.

- **Project one:** Additional support across Metro South Health to complete administrative audits of specialist outpatient long wait lists in line with the *Specialist Outpatient Services Standard 2016 (Queensland Health).* For selected specialties, patients who no longer required a specialist outpatient appointment were removed from the wait list.
- **Project two:** Additional support to undertake specialist outpatient booking confirmations. The process required patients to confirm their attendance for specialist outpatient appointments, and identified patients who did not attend appointments. Unconfirmed appointments were offered to the next patient on the wait list and people who did not attend were, in many cases, removed from the wait list.

Safety and quality

Metro South Health is dedicated to providing safe, high quality healthcare at all times. This includes constant vigilance around hospital-acquired infection rates. The Department of Health target rate for healthcare-associated *Staphylococcus aureus* bacteraemia infection is fewer than two per 10,000 occupied bed days. Metro South Health performed well below this rate at 0.74 during 2017–18. This is an improvement over the figure of 0.92 for the previous financial year.

<table>
<thead>
<tr>
<th>KPI description</th>
<th>2017–18 target</th>
<th>Metro South Health performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare associated infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of healthcare associated <em>Staphylococcus aureus</em> (including MRSA) bloodstream (SAB) infections</td>
<td>&lt;2 per 10,000 acute patient days</td>
<td>0.74</td>
</tr>
</tbody>
</table>

Value for money

Activity Based Funding (ABF) is the primary financing mechanism for public hospitals. Under this model, weighted activity units (WAU) provide a common unit of comparison for all clinical activities so that hospital activity can be measured and costed consistently.

Metro South Health provided 383,585 WAU of activity in 2017–18. At 30 June 2018, the cost per WAU for Activity Based Funding facilities in Metro South Health was $5100, which is $210 higher than the Department of Health target of $4890.

<table>
<thead>
<tr>
<th>KPI description</th>
<th>2017–18 target</th>
<th>Metro South Health performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funded and average cost per QWAU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average cost per weighted activity unit for Activity Based Funding facilities</td>
<td>$4,890</td>
<td>$5,100</td>
</tr>
</tbody>
</table>
Our performance

Other key performance indicators

The information below outlines Metro South Health’s performance against the other key service standards defined in the Service Delivery Statement and Service Agreement with the Department of Health.

<table>
<thead>
<tr>
<th>KPI description</th>
<th>2017–18 target</th>
<th>Metro South Health performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effectiveness measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency departments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of patients attending emergency departments seen within clinically recommended timeframes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 1 (within 2 minutes)</td>
<td>100%</td>
<td>99%</td>
</tr>
<tr>
<td>Category 2 (within 10 minutes)</td>
<td>80%</td>
<td>61%</td>
</tr>
<tr>
<td>Category 3 (within 30 minutes)</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>Category 4 (within 60 minutes)</td>
<td>70%</td>
<td>72%</td>
</tr>
<tr>
<td>Category 5 (within 120 minutes)</td>
<td>70%</td>
<td>93%</td>
</tr>
<tr>
<td>Median wait time for treatment in emergency departments (minutes)</td>
<td>20</td>
<td>22</td>
</tr>
<tr>
<td><strong>Elective surgery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median wait time for elective surgery (days)</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td><strong>Outpatients</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of specialist outpatients waiting within clinically recommended times:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 1 (30 days)</td>
<td>45%</td>
<td>38%</td>
</tr>
<tr>
<td>Category 2 (90 days)</td>
<td>47%</td>
<td>47%</td>
</tr>
<tr>
<td>Category 3 (365 days)</td>
<td>82%</td>
<td>91%</td>
</tr>
<tr>
<td><strong>Mental health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of community follow-up within 1–7 days following discharge from an acute mental health inpatient unit</td>
<td>&gt;65%</td>
<td>63%*</td>
</tr>
<tr>
<td>Proportion of re-admissions to an acute mental health inpatient unit within 28 days of discharge</td>
<td>&lt;12%</td>
<td>14%*</td>
</tr>
<tr>
<td><strong>Other measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Elective surgery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of elective surgery patients treated within clinically recommended times:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 1 (30 days)</td>
<td>9,370</td>
<td>8,696</td>
</tr>
<tr>
<td>Category 2 (90 days)</td>
<td>10,751</td>
<td>8,906</td>
</tr>
<tr>
<td>Category 3 (365 days)</td>
<td>5,136</td>
<td>4,263</td>
</tr>
<tr>
<td><strong>Telehealth</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of telehealth outpatient occasions of service events</td>
<td>3,856</td>
<td>4,281*</td>
</tr>
</tbody>
</table>
Our performance

Other key performance indicators (continued)

<table>
<thead>
<tr>
<th>KPI description</th>
<th>2017–18 target</th>
<th>Metro South Health performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total weighted activity units:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute inpatient</td>
<td>212,627</td>
<td>214,186</td>
</tr>
<tr>
<td>Outpatients</td>
<td>64,093</td>
<td>68,671</td>
</tr>
<tr>
<td>Sub-acute</td>
<td>24,608</td>
<td>24,516</td>
</tr>
<tr>
<td>Emergency department</td>
<td>40,087</td>
<td>41,860</td>
</tr>
<tr>
<td>Mental health</td>
<td>24,430</td>
<td>24,670</td>
</tr>
<tr>
<td>Prevention and primary care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact duration in hours</td>
<td>174,933</td>
<td>172,125*</td>
</tr>
</tbody>
</table>

*Further reporting information is provided in the performance reporting explanatory notes

Performance reporting explanatory notes

Mental health community follow-up (page 48)

The reported performance figure of 63 per cent includes all consumers that are discharged from a mental health inpatient ward within Metro South Addiction and Mental Health Service (MSAMHS). A percentage of these consumers will not be followed up by MSAMHS as they will be discharged to other mental health services within the state, NGOs, GPs, etc. Due to the reporting cycle, the reported data is from July 2017–May 2018.

Mental health re-admissions (page 48)

The reported performance figure of 14 per cent includes all consumers discharged from a mental health inpatient ward within MSAMHS and who had a readmission within 28 days to any inpatient facility/ward within Queensland (including medical and surgical). Due to the reporting cycle, the reported data is from July 2017–April 2018.

Ambulatory mental health service contact (page 49)

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

Telehealth (page 48)

The figure of 4281 telehealth outpatient occasions of service is for non-admitted patients and represents a 25 per cent increase in telehealth services compared to 2016–17. This is above the 20 per cent target in the Metro South Health Strategic Plan. It is also 425 occasions of service higher than the Queensland Health target. Factoring in admitted, non-admitted, emergency, mental health and store and forward occasions of service, the total number for 2017-18 rises to 5665.
Our performance

Agency objectives and performance indicators

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

Aspirations

Metro South Health aspires to:

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

Strategic focus areas and enablers

On 1 July 2015 (revised in 2017–18), Metro South Health’s Strategic Plan 2015–2019 came into effect with a refined focus on three key areas, supported by three enabling areas. These focus areas and enablers align with the five core directions of Queensland Government’s 10-year strategy for Queensland: My health, Queensland’s future: Advancing health 2026, which was released in May 2016.

Strategic focus areas

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

Enablers

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

Over the coming pages we highlight Metro South Health’s achievements against its strategic objectives in 2017–18.
Clinical excellence and better healthcare through redesign and improvement, efficiency and quality

Accreditation and quality initiatives

Metro South Health strives to deliver the highest quality care for our patients at all times, including continuous improvement so our clinicians are versed in the latest techniques and meet, and in many cases exceed, the most important standards.

We aim for clinical excellence—not simply compliance to healthcare standards.

Pathway to Excellence®

During 2017–18 there has been a particular focus on high performance in nursing.

Following months of hard work, the nursing teams at QEII Jubilee Hospital achieved the prestigious Pathway to Excellence Program® designation.

Awarded by the American Nurses Credentialing Centre (ANCC), Pathway to Excellence® is a highly sought-after credential for organisations that create supportive and positive working environments where nurses are able to continually excel.

QEII Jubilee Hospital has created an environment where nurses are empowered to provide the best patient care and where excellence is valued every day.

All hospitals in Metro South Health’s Logan-Bayside Health Network (Logan, Redland and Beaudesert hospitals) have already gained Pathway to Excellence® designation. It was the first healthcare network in Australia to achieve the designation.

The drive for further improvement and achievement continues with the Metro South Addiction and Mental Health Services nursing team, who launched their bid for Pathway to Excellence® designation in April 2018.

PA Hospital already holds the prestigious Magnet® designation for excellence in nursing care. In 2014, PA Hospital became the first healthcare organisation outside the United States to receive Magnet® designation for a third time.

Planetree

Metro South Health is focused on becoming the first health service in Australia to be recognised for excellence in person-centred care though the Planetree organisation.

Planetree is a person-centred and holistic approach to healthcare which means:

- caring for each person as an individual
- recognising their mental, social, emotional, spiritual and physical care needs.

The Planetree philosophy is proven to provide numerous benefits for patients and community members, including decreased mortality, decreased readmission rates, decreased rates of healthcare-acquired infections in hospital, reduced length of stay in hospital, improved adherence to treatment regimens, and operational benefits such as lower costs per case and increased workforce satisfaction and retention rates.

Metro South Health entered into a formal partnership with Planetree in 2015 and officially launched its bid for Planetree recognition in late 2016.

During 2017–18, considerable progress has been made on our journey towards Planetree recognition. We began preparing to submit our final application for
recognition and we reviewed reports from Planetree about facilities and services. The reports assess our current progress towards delivering person-centred care and make recommendations for improvements. Since receiving the reports we have started implementing the recommendations across our health service.

We also implemented the Person-Centred Care Reflective Practice Program to help embed a culture of person-centred care at every level of our organisation. The program is delivered as an online learning module, a set of reflective questions and a hands-on workshop where staff can walk in the shoes of patients and reflect on how they can deliver person-centred care every day.

All members of the staff, not just clinicians, were encouraged to take part. The Metro South Health Board and Executive teams have been impressed with progress so far. Find out more about the Reflective Practice Program on page 74 of this report.

We look forward to continuing our journey towards Planetree designation into 2018–19.

Program highlights

Oral health

Metro South Oral Health Services had considerable success in meeting the needs of our diverse communities during 2017–18. The service eliminated long waits, with zero patients waiting longer than clinically recommended for general dental treatment.

It also exceeded its KPI of delivering oral health services during the financial year, coming in 0.33 per cent above its activity target for 2017–18.

In total, the service delivered 170,117 free dental appointments to members of the community during the 2017–18 financial year.

Smoking cessation

Metro South Health’s Smoking Cessation Clinical Pathway team played a major role in implementing the statewide pathway across the Metro South Health region, and helping patients admitted to hospital begin the journey to quitting smoking.

When the project began in 2015, only 10 per cent of Metro South Health inpatients were receiving smoking cessation advice during their hospital stay. As of 30 June 2018, this had increased to more than 80 per cent of inpatients.

Healthcare research

The breadth, depth and quality of health research across Metro South Health places our service as a leader nationally and in elite company internationally. At the end of 2017–18 Metro South Health had more than 990 active research studies underway, of which more than 300 were clinical trials.

The scope of our research covers an array of disciplines including medical oncology, diagnostic imaging, emergency medicine, radiation oncology, haematology, gastroenterology, mental health, cardiology, renal, respiratory, rehabilitation, urological, orthopaedic, reconstructive, nursing and allied health.

Metro South Health researchers work across the range of health research areas—pre-clinical (basic), applied and population health.

Our researchers are conducting world-first clinical trials and ground-breaking research into cancer treatment, medical imaging, spinal injuries and joint replacement.

The outcomes of Metro South Health research endeavour include substantial additions to knowledge, direct improvements in services and innovative options for individuals who have sought treatment.

Metro South Health researchers have published more than 800 articles in peer-reviewed journals during 2017–18, adding to the evidence base that drives healthcare improvement here and across the world.

Our researchers and clinicians have used research evidence to improve a range of services, and the involvement of our clinician researchers in clinical trials enables patients to access the latest developing diagnostic techniques and treatments.

In August 2017, world-first surgery to implant a 3D-printed tibia into a patient—potentially avoiding the need for amputation—was performed at Metro South Health’s PA Hospital as a direct translation of research being conducted at Metro South Health and QUT. Find out more on page 57 of this report.

Metro South Health invests in research and supports our researchers to access competitive research grants. While the majority of Metro South Health’s research is resourced by government, a growing proportion is funded through commercial sponsorship of research, such as clinical trials.

The Metro South Health Research Support Scheme provided more than $2 million to enable 27 research studies to commence in 2018, and to assist a further four researchers with National Health and Medical Research Council (NHMRC) grants.

In 2017–18, three researchers based at PA Hospital received a new research grant from the NHMRC:

- Dr Victoria Atkinson received a Project Grant of more than $2.2 million for her study into melanoma therapy. The project will investigate PD-1 inhibitors, which can help the body fight cancers cells.
Our performance

• Professor John Upham received a Project Grant of almost $700,000 for his research into severe asthma. The project will build on recent clinical trial work to help understand how very low doses of a common antibiotic work in treating asthma, and which people respond best to the treatment.

• Professor Maher Gandhi received a Project Grant of more than $1.3 million for his research into Follicular Lymphoma (FL) genetics. The project will provide a detailed biological comparison of early and advanced FL, to understand barriers to eradicating the disease and to predict outcomes of conventional therapy.

Metro South Health's research activities are enabled through our strong partnerships and research collaborations. We have long-standing research relationships with three major universities in Queensland – Griffith University, QUT and UQ – and we are involved in research with numerous other tertiary education institutions around Australia and the world.

Metro South Health is also the home to and an active partner in the world-class Translational Research Institute (TRI), which is located on the PA Hospital campus and brings together our research partners the Institute of Health and Biomedical Innovation (QUT), Mater Research and the University of Queensland Diamantina Institute (UQ). Metro South Health is also a founding member of the Brisbane Diamantina Health Partners, which became Queensland’s first Advanced Health and Translational Research Centre in 2017.

Delivering value

Metro South Health strives to provide high value, highly effective services that meet the current and emerging needs of our community. In particular, we are focused on making strategic investments in specific clinical services based on demonstrated value, and disinvesting from low-value services.

Planning

Robust planning is at the heart of ensuring we deliver value-based services that address current and emerging health service needs. We use detailed needs analysis, community consultation and alignment with state and federal government policies to plan effective services. Our planning is geared towards advancing the objectives in Queensland Government’s My health, Queensland’s future: Advancing health 2026 strategy.

In 2017–18, our planning included the following activities and actions:

• engaged with the Board, Executive and Clinical Stream Leaders in drafting the Metro South Health Strategic Plan 2018–2022
• developed the 2018–19 Metro South Health Operational Plan

Choosing Wisely

Value-based care continued to be a strategic priority for Metro South Health. The aim is to strive for high-value models of care that deliver maximum benefits for patients from the resources invested. This means identifying the factors that produce quality outcomes for patients and seeking opportunities to move away from low-value models of care, which produce fewer benefits.

As part of this approach, in 2017–18 Metro South Health formally joined the Choosing Wisely program, which became its preferred approach to value-based healthcare.

The program brings together healthcare providers and consumers to start important conversations about improving the quality of healthcare by eliminating unnecessary tests, treatments and procedures.

The focus is on questioning existing models of care, connecting clinicians and consumers and developing a sustainable healthcare system that delivers the best health outcomes for people in our community.

Redesign and improvement

Targeted redesign and improvement of health services and processes is a central tenet of Metro South Health’s strategy and culture. By undertaking both large-scale and small-scale redesign and improvement projects, we can deliver tangible benefits for our patients and staff.

Future Hospital program

In 2017–18, Metro South Health, in conjunction with Queensland Health’s Clinical Excellence Division, launched Future Hospital—a significant and visionary long-term improvement project at Logan and Beaudesert hospitals.

Like many health facilities, Logan and Beaudesert hospitals are facing a number of challenges, including significant population growth, increasing demand for...
services, the need to deliver high reliability and high quality care within a constrained budget, and a rapidly changing environment.

Future Hospital is the first project of its kind in Queensland. It is a 10-year transformational strategy that will position Logan and Beaudesert as beacons of clinical innovation in Queensland — hospitals where best-practice models are designed, trialled, evaluated and implemented by a keen and engaged workforce.

Future Hospital is supported by a number of contributing initiatives. These are aligned to five strategic priorities: person-centred care, safety and reliability, workforce capability, quality improvement and research and innovation.

During 2017–18, the following initiatives were highlights of Future Hospital:

**Promoting Professional Accountability Program (C.A.R.E./ Civility and Respect in Everything)**

Feedback was provided to staff members who were championing or undermining the professional and safety culture. 820 staff members were trained as part of the program, including 17 panel members. Peer messengers were also identified and trained.

**Short Notice Survey**

An Australian-first pilot of short notice accreditation surveys to embed a philosophy of quality care every day at Metro South Health facilities.

**Speaking up for Safety**

A program giving staff the tools to speak up to prevent patient harm. More than 520 staff members were trained as part of the program, including 15 safety champions.

**Workforce capability programs**

A range of programs were implemented to build capability among executives and managers. Programs included personal coaching sessions, lean improvement training and transformational leaders training. More than 200 staff members completed the programs in 2017–18.

**Virtual Fracture Clinic**

Patients with minor bone injuries of the hand, wrist, foot and ankles are treated at a ‘virtual clinic’, where they can get advice and be referred to appropriate services such as allied health. The virtual clinic reduces the time spent at physical clinics and reduces the demand on the emergency department. This person-centred model of care has resulted in improved patient care and significant financial savings—around $57,000 worth of savings in administration costs per month. The Virtual Fracture Clinic has also been expanded to include Redland Hospital.

**Pressure Injury Improvement Project**

This project targeted acquired pressure injuries among patients at Logan Hospital. As of 30 June 2018, the project had reduced acquired pressure injuries by 79 per cent.

**Transformation and Innovation Collaborative (TIC)**

In its third year of operation, the Transformation and Innovation Collaborative (TIC) has continued to support Metro South Health’s vision to facilitate change and redesign projects on the ground in partnership with Metro South Health staff. The projects supported by TIC come under the governance of the Executive Planning and Innovation Committee (EPIC). Examples of the many diverse projects supported by TIC in 2017–18 include:

**Zika Mozzie Seeker**

This ground-breaking citizen science project is designed to improve early warning mechanisms for potential invasions of Zika mosquitoes (Aedes aegypti species) into the Metro South Health region, and help confirm that such mozzies are not in our region.

During 2017–18, the project entered its second phase and received two high-profile awards: the Metro South Health Board Chair’s Excellence Award and a Queensland Health Award for Excellence.

As part of the project, Metro South Health community members were recruited to set up DIY mozzie egg traps in their backyards, collect the eggs and send them back to the lab for checking using a revolutionary method of DNA screening developed by Queensland Health (Forensic and Scientific Services).

As of 30 June 2018, more than 700 people had taken part—many more than once—across four rounds of egg trapping. Together they set more than 2,700 mozzie egg traps and collected more than 170,000 mozzie eggs for screening since the start of the project in 2016.

During 2017–18 the project team also worked in partnership with Toohey Forest Environmental Education Centre (Queensland Department of Education) to trial a Zika Mozzie Seeker STEM (science, technology, engineering and mathematics) course with local high schools. The schools trial was funded by an Advance Queensland Engaging Science Grant from the Queensland Government.

**Value-based wound care**

Currently there are a large number of services within Metro South Health undertaking wound care without central co-ordination or pathways. This service redesign aims to improve the patient journey and reduce avoidable emergency department presentations and admissions through the development of a Metro South Health-wide integrated wound care service.
Hello my name is...

Metro South Health staff embraced ‘hello my name is...’ with great enthusiasm in 2017–18 as part of our culture of excellence in person-centred care.

The initiative, which promotes personalised care, was created by Dr Kate Granger MBE—a registrar in elderly medicine from the UK who had terminal cancer. She started the initiative after becoming frustrated with the number of staff who failed to introduce themselves to her when she was an inpatient at UK hospitals.

Since then, ‘hello my name is...’ has become an international movement, and Metro South Health was proud to get on board. The initiative promotes the little things that make a big difference to patients, such as staff introducing themselves when they meet a patient, wearing name badges and using communication boards for effective, kind communication.

Rheumatic heart disease control program

This project aims to integrate clinical care coordination with the use of technology and a capacity-building partnership with primary care, hospital and community sectors to improve access to high quality regular care. Such coordination will help prevent serious complications associated with rheumatic heart disease (RHD).

Chronic disease management

The burden of chronic disease is one of the main drivers of demand for health services in the Metro South Health region and Queensland. To help address this demand, Metro South Health has been investigating innovative transformation strategies and models of care.

Initially, we have chosen to focus on helping people in our region manage diabetes. Patients with conditions related to diabetes occupy around 20 per cent of inpatient beds in Metro South Health facilities.

During 2017–18 we began detailed planning for the Facing up to diabetes program—a value-based approach that assesses the feasibility of implementing a large-scale, fully integrated, multi-disciplinary model of diabetes care within the Metro South Health region.

Managing diabetes through models of integrated primary and secondary care can reduce diabetes-related potentially preventable hospitalisations (PPHs) by 50 per cent, identify alternatives to specialist outpatient clinics and emergency department presentations, and keep people living well in our community.

Prescribing guidelines web app

In order to deliver the highest quality care, it is important for our clinicians to have easy access to the latest, most accurate medical information. To support this aim, we began developing a prescribing guidelines web application, which will provide easily-accessible information on drugs commonly used in hospitals.

The mobile-first app will improve access to prescribing guidelines for clinicians by allowing them to view the information on mobile devices and making it easier to navigate than paper guidelines.

The app will also help maintain the quality of the guidelines by allowing them to be easily updated as needed, instead of annually, and reduce paper usage — in line with the paperless focus of our Digital Hospitals.

In 2017–18, the project was at the planning and content development stage.
Use of technology, especially digital, is a key component of Queensland Health’s *Digital Health Strategic Vision for Queensland 2026: Advancing healthcare for our consumers, clinicians and the community through digital innovation*.

Metro South Health is playing a major role in delivering this vision, in many cases leading the state in digital innovation. In 2017–18, we became the first digital health service in Australia, greatly increased access to telehealth services, delivered ground-breaking digital applications and used new technology to provide advanced surgical procedures.

**Australia’s first digital health service (Digital Hospital)**

In 2018 Metro South Health became the first health service in Australia to go fully digital by rolling out the integrated electronic Medical Record (ieMR) across all five of its hospitals, making them Digital Hospitals.

This ground-breaking milestone was achieved in June 2018 when QEII Jubilee Hospital became the final Metro South Health site to ‘go live’ as a Digital Hospital.

A month prior to this, Redland Hospital and the new Wynnum-Manly Community Health Centre, Gundu Pa celebrated the introduction of Digital Hospital systems.

In December 2017 Logan Hospital went digital after successfully rolling out the whole program in one go. Not long after, in January 2018, Beaudesert Hospital became Australia’s first rural Digital Hospital.

These facilities follow in the footsteps of PA Hospital, which became Australia’s first large-scale Digital Hospital in November 2016. The full transition to Digital Hospital across our health service was the largest change project ever undertaken at Metro South Health. Thousands of staff members, guided by the Digital Hospital project team, worked tremendously hard together to make the digital transformation a reality.

Metro South Health is now focused on embedding Digital Hospital processes to realise their full benefits and advising other HHSs on digital transformation best practice.

Benefits of Digital Hospitals realised so far include:

- reduced medication errors
- reduced serious falls and infections
- earlier recognition of deteriorating patients’ conditions
- reduced readmissions and length of stay.

In 2017–18 Metro South Oral Health Services implemented similar technology, with the majority of the service adopting the electronic Clinical Record (eCR). This is different to the ieMR but still replaces paper patient records with electronic versions for ease of access and data security.
Our performance

Advanced surgical techniques

3D printing

In 2017–18 clinicians at PA Hospital continued to be at the forefront of 3D printing technology used to treat patients.

In a world first, surgeons at PA Hospital transplanted a 3D-printed shin bone (tibia) into a patient – 27-year old Reuben Lichter.

Mr Lichter, whose tibia had largely been destroyed by a bone infection, was facing the prospect of an above-knee amputation.

Surgeons were able to save the leg by inserting a 3D-printed model, wrapped in biological tissue, in an effort to engineer new bone.

A multidisciplinary operating team involving orthopaedics and plastic surgery took 14 hours to reconstruct Mr Lichter’s tibia with the 3D-printed model.

Consumer and clinician digital access

App-based care

Metro South Health continues to be a leader in the development and use of app-based digital healthcare solutions.

Alongside in-house development of apps, we further progressed our partnership with CSIRO’s Australian eHealth Research Centre and worked together on apps designed to help patients manage their health conditions.

MoTHER GDM app

Mums-to-be diagnosed with gestational diabetes mellitus (GDM) trialled an app designed to help them manage their condition at home and allow medical staff to easily monitor their progress.

Forty patients used the app, called MoTHER, as part of the trial process and gave overwhelmingly positive feedback. The app, developed by the Redland Hospital chronic disease team and CSIRO, allows women with gestational diabetes to check their blood sugar levels, record those levels and get help to manage their diets. Women can enter data, such as their blood sugar readings, into the

Digital Hospital 2017–18: by numbers

<table>
<thead>
<tr>
<th>3300</th>
<th>74,400</th>
<th>5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>medical and ICT devices deployed across our facilities in 2017–18 alone</td>
<td>hours of training completed by staff to prepare for Digital Hospital in 2017–18</td>
<td>staff trained on the ieMR and other systems</td>
</tr>
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</table>
Our performance

Our performance app and this data can be immediately accessed and analysed by a medical team member.

More than 300 women with gestational diabetes are referred to Redland Hospital each year. Fifty per cent use tablets to manage the condition and fifty per cent use insulin.

The app will mean women won’t have to attend as many hospital appointments and it will help reduce their risk, and that of their baby, of developing type two diabetes later in life. Having gestational diabetes can increase the likelihood of developing type two diabetes.

At the time of writing, the app was being assessed to see if it can be rolled out at the hospital and elsewhere within Metro South Health.

PD Buddy app

Developed in collaboration with CSIRO, PD Buddy enables peritoneal dialysis patients to record vital health information, allowing medical staff to optimise treatment processes.

As a home-based therapy, peritoneal dialysis requires careful monitoring. PD Buddy guides patients through every step of their dialysis treatment by monitoring health measures, providing educational information and allowing staff to send SMS messages to the patients. A web portal also enables medical staff to view their client’s progress and provide individualised care.

The app has reduced the need for notebooks and paper-based charts to manage peritoneal dialysis.

The app was developed and trialled at Logan Hospital. It has already drawn attention from health companies both internationally and within Australia. The concept was presented in the form of a poster at the Renal Society of Australasia conference, where it won People’s Choice—Best Poster. It was also presented at the 2017 Health Roundtable in Brisbane and the 2017 Australia and New Zealand Society of Nephrology Congress in Darwin.

ScreenIT app

The ScreenIT app has been helping improve the clinical management of head and neck cancer patients at PA Hospital, providing an efficient and effective alternative to additional clinical appointments.

The app has proved to be effective for assessing swallowing, nutrition and distress in head and neck cancer patients undergoing chemotherapy and/or radiotherapy. The computerised screening offered by the system was found to be consistently more sensitive to patient-reported concerns and distress. The system connects patients and their family to allied health teams for additional care from the right professional at the right time during their cancer treatment.

Following a successful joint study in previous years, in 2017–18 the team behind the app have been working towards future expansion across other cancer subtypes.

The initial joint study was conducted by researchers and clinicians at PA Hospital, UQ and Griffith University, with funding from Cancer Council Queensland.

The PA Research Foundation is now funding the implementation of the app at PA Hospital.

Information access

LEAPOnline

Metro South Health continued to deliver key training for staff via its LEAPOnline e-learning system. The learning modules can be easily accessed at work or at home and users receive an up-to-date record of the learning modules they have completed or are required to complete.

In 2017–18, an external community was added to the platform, where contractors, students, volunteers, researchers and consumers can complete training. There were around 15,600 active users on the platform and it was used to deliver the high-profile Person-Centred Care Reflective Practice Program to support Planetree.

UpToDate®

Metro South Health also invested in UpToDate®—a web-based decision support tool covering more than 11,000 clinical topics that can be accessed via desktop computer or mobile application. The tool is designed to help clinicians quickly update or refresh their knowledge so they can provide the best possible care.

Enhancing home-based healthcare

Telehealth services

Telehealth services continued to grow for Metro South Health, not only providing services to people living a long distance away but also to people who have difficulty accessing services for other reasons such as mobility, disability or lack of transportation.
In 2017–18, telehealth activity for our region increased by at least 24 per cent compared to last year (with around 5500 occasions of service in total), which means it significantly exceeded the KPI of 20 per cent growth set out in the Metro South Health Strategic Plan.

This growth has come from a number of areas, including admitted patients, non-admitted patients, addiction and mental health clients and emergency patients. Specialties that started providing telehealth services in 2017–18 include bariatric and obesity clinics, urology, chronic disease and vascular surgery.

In addition, telehealth use at Cancer Services expanded and there was significant integration of telehealth into Metro South Addiction and Mental Health Services.

Correctional facility telehealth was another focus area and it will continue to be so into 2018–19. The ability to provide services to inmates without them having to leave their facility makes it easier, faster and more efficient to deliver healthcare. There are also considerable time and cost savings over having to transport inmates to PA Hospital and provide security there.

Improved diagnostics

Queensland Health’s most advanced MRI (Magnetom Prisma)

The state’s most advanced magnetic resonance imaging (MRI) scanner began operation at PA Hospital in late 2017.

The high-tech device is expected to reduce outpatient waiting times by several weeks, because it allows clinicians to do an additional eight to 10 scans per day, and increases the outpatient appointment capacity by up to 20 per cent.

The scanner can also potentially speed up the diagnosis and treatment of numerous diseases, including different types of cancer, because it is able to produce more detailed images and reports related to intricate parts of the body.

The higher resolution images mean doctors can pick issues up earlier and the detailed information will help them to plan treatments more accurately.

Point-of-care flu testing

Following one of the worse flu seasons on record, Metro South Health introduced technology to make diagnoses of influenza faster. Rapid point-of-care testing was rolled out at Logan, QEII Jubilee and Redland hospitals, as part of a strategy to reduce the pressure on emergency departments and make flu seasons easier to manage.

Many of the presentations at Metro South Health emergency departments are walks-ins, so being able to fast track the care and management of such patients has enormous benefits.

Point-of-care tests screen for influenza A and B strains and can provide results within 30 minutes.

The technology was already in place at PA Hospital.

Award-winning technology

Queensland Health eAwards 2018

Metro South Health showcased how it continues to deliver excellence in digital healthcare by winning two Queensland Health eAwards in 2018.

eAward of the Year

Our Clinical Services Excellence Team (CSET) were awarded the pinnacle honour – the eAward of the Year – for helping to integrate new computer-based interactive reports (dashboards) into business-as-usual practice.

The multi-source dashboards used Digital Hospital data to measure hospital performance against Australia’s 10 National Safety and Quality Health Service Standards.

PA Hospital was the first hospital to use the dashboards, which were developed to improve patient safety and care, and cover issues such as preventing falls, medication safety and appropriate blood product handling.

After becoming Australia’s first digital health service, Metro South Health plans to roll the dashboards out across all its hospitals.

Collaborate and Connect eAward

Metro South Health’s Advance Care Planning (ACP) team collected the Collaborate and Connect eAward for their ACP Tracker system—an information sharing portal for clinicians.

Developed by the ACP and The Viewer teams, the ACP Tracker allows clinicians to access advance care planning activity from across Queensland.

This enables an increased clinical awareness of advance care planning interactions and documents, strengthening communication between clinicians, carers and patients and ensuring a patient’s wishes are respected in the event they cannot speak for themselves.

A valuable tool for Queensland Health clinicians and GPs, the ACP Tracker is not only improving efficiencies for staff, it is enhancing person-centred and family-centred care.

The Tracker is available on The Viewer which provides consolidated clinical information about each patient who receives treatment or care at a Queensland Health facility.
Metro South Health is focusing attention on strategies that move towards a more integrated, coordinated healthcare network that is better able to meet changing community needs than the existing fragmented system. Internationally, substantial evidence now exists to support the efficacy of programs that focus on:

**Prevention:** encouraging population health through healthier lifestyles, habits and early interventions.

**Hospital avoidance:** diagnosing and appropriately treating both acute and chronic conditions in community and home-based facilities.

**Supported discharge/Hospital in the Home (HITH):** enabling faster transitions out of hospital, without compromising clinical recovery, through better home-based and community-based care.

**Integration strategies**

Metro South Health continued to implement a range of varied but complementary integration strategies and initiatives to help us deliver effective, person-centred health services for everyone in our community. Key elements of these strategies in 2017–18 included:

**Integrated Care Innovation Funding (ICIF)**

Through funding from Queensland Health’s Integrated Care Innovation Fund (ICIF), Metro South Health is trialling innovative solutions to high demand and working to improve health outcomes. In 2017–18, the focus was on the following projects:

**Mobile radiology service:** Metro South Health is committed to bringing care closer to home for people in our community. In a trial project, run in partnership with Aged Care Imaging (ACI), we provided a mobile radiology service to aged care residents in the Metro South Health region. Examinations, including X-rays of the upper and lower limbs, chest, abdomen, pelvis, thoracolumbar spine and facial bones, were performed on patients in the comfort of their home environment. The trial ran from October 2017 until June 2018.

**Gastroenterology and Hepatology Integrated Care Clinic:**

This innovative model of care continued to progress in 2017–18 and is designed to address growing demand for gastroenterology and hepatology outpatient services. It aims to cut wait times, bring treatment closer to home for patients and improve management of their conditions.

The project is a partnership with Brisbane South PHN, GPs, allied health professionals and UQ. In collaboration with all these multidisciplinary partners, Metro South Health has established integrated screening clinics to help manage gastroenterology and hepatology patients (category three) in the community and closer to home. There is a focus on patients with fatty liver and irritable bowel conditions.

A team of GPs, specialist consultants, nurses, dieticians, psychologists and exercise physiologists work together in the clinic to determine the most effective community-based treatment plans for patients. The patients are then managed in the community by GPs. The clinic team continue to support GPs with education and ongoing specialist advice.

**Patient Access Coordination Hub (PACH)**

In 2017–18 we invested in a state-of-the-art Patient Access Coordination Hub (PACH) in partnership with Queensland Ambulance Service (QAS).

Metro South Health PACH is a command and control centre that gives a birds-eye view of demand and the flow of patients across our health service.

The centre is staffed with Metro South Health clinicians and QAS personnel who work together to support patient flow, manage the increasing demands on our beds and help our patients access the right care at the right time.

Using real-time data from our hospitals and the ambulance service, the PACH provides oversight of what is happening across the Metro South Health region. This information is used to:

- manage surges in demand
- analyse and respond to capacity issues
Our performance

- facilitate load sharing between departments, hospitals and external providers
- identify alternatives to hospital where possible.

By working together, we can help alleviate the pressure on our region’s ambulance service, emergency departments and hospitals.

The Metro South Health PACH officially began operating in April 2018.

Partnerships with Brisbane South Primary Health Network (PHN) and primary care

Working closely with Brisbane South PHN is a major focus for Metro South Health. We share the same goals of enhancing the efficiency and effectiveness of healthcare services for patients, particularly those at risk of poor health outcomes.

During 2017–18 we worked with Brisbane South PHN on the following projects, and we aim to build on this partnership even further in 2018–19.

**Living Healthier Lives Community Grants**

Reducing potentially preventable hospitalisations is a common objective of Metro South Health and Brisbane South PHN. In early 2018 the Boards of Metro South Health and Brisbane South PHN collaborated to establish a grants program: the Living Healthier Lives Community Grants.

The grants support local initiatives that can improve the health and wellbeing of people in the community we jointly serve. The focus is on programs that are helping people manage their health conditions in the community, keep well and stay out of hospital.

It is hoped that by supporting these projects we will see a reduction in unnecessary public hospital admissions for Metro South Health facilities. Other aims of the program include:

- promoting community participation, partnerships and a shared responsibility for preventing ill health or improving quality of life
- building stronger partnerships between Metro South Health, Brisbane South PHN and the broader community.

In 2018 the program was open to not-for-profit organisations in the Metro South Health region and grants of between $20,000 and $100,000 were available to support existing initiatives or to help develop new ones.

A selection panel identified three programs for grant funding in 2018. The Boards were delighted by the number and high quality of applications received and were pleased to announce the successful grant recipients as:

- Anglicare: Wound Clinic Pilot Project
- Hepatitis Queensland: Kombi Clinic Project
- World Wellness Group: Wellness@heart

**Clinical Prioritisation Criteria (CPC)**

Working closely with Brisbane South PHN, Metro South Health has continued to implement and promote Clinical Prioritisation Criteria (CPC) to medical professionals across our region in 2017–18.

CPCs are clinical decision support tools that help ensure patients referred for public specialist outpatient services in Queensland are assessed in order of clinical urgency.

CPCs are used by both referring GPs when referring into the Queensland public hospital system and Queensland public specialist outpatient services when determining how quickly the patient should be seen (urgency category). They aim to ensure:

- equitable assessment of patients regardless of where they live
- specialist outpatient appointments that are delivered in order of clinical urgency
- patients are ready for care at their first specialist outpatient appointment
- improved referral and communication processes between referrers and specialist outpatient services.

The CPCs are delivered online through the refer your patient section of Metro South Health’s website and were fully launched in May 2017.

Since then, Metro South Health and Brisbane South PHN have engaged with more than 1600 GPs at more than 300 practices to promote the benefits of the CPCs. This has resulted in more than two million page views of the Metro South Health refer your patient web pages during 2017–18.

This positive response by GPs to the standardised criteria has laid the foundation for increased hospital and primary care collaboration on many other issues, which has resulted in improved communication, access and safety.

**Secure messaging**

Take of up Metro South Health’s secure messaging facility for referrals continued to rise during 2017–18. The technology allows GPs in our region to submit referrals via a digital method for specialist outpatient and allied health services at Metro South Health facilities.
Our performance

Brisbane South PHN and GPs in our region have been instrumental in testing and promoting the service.

At 30 June 2018, around 3000 referrals a month (20 per cent of all referrals) to Metro South Health were being received through secure messaging.

SpotOnHealth HealthPathways

SpotOnHealth HealthPathways is a tool that provides GPs with localised, web-based information about the assessment, management and referral of a range of clinical conditions.

It is designed to help GPs navigate patients through the complex primary, community and acute healthcare system within the Metro South Health region.

This online tool provides a catalyst for healthcare co-design and collaboration to an extent not previously seen in the region. It is a key enabler of change and improved health performance, which in turn have the potential to improve patient outcomes.

Led by the Metro South Health Planning, Engagement and Reform teams, it is a major healthcare integration initiative with Brisbane South PHN.

GPs and Brisbane South PHN work together with Metro South Health staff and specialists to build a shared understanding of the patient journey and to jointly develop pathways to improve care. Mater Health Services and Children’s Health Queensland have also been engaged as partners.

SpotOnHealth HealthPathways (which builds on the previous Metro South Health SpotOnHealth website) was launched in the Brisbane South region in September 2017. In the following nine months more than 3000 users accessed the tool more than 11,000 times to view around 55,000 pages of content.

‘SpotOnHealth HealthPathways is a great tool for GPs. It replaces many of the functions of existing point-of-care tools, with the advantage that it is localised and ensures the minimum data set for referral is met, and it is free to use!’

Dr Bruce Willett, Principal GP, Victoria Point Surgery

Joint health promotion campaigns

There was close collaboration between Metro South Health and Brisbane South PHN to communicate vital health service access and disease prevention messages to our community.

In response to measles outbreaks (centred around the Logan area) in 2017–18, Brisbane South PHN, GPs and Metro South Health joined forces to raise awareness of vaccination clinics and the best ways to prevent the spread of measles.

Metro South Health communications and engagement teams also helped support Brisbane South PHN’s Emergency Choices—a campaign to guide consumers on when they should go to the emergency department and when they should not. It aims to teach community members that the emergency department is not the best option for non-urgent conditions.

The campaign is part of a joint effort to reduce and manage the increasing demand on our region’s emergency departments and encourage the use of GPs and other primary care supports where appropriate.

In late June 2018, Metro South Health and Brisbane South PHN were also working together to develop a public-facing campaign to help members of the community play their part in preventing the spread of influenza.

Community Advisory Council

Metro South Health has representation on the Community Advisory Council which provides the community and consumer perspective to Brisbane South PHN’s Board. This ensures that decisions, investments and innovations are person-centred, cost-effective and aligned to the needs and expectations of the local community.

Clinical Council

The Clinical Council advises on clinical issues to enable Brisbane South PHN’s Board to make informed decisions on the unique needs of the community. Metro South Health provides representation to the Clinical Council and has an agreement in place to use the council to inform Metro South Health planning.

GPs with Special Interests

In early 2018, Metro South Health recruited GPs with Special Interests (GPwSI) across three key specialisms: gastroenterology, neurology and gynaecology.

Evidence shows that such innovative models of care reduce wait lists and ensure patients receive the most appropriate care, in the most appropriate setting in a timely manner. They also allow GPs to increase their knowledge and skills in an area of medical practice where they have developed a particular interest.
Our performance

Nurse Navigators

Metro South Health worked in partnership with Brisbane South PHN to identify and recruit suitable team members to expand its Nurse Navigator service.

Nurse Navigators can provide better health outcomes for high-needs patients by helping them navigate through the health system and improving their health literacy.

Nurse Navigators provide care and support along the healthcare journey of patients and help them better understand and manage their health conditions. In some cases, this can reduce the need for hospital readmission and improve attendance figures for specialist outpatient appointments.

In 2017–18 Metro South Health welcomed more of Queensland’s first specialist Nurse Navigators. At Logan Hospital, Nurse Navigators for paediatric patients, frequent presenters to the emergency department and dementia patients began work. A dementia Nurse Navigator also started work at QEII Jubilee Hospital.

PA Hospital welcomed ICU, disability, diabetes and endocrine, Parkinson’s Disease and venous leg ulcer Nurse Navigators, while Redland Hospital and community services both welcomed a chronic disease Nurse Navigator.

In Addiction and Mental Health Services, an addiction services Nurse Navigator and a child and youth suicide prevention Nurse Navigator were employed.

SMARTS diabetes program

Metro South Health collaborated with Diabetes Queensland to help people living with diabetes manage their condition more effectively at home. Through SMARTS information sessions, people with type one or type two diabetes learned about topics including carbohydrates, food shopping and label reading, foot care, monitoring, diabetes medications and living with insulin.

Disease prevention

Metro South Health recognises the importance of preventing disease, infection and ill health by encouraging and helping our community members to live healthier lifestyles. During 2017–18 we invested considerable resources in disease prevention. Key programs included:

BreastScreen Queensland

Metro South Health, through the BreastScreen Queensland Southside Service, provides free, high quality mammography screening to women aged 50 to 74 (the group most at risk of developing breast cancer), and provides access to services for women aged 40–49 and 75 years and older.

The service aims to provide excellence in breast cancer detection to reduce the impact of breast cancer in local women through the delivery of an innovative, person-centred and nationally accredited service. Recent performance data (2015–16) for BreastScreen Queensland Brisbane Southside Service shows a participation rate of 55.2 per cent, which is above the national rate. Highlights of 2017–18 include:

- **Celebrating 25 years of service.** During this time the service has provided more than 850,000 free breast screens to women in our community.
- **Pre-booked appointments.** A letter containing a pre-booked breast screen appointment was sent to women around the time of their 50th birthday, with the aim of motivating them to prioritise their own health and attend their free breast screen appointment. This successful strategy has resulted in six times the usual amount of women aged 50 attending for their first breast screen.
- **3D mammography in assessment clinics.** The service purchased two 3D mammography machines, which are the latest screening technology and help improve the detection of potentially cancerous breast tissue.
- **Increased screening activity.** The service continued to increase the number of women screened for breast cancer, with 45,977 women screened during the 2017–18 financial year. This is the highest screening activity for the service in recent years.

Bowel cancer screening

The National Bowel Cancer Screening Program has been running in Queensland since August 2006, with men and women aged 50–74 years being sent a faecal occult blood test in the mail. The program is expanding and by 2020 all Australians aged between 50 and 74 years will be offered free screening every two years.

The National Bowel Cancer Screening Program area for our region, which is based at PA Hospital, provides participants who receive a positive faecal occult blood test result access to health services, specifically colonoscopy, in a timely manner. The program is supported by a Clinical Nurse Consultant (CNC) and a Health Promotion Officer.

The most recent data for the National Bowel Cancer Screening Program in the Metro South Health region is for 2015–16 and shows a participation rate of 38.3 per cent—close to the Metro South Health objective of 40 per cent.
The participation rate for Metro South Health increased from 36.3 per cent in 2014–15 to 38.3 per cent in 2015–16.

During 2017–18, the CNC and the Health Promotion Officer delivered education and engaged with the community, GPs, workplaces and other healthcare providers.

**Oral health**

Metro South Oral Health Services continued to promote its community oral health programs in 2017–18.

Healthy Mouth Day helps to address the high levels of tooth decay in our young people by inviting schools in the Metro South Health region to host a Healthy Mouth Day. The day increases awareness of the importance of oral health, and allows Metro South Health teams to provide follow-up care where required. In 2017–18, Metro South Health provided 9459 appointments to 0–15 year olds through the Healthy Mouth Day initiative.

The Lift the Lip program aims to improve children’s oral health through early access to oral healthcare for all children aged 0–5 years. Child health nurses incorporate a Lift the Lip screening as part of the ‘head to toe’ assessment undertaken at key ages, looking for signs of early childhood caries. Evidence shows the progress of tooth decay can be prevented if it is identified early.

In 2017–18, staff running the Lift the Lip program referred 3100 0–5 years olds to Metro South Oral Health Services. The Toothbrushing Program encourages primary school age children in high-risk areas to brush their teeth daily. In 2017–18, the program reached 3000 children.

In the Logan area these programs were delivered as core elements of Queensland Health’s Logan Community health action plan (Logan CHAP).

**Smoking cessation**

Smoking represents one of the major risk factors for chronic disease in the Metro South Health region and across Queensland. During 2017–18, Metro South Health’s Smoking Cessation Clinical Pathway team made considerable advances in helping patients and staff to quit smoking.

Patients are asked their smoking status, and, if they do smoke, they are offered support for managing withdrawals and quitting smoking using the Queensland Government Smoking Cessation Clinical Pathway.

The pathway is part of the statewide smoke-free initiative and helps to identify patients who are nicotine dependent and at risk of nicotine withdrawal while in hospital. The project’s early focus was hospitals but expanded to include oral health services in 2016 and community mental health services in 2017.

When the project commenced in 2015, only 10 per cent of Metro South Health inpatients were receiving smoking cessation advice during their hospital stay. As of 30 June 2018, this had increased to more than 80 per cent of inpatients.

The Metro South Health project team have been instrumental in introducing smoking cessation pathways for patients and staff in HHSs across Queensland.

The resources, guidelines and tools they developed to educate staff and support the implementation of the pathway have been used across the state. These include a mental health component of an online training module, which is supporting staff working in community mental health settings across Queensland.

The project team also optimised the smoking cessation pathway for Digital Hospital environments, with changes made to align the pathway with the ieMR.

**Immunisation**

Child immunisation services are provided for a range of vaccine-preventable diseases. Metro South Health aims to achieve 95 per cent immunisation for children aged one, two and five years. For the 12 months ending March 2018, immunisation rates were just below target: one year olds—93.7 per cent; two year olds—90.8 per cent and five year olds—93.6 per cent.

Rates in each age group are measured every quarter and demonstrate a gradual upwards trend towards the target rate with minor fluctuations between quarters.

**End-of-life care**

**Advance care planning**

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

During 2017–18, clinicians invited 6640 individuals in hospitals, aged care facilities and community settings across the Metro South Health region to consider advance care planning (ACP). Individuals voluntarily record their
Our performance

Future healthcare preferences in a Statement of Choices or an Advance Health Directive (AHD). Australian research shows the majority of people prefer to die at home. An audit of the ACP process conducted during 2017–18 revealed considerable benefits to patients and families. Individuals who complete a Statement of Choices:

- receive care that has high concordance with their stated preferences
- are more likely to die out of hospital
- spend an average of 6.73 fewer days in hospital in their final six months of life.

The Office of ACP, which is funded by Queensland Health and hosted by Metro South Health, clinically reviews and uploads copies of ACP documents to an individual’s Queensland Health medical record, which are then accessible to clinicians, GPs and the Queensland Ambulance Service via The Viewer software system.

All Queensland residents can forward copies of their Advance Health Directive, Enduring Power of Attorney (EPOA) and Statement of Choices documents to the Office of ACP for review and subsequent upload to The Viewer. Review of enduring documents (AHD and EPOA) reveals approximately 25 per cent received are incomplete or invalid and cannot be uploaded.

In January 2018, the Office of ACP and The Viewer teams developed the ACP Tracker. Clinicians can view all previous ACP conversations and uploaded ACP documents for any patient.

In June 2018, the ACP Tracker team received a prestigious Queensland Health eAward in the Collaborate and Connect category.

In 2017–18, the Office of ACP uploaded 6000 ACP documents, an increase of 78 per cent from 2016–2017. Metro South Health residents completed 2450 (40 per cent) of these documents. At 30 June 2018, more than 12000 ACP documents had been uploaded to The Viewer.

Supported discharge and community/home-based care

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

Community Hospital Interface Program (CHIP)

The program primarily targets individuals 65 years and over (50 and over for Aboriginal and Torres Strait Islander people) and young people with disability, but also facilitates post-acute wound care referrals for any age group. At-risk patients are assessed against medical, physical, psychological, social and functional factors to determine the nature of community services that may be required to help them maximise independence and minimise the risk of harm or injury on returning home. A CHIP nurse then coordinates services to meet the patient’s needs.

Hospital in the Home (HITH)

HITH provides hospital substitution care, with health professionals delivering acute treatment for inpatients outside the hospital setting, in their own home or in a clinic. Metro South Health has HITH teams at Logan Hospital (emergency department), Redland Hospital (emergency department and mental health annexe) and QEII Jubilee Hospital (which acts as the hub for PA Hospital referrals). The Logan and Redland Hospital HITH teams work collaboratively with BlueCare, which has a contract to provide HITH services to patients with cellulitis, deep vein thrombosis, pulmonary embolus, urinary tract infection and pneumonia.

Other HITH services provided across Metro South Health include pre-op antibiotics, acute pre/post-op anticoagulation, IV management (e.g. wound infections or abscesses), and short-term acute IV management for chronic disease patients (e.g. chronic obstructive pulmonary disease or chronic heart failure).

Rapid Response@Home

Rapid Response@Home service is a multidisciplinary team that provides time-limited services for clients aged 65 and over to support them following discharge from hospital. The team provide comprehensive nursing care, physiotherapy, occupational therapy assessment and personal care services in a client’s home. Personal care services include medication monitoring, meal preparation, social support, in-home respite and domestic assistance.

The service helps clients who require immediate access to healthcare support services to safely return home following a presentation to an emergency department. It also speeds up discharge of patients from hospital wards by making home-based support services available faster. The team also help clients access ongoing healthcare support services in the community, which reduces the client’s risk of re-presentation to hospital. In 2017–18, there were 1,215 referrals to the service.
The tension between funding and an increasing requirement to do more without compromising quality and safety is continuing to drive change and ongoing improvement in resource management.

Significant population growth and diversity in the region we serve, coupled with increasing demand for a wider range of high quality health services, mean we have invested significantly in infrastructure during 2017–18 and progressed several major capital works programs.

The planning of infrastructure delivery focused heavily on the Logan-Bayside Health Network and leveraging opportunities from Cross River Rail delivery for PA Hospital.

Metro South Health also responded to the request to bring forward health technology equipment replacement procurement as an accelerated program. We applied for and received priority capital project funding in the order of $45 million which will be delivered in a similar approach to the previous backlog maintenance program.

Major capital works

Metro South Health puts significant effort into maximising capital investment, with a focus on service, asset and infrastructure planning driving the priorities in the Building Queensland Pipeline and Service Delivery Statement.

During 2017–18, a number of high-profile capital works projects were completed or started.

Projects completed or underway

Oral health services expansion—Logan Central Community Health Centre

Logan residents gained access to an additional 15,000 dental appointments each year following a $4.3 million expansion of public oral health services at Logan Central Community Health Centre.

The expansion, which opened in July 2017, includes 10 additional dental chairs and the introduction of children’s appointments for the first time.

It also includes a new bariatric dental chair, which means that obese clients can now receive dental care at Logan Central rather than travelling to QEII Jubilee Hospital.

There is also a new 3D X-ray machine, so patients can have X-rays done at the clinic as part of their appointment and don’t have to travel elsewhere.

Logan Hospital Short Stay Intervention Unit

Additional support for people with drug and alcohol problems was delivered through the $7.5 million Short Stay Intervention Unit at Logan Hospital.

The unit, within the Addiction and Mental Health Services area, opened in September 2017 and helps patients presenting to Logan Hospital emergency department with symptoms of both acute mental health and substance misuse illnesses.

After being assessed in the emergency department, suitable patients are transferred to the Short Stay Intervention Unit for further assessment by a specialist team who are experts in caring for people with both acute mental health and substance misuse illnesses.

The unit also helps patients who do not require long-term admission to an acute mental health inpatient ward but may require intensive observation until the initial crisis has passed, followed by referral to community support services. The unit provides 13 additional beds supported by 35 new staff members.

Logan Hospital staff car park

With the demand for Logan Hospital services growing, access to available car parking has become increasingly difficult and time consuming, particularly for day shift staff.

To address this issue, Metro South Health constructed a $5 million staff car park, located on the TAFE site adjoining Logan Hospital. This provides more convenient and safer parking for staff. The flat-level car park offers more than 600 parking spaces and it had a planned opening date of August 2018.

Previously, staff had to park both on and off site, including catching a shuttle bus from off-site parking.
The staff car park is a short-term measure. To further meet demand for parking, in 2017–18 planning began for the construction of a multi-storey car park for patients, visitors and staff (please see ‘projects at the planning stage’ on the next page).

Logan Hospital Peri-Operative Services/Early Pregnancy Assessment refurbishment

Refurbishment works were successfully completed in September 2017, which has improved surgical patient flows and increased the hospital’s ability to meet the needs of at-risk pregnant women.

Stage Two Expansion—Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Healthcare, Inala

The $10.5 million1 second stage expansion is part of our commitment to deliver world-class specialised health services for Aboriginal and Torres Strait Islander people in our region and across South East Queensland.

Under the guidance of Professor Noel Hayman, the Southern Queensland Centre of Excellence is a recognised leader in the research and delivery of Aboriginal and Torres Strait Islander healthcare, and plays a key role in teaching the next generation of clinicians.

The Stage Two expansion (1655m²), completed in early 2018, doubles the centre’s space and improves the integration of services to the community by co-locating clinical services and staff that were previously spread across four separate Inala locations.

The expansion also allows improved integration between treatment, research and training. This means medical and nursing students can now gain practical experience in Aboriginal and Torres Strait Islander health matters and take that experience with them into the field.

Other notable areas of the expansion include a state-of-the-art kitchen to help with teaching healthy eating habits and a new gym for rehabilitation and wellbeing activities.

The Stage One construction of the centre was completed in 2013.

Woolloongabba Community Health Centre

The new Woolloongabba Community Health Centre includes the largest oral health clinic on the south side of Brisbane.

The centre, located at 228 Logan Road, opened in October 2017 and is equipped to deliver a range of public oral health and addiction and mental health services.

The new dental clinic allows us to deliver an additional 45,000 dental appointments each year for adults and children.

Expanded equipment includes 27 dental chairs, dental X-ray facilities, a sterilisation facility and a laboratory.

The centre is also a base for key addiction and mental health services delivered in the community. Patients have access to more holistic therapies such as exercise and music therapy, nutrition and dietetics—therapies which assist all aspects of mental health recovery.

Wynnum-Manly Community Health Centre, Gundu Pa (plus Pandanus ward and Wynnum-Manly Palliative Care Unit)

In October 2017 we officially opened the $13.6 million Wynnum-Manly Community Health Centre, Gundu Pa on New Lindum Road in Wynnum West.

The state-of-the-art centre is unique to the area and provides a wide range of integrated healthcare services close to home for local people. Many of these services are new to the area or expanded.

One of the key services is a 24-hour Primary Care Centre, which treats minor injuries and illnesses and provides a round-the-clock safety net for local residents when they cannot get access to their regular GP.

We also provided two additional facilities for people in the Wynnum-Manly area. In November 2017 we opened the new Pandanus ward in Casuarina Lodge adjacent to Wynnum-Manly Community Health Centre. Pandanus provides eight general sub-acute beds for local people. An additional six beds are available to people in their own home through our Hospital in the Home service.

In January 2018, we opened Wynnum-Manly Palliative Care Unit at BlueCare Wynnum Aged Care Facility, with care provided by Metro South Health clinicians.

All these changes follow the October 2017 closure of Wynnum Health Service (formerly Wynnum Hospital) in Lota. After 35 years of caring for the community, the building was nearing the end of its design life.

The new models of care provided an opportunity to retain existing public health services in the local area, expand services and introduce new ones. They deliver on the Queensland Government’s election commitment to retain existing health services for the Wynnum-Manly community.
PA Hospital Cladding Replacement Project

Following an announcement by the Queensland Minister for Housing and Public Works and Minister for Sport in September 2017, work began on removing combustible cladding from the façade of PA Hospital, initially focusing on entry and exit points.

As of 30 June 2018, large-scale works were well underway to remove the almost 20,000m$^2$ of remaining cladding in zones. The removal was expected to run into the 2018–19 financial year, as was recladding the main hospital building.

The removal of the cladding followed an initial investigation overseen by the Queensland Government’s Non-Conforming Building Products Audit Taskforce. This resulted in large-scale testing by independent fire engineers, which confirmed that the cladding was combustible and must be removed. The hospital campus has a modern fire system with more than 13,000 sprinklers and 6000 fire detectors.

Projects at the planning stage

Logan Hospital Infrastructure Program

During 2017–18, planning, design and consultation began for the Logan Hospital Infrastructure Program—one of our key infrastructure and redesign priorities.

The program will help us meet the significantly increasing demand for high quality healthcare services in Logan—one of the fastest growing regions in the state.

Each year, there are more than 88,000 presentations to Logan Hospital emergency department and more than 75,000 inpatient admissions to the hospital.

This new program is vital to ensure the hospital can meet demand by providing new beds and treatment spaces, better staff spaces, improved maternity facilities and adequate parking.

The program is made up of three core elements, all of which are currently at the Detailed Business Case stage funded by the Queensland Government:

Logan Hospital Expansion Project

This expansion of Logan Hospital is designed to meet the projected demand for patient beds through to 2021–22, as well as provide an enhanced environment for staff, patients and visitors.

At the time of publication, the expansion plan for Logan Hospital includes an additional 192 beds plus new treatment spaces, including new inpatient units. The plan also includes three new clinical floors above the existing Building Three, plus an additional fourth floor for plant. It also includes refurbishing some clinical areas in Building One, expanding the endoscopy suites in Building Two and minor upgrades to a number of clinical support and back-of-house service areas.

Logan Hospital maternity upgrade

Demand for Logan Hospital maternity services has increased by 44 per cent in the last five years, with more than 3460 births in 2017–18. This means a major upgrade to the maternity ward is required so we can service the increasing demand into the future. The upgrade will involve reallocation of existing non-maternity floor space to provide an additional 1803m$^2$ area. This will be used to provide:

- a refurbished maternity inpatient unit with more beds, including a mix of single and double rooms with ensuites
- co-location of Healthy Hearing within the maternity inpatient unit
- a refurbished antenatal outpatient clinic, close to the maternity unit
- additional birthing suites including immersion labour facilities for water birthing and larger, more modern spaces
- a special care nursery with additional cot spaces, more circulation space between cots and upgraded bathroom facilities.

Logan Hospital multi-storey car park

Metro South Health aims to construct a multi-storey car park at Logan Hospital. This will provide safe and convenient parking for patients, visitors and staff.

An interim flat-level staff car park on the adjoining TAFE
Our performance

PA Hospital Urban Corner

In 2017–18, early planning began for the PA Hospital Urban Corner project, which is exploring various options for development and improvement of facilities around PA Hospital, including investment and partnerships.

In particular, Metro South Health aims to leverage the energy around the Cross River Rail developments to take advantage of potential opportunities on the PA Hospital campus. The plan for Cross River Rail includes a new rail station in walking distance of the PA Hospital campus. The study area was redefined as the PA Hospital Urban Corner in order to align the impact of Cross River Rail with both the DPKP and the PAH Master Plan in a single plan. Significant progress on PA Hospital Urban Corner is expected to be achieved in 2018–19.

The PA Hospital campus was a core focus during 2017–18 site was scheduled to open in August 2018 and this offers more than 600 car parking spaces for staff (see ‘projects completed or underway’ above).

Logan Hospital currently offers more than 1000 onsite car parking spaces for patients and visitors. However, the projected increase in future demand for hospital services coupled with the need to reduce the current onsite parking to accommodate expansion projects, means the available parking at the hospital will be insufficient in the future.

At the time of publication, the plan includes construction of a multi-storey car park in the southwest corner of the hospital grounds, on the corner of Loganlea and Armstrong Roads.

The project will include end-of-trip facilities (lockers, showers and changing rooms) and an undercover walkway to the hospital Transit Lounge and buildings.

The Logan Hospital Infrastructure Program will be one of Metro South Health’s priorities into 2018–19 and beyond.

Priority Capital Program

Continuing the momentum from the successfully delivered backlog maintenance program (with 100 per cent of the registered backlog projects delivered in full last year), Metro South Health implemented appropriate structures and processes and lodged submissions to the Department of Health Priority Capital Program (PCP).

Projects move through two stages (Stage A approval and Stage B approval) prior to commencing delivery in order to confirm scope, pricing and program.

Stage A approvals provide seed funding to undertake planning and design for the project, with Stage B approvals providing a final project budget to undertake the procurement and delivery of the works.

The following projects received Stage A and Stage B approvals:

**Round three**
- Redland Hospital thermostatic mixing valves
- Redland Hospital fire panel and emergency warning system replacement
- Beaudesert Hospital chiller replacement
- Logan Hospital buildings one and two high-risk air handling system upgrades
- Logan Hospital Building One chiller and cooling tower replacement
- PA Hospital radiology chilled water rectification
- QEII Jubilee Hospital chlorine dosing plant

The Beaudesert chiller replacement contract has been awarded. Works were scheduled to begin in July 2018.

PCP projects at Redland, PA and QEII Jubilee hospitals were in tender review, with the Logan projects scheduled to go to market in early August 2018.

**Round four** (Stage A approvals—design, project scope, procurement planning and cost confirmation)
- Casuarina Lodge air conditioning plant upgrade—Stage B approval received
- Logan Hospital fire system upgrade
- Logan Hospital Building Two lift upgrade
- Logan Hospital Building Three plantroom pre-conditioning system
- PA Hospital electrical transformers upgrade
- QEII Jubilee Hospital mechanical services upgrade (Operating Suites One to Six)
- QEII Jubilee Hospital medical gases upgrade
- Inala Community Health Centre air conditioning upgrade

As part of the project, we appointed infrastructure planning consultants Destravis to review the impact of the Cross River Rail (and other developments in the Boggo Road Precinct) on the strategies identified in the 2012 Dutton Park Knowledge Precinct Plan (DPKP) and the 2014 PA Hospital (PAH) Master Plan.
Round five (Stage A approvals—design development, project scope, procurement planning and cost confirmation)
- Casuarina Lodge part one fire systems upgrade—Stage B approved and works completed
- Casuarina Lodge part two fire systems upgrade
- Inala Community Health Centre roof replacement
- Beenleigh Community Health Centre air conditioning replacement.

Round six submissions were being prepared for a number of additional infrastructure upgrade requirements based on condition assessments and maintenance information.

Minor capital works

In 2017–18, Metro South Health invested its minor capital allocation in a number of expansion projects and the acquisition of new equipment and technology, including:

Patient Access Coordination Hub (PACH)

Electrical and construction work took place at PA Hospital to support the opening of the high-tech PACH facility.

PA Hospital radiology device

Work took place to support the installation of the new Magnatom Prisma MRI machine.

PA Hospital resuscitation devices

PA Hospital’s resuscitation three and four machines were upgraded.

Casuarina Lodge refurbishment and garden space

Work took place to create the new Pandanus ward and refurbish Jasmine Unit. This involved the repurposing of under-utilised space. Work also included improvements to indoor and outdoor therapy spaces.

Procurement and supply

Accelerated Health Technology Equipment Replacement (HTER) program

Metro South Health continued advancing the procurement of clinical equipment requiring replacement throughout the financial year, which has assisted this program to be delivered on budget and on time.

The Procurement and Supply Unit facilitated a consolidation of facility needs, and negotiated with vendors that were able to supply prior to the end of June 2018, yielding an 11 per cent combined saving against estimated expenditure on a total of 354 combined items with a total value of $19,212,509.

The completion of the accelerated 2016–18 and 2018–20 HTER Bring Forward Programs has, for the first time since 2006, seen the statewide HTER program be fully expended.

Through the accomplishment of the accelerated program by teams across Metro South Health, $50 million has been committed to the overall HTER program by the State Budget for 2018–19.

Partner of Choice

Metro South Health remains committed to maximising its resource management to support health service delivery needs by partnering with strategic suppliers of medical equipment and consumables to reduce costs and increase efficiencies.

Through ongoing collaboration efforts over the past year, Metro South Health yielded in excess of $800,000 of savings through normal business activities.

Some of the key tangible benefits from the Partner of Choice arrangements include the provision of capital equipment to Metro South Health at no cost.

This included the upgrade of PA Hospital’s Hybrid Operating Theatre, enabling lifesaving trans-arterial heart valve replacement surgeries on patients that were too sick for the procedure to be performed in the Cardiac Cather Laboratory, despite the existing capital fund allocation being exhausted.

Procurement and Supply Unit Driving Value Register

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

- **negotiated outcomes**—the difference between the final negotiated outcome, when compared with the initial quotation or Standing Offer Arrangement (SOA). Whole-of-life costs are negotiated to maximise the value for money when purchasing equipment, which includes service and maintenance, parts and visibility to other costs incurred during the life of the equipment.

- **value engineering or innovation**—outcomes that have yielded value through facilitation of scope refinement and materials/labour innovation when compared with initial proposals.
Our performance

- **assumption-based predictions**—anticipated savings through direct rebates/discounts as part of Partner of Choice contract outcomes (first 12 months only) based on past usage/volume.

The Driving Value Register recorded more than $1.7 million in the 2017–18 financial year.

**Improvement initiatives**

**BEMS Health Check**

The 2017–18 BEMS Health Check review focused on identifying aspects of the current system and ways of working across Building, Engineering and Maintenance Services (BEMS) that were either enabling or preventing BEMS to effectively carry out their service and contribute to clinical excellence, quality patient care and delivery of the objectives outlined in the **Metro South Health Strategic Plan**.

The Health Check identified 64 recommendations for improvement across BEMS to add value through the following:

- improved culture
- service model reviews (e.g. Minor New Works)
- critical infrastructure review
- emergent and after hours processes and reporting
- processes, procedures and support tools
- roles and responsibilities
- safety and quality
- staff support and development
- financial management
- improved communication and reporting (internal and customer)
- compliance
- contract review and management
- document, data and contractor management
- inventory management.

The Health Check initiative was undertaken in consultation with a wide range of stakeholders both internal and external to BEMS.

Methods of engagement and consultation included team meetings and stakeholder workshops and focus groups that involved BEMS, Corporate Services, Finance and clinical staff members representing all Metro South Health facilities.

Of the 64 recommendations from the Health Check, 19 had been implemented in full, with 28 currently in progress at the time of writing, and 17 to be commenced or no longer seen as significant requirements for the organisation.

**Space utilisation strategy (Rethink your Space)**

During 2017–18, Metro South Health began work on a space utilisation strategy (Rethink your Space).

The project aims to address demand by taking a targeted approach to the use of existing resources, in particular freeing up space for extra bed capacity. The project is working towards a new master plan that will deliver increased capacity, independent of major infrastructure funding.

As of 30 June 2018, the project was in the planning and consultation phase.

**Financial System Renewal Program (FSR)**

During 2017–18 Metro South Health has been supporting local implementation of Queensland Health’s Financial System Renewal Program (FSR).

A new business, finance and logistics solution is set to replace the existing finance and materials management information system (FAMMIS) used for financial administration.

Metro South Health activities were focused on business readiness for the arrival of the new system, which is scheduled for 2019.
Enabler 2

Enabling and empowering our people

Metro South Health is proud to have a positive workplace culture, which has been fostered and maintained during periods of large-scale change. Continuing to enable and empower our people is crucial to delivering a health service that is agile and innovative, and able to maximise the technological changes and advancements that continue to be rolled out across the health service.

Keys to meeting these objectives include helping our positive culture to evolve and progress, furthering the education and training of staff and developing leadership across Metro South Health.

Boosting our positive workplace culture

In 2017, more than 9000 staff members (62 per cent of the workforce) completed the latest Metro South Health Employee Survey, which is conducted bi-annually.

By completing the in-depth online survey, staff gave feedback on all aspects of workplace culture, team management and job satisfaction.

The results of the survey showed that many staff view Metro South Health as a good place to work—a response well above the Australian public healthcare system average. You can find more detail about the survey and its resulting strategies in the ‘Our people’ section of this report.

Such positive results are partly due to Metro South Health’s fostering of programs, initiatives and strategies that provide staff with employment benefits and a sense of belonging, empowerment and achievement. Key examples of these include:

Reward and recognition program

The hard work of staff is actively recognised across Metro South Health, both at a facility level and organisation wide. Each hospital and most services run localised staff recognition awards, often with presentations at staff barbecues. Award recipients are nominated by their peers and the leadership teams.

There are also a range of Metro South Health-wide recognition awards through the year, including the

Australia Day Awards, Length of Service Awards, International Nurses Day Staff Awards and the International Women’s Day Outstanding Contribution Award (established in 2017–18).

The reward and recognition program culminates in the annual Metro South Health Board Chair’s Awards, with the award categories aligned to the values Queensland Government instils in all its staff. More information on the awards, including a list of 2017–18 recipients, is available in the ‘Our people’ section of this report.

Staff forums

Regular staff forums at our sites and services help staff feel involved in decision making and up to date with progress and changes. The forums allow staff to provide feedback and receive face-to-face responses from management teams. Staff can also leave feedback and receive responses via digital methods using feedback forms on the Metro South Health intranet.

Wellbeing and support programs

Metro South Health runs staff health and wellbeing programs across all major facilities and services, such as Healthy, Wealthy and Wise and PA Lifestyle Program. Staff have access to discounted gym memberships, on-site massage therapists, health and fitness advice and discounts on healthy food nearby.

Financial advice, such as superannuation information, is also available through face-to-face sessions and webinars provided by partners including QSuper and QBank. Staff can also access personal advice, counselling and support through the Employee Assistance Program (EAP).
Safety and Wellness Strategy

Released in 2018, the We care about you: Metro South Health Safety and Wellness Strategy 2018–2020 builds on our positive culture in better supporting our people through harm prevention, fatigue reduction, social and emotional wellness, and physical and financial fitness commitments. See the ‘Our People’ section of this report.

Leadership diversity

Promoting leadership opportunities for women

Promoting diversity, inclusion and opportunities for our staff, patients and community members are important focus areas for everyone at Metro South Health. In particular, we are focused on increasing opportunities, especially leadership roles, for women in our organisation.

In 2017–18 we rolled out the following initiatives and events to support women in our workplace:

- In March 2018 we marked International Women’s Day and Queensland Women’s Week by celebrating the incredible contributions of female colleagues across all our facilities and services.
- The key event of the week was our inaugural International Women’s Day Staff Forum. Here women from our across our health service shared their many achievements and discussed workplace equality and rights, professional development opportunities and ways to build support networks in the workplace. An inaugural Outstanding Achievement Award was presented to Digital Hospital Delivery Director Melanie Tucker.
- Five aspiring leaders were sponsored to represent Metro South Health at the 2018 Women in Healthcare Leadership Summit in Sydney. Staff were nominated to attend by their colleagues and the attendees were chosen from across the spectrum of Metro South Health services by our Executive team. The summit was a professional development opportunity where attendees shared ways to overcome barriers for women in the workplace and increase the participation of women at the highest levels.

As a result, Metro South Health is helping to deliver the commitments in the Queensland Government’s Women’s Strategy 2016–21.

Increasing access to leadership roles

Metro South Health is committed to developing and supporting the aims of aspiring leaders from across our organisation.

To facilitate this, and building on feedback from the 2017 Employee Survey, in 2018 we released the Metro South Health Recruitment and Selection Standard, which aims to provide fairer access to acting and promotional opportunities for all staff. See the ‘Our people’ section of this report for more information.

Building capability

Metro South Health is committed to continually improving the capability of teams within our organisation and future healthcare workers through tailored training (online and face-to-face), partnerships with training providers (such as TAFE) and support of recruitment activities.

In-house training

Metro South Health employs dedicated workforce development teams across many of its areas and facilities to ensure staff are easily able to access training opportunities and stay up to date with advances in patient care, administration and leadership.

Significant proportions of the training are delivered via regular staff training workshops advertised in facility newsletters and on the Metro South Health intranet.

Training is also delivered via LEAPOnline—Metro South Health’s e-learning management system, which gives staff access to all training, education and professional development options in one place.

School-based trainee program

We are dedicated to nurturing the development of future healthcare professionals so we can continue to meet the needs of our patients and clients and provide high quality healthcare.

To this end, we continued to support Queensland Health’s school-based trainee program, which offers school-based traineeships in a variety of careers including nursing, allied health, dental, Aboriginal and Torres Strait Islander primary healthcare, operational and administration.

In 2018, Redland Hospital nursing trainee Tyson Dixon was named Trainee of the Year for both the South East region and the Redland region. Logan Hospital’s Savannah Tonga was a finalist for the South East region awards.

The traineeships are a successful ongoing collaboration between TAFE, the Department of Education and Training, schools, families and local training providers.
Our performance

Ensuring the needs of our stakeholders influence all our efforts

Listening to our patients, staff and community members

Listening to the voices of our patients, visitors, staff members and other community members is an important and continuing focus for Metro South Health. During 2017–18 we continued to grow our engagement activities. As of 30 June 2018 we have:

- 567 registered members on our engagement community of interest
- held 63 online engagement activities, which have engaged 1970 people
- appointed 12 new consumers to join our group of consumers (72 in total) who provide representation on 49 strategic committees
- supported consumers through regular networking and professional development opportunities
- included consumers on recruitment panels
- appointed consumer advisors to key projects
- supported consumers to co-present Metro South Health consumer engagement initiatives at conferences
- held focus groups and workshops to gain feedback from consumers.

Person-centred care

Throughout 2017–18, we continued our focus on person-centred care—putting people at the heart of everything we do.

We recognise that a good healthcare experience is not only about providing our patients with safe and quality healthcare; it’s also about the little things we can do to make people feel comfortable and cared for.

We also recognise the benefits of engaging closely with patients, families and carers to hear about their experiences. This feedback provides valuable information about what we do well and where we can improve.

To enable our journey towards excellence in person-centred care, Metro South Health partnered with Planetree (global leaders in person-centred care). We are in the process of applying their guiding framework to ensure our services, processes, environment and relationships continue to support the health and wellbeing of our patients, staff and the broader community. In fact, during 2017–18 we have made considerable progress towards our goal of becoming the first organisation in Australia to be recognised by Planetree as a person-centred organisation.

Planetree application

In 2017–18 we focused on preparing to submit our final application for Planetree certification by 30 September 2018. In particular, we have been developing action plans to address key recommendations from Planetree.

This follows site visits by Planetree officials in early 2017 and recommendations made by them in initial reports about our facilities and services.

Reflective Practice Program

A major achievement has been the rollout of the Metro South Health Person-Centred Care Reflective Practice Program.

We have been encouraging all staff (clinical and non-clinical) to take part in this program that allows them to walk in the shoes of patients and reflect on the how they can best provide person-centred care every day in their roles.

The program includes a number of touch points implemented over time to encourage behaviour change, including an introductory e-learning module, an opportunity for reflection and a hands-on, experiential learning workshop.

Development of the program included a literature review and consultation with other Planetree organisations, staff members and consumer focus groups.

Underpinning the development of the program are the following principles:

- **Partnerships**—consumers, carers and healthcare providers together co-designed and provided input into the learning materials. Consultations with consumers and carers focused on the key question: ‘what would you like to see staff experience as part of their training to fully understand what it’s like to be a patient within the health service?’
- **Respect and dignity**—this included ensuring that staff felt supported in connecting to their deeper
motivations for working in healthcare by engaging both their hearts and minds.

- **Inclusiveness**—workshop learning takes place in co-mingled groups, with representative staff from every area and level of the organisation participating together.
- **Improvement**—it is anticipated that as staff across all areas of Metro South Health participate in the skills development, inspirational and team building activities offered through the program, it will drive culture change and improved outcomes for patients and staff.

The response to the program has been overwhelmingly positive, with high engagement and very favourable feedback from a range of areas. As of 30 June 2018, around 5000 staff had completed the online module and around 1500 staff had completed the workshop, with 135 workshops delivered.

The Person-Centred Care Reflective Practice Program will continue to roll out into 2018–19.

The concepts of person-centred care have also been incorporated into existing training and Metro South Health’s onboarding program.

### Promoting equity and access to health services

#### Helping people with disability

Metro South Health is dedicated to delivering the best possible care for people with disability and helping them access and navigate the health system effectively. These aims are outlined in the Metro South Health Disability Plan 2016–18.

During 2017–18, we delivered a number of significant programs and actions from the plan. Highlights included:

- **NDIS readiness**
  
  A multidisciplinary set of teams worked hard to ensure the whole organisation was ready for the introduction of the National Disability Insurance Scheme (NDIS), which rolled out across the whole Metro South Health region on 1 July 2018.

  The NDIS allows people with disability to have choice and control over how, when and where their supports are provided. It enables our patients and clients with disability to receive support based on individual goals and needs.

  Metro South Health focused on ensuring all staff can play their part in helping our patients access the NDIS. Actions included:

  - Appointment of social workers as the leads for the transition to the NDIS. Across Metro South Health, they are now the main contacts for staff members and patients who require guidance on the NDIS.
  - Staff education on the NDIS pathway, the principles of the NDIS and what the scheme means for people with disability. During 2017–18 more than 20 education sessions were delivered to more than 600 key staff members, including training social workers.
  - Hosting a staff NDIS Forum attended by more than 150 people.
  - Representation of Metro South Health through a range of local and statewide NDIS structures.
  - Development of NDIS procedures and systems best suited the needs of Metro South Health community members and staff.

  Planning for the transition to the NDIS was managed by a Metro South Health NDIS project team alongside the Metro South Health Equity and Access Unit.

#### Improving access to oral health services

Metro South's Health Equity and Access Unit worked with Metro South Oral Health Services to improve access to dental services for people with disability. Activities included:

- Providing a tour of the QEII Hospital oral health clinic for people with disability and their families to learn about dental services and how to access them.
- Training for more than 30 oral health staff about the oral health needs of people with disability and their families.

#### International Day of People with Disability Symposium

To mark International Day of People with Disability, in December Metro South Health hosted a symposium on improving access to health services. Speakers included:

- Mary Burgess (Public Advocate for Queensland) who spoke about high rates of avoidable deaths among people with intellectual disability.
- Paige Armstrong (CEO, Queenslanders with Disability) who spoke about the challenges people with disability experience using health services.
- Karen Opitz and Tony Rolfe (NDIA) with an overview of the National Disability Insurance Scheme (NDIS).
- Professor Michele Foster (Hopkins Centre) who spoke about the challenges of choice and control under the NDIS for people with disability.
Our performance

Improving the health of people in our diverse communities

Healthy eating in supported accommodation

The healthy eating in supported accommodation project is a partnership between the Metro South Health Access and Capacity-Building Team and Metro South Addiction and Mental Health Services. The project seeks to improve the nutrition of people who live in level three supported accommodation services.

In September 2017, the project launched A toolkit for healthy eating in supported accommodation: a best practice guide, which is a first for the Queensland supported accommodation industry. As of 30 June 2018, three practical workshops on healthy eating and menu planning, food for special needs and creating a nutrition policy have been held to upskill staff of supported accommodation services. Two more workshops and an online training package were scheduled for release before the end of 2018.

The project is also collaborating with Regulatory Operations, Department of Housing and Public Works to provide staff training and amend statewide supported accommodation accreditation documents to align with the tools provided in the healthy eating toolkit.

Healthier Choices

During 2017–18 Metro South Health continued to expand its Healthier Choices project, which is designed to improve access to healthy food and drinks round the clock for patients, visitors and staff members. The focus is on food and drinks for sale in vending machines, cafes, coffee carts and staff canteens.

The amount of high sugar drinks for sale in our hospitals have been significantly reduced. Eighty per cent of the drinks for sale across Metro South Health are now categorised as healthy although we have been careful to maintain a wide choice of food and drinks, as strongly indicated by the results of consumer engagement. Achieving the 80 per cent performance indicator did not have a negative impact on revenue.

We also continued to categorise food and drinks according to the traffic light system (green: healthiest; amber: OK; red: use caution) to help people make informed choices and expanded our ‘Go green for wellbeing’ healthy eating awareness campaign across our hospitals.

Another change involved providing access to high quality drinking water round the clock by installing ‘Go2Zone’ vending machines at Logan and QEII Jubilee hospitals. The machines provide free filtered water in refillable bottles.

We also increased the use of All Real Foods vending machines, which provide access to healthy meals 24 hours a day at PA, QEII Jubilee and Redland hospitals.

Healthier Choices was one of six finalists for the 2017 Queensland Health Awards for Excellence in the Promoting Wellbeing category.

Multicultural program

Throughout 2017–18, cultural awareness information was delivered in corporate, nursing and medical orientation programs across Metro South Health facilities.

Cultural competence training was delivered to services on topics related to midwifery practice and death and dying.

The annual Multicultural Meet and Greet was held in August 2017 as part of Multicultural Month activities. Seventy people attended the dinner, including staff and community leaders from 18 CALD communities and other government and non-government organisations.

Closing the Gap

Metro South Health remains committed to closing the gap to reduce the inequalities that exist between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander Australians.

Aboriginal and Torres Strait Islander Health Access Committee

Metro South Health recognises that strong leadership and a culture of inclusivity are required to ensure we meet our aims of improving health outcomes and representation for Aboriginal and Torres Strait Islander people—be they patients, staff or other community members.

As a result, in 2017–18, we established a new Board level committee: the Aboriginal and Torres Strait Islander Health Access Committee. This is designed to ensure that the health needs of Aboriginal and Torres Strait Islander people are always at the forefront of all our planning and all our actions. Aims of the committee include:

- improved health outcomes for Aboriginal and Torres Strait Islander people
- using evidence-based information to direct service improvements that provide equitable and accessible health services for Aboriginal and Torres Strait Islander people
• improved reporting and monitoring of key performance indicators for access and health outcomes for Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander Workforce Strategy 2018–2022

During 2017–18, Metro South Health’s Aboriginal and Torres Strait Islander focused teams and the Workforce Services team collaborated on the development of *Pathways to inclusion: Metro South Health Aboriginal and Torres Strait Islander Workforce Strategy 2018–2022*.

The strategy will demonstrate Metro South Health’s commitment to employment, training and career development opportunities for Aboriginal and Torres Strait Islander people. Aims of the strategy include:

• improving access to jobs, training and progression opportunities for Aboriginal and Torres Strait Islander people
• supporting leadership pathways and improving workforce retention and growth for staff members with an Indigenous background
• creating an inclusive culture across the organisation, including cultural capability training to develop staff proficiency in improving health outcomes for Aboriginal and Torres Strait Islander people.

The strategy was set to be launched during NAIDOC Week in July 2018.

Aboriginal and Torres Strait Islander Coordination Team

The Metro South Health Aboriginal and Torres Strait Islander Coordination Team provide strategic advice and leadership to our services and staff around healthcare for Aboriginal and Torres Strait Islander people. They improve the cultural capability of our teams and ensure that coordinated and accessible health strategies and programs are developed for Aboriginal and Torres Strait Islander people.

In the 2017–18, the coordination team:

• continued to oversee Metro South Health’s Closing the Gap Steering Committee
• managed updates to Metro South Health’s *Closing the Gap Plan*
• implemented service improvement plans
• maintained a dashboard to monitor Aboriginal and Torres Strait Islander healthcare performance outcomes across facilities and services
• maintained Aboriginal and Torres Strait Islander staff district networks
• developed new online modules for Metro South Health Aboriginal and Torres Strait Islander Capability Training Program. The training helps staff improve their knowledge and skills so they effectively contribute to improving health outcomes for Aboriginal and Torres Strait Islander people through their workplace roles. The core principles of the training are linked to the *Aboriginal and Torres Strait Islander Cultural Capability Framework*.

Hospital liaison services

Metro South Health Aboriginal and Torres Strait Islander Liaison Officers provide assistance and support to patients and their families in our facilities during their stay in hospital and throughout any follow-up treatment. The officers help patients understand their medical conditions and liaise with medical staff around a patient’s needs and any referrals to community services that could be required. In 2017–18, Metro South Health secured funding to continue the role of Senior Hospital Liaison Officer, providing leadership and guidance to the Metro South Hospital Liaison Officer Network.

Aboriginal and Torres Strait Islander Health Workers

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

Rural specialist outreach services

Metro South Health continued to deliver its well established rural specialist outreach services, including cardiac outreach and respiratory outreach.
Our performance

Better Cardiac Care project

Metro South Health continued the trial of Better Cardiac Care. Data shows the project has improved in-hospital embedded processes for Aboriginal and Torres Strait Islander people presenting with cardiac conditions. The project has:

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

Community partnerships

Logan Hospital maternity engagement

The Metro South Health Maternity and Neonatal Health Service Plan 2016–2020 highlights the importance of person-centred care, including a commitment to design, delivery and evaluation of services with the needs and wishes of mothers, their infants, families and communities in mind.

At Logan Hospital, the patient, family and community voices have been activated to encourage and support sharing of their perspectives about what they want in maternity and neonatal healthcare services.

During 2017–18, we engaged with Maori and Pacific Islander, Aboriginal and Torres Strait Islander and refugee/migrant community members. We also engaged with mothers who experienced gestational diabetes mellitus (GDM) and at-risk mothers, such as young mothers and mothers of premature babies.

Logan Community health action plan (Logan CHAP)

The Metro South Health region – especially the Logan area – is one of the most culturally diverse in Queensland with a population who often have complex healthcare needs. To improve access to care and outcomes, Queensland Health developed the Logan Community health action plan (Logan CHAP). In 2017–18, Metro South Health supported Logan CHAP with several initiatives, including:

Logan Maternity and Child Health Hubs

Metro South Health was proud to launch Logan’s first three Maternity and Child Health Hubs in April 2018.

This project has been close to the heart of many in the Logan community since the project group formed in 2015 and offers women a community-based space for them to receive continuous care throughout their pregnancy.

The plan has come together because of the unwavering belief, commitment and hard work of a wide range of partners (including local families) who feel passionately about the importance of this service.

The hubs are designed to meet the needs of women in the community who are currently not accessing health services.

On average, pregnant women in Logan are not attending the recommended number of antenatal appointments, which is why these new community hubs are so important.

There are a range of reasons why women are not accessing adequate antenatal care, including transport, cultural and social issues.

The hub partners, location, midwives, and even the artwork on the walls, have been carefully selected to help break down these barriers and create a welcoming place for mothers to access care.

The community-based model of care was developed in consultation with many Logan representatives, including consumers, community members, advocacy groups, unions and universities.

The hubs are an extension of the Midwifery Group Practice offered at Logan Hospital, providing continuity of care in the community during and after pregnancy. The maternity hub locations are:

- Access Gateway, 91 Wembley Road, Logan Central (developed in partnership with Access Community Services Logan)
- Browns Plains Early Years Centre, Cnr Middle Road and Wineglass Drive, Browns Plains (developed in partnership with the Benevolent Society)
- Aboriginal and Torres Strait Islander Community Health Service (ATSICHS), 6 Glenda Street, Waterford West (developed in partnership with ATSICHS).

All three locations have free on-site parking, are within
walking distance of public transport and have links with other healthcare and social support services.

The maternity hubs were officially opened by Minister for Health and Minister for Ambulance Services Dr Steven Miles at the ATSICHS hub in Waterford West.

Multicultural Health Days

To help people in our region access the right healthcare at the right time, we worked with a range of community groups to organise two Multicultural Health Days for the Logan community.

The events, hosted at the Hope Centre in Slacks Creek, included health information stalls, wellbeing activities and family entertainment.

A combined total of 1100 people attended the two events and learned more about the best ways to access the healthcare they need close to home.

Thanks to our partners Access Community Services, MultiLink Community Services and the Ethnic Communities Council of Queensland for contributing to these successful engagement activities. We hope they will become regular events for engaging with the community.

Healthy Refugee Communities project

The Healthy Refugee Communities project aims to promote healthy weight and eating among refugee communities and reduce the burden of chronic disease among refugee communities in Logan.

The project team consists of a health promotion officer and three community nutritionists working in partnership with local community organisations, council, businesses and community groups. This following interventions were being implemented from July 2018:

- swimming programs
- community gardening
- participation in social and organised sports
- walking and fitness groups
- nutrition education and resources.

Health service providers cultural intelligence training

A Multicultural Support Team was established at Logan Hospital providing training, advice and resources to both staff and patients.

For the period February to June 2018, 36 training sessions were conducted with 643 staff members to build cultural awareness and promote interpreter use. An online appointment reminder translation tool was implemented in six services. Interpreter usage in the hospital for February to May 2018 increased by 10.18 per cent compared to the same period in 2017.

LADDERS

In early 2018, Metro South Addiction and Mental Health Services opened the Logan Alcohol and Drug Dependencies Early Response Service (LADDERS) in Logan Central. The service helps adolescents and young adults up to 25 years of age tackle substance dependence.

Treatment involves community-based outpatient drug and alcohol programs that include assessment, outpatient detoxification and rehabilitation. Staff with expertise in responding to the needs young people help ensure that patients receive the right treatment at the right time to improve their chances of recovery.

Gold Coast Commonwealth Games

The Gold Coast Commonwealth Games was a highlight of 2017–18 for many of our staff and community members. Two of the Games venues were in the Metro South Health region (the Anna Meares Velodrome at Chandler and Belmont Shooting Complex) and we are the neighbouring HHS to Gold Coast Health.

We supported the Games in a wide range of ways. A committee based at PA Hospital (alongside input from all our facilities) successfully managed planning for the Games, including planning to treat extra patients in the event of an emergency, keeping all our existing services running smoothly, combating cyber threats and informing staff about potential issues.

A number of Metro South Health team members used their personal time to help make the Games a big success, either by competing or volunteering:

- Several Metro South Health clinicians answered the call for medical professionals to help at the Games and volunteered as doctors and medical support.
- PA Hospital Medical Imagery Assistant and gymnast Georgia Godwin added to the impressive Australian medal haul by winning three medals (one silver and two bronze medals) at the Games.
- Metro South Health staff volunteered in a variety of roles, including media liaison, IT support and welcoming visitors to the Games.
4. Our people

Metro South Health is proud to have a positive workplace culture, which has been fostered and maintained during large-scale change. Continuing to empower our people is crucial to delivering the best possible healthcare.

Workforce profile

Metro South Health’s capacity to deliver health services and achieve positive health outcomes for the population, both now and into the future, is largely dependent upon its workforce.

It is critical to ensure that there are sufficient numbers of the right staff, with the right mix of skills, in the right place at the right time, and that the workforce is appropriately skilled to deliver person-centred care.

The Metro South Health clinical workforce is ageing, with 16 per cent of its clinical workforce aged 55 years and over. It is probable that a significant proportion of the current clinical workforce will exit the workforce in the next five to 10 years. In addition, more people are working part-time. This means that several people may be required to fill a single full-time position.

Workforce demographics

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

The total number of Metro South Health employees (head count) at 17 June 2018 was 15,759.

Metro South Health employed 2394 new staff in the 2017–18 financial year to 17 June 2018.

The number of FTE clinical staff in Metro South Health decreased from 8990 at 18 June 2017 to 8865 at 17 June 2018—a decrease of 1.4 per cent.
Metro South Health workforce 2017–18: at a glance

73.5% of staff members are women

1.12% identify as Aboriginal or Torres Strait Islander

18.4% come from a non-English speaking background

2394 are new staff members

1.86% are people with a disability
Our people

Equal employment opportunities

Metro South Health is committed to equal opportunities for all staff, regardless of gender, age, background or ability. For example, we actively promote leadership and career development opportunities for women.

As a total percentage, women comprise 73.51 per cent of Metro South Health’s workforce.

Generational diversity

The 2015 Intergenerational Report—Australia in 2055 highlighted that between 1978–79 and 2013–14, Australian workforce participation of people aged 55–64 years increased from 45.6 per cent to 63.8 per cent.

While it is projected the overall proportion of the population in the workforce is likely to decline, workforce participation rates of people over 65 years are predicted to rise, from 12.9 per cent in 2014–15 to 17.3 per cent in 2054–55.

As of 30 June 2018, the generational diversity of our workforce can be summarised in the following way:

- health service wide, the median age is 45 years
- the highest proportion (53.74 per cent) of our staff are generation X
- baby boomers make up 21.74 per cent
- generation Y equate to 24.18 per cent
- silent generation is 0.13 per cent
- generation Z (iGen) is 5.10 per cent.

Early retirement, redundancy and retrenchment

During the period, three employees received redundancy packages at a cost of $585,474.46 (gross). Employees who did not accept an offer of a redundancy were offered case management for a set period of time, where reasonable attempts were made to find alternative employment placements.

Turnover and length of service

As of 17 June 2018, 1454 Metro South Health permanent staff separated from the organisation during 2017–18. This figure equates to a permanent separation rate of 11.79 per cent.

Strategic workforce planning and performance

An important element of the Metro South Health Strategic Plan 2015–2019 is the need to ensure effective systems are in place to enable and empower our employees.

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

Planning

During 2017–18, changes to the structure, governance and delivery of workforce services across Metro South Health were implemented and included an appointment to the new position of Executive Director Workforce Services. This role is leading the development of a service-wide strategic workforce vision and the implementation of a service-wide operating model, strategies and programs of work.

Our facility and network workforce services teams report directly to our facility and network executives and facility managers to deliver human resources support and services to the frontline to meet the workforce needs of our services.

The Metro South Health Strategic Workforce Plan 2012–2017 provides a vision for the health service to promote systematic improvement in the health workforce and reliable information to support the addressing of immediate and future health workforce needs.

In the second half of 2017–18 programs of work commenced across our health service to re-baseline our workforce priorities given our changing work environment, including Digital Hospital, and with a focus on forecasting the right staff, with the right mix of skills, in the right place, at the right time.

The expected growth of the population serviced by Metro South Health and accompanying development of our facilities will require significant planning for the workforce requirements of the future both in capacity and capability.

This includes reviewing models of care and engaging with professional and operational leads, industry partners and tertiary institutions to ensure that Metro South Health has a workforce that meets the needs of our community.

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

Employee engagement

2017 Employee Survey

The Metro South Health Board and Executive are committed to listening to staff opinions and acting on them. In this way, we can improve communication, leadership and the professional working environment.

From October to December 2017, staff across Metro South Health were given an opportunity to help shape the future of our organisation by taking part in the 2017 Employee Survey. By completing an in-depth online survey, staff
Our people
gave feedback on all aspects of workplace culture, team management and job satisfaction.

More than 62 per cent of the Metro South Health workforce (almost 9000 people) completed the survey. The results show that we are engaged, optimistic for the future and have grown a work culture among the best of any healthcare provider across Australia.

Many staff view Metro South Health as a good place to work—a response well above the Australian public healthcare system average.

New strategies

The results from the 2017 Employee Survey have become the primary tool for planning and implementing improvements at every level of our organisation—from the Board and the Executive to local work units.

Such feedback has quickly resulted in the following commitments for improving culture and the workplace experience for all our staff:

- **Safety and respect at work**—including protecting our people from occupational violence, bullying and harassment. Alongside providing excellent patient care, this is the top priority for Metro South Health.
- **Leadership capability**—equipping our managers and leaders with the right skills and insights through their development to bring out the very best in our staff.
- **Fairness and transparency**—providing more equitable access to staff applying for promotional and acting opportunities and greater objectivity in shorter-term selection processes.

These priorities will continue to be a major focus for Metro South Health into 2018–19.

Work health, safety and wellness

Employee feedback and a desire to lead positive change across all levels of our organisation resulted in the launch of a major new strategy to support employee health and wellness across our organisation:

**Safety and Wellness Strategy**

The **We care about you: Metro South Health Safety and Wellness Strategy 2018–2020** builds on our positive culture to better support our people through harm prevention, fatigue reduction, social and emotional wellness, and physical and financial fitness commitments.

Under the strategy, our staff benefit from practical, proven actions across a range of areas including:

- better protecting our people from occupational violence and work practices that cause fatigue
- ensuring staff feel valued and respected at work with no-one experiencing bullying and harassment
- supporting staff to have a voice for not only contributing to improvement of our positive culture and patient care, but also just to be themselves at work
- assisting staff both professionally and personally through mental health, social wellness, physical fitness and financial wellbeing activities.

**Immunisations**

Following one of the worst influenza seasons on record, Metro South Health rolled out its most successful staff influenza vaccination program to date. Infection control teams across all our facilities worked incredibly hard to vaccinate a record number of staff members (more than 12,000) and exceed our target of vaccinating 75 per cent of the Metro South Health workforce.

By vaccinating staff against influenza, we helped protect our patients and community members. Throughout 2017–18, Metro South Health also robustly enforced the Department of Health’s vaccine-preventable disease (VPD) measures for its workforce.

**Fairness and transparency**

Another significant outcome from the 2017 Employee Survey was a set of measures to promote fairness and transparency in staff recruitment:

**Recruitment and Selection Standard**

Launched in July 2017, the **Metro South Health Recruitment and Selection Standard** builds upon the minimum public service recruitment
Our people

requirements to promote fairer and more equitable access to acting and promotional opportunities for our staff, be they shorter-term temporary arrangements or permanent vacancies.

Leadership development

The 2017–18 financial year saw the continued delivery of a number of leadership development programs to further develop the capability of our managers and supervisors.

Our programs are designed to empower and enable a strong and positive leadership culture for the health service and to equip our leaders with the right practical people management skills.

Metro South Health launched nine new business skills workshops for managers and supervisors and five new workshops covering interpersonal skills development.

In total, 2902 employees participated in 173 learning programs and in-service workshops with an overall satisfaction rating of 3.7 out of 4.

Continuing with our action planning in response to the 2017 Employee Survey, we also released our interactive e-learning offering: Recruitment and Selection for Panel Chairs—a comprehensive three-module package covering process requirements, attraction methodologies, different selection strategies, and tactics for managing conflicts of interest and unconscious bias.

Diversity

Diversity is all of the differences between people in how they identify in relation to their:

- **social identity**—age, gender, cultural background, disability, Indigenous or non-Indigenous background, caring responsibilities, sexual orientation and socio-economic background
- **professional identity**—profession, education, work experiences and organisational role

Although diversity is considered in the broadest sense and the emphasis is on inclusion and diversity for all employees in the workplace, the following groups are some key focus areas:

- Aboriginal and Torres Strait Islander people
- people with disability
- people from non-English speaking backgrounds
- LGBTQI people
- young people (under 25)
- mature age people (over 65).

Metro South Health is committed to providing a supportive and respectful work environment which values the diversity of our staff and volunteers.

In late 2017 we commenced consultation on development of a new diversity strategy, with a particular focus on attracting and retaining Aboriginal and Torres Strait Islander employees. The strategy is called *Pathways to inclusion: Metro South Health Aboriginal and Torres Strait Islander Workforce Strategy 2018–2022*.

Flexible working arrangements

Metro South Health supports and implements recognised work-life balance and other responsibility flexible work options for our employees, underpinned by a range of policies and procedures.

The benefits for our employees include allowing greater ability to meet family commitments, employment for people who find full-time work difficult and providing increased life satisfaction, social support and connectedness. As an organisation it increases our employee morale, supports the attraction of new recruits and improves the retention of our valued employees.

Flexible working arrangements for our employees can include home-based work (telecommuting), purchased leave arrangements, working compressed hours or nine-day fortnights, flexible facility working arrangements, breastfeeding lactation breaks, variable shift lengths and part-time and job share opportunities. Metro South Health also supports part-time work arrangements for our employees who are pregnant and also upon return to work from maternity leave.

Metro South Health promotes its range of flexible working arrangements by including information in position descriptions and role information packs. We also promote them face-to-face at our consultative forums, orientation and staff forums and at the work unit level.

Our policies and procedures are available for all employees to access through the Metro South Health intranet or through our workforce services teams.

During 2017–18, 1498 people (47 per cent of the permanent workforce) were employed on a permanent part-time basis. Of the permanent part-time staff, 90 per cent were female.

Industrial and employee relations

The *Metro South Health Industrial Relations Strategy 2015–2018* sets out the roles and responsibilities of managers within the context of existing Queensland Health industrial relations framework and industrial processes that apply to Metro South Health.

The effectiveness of this strategy relies on the commitment of management, employees and industrial organisations to follow process and to communicate in an open and collaborative manner.

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

- Metro South Health Consultative Forum
- Metro South Health Nursing and Midwifery Consultative Forum
- Local Consultative Forums at PA Hospital, Logan Hospital, QEII Jubilee Hospital, Metro South Oral Health Services, Redland Hospital, Metro South Addiction and Mental Health Services and Metro South Health Building, Engineering and Maintenance Services (BEMS).

Reward and recognition program—Board Chair’s Awards 2017

The Metro South Health reward and recognition program aims to:

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

Reward and recognition plays an important role in attracting and retaining high quality staff across Metro South Health and improving workforce culture. The Metro South Health Board Chair’s Awards celebrate and promote the outstanding achievements of staff throughout our organisation.

It is the pinnacle staff recognition initiative for Metro South Health and builds on the local awards and recognition initiatives for staff in all facilities and services. The award categories reflect the Queensland Government’s values and Metro South Health’s priorities.

In 2017 there was a special focus on our commitment to providing excellent person-centred care to everyone we serve.

The third annual Board Chair’s Awards took place in July 2017 and recognised the following teams and individuals:

**Board Chair’s Excellence Award**
Zika Mozzie Seeker Team, Metro South Public Health Unit

**Be Courageous Award**
Dr Helen Boocock, Director Metro South Oral Health Services

**Customers First Award**
Access and Capacity-Building Team, Health Equity and Access Unit

**Empower People Award**
Residential Aged Care Facilities team—Metro South Palliative Care Service

**Ideas into Action Award**
Sunflower Team, Ward 3B, Logan Hospital

**Person-Centred Care Team Award**
Voices of Recovery Team, Metro South Addiction and Mental Health Services

**Shaping our Future Award**
ScreenIT Team, PA Hospital

**Unleash Potential Award**
Nutrition Research Team, PA Hospital

**Volunteer of the Year Award**
Redland Hospital Auxiliary.
5. Financial highlights

Metro South Health’s operational result is a deficit of $13.946 million for the year ending 30 June 2018. This represents a 0.58 per cent variance against its revenue of $2.417 billion.

The reported deficit represents the fiscal challenges that have resulted from the continued demand pressures on health services and the additional expenditure for the Digital Hospital program that contributed to Metro South Health’s overall unfavourable financial position.

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

Revenue and expenditure

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

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

Metro South Health’s total income was $2.417 billion, which is an increase of $97.466 million (4.2 per cent) from 2016–17:

- the activity based funding for hospital services was 76.7 per cent or $1.8 billion
- block and other Department of Health funding was 11.17 per cent or $270 million
- Commonwealth grants and other grants funding was 2.59 per cent or $62.7 million for health services
- own source revenue was 9.27 per cent or $224 million
- other revenue was 0.27 per cent or $6.4 million.

The total expenses were $2.431 billion, averaging at $6.6 million a day for providing public health services. Total expenditure increased by $119.5 million (5.17 per cent) from last financial year. Major areas of expenditure are shown in the following graph:

Expenses 2017-18

The large increase in expenditure from the 2017–18 year is due to increases associated with Department of Health funding increases ($84 million) along with additional expenditure implementing the Digital Hospital solution across four of Metro South’s hospitals during 2017–18.

Assets and liabilities

Metro South Health’s asset base amounts to $1.406 billion. A figure of 90.24 per cent or $1.269 billion of this is invested in property, plant and equipment. The remaining balance of $137 million is held in cash, receivables and inventory.

Metro South Health’s liabilities total $138.778 million and consist of payables and employee benefits, leaving an equity base of $1.268 billion.
6. Financial reports

The following financial reports for Metro South Health for 2017–18 have been prepared in accordance with the relevant financial acts and standards, and have been audited by the Queensland Audit Office.

General information

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

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

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

Garden City Office Park, Building 5
2404 Logan Road
Eight Mile Plains QLD 4113

For information relating to Metro South Health’s financial statements visit the Metro South Health website www.metrosouth.health.qld.gov.au or email MD05-MetroSouthHSD@health.qld.gov.au.
Financial reports

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Metro South Health

Statement of Comprehensive Income
For the year ended 30 June 2018

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<th>Notes</th>
<th>2018 Actual $'000</th>
<th>2018 Original $'000</th>
<th>Budget $'000</th>
<th>Variance* $'000</th>
<th>2017 Actual $'000</th>
</tr>
</thead>
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Income from continuing operations

User charges and fees
A1-1 2,347,974 2,282,675 65,299 2,270,705
Grants and other contributions
A1-2 62,676 29,871 32,805 44,762
Other revenue
A1-3 6,446 2,912 3,534 3,938
Total revenue
2,417,096 2,315,458 101,638 2,319,405

Gain on disposal or re-measurement of assets
226 - 226 457
Total income from continuing operations
2,417,322 2,315,458 101,864 2,319,857

Expenses from continuing operations

Employee expenses
A2-1 1,650,998 1,576,019 74,979 1,550,488
Supplies and services
A2-2 682,935 650,699 32,236 680,453
Grants and subsidies
A2-3 1,109 327 782 600
Depreciation and amortisation
B6 82,437 78,332 4,105 70,683
Impairment losses
4,350 1,960 2,390 1,843
Other expenses
A2-4 9,439 8,121 1,318 7,685
Total expenses from continuing operations
2,431,268 2,315,458 115,810 2,311,752

Operating result for the year
(13,946) - (13,946) 8,105

Other comprehensive income

Items that will not be reclassified subsequently to operating result
Increase in asset revaluation surplus
B9 19,792 34,042 (14,250) 21,197
Total other comprehensive income
19,792 34,042 (14,250) 21,197

Total comprehensive income
5,846 34,042 (28,196) 29,302

*An explanation of major variances is included at Note D1.
The accompanying notes form part of these statements.
# Financial reports

## Metro South Health

### Statement of Financial Position

As at 30 June 2018

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Original Budget</td>
<td>Variance*</td>
</tr>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
</tr>
</tbody>
</table>

#### Current assets
- **Cash and cash equivalents**
  - B1 41,918 75,639 (33,721) 93,310
- **Receivables**
  - B2 62,304 52,270 10,034 52,157
- **Inventories**
  - B3 15,734 16,983 (1,249) 15,212
- **Other assets**
  - B4 7,367 3,377 3,990 4,258
- **Non-current assets held for sale**
  - B5 10,000 0 10,000 0

**Total current assets** 137,323 148,269 (10,946) 164,937

#### Non-current assets
- **Intangibles**
  - 1,291 163 1,128 988
- **Property, plant and equipment**
  - B6 1,267,748 1,300,983 (33,235) 1,289,747

**Total non-current assets** 1,269,039 1,301,146 (32,107) 1,290,735

**Total assets** 1,406,362 1,449,415 (43,053) 1,455,672

#### Liabilities

**Current liabilities**
- **Payables**
  - B7 71,580 63,828 7,752 74,715
- **Accrued employee benefits**
  - B8 65,775 67,152 (1,377) 59,938
- **Unearned revenue**
  - 1,423 - 1,423 6,620

**Total current liabilities** 138,778 130,980 7,798 141,273

**Total liabilities** 138,778 130,980 7,798 141,273

**Net assets** 1,267,584 1,318,435 (50,851) 1,314,399

#### Equity
- **Contributed equity**
  - B10 1,075,331 1,086,211 (10,880) 1,127,992
- **Accumulated surplus/(deficit)**
  - 9,357 28,222 (18,865) 23,303
- **Asset revaluation surplus**
  - B9 182,896 204,002 (21,106) 163,104

**Total equity** 1,267,584 1,318,435 (50,851) 1,314,399

*An explanation of major variances is included at Note D2.

The accompanying notes form part of these statements.
Metro South Health
Statement of Changes in Equity
For the year ended 30 June 2018

<table>
<thead>
<tr>
<th>Notes</th>
<th>Accumulated surplus/(deficit) $'000</th>
<th>Asset revaluation surplus $'000</th>
<th>Contributed equity $'000</th>
<th>Total equity $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2016</td>
<td>15,198</td>
<td>141,907</td>
<td>1,145,242</td>
<td>1,302,347</td>
</tr>
<tr>
<td>Operating result from continuing operations</td>
<td></td>
<td></td>
<td></td>
<td>8,105</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in asset revaluation surplus</td>
<td>B9</td>
<td>-</td>
<td>21,197</td>
<td>21,197</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td></td>
<td>8,105</td>
<td>21,197</td>
<td>29,302</td>
</tr>
<tr>
<td>Transactions with owners as owners:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity asset transfers</td>
<td>B10</td>
<td>-</td>
<td>-</td>
<td>455</td>
</tr>
<tr>
<td>Equity injections</td>
<td>B10</td>
<td>-</td>
<td>-</td>
<td>52,978</td>
</tr>
<tr>
<td>Equity withdrawals</td>
<td>B10</td>
<td>-</td>
<td>-</td>
<td>(70,683)</td>
</tr>
<tr>
<td>Net transactions with owners as owners</td>
<td></td>
<td>-</td>
<td>-</td>
<td>(17,250)</td>
</tr>
<tr>
<td>Balance at 30 June 2017</td>
<td>23,303</td>
<td>163,104</td>
<td>1,127,992</td>
<td>1,314,399</td>
</tr>
<tr>
<td>Operating result from continuing operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in asset revaluation surplus</td>
<td>B9</td>
<td>-</td>
<td>19,792</td>
<td>19,792</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td></td>
<td>(13,946)</td>
<td>19,792</td>
<td>5,846</td>
</tr>
<tr>
<td>Transactions with owners as owners:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity asset transfers</td>
<td>B10</td>
<td>-</td>
<td>-</td>
<td>(8,890)</td>
</tr>
<tr>
<td>Equity injections</td>
<td>B10</td>
<td>-</td>
<td>-</td>
<td>38,666</td>
</tr>
<tr>
<td>Equity withdrawals</td>
<td>B10</td>
<td>-</td>
<td>-</td>
<td>(82,437)</td>
</tr>
<tr>
<td>Net transactions with owners as owners</td>
<td></td>
<td>-</td>
<td>-</td>
<td>(52,661)</td>
</tr>
<tr>
<td>Balance at 30 June 2018</td>
<td>9,357</td>
<td>182,896</td>
<td>1,075,331</td>
<td>1,267,584</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these statements.
Metro South Health
Statement of Cash Flows
For the year ended 30 June 2018

<table>
<thead>
<tr>
<th>Notes</th>
<th>2018 Actual $'000</th>
<th>2018 Original Budget $'000</th>
<th>2017 Budget Variance* $'000</th>
<th>2017 Actual $'000</th>
</tr>
</thead>
</table>

### Cash flows from operating activities

**Inflows:**
- User charges and fees: 2,246,655
- Grants and other contributions: 42,266
- Interest received: 648
- GST input tax credits from ATO: 37,783
- GST collected from customers: 5,735
- Other receipts: 3,268

**Outflows:**
- Employee expenses: (1,645,161)
- Supplies and services: (667,572)
- Grants and subsidies: (37,765)
- GST paid to suppliers: (324,112)
- GST remitted to ATO: (329,132)
- Other: (8,765)

**Net cash provided by operating activities:** (29,832)

### Cash flows from investing activities

**Inflows:**
- Sale of property, plant and equipment: 414

**Outflows:**
- Payments for property, plant and equipment: (60,229)
- Payments for intangibles: (411)

**Net cash provided by investing activities:** (60,226)

### Cash flows from financing activities

**Inflows:**
- Equity injections: 38,666

**Net cash provided by financing activities:** 38,666

### Net increase/(decrease) in cash and cash equivalents

- (51,392)
- Cash and cash equivalents at the beginning of the financial year: 93,310
- Cash and cash equivalents at the end of the financial year: 41,918

*An explanation of major variances is included at Note D3.
The accompanying notes form part of these statements.
NOTES TO THE STATEMENT OF CASH FLOWS
The following table reconciles the operating result to net cash provided by operating activities:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td><strong>Operating result from continuing operations</strong></td>
<td>(13,946)</td>
<td>8,105</td>
</tr>
<tr>
<td><strong>Non-cash items:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation/amortisation expense</td>
<td>82,437</td>
<td>70,683</td>
</tr>
<tr>
<td>Depreciation and amortisation funding</td>
<td>(82,437)</td>
<td>(70,683)</td>
</tr>
<tr>
<td>Assets written (on)/off</td>
<td>(2,594)</td>
<td>(84)</td>
</tr>
<tr>
<td>Impairment loss on receivables</td>
<td>1,531</td>
<td>(1,918)</td>
</tr>
<tr>
<td>Net loss on sale of property, plant and equipment</td>
<td>251</td>
<td>(44)</td>
</tr>
<tr>
<td>Services below fair value</td>
<td>19,596</td>
<td>-</td>
</tr>
<tr>
<td>Donations services below fair value</td>
<td>(19,596)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net cash provided by (used in) operating activities</strong></td>
<td>(29,832)</td>
<td>14,124</td>
</tr>
</tbody>
</table>

**Change in assets and liabilities:**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Increase)/decrease in trade and other receivables</td>
<td>(11,678)</td>
<td>(315)</td>
</tr>
<tr>
<td>(Increase)/decrease in inventories</td>
<td>(521)</td>
<td>1,481</td>
</tr>
<tr>
<td>(Increase)/decrease in prepayments</td>
<td>(379)</td>
<td>(448)</td>
</tr>
<tr>
<td>Increase/(decrease) in unearned revenue</td>
<td>(5,197)</td>
<td>2,215</td>
</tr>
<tr>
<td>Increase/(decrease) in accrued employees expenses</td>
<td>5,836</td>
<td>5,408</td>
</tr>
<tr>
<td>Increase/(decrease) in payables</td>
<td>(3,135)</td>
<td>(276)</td>
</tr>
<tr>
<td><strong>Net cash provided by (used in) operating activities</strong></td>
<td>(29,832)</td>
<td>14,124</td>
</tr>
</tbody>
</table>
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

BASIS OF FINANCIAL STATEMENT PREPARATION

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

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

Metro South Health does not have any controlled entities.

Taxation
Metro South Health is a State body as defined under the Income Tax Assessment Act 1936 and is exempt from Commonwealth taxation with the exception of Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). FBT and GST are the only Commonwealth taxes recognised by Metro South Health.

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

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

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

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

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

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

Current and non-current classification
Assets and liabilities are classified as either current or non-current in the Statement of Financial Position and associated notes. Assets are classified as current where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as current when they are due to be settled within 12 months after the reporting date or Metro South Health does not have an unconditional right to defer settlement to beyond 12 months after the reporting date.
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

Non-current assets held for sale

Non-current assets held for sale consist of those assets that management has determined are available for immediate sale in their present condition, for which their sale is highly probable within the next twelve months.

In accordance with AASB 5 Non-Current Assets Held for Sale and Discontinued Operations, when an asset is classified as held for sale, its value is measured at the lower of the asset’s carrying amount and fair value less costs to sell. Any restatement of the asset’s value to fair value less costs to sell is a non-recurring valuation. Such assets are no longer amortised or depreciated upon being classified as held for sale.

Accounting standards early adopted in 2017-18

No Australian Accounting Standards have been early adopted for 2017-18.

Accounting standards applied for the first time in 2017-18

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

  This standard requires the disclosure of information that will allow users to understand changes in liabilities arising from financing activities. Metro South Health does not have any liabilities arising from financing activities.

- **AASB 2016-4 Amendments to Australian Accounting Standards – Recoverable Amount of Non-Cash Generating Specialised Assets for not-for-profit Entities**

  Simplified and clarified the impairment testing requirements under AASB 136 for non-cash generating assets held by entities. This amendment has not changed any reported amounts. References to the Depreciated Replacement Costs have been replaced with Current Replacement Cost in line with these amendments.

Future Impact of Accounting Standards not yet effective

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

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

  This standard will become effective from reporting periods commencing on or after 1 January 2018. AASB 9 will introduce different measurement criteria for impairment and disclosures associated with financial assets. Another impact of AASB 9 relates to calculating impairment losses for Metro South Health’s receivables.

  Metro South Health has reviewed the impact of AASB 9 on the classification and measurement of its financial assets. The estimated impact is not material and will not change the categorisation and valuation of the amounts reported in Metro South Health’s Financial Instrument Categories.

  There will be no change to either the classification or valuation of the cash and cash equivalent assets.

  Metro South Health’s trade receivables will be classified and measured at amortised cost, similar to the current classification of loans and receivables. The new impairment requirements will not result in a change to the provision being applied to all receivables. Metro South Health reviewed the new requirements under the simplified approach in applying AASB 9 measuring lifetime expected credit losses on all trade receivables and contract assets using a provision matrix approach to measure the impairment provision. Applying this approach, Metro South Health has estimated the opening provision for impairment for trade receivables on 1 July 2018 will not be materially different from the values recognised at balance date. Further, the amount of impairment for trade receivables owing from other government agencies of $34,431 million is not material due to the low credit risk (high quality credit rating) for the State of Queensland and for this category of trade receivables there will continue to be no requirement to recognise a provision.
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

Future impact of Accounting Standards not yet effective (continued)

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

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

These standards will become effective from reporting periods beginning on or after 1 January 2019. These standards have more detailed requirements for certain types of revenue from customers, which may result in a change of timing of the revenue recognition from current accounting treatment. Metro South Health has begun analysing the changes resulting from these standards and has identified the following potential impacts:

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

Under the new standards, other grants presently recognised as revenue upfront may be eligible to be recognised as revenue progressively as the associated performance obligations are satisfied, but only if the associated performance obligations are enforceable and sufficiently specific. Grants that are not enforceable and/or not sufficiently specific will not qualify for deferral, and continue to be recognised as revenue as soon as they are controlled. Metro South Health receives several grants and some of them, on initial review, have no sufficiently specific performance obligations. These are expected to continue being recognised as revenue upfront assuming no change to the current grant arrangements. Metro South Health is yet to complete its full analysis of existing grants arrangements and therefore the impact on revenue recognition has not yet been determined.

Depending on the respective contractual terms, the new requirements of AASB 15 may result in a change to the timing of revenue from sales of Metro South Health goods and services such that some revenue may need to be deferred to a later reporting period to the extent that Metro South Health has received cash but has not met its associated performance obligations (such amounts would be reported as a liability in the meantime). Metro South Health has reviewed its existing arrangements for sale of its goods and services at a high level. Metro South Health has analysed its sale of goods and services under the Service Level Agreement with the Department of Health representing 87.87% of its total revenue from the sale of goods and services. Metro South Health assessed that there will be no material impact of the new accounting standard on revenue recognition arising from this contract as it is aligned with Metro South Health meeting its performance obligations under the agreement. Where there is activity shortfall or Metro South Health has not met its specific funding commitments this would result in the return of funds to the Department of Health. Metro South Health will continue the analysis of existing arrangements for the sale of its goods and services in more detail in the 2018-19 financial year to determine their impact on revenue recognition.

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

- **AASB 16 Leases**

This standard will become effective from reporting periods commencing on or after 1 January 2019. When applied, the standard supersedes AASB 117 Leases, AASB Interpretation 4 Determining whether an Arrangement contains a Lease, AASB Interpretation 115 Operating Leases – Incentives and AASB Interpretation 127 Evaluating the Substance of Transactions Involving the Legal Form of a Lease.
Future impact of Accounting Standards not yet effective (continued)

Impact for Lessees

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

In effect, most of the operating leases, as defined by the current AASB 117 and reported in Note C2 Commitments, Non-cancellable Operating Lease Commitments, will be reported on the statement of financial position under AASB 16.

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

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

AASB 16 allows a ‘cumulative approach’ rather than full retrospective application to recognising existing operating leases. In accordance with Queensland Treasury's policy, Metro South Health will apply the ‘cumulative approach’ and will not need to restate comparative information. Instead, the cumulative effect of applying the standard is recognised as an adjustment to the opening balance of accumulated surplus (or other component of equity as appropriate) at the date of initial application.

Metro South Health has estimated that the impact of applying AASB 16 to its current operating leases will be material with reference to Note C2 on the Statement of Financial Position and will require additional disclosure. The impact on the Statement of Comprehensive Income is estimated as not being material. The actual impact will not be known until the year of transition and a number of factors such as appropriate discount rate, review term of leases for options to extend or terminate the lease that are reasonably certain.

Metro South Health has 85% of its leases with internal-to-Government lessors and 15% with external-to-Government lessors.

Internal-to-Government leases

As at 30 June 2018, Metro South Health has operating lease commitments of $36.866 million and annual lease payment of $11.670 million primarily for office accommodation through the Queensland Government Accommodation Office. Considering their operation and impact across the whole-of-government, Metro South Health is currently awaiting formal guidance from Queensland Treasury as to whether these arrangements should be accounted for on-balance sheet under AASB 16.

Metro South Health also has a number of cancellable motor vehicle leases with QFleet that are not presently included as part of the operating lease commitments note as they do not constitute a lease under AASB 117 and Accounting Interpretation 4. Metro South Health is awaiting confirmation from Queensland Treasury that QFleet arrangements will continue to fall outside the requirements of AASB 16 for on-balance sheet accounting.

External-to-Government leases

Metro South Health also has operating lease commitments of $6.45 million and annual lease payment of $2.486 million with external-to-Government lessors predominantly to facilitate community health service delivery. Metro South Health will ascertain the right-of-use asset in the balance sheet on transition.

Impact for Lessors

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

Notes to the Financial Statements
For the year ended 30 June 2018

Future impact of Accounting Standards not yet effective (continued)

- **AASB 1059 Service Concession Arrangements: Grantors**

This standard will become effective for the first time to Metro South Health from reporting periods commencing on or after 1 January 2019. The standard defines service concession arrangements and applies a new control concept to the recognition of service concession assets and related liabilities.

Metro South Health has reviewed the contractual arrangements with International Parking Group Pty Ltd for the construction and operation of car park facility, see Note E5 for details about this arrangement.

Upon transitioning to AASB 1059 on 1 July 2019, Metro South Health will recognise the car parking facility as a service concession asset. Consequently, the asset and liability will be first recognised in Metro South Health’s 2019-20 financial statements as an adjustment to opening comparative balances at 1 July 2018. For this purpose, Metro South Health has obtained a valuation of the carpark facility and determined that its current replacement cost at 1 July 2018 is $29.3 million.

On recognition of the service concession asset a corresponding liability is also recognised, measured at the fair value of the concession asset adjusted for the remaining period of 15 years of the services concession arrangement divided by the remaining economic life of 27 years of the asset. The net difference between assets and liabilities on initial recognition is recorded in opening accumulated surplus.

Other than the contract with International Parking Group Pty Ltd, Metro South Health does not currently have any other arrangements that would fall within the scope of AASB 1059.
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

A NOTES ABOUT FINANCIAL PERFORMANCE

NOTE A1-1: USER CHARGES AND FEES

<table>
<thead>
<tr>
<th>Funding for the provision of public health services</th>
<th>2018 $'000</th>
<th>2017 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity based funding</td>
<td>1,854,004</td>
<td>1,799,559</td>
</tr>
<tr>
<td>Block funding</td>
<td>187,473</td>
<td>169,584</td>
</tr>
<tr>
<td>Other funding</td>
<td>82,437</td>
<td>70,683</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,123,914</strong></td>
<td><strong>2,039,826</strong></td>
</tr>
</tbody>
</table>

| Hospital fees                                       | 96,729     | 96,328     |
| Sale of goods and services                          | 57,136     | 50,863     |
| Pharmaceutical benefit scheme reimbursements        | 67,805     | 81,392     |
| Rental income                                       | 2,390      | 2,296      |
| **Total**                                           | **2,347,974** | **2,270,705** |

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

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

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

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

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

Notes to the Financial Statements
For the year ended 30 June 2018

NOTE A1-2: GRANTS AND OTHER CONTRIBUTIONS

2018       2017
$'000       $'000

Australian Government grants
Nursing home grant*          5,995       6,286
Home and community care grant* 1,238       1,222
Transition care program grant* 8,831       8,770
Organ and tissue donation for transplant 3,169       3,328
Other specific purpose recurrent grants 710        711
Specific purpose capital grant - radiation oncology 2,458       2,499

22,401       22,816

Other grants          20,000       20,596
Donations services below fair value**  19,596         -
Donations assets          65        31
Donations other           614       1,319

62,676       44,762

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

** Metro South Health receives corporate services support from the Department of Health for no direct cost. Corporate services received would have been purchased if they were not provided by the Department of Health and include payroll services, accounts payable and banking services. The fair value of corporate services received in 2017-18 are estimated by the Department of Health were $18,547 million for payroll services and $1.049 million for accounts payable and banking services. An equal amount of expense is recognised as services below fair value, refer Note A2-2. There is no prior year comparative included as the fair value of these services could not be measured reliably.

Grants, contributions, donations and gifts that are non-reciprocal in nature are recognised as revenue in the year in which Metro South Health obtains control over them. This includes $0.460 million (2017: $3.7million) unspent funds for grants received from the Australian and State Government for programs that have not been fully completed at the end of the financial year. Contributed assets are recognised at their fair value.

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

NOTE A1-3: OTHER REVENUE

2018       2017
$'000       $'000

Interest          648        770
General recoveries 2,515       2,095
Other           3,283       1,073

6,446       3,938

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

Notes to the Financial Statements
For the year ended 30 June 2018

**NOTE A2-1: EMPLOYEE EXPENSES**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td><strong>Employee benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages and salaries</td>
<td>1,321,516</td>
<td>1,234,874</td>
</tr>
<tr>
<td>Employer superannuation contributions</td>
<td>135,590</td>
<td>128,716</td>
</tr>
<tr>
<td>Annual leave levy/expense</td>
<td>151,993</td>
<td>146,462</td>
</tr>
<tr>
<td>Long service leave levy/expense</td>
<td>27,660</td>
<td>25,936</td>
</tr>
<tr>
<td>Termination benefits</td>
<td>1,395</td>
<td>1,264</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,638,064</td>
<td>1,537,252</td>
</tr>
</tbody>
</table>

| **Employee related expenses** |       |       |
| Workers compensation premium | 8,914 | 9,044 |
| Other employee related expenses | 4,020 | 4,192 |
| **Total** | 1,650,998 | 1,550,488 |

**Number of Employees**

<table>
<thead>
<tr>
<th></th>
<th>30 June 2018</th>
<th>30 June 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number</strong></td>
<td>13,265</td>
<td>12,637</td>
</tr>
</tbody>
</table>

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

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

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

Employer superannuation contributions are paid to QSuper, the superannuation scheme for Queensland Government employees, at rates determined by the Treasurer on the advice of the State Actuary. The QSuper scheme has defined benefit and defined contribution categories. Contributions are expensed in the period in which they are payable and Metro South Health’s obligation is limited to its contribution to QSuper. The liability for defined benefit is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 Whole of Government and General Government Sector Financial Reporting.

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

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

## Metro South Health

### Notes to the Financial Statements

For the year ended 30 June 2018

#### NOTE A2-2: SUPPLIES AND SERVICES

<table>
<thead>
<tr>
<th>Item</th>
<th>2018 $'000</th>
<th>2017 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants and contractors</td>
<td>25,735</td>
<td>19,063</td>
</tr>
<tr>
<td>Electricity and other energy</td>
<td>18,493</td>
<td>15,142</td>
</tr>
<tr>
<td>Patient travel</td>
<td>1,554</td>
<td>1,594</td>
</tr>
<tr>
<td>Other travel</td>
<td>2,180</td>
<td>2,138</td>
</tr>
<tr>
<td>Water</td>
<td>3,418</td>
<td>2,644</td>
</tr>
<tr>
<td>Building services</td>
<td>1,277</td>
<td>1,654</td>
</tr>
<tr>
<td>Computer services</td>
<td>19,423</td>
<td>13,248</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td>935</td>
<td>787</td>
</tr>
<tr>
<td>Communications</td>
<td>25,117</td>
<td>23,487</td>
</tr>
<tr>
<td>Repairs and maintenance</td>
<td>45,966</td>
<td>63,450</td>
</tr>
<tr>
<td>Minor works including plant and equipment</td>
<td>5,441</td>
<td>9,938</td>
</tr>
<tr>
<td>Operating lease rentals</td>
<td>15,675</td>
<td>15,802</td>
</tr>
<tr>
<td>Drugs</td>
<td>96,722</td>
<td>113,663</td>
</tr>
<tr>
<td>Clinical supplies and services</td>
<td>314,316</td>
<td>314,042</td>
</tr>
<tr>
<td>Catering and domestic supplies</td>
<td>33,226</td>
<td>32,692</td>
</tr>
<tr>
<td>Insurance payment to the Department of Health*</td>
<td>16,430</td>
<td>17,332</td>
</tr>
<tr>
<td>Inter entity hospital and health service supplies and services**</td>
<td>16,325</td>
<td>14,638</td>
</tr>
<tr>
<td>Services below fair value***</td>
<td>19,596</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>21,106</td>
<td>19,139</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>682,935</td>
<td>680,453</td>
</tr>
</tbody>
</table>

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

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

*** Metro South Health receives corporate services support from the Department of Health for no direct cost. Corporate services received would have been purchased if they were not provided by the Department of Health and include payroll services, accounts payable and banking services. The fair value of corporate services received in 2017-18 are estimated by the Department of Health were $18.547 million for payroll services and $1.049 million for accounts payable and banking services. An equal amount of revenue is recognised as donations services below fair value, refer Note A1-2. There is no prior year comparative included as the fair value of these services could not be measured reliably.

#### NOTE A2-3: GRANTS AND SUBSIDIES

<table>
<thead>
<tr>
<th>Item</th>
<th>2018 $'000</th>
<th>2017 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home and community health services</td>
<td>129</td>
<td>130</td>
</tr>
<tr>
<td>Medical research and education programs</td>
<td>980</td>
<td>470</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,109</td>
<td>600</td>
</tr>
</tbody>
</table>
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

NOTE A2-4: OTHER EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>External audit fees*</td>
<td>275</td>
<td>275</td>
</tr>
<tr>
<td>Other audit fees</td>
<td>250</td>
<td>123</td>
</tr>
<tr>
<td>Insurance</td>
<td>156</td>
<td>124</td>
</tr>
<tr>
<td>Inventory written off</td>
<td>194</td>
<td>389</td>
</tr>
<tr>
<td>Losses from the disposal of non-current assets</td>
<td>477</td>
<td>408</td>
</tr>
<tr>
<td>Special payments - ex-gratia payments**</td>
<td>114</td>
<td>113</td>
</tr>
<tr>
<td>Other legal costs</td>
<td>1,301</td>
<td>1,468</td>
</tr>
<tr>
<td>Journals and subscriptions</td>
<td>320</td>
<td>284</td>
</tr>
<tr>
<td>Advertising</td>
<td>331</td>
<td>194</td>
</tr>
<tr>
<td>Interpreter fees</td>
<td>5,312</td>
<td>4,916</td>
</tr>
<tr>
<td>Grants returned</td>
<td>495</td>
<td>(968)</td>
</tr>
<tr>
<td>Other</td>
<td>214</td>
<td>359</td>
</tr>
<tr>
<td></td>
<td>9,439</td>
<td>7,685</td>
</tr>
</tbody>
</table>

*Total audit fees relating to Queensland Audit Office for the 2017-18 financial year are quoted to be $0.275 million (2017: $0.275 million). There are no non-audit services included in this amount.

** Metro South Health made 42 (2017: 21) special-ex-gratia payments for less than $5,000 to patients for their lost property and other compensations whilst in hospital care. In 2017-18 there were 5 payments for and in excess of $5,000: 1 to a staff member for settlement of complaints ($15,000); 1 to a patient for adverse clinical incident ($8,946) and 3 to patients for settlement of clinical complaints ($41,357). In 2016-17 there were 6 payments for and in excess of $5,000: 3 to staff members for settlement of complaints ($45,594), 1 to a patient for lost property ($6,000) and 2 to patients for adverse clinical incidents ($30,000). In compliance with Financial and Performance Management Standard 2009, Metro South Health maintains a register setting out details of all special payments greater than $5,000.
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

B NOTES ABOUT FINANCIAL POSITION

B1 CASH AND CASH EQUIVALENTS

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Cash at bank and on hand</td>
<td>18,264</td>
<td>66,245</td>
</tr>
<tr>
<td>24 hour call deposits</td>
<td>23,654</td>
<td>27,065</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>41,918</td>
<td>93,310</td>
</tr>
</tbody>
</table>

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

Metro South Health’s General Trust funds are operating from Commonwealth Bank of Australia bank accounts. Cash held in these accounts earns interest at a rate of 2% (2017: 2.00%). In addition, General Trust funds in excess of monthly operational requirements are deposited at call with Queensland Treasury Corporation and earn interest at a rate of 2.4% (2017: 2.49%).

Refer to Notes C1 and E3.

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

B2 RECEIVABLES

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Trade debtors</td>
<td>30,616</td>
<td>26,077</td>
</tr>
<tr>
<td>Queensland Health debtors</td>
<td>29,868</td>
<td>22,791</td>
</tr>
<tr>
<td>Less: Allowance for impairment</td>
<td>(2,698)</td>
<td>(1,166)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>57,786</td>
<td>47,702</td>
</tr>
</tbody>
</table>

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

Trade debtors are recognised at the amounts due at the time of sale or service delivery, and are generally settled within 30-120 days.

At the end of each reporting period, Metro South Health reviews whether there is objective evidence that a financial asset or group of financial assets is impaired. Objective evidence includes financial difficulties of the debtor, changes in debtor credit ratings and current outstanding accounts over 60 days.

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Movements in the allowance for impairment loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 July</td>
<td>1,166</td>
<td>3,084</td>
</tr>
<tr>
<td>Increase/(decrease) in allowance recognised in operating result</td>
<td>2,650</td>
<td>21</td>
</tr>
<tr>
<td>Amounts written off during the year</td>
<td>(1,118)</td>
<td>(1,939)</td>
</tr>
<tr>
<td><strong>Balance as at 30 June</strong></td>
<td>2,698</td>
<td>1,166</td>
</tr>
</tbody>
</table>
B2 RECEIVABLES (CONTINUED)

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

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

### Financial assets past due but not impaired 2017-18

<table>
<thead>
<tr>
<th></th>
<th>Less than 30 days</th>
<th>30-60 days</th>
<th>61-90 days</th>
<th>More than 90 days</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receivables</td>
<td>704</td>
<td>325</td>
<td>177</td>
<td>842</td>
<td>2,048</td>
</tr>
</tbody>
</table>

### Financial assets past due but not impaired 2016-17

<table>
<thead>
<tr>
<th></th>
<th>Less than 30 days</th>
<th>30-60 days</th>
<th>61-90 days</th>
<th>More than 90 days</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receivables</td>
<td>37</td>
<td>416</td>
<td>243</td>
<td>761</td>
<td>1,457</td>
</tr>
</tbody>
</table>

### Individually impaired financial assets 2017-18

<table>
<thead>
<tr>
<th></th>
<th>Less than 30 days</th>
<th>30-60 days</th>
<th>61-90 days</th>
<th>More than 90 days</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receivables</td>
<td>5,801</td>
<td>2,937</td>
<td>1,603</td>
<td>4,995</td>
<td>15,336</td>
</tr>
<tr>
<td>Allowance for impairment</td>
<td>(33)</td>
<td>(69)</td>
<td>(129)</td>
<td>(2,467)</td>
<td>(2,698)</td>
</tr>
<tr>
<td>Carrying amount</td>
<td>5,768</td>
<td>2,868</td>
<td>1,474</td>
<td>2,528</td>
<td>12,638</td>
</tr>
</tbody>
</table>

### Individually impaired financial assets 2016-17

<table>
<thead>
<tr>
<th></th>
<th>Less than 30 days</th>
<th>30-60 days</th>
<th>61-90 days</th>
<th>More than 90 days</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receivables</td>
<td>7,230</td>
<td>2,718</td>
<td>1,579</td>
<td>4,769</td>
<td>16,296</td>
</tr>
<tr>
<td>Allowance for impairment</td>
<td>(82)</td>
<td>(48)</td>
<td>(86)</td>
<td>(950)</td>
<td>(1,166)</td>
</tr>
<tr>
<td>Carrying amount</td>
<td>7,148</td>
<td>2,670</td>
<td>1,493</td>
<td>3,819</td>
<td>15,130</td>
</tr>
</tbody>
</table>
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

B3 INVENTORIES

<table>
<thead>
<tr>
<th></th>
<th>2018 $'000</th>
<th>2017 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inventories held for distribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical supplies</td>
<td>10,078</td>
<td>9,487</td>
</tr>
<tr>
<td>Pharmaceutical Supplies</td>
<td>4,639</td>
<td>5,046</td>
</tr>
<tr>
<td>Catering and domestic</td>
<td>381</td>
<td>391</td>
</tr>
<tr>
<td>Engineering</td>
<td>636</td>
<td>288</td>
</tr>
<tr>
<td></td>
<td>15,734</td>
<td>15,212</td>
</tr>
</tbody>
</table>

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

B4 OTHER ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2018 $'000</th>
<th>2017 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepayment for plant and equipment</td>
<td>3,443</td>
<td>713</td>
</tr>
<tr>
<td>Prepayments</td>
<td>3,924</td>
<td>3,545</td>
</tr>
<tr>
<td></td>
<td>7,367</td>
<td>4,258</td>
</tr>
</tbody>
</table>

* Metro South Health recognised prepayments for high value medical equipment (Angiographic System and MRI System) purchased from overseas. Appropriate Bank Guarantees have been obtained for the arrangement from the supplier (Siemens) to mitigate the risk associated with the prepayments.

B5 NON-CURRENT ASSETS HELD FOR SALE

<table>
<thead>
<tr>
<th></th>
<th>2018 $'000</th>
<th>2017 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>10,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>10,000</td>
<td>-</td>
</tr>
</tbody>
</table>

Metro South Health is holding the South Brisbane Dental Hospital site for sale under section 20A(1) of the Hospital and Health Boards Act 2011 to the Cross River Rail Delivery Authority (CRRDA). At 30 June 2018, statutory approval has been obtained from the Treasurer with a condition that the Minister for Health approves the transfer under the Act. The sale will conclude within 12 months from the Treasurer’s approval.

The fair value of the South Brisbane Dental Hospital site is based on physical inspection and publicly available data on sales of similar land in nearby localities. Given the observable nature of this information, the fair value less costs to sell represents a ‘level 2’ measurement of market valuation. Refer to Note B6.
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

B6 PROPERTY, PLANT AND EQUIPMENT

<table>
<thead>
<tr>
<th></th>
<th>2018 $'000</th>
<th>2017 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Land</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At fair value</td>
<td>245,151</td>
<td>263,251</td>
</tr>
<tr>
<td><strong>Buildings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At fair value</td>
<td>1,855,189</td>
<td>1,794,648</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(996,816)</td>
<td>(928,661)</td>
</tr>
<tr>
<td></td>
<td>858,373</td>
<td>865,987</td>
</tr>
<tr>
<td><strong>Plant and equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>339,133</td>
<td>318,287</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(190,625)</td>
<td>(176,401)</td>
</tr>
<tr>
<td></td>
<td>148,508</td>
<td>141,886</td>
</tr>
<tr>
<td><strong>Capital works in progress</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>15,716</td>
<td>18,623</td>
</tr>
<tr>
<td><strong>Total property, plant and equipment</strong></td>
<td>1,267,748</td>
<td>1,289,747</td>
</tr>
</tbody>
</table>

Recognition Thresholds

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

<table>
<thead>
<tr>
<th>Class</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings (including land improvements)</td>
<td>$10,000</td>
</tr>
<tr>
<td>Land</td>
<td>$1</td>
</tr>
<tr>
<td>Plant and Equipment</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

Acquisition

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

Assets under construction are at cost until they are ready for use. These assets are assessed at fair value upon practical completion by an independent valuer.

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

Measurement

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

Land and buildings are measured at fair value as required by Queensland Treasury’s Non-Current Asset Policies for the Queensland Public Sector. These assets are reported by their revalued amount, being the fair value at the date of valuation, less any subsequent accumulated depreciation and impairment losses where applicable.
Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2018

B6 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

Depreciation

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

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

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

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

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

Metro South Health’s buildings have a useful life ranging from 16 to 82 years while the useful life for plant and equipment is between 3 and 47 years.

Impairment

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

Notes to the Financial Statements

For the year ended 30 June 2018

B6 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

<table>
<thead>
<tr>
<th>Property, Plant &amp; Equipment reconciliation</th>
<th>Land* $'000 Level 2</th>
<th>Land** $'000 Level 3</th>
<th>Buildings*** $'000 Level 3</th>
<th>Plant and equipment $'000</th>
<th>Work in progress $'000</th>
<th>Total $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2016</td>
<td>262,989</td>
<td>-</td>
<td>859,121</td>
<td>135,155</td>
<td>15,758</td>
<td>1,273,023</td>
</tr>
<tr>
<td>Acquisitions</td>
<td>-</td>
<td>-</td>
<td>14,498</td>
<td>33,614</td>
<td>17,726</td>
<td>65,838</td>
</tr>
<tr>
<td>Donations received</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>31</td>
<td>-</td>
<td>31</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(553)</td>
<td>-</td>
<td>(553)</td>
</tr>
<tr>
<td>Donations made</td>
<td>-</td>
<td>-</td>
<td>(38)</td>
<td>-</td>
<td>(38)</td>
<td></td>
</tr>
<tr>
<td>Transfers in/(out) from other</td>
<td>-</td>
<td>-</td>
<td>528</td>
<td>(73)</td>
<td>-</td>
<td>455</td>
</tr>
<tr>
<td>Queensland Government</td>
<td>-</td>
<td>-</td>
<td>236</td>
<td>-</td>
<td>-</td>
<td>236</td>
</tr>
<tr>
<td>Transfer between levels**</td>
<td>(115,950)</td>
<td>115,950</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Transfers between asset classes</td>
<td>-</td>
<td>-</td>
<td>13,873</td>
<td>988</td>
<td>(14,861)</td>
<td>-</td>
</tr>
<tr>
<td>Transfer recognised in operating surplus</td>
<td>-</td>
<td>-</td>
<td>80</td>
<td>-</td>
<td>-</td>
<td>80</td>
</tr>
<tr>
<td>Revaluation increments to asset</td>
<td>-</td>
<td>-</td>
<td>(43,204)</td>
<td>(27,318)</td>
<td>-</td>
<td>(70,522)</td>
</tr>
<tr>
<td>revaluation surplus****</td>
<td>262</td>
<td>-</td>
<td>20,935</td>
<td>-</td>
<td>-</td>
<td>21,197</td>
</tr>
<tr>
<td>Depreciation charge</td>
<td>-</td>
<td>-</td>
<td>(649)</td>
<td>-</td>
<td>-</td>
<td>(649)</td>
</tr>
<tr>
<td>Balance at 1 July 2017</td>
<td>147,301</td>
<td>115,950</td>
<td>865,987</td>
<td>141,886</td>
<td>18,623</td>
<td>1,289,747</td>
</tr>
<tr>
<td>Acquisitions</td>
<td>-</td>
<td>-</td>
<td>9,913</td>
<td>32,913</td>
<td>14,673</td>
<td>57,499</td>
</tr>
<tr>
<td>Donations received</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>65</td>
<td>-</td>
<td>65</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(649)</td>
<td>-</td>
<td>(649)</td>
</tr>
<tr>
<td>Transfers in/(out) from other</td>
<td>-</td>
<td>-</td>
<td>(425)</td>
<td>535</td>
<td>-</td>
<td>(8,890)</td>
</tr>
<tr>
<td>Queensland Government</td>
<td>(9,000)</td>
<td>-</td>
<td>(10,000)</td>
<td>-</td>
<td>-</td>
<td>(10,000)</td>
</tr>
<tr>
<td>Assets reclassified as held for sale*****</td>
<td>(10,000)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Transfers between asset classes</td>
<td>-</td>
<td>-</td>
<td>17,049</td>
<td>531</td>
<td>(17,580)</td>
<td>-</td>
</tr>
<tr>
<td>Transfer recognised in operating surplus</td>
<td>-</td>
<td>-</td>
<td>2,513</td>
<td>-</td>
<td>-</td>
<td>2,513</td>
</tr>
<tr>
<td>Revaluation increments to asset</td>
<td>-</td>
<td>-</td>
<td>(649)</td>
<td>-</td>
<td>(649)</td>
<td></td>
</tr>
<tr>
<td>revaluation surplus****</td>
<td>900</td>
<td>-</td>
<td>18,892</td>
<td>-</td>
<td>-</td>
<td>19,792</td>
</tr>
<tr>
<td>Depreciation charge</td>
<td>-</td>
<td>-</td>
<td>(53,043)</td>
<td>(29,286)</td>
<td>-</td>
<td>(82,329)</td>
</tr>
<tr>
<td>Balance at 30 June 2018</td>
<td>129,201</td>
<td>115,950</td>
<td>858,373</td>
<td>148,508</td>
<td>15,716</td>
<td>1,267,748</td>
</tr>
</tbody>
</table>

* Land level 2 assets are land with active market.
** Land transferred from level 2 to level 3 due to lack of observable inputs.
*** Building level 3 assets are special purpose built buildings with a lack of observable inputs.
**** Refer Note B9
***** Refer Note B5

Fair value measurement and valuation

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

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

Notes to the Financial Statements
For the year ended 30 June 2018

B6 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

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

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

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

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

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

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

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

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

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

The valuation methodology for the independent valuation uses historical and current construction contracts. The replacement cost of each building at date of valuation is determined by taking into account Brisbane location factors and comparing against current construction contracts. The valuation is provided for a replacement building of the same size, shape and functionality that meets current design standards, and is based on estimates of gross floor area, number of floors, building girth and height and existing lifts and staircases.

This method makes an adjustment to the replacement cost of the modern day equivalent building for any utility embodied in the modern substitute that is not present in the existing asset (e.g. mobility support) to give a gross replacement cost that is of comparable utility (the modern equivalent asset). The methodology makes further adjustment to total estimated life taking into consideration physical obsolescence impacting on the remaining useful life to arrive to the current replacement cost via straight line depreciation.
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

B6 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

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

Revaluation increments increase the asset revaluation surplus of the appropriate class, except to the extent that it reverses a revaluation decrement for the class previously recognised as an expense. A decrease in the carrying amount on revaluation is charged as an expense, to the extent it exceeds the balance, if any, in the revaluation surplus relating to that asset class.

Land

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

In 2017-18, Metro South Health’s land was valued by SVS using independent market valuation or market indices. The effective date of the valuation was 30 June 2018. Management, with acknowledgment from the Asset Valuation Steering Committee, has assessed the valuation provided by SVS as appropriate for Metro South Health and endorsed the result of the independent valuation.

The fair value of land was based on physical inspection and publicly available data on sales of similar land in nearby localities. For the land that is categorised into level 2 of the fair value hierarchy, SVS used observable inputs from market transactions data. In determining the values, adjustments were made to the sales data to take into account the location of Metro South Health’s land, its size, street/road frontage and access and any significant restrictions. The land assets that are categorised into level 3 of the fair value hierarchy have significant, unobservable inputs, due to adjustments made to the observable inputs which would have been used to determine their value.

The revaluation of land for 2017-18 resulted in a $0.900 million increment (2017: $0.262 million) to the carrying amount of land. The movement is due to the revaluation of the South Brisbane Dental Hospital site marked for sale. The fair value of the South Brisbane Dental Hospital site is based on physical inspection and publicly available data on sales of similar land in nearby localities. Given the observable nature of this information, the fair value less costs to sell represents a ‘level 2’ measurement of market valuation.

All other land was valued by indexation based on observable market indices with the result of less than 0.1% increment and no adjustment was taken up.

Buildings

In 2017-18 Metro South Health engaged independent experts, AECOM quantity surveyors, to undertake building indexation assessment in accordance with the fair value methodology. AECOM determined an index relevant to Metro South Health’s building portfolio in order to maintain fair value. These indices are either publicly available, or are derived from market information available, and AECOM provides assurance of their robustness, validity and appropriateness for application. The effective date of the valuation was 30 June 2018.

The index for buildings based on the movement in construction cost was 3% and resulted in a $24.603 million increase to the fair value of buildings. This was offset by a decrement of $5.711 million to the Princess Alexandra Hospital building adjusting its fair value due to the partial removal of non-conforming building products (aluminium composite panelling).
B7 PAYABLES

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Trade creditors</td>
<td>22,700</td>
<td>31,794</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>31,468</td>
<td>34,336</td>
</tr>
<tr>
<td>Department of Health payables</td>
<td>17,412</td>
<td>8,585</td>
</tr>
<tr>
<td></td>
<td>71,580</td>
<td>74,715</td>
</tr>
</tbody>
</table>

Payables are recognised for amounts to be paid in the future for goods and services received. Trade creditors are measured at the nominal amount, at agreed purchase/contract price, gross of applicable trade and other discounts. The amounts are unsecured and are generally settled in accordance with the vendors’ terms and conditions, typically within 30 days.

B8 ACCRUED EMPLOYEE BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Salaries and wages accrued</td>
<td>59,825</td>
<td>53,680</td>
</tr>
<tr>
<td>Other employee entitlements payable</td>
<td>5,950</td>
<td>6,258</td>
</tr>
<tr>
<td></td>
<td>65,775</td>
<td>59,938</td>
</tr>
</tbody>
</table>

No provision for annual leave and long service leave is recognised by Metro South Health as the liability is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049.

B9 ASSET REVALUATION SURPLUS

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Land</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at the beginning of the financial year</td>
<td>39,680</td>
<td>39,418</td>
</tr>
<tr>
<td>Revaluation increment/(decrement)</td>
<td>900</td>
<td>262</td>
</tr>
<tr>
<td>Balance at the end of the financial year</td>
<td>40,580</td>
<td>39,680</td>
</tr>
</tbody>
</table>

Buildings

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Balance at the beginning of the financial year</td>
<td>123,424</td>
<td>102,489</td>
</tr>
<tr>
<td>Revaluation increment/(decrement)</td>
<td>18,892</td>
<td>20,935</td>
</tr>
<tr>
<td>Balance at the end of the financial year</td>
<td>142,316</td>
<td>123,424</td>
</tr>
</tbody>
</table>

Balance at the end of the financial year

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at the end of the financial year</td>
<td>182,896</td>
<td>165,104</td>
</tr>
</tbody>
</table>
B10 EQUITY INJECTIONS AND EQUITY WITHDRAWALS

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at the beginning of the financial year</td>
<td>$1,127,992</td>
<td>$1,145,242</td>
</tr>
<tr>
<td>Cash injection for asset acquisitions</td>
<td>$38,666</td>
<td>$52,978</td>
</tr>
<tr>
<td>Equity asset transfers in/(out) from other Queensland Government entities*</td>
<td>$(8,890)</td>
<td>$455</td>
</tr>
<tr>
<td>Non-cash withdrawal for depreciation**</td>
<td>$(82,437)</td>
<td>$(70,683)</td>
</tr>
<tr>
<td>Balance at the end of the financial year</td>
<td>$1,075,331</td>
<td>$1,127,992</td>
</tr>
</tbody>
</table>

*These transfers are in accordance with the Designation of Transfer Notice.

**The non-cash equity withdrawal is for offsetting non-cash revenue funding for depreciation expense.

C NOTES ABOUT RISK AND OTHER ACCOUNTING UNCERTAINTIES

C1 FINANCIAL INSTRUMENTS

Categorisation of financial instruments

Financial assets and financial liabilities are recognised in the Statement of Financial Position when Metro South Health becomes party to the contractual provisions of the financial instrument. Metro South Health has the following categories of financial assets and financial liabilities:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$41,918</td>
<td>$93,310</td>
</tr>
<tr>
<td><strong>Financial assets at amortised cost</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>$62,304</td>
<td>$52,157</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$104,222</td>
<td>$145,467</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial liabilities at amortised cost</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>$71,580</td>
<td>$74,715</td>
</tr>
</tbody>
</table>

Financial risk management

Metro South Health is exposed to a variety of financial risks – credit risk, liquidity risk, interest rate risk and market risk. Financial risk is managed in accordance with Queensland Government and Metro South Health’s policies. Metro South Health’s policies provide written principles for overall risk management and aim to minimise potential adverse effects of risk events on the financial performance of Metro South Health.

Credit risk

Credit risk is the potential for financial loss arising from Metro South Health’s debtors defaulting on their obligations. Credit risk is measured by ageing analysis for cash inflows at risk. The maximum exposure to credit risk at balance date is the carrying value of receivable balances adjusted for impairment. Refer Note B2. Credit risk is considered minimal for Metro South Health.
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

C1 FINANCIAL INSTRUMENTS (CONTINUED)

Liquidity risk

Liquidity risk refers to the situation when Metro South Health may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or other financial assets. Liquidity risk is measured through monitoring of cash flows by active management of accrual accounts. Metro South Health liquidity risk is minimal due to an approved (and unused) overdraft facility of $18 million under the whole-of-government banking arrangements to manage any short-term cash shortfalls.

Interest rate risk

Metro South Health has interest rate exposure on the Queensland Treasury Corporation deposits and there is no interest rate exposure on its cash and fixed rate deposits. Metro South Health does not undertake any hedging in relation to interest rate risk. Changes in interest rate have a minimal effect on the operating result of Metro South Health and sensitivity analysis is not required.

Fair value measurement

Cash and cash equivalents are measured at fair value. All other financial assets or liabilities are measured at cost less any allowance for impairment, which, given the short-term nature of these assets, is assumed to represent fair value.

C2 COMMITMENTS

Non-cancellable operating leases*

Commitments under operating leases at reporting date are exclusive of anticipated GST and are payable as follows:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>9,773</td>
<td>11,758</td>
</tr>
<tr>
<td>Later than one year and not later than five years</td>
<td>27,373</td>
<td>28,958</td>
</tr>
<tr>
<td>Later than five years</td>
<td>6,170</td>
<td>10,580</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43,316</strong></td>
<td><strong>51,296</strong></td>
</tr>
</tbody>
</table>

* Metro South Health’s non-cancellable operating leases predominantly relate to office, car park and clinical services accommodation.

Capital expenditure commitments

Commitments for capital expenditure at reporting date are exclusive of anticipated GST and are payable as follows:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>3,539</td>
<td>17,211</td>
</tr>
</tbody>
</table>

C3 CONTINGENCIES

Litigation in progress

All Metro South Health indemnified medical indemnity and general liability claims have been managed by the Queensland Government Insurance Fund (QGIF). At 30 June 2018, Metro South Health has 11 litigation cases before the courts (2017: 11 cases). There are 93 claims (2017: 94 claims) managed by QGIF, some of which may never be litigated or result in payment of claims. The maximum exposure to Metro South Health under this policy is $20,000 for each insurable event. Metro South Health’s legal advisors, management advisors and management believe it would be misleading to estimate the final amount payable (if any) in respect of litigation before the courts at this time.
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

D BUDGET VS ACTUAL COMPARISON

D1 BUDGET VS ACTUAL COMPARISON – STATEMENT OF COMPREHENSIVE INCOME

The following provides explanations of major variances between Metro South Health’s actual 2017-18 financial results and the original budget published in the 2017-18 Queensland State Budget Service Delivery Statements of Queensland Health and presented to Parliament in July 2017.

Explanation of major variances – Statement of Comprehensive Income

D1-1 User charges and fees
The variance of $65 million is mainly attributed to additional funding provided for digital healthcare improvement, including the implementation of digital hospital at Logan, Redland and Queen Elizabeth II hospitals and waiting list reduction strategies ($32 million), increased activity ($11 million), Logan area service expansion ($7 million), integrated Care Innovation funding targeting chronic disease and integration with primary care services ($5 million), depreciation ($4 million), additional funding to support the provision of medical aids ($3 million) and own source revenue growth of $5 million.

D1-2 Grants and other contributions
The variance of $333 million in Grants and other contributions is due to the recognition of the donation of services provided below fair value from the Department of Health ($20 million) and finalisation of funding for Community Aids, Equipment and Assistive Technologies Initiatives (CAEATI) and Vehicle Options Subsidy Scheme (VOSS) after the 2017-18 budget was prepared.

D1-3 Other revenue
The variance of $3.5 million in other revenue primarily relates to the capitalisation of Digital Hospital equipment purchased in prior years ($2.5m), with an additional $0.6 million reimbursement of expenditure for the fit out of the Woolloongabba Oral Health facility.

D1-4 Employee expenses
The increase of $75 million is due to the delivery of services and activities outlined in D1-1. Additional increases are attributed to labour costs to deliver services based on expected activity based funding, higher than expected patient treatments costs and the remaining variance is the realignment between account categories from when the 2017-18 budget was prepared.

D1-5 Supplies and Services
The increase of $32 million in supplies and services is due to the recognition of the donation of services provided below fair value from the Department of Health ($20 million) and additional funding provided for CAEATI, VOSS and the provision of medical aids ($17.6m). This is offset by a decrease due to the misalignment of account categories as outlined in D1-4.

D1-6 Depreciation and amortisation
The increase of $4 million is due to the finalisation of major capital works projects and the result of building revaluations.

D1-7 Impairment Losses
The increase of $2.4 million is due mainly to more timely debt management processes in 2017-18 financial year, resulting in higher than budgeted bad debts expense and higher than budgeted provision for impairment loss, as a result of an increase in trade receivables balances.

D1-8 Operating result for the year
The operating deficit of $13,946 million for 2017-18 is due to lower than expected activity based funding and higher than planned patient treatment costs.

D2 BUDGET VS ACTUAL COMPARISON – STATEMENT OF FINANCIAL POSITION

Explanation of major variances – Statement of Financial Position

D2-1 Cash and cash equivalents
The reduction of $33.7 million from budget is due to higher than budgeted net payments for operating expenses of $35.7 million, payments for capital purchases of $24.7 million above budget offset by increase in equity injections of $10.8 million and higher than budgeted opening cash position of $15.9 million.
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

D2 BUDGET VS ACTUAL COMPARISON – STATEMENT OF FINANCIAL POSITION (CONTINUED)

D2-2 Receivables
The higher than budgeted receivables of $10 million is due to end of year accruals for funds from the Department of Health for services provided and other accruals to Hospital and Health Services for inter-entity charges.

D2-3 Non-current assets held for sale
The $10 million increase is due to the South Brisbane Hospital site being sold to the Cross River Rail Delivery Authority (CRRDA) which was not known at the time of the budget process.

D2-4 Property, plant and equipment
The $33.2 million decrease to budget is due to less than budgeted opening balance of $12.9 million and 2017-18 property revaluation of $14.3 million, higher than budgeted transfer of assets to asset held for sale of $10 million, transfer to Government entities of $8.9 million, lower than budgeted commissioning from the Department of Health of $5 million and higher than budgeted depreciation expense of $4 million. This was offset by a higher than budgeted asset acquisition under the Capital Acquisition Program of $21.9 million.

D2-5 Payables
The $7.7 million increase from budget is due to higher than budget opening balance of $11.5 million offset by a decrease in payables of $3.7 million in 2017-18 predominantly due to a reduction in payables to trade creditors.

D2-6 Contributed equity
The decrease of $10.9 million is due to lower than budgeted opening balance of $1 million, higher than budgeted asset transfers to other government entities of $16.5 million, higher than budgeted equity withdrawal for depreciation of $4 million offset by higher than budgeted equity injection of $10.7 million.

D2-7 Accumulated surplus/(deficit)
The decrease of $18.865 million is due to lower than budgeted opening balance of $4.9 million and operational deficit in the 2017-18 financial year of $13,946 million as outlined in D1-8.

D2-8 Asset revaluation surplus
The decrease of $21.1 million is due to the budgeted opening balance of the asset revaluation reserve being based upon indexation, rather than independent valuation which occurred in 2016-17 (lower by $6.9 million). In addition, the current year revaluation result was lower than budgeted (lower by 14.2 million).

D3 BUDGET VS ACTUAL COMPARISON – STATEMENT OF CASH FLOWS

Explanation of major variances – Statement of Cash Flows

D3-1 User charges and fees
The increase of $44.2 million is the cash impact of the funding adjustments outlined in note D1-1.

D3-2 Grants and contributions
The increase of $12.4 million is the cash impact of the actual grants received outlines in note D1-2.

D3-3 Employee expenses
The increase of $75.6 million is the cash impact of actual employee expenses as outlined in note D1-4.

D3-4 Supplies and services
The increase of $16.3 million is the cash impact of the actual supplies and services as outlined in note D1-5.

D3-5 Payments for property, plant and equipment
The increase of $24.7 million is due to higher than budgeted capital acquisitions under the Health Technology Replacement program.

D3-6 Equity injections
The increase of $10.8 million is additional funding for the capital acquisitions under the Health Technology Replacement Program.
Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2018

E OTHER INFORMATION

E1 KEY MANAGEMENT PERSONNEL AND REMUNERATION EXPENSES

Details of key management personnel

Metro South Health’s responsible Minister is identified as part of Metro South Health’s key management personnel, consistent with additional guidance included in AASB 124 Related Parties Disclosures. The responsible Minister is Hon Dr Steven Miles, Minister for Health and Minister for Ambulance Services.

Key management personnel remuneration policies

Key management personnel remuneration – Minister

The ministerial remuneration entitlements are outlined in the Legislative Assembly of Queensland’s Members’ Remuneration Handbook. Metro South Health does not bear any costs of remuneration of the Minister for Health. The majority of Ministerial entitlements are paid by the Legislative Assembly, with remaining entitlements being provided by Ministerial Services Branch within the Department of Premier and Cabinet. As all Ministers are reported as key management personnel of the Queensland Government, aggregate remuneration expenses for all Ministers is disclosed in the Queensland Government and Whole of Government Consolidated Financial Statements, which are published as part of Queensland Treasury’s Report on State Finances.

Key management personnel remuneration – Board

Metro South Health is independently and locally controlled by the Hospital and Health Board (The Board). The Board appoints the Health Service Chief Executive and exercises significant responsibilities at a local level, including controlling the financial management of Metro South Health and the management of Metro South Health land and buildings (section 7 Hospital and Health Board Act 2011).

Remuneration arrangements for the Metro South Health Board are approved by the Governor in Council and the chair, deputy chair and members are paid an annual fee consistent with the government procedures titled ‘Remuneration procedures for part-time chairs and members of Queensland Government bodies’.

Key management personnel remuneration - Executive Leadership Team (ELT)

Section 74 of the Hospital and Health Board Act 2011 provides that the contract of employment for health executive staff must state the term of employment, the person’s functions and any performance criteria as well as the person’s classification level and remuneration package.

Remuneration policy for Metro South Health key executive management personnel is set by direct engagement common law employment contracts and various award agreements. The remuneration and other terms of employment for the key executive management personnel are also addressed by these common law employment contracts and awards. The remuneration packages provide for the provision of some benefits including motor vehicles. The remuneration packages of Metro South Health key management personnel do not provide for any performance or bonus payments.

Remuneration expenses for key management personnel comprise the following components:

- Short-term employee expenses which include:
  - salaries, allowances and leave entitlements earned and expensed for the entire year or for that part of the year which the employee was a key management person
  - non-monetary benefits consisting of provision of vehicle together with fringe benefits tax applicable to the benefit.
- Long-term employee expenses which include amounts expensed in respect of long service leave entitlements earned.
- Post-employment expenses including amounts expensed in respect of employer superannuation obligations.

Termination benefits include payments on termination and other lump sum separation entitlements (excluding annual and long service leave entitlements) payable on termination of employment or acceptance of an offer of termination of employment.
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

E1 KEY MANAGEMENT PERSONNEL AND REMUNERATION EXPENSES (CONTINUED)

Remuneration expenses

The following details for non-Ministerial key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of Metro South Health during 2017-18. Further information on key management personnel positions can be found in the body of the Annual Report under the section relating to Executive Management. The following tables contain the expenses incurred by Metro South Health attributable to non-Ministerial KMP during the respective reporting periods. For board positions, the expenses are specific to the individual board member. For executive positions, all expenses incurred by Metro South Health that are attributable to that position are included for the respective reporting period, regardless of the number of personnel filling the position in either substantive or acting capacity. Therefore, the amounts disclosed are recognised on the same basis as expenses recognised in the Statement of Comprehensive Income.

Metro South Hospital and Health Board

The Board decides the objectives, strategies and policies to be followed by Metro South and ensure it performs its functions in a proper, effective and efficient way. Appointments are under the provisions of the Hospital and Health Board Act 2011 by Governor in Council. Notice published in the Queensland Government Gazette.

<table>
<thead>
<tr>
<th>Position title</th>
<th>Position holder</th>
<th>2018 Short-term employee expenses</th>
<th>2017 Short-term employee expenses</th>
<th>Total $'000</th>
<th>2018 Post-employment expenses</th>
<th>2017 Post-employment expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Current: Adjunct Professor Janine Walker (13 October 2017)</td>
<td>66</td>
<td>-</td>
<td>72</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Former: Mr Terry White A0 (18 May 2012 to 5 October 2017)</td>
<td>24</td>
<td>93</td>
<td>117</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Deputy Chair</td>
<td>Current: Professor John Prins (22 February 2018 to 7 May 2018)</td>
<td>11</td>
<td>-</td>
<td>12</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Former: Adjunct Professor Janine Walker (18 May 2016 to 12 October 2017)</td>
<td>17</td>
<td>57</td>
<td>74</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Board Members (Current)</td>
<td>Ms Helen Darch (18 May 2017)</td>
<td>50</td>
<td>6</td>
<td>5</td>
<td>55</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Adjunct Professor Iyla Davies (18 May 2017)</td>
<td>50</td>
<td>6</td>
<td>5</td>
<td>55</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Mr Peter Dowling AM (29 June 2012)</td>
<td>56</td>
<td>77</td>
<td>133</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Ms Donisha Duff (18 May 2016)</td>
<td>50</td>
<td>52</td>
<td>102</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Dr John Kastrissios (29 June 2012 to 21 February 2018)</td>
<td>50</td>
<td>53</td>
<td>103</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Professor John Prins (29 June 2012)</td>
<td>34</td>
<td>53</td>
<td>87</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Dr Marion Tower (29 June 2012)</td>
<td>50</td>
<td>53</td>
<td>103</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Mr Paul Venus (18 May 2017)</td>
<td>54</td>
<td>6</td>
<td>5</td>
<td>59</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Mr Brett Bundock (18 May 2018)</td>
<td>6</td>
<td>-</td>
<td>6</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Board Members (Former)</td>
<td>Ms Margo MacGillivray (14 June 2013 to 17 May 2017)</td>
<td>*</td>
<td>49</td>
<td>*</td>
<td>53</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Ms Lorraine Martin A0 (7 September 2012 to 17 May 2017)</td>
<td>*</td>
<td>47</td>
<td>*</td>
<td>52</td>
<td>5</td>
</tr>
</tbody>
</table>
### Key Management Personnel and Remuneration Expenses (Continued)

**Metro South Health**

**Council.** Notice published in the Queensland Government Gazette.

**Proper, effective and efficient way.** Appointments are under the provisions of the Hospital and Health Board Act 2011 by Governor in

**Position title**

- **Health Service Chief Executive**
  - Position responsibility: Delegated the operational responsibility to fulfill the Board’s objectives and strategies. The Health Service Chief Executive then sub-delegates certain functions to the Executive team and other employees as specified under the various instruments of delegation.
  - Executive leadership and operational responsibility for the health network.
  - Executive leadership and operational responsibility for addiction and mental health services.
  - Executive leadership and operational responsibility for the health network.

<table>
<thead>
<tr>
<th>Executive Director, PWF-QH Health Network</th>
<th>Executive Director, Logan-Bayside Health Network</th>
<th>Executive Director, Addiction and Mental Health Services</th>
<th>Executive Director, Clinical Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>579, 469, 3, 13, 10, 9, 53, 46, 645, 537</td>
<td>487, 4, 47 - 10, 9, 38, 35, 535, 493</td>
<td>331, 419, 1, 6, 7, 28, 31, 366, 488</td>
<td>392, 509, 1, 8, 10, 33, 34, 433, 549</td>
</tr>
</tbody>
</table>

**Other employee expenses**

- **Mr Paul Venus** (18 May 2017)
- **Dr Marion Tower** (29 June 2012)
- **Mr Brett Bundock** (18 May 2018)
- **Professor John Prins** (29 June 2012)
- **Adjunct Professor Iyla Davies** (18 May 2017)
- **Ms Helen Darch** (18 May 2017)
- **Professor John Prins** (22 February 2018 to 7 May 2018)
- **Adjunct Professor Janine Walker** (13 October 2017)
- **Professor John Prins** (29 June 2012)

**Notes to the Financial Statements**

For the year ended 30 June 2018

**Other employee expenses**

- **Ms Margo MacGillivray** (14 June 2013 to 17 May 2017)
- **Dr Marion Tower** (29 June 2012)
- **Adjunct Professor Iyla Davies** (18 May 2017)
- **Ms Helen Darch** (18 May 2017)
- **Professor John Prins** (22 February 2018 to 7 May 2018)
- **Adjunct Professor Janine Walker** (13 October 2017)
- **Professor John Prins** (29 June 2012)

**Total expenses**

<table>
<thead>
<tr>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>579, 469, 3, 13, 10, 9, 53, 46, 645, 537</td>
<td>487, 4, 47 - 10, 9, 38, 35, 535, 493</td>
</tr>
<tr>
<td>331, 419, 1, 6, 7, 28, 31, 366, 488</td>
<td>392, 509, 1, 8, 10, 33, 34, 433, 549</td>
</tr>
<tr>
<td>463, 409, 1, 1, 9, 8, 34, 39, 507, 478</td>
<td>220, 235, - 4, 5, 21, 23, 245, 263</td>
</tr>
<tr>
<td>206, 156, - 4, 4, 17, 226, 215</td>
<td></td>
</tr>
</tbody>
</table>
# Notes to the Financial Statements

For the year ended 30 June 2018

<table>
<thead>
<tr>
<th>Position title</th>
<th>Short-term benefits</th>
<th>Other employee expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monetary expenses $'000</td>
<td>Non-monetary expenses $'000</td>
</tr>
<tr>
<td><strong>Chief Information Officer</strong></td>
<td>198</td>
<td>221</td>
</tr>
<tr>
<td>This position provides strategic leadership, direction and management across Metro South Health for Clinical Informatics and Technology Services and is responsible for a diverse range of Communication Technology (ICT) services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Executive Director, Workforce Services</strong></td>
<td>169</td>
<td>-</td>
</tr>
<tr>
<td>This position is the executive lead for human resources strategy, planning and service provision for the Hospital and Health Service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Executive Director, Planning, Engagement and Reform</strong></td>
<td>216</td>
<td>214</td>
</tr>
<tr>
<td>This position provides strategic leadership and innovation in the development and delivery of health service planning, engagement, government relations, health reform and media and communication for the Hospital and Health Services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Executive Director, Medical Services</strong></td>
<td>465</td>
<td>407</td>
</tr>
<tr>
<td>This position is the principal medical officer for Metro South Health and is responsible for supporting the Health Service Chief Executive in the planning and management of the health service’s clinical services. This position provides professional leadership to all medical officers within Metro South Health.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Executive Director, Nursing and Midwifery Services</strong></td>
<td>270</td>
<td>311</td>
</tr>
<tr>
<td>This position provides strategic leadership in the areas of nursing and midwifery practice, standards and education and workforce of Metro South Health.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Executive Director, Allied Health Services</strong></td>
<td>193</td>
<td>162</td>
</tr>
<tr>
<td>This position provides strategic leadership to the allied health workforce and services of Metro South Health.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E2 RELATED PARTY TRANSACTIONS

Transactions with Queensland Government Controlled Entities

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

Department of Health

Metro South Health receives funding from the Department of Health. The Department of Health receives a majority of its revenue from the Queensland Government, and the remainder from the Commonwealth.

The funding provided to Metro South Health is predominantly for specific public health services purchased by the Department in accordance with a service agreement between the Department and Metro South Health. The service agreement is reviewed periodically and updated for changes in activities and prices of services delivered by Metro South Health. Refer to note A1-1.

The signed service agreements are published on the Queensland Government website and publically available.

In addition to the provision of corporate services support (refer to note A2-2), the Department of Health manages, on behalf of Metro South Health, a range of services including pathology testing, pharmaceutical drugs, clinical supplies, patient transport, telecommunications and technology services. These are provided on a cost recovery basis. In 2017-18, these services totalled $205.221 million (2017: $220.964 million).

Refer to note B2 for information on receivables from the Department of Health and other Queensland Health entities. Refer to note B7 for information on payables to the Department of Health.

Other Hospital and Health Services

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

Queensland Treasury Corporation

Metro South Health have investment bank accounts with the Queensland Treasury Corporation for general trust monies. Refer Note B1.

Department of Housing and Public Works

Metro South Health pays rent to the Department of Housing and Public Works for a number of properties. In addition, Metro South Health pays the Department of Housing and Public Works for vehicle fleet management services (Qfleet).

Transactions with people/entities related to KMP

All transactions in the year ended 30 June 2018 between Metro South Hospital and Health Service and key management personnel, including their related parties, were examined. Transactions were identified with two related entities, which were all on normal commercial terms and conditions and were immaterial in nature.

E3 RESTRICTED ASSETS

Metro South Health receives cash contributions primarily from private practice clinicians, Pathology Queensland and from external entities to provide for education, study and research in clinical areas. Contributions are also received from benefactors in the form of gifts, donations and bequests and are held in trust for stipulated purposes.

At 30 June 2018, amounts of $24.665 million (2017: $27.147 million) in general trust and $5.415 million (2017: $3.768 million) for research projects are set aside for the specified purposes underlying the contribution.
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

E4 AGENCY AND FIDUCIARY TRUST TRANSACTIONS AND BALANCES

Fiduciary trust transactions
Metro South Health acts in a fiduciary trust capacity in relation to patient trust accounts. These funds are received and held on behalf of patients with Metro South Health having no discretion over these funds. Consequently, these transactions and balances are not recognised in the financial statements but are disclosed below for information purposes. Although patient funds are not controlled by Metro South Health, trust activities are included in the audit performed annually by the Auditor-General of Queensland.

<table>
<thead>
<tr>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td>$'000</td>
</tr>
</tbody>
</table>

Fiduciary trust receipts and payments

<table>
<thead>
<tr>
<th>Item</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts</td>
<td>2,610</td>
<td>2,705</td>
</tr>
<tr>
<td>Payments</td>
<td>(2,639)</td>
<td>(2,692)</td>
</tr>
<tr>
<td>Increase/(decrease) in net patient trust assets</td>
<td>(29)</td>
<td>13</td>
</tr>
</tbody>
</table>

Fiduciary trust assets

Current Assets
Cash
- Patient trust funds | 256 | 285 |
- Other refundable deposits | 8 | 8 |
Total current assets | 264 | 293 |

Agency granted private practice transactions and balances
Metro South Health has a Granted Private Practice arrangement in place as follows:

Assignment model - all revenue generated by the clinician is paid to and recognised as revenue by Metro South Health. Doctors under this arrangement are employees of Metro South Health.

Retention model - the revenue generated is initially payable to the private practice doctors directly. Under this arrangement, doctors receive the generated revenue up to an established annual cap. Amounts over the cap are split one third to the doctor and two thirds to Metro South Health. The portion due to Metro South Health is receipted into a general trust account for a study, education and research fund for all staff, which is referred to as SERTA funds. Recoverable costs (e.g. administration costs, etc.) in respect of this arrangement, which Metro South Health is entitled to, are recorded as revenue in Metro South Health’s Statement of Comprehensive Income.

Metro South Health acts as an agent in respect of the transactions and balances of the private practice bank accounts. The private practice funds are not controlled by Metro South Health but the activities are included in the annual audit performed by the Auditor-General of Queensland.
E4 AGENCY AND FIDUCIARY TRUST TRANSACTIONS AND BALANCES (CONTINUED)

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Granted private practice receipts and payments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Receipts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private practice receipts</td>
<td>53,775</td>
<td>50,811</td>
</tr>
<tr>
<td>Interest</td>
<td>85</td>
<td>82</td>
</tr>
<tr>
<td>Other receipts*</td>
<td>8,261</td>
<td>6,449</td>
</tr>
<tr>
<td><strong>Total receipts</strong></td>
<td>62,121</td>
<td>57,342</td>
</tr>
<tr>
<td><strong>Payments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments to doctors</td>
<td>11,772</td>
<td>11,029</td>
</tr>
<tr>
<td>Payments to Metro South Health for recoverable costs</td>
<td>35,502</td>
<td>34,797</td>
</tr>
<tr>
<td>Payments to Metro South Health general trust for SERTA</td>
<td>5,853</td>
<td>6,032</td>
</tr>
<tr>
<td>Other payments**</td>
<td>8,348</td>
<td>6,639</td>
</tr>
<tr>
<td><strong>Total payments</strong></td>
<td>64,475</td>
<td>57,997</td>
</tr>
<tr>
<td><strong>Increase/(decrease) in net granted private practice assets</strong></td>
<td>646</td>
<td>(655)</td>
</tr>
</tbody>
</table>

* Other receipts relating to dietitian, oral health, children’s health, medical imaging and outstanding deposits not yet receipted.

** Payments relating to the receipts on behalf of other Queensland Health entities such as pathology services, medical imaging, children’s services, refund to Medicare and/or private insurance.

E5 ARRANGEMENTS FOR THE PROVISION OF PUBLIC INFRASTRUCTURE BY OTHER ENTITIES

The Department of Health, prior to the establishment of Metro South Health, entered into a contractual arrangement with a private sector entity for the construction and operation of a public infrastructure facility for a period of time on land now controlled by Metro South Health. After an agreed period of time, ownership of the facility will pass to Metro South Health. Arrangements of this type are known as Public Private Partnerships (PPP). The PPP is a Build-Own-Operate-Transfer (BOOT) arrangement.

Metro South Health has not recognised any rights or obligations relating to these facilities other than those associated with land rental and the provision of services under the agreements. Metro South Health has the right to retain the rent in accordance with the Deed of Lease in the Transfer Notice.

Although the land on which the facility has been constructed remains an asset of Metro South Health, Metro South Health does not control the facility associated with the arrangement. Therefore, this facility is not recorded as an asset. Metro South Health may receive rights under the arrangement, including:

- rights to receive the facility at the end of the contractual terms; and
- rights to receive cash flows in accordance with the respective contractual arrangements.

The arrangement was structured to minimise risk exposure for the public health system.
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

E5 ARRANGEMENTS FOR THE PROVISION OF PUBLIC INFRASTRUCTURE BY OTHER ENTITIES (CONTINUED)

Public Private Partnership (PPP) arrangements operating for all or part of the financial year are as follows:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Counterparty</th>
<th>Term of Agreement</th>
<th>Commencement Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Princess Alexandra Hospital Multi-Storey Car Park</td>
<td>International Parking Group Pty Limited</td>
<td>25 years</td>
<td>February 2008</td>
</tr>
</tbody>
</table>

The Princess Alexandra Hospital Multi-Storey Car Park

The developer has constructed a 1,403 space multi-storey car park on site at the hospital. Rental of $0.295 million per annum escalated for CPI annually will be received from the car park operator up to February 2033. The developer operates and maintains the facility at its sole cost and risk. Metro South Health staff are entitled to concessional rates when using the car park.

Assets

As at 30 June 2018, Metro South Health does not have legal title to the property, nor does it control the facility, therefore it is not recognised as an asset of the agency. The land where the facility has been constructed is recognised as Metro South Health’s land. The recognised value of the relevant land parcel at Princess Alexandra Hospital (PAH) is $22.1 million. The portion dedicated to the PAH multi-storey car park is 33.4% with an estimated value of $7.4 million.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Counterparty</th>
<th>Term of Agreement</th>
<th>Commencement Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Revenues recognised in relation to these arrangements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>User charges and fees*</td>
</tr>
<tr>
<td>370</td>
</tr>
<tr>
<td>364</td>
</tr>
</tbody>
</table>

*This represents the actual rental payments for the multi-storey car park.

PPP arrangements of Metro South Health cash flows (indicative)

<table>
<thead>
<tr>
<th>Facility</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Princess Alexandra Hospital multi-storey car park</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 1 year</td>
<td>379</td>
<td>372</td>
</tr>
<tr>
<td>More than 1 year but less than 5 years</td>
<td>1,633</td>
<td>1,602</td>
</tr>
<tr>
<td>More than 5 years but less than 10 years</td>
<td>2,332</td>
<td>2,289</td>
</tr>
<tr>
<td>Later than 10 years</td>
<td>2,465</td>
<td>2,991</td>
</tr>
<tr>
<td>Net indicative cash flow</td>
<td>6,809</td>
<td>7,254</td>
</tr>
</tbody>
</table>
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2018

E6 CO-LOCATION ARRANGEMENTS

Co-location arrangements operating for all or part of the financial year are as follows:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Counterparty</th>
<th>Term of Agreement</th>
<th>Commencement Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mater Private Hospital Redland</td>
<td>Sisters of Mercy in Queensland</td>
<td>25 years + 30 years</td>
<td>August 1999</td>
</tr>
<tr>
<td>Translational Research Institute (TRI)</td>
<td>Translational Research Institute Pty Ltd</td>
<td>30 years + 20 years</td>
<td>May 2013</td>
</tr>
<tr>
<td>Building</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Queensland Training Facility – Redland Hospital</td>
<td>University of Queensland</td>
<td>20 years</td>
<td>August 2015</td>
</tr>
<tr>
<td>University of Queensland Training Facility – Queen Elizabeth II Jubilee Hospital</td>
<td>University of Queensland</td>
<td>20 years</td>
<td>September 2015</td>
</tr>
</tbody>
</table>

There are contractual arrangements with private sector entities for the operation of a private health facility for a period of time on land controlled by Metro South Health. Metro South Health may receive rights to receive cash flows or rights to receive the facility at the end of the contractual term in accordance with the respective contractual arrangements. As a concession contract, Metro South Health does not recognise the facility as an asset.

Co-location agreement with Mater Private Hospital Redland

In accordance with the Co-location Agreement, in 2017-18 Metro South Health recognised $0.222 million (2017: $0.222 million) revenue. Metro South Health has not recognised any rights or obligations relating to these facilities other than those associated with land rental and the provision of services under the agreements. Metro South Health has the right to retain the rent in accordance with the Deed of Lease in the Transfer Notice.

Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the Mater Private Hospital Redland was constructed is approximately 9% of the Redland Hospital land recognised at a total value of $12 million.

Co-location agreement with Translational Research Institute Pty Ltd

Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the Translational Research Institute was constructed is approximately 12% of the relevant parcels of the Princess Alexandra Hospital land recognised at a total value of $13,484 million. The lease for the building is between the Department of Health and TRI Pty Ltd and Metro South Health has a sublease for building areas but no revenue is recorded from this arrangement.

Co-location agreement with University of Queensland – Redland Hospital

Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the University of Queensland Training Facility was constructed is approximately 0.3% of the relevant parcels of the Redland Hospital land recognised at a total value of $0.04 million. The lease for the building is between the Department of Health and the University of Queensland but no revenue is recorded from this arrangement.

Co-location agreement with University of Queensland – Queen Elizabeth II Jubilee Hospital

Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the University of Queensland Training Facility was constructed is approximately 0.3% of the relevant parcels of the Queen Elizabeth II Jubilee Hospital land recognised at a total value of $0.05 million. The lease for the building is between the Department of Health and the University of Queensland but no revenue is recorded from this arrangement.
CERTIFICATE OF METRO SOUTH HEALTH

These general purpose financial statements have been prepared pursuant to section 62(5) of the Financial Accountability Act 2009 (the Act), section 43 of the Financial and Performance Management Standard 2009 and other prescribed requirements. In accordance with section 62(5)(b) of the Act we certify that in our opinion:

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

b) The statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of Metro South Health for the financial year ended 30 June 2018 and of the financial position of Metro South Health at the end of that year; and

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

Janine Walker  
Adjunct Professor, BAEd, GradDip Business, Fahri, FAIM, MAICD  
Chair  
Metro South Hospital and Health Board  
21 August 2018

Dr Stephen Ayre  
MBBS (Qld), MHA (UNSW) FRACMA  
Chief Executive Officer  
Metro South Health  
21 August 2018

Robert Mackway-Jones  
BCom MBA CA  
Chief Finance Officer  
Metro South Health  
21 August 2018
INDEPENDENT AUDITOR’S REPORT

To the Board of Metro South Hospital and Health Service

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of Metro South Hospital and Health Service.

In my opinion, the financial report:

a) gives a true and fair view of the entity's financial position as at 30 June 2018, and its financial performance and cash flows for the year then ended

b) complies with the Financial Accountability Act 2009, the Financial and Performance Management Standard 2009 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2018, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

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

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

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

Key audit matters

Key audit matters are those matters that, in my professional judgement, were of most significance in my audit of the financial report of the current period. I addressed these matters in the context of my audit of the financial report as a whole, and in forming my opinion thereon, and I do not provide a separate opinion on these matters.
**Specialised buildings valuation ($858.4 million)**

Refer to Note B6 in the financial report.

<table>
<thead>
<tr>
<th>Key audit matter</th>
<th>How my audit addressed the key audit matter</th>
</tr>
</thead>
</table>
| Buildings were material to Metro South Hospital and Health Service at balance date, and were measured at fair value using the current replacement cost method. A comprehensive valuation of buildings was undertaken by an independent valuation specialist in 2016, in 2017 a desktop valuation of these buildings was undertaken by an independent valuation specialist. For 2018 Metro South Hospital and Health Service performed a revaluation of its buildings using indexation. | My procedures included, but were not limited to:  
• Assessing the adequacy of management’s review of the valuation process.  
• Assessing the competence, capabilities and objectivity of the valuation specialist  
• Reviewing the scope and instructions provided to the valuer, and obtaining an understanding of the methodology used and assessing its appropriateness with reference to common industry practices |
| The current replacement cost method comprises:                                   | In the previous year:  
• Gross replacement cost, less  
• Accumulated depreciation  
Metro South Hospital and Health Service derived the gross replacement cost of its buildings at balance date by applying indexation factors to the gross replacement costs determined at the previous balance date. Using indexation required:  
• significant judgement in determining indexation factors that reflect the estimated change, since the previous balance date, in the cost inputs used in developing the gross replacement.  
• reviewing previous assumptions and judgements used in the determination of fair value in intervening years between the comprehensive valuation to ensure ongoing validity of assumptions and judgements used.  
The measurement of accumulated depreciation involved significant judgements for forecasting the remaining useful lives of building components. The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense. | In the current year:  
• Evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices; and  
• Recalculating the application of the indices to asset balances.  
• Evaluating useful life estimates for reasonableness by:  
  o Reviewing management’s annual assessment of useful lives;  
  o At an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement cost of assets.  
  o Testing that no asset still in use has reached or exceeded its useful life;  
  o Enquiring of management about their plans for assets that are nearing the end of their useful life; and  
  o Reviewing assets with an inconsistent relationship between condition and remaining useful life.  
• Where changes in useful lives were identified, evaluating whether they were supported by appropriate evidence. |
Other information

Other information comprises the information included in the entity’s annual report for the year ended 30 June 2018, but does not include the financial report and my auditor’s report thereon.

Those charged with governance are responsible for the other information.

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

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

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

I have nothing to report in this regard.

Responsibilities of the entity for the financial report

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

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

Auditor’s responsibilities for the audit of the financial report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
Financial reports

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the entity.
- Conclude on the appropriateness of the entity's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor’s report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

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

**Report on other legal and regulatory requirements**

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2018:

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

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

24 August 2018

C G Strickland

as delegate of the Auditor-General

Queensland Audit Office

Brisbane
### Glossary of acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Member of the Order of Australia</td>
</tr>
<tr>
<td>AO</td>
<td>Order of Australia</td>
</tr>
<tr>
<td>BEMS</td>
<td>Building, Engineering and Maintenance Service</td>
</tr>
<tr>
<td>Board</td>
<td>Metro South Hospital and Health Board</td>
</tr>
<tr>
<td>BSPHN</td>
<td>Brisbane South Primary Health Network</td>
</tr>
<tr>
<td>CARE-PACT</td>
<td>Comprehensive Aged Residential Emergency and Partners in Assessment, Care and Treatment</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CFO</td>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>CHIP</td>
<td>Community Hospital Interface Program</td>
</tr>
<tr>
<td>CNC</td>
<td>Clinical Nurse Consultant</td>
</tr>
<tr>
<td>CSIRO</td>
<td>Commonwealth Scientific and Industrial Research Organisation</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency department</td>
</tr>
<tr>
<td>ELOS</td>
<td>Emergency length of stay</td>
</tr>
<tr>
<td>EPIC</td>
<td>Executive Planning and Innovation Committee</td>
</tr>
<tr>
<td>ES</td>
<td>Elective surgery</td>
</tr>
<tr>
<td>FSR</td>
<td>Financial System Renewal</td>
</tr>
<tr>
<td>FTE</td>
<td>Full time equivalent</td>
</tr>
<tr>
<td>GP</td>
<td>General practitioner</td>
</tr>
<tr>
<td>HHS</td>
<td>Hospital and Health Service</td>
</tr>
<tr>
<td>HITH</td>
<td>Hospital in the Home</td>
</tr>
<tr>
<td>HSCE</td>
<td>Health Service Chief Executive</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and communication technology</td>
</tr>
<tr>
<td>ieMR</td>
<td>integrated electronic Medical Record</td>
</tr>
<tr>
<td>ISO</td>
<td>International Organization for Standardisation</td>
</tr>
<tr>
<td>IT</td>
<td>Information technology</td>
</tr>
<tr>
<td>KPIs</td>
<td>Key Performance Indicators</td>
</tr>
<tr>
<td>LEAPOnline</td>
<td>Learning Education and Professional development Online</td>
</tr>
<tr>
<td>Metro South Health</td>
<td>Metro South Hospital and Health Service</td>
</tr>
<tr>
<td>MOHRI</td>
<td>Minimum Obligatory Human Resource Information</td>
</tr>
<tr>
<td>MP</td>
<td>Member of Parliament</td>
</tr>
<tr>
<td>MRI</td>
<td>Magnetic Resonance Imaging</td>
</tr>
<tr>
<td>MRSA</td>
<td>Methicillin Resistant <em>Staphylococcus aureus</em></td>
</tr>
<tr>
<td>MSAMHS</td>
<td>Metro South Addiction and Mental Health Services</td>
</tr>
<tr>
<td>MSH</td>
<td>Metro South Hospital and Health Service</td>
</tr>
<tr>
<td>MSHHB</td>
<td>Metro South Hospital and Health Board</td>
</tr>
<tr>
<td>NEST</td>
<td>National Elective Surgery Target</td>
</tr>
<tr>
<td>OAM</td>
<td>Medal of the Order of Australia</td>
</tr>
<tr>
<td>PAH</td>
<td>Princess Alexandra Hospital</td>
</tr>
<tr>
<td>PHN</td>
<td>Primary Health Network</td>
</tr>
<tr>
<td>QAO</td>
<td>Queensland Audit Office</td>
</tr>
<tr>
<td>QAS</td>
<td>Queensland Ambulance Service</td>
</tr>
<tr>
<td>QEII</td>
<td>Queen Elizabeth II Jubilee Hospital or QEII Jubilee Hospital</td>
</tr>
<tr>
<td>QUT</td>
<td>Queensland University of Technology</td>
</tr>
<tr>
<td>QWAU</td>
<td>Queensland Weighted Activity Unit</td>
</tr>
<tr>
<td>SAB</td>
<td><em>Staphylococcus aureus</em> bloodstream</td>
</tr>
<tr>
<td>SMS</td>
<td>Short message service</td>
</tr>
<tr>
<td>STEM</td>
<td>Science, technology, engineering and mathematics</td>
</tr>
<tr>
<td>TAFE</td>
<td>Technical and Further Education</td>
</tr>
<tr>
<td>TIC</td>
<td>Transformation and Innovation Collaborative</td>
</tr>
<tr>
<td>TRI</td>
<td>Translational Research Institute</td>
</tr>
<tr>
<td>UQ</td>
<td>The University of Queensland</td>
</tr>
<tr>
<td>WAU</td>
<td>Weighted Activity Unit</td>
</tr>
</tbody>
</table>
## Glossary of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity Based Funding</strong></td>
<td>The funding framework used to fund public health care services delivered across Queensland.</td>
</tr>
<tr>
<td><strong>Advance Care Planning</strong></td>
<td>A process to help a person plan their health care in advance. An advance care plan is used if a person becomes too unwell to make decisions for themselves or communicate their health decisions.</td>
</tr>
<tr>
<td><strong>Apps</strong></td>
<td>A small specialised software program, designed for a specific purpose or application, usually downloaded to a mobile device.</td>
</tr>
<tr>
<td><strong>Bariatric</strong></td>
<td>A branch of medicine dealing with the study and treatment of obesity.</td>
</tr>
<tr>
<td><strong>Burden of disease</strong></td>
<td>The impact of a health problem as measured by financial cost, mortality, morbidity and other indicators.</td>
</tr>
<tr>
<td><strong>Choosing Wisely</strong></td>
<td>Collaborative effort by participating clinical bodies and organisations to review which care really delivers value to patients.</td>
</tr>
<tr>
<td><strong>Clinical Streams</strong></td>
<td>Health specialty areas.</td>
</tr>
<tr>
<td><strong>Digital Hospital</strong></td>
<td>A hospital where all patient medical information is electronically recorded and accessed through computers instead of paper files.</td>
</tr>
<tr>
<td><strong>Magnet®</strong></td>
<td>An international program providing recognition for excellence in nursing care.</td>
</tr>
<tr>
<td><strong>Nurse Navigator</strong></td>
<td>A role in Queensland’s public health sector in which highly experienced nurses provide support to patients with complex health conditions.</td>
</tr>
<tr>
<td><strong>Pathway to Excellence®</strong></td>
<td>An international nursing excellence credential.</td>
</tr>
<tr>
<td><strong>Planetree</strong></td>
<td>A person-centred and holistic approach to health care, which means caring for each person as an individual; and recognising their mental, social, emotional, spiritual and physical care needs.</td>
</tr>
<tr>
<td><strong>Telehealth</strong></td>
<td>The delivery of health services and information using telecommunication technology such as live video and audio links, tele-radiology, storing of clinical data and images on a computer for forwarding to another location.</td>
</tr>
<tr>
<td><strong>Translational research</strong></td>
<td>Translates findings in fundamental research into medical practice and meaningful health outcomes.</td>
</tr>
</tbody>
</table>
## Compliance checklist

<table>
<thead>
<tr>
<th>Summary of requirement</th>
<th>Basis for requirement</th>
<th>Annual report page reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter of compliance</td>
<td>A letter of compliance from the accountable officer or statutory body to the relevant Minister/s</td>
<td>ARRs – section 7</td>
</tr>
<tr>
<td>Accessibilty</td>
<td>Table of contents</td>
<td>ARRs – section 9.1</td>
</tr>
<tr>
<td></td>
<td>Glossary</td>
<td>ARRs – section 9.1</td>
</tr>
<tr>
<td></td>
<td>Public availability</td>
<td>ARRs – section 9.2</td>
</tr>
<tr>
<td></td>
<td>Interpreter service statement</td>
<td>Queensland Government Language Services Policy ARRs – section 9.3</td>
</tr>
<tr>
<td></td>
<td>Copyright notice</td>
<td>Copyright Act 1968 ARRs section 9.4</td>
</tr>
<tr>
<td></td>
<td>Information licensing</td>
<td>QGEA – Information Licensing ARRs – section 9.5</td>
</tr>
<tr>
<td>General information</td>
<td>Introductory information</td>
<td>ARRs – section 10.1</td>
</tr>
<tr>
<td></td>
<td>Machinery of Government changes</td>
<td>ARRs – section 31 and 32</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agency role and main functions</td>
<td>ARRs – section 10.2</td>
</tr>
<tr>
<td></td>
<td>Operating environment</td>
<td>ARRs – section 10.3</td>
</tr>
<tr>
<td>Non-financial performance</td>
<td>Government’s objectives for the community</td>
<td>ARRs – section 11.1</td>
</tr>
<tr>
<td></td>
<td>Other whole-of-government plans/ specific initiatives</td>
<td>ARRs – section 11.2</td>
</tr>
<tr>
<td></td>
<td>Agency objectives and performance indicators</td>
<td>ARRs – section 11.3</td>
</tr>
<tr>
<td></td>
<td>Agency service areas and service standards</td>
<td>ARRs – section 11.4</td>
</tr>
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<td>Financial performance</td>
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**FAA**  *Financial Accountability Act 2009*

**FPMS**  *Financial and Performance Management Standard 2009*

**ARRs**  *Annual report requirements for Queensland Government agencies*
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