

ANNUAL REPORT 2022–23



Open data

Information about consultancies, overseas travel, and the Queensland language services policy is available at the Queensland Government Open Data website (<https://www.data.qld.gov.au>).

Public availability statement

An electronic copy of this report is available at www.metrosouth.health.qld.gov.au/about-us/publications/annual-report. Hard copies of the Annual Report are available by phoning the Office of the Chief Executive, Metro South Health, on 07 3176 8057. Alternatively, you can request a copy by emailing metrosouthcorro@health.qld.gov.au.

Interpreter service statement

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on 07 3176 8074 and we will arrange an interpreter to effectively communicate the report to you.



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ISSN 2202-4182

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

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 emerging.

Recognition of Australian South Sea Islanders

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

Letter of compliance



4 September 2023

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

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2022-2023 and financial statements for 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 2019*, and
- the detailed requirements set out in the *Annual report* requirements for Queensland Government agencies.

A checklist outlining the annual reporting requirements is provided at page 91 of this annual report.

Yours sincerely

A handwritten signature in black ink that reads "Janine Walker".

Janine Walker AM
Chair
Metro South Hospital and Health Board

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Statement on Queensland Government objectives for the community

Metro South Hospital and Health Service's (Metro South Health) activities are aligned to the Queensland Government's objectives for the community, focusing on the complex challenges facing our state that require thoughtful and innovative solutions. The Queensland Government's overarching objectives for the community are:

- **Good jobs** – Good, secure jobs in our traditional and emerging industries.
- **Better services** – Deliver even better services right across Queensland.
- **Great lifestyle** – Protect and enhance our Queensland lifestyle as we grow.

The *Metro South Health Strategic Plan 2021-2025* outlines objectives that Metro South Health has identified to deliver on its purpose of *Quality healthcare every day* and specifically focuses on the Queensland Government's objectives for the community of:

- **Better services** – Deliver even better services right across Queensland.
 - *Backing our frontline services* – Deliver world-class frontline services in key areas such as health, education, transport, and community safety.
 - *Keeping Queenslanders safe* – Continue to keep Queenslanders safe as we learn to live with COVID-19 and ensure all Queenslanders can access world-class healthcare no matter where they live.
- **Great lifestyle** – Protect and enhance our Queensland lifestyle as we grow.
 - *Building Queensland* – Drive investment in the infrastructure that supports the state's economy and jobs, builds resilience, and underpins future prosperity.

Metro South Health's four strategic objectives are aligned to the Queensland Government's objectives for the community. They are:

- providing equitable access to excellent care
- delivering great value
- lead by innovating and collaborating
- maintaining and developing an exceptional workforce.

From the Chair and Chief Executive

Metro South Health continues to deliver high quality healthcare services to the fast-growing and diverse communities of South East Queensland.

This Annual Report provides a summary of key achievements against the Metro South Health Strategic Plan objectives, which include significant progress on expansion projects across the health service over the past year.

In the 2022–2023 financial year, Metro South Health experienced very high demand for care with significant pressure on our emergency departments and bed capacity. There were 314,724 presentations to MSH hospital emergency departments in 2022–2023, with Category 1, 4 and 5 patients seen within recommended timeframes. Category 2 remained below the 80 per cent target at 58 per cent, and Category 3 below the 75 per cent target at 62 per cent. During demand surges, we focused our efforts on critical emergency and urgent care. A number of initiatives were introduced to improve waiting times, more of which can be read on page 40 of this Annual Report.

During this same period, Metro South Health staff were busy decommissioning COVID-19 Testing Clinics, COVID-19 Vaccination Clinics and Health Emergency Operations Centres that managed the impacts of COVID-19. COVID-19 continued to impact the health service with staff who developed COVID-19 infections and were furloughed. We thank all staff for all their efforts during this challenging time.

Notably, Metro South Health delivered 33,575 telehealth outpatient appointments (above the target of 29,841) during 2022–2023, which went a long way in helping to improve access to healthcare, reduce travel expenses and the time that patients and their families spend away from their homes.

In 2022–2023 Metro South Health employed more staff, with our total full-time equivalent staff growing by 8.9 per cent to reach 14,893 full time equivalent employees, 73 per cent of which are frontline staff and 23 per cent frontline support staff. Recruitment continues to be a priority for the health service to ensure we continue to meet the needs of our ever-growing community.

In September 2022, Metro South Health launched its inaugural *First Nations Health Equity Strategy* which addresses the need to redesign our health service, to enhance the number of First Nations people employed across the system, to listen to First Nations voices, to support a better integrated and coordinated system for First Nations peoples and to ensure services are equitable for all people. Following the launch, an implementation plan was developed. Great progress is being made across the health service with respect to this important body of work.

Capital expansion programs continued across the health service with the opening of the new \$50.5 million Redland Hospital multi-level car park in April 2023. This car park provides 1000 parking spaces for patients, visitors and staff. The additional parking capacity is making parking easier and more secure and unlocks the campus ahead of the hospital expansion.

Works also commenced on 28-bed wards for both QEII Jubilee Hospital and Redland Hospital as part of the Accelerated Infrastructure Delivery Program. These new wards will boost hospital capacity when they open towards the end of 2023.

The major Logan Hospital Expansion powered ahead during the year. Several services opened in May and June 2023 including the Transit Care Hub, the Central Clinical Equipment Service and the emergency department administration area. Work also continued on the refurbishment of the Logan Maternity Unit, which includes new and expanded birthing suites, including the introduction of birthing pools for water immersion during labour and birth. We are proud to be delivering these modern facilities for our local community.

Our health service played a leading role in implementing Voluntary Assisted Dying (VAD) on 1 January 2023. This program provides an additional end-of-life option for eligible people with a life-limiting condition. The Metro South Health (MSH) VAD Support Unit is the central point of contact for VAD referrals and for staff who require assistance and advice with voluntary assisted dying requests from patients within Metro South Health facilities.

Metro South Health employees continued to demonstrate our organisation's values of integrity, compassion, accountability, respect, engagement and excellence by their actions and behaviours through the delivery of quality health care to our community. We thank them for their hard work and dedication.

Janine Walker AM

Chair, Metro South Hospital and Health Board

Noelle Cridland

Chief Executive, Metro South Hospital and Health Service

About us

Strategic Direction

Metro South Health is an independent, statutory body, governed by the Metro South Hospital and Health Board, accountable to the Queensland Minister for Health, Mental Health and Ambulance Services and Minister for Women.

Under the *Hospital and Health Boards Act 2011*, Metro South Health is the principal provider of public health services for the community who live within its geographical area. The Queensland Department of Health is responsible for the overall stewardship of the public health system, including leadership in statewide planning and the monitoring of Hospital and Health Service performance. A Service Level Agreement between the Department of Health and Metro South Health identifies the health services Metro South Health will provide, the funding arrangements for those services, and the relevant targets and performance indicators. The Service Level Agreement is negotiated annually with the Department of Health and is publicly available on the Queensland Government publications portal: Metro South HHS Service Agreements – Dataset – Publications Queensland Government¹.

Metro South Health is one of 16 Hospital and Health Services in Queensland and serves an estimated resident population of 1.2 million people, 23 per cent of Queensland's population. It employs more than 14,800 fulltime equivalent (FTE) employees and has an annual operating revenue of \$3.226 billion. The health service's catchment spans 3856 square kilometres and covers the area from the Brisbane River in the north to Redland City in the east (encompassing the Southern Moreton Bay Islands), south to Logan City and the eastern portion of the Scenic Rim to the border of New South Wales.

Metro South Health also provides several Statewide Specialty Services across Queensland including: DonateLife Queensland, Medical Aids Subsidy Scheme, Queensland Spinal Cord Injuries Service, Queensland Tissue Bank, Queensland Transcultural Mental Health Centre, Queensland Kidney Transplant Service, Queensland Liver Transplant Service and the Queensland Movement Disorder Service.

The *Metro South Health Strategic Plan 2021–2025* outlines how the health service is aligned to the Government's objective for the community of keeping Queenslanders safe, by providing equitable access to excellent care through healthcare innovation and collaboration. The

plan identifies how we are supporting our frontline services, through maintaining and developing our exceptional workforce, which is the key to delivering great value care in collaboration with others.

In delivering care for the future, Metro South Health values the significant efforts of our staff as researchers and innovators.

Metro South Health acknowledges the Government has significantly invested in the planned new infrastructure that is already being delivered throughout the Metro South Health region. This is consistent with the Government's objective of building Queensland.

Vision, purpose, values

Vision and purpose

Our vision is to be Australia's exemplar public healthcare service and our purpose is to ensure quality healthcare every day to the community we serve.

Values

Metro South Health staff have the privilege to care for others when they are at their most vulnerable, and our organisation values underpin behaviours that will support and enable better ways of working together to support better outcomes for our patients through:

- Integrity
- Compassion
- Accountability
- Respect
- Engagement
- Excellence

These six values guide our decision-making as health service professionals. The empathy and excellence our staff bring to their work shows a determination to live our values every day and demonstrate the dedication of an extraordinary workforce.

¹ www.publications.qld.gov.au/dataset/metro-south-hhs-service-agreements

Priorities

The four strategic objectives of the *Metro South Health Strategic Plan 2021–2025* are aligned to the Queensland Government objectives of *Better Services: Backing our frontline services* and *Keeping Queenslanders Safe, and Great Lifestyle: Building Queensland*.

Metro South Health objective – Provide equitable access to excellent care

This aligns with the Government objective **Better Services – Keeping Queenslanders Safe**.

In 2022–2023, we worked to provide equitable access to excellent care with a focus on:

- ensuring our care was safe, timely and of the highest quality
- acting as a leader for change in health outcomes
- partnering with patients and families to improve the delivery and experience of healthcare
- preventative health and responding to emerging public health challenges
- improving equity in health outcomes by closing the gap for Aboriginal and Torres Strait Islander people.

Metro South Health objective – Deliver great value

This aligns with Government objectives:

Better Services – Backing our frontline services
Great Lifestyle – Building Queensland.

In the past year, we worked to deliver great value by:

- being responsible in the allocation of our resources
- maximising revenue to support sustainability
- minimising the provision of low-value care
- building future healthcare facilities to meet the community's needs including support for delivery of the Satellite Hospital Program, Accelerated Infrastructure Delivery Program (AIDP) and planning for the Capital Expansion Program (CEP)
- maintaining and improving our facilities and equipment to ensure they remain fit for purpose.

Metro South Health objective – Lead by innovating and collaborating

This aligns with the Government objectives:

Better Services – Keeping Queenslanders safe and Backing our frontline services.

We continued to focus on innovation and collaboration by:

- using research and evidence to inform our care
- actively partnering and working with others to ensure collaborative care
- exploring and implementing different ways to deliver care through co-design and partnering for new solutions
- minimising our impact on the environment
- streamlining our processes.

Metro South Health objective – Maintaining and developing an exceptional workforce

This aligns with the Government objective: **Better Services – Backing our frontline services.**

We worked to maintain and develop our workforce for the future by:

- ensuring the safety, health, and wellbeing of our workforce
- embedding our ICARE² values
- ensuring our workforce has opportunities and pathways to develop and be leaders in their fields
- educating and training the future health team
- developing a workforce that reflects the diversity of our community.

Aboriginal and Torres Strait Islander Health

Establishing the demographic, social and behavioural profile of the Aboriginal and Torres Strait Islander population within Metro South Health is fundamental to understanding how improvements to health outcomes are best achieved.

The profile identifies that:

- the proportion of First Nations people in Metro South Health is similar to the Queensland profile
- the Logan and Jimboomba areas have the largest proportion of First Nations people in Metro South Health
- the profile for First Nations people in Metro South Health tends to have a younger median age
- the proportion of First Nations women attending antenatal services in Metro South Health is lower than the state average
- the First Nations community in Metro South Health has a higher rate of mental health stressors and chronic disease than the state average

- access to emergency departments and inpatient services for First Nations people is higher than the state average.

This data will inform the areas identified in the Metro South Health Making Tracks to Health Equity Implementation Plan as it relates to improving access to maternity services, mental health and enhancing access to primary care.

To address this, activities undertaken throughout the 2022–2023 year included supporting the Aboriginal and Torres Strait Islander Elders Consumer and Advisory Committee, supporting mentorship for the Deadly Start – School-Based Traineeship Program, assisting with the First Nations Nursing and Midwifery Workforce Pipeline, progressing the First Nations Palliative Care Project, supporting artworks at the Satellite Hospitals and finalising the Close the Gap Medication Subsidy process.

There were also 19 research projects underway in Metro South Health during 2022–2023 that relate to Aboriginal and Torres Strait Islander Health. Approximately 50 per cent of these projects are internal health service-led projects and 50 per cent are led by external partners. These projects have a strong focus on translational research.

Metro South's Health Equity Strategy is aligned with Queensland Health's *Making Tracks together: Aboriginal and Torres Strait Islander Health Equity Framework* and this year Metro South Health released its First Nations Health Equity Implementation Plan for stakeholder discussion and feedback before being presented to the Executive for approval.

Metro South Health will continue to strive to ensure its services are equitable for all people and help close the gap in health outcomes for First Nations peoples.

Our community-based and hospital-based services

Metro South Health is the major provider of public healthcare in the Brisbane south side, Logan, Redlands, and Scenic Rim regions including teaching, research and other services as outlined in the Service Agreement. It provides these services through five hospitals, community health centres and oral health facilities.

Our hospitals

- Beaudesert Hospital
- Logan Hospital
- Princess Alexandra Hospital (PAH)
- 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
- Logan Central Community Mental Health Centre
- Logan Healthcare Centre, Meadowbrook
- Marie Rose Centre, Dunwich
- Redland Health Service Centre, Cleveland
- Southern Queensland Centre of Excellence, Inala
- Woolloongabba Community Health Centre
- Wynnum-Manly Community Health Centre (Gundu-Pa).

Speciality services

- acute medical
- acute surgical
- addiction and mental health
- acquired brain injury
- cancer services
- cardiology
- emergency medicine
- obstetrics and gynaecology
- older persons
- paediatrics
- palliative care
- rehabilitation
- spinal injury
- trauma
- transplantation.

Car parking concessions

Metro South Health provides car parking concessions for those who are required to attend hospital frequently or experiencing financial hardship. Metro South issued 42,213 passes in 2022–2023 to patients, their families and carers valued at \$167,559.37 under the Hospital Car Parking – Patient and Carer Car Parking Concessions Standard.

Targets and challenges

Targets

Metro South Health has continued to partner with our diverse community to improve health literacy and engagement following the COVID-19 pandemic. Teams across the health service are continuing to access opportunities to engage with consumers to co-design healthcare services and health promotion activities to prevent disease and promote wellness in our communities.

Metro South Health is committed to improving health equity and access for First Nations people. The *Metro South Health First Nations Health Equity Strategy 2022–2025* provides a roadmap for how Metro South Health will achieve health equity and eliminate institutional racism. Throughout 2022–2023 Metro South Health has been working in partnership with First Nations people of the region and key stakeholders to develop an implementation plan to deliver upon the Health Equity Strategy and will focus on delivery of this plan using co-design and co-delivery approaches over the coming years.

Metro South Health is one of the most culturally and linguistically diverse populations in Queensland with more than 31 per cent of people born overseas and more than 48 per cent of people having one or both parents born overseas. More than 28 per cent of people speak a language other than English and residents speak over 200 languages. As such, there were 86,885 occasions of interpreter services used across Metro South Health for the 2022–2023 financial year².

The Metro South Health Equity and Access Team (HEAT) and the Metro South Multicultural Health Equity Network continued their engagement activities with the community throughout the year. A target area included improved health literacy and this was progressed through initiatives such as Multicultural Queensland Month, the Language Badges Initiative and the Multicultural Health Symposium.

Our health service is committed to building our future healthcare facilities to meet our community's needs. Throughout 2022–2023 the health service progressed a number of large infrastructure projects including Stage 1 of the Logan Hospital Expansion, the Logan Maternity Refurbishment Project and the delivery of the Redland Hospital multi-level carpark.

In 2022 the Queensland Government confirmed a significant additional investment in new and expanded facilities across Metro South including expansions at Redland, Logan, QEII Jubilee, and Princess Alexandra hospitals, and the new

Satellite Hospitals at Redlands and Eight Mile Plains.

This investment will support our ability to provide quality healthcare that responds to the growing and changing needs of the community. Our teams are actively working with the Department of Health to deliver, plan and build these new facilities.

Recruitment and retention of our workforce to support these large-scale infrastructure and service expansions across our health service will require innovative models of care.

Metro South Health is continuing to fulfil our role in the broader Queensland Health system through the provision of statewide and outreach services that provide care for all Queenslanders.

Our extensive digital healthcare systems enable us to deliver better connected care, more care in non-hospital settings and improved patient outcomes. Virtual care models are showing great promise in improving how we deliver care within our community and across the state and allowing the health service to provide quality care closer to home for many Queenslanders.

Our skilled, experienced staff have a commitment to evidenced-based care, education, training, innovation, and research in our clinical service delivery. This commitment of our staff to excellence and best practice in care ensures Metro South Health is well equipped to achieve our vision to be Australia's exemplar healthcare provider.

In 2023–2024, Metro South Health teams will be working hard to improve health system navigation for all patients and consumers and supporting better integration of care in the community with non-government organisations (NGOs), the Brisbane South Primary Health Network and community-controlled organisations as partners in delivery of care.

Challenges

Metro South Health continues to face growth in demand for public healthcare services above population growth.

The community living within Metro South Health's catchment area is ageing, experiencing increasing rates of chronic and complex diseases and is one of the most diverse in Queensland. This, along with high numbers of people experiencing social disadvantage, increases the demand for health resources.

² www.data.qld.gov.au

Our efforts to increase health literacy and equity in access to healthcare for socially disadvantaged members of our community, First Nations people and Culturally and Linguistically Diverse (CALD) communities is essential in meeting these unique challenges.

While new and expanded facilities are built to support our growing population, pressures will continue to be felt across the system.

Metro South Health must continue to be innovative and responsive in adapting to meet the changing healthcare environment and the needs of our unique and diverse community.

Elective surgical activity across Metro South Health continued to recover with long-waits at all Metro South Health facilities returning to pre-COVID-19 levels throughout 2022–2023.

Endoscopy long wait patients waiting lists progressively decreased since early 2022. Current physical internal capacity is being maximised at all Metro South Health facilities, with future improvement underpinned by the planned capital development within the health service.

Our priority will continue to be to deliver safe and effective patient care. We will work hard to respond to demand across our health service.

Growing the Metro South Health workforce, and protecting their health and wellbeing remains a major focus for the health service.

Governance

Our people

Board membership

The Metro South Hospital and Health Board has nine members appointed by the Governor in Council on the recommendation of the Minister for Health, Mental Health and Ambulance Services and Minister for Women pursuant to the *Hospital and Health Boards Act 2011* (the Act). The Board is responsible for the governance activities of the organisation and derives its authority from the Act. Each Board member brings a broad range of skills, expertise and experience to the Board.

Board and committee membership and attendance for 2022–2023

Metro South Hospital and Health Service	
Act or instrument	<i>Hospital and Health Boards Act 2011</i>
Functions	<p>The Board is responsible for setting strategic direction, establishing goals and objectives for executive management, monitoring the performance of the organisation in line with current government health policies and directives, and where necessary taking actions to improve performance.</p> <p>The Board reports to the Minister. Its functions are:</p> <ul style="list-style-type: none"> to control the Metro South Hospital and Health Service to ensure that the services provided by the health service comply with the requirements of the Act and Metro South Health’s objectives. <p>The key responsibilities of the Board include:</p> <ul style="list-style-type: none"> review and approve strategies, goals, annual budgets, and financial plans of metro south health in response to community and stakeholder input monitor financial performance on a regular basis monitor operational performance on a regular basis including compliance with clinical standards ensure that risk management systems are in place to cover all the health service’s key risk areas including operational, financial, environmental and asset related risks ensure that Metro South Health has policies and procedures to satisfy its legal and ethical responsibilities report to and communicate with government on the financial and operational performance of the organisation.
Achievements	<p>The Board and Committee activities and major achievements in 2022-2023 include the development, monitoring and advising on the:</p> <ul style="list-style-type: none"> Approval of a new Financial Delegations Framework Consideration and Endorsement of the Annual Financial Statements Oversight of the Legislative Compliance Program Oversight of the Risk Reporting Framework Oversight of the Metro South Health Domestic and Family Violence Statement of Commitment First Nations Health Equity Strategy.
Financial reporting	Financial reporting complies with the prescribed requirements of the <i>Financial Accountability Act 2009</i> and the <i>Financial and Performance Management Standard 2019</i> .

Remuneration:					
Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub- committee fees if applicable	Actual fees received
Chair	Ms Janine Walker AM	10	\$85,714	\$4000	\$95,753.34
Deputy Chair	Dr Marion Tower	11	\$44,503	\$4000	\$54,456.51
Member	Mr Matthew Ames (from 1 April 2022)	11	\$44,503	\$3000	\$54,812.99
Member	Assoc Prof Helen Benham	11	\$44,503	\$3000	\$50,523.86
Member	Mr Brett Bundock	11	\$44,503	\$4000	\$54,525.51
Member	Mr Colin Cassidy PSM	9	\$44,503	\$4000	\$55,525.92
Member	Ms Helen Darch OAM (resigned 31 March 2023)	7	\$44,503	\$3000	\$37,941.29
Member	Adjunct Assoc Prof Donisha Duff (from 1 December 2022)	6	\$44,503	\$3000	\$31,786.94
Member	Adjunct Prof Iyla Davies OAM	11	\$44,503	\$3000	\$56,526.34
Member	Mr Michael Goss	9	\$44,503	\$3000	\$56,526.34
No. scheduled meetings/ sessions	11 board meetings				
Total out of pocket expenses	Total Board expenses, including allowance and employer superannuation expenses incurred by Metro South Health, are disclosed in the Financial Statements section at the end of this Annual Report. There was a total cost of \$2021.23 in out-of-pocket expenses for Board members during 2022-2023.				

Role of the Board Chair

The Chair of the Board is appointed on the recommendation of the Minister for Health, Mental Health and Ambulance Services and Minister for Women following an advertised recruitment process. Ms Janine Walker AM is the current Chair.

The Chair of the Board's responsibilities are:

- maintaining a regular dialogue with the health service chief executive
- monitoring the performance of the board and individual members and promote its ongoing effectiveness
- development of the Board
- managing the evaluation and performance of the HSCE
- informing the Minister about significant issues and events.

Board members

Janine Walker AM – Chair

Appointed 18 May 2016

Current Term: 18 May 2021 to 31 March 2024

Janine Walker AM 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 Princess Alexandra Hospital, Director of Industrial Relations for Queensland Health, and Industrial Director and General Secretary of the Queensland Public Sector Union.

She worked as a broadcaster and columnist and served on the Board of the Australian Broadcasting Corporation and 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 Resource Institute and Australian Institute of Management and a Member of the Australian Institute of Company Directors.

Janine was recognised in the 2019 Queen's Birthday Honours and awarded Member of the Order of Australia for her significant service to education, to community, health and to the media.

In November 2021, Janine was appointed as a Director of QSuper and continues as a Director and Trustee of the Australian Retirement Trust.

Dr Marion Tower – Deputy Chair

Appointed 29 June 2012 – Board Member

Appointed 21 October 2021 – Deputy Chair

Current Term: 18 May 2021 – 31 March 2024

Dr Marion Tower is a registered nurse and an academic. She is currently an Associate Professor at Griffith University School of Nursing and Midwifery and an Adjunct Associate Professor at University of Queensland's (UQ) School of Nursing, Midwifery and Social Work. Prior to this she was Head of Nursing at the University of Queensland's School of Nursing, Midwifery and Social.

Marion is a Senior Fellow of the Higher Education Academy and was a Fellow of the

Institute of Teaching and Learning Innovation at UQ. She has a PhD from Griffith University which focused on the health and healthcare needs of women affected by domestic violence and a Master of Nursing (Women's Health) from QUT, Queensland University of Technology. Her nursing Honours degree focused on quality of care in residential aged care for people with dementia.

She has a strong interest in interprofessional education and in preparing current and future health professionals to deliver contemporary, safe, and high-quality person-centred care. Marion researches and publishes in this area.

Marion has a long history of service to the Metro South 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. Marion has been a member of Metro South Hospital and Health Board and the Metro South Safety and Quality committee since their inception. She has previously been a Council member of the Brisbane Boys College Council.

Matthew Ames

Appointed 1 April 2022

Current Term: 1 April 2022 – 31 March 2026

Matthew Ames has demonstrated a passion for providing a voice for health consumers to help Queenslanders. He is an experienced executive with a background in Environmental, Health and Safety (EH&S) and Risk Management. He currently serves on the boards of Hear and Say (supporting the needs of children and adults impacted by hearing loss), Centacare Brisbane, Xavier Children's Support Network, and Bionics Queensland as well as being a consumer advocate for various committees managed by Queensland Health.

Donisha Duff

Appointed 18 May 2016

Current Term: 1 December 2022 – 31 March 2024

Donisha Duff has a background in health policy, planning and management, with a particular focus on Aboriginal and Torres Strait Islander Health.

She has more than 20 years' experience in health and Indigenous affairs, working in the Federal and State governments and the non-government, community-controlled health sector.

Donisha is currently Senior Manager of OCHRe (Our Collaborations in Health Research), an Aboriginal and Torres Strait Islander Health

Research Network at the University of Queensland.

Donisha an Adjunct Associate Professor with Kurungkurl Katitjin, Centre for Indigenous Australian Education and Research at Edith Cowan University. Her other board/ committee appointments include Chair of the Stars Foundation Limited, and Member of the Queensland Voluntary Assisted Dying Review Board.

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 Yadhagana/ Wuthathi Aboriginal traditional owner (Cape York).

Associate Professor Helen Benham

Appointed 18 May 2019

Current Term: 1 April 2022 – 31 March 2026

Associate Professor Helen Benham is an experienced Rheumatologist who divides her time between clinical practice at Princess Alexandra Hospital and clinical and research translation at the Translational Research Institute (TRI).

She holds a Bachelor of Medicine and Surgery (Hons), Bachelor of Applied Science (Podiatry), a PhD from the University of Queensland, and is a Fellow of the Royal Australasian College of Physicians and a graduate of the Australian Institute of Company Directors.

Brett Bundock

Appointed 18 May 2018

Current Term: 18 May 2021 to 31 March 2024

As the Group Managing Director for the Boustead Geospatial Group, Brett Bundock is one of the most influential contributors to the APAC region's rapidly growing spatial technology industry. He is an experienced company director, having served on both boards and board subcommittees for the spatial industry and Boustead Singapore. His career within the spatial technology sector has spanned more than three decades and four continents. As the head of the Boustead Geospatial Group, Brett oversees the strategic endeavours of Esri Australia, Esri Singapore, Esri Malaysia, Esri Indonesia, Esri South Asia and Boustead Geospatial Technologies.

Colin Cassidy PSM

Appointed 18 May 2021

Current Term: 18 May 2021 to 31 March 2024

Colin Cassidy is a former public sector senior executive with almost 40 years of leadership

experience across a diverse range of disciplines at state, regional and local government levels. He has proven success in delivering outcomes in land use planning, infrastructure, corporate governance, business planning and service delivery, strategic policy, industry development and investment attraction roles.

In January 2020, Colin was recognised in the Australian Honours System and was awarded the Public Service Medal for his outstanding public service to economic development, corporate services and town planning in Queensland.

Helen Darch OAM

Appointed 18 May 2017

Current Term: 18 May 2020 to 31 March 2024

Resigned 31 March 2023

Helen Darch 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, Corporate Communication at Rowland Communication Group; and a consultant at SMS Management and Technology.

Helen has extensive governance, strategic planning, strategic communication, and change management experience, and has consulted widely in the education, health, government, not-for-profit and resources sectors.

Helen is currently an Ordinary Commissioner of the Crime and Corruption Commission, a Director on the Multicap Board and the Metro South HHS representative on the PA Research Foundation board. Prior to 2022, she was the inaugural Chair of the Dominos Give for Good charity; Chair of the Cerebral Palsy League Board, Deputy Chair of the Children's Hospital Foundation, and interim Chair of the Children's Health Research Alliance.

Adjunct Professor Iyla Davies OAM

Appointed 18 May 2017

Current Term: 18 May 2020 to 31 March 2024

Adjunct Professor Iyla Davies was admitted as a lawyer 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 non-Executive Director of UQ Residences Ltd, a Trustee Director of Mercy Ministry Companions and an Adjunct Professor in the School of Law, University of Queensland.

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, Member of the Specialist Accreditation Board Queensland Law Society, Director of Mercy Community Services and Chair of All Hallows' School Ltd. In addition, she has held senior university positions as Assistant Dean (Internal, Commercial and Community engagement) in the Faculty of Law, QUT and as Head of College and CEO 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.

Michael Goss

Appointed 18 May 2020

Current Term: 18 May 2020 to 31 March 2024

Michael Goss joined the Board with over 30 years' experience as a lawyer in large and mid-tier Australian firms, but now practices in his own legal consultancy. Michael has practised primarily in commercial law, agribusiness, banking and residential aged care. He has worked with finance clients such as Rabobank, NAB and ANZ and is currently a board member for aged care provider Beaumont Care and Queensland Rail.

With 30 plus years of professional practice, Michael brings to the Board his legal skills in strategic thinking and problem solving, and business sustainability through strong governance controls.

Our committees

In 2022–2023 the following committees assisted the Board in carrying out its functions and responsibilities:

- Executive Committee
- Finance Committee
- Audit and Risk Committee
- Safety and Quality Committee
- Capital Works and Assets Committee
- Making Tracks to Health Equity Committee.

The Committees are chaired by Board members, supported by the Health Service Chief Executive (HSCE) and other members of the Metro South Health Executive team.

Membership of the committees

Executive Committee

Chair: Ms Janine Walker AM

The Executive Committee is an advisory committee to the Board. The Executive Committee functions under the authority of the Board in accordance with s32B of the Act. The Executive Committee is established to support the Board by:

- working with the HSCE to progress strategic issues identified by the Board
- strengthening the relationship between the Board and the HSCE to ensure accountability in the delivery of services by the health service
- developing strategic Service Plans for the Health Service 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.

Finance Committee

Chair: Mr Colin Cassidy PSM

The Finance Committee is a prescribed committee under Part 7, s31, of the *Hospital and Health Boards Regulation 2012* (the Regulation). The Finance Committee has the following functions:

- assessing Metro South Health's budget and ensuring the budgets are consistent with the organisational objectives of Metro South Health and appropriate and having regard to Metro South Health funding
- monitoring Metro South Health cash flow, having regard to the revenue and expenditure of Metro South Health
- monitoring the financial and operating performance of Metro South Health
- monitoring the adequacy of Metro South Health's financial systems, having regard to its operational requirements and obligations

under the *Financial Accountability Act 2019* (FAA2019)

- assessing financial risks or concerns that impact, or may impact, on the financial performance and reporting obligations of Metro South Health, and how Metro South Health is managing the risks or concerns
- assessing the health service's complex or unusual financial transactions
- assessing any material deviation from the budget
- any other function given to the committee by the Board
- 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.

Audit and Risk Committee

Chair: Mr Colin Cassidy PSM

The Audit and Risk Committee is a prescribed committee under s31 of the Regulation. The purpose of the Audit and Risk Committee is to provide advice and assistance to the Board on:

- the health service's risk, control and compliance frameworks
- external accountability responsibilities as prescribed in the *Financial Accountability Act, Auditor-General Act 2019, Financial Accountability Regulation 2019* and *Financial and Performance Management Standard 2019*.

The Audit and Risk Committee also advises the Board on the following matters:

- assessing the adequacy of Metro South Health financial statements, having regard to the following:
 - the appropriateness of the accounting practices used
 - compliance with prescribed accounting standards under the FAA 2019
 - external audits of Metro South Health financial statements
 - information provided by Metro South Health about the accuracy and completeness of the financial statements
- monitoring Metro South Health compliance with its obligation to establish and maintain an internal control structure and systems of risk management under the FAA 2019, including:

- whether there are appropriate policies and procedures in place and
- whether Metro South Health is complying with the policies and procedures.

- monitoring and advising the Board about Metro South Health's internal audit function
- overseeing liaison with the Queensland Audit Office in relation to proposed audit strategies and plans
- assessing external audit reports and assessing the adequacy of action taken by management arising from the reports
- monitoring the adequacy of Metro South Health's management of legal and compliance risks and internal compliance systems, including the effectiveness of the systems in monitoring compliance with relevant laws and government policies
- evaluation and approval of the Internal Audit Charter, Internal Audit Strategic and Annual Audit Plans through Internal Audit
- reviewing the risk management framework for identifying, monitoring and managing significant business risks, including fraud
- liaising with management to ensure there is a common understanding of the key risks to the agency
- assessing and contributing to the audit planning process relating to risks and threats to Metro South Health
- reviewing effectiveness of processes for identifying and escalating risks, particularly strategic risks.

Safety and Quality Committee

Chair: Dr Marion Tower

The Safety and Quality Committee is a prescribed committee under s31 of the Regulation. The committee advises the Board on matters relating to the safety and quality of services provided by the health service, including strategies for the following:

- minimising preventable patient harm
- reducing unjustified variation in clinical care
- improving the experience of patients and carers in receiving health services
- 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

- monitoring Metro South Health governance arrangements relating to the safety and quality of health services, including by monitoring compliance with quality and safety policies and plans
- promoting improvements in the safety and quality of health services provided by Metro South Health
- monitoring the safety and quality of health services using appropriate indicators
- any other function given to the committee by the Board
- 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
- improved reporting and monitoring of identified key performance indicators.

Capital Works and Assets Committee

Chair: Mr Brett Bundock

The Capital Works and Assets Committee assists the Board on matters relating to the strategic direction and leadership of Metro South Health on infrastructure and asset management. It

advises and makes recommendations to the Board on matters relating to the capital works and assets.

In 2022-2023, the Committee monitored the planning and development of significant infrastructure projects at hospitals, including Logan, Redland, Princess Alexandra and QEII Jubilee hospitals.

Making Tracks to Health Equity Committee

Chair: Ms Jody Currie

The Making Tracks to Health Equity Committee assists the Board on matters relating to:

- improving health outcomes for the Aboriginal and Torres Strait Islander community
- equitable and accessible health services that are culturally appropriate for the Aboriginal and Torres Strait Islander community
- reporting and monitoring of identified key performance indicators including measures on access and health outcomes for Aboriginal and Torres Strait Islanders, including those identified in the *Metro South Health First Nations Health Equity Strategy 2022-2025*
- engagement with Aboriginal and Torres Strait Islander peoples and community-controlled health organisations.

Executive management

Health Service Chief Executive

The Board appoints the HSCE and delegates the operation of Metro South Health to the HSCE and other officers to whom management is delegated.

The HSCE responsibilities are:

- management, performance, and activity outcomes of Metro South Health
- providing strategic leadership and direction for the delivery of public sector health services in Metro South Health
- promoting the effective and efficient use of available resources in the delivery of public sector health services
- 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.

Noelle Cridland

Appointed 28 September 2022

As Chief Executive of Metro South Health, Noelle Cridland is responsible for the operational management of one of one of Australia's largest public health services. Noelle is an experienced health sector leader who has held senior roles at Metro South Hospital and Health Service as Executive Director of the Logan and Beaudesert Health Service, and Acting Chief Operating Officer. She has previously held executive roles in other Hospital and Health Services in Safety and Quality, Women's and Newborn, Medical Imaging and Development and Commissioning. Noelle is a Registered Nurse and holds a Masters in Nursing.

Dr Peter Bristow

Dr Bristow held the position of Health Service Chief Executive for the 2022–2023 financial year from 01.07.2022–10.03.2023.

Chief Operating Officer

Paula Foley

Acting Chief Operating Officer

Appointed March 2023

Paula Foley is responsible for providing operational leadership, direction and day-to-day management of Metro South Health to optimise quality healthcare and business outcomes. Paula

is an accomplished health professional and senior clinician with extensive executive experience in healthcare across both the private and public sector. Paula has a strong and proven track record in health service planning, performance improvement and innovation at both a state and local level. Paula's high-level clinical knowledge has helped her to facilitate clinical redesign projects and implement innovative system changes including the development of new models of care. Previous positions held include Chief Operating Officer – Mater Health Service, Interim Chief Executive – Mackay HHS and most recently as Acting Deputy Director-General – Healthcare Purchasing and System Performance, Queensland Health. Paula holds a Master in Project Management/ Clinical Redesign, a Bachelor of Science (Organisational Psychology) and a Bachelor of Health Science–Nursing.

Noelle Cridland

Acting Chief Operating Officer

03.05.2022–10.07.2022 and 08.08.2022–27.09.2022

Dr Michael Cleary

Acting Chief Operating Officer

07.06.2022–28.08.2022

Adrienne Belchamber

Acting Chief Operating Officer

31.10.2022–20.01.2023

Chief People, Engagement and Research Officer

Dr Michael Cleary PSM

Dr Michael Cleary is responsible for setting and overseeing the execution of Metro South Health's workforce, engagement and research strategies. Michael commenced working with Queensland Health 34 years ago. Michael has an extensive background with emergency and trauma medicine and senior level positions within health including 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, President of the Royal Australian College of Medical Administrators and Vice-President of the Australian Medical Association Queensland.

Chief Finance Officer

Murray Brown

Appointed 19 June 2023

Murray Brown is responsible for Metro South Health's financial operations, including the finance portfolio, procurement and supply, assets and infrastructure. Murray has significant financial and operational management experience working in large government organisations. He is a Board Director and Treasurer for the Healthcare Financial Management Association of Australia. His most recent position was as Northern Territory Health's Chief Finance Officer.

Robert Mackway-Jones

Robert Mackway-Jones held the position of Health Service Chief Executive for the 2022–2023 financial year from 01.07.2022–02.06.2023.

Robert Graham

Acting Chief Finance Officer

03.02.2023–06.03.2023, 14.09.2022–7.10.2022 and 08.07.2022–26.07.2022.

Executive Director, Medical Services

Dr Susan O'Dwyer

Dr Susan O'Dwyer is responsible for providing high-level strategic and operational medical leadership and advice to ensure high quality healthcare service provision across the health service. Susan has worked in various senior medical administration roles in medical workforce, education, and training. Susan has a long-standing involvement with the Australian Medical Council, including accreditation activities for international medical graduate (IMG) pathways, prevocational accreditation and specialist college accreditation. Susan is a Censor with the Royal Australasian College of Medical Administrators, a member of the Medical Board of Australia, and previous Chair of the Queensland Board of the Medical Board of Australia. She is also the Chair of the National Specialist IMG Committee of the Medical Board of Australia. In addition to her medical degree, Susan has a Master of Public Health and a Fellowship from the Royal Australasian College of Medical Administrators.

Executive Director Nursing and Midwifery Services

Adjunct Professor Veronica Casey AM

Veronica Casey provides nursing and midwifery oversight, expertise and leadership to ensure the delivery of safe, high quality healthcare services across Metro South Health.

Veronica's experience and expertise in the nursing and midwifery professions extends to national and international platforms. Veronica has held nursing and midwifery executive leadership positions in Queensland Health since 1998. She worked in executive and nursing roles at The Prince Charles Hospital, the Royal Brisbane Hospital and the Royal Women's Hospital prior to her appointment as the Executive Director Nursing Services at Princess Alexandra Hospital and Executive Director Nursing and Midwifery Services for Metro South Hospital and Health Service.

During her time at Metro South, Veronica has been instrumental in setting the vision for all MSH facilities in designated American Nurses Credentialing Center (ANCC) Pathway to Excellence® programs. She also led the introduction of the Nurse Sensitive Indicator performance monitoring system in Queensland Health. Veronica is the current Chair of the Nursing and Midwifery Board of Australia, has served two terms on the Australian Commission on Safety and Quality in Healthcare, and served as an inaugural International Magnet Commissioner for the ANCC from 2010 to December 2017. Veronica was appointed as a Member of the Order of Australia in 2019.

Executive Director Allied Health

Kellie Stockton

Appointed April 2023

Kellie Stockton is a well-respected leader in allied health with extensive experience working in public hospitals across Queensland and interstate, and in private sector, university and non-government organisations. Her strong track record for leading high-performing multi-disciplinary teams and implementing innovative models of service delivery were demonstrated in her previous role as Director of Allied Health at the Surgical Treatment and Rehabilitation Service (STARS) for Metro North Health.

Rachel Phillips

Acting Executive Director Allied Health

10.04.2022–30.06.2022 and 07.03.2023–17.04.2023

Geoffrey Lau

Acting Executive Director Allied Health

24.10.2022–15.01.2023

Leo Ross

Acting Executive Director Allied Health

16.01.2023–05.03.2023

Executive Director Digital Health and Chief Information Officer**Cameron Ballantine**

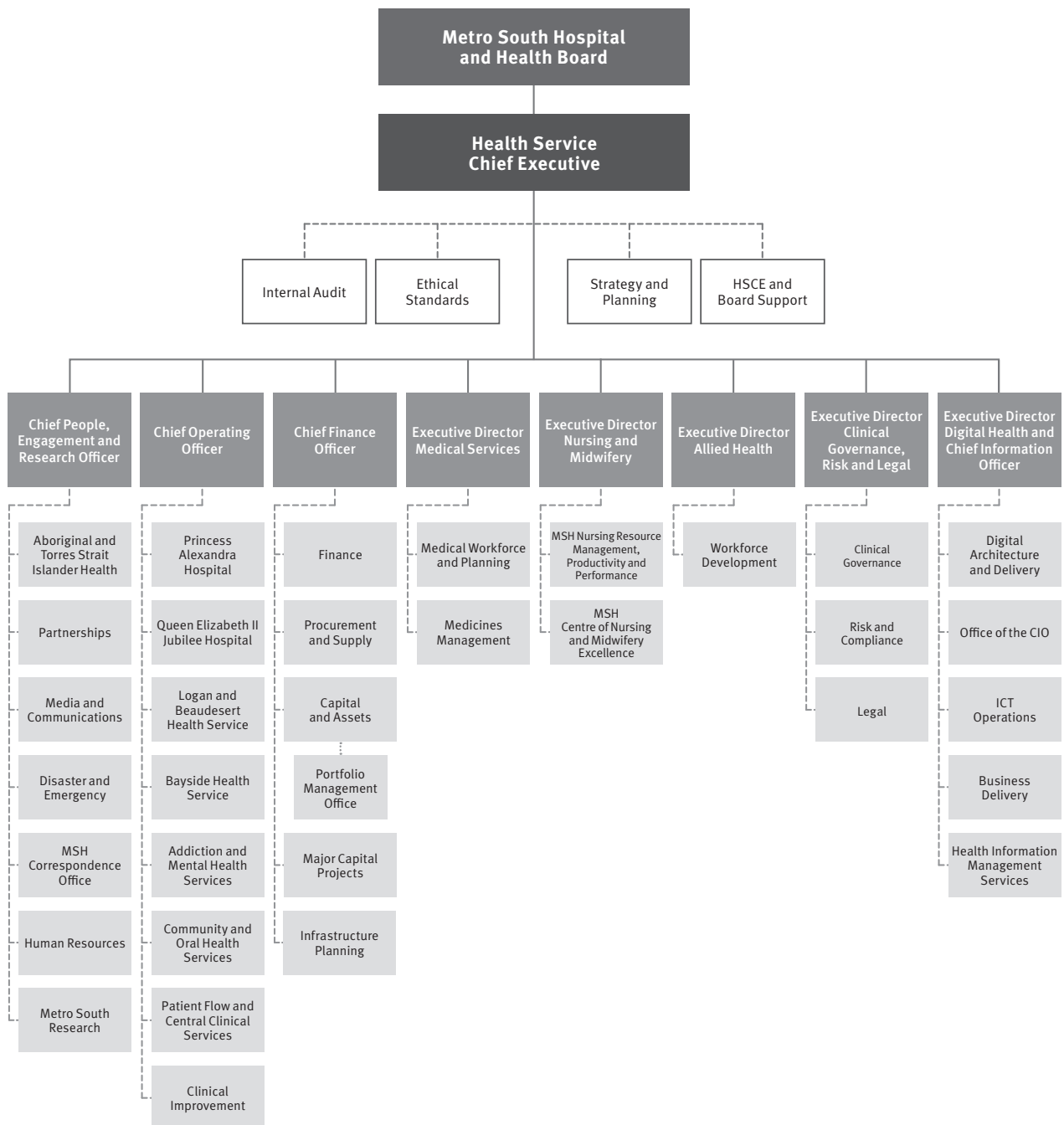
Cameron Ballantine is responsible for overseeing the people, processes, and technologies within Metro South Health to ensure they deliver outcomes that support the objectives of the health service. Cameron has practical experience in clinical leadership positions across the public sector, has worked in health delivery roles in Queensland. He also has a Masters qualification in Health Science and is a registered nurse with post-graduate qualifications in intensive care. Cameron has experience in the implementation, management and delivery of ICT and its benefits in hospital and healthcare systems. 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.

Executive Director, Clinical Governance, Risk and Legal**Chris Thorburn**

Chris Thorburn provides strategic leadership, direction and day to day management of Metro South Health's governance, quality and risk functions to optimise quality healthcare, statutory and policy compliance and continuously improving business outcomes. Chris' career in senior and executive health management spans more than 25 years. During this period, she has managed large, diverse, acute and community health services, mental health services and health facilities. Chris' qualifications include a Bachelor of Social Work and a Master of Business Administration. She is a Fellow of the Institute of Managers and Leaders and a Graduate of the Australian Institute of Company Directors. Chris has held various senior leadership positions including District Manager (CEO equivalent), Local Health Network Chief Operating Officer, Executive Director of Mental Health and Executive Director of Corporate Governance and Strategy.

Organisational structure and workforce profile



Workforce profile

The Metro South Health workforce is made up of 14,893 full time equivalent employees, and a headcount of 18,216 people, 73 per cent of which are women (Table 5).

Metro South Health supports flexible working arrangements for staff, with 49 per cent of our employees working part-time.

In 2022–2023, Metro South Health employed more doctors, nurses, and allied health professionals to care for our fast-growing community, with 10,885 frontline staff employed, equating to 73 per cent of the workforce (Table 2) and a three per cent increase from 2021–2022.

The Metro South region is the most culturally diverse area in Queensland, and our employees proudly reflect the community in which they work. In 2022–2023, Metro South Health exceeded the culturally and linguistically diverse workforce target of 18 per cent, with 21 per cent of staff identifying as coming from non-English speaking backgrounds (Table 6).

More work is required to exceed the number of Metro South Health staff who identify as having a disability, which currently stands at 414 or two per cent of the workforce (Table 6). This work over the coming year will focus on ensuring Metro South Health is an inclusive workplace for people with a disability.

This past year, 290 employees identified as Aboriginal and Torres Strait Islander, representing 1.6 per cent of our workforce (Table 6). This year, Metro South Health introduced several initiatives to increase the number of employees who identify as Aboriginal and Torres Strait Islander. These initiatives included developing agreements with healthcare, university, and community partners to develop a holistic approach to the Aboriginal and Torres Strait Islander health labour market and designing and implementing workforce inclusion initiatives to improve the diversity of our workforce. We worked to increase opportunities to career pathways including school-based training, cadetships, paid internships, and early career support.

A commitment to increasing representation of First Nations employees at Metro South Health was front and centre with a particular focus on school-based traineeships and cadetships for First Nations school students. Practical mentorship and experience with a guaranteed job at the end of the training period will assist in further exceeding these targets and further diversifying our workforce to reflect our community.

A great deal of work was undertaken during 2022–2023 to establish The Deadly Starts pilot,

with 18 First Nations school-based trainees commencing placements at QEII and Princess Alexandra hospitals from July 2023 to August 2024 across a range of occupations including nursing, physiotherapy, pharmacy, human resources and operations. Planning for the second cohort of Deadly Start students commence in late July with a view to expand offerings to other directorates within Metro South Health including Logan and Beaudesert. Further school-based traineeships are being explored to offer in dental and administration from late 2023–2024 as part of a broader Queensland Health strategy increasing these opportunities.

Employment of Aboriginal and Torres Strait Islander peoples into the healthcare sector aligns with Priority Area 6, Strengthen the First Nations Workforce, in the *Metro South Health First Nations Health Equity Strategy 2022–2025*.

To support ongoing work in employing people from other diverse groups including people with disability, culturally and linguistically diverse backgrounds, First Nations peoples and people identifying as LGBTIQ+. Metro South Health Diversity and Inclusion Senior Consultants increased their engagement activities in the community to showcase Metro South Health as an employer of choice for a diverse workforce. Some of these activities included engagement and presence at the following events:

- High School Careers Fairs/Expos e.g. Coorparoo Secondary College, Redbank Plains Careers Fair and Yeronga State High School
- Industry careers expos e.g. Tertiary Studies and Careers Expo (Logan Expansion)
- University Careers Days e.g. Griffith University Careers Day
- Disability Expo.

In addition to these major career events, Metro South Health also:

- Presented at high schools within the Metro South catchment e.g. Calamvale Secondary College
- Held focus groups with career counsellors from the ISCAN group (an internal networking group of private schools in Brisbane area) to understand the challenges they face in providing opportunities for high school students
- Partnered with Griffith University for networking events with students
- Collaborated with internal and external industry partners, e.g. TAFE, Department of Health and Registered Training

Organisations to establish links for ongoing employment and career opportunities.

By increasing our presence in the community, we can establish the foundations to create long-term, sustainable partnerships across multiple sectors and increase pipelines and pathways of talent.

A key tool for measuring progress on equity and diversity targets (Table 6) is through Equal Employee Opportunity (EEO) reporting. This information is used to ensure Metro South

Health is a diverse and inclusive organisation. Metro South Health will engage a range of strategies to improve reporting of these measures by all employees to ensure we have an accurate picture of the Metro South workforce. A diverse and inclusive workforce is a critical component of Metro South Health as a healthcare organisation that meets the needs of our community and promotes equitable health outcomes.

Table 1: Total Staffing

Staffing Types	2022-2023
Headcount	18,216
Paid FTE	14,892.81

Table 2: Occupation Types by FTE

Occupation Types	FTE	Percentage
Corporate	634	4.25%
Frontline	10,885	73.09%
Frontline Support	3375	22.66%

Table 3: Appointment Types by FTE

Appointment Types	FTE	Percentage
Permanent	11,420	76.68%
Temporary	2,924	19.63%
Casual	492	3.31%
Contract	58	0.39%

Table 4: Employment Status by Headcount

Employment Status	Headcount	Percentage
Full-time	8,890	48.80%
Part-time	8,313	45.64%
Casual	1,013	5.56%

Table 5: Gender

Gender	Headcount	Percentage
Woman	13,387	73.49%
Man	4,808	26.39%
Non-binary	21	0.12%

Table 6: Diversity target group data

Diversity group	Headcount	Percentage
Women	13,387	73.49%
Aboriginal and Torres Strait Islander peoples	290	1.59%
People with a disability	414	2.27%
Culturally and linguistically diverse – speak a language at home other than English*	3,751	20.59%

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

Table 7: Target group data for Women in Leadership Roles

Group	Headcount	Percentage
Senior Officers (classified and s122 equivalent combined)	19	47.03%
Senior Executive Service and Chief Executives (classified and s122 equivalent combined)	10	45.45%

Strategic workforce planning and performance

Leadership, capability and culture

There was a marked focus on expanding leadership capabilities within the Health Service during 2022–2023.

Metro South Health recognises that organisational success is driven by excellence in leadership and a focus on optimising workforce capability to ensure we have the right people in the right place with the right skills.

Leadership at Metro South Health continues to be developed across the four pillars of leadership –leading people, leading performance, leading culture and change, and leading safety and wellness. The leadership and management suite of learning programs aspire to build leadership capacity and capability within our workforce, and a strong leadership culture that will support our aspirations and mission moving forward.

In the 2022–2023 period, 62 leadership and management learning and development programs were delivered to 990 existing and aspiring Metro South Health leaders. These offerings included the Emerging Executive Leadership Program (EELP), the Management Development Program, Sailing into Supervision, and a suite of short courses and workshops.

This year, Metro South Health recommitted to partnering with The University of Queensland to deliver the Emerging Executive Leaders Program, with the Management Development Program and the Sailing into Supervision Programs providing the foundation learning offerings of the MSH Leadership Development Pathway.

In this same period, we also launched the *Leadership Development Framework*. The Framework provides a structure to support the professional leadership growth and career paths of existing and aspiring leaders. The Framework is designed to be used in conjunction with the Leadership Competencies (adapted from the Queensland Public Sector Commission Leadership Competencies for Queensland) and the MSH Leadership Development Pathway.

The Framework provides the opportunity for all staff to reflect on what it means to be a leader at Metro South Health, to reflect on their leadership practice, identify strengths and areas for improvement, and choose appropriate formal and informal learning activities that support their leadership development. The framework was developed to be utilised in conjunction with the new Performance and Development Plan, to inform these conversations.

The Framework captures the characteristics and behaviours of effective leadership articulated through the three leadership competencies, eleven behaviours and the four capability

domains that staff at all levels can practice and develop.

Access to training and compliance data was made more accessible through the launch of Metro South's new Corporate Mandatory Training Data Dashboard. The Dashboard creates real time analysis of the corporate mandatory training data extracted from MSHLearn, our Learning Management System. This enhanced level of access and analysis provides improved oversight for training compliance from a whole organisation perspective down to the individual and organisational unit level.

During 2022–2023, Metro South Health had 19 women in Senior Officer roles and 10 women leading in Senior Executive and Chief Executive equivalent roles (Figure 3).

We are continuing to exceed aspirational targets for women at SES level at Metro South Health and this will continue to be a focus for the future.

Agile, future-focused

The extraordinary efforts of our staff in continuing to provide excellent care to the community is both acknowledged and celebrated.

Following last year's focus on the COVID-19 pandemic, Metro South Health ramped down the response in many areas, allowing a sense of normalcy to return to many of our clinical areas. The pandemic provided the opportunity for teams to identify and adapt strengths, minimise shortcomings, find ways to work more efficiently and with greater flexibility than before.

Education and research

Metro South Health researchers and those who support their endeavours have made significant contributions to the improvement of health services for our community during 2022–2023.

More than 1300 research studies were active across Metro South Health facilities, including research at the Logan, Princess Alexandra, Redland and QEII Jubilee hospitals, Addiction and Mental Health Services, and in selected community-based services. During 2022–2023, more than 270 new research projects were authorised to commence in Metro South Health facilities.

Metro South researchers working across a range of specialist research areas have been recognised for their outstanding work through external awards and success in competitive grant schemes. Researchers have been recognised for their work in emergency medicine, kidney

disease, skin cancer, mental health, frailty and aging, and nursing.

The Metro South Research Support Scheme, administered through the Metro South Research office, awarded 39 grants commencing in 2023. Funding for the annual Research Support Scheme is provided by Metro South Study, Education and Research Trust Account (SERTA), the Princess Alexandra Research Foundation, and our partner universities - Griffith University, Queensland University of Technology and the University of Queensland. The Research Support Scheme contributes to a strong research culture by supporting the participation, progression and retention of MSH clinician researchers, and fosters collaborative approaches to delivering healthcare solutions.

Metro South Health is building capacity and capability in clinical trials management, which provides opportunities and benefits for patients and for the broader community that we serve. Clinical trials enable researchers to test and develop new diagnostic and treatment options, to determine those that are effective for managing health conditions. Metro South Health trials account for 20 per cent of the total clinical trials conducted across Queensland Health. A particular feature of Metro South Health's capability in clinical trials is the operation of the Clinical Research Facility on the Princess Alexandra Hospital Campus. The Clinical Research Facility is operated on behalf of the Translational Research Institute partners and provides state-of-the-art specialist facilities, resources and expertise for clinical trials. By enabling participation in clinical trials, Metro South Health researchers enable our community to access new treatments and contribute to the development of health system improvements.

The Metro South Human Research Ethics Committee assesses the ethical and scientific merit of research that may be conducted within Metro South Health facilities, other Queensland Health facilities, or in other health facilities interstate. The Metro South Human Research Ethics Committee is certified by the National Health and Medical Research Council and participates in the National Mutual Acceptance system—enabling multi-centre trial ethical clearance to be accepted across jurisdictions. During 2022–2023, the Committee assessed and approved more than 200 research projects.

Research excellence has been a focus for Metro South Health with the development of research integrity and accredited Good Clinical Practice (GCP) education modules. These online training modules are the first of their kind in Queensland Health and will contribute to the maintenance and continuous development of Metro South researchers' knowledge and skills. GCP Training is an internationally recognised quality standard for designing, conducting, recording, and

reporting of clinical trials that involve human participants.

As part of the strategy, research focus areas involve building research capability, including skilled researchers supported by a system that aligns research development with health service requirements, and research excellence.

A Metro South Health Research Capability and Excellence Framework was implemented to support education, skills and development of all staff involved in research at the health service.

Workplace culture

Work continued in 2022–2023 to embed Metro South Health's values, including the launch of the new organisation values staff video and promotional materials, and the updated training courses, including the Values Based Communications and Values Based Leadership workshops.

The 2022 Working for Queensland Survey showed a significant improvement with 88 per cent of staff aware of our values. The public sector-wide Working for Queensland Survey was completed by 6183 (35 per cent) of Metro South Health employees in 2022, a decrease of two per cent on the previous year's survey.

Results showed employees have the information needed to do their job well, the authority necessary to do their job effectively, and a sense of accomplishment from their job. Employees can discuss work challenges, share learnings, manage team workloads and treat each other respectfully within their workgroups. Significantly, employees view their work and their organisation to have a positive impact on the lives of Queenslanders.

Areas where improvement is required include staff wellness and wellbeing, including mental health. There is concern work is emotionally demanding and there is a sense of work overload. Staff expect fair and equitable treatment and a want for clear communication, direction, and visibility from senior managers and executive leaders.

Following the survey, an action plan was developed that identifies key actions that are values-based and align with the focus areas of the new Public Sector Act, to support teams to enhance workplace culture.

Workforce planning

With increased demand on the healthcare system and several capital expansion projects underway, workforce planning remains a critical element in operating our health service.

It is predicted that Metro South Health will have to recruit approximately 7000 additional staff over the next five to six years due to capital expansion projects. It will be critical that alternative recruitment, attraction, and selection methodologies are reflective of an innovative and forward-thinking approach to our workforce. With this uplift planned across MSH there has been a focus on developing talent pipelines for areas of immediate and future critical needs including Nursing and Midwifery, Allied Health, Operations and Administration. Pathways have been developed for experienced overseas Nurses and Midwives to be supported for relocation and visa to supplement the local domestic labour markets. MSH has also increased its use of social media platforms like Facebook and LinkedIn to showcase Metro South Health as an employer of choice within the local community as well as in-person promotion at universities via Careers Fairs and networking forums.

In 2023, Allied Health again offered, in partnership with Human Resources, an Indigenous Cadetship Program to onboard First Nations cadets into the health service. The cadets are university students who are studying an Allied Health degree. Metro South Health continues to work towards achieving our vision of establishing stronger connections and relationships with universities to support students in gaining employment at the completion of their degree and/or throughout their degree.

The cadetships and traineeships aim to improve the representation of Aboriginal and Torres Strait Islander people in the health workforce and assists in working towards making tracks together to health equity. In addition to these programs for First Nations peoples, engagement with schools and stakeholders in the employment sector has been a key focus for Metro South Health to improve access to employment opportunities for youth and those living with a disability.

Health, safety and wellness

Metro South Health is committed to workplace health, safety and wellbeing in line with legislative requirements and our values of integrity, compassion, accountability, respect, engagement and excellence.

The Metro South Board and Executive lead the way in displaying our organisational values in line with their legislative obligation under section 27 of the *Work Health and Safety Act 2011*, which states that officers of the organisation must exercise due diligence to

ensure that the organisation complies with that obligation.

A key platform for exercising due diligence is ensuring the organisation has an effective Safety Management System (SMS). Metro South Health has established a directorate to invest in aligning all elements of the organisation's SMS with the recently updated international standard ISO45001. A critical element of an effective SMS is having analytics and reporting to understand and ensure management of key risks. Metro South Health has developed a suite of reports, which provide effective 'real time' data to support understanding operations, hazards and risks.

A particular focus for the organisation is building capacity to identify and mitigate psychosocial risks, in line with the requirements of the *Code of Practice on Managing the Risk of Psychosocial Hazards at Work*, which came into effect on 1 April 2023.

Early retirement, redundancy and retrenchment

No redundancy, early retirement or retrenchment packages were paid during the 2022–2023 period.

Open data

Metro South Health has Open Data to report on consultancy, overseas travel and the implementation of the Queensland Language Services Policy. Data is published on the Queensland Government's open data website³.

³ www.data.qld.gov.au

Our risk management

Internal audit

Internal audit reports during 2022–2023 included:

- Review of the Employee Assistance Program
- Review of Emergency Department Performance Metrics and Processes
- Compliance with Mortality and Morbidity Committee Meeting Procedures
- Review of Car Park Revenue
- S4/HANA Review
- Logan Hospital Expansion Program
- Hazardous Material Management
- Credentialing
- Occupational Violence – Addiction and Mental Health.

There were ongoing improvements in the follow-up of outstanding Internal Audit recommendations and Queensland Audit Office (QAO) Performance Audit recommendations. Internal Audit also continued to collaborate with a co-source partner on several audits. Audit staff participated in a range of professional development activities, enhancing their knowledge, skills and auditing techniques, in support of their ongoing professional registrations and memberships.

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 relevance to Metro South Health:

- Health 2022 – 1 March 2023
- Major Projects 2022 – 1 December 2022
- Managing workforce agility in the Queensland public sector – 15 November 2022
- Keeping people safe from domestic and family violence – 10 November 2022
- 2022 status of Auditor-General’s recommendations – 31 October 2022
- Managing Queensland’s COVID-19 economic response and recovery – 19 July 2022
- Improving grants management – 19 July 2022.

External scrutiny, information systems and record keeping

During the 2022–2023 financial year, information security risks were actively managed and assessed against Metro South Health’s risk appetite with appropriate assurance activities undertaken in line with the requirements of the Queensland Government Enterprise Architecture (QGEA) Information security policy (IS18:2018).

Ministerial direction

Section 44(6) of the *Hospital and Health Boards Act 2011* requires annual reports to state each direction given by the Minister to the HHS during the financial year and the action taken by the HHS as a result of the direction. No Ministerial direction was given to Metro South Health during the reporting period.

Risk management

Metro South Health is committed to managing risk in a proactive, integrated and accountable manner. Risk is an inherent part of a 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 framework, which incorporates a procedure based on the AS ISO 31000:2018 Risk Management Guidelines. The policy outlines the health service’s intent, roles and responsibilities and implementation requirements. All accountability areas are responsible for implementing the policy and framework while proactively developing and maintaining risk registers.

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

Our risk management function is monitored and supported by the Metro South Health Risk and Compliance Unit.

Governance of the risk framework is managed by:

- the Metro South Health Board, which has ultimate responsibility for monitoring key risks and ensuring there are systems and processes in place to identify, manage and monitor risks. The Board has delegated responsibility for overseeing risk management activities to the Board Audit and Risk Committee.

- the Board Audit and Risk Committee, which oversees the assurance of the health service's risk management framework, the internal control structure, and the effectiveness of monitoring compliance with relevant laws, regulations and government policies.

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

Queensland public service ethics and values

As a public service agency, Metro South Health is committed to upholding the ethics values outlined in the *Public Sector Ethics Act 1994*, namely:

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

The Code of Conduct for the Queensland Public Service applies to all employees of Metro South Health, with training provided to staff as part of their mandatory induction training and subsequently at regular intervals.

To foster a positive workplace culture, employees are also required to undertake awareness training regarding inappropriate workplace behaviours such as bullying, harassment and discrimination, as well as training in relation to ethics, fraud and conflicts of interest. Such training is made available to staff through orientation sessions and online learning modules through MSHLearn.

In 2022–2023, there were also regular communications to remind staff of their obligations in relation to protecting the privacy and confidentiality of patients.

Corrupt conduct and public interest disclosures

The Ethical Standards Unit (the Unit) is the central point within Metro South Health to receive and assess matters involving suspected corrupt conduct as defined in section 15 of the *Crime and Corruption Act 2001*. The Unit also discharges the Health Service Chief Executive's

legislative obligation to notify the Crime and Corruption Commission (CCC) of suspected corrupt conduct matters in accordance with Directions issued by the CCC.

All reports of suspected corrupt conduct are rigorously assessed and dealt with, with some cases being directly oversighted by the CCC. As per the CCC's *Strategic Plan 2022–2026*, one of the CCC's 'areas of focus' is corruption involving improper influence, abuse of authority and exploitation of public sector resources. The CCC has a particular interest in matters involving the failure to declare and manage conflicts of interest and allegations relating to selection processes. Accordingly, Metro South Health ensures all complaints of suspected corrupt conduct are dealt with in an ethical, transparent, and accountable manner, in compliance with the *Crime and Corruption Act 2001*, to uphold public confidence.

Pursuant to the *Public Interest Disclosure Act 2010*, complaints/disclosures made by members of the public and public officers about certain types of wrongdoing in the public sector may constitute a 'public interest disclosure' (PID). The Director, Ethical Standards Unit has the delegated responsibility for assessing whether complaints constitute PIDs; notifying relevant external agencies of a PID where required; and facilitating the provision of support and protection measures/strategies for relevant parties.

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 the health service and undermine public confidence in its work. The health service actively attempts to raise awareness regarding corrupt conduct and other forms of inappropriate behaviour, and about the processes available for reporting such matters.

Metro South Health has detailed procedures relating to reporting and managing corrupt conduct and public interest disclosures, which ensures the health service meets relevant legislative obligations and appropriately addresses any instances of suspected corrupt conduct.

Human Rights

Metro South Health is committed to respecting, protecting and promoting human rights in our decision making and actions. We value consumers from diverse backgrounds and consider them essential partners in the planning, design, delivery, measurement, evaluation, and governance of person-centred health care. All governing policies and procedures within Metro South Health undergo a compliance check to

ensure our delivery of care is compatible with the *Human Rights Act 2019* (the Act).

Metro South Health is committed to a visible, equitable and accessible complaints management system for all consumers. Consumers of Metro South Health are supported to select the most suitable submission option for them, including as audio files, video files, online web form, face-to-face, email, handwritten or phone call. Consumers can provide feedback and receive a response in their first language, which is translated by interpreter services.

Highlights from 2022–2023 include:

- Launch of the *Metro South First Nations Health Equity Strategy 2022–2025* which is the roadmap for how we will better deliver health services in a way that cares for their distinct cultural needs, achieve health equity and eliminate institutional racism.
- Continued to embed a human rights culture across Metro South Health’s facilities including through the development and careful review of policies and procedures.
- Participated in the Queensland Health Human Rights Working Group to ensure ongoing collaboration between the Department of Health and Hospital and Health Services on all items relating to Human Rights.
- Participated in the Queensland Health RiskMan⁴ User Advisory Group, a statewide forum with a view to identifying opportunities to improve RiskMan. This includes how human rights reporting occurs on a statewide basis.
- Received no recommendations from the Queensland Human Rights Commission (QHRC).

Human Rights Complaints and Outcomes

In the 2022–2023 financial year, Metro South Health received 783⁵ customer complaints considered as potentially relevant to the Act. Most of the complaints made in this reporting period were resolved at the local level. The following table summarises Queensland Human Rights Commission (QHRC) matters active during

⁴ The RiskMan safety information system is intended to track and report all adverse incidents and complaints that occur in, or which are received by Metro South Health. Metro South health Patient Liaison Officers who receive complaints directly from members of the public are expected to use this system.

⁵ This number includes complaints that were assessed by Metro South Health staff as relevant. It includes complaints that were not substantiated, withdrawn and or which do not explicitly mention human rights.

the relevant period (Table 8):

Table 8

Total new matters (health care related) received	Six new matters were received during the last financial year. Two of the new matters were not able to be resolved by QHRC including one that was referred to QCAT and is in progress. One new matter remains under consideration by the QHRC.
Total matters carried over from 2021–2022	Three matters were carried over from last financial year. One of these has been closed by the QHRC without resolution and no recommendations from the QHRC. Two remain ongoing.
Total new matters (employment related) received during 2022–2023	Four new matters were received all of which were resolved by the QHRC.

It was reported in the 2021–2022 financial year that Metro South Health received 1663 customer complaints relevant to the Act. This figure was not accurate as it included complaints received from 1 January 2021 to 30 June 2022, which was outside the reportable financial year. Between 1 July 2021 and 30 June 2022, the correct figure is 1310⁶. It should be noted that this is the number of complaints entered in RiskMan⁷ for that period and considered by Metro South Health staff as relevant to the Act.

⁶ This number includes complaints that were assessed by Metro South Health staff as relevant. It includes complaints that were not substantiated, withdrawn and or which do not explicitly mention human rights.

⁷ RiskMan is a safety information system intended to track and report all adverse incidents and complaints that occur in, or which are received by Metro South Health. Metro South Health Patient Liaison Officers who receive complaints directly from members of the public are expected to use this system.

Confidential information

The Hospital and Health Boards Act 2011 requires annual reports to state the nature and purpose of any confidential information disclosed in the public interest during the financial year. During the 2022–2023 period, one disclosure was authorised in relation to specified patient information:

Activity Data, at patient level for Metro South Hospital and Health Service for fiscal years 2019–2023. Historical data relating to admitted patient hospitalisations and non-admitted patient service events (including emergency, outpatient, community and oral health) provided by Metro South Health to Deloitte, including services provided by private facilities as contracted by Metro South Health. Data was released for health service planning and development of the Metro South Hospital and Health Service Strategy Statement.

Performance

Progress against strategic objectives

Throughout the 2022–2023 financial year, we monitored progress towards the achievement of the strategic objectives in our Strategic Plan 2021–2025. Achievements under our strategic objectives included:

Provide Equitable Access to Excellent Care

- The CareCo Model of Care - a coordinated care pathway provided by Metro South Health Community and Oral Health Services' Refugee Health that supports humanitarian arrivals by linking them to health services and health literacy education, with the aim of reducing avoidable hospital presentations. Refugee Health continues to support Australia's response to the war in Ukraine, receiving 164 Ukrainian referrals last year.
- The Redlands Satellite Hospital reached practical completion in May 2023. The facility includes a Minor Injury and Illness Clinic that will be open seven days a week. Appointments with Queensland Health clinicians will be available in consultation and treatment rooms for services including neurology, cardiology, older persons care, wound care, musculoskeletal, allied health and mental health services. The new facility also boasts medical imaging and diagnostic services, including ultrasound, X-ray and pathology and will take pressure off emergency departments and major hospitals in the region and help meet the increasing demand for services we are seeing in this growing community.
- Eight new birthing pools at Logan Hospital opened, marking an exciting milestone of the \$18.875 million maternity refurbishment project to modernise facilities and provide greater birthing choices. The pools give women in Logan and surrounding areas access to water birthing close to home for the very first time.
- The Hospital Avoidance and Substitution Service, which provides rapid access to hospital avoidance and substitution services in the community to prevent Emergency Department presentations and/ or re-hospitalisations. The model provides care access to an emergency doctor who can provide Emergency Department care in the community and the ability to wrap care around the client in their own homes via the Metro South Health Community and Oral Health Services multi-disciplinary

teams, further reducing the likelihood of an Emergency Department presentation.

Deliver Great Value Care

- Logan Hospital's new \$20 million modular 'Ward 2Q', which was craned into place over five nights in March 2023 as part of a rapid expansion project to deliver more beds. The new 28-bed ward was manufactured off site, delivered to the hospital on 36 semi-trailers, and fitted out with plumbing, medical gases, clinical lighting, digital connectivity, beds, and equipment. It will open in the second half of 2023 with 53 new full-time employees including doctors, nurses, health professionals and support staff. The new ward will focus on providing care for patients who need to stay in hospital a little longer due to complex medical or social needs—freeing up the existing acute medical beds.
- A state-of-the-art Interventional Suite in Radiology at Princess Alexandra Hospital, which now offers the full range of interventional radiology procedures and increases capacity to treat high-acuity cases and complex procedures for patients in Brisbane's south.
- A new \$50.5 million Redland Hospital multi-level car park, which opened in April 2023, providing 1000 parking spaces for patients, visitors and staff. The additional parking capacity is making parking easier and more secure, and is an important part of preparing the hospital for its expansion.
- The beginning of construction on a new \$33 million Urgent and Specialist Care Centre in Logan that will include a new minor injury and illness clinic and dedicated women's health service run by Logan Hospital. The Centre will deliver a range of services via 12 urgent care spaces and 31 specialist outpatient consult rooms,

and will form part of a larger facility to be known as the Meadowbrook Health Centre.

- Progress on expanding the Redland Hospital, with contracts for two infrastructure projects awarded this financial year. Contracts were awarded for the \$25 million 28-bed ward, as well as the \$62 million Stage 1 Expansion that will deliver 37 extra beds and a new Intensive Care Unit (ICU). The contract was awarded to ADCO for the Stage 1 Expansion of Redland Hospital and is expected to commence in the first quarter of next year and to be completed in the first half of 2024. Hutchinson Builders constructed the new \$25 million ward, which will deliver 28 additional beds at Redland Hospital.

Lead by Innovating and Collaborating

- The Metro South Health Advance Care Planning (ACP) Service: a new, permanent and free service that supports advance care planning based at each hospital in the region and in the community, staffed by experienced ACP facilitators and led by a Nurse Unit Manager. Clinicians now benefit from specialised ACP education, advice and support to augment their clinical practice and to embed ACP into routine care.
- Delivery of the Metro South Health Statement of Commitment to Domestic and Family Violence (DFV) – a commitment to the prevention of DFV. Developed in consultation with staff, consumers and university partners, the Statement of Commitment supports the Metro South Health values and National Safety and Quality Healthcare Standards as well as providing essential contacts, providers and information on where patients and staff can go for help.
- Delivery of the second Metro South Health Multicultural Health Symposium: A Culture of Care in May 2023. The Symposium was

held to address the difficulties that CALD people face in navigating the health system, with 61 per cent of the Australian population identified as having low health literacy, and this being even more difficult for people of culturally and linguistically diverse backgrounds due to additional issues such as language proficiency, unfamiliarity with the healthcare system, different cultural and religious beliefs and lack of knowledge about where and how to access healthcare services. The Symposium brought together health professionals, community and non-government organisations and community members to discuss these challenges but more importantly to showcase solutions and be inspired to adapt new ways of thinking and practice that will truly make a difference.

- Continuation of Metro South Health's Chronic Disease Service, which supports adults with complex care, with a strong focus on hospital avoidance and prevention of hospital re-admissions. The past year has seen an expansion of the Nurse Navigation service, resulting in greater opportunities for clients with complex needs to receive coordinated care.

Maintain and Develop an Exceptional Workforce

- The inaugural Logan Hospital Careers Fair, which gave hundreds of Logan residents the chance to learn about 1500 new jobs on offer as first stage of the \$1 billion State Government investment into the Logan Hospital Expansion begins to come online. The \$460 million Stage 1 hospital expansion project will deliver 206 additional beds and treatment spaces at Logan Hospital, and an additional 112 beds will be delivered by 2028 as part of a Stage 2 expansion.
- The inaugural Community and Oral Health Innovation Showcase held in March, which also incorporated the Staff Recognition Awards.

Performance indicators

Metro South Health is committed to a balanced scorecard approach to performance measurement, encompassing innovative quantitative and qualitative indicators of success.

Disruptions to services caused by the impact of the COVID-19 pandemic had a significant impact on Metro South Health's ability to deliver on all measures in the Strategic Plan during 2022–2023.

As of 30 June 2023, Metro South Health reported the following progress against its strategic objectives:

Table 9: Performance indicators 2022–2023

Objectives	Measures	Target	2022–2023
Provide equitable access to excellent care	Patient wait times	See Table 3: Service Standards	See Table 3: Service Standards
	Gastrointestinal endoscopies – treated in clinically recommended time	Cat 4: ≥98% Cat 5: ≥95% Cat 6: ≥95%	57.9% 71.9% 83%
	Reduce sentinel events	Zero events	1 event
	Improve patient reported experience	Increase on FYTD	-3%
	COVID-19 Vaccination Coverage: HHS Resident Population	HHS Resident Population Dose 2: ≥80%	HHS Resident Population Dose 2: 95.3% (as at June 2022)
	COVID-19 Vaccination Coverage: Staff	Coverage: Staff Dose 2: 100%	Staff Dose 2: 99.14%
	Rate gap in rates of diabetes potentially preventable hospitalisations between Aboriginal and Torres Strait Islander peoples and Non-Aboriginal and Torres Strait Islander peoples	Aboriginal and Torres Strait Islander peoples ≤ 2.3% Non-Aboriginal and Torres Strait Islander peoples ≤ 1.6%	2.3% 2.1% (as at March 2023)
Deliver great value	Balanced or surplus financial operating position	Balanced or Surplus FYTD	-\$9.9M
	Maximise own source revenue	Balanced or Surplus FYTD	3.73%
	Reduce admissions classified as Low Value Care – new indicator required (GIRFT not suitable, no SPR dashboard)	TBC	Under development
	Increase capital project investment	Increase on last FYTD	93%
	Increase planned maintenance as % of total maintenance spend	≥60%	50.82%
Lead by innovating and collaborating	Increase research related spend	Increase on last FYTD	+18%
	Increase MSH staff Residential Aged Care Facility attendances aimed to reduce hospital admissions	Increase on last FYTD	+50%
	Increase Hospital in the Home as % of all admissions (inpatient)	Increase on last FYTD	Inpatient: +0.21%
	Increase % of pregnant women seen in Midwifery Group Practice program (Logan)	Increase on last FYTD	Logan: -0.21%
	Decrease growth in waste production	TBC	Under development
	Decrease time from 'Request to Hire' to appointment	≤55	68

Maintain and develop an exceptional workforce	Decrease Workcover % of time lost	Decrease on last FYTD	-0.08%
	Increase in rates of demonstration of ICARE ² values from Performance Development Plans	Increase on last FYTD	3%
	Increase representation rate of Aboriginal and Torres Strait Islander peoples in our workforce	≥2.63%	1.59%
	Increase staff and student training hours	Increase on last FYTD	-4.57%
	Increase participation rate of people with disability in our workforce	≥3%	2.26%

Service standards

A key focus this year included improving the delivery of services following the impact of COVID-19 and increased demand both in volume and acuity.

Table 10: Service Standards – Performance 2022–2023

Metro South Hospital and Health Service	2022-2023 Target	2022-2023 Actual
Effectiveness measures		
Percentage of emergency department patients seen within recommended timeframes <ul style="list-style-type: none"> • Category 1 (within 2 minutes) • Category 2 (within 10 minutes) • Category 3 (within 30 minutes) • Category 4 (within 60 minutes) • Category 5 (within 120 minutes) 	100% 80% 75% 70% 70%	100% 58% 62% 77% 93%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	52%
Percentage of elective surgery patients treated within the clinically recommended times ¹ <ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days)² • Category 3 (365 days)² 	>98%	82% 69% 68%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	<2	1.0
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁴	>65%	61.6%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	11.7%
Percentage of specialist outpatients waiting within clinically recommended times <ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days)⁶ • Category 3 (365 days)⁶ 	45%	50% 36% 68%
Percentage of specialist outpatients seen within clinically recommended times <ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days)⁶ • Category 3 (365 days)⁶ 	75%	73% 48% 61%
Median wait time for treatment in emergency departments (minutes)	..	16
Median wait time for elective surgery treatment (days) ¹	..	36
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities ⁷	\$5,230	\$5,533
Other measures		
Number of elective surgery patients treated within clinically recommended times ¹ <ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days)² • Category 3 (365 days)² 	9,105	9,312 5,893 2,827
Number of Telehealth outpatients service events ⁸	29,841	33,575
Total weighted activity units (WAU) ⁹		

• Acute Inpatients	248,933	240,120
• Outpatients	92,258	89,786
• Sub-acute	36,932	38,923
• Emergency Department	49,641	49,793
• Mental Health	25,580	26,097
• Prevention and Primary Care	9,395	9,539
Ambulatory mental health service contact duration (hours) ¹⁰	>174,933	136,705
Staffing ¹¹	14,408	14,893

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

Emergency Departments

In 2022–2023, 100 per cent of all Category 1 patients were seen within recommended timeframes; Category 4 and 5 patients were all seen within recommended timeframes; however, Category 2 remained below the 80 per cent target at 58 per cent, and Category 3 below the 75 per cent target at 62 per cent.

There were 314,724 presentations to Metro South Health hospitals in 2022–2023, representing an overall increase of 1,742 more presentations than the previous year.

A number of initiatives were implemented during the year to improve length of stays and wait times, including additional nurses placed in Metro South Health emergency department waiting rooms to allow patient treatment to commence sooner.

Metro South Health continued to work collaboratively with Queensland Ambulance Service (QAS) and Mater Health Service to load share patients across the clinical network and

Transfer Initiative Nurses (TIN) and other offload initiatives were put in place at all Metro South Health sites to support QAS paramedics to get back on the road sooner.

Admitted Emergency Length of Stay (ELOS) remains consistent with historical levels. The impact of COVID-19 on emergency department processes also contributed to length of stay.

Further improvements are expected as new beds are commissioned across the health service. Implementation of the Interim Admission Centre at Princess Alexandra Hospital and the commissioning of a new transit lounge at Logan Hospital are also already having a positive impact.

Within the Metro South Health Patient and Coordination Hub (PACH), QAS and senior health clinicians worked in collaboration to coordinate the distribution of patients across the five Metro South Health facilities seven days a week.

The Metro South Health Patient Flow Program (MSH PFP) focused on providing patients with the right care, at the right time. Several initiatives were introduced this past financial year to improve patient flow including:

- The introduction of a new Nurse Navigator position for Acute Hospital Avoidance – an innovative position developing pathways to direct entry care. This initiative helps patients avoid the emergency department and connect them to direct care to help remove the barriers in healthcare.
- The Metro South Health Geriatric Emergency Department Intervention (GEDI) Clinical Nurse Consultant provides leadership and support to GEDI clinicians across four Metro South Health facilities. GEDI nurses aim to avoid inappropriate hospital admissions of older persons whilst streamlining their care to the right place, right person at the right time. The GEDI model builds upon successful interventions, such as comprehensive geriatric assessment, by tailoring interventions to the emergency department environment.
- Metro South Health Patient Transport (PT) to assist with QAS and Retrieval Services (RSQ) transports between facilities as well as from facilities back to a patient's home. This year, the Metro South Health PT assisted with approximately 24,000 non-urgent, non-ambulance transfers, as well as several very complex flight retrievals either interstate or internationally.
- Metro South Health Inter-Hospital Transfer (IHT) Nurse Managers provided additional support to patients with increasing care needs. These patients are accommodated in 24 hours and those patients transferring back to a lower acuity facility are accommodated within 48 hours. Almost 5000 non-time critical IHTs were completed in the 2022–2023 financial year.

Elective surgery

Elective Surgery activity was a challenge following the COVID-19 pandemic.

In 2022–2023, a total of 9312 Category 1 elective surgery patients received their care within the clinically recommended timeframes, with 82 per cent of Category 1 patients treated in time, below the target of 98 per cent.

The median wait time for elective surgery was 36 days, an increase of seven days from the previous year.

Metro South formed a Surgical Improvement Taskforce to oversee and increase surgical activity.

The initiatives delivered by the Taskforce in 2022–2023 led to a reduction in the number of long wait elective surgery patients.

QEII Hospital maintained a positive trajectory in long wait reduction from 1 May 2022 onwards and had no long waits as of 30 June 2023.

Logan Hospital had no elective surgery long wait patients as of 30 June 2023 and Redland Hospital had seven elective surgery long waits as of 30 June 2023.

Princess Alexandra Hospital increased its surgical capacity to 20 theatres by 22 May 2023. The hospital was significantly impacted by COVID-19, and continued to work hard to reduce the number of elective surgery long wait patients.

Specialist outpatients

In 2022–2023, 73 per cent of specialist outpatients were seen within clinically recommended timeframes, just below the 75 per cent target set by the Department of Health.

Outpatient long waits increased over the financial year and overall outpatient demand remained high. Service was also affected by furloughed staff impacted by COVID-19.

As a result, an Outpatient Taskforce was formed to oversee clinical improvement activities and all Metro South Health hospitals established Outpatient Reform Projects to identify areas for improvement.

Safety and quality

Metro South Health has a Board-endorsed *Patient Safety and Quality Strategy 2021–2025*. Many of the initiatives within this Strategy have been implemented to improve the safety and quality of care provided. Quarterly progress updates were provided to the Metro South Health Executive and the Board Safety and Quality Committee.

Our Clinical Governance Framework supports the Board, Executive, clinicians, and all staff to understand their responsibilities for the delivery of safe and high-quality health care. The Framework outlines the systems that are in place and resources available to support the delivery of services that are safe, effective, integrated, high-quality and continuously improving.

The *Patient Safety and Quality Strategy 2021–2025* describes the opportunities to optimise collaboration, increase reliability of

care and improve clinical outcomes. There is a focus on:

- establishing mechanisms to collaborate across the organisation to leverage innovation, increase efficiency and streamline initiatives that aim to improve the safety and quality of care
- enhancing data literacy to guide service planning, quality improvement and evaluation
- building on our commitment to improve the safety and quality of care
- collaborating with consumers to identify opportunities for improvement.

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. The cost per WAU for Activity Based Funding facilities in Metro South Health in 2022–2023 was \$5533, which was slightly higher than the Department of Health target of \$5230.

The 2022–2023 cost per WAU increased due to lower activity levels caused by rising labour and non-labour costs.

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.

Financial summary

Metro South Health’s operational result is a deficit of \$9.895 million for the year ending 30 June 2023. This represents a 0.307 per cent variance against revenue of \$3.226 billion.

The 2022–2023 financial year remained a challenge for the Metro South Health due to the continued impact of the COVID-19 pandemic as well as the impact of global cost inflation pressures. COVID-19 continues to impact service delivery, particularly the ongoing service delivery changes required, additional costs associated with staff furlough requirements as well reduced activity levels in some areas. Additionally, the surge in global and Australian inflation has significantly affected health service delivery costs.

The rising costs of medical consumables, equipment, pharmaceuticals, medical contracts are putting considerable pressure on our financial resources. Despite these challenges, our health service remained resilient, prioritising the well-being of our patients and staff while ensuring the provision of exceptional care to our communities.

Revenue and expenditure

Metro South Health’s income is sourced from two major areas:

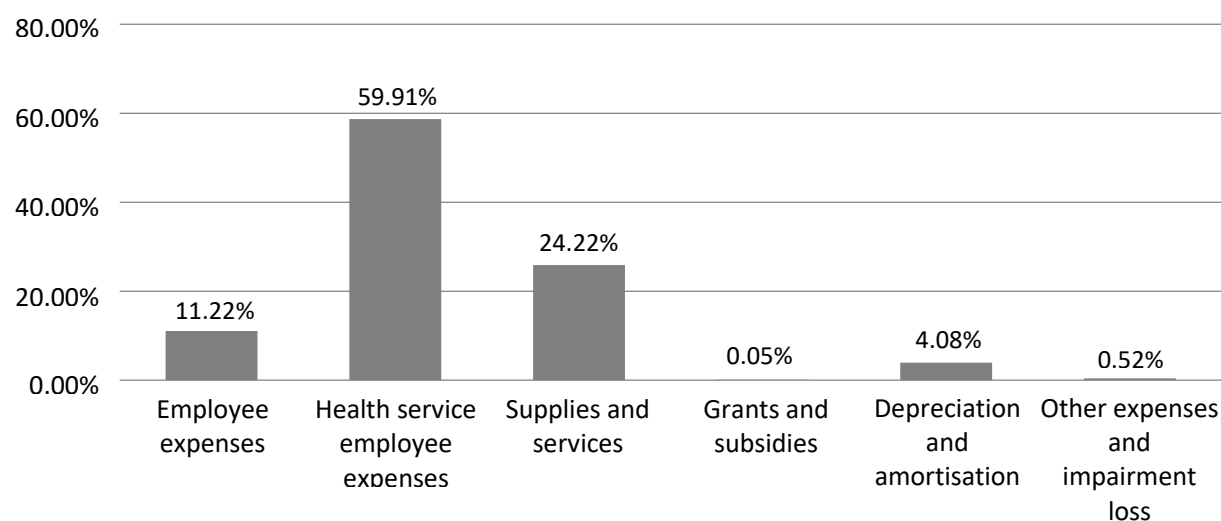
1. Department of Health funding for public health services (including Commonwealth contributions)
2. Own source revenue.

Metro South Health’s total income was \$3.226 billion, which is an increase of \$257.008 million (8.66 per cent) from 2021–2022:

- The activity-based funding for hospital services was 77.65 per cent or \$2.505 billion
- COVID19 funding was 0.98 per cent or \$31.586 million
- Block and other Department of Health funding was 10.85 per cent or \$350.062 million
- Commonwealth grants and other grants funding was 1.76 per cent or \$56.826 million for health services
- Own source revenue was 8.34 per cent or \$268.747 million
- Other revenue and gain was 0.42 per cent or \$13.56 million.

The total expenses were \$3.235 billion, averaging \$8.864 million a day for providing public health services. Total expenditure increased by \$280.497 million (9.49 per cent) from last financial year.

Graph 1: Expenses 2022-2023



Assets and liabilities

Metro South Health's asset base amounts to \$1.720 billion. Of this, 85.7 per cent (or \$1.474 billion) was invested in property, plant and equipment, service concession building, intangible and right-of-use assets. The remaining balance of \$245.926 million was held in cash, receivables, inventory, contract assets and other assets.

Metro South Health's liabilities totalled \$320.543 million and consist of payables, employee benefits, contract liabilities, other liabilities and lease liabilities, leaving an equity base of \$1.399 billion.

Deferred maintenance

Deferred maintenance is a common building maintenance strategy utilised by public and private sector industries. All Queensland Health entities comply with the Queensland Government Maintenance Management Framework which requires the reporting of deferred maintenance.

The Maintenance Management Framework defines deferred maintenance as maintenance work that is postponed to a future budget cycle or until funds become available. Some deferred maintenance activities can be postponed without immediately having a noticeable effect on the functionality of the building. All deferred maintenance items are risk assessed to identify any potential impact on users and services and are closely managed to ensure all facilities are safe.

As of 30 June 2023, Metro South had reported deferred maintenance of \$362.88 million which was an increase of \$238.26 million compared to the prior year. This consists of \$1.03 million in funded backlog and \$361.85 million in unfunded backlog.

The significant increase is due to the application of asset management principles, uplifting the maturity and capability of the health service to understand its building and infrastructure risks in greater detail.

Condition assessment is now undertaken in-house to also include plant and infrastructure systems as opposed to just building fabric.

Metro South Health has the following strategies in place to mitigate any risks associated with these items:

- Seeking funding from the various capital funding programs:
 - Priority Capital Works (PCW)
 - Health technology Equipment Program (HTER)
 - Capital Maintenance and Asset Replacement (CMAR)
- Prioritisation of maintenance activity based on risk level, legislative, impact to service, run to fail etc.
- Target available maintenance funding based on the risk assessment.

Financial statements

Metro South Health

For the year ended 30 June 2023

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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:

Princess Alexandra Hospital, Building 15, Level 3
199 Ipswich Road, Woolloongabba Q 4102

For information in relation to Metro South Health’s financial statements visit the Metro South Health website:
www.metrosouth.health.qld.gov.au or email: MetroSouthCorro@health.qld.gov.au

Metro South Health
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2023

		2023	2023		2022
	Notes	Actual \$'000	Original Budget \$'000	Budget Variance*	Actual \$'000
Income from continuing operations					
Funding for public health services	A1-1	2,886,422	2,707,946	178,476	2,650,340
User charges and fees	A1-2	268,747	249,235	19,512	249,719
Grants and other contributions	A1-3	56,826	52,585	4,241	54,075
Other revenue	A1-4	13,216	12,652	564	13,979
Total revenue		<u>3,225,211</u>	<u>3,022,418</u>	<u>202,793</u>	<u>2,968,113</u>
Gain on disposal or re-measurement of assets		344	123	221	434
Total income from continuing operations		<u>3,225,555</u>	<u>3,022,541</u>	<u>203,014</u>	<u>2,968,547</u>
Expenses from continuing operations					
Employee expenses	A2-1	363,019	335,051	27,968	326,323
Health service employee expenses	A2-2	1,938,239	1,795,910	142,329	1,733,787
Supplies and services	A2-3	783,731	717,448	66,283	763,275
Grants and subsidies	A2-4	1,601	1,452	149	2,014
Interest on lease liabilities	B12	310	167	143	300
Depreciation and amortisation	B6,B7,B12	131,955	112,404	19,551	116,562
Impairment losses		5,132	3,969	1,163	2,692
Other expenses	A2-5	11,463	56,140	(44,677)	10,000
Total expenses from continuing operations		<u>3,235,450</u>	<u>3,022,541</u>	<u>212,909</u>	<u>2,954,953</u>
Operating result for the year		<u>(9,895)</u>	<u>-</u>	<u>(9,895)</u>	<u>13,594</u>
Other comprehensive income					
<i>Items that will not be reclassified subsequently to operating result</i>					
Increase in asset revaluation surplus	B13	184,961	-	184,961	64,456
Total other comprehensive income		<u>184,961</u>	<u>-</u>	<u>184,961</u>	<u>64,456</u>
Total comprehensive income		<u>175,066</u>	<u>-</u>	<u>175,066</u>	<u>78,050</u>

*An explanation of major variances between budget and actuals is included at Note D1.

The accompanying notes form part of these financial statements.

Metro South Health
STATEMENT OF FINANCIAL POSITION
As at 30 June 2023

		2023	2023		2022
	Notes	Actual \$'000	Original Budget \$'000	Budget Variance* \$'000	Actual \$'000
Assets					
Current assets					
Cash and cash equivalents	B1	136,958	63,623	73,335	109,735
Receivables	B2	42,271	67,734	(25,463)	36,878
Contract assets	B3	38,646	-	38,646	27,545
Inventories	B4	22,425	22,985	(560)	21,862
Other assets	B5	5,626	4,263	1,363	7,774
Total current assets		245,926	158,605	87,321	203,794
Non-current assets					
Intangibles		121	-	121	241
Property, plant and equipment	B6	1,436,755	1,284,135	152,620	1,353,048
Service concession assets	B7	28,287	24,953	3,334	27,383
Right-of-use assets	B12	9,064	7,066	1,998	9,744
Total non-current assets		1,474,227	1,316,154	158,073	1,390,416
Total assets		1,720,153	1,474,759	245,394	1,594,210
Liabilities					
Current liabilities					
Payables	B8	271,774	192,970	78,804	229,691
Accrued employee benefits	B9	26,054	7,255	18,799	4,730
Contract liabilities	B10	1,060	-	1,060	6,523
Lease liabilities	B12	2,539	2,471	68	2,311
Other liabilities	B11	1,654	1,163	491	1,678
Total current liabilities		303,081	203,859	99,222	244,933
Non-current liabilities					
Lease liabilities	B12	7,382	5,606	1,776	8,364
Other liabilities	B11	10,080	10,079	1	11,242
Total non-current liabilities		17,462	15,685	1,777	19,606
Total liabilities		320,543	219,544	100,999	264,539
Net assets		1,399,610	1,255,215	144,395	1,329,671
Equity					
Contributed equity	B14	913,621	950,070	(36,449)	1,018,748
Accumulated surplus/(deficit)		3,184	(515)	3,699	13,079
Asset revaluation surplus	B13	482,805	305,660	177,145	297,844
Total equity		1,399,610	1,255,215	144,395	1,329,671

*An explanation of major variances between budget and actuals is included at Note D2.

The accompanying notes form part of these financial statements.

Metro South Health
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2023

	Notes	Accumulated surplus/(deficit) \$'000	Asset revaluation surplus \$'000	Contributed equity \$'000	Total equity \$'000
Balance at 1 July 2021		(515)	233,388	1,000,125	1,232,998
Operating result					
Operating result from continuing operations		13,594	-	-	13,594
Other comprehensive income					
Increase in asset revaluation surplus	B13	-	64,456	-	64,456
Total comprehensive income for the year		13,594	64,456	-	78,050
Transactions with owners as owners:					
Equity asset transfers	B14	-	-	2,187	2,187
Equity injections	B14	-	-	131,880	131,880
Equity withdrawals	B14	-	-	(115,444)	(115,444)
Net transactions with owners as owners		-	-	18,623	18,623
Balance at 30 June 2022		13,079	297,844	1,018,748	1,329,671
	Notes	Accumulated surplus/(deficit) \$'000	Asset revaluation surplus \$'000	Contributed equity \$'000	Total equity \$'000
Balance at 1 July 2022		13,079	297,844	1,018,748	1,329,671
Operating result					
Operating result from continuing operations		(9,895)	-	-	(9,895)
Other comprehensive income					
Increase in asset revaluation surplus	B13	-	184,961	-	184,961
Total comprehensive income for the year		(9,895)	184,961	-	175,066
Transactions with owners as owners:					
Equity asset transfers	B14	-	-	(150,826)	(150,826)
Equity injections	B14	-	-	176,463	176,463
Equity withdrawals	B14	-	-	(130,764)	(130,764)
Net transactions with owners as owners		-	-	(105,127)	(105,127)
Balance at 30 June 2023		3,184	482,805	913,621	1,399,610

The accompanying notes form part of these financial statements.

Metro South Health
STATEMENT OF CASH FLOWS
For the year ended 30 June 2023

	Notes	2023 Actual \$'000	2023 Original Budget \$'000	Budget Variance* \$'000	2022 Actual \$'000
Cash flows from operating activities					
<i>Inflows:</i>					
Funding for public health services		2,740,524	2,596,660	143,864	2,505,033
User charges and fees		257,000	245,046	11,954	249,356
Grants and other contributions		33,446	29,250	4,196	30,330
Interest received		765	29	736	151
GST input tax credits from ATO		54,902	29,814	25,088	49,560
GST collected from customers		6,343	4,689	1,654	6,545
Other receipts		11,098	11,460	(362)	12,600
<i>Outflows:</i>					
Employee expenses		(341,691)	(333,151)	(8,540)	(325,255)
Health service employee expenses		(1,885,571)	(1,795,910)	(89,661)	(1,734,457)
Supplies and services		(769,146)	(707,226)	(61,920)	(677,673)
Grants and subsidies		(1,673)	(1,452)	(221)	(2,036)
GST paid to suppliers		(55,228)	(29,836)	(25,392)	(50,447)
GST remitted to ATO		(6,281)	(4,696)	(1,585)	(6,477)
Other		(11,347)	(32,972)	21,625	(9,753)
Net cash provided by operating activities	CF-1	<u>33,141</u>	<u>11,705</u>	<u>21,436</u>	<u>47,477</u>
Cash flows from investing activities					
<i>Inflows:</i>					
Sale of property, plant and equipment		491	123	368	701
<i>Outflows:</i>					
Payments for property, plant and equipment		(180,039)	(5,002)	(175,037)	(154,095)
Net cash used in investing activities		<u>(179,548)</u>	<u>(4,879)</u>	<u>(174,669)</u>	<u>(153,394)</u>
Cash flows from financing activities					
<i>Inflows:</i>					
Equity injections	B14	176,464	2,671	173,793	131,880
<i>Outflows:</i>					
Lease payments		(2,834)	(2,671)	(163)	(2,665)
Net cash provided by financing activities		<u>173,630</u>	<u>-</u>	<u>173,630</u>	<u>129,215</u>
Net increase/(decrease) in cash and cash equivalents		27,223	6,826	20,397	23,298
Cash and cash equivalents at the beginning of the financial year		109,735	56,797	52,938	86,437
Cash and cash equivalents at the end of the financial year	B1	<u>136,958</u>	<u>63,623</u>	<u>73,335</u>	<u>109,735</u>

*An explanation of major variances between budget and actuals is included at Note D3.

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS

For the year ended 30 June 2023

NOTES TO THE STATEMENT OF CASH FLOWS

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

CF-1 RECONCILIATION OF OPERATING RESULT TO NET CASH FROM OPERATING ACTIVITIES

	2023	2022
	\$'000	\$'000
Operating result from continuing operations	(9,895)	13,594
<i>Non-cash items:</i>		
Depreciation/amortisation expense	131,955	116,562
Depreciation and amortisation funding	(130,764)	(115,445)
Service concession arrangements revenue	(1,163)	(1,163)
Assets written (on)/off	(209)	(116)
Impairment loss on property, plant and equipment	33	13
Lease interest	310	300
Net (gain)/loss on sale of property, plant and equipment	(137)	(277)
Services below fair value	23,427	23,844
Donations services below fair value	(23,427)	(23,844)
<i>Change in assets and liabilities:</i>		
(Increase)/decrease in trade and other receivables	(6,965)	1,013
Increase/(decrease) in loss allowance in trade receivables	1,574	579
(Increase)/decrease in inventories	(563)	832
(Increase)/decrease in contract assets	(11,101)	(660)
(Increase)/decrease in prepayments	2,148	2,186
Increase/(decrease) in contract liabilities and unearned revenue	(5,487)	(29,145)
Increase/(decrease) in accrued employees expenses	21,325	1,275
Increase/(decrease) in accrued health service employees expenses	52,671	1,855
Increase/(decrease) in payables	(10,591)	56,074
Net cash provided by (used in) operating activities	<u>33,141</u>	<u>47,477</u>

Notes to the Financial Statements

For the year ended 30 June 2023

BASIS OF FINANCIAL STATEMENT PREPARATION

Compliance with prescribed requirements

Metro South Health has prepared these financial statements in compliance with section 62(1) of the *Financial Accountability Act 2009* and section 39 of the *Financial and Performance Management Standard 2019*. 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 Minimum Reporting Requirements for reporting periods beginning on or after 1 July 2022* and other authoritative pronouncements. Amounts are recorded at their historical cost, except where stated otherwise.

Metro South Health has prepared these financial statements on a going concern basis, which assumes that Metro South Health will be able to meet the payment terms of its financial obligations as and when they fall due. Metro South Health's primary source of income is from the Department of Health for the provision of public health services and Metro South Health's ability to continue viable operations is dependent on this funding. At the date of this report, management has no reason to believe that this financial support will not continue.

In addition to Metro South Health's funding arrangements under the Service Agreement Framework, Metro South Health has no intention to liquidate or to cease operations and under section 18 of the *Hospital and Health Boards Act 2011* Metro South Health represents the State of Queensland and has all the privileges and immunity of the State.

The reporting entity

The financial statements include the value of all income, 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. GST credits receivable from and GST payable to the Australian Tax Office (ATO) are recognised in note B2.

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.

Currency, 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.

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2023

BASIS OF FINANCIAL STATEMENT PREPARATION (CONTINUED)

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

Notes to the Financial Statements

For the year ended 30 June 2023

A NOTES ABOUT FINANCIAL PERFORMANCE**A1 Income****NOTE A1-1: FUNDING FOR PUBLIC HEALTH SERVICES**

	2023	2022
	\$'000	\$'000
Activity based funding	2,504,774	2,226,740
COVID19 funding	31,586	102,349
Block funding	219,298	205,805
Other funding	130,764	115,446
	<u>2,886,422</u>	<u>2,650,340</u>

Metro South Health's funding is provided predominantly by the Department of Health for specific public health services purchased in accordance with a service agreement. The Australian Government pays its share of the National Health Funding directly to the Department of Health, for on forwarding to the Hospital and Health Services. The Service Agreement is reviewed periodically and updated for changes in activities and prices of services delivered by Metro South Health. Cash funding from the Department of Health is received fortnightly for State payments and monthly for Commonwealth payments and is recognised as revenue as the performance obligations under the service agreement are discharged. Commonwealth funding to Metro South Health in 2023 was \$979.234 million (2022: \$1,008.008 million).

At the end of the financial year, an agreed technical adjustment between the Department of Health and Metro South Health may be required for the level of services performed above or below agreed levels which may result in a receivable, contract asset or contract liability. This technical adjustment process is undertaken annually according to the provisions of the service agreement and ensures that the revenue is recognised in each financial year correctly and reflects Metro South Health's delivery of public health services.

For the year ended 30 June 2022, the Commonwealth Government agreed to provide a guaranteed Activity Based Funding (ABF) envelope under the National Health Reform Agreement (NPA), commonly known as a Minimum Funding Guarantee (MFG), this is no longer in place for 2022-23, while COVID19 funding under the NPA still continued in the current year, this is no longer a significant component.

NOTE A1-2: USER CHARGES AND FEES

	2023	2022
	\$'000	\$'000
Revenue from contracts with customers		
Hospital fees	98,472	91,399
Sale of goods and services	65,239	60,269
Pharmaceutical benefit scheme reimbursements	101,261	94,748
Other user charges and fees		
Rental income	3,775	3,303
	<u>268,747</u>	<u>249,719</u>

Revenue from contracts with customers is recognised at a point in time when Metro South Health transfers control over a good or service to the customer, when performance obligations are satisfied and measured at the amount of the transaction price allocated to the performance obligation.

Where consideration is received for performance obligations to be satisfied in the following year, revenue is deferred with a contract liability being recognised.

Hospital fees include inpatient and outpatient fees, medical ineligible patient fees, compensable patient fees. Revenue is recognised at a point in time when the performance obligations are met.

Notes to the Financial Statements

For the year ended 30 June 2023

NOTE A1-2: USER CHARGES AND FEES (CONTINUED)

The sale of goods and services includes drugs, medical supplies, pathology, conducting research programs and other medical services provided to other hospital and health services, to the Department of Health and other organisations. Revenue is recognised at a point in time when these goods and services are delivered and service obligations are met.

Sales of goods and services includes \$5.738 million revenue collected by Metro South Health in 2022-23 from the operation of the Logan hospital car park. The Logan Hospital Carpark became operational on 17 February 2022. The construction of the carpark was funded via equity injection of \$48.54 million under the Government Portfolio Management (GPM) framework. A Memorandum of Understanding (MOU) governs the GPM arrangement between the Department of Health and Metro South Health whereby the SA funding is adjusted with an annual offset amount with a term of 20 years from 1 July 2022. The car park revenue is retained by Metro South Health to offset the operational expense of the car park and the funding offset amount of \$3.042 million included in Metro South Health's Service Agreement.

Under the Pharmaceutical Benefit Scheme (PBS), the Australian Government subsidises the cost of a wide range of necessary prescription medicines for most medical conditions. Revenue is recognised at a point in time when service obligations are met and drugs are provided to patients at the reduced PBS rate and claims lodged for co-payments through the PBS arrangement. Where Metro South Health has satisfied the performance obligations for drugs provided but not yet claimed through the PBS arrangement a contract asset is raised.

Rental income is recognised under AASB16 *Leases* accounting standard on a periodic straight-line basis over the lease term in accordance with the operating lease agreement.

NOTE A1-3: GRANTS AND OTHER CONTRIBUTIONS

	2023 \$'000	2022 \$'000
Revenue from contracts with customers		
Nursing home grant	8,207	5,850
Home and community care grant	1,337	1,317
Transition care program grant	11,774	11,020
Organ and tissue donation for transplant	2,843	2,872
Other grants - contracts with customers	2,359	2,268
	<u>26,520</u>	<u>23,327</u>
Other grants and contributions		
Other specific purpose grants	2,882	2,866
Other grants	3,732	3,685
Donations services below fair value*	23,427	23,844
Donations assets**	26	88
Donations other	239	265
	<u>56,826</u>	<u>54,075</u>

*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 2022-23 are estimated by the Department of Health were \$23.427 million (2022: \$23.844 million) for payroll, accounts payable and banking services. An equal amount of expense is recognised as services below fair value, refer Note A2-3.

**Contributed assets recognised at their fair value, refer Note B6.

Grants and contributions are transactions where Metro South Health receives funds to further its objectives. Where an agreement is enforceable and contains sufficiently specific performance obligations for Metro South Health to transfer goods or services to a third-party on the grantor's behalf, the transaction is accounted for under AASB 15 *Revenue from Contracts with Customers*. In this case, revenue is initially deferred (as a contract liability) and recognised as or when the performance obligations are satisfied. A contract asset representing Metro South Health's right to consideration for services delivered but not yet billed will be raised where applicable.

Notes to the Financial Statements

For the year ended 30 June 2023

NOTE A1-3: GRANTS AND OTHER CONTRIBUTIONS (CONTINUED)

Otherwise, the grant is accounted for under AASB 1058 *Income of Not-for-Profit Entities*, whereby revenue is recognised upon receipt of the grant funding, except for special purpose capital grants received to construct non-financial assets to be controlled by Metro South Health.

Special purpose capital grants are recognised as unearned revenue when received, and subsequently recognised progressively as revenue as Metro South Health satisfies its obligations under the grant through construction of the asset. 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.

The following provides information about the nature and timing of the satisfaction of performance obligations, significant payment terms, and revenue recognition for Metro South Health's grants and contributions. Under these agreements revenue is recognised in accordance with AASB 15 *Revenue from Contracts with Customers* over time as goods and services provided to patients.

- Nursing home grant is an agreement to provide personal care to approved patients based on agreed level of care.
- Commonwealth Home and Community Care program is an agreement to provide consumables, equipment or assistive technology to enable clients to perform tasks that they would otherwise be unable to do in accordance with an activity workplan. A contract asset of \$0.111 million was recorded for services provided and funding yet to be received. Refer to Note B3.
- Transition Care Program provides patients with care packages in accordance with an approved care plan after hospital stay.
- Organ and Tissue Donation and Transplantation statewide program is to deliver goods and services to improve the availability of the organs and tissues under the Donate Life National Program. As at 30 June 2023, a contract asset of \$0.202 million was recorded for services provided and funding yet to be received. A contract liability of \$0.517 million has been recorded for services to be delivered in the next financial year. Refer Note B3, B10.

Other grants include:

- Specialist Training Programs (STP) to provide eligible trainees appropriate training placement within the specific area of speciality.
- The Caring for Aboriginal and Torres Strait Islander program is to support Indigenous Australians to improve the quality of service delivery of palliative care.
- The Advance Care Planning program is provided to increase awareness, understanding and confidence in Advance Care Planning amongst community-dwelling Australians.
- The Checkup Australia program is to improve and support the delivery of health services for people living in regional, rural and remote locations and Aboriginal and Torres Strait Islander populations throughout Queensland.

As at 30 June 2023, for other grants \$0.241 million contract liabilities has been recorded for services to be delivered in the next financial year and \$0.02 million for contract assets for services provided and funding yet to be received. Refer Note B3, B10.

Metro South Health's other grant agreements are assessed as either not containing sufficiently specific performance obligations or not enforceable agreements and accounted for under AASB 1058 *Income of Not-for-Profit Entities*.

These grants are recognised upon receipt of the grant funding and include the following:

- Other specific purpose grants are Commonwealth funded to support the asset replacement of radiation oncology over time within the discretion of the health service and the Indigenous Australians' Health program. Revenue is recognised on receipt of the funds.
- Other grants predominantly fund research, clinical drug trials and clinical education. These grants are used for broad objectives and not sufficiently specific and as a result the revenue is recognised on receipt of the funds.
- Metro South Health received grants from the Commonwealth and State Government for programs that have not been fully completed at the end of the financial year resulting in \$2.28 million unspent funds as at 30 June 2023. Use of these funds is restricted to delivering the programs agreed under the grant agreements, \$0.51 million will be returned and the remainder of \$2.229 million has been budgeted to spend on these programs in the 2022-23 financial year.

Notes to the Financial Statements

For the year ended 30 June 2023

NOTE A1-4: OTHER REVENUE

	2023	2022
	\$'000	\$'000
Interest	765	151
Health service employee expense recoveries*	9,803	10,821
General recoveries	547	582
Service concession arrangements revenue**	1,163	1,163
Other revenue	938	1,262
	<u>13,216</u>	<u>13,979</u>

*Health service employee expense recoveries is for salaries and wages for health service employees working for other agencies. Refer Note A2-2.

**For service concession arrangement information refer to Notes B7.

Other revenue is recognised when it is received or when the right to receive payment has been established.

A2 Expenses

NOTE A2-1: EMPLOYEE EXPENSES

	2023	2022
	\$'000	\$'000
Employee benefits		
Wages and salaries*	289,180	272,717
Employer superannuation contributions	27,051	22,234
Annual leave levy/expense	36,286	22,207
Long service leave levy/expense	7,216	6,890
Termination benefits	352	115
	<u>360,085</u>	<u>324,163</u>
Employee related expenses		
Workers compensation premium	2,931	2,158
Other employee related expenses	3	2
	<u>363,019</u>	<u>326,323</u>

*Wages and salaries offset by recoveries of wages and salaries expense for employees working for other agencies.

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.

Post-employment benefits for superannuation are provided through defined contribution or accumulation plans or the Queensland Government's defined benefit plan as determined by the employee's condition of employment. The former Qsuper defined benefit categories now administered by the Government Division of the Australian Retirement Trust.

Under the defined contribution plans contributions are made to eligible superannuation funds based on the rates specified in the relevant EBA or other conditions of employment. Contributions are expensed when they are paid or become payable following completion of the employee's service each pay period.

Notes to the Financial Statements

For the year ended 30 June 2023

NOTE A2-1: EMPLOYEE EXPENSES (CONTINUED)

Under the defined benefit plan the liability for defined benefits is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*. The amount of contributions for defined benefit plan obligations are based upon the rates determined on the advice of the State Actuary. Contributions are paid at the specified rate following completion of the employee's service each pay period. Metro South Health's obligations are limited to those contributions paid.

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.

NOTE A2-2: HEALTH SERVICE EMPLOYEE EXPENSES

	2023	2022
	\$'000	\$'000
Health service employee expenses*	1,917,115	1,717,343
Health service employee related workers compensation premium	15,486	12,065
Other health service employee related expenses	5,638	4,379
	<u>1,938,239</u>	<u>1,733,787</u>

FULL TIME EQUIVALENT EMPLOYEES

	2023	2022
Number of employees**	739	704
Number of health service employees**	14,154	13,653
	<u>14,893</u>	<u>14,357</u>

*Recoveries of salaries and wages for health service employees working for other agencies are recorded as revenue. Refer Note A1-4.

** The number of employees and health service 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. The number of employees represent the employees of Metro South Health and health service employees are the non-executive health service employees. See notes below.

Health service employee expenses

All non-executive health service employees in Hospital and Health Services have been employed by the Director-General as system manager of Queensland Health.

A non-executive health service employee is any employee who is not a Senior Health Service Employee (including Senior Medical Officers and Visiting Medical Officers) or a member of the Health Executive Service. Employment is under the *Hospital and Health Boards Act 2011* and employees are employed under their relevant Award or EB Agreement of Queensland Health.

As established under the *Hospital and Health Boards Act 2011*, the Department of Health is the employer for all health service employees (excluding persons appointed as a Health Executive) and recovers all employee expenses and associated on-costs from hospital and health services.

Health service employee expenses represent the cost of the Department of Health employees and other contracted staff to the hospital and health services to provide public health services. In accordance with the *Hospital and Health Boards Act 2011*, the employees of the Department of Health are referred to as health service employees. Under this arrangement:

- The Department of Health provides employees to perform work for the hospital and health service and acknowledges and accepts its obligations as the employer of these employees;
- The hospital and health service is responsible for the day to day management of these Department of Health employees; and
- The hospital and health service reimburses the Department of Health for the salaries and on-costs of these employees. Metro South Health discloses the reimbursement of these costs as health service employee expenses.

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2023

NOTE A2-3: SUPPLIES AND SERVICES

	2023	2022
	\$'000	\$'000
Consultants and contractors	21,497	35,524
Electricity and other energy	13,887	13,899
Patient travel	1,297	1,263
Other travel	2,348	2,069
Building services	10,314	11,384
Computer services	23,912	23,281
Motor vehicles	1,065	1,002
Communications	39,062	33,999
Repairs and maintenance	49,757	47,413
Minor works including plant and equipment	3,414	4,962
Rent expenses*	14,948	13,957
Lease expenses	1,571	6,597
Drugs	135,127	126,557
Clinical supplies and services	362,687	338,157
Catering and domestic supplies	36,888	36,425
Insurance payment to the Department of Health**	23,327	21,177
Inter entity hospital and health service supplies and services***	7,510	5,823
Services below fair value****	23,427	23,844
Other	11,693	15,942
	783,731	763,275

*Rent expenses include office accommodation, employee housing and motor vehicles with the Department of Energy and Public Works (DEPW) under government-wide frameworks. These arrangements are classified as procurement services rather than as leases because DEPW has substantive rights over the assets. Lease expenses include lease payments for short-term leases or leases of low-value assets. Refer Note B12.

**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. 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 2022-23 are estimated by the Department of Health were \$23.427 million (2022: \$23.844 million) for payroll, accounts payable and banking services. An equal amount of revenue is recognised as donations services below fair value, refer Note A1-3.

For a transaction to be classified as supplies and services, the value of goods or services received by Metro South Health must be of approximately equal value to the value of the consideration exchanged for those goods or services. Where this is not the substance of the arrangement, the transaction is classified as a grant in note A2-4.

NOTE A2-4: GRANTS AND SUBSIDIES

	2023	2022
	\$'000	\$'000
Home and community health services	432	468
Medical research and education programs	1,169	1,546
	1,601	2,014

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2023

NOTE A2-5: OTHER EXPENSES

	2023	2022
	\$'000	\$'000
External audit fees*	301	294
Other audit fees	94	170
Insurance	112	186
Inventory written off	226	181
Losses from the disposal of non-current assets	207	160
Special payments - ex-gratia payments**	51	65
Other legal costs	1,173	1,193
Journals and subscriptions	207	221
Advertising	1,048	920
Interpreter fees	6,651	6,018
Grants returned	90	204
Other	1,303	388
	11,463	10,000

*Total audit fees relating to Queensland Audit Office for the 2022-23 financial year are quoted to be \$0.301 million (2022: \$0.294 million). There are no non-audit services included in this amount.

** Metro South Health in 2022-23 financial year made 21 special-ex-gratia payments for less than \$5,000 to staff for other compensations and patients for their lost property, settlement for adverse clinical events and other compensations whilst in hospital care. In 2022-23 there were 4 payments for and in excess of \$5,000 to patients for settlement for other compensations (\$7,085) and reimbursement for their lost property (\$5,000) and compensation for contractual payment due to delays in contract execution (\$26,910). Metro South Health in 2021-22 financial year made 25 special-ex-gratia payments for less than \$5,000 to staff for other compensations and patients for their lost property, settlement for adverse clinical events and other compensations whilst in hospital care. In 2021-22 there were 4 payments for and in excess of \$5,000 to patients for settlement for adverse clinical events (\$20,000), other compensations (\$6,170) and reimbursement for their lost property (\$22,420). In compliance with *Financial and Performance Management Standard 2019*, Metro South Health maintains a register setting out details of all special payments greater than \$5,000.

B NOTES ABOUT FINANCIAL POSITION

B1 Cash and cash equivalents

	2023	2022
	\$'000	\$'000
Cash at bank and on hand	116,611	90,432
24 hour call deposits	20,347	19,303
	136,958	109,735

Metro South Health's bank accounts are grouped within the whole-of-government set-off arrangement with Queensland Treasury Corporation (QTC). 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 earn interest at a rate between 1.45% to 4.7% (2022: 0.77%). General Trust funds in excess of monthly operational requirements are deposited at call with QTC and earn interest at a rate of 4.16% (2022: 0.77%). Cash assets include all cash receipted but not banked as at 30 June as well as deposits at call with financial institutions. Refer to Notes C1 and E3.

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2023

B2 Receivables

	2023	2022
	\$'000	\$'000
Trade debtors	42,457	35,122
Queensland Health debtors	1,068	1,700
Less: Loss allowance	(6,292)	(4,718)
	37,233	32,104
GST receivable	5,814	5,488
GST payable	(776)	(714)
Net receivable	42,271	36,878

Trade debtors are recognised at the amounts due at the time of sale or service delivery and are generally settled within 30-120 days.

Metro South Health applies AASB 9 *Financial Instruments* using the simplified approach measuring lifetime expected credit losses on receivables. Metro South Health determined that trade debtors are the only material group for measuring expected credit losses and there is no loss allowance provided for government debtors as they represent high credit rating and in turn, a low risk of default.

Metro South Health uses a provision matrix to calculate the historical loss rates based on incurred losses of the last four financial years. The loss allowance for trade debtors reflects the credit risk associated with the receivable balances, taking into account the lifetime expected credit losses. Metro South Health has also considered reasonable and supportable future-looking information for expected changes in macro-economic indicators that may affect the future recovery of its receivables and determined that there was no correlation between those indicators and debtors default rate.

The closing balance of receivables that are arising from contracts with customers at 30 June 2023 is \$42.924 million (2022: \$35.923 million).

Where Metro South Health has no reasonable expectation of recovering an amount owed by a debtor, the debt is written-off by directly reducing the receivable against the loss allowance. This occurs when the debt is over 60 days past due and Metro South Health has ceased enforcement activity. If the amount of debt written off exceeds the loss allowance, the excess is recognised as an impairment loss.

	2023	2022
	\$'000	\$'000
Movements in loss allowance		
Balance at 1 July	4,718	4,138
Increase/(decrease) in allowance recognised in operating result	2,995	1,593
Amounts written off during the year	(1,421)	(1,013)
Balance as at 30 June	6,292	4,718

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.

Notes to the Financial Statements

For the year ended 30 June 2023

B2 Receivables (continued)

Ageing of past due but not impaired as well as impaired financial assets are disclosed in the following tables. Under AASB 9 *Financial Instruments*, a loss allowance is assessed for all receivables.

Impairment of receivables

	2023			2022		
	Gross receivables	Loss rate	Expected credit loss	Gross receivables	Loss rate	Expected credit loss
	\$'000	%	\$'000	\$'000	%	\$'000
Trade debtors	35,424	17.76	(6,292)	27,161	17.37	(4,718)
Adjustment to trade debtors*	7,033	-	-	7,961	-	-
Total Trade Debtors	42,457	n/a	(6,292)	35,122	n/a	(4,718)
Queensland Health debtors	1,068	-	-	1,700	-	-
Total Debtors	43,525	n/a	(6,292)	36,822	n/a	(4,718)

* These receivables raised at 30 June for billing to Medicare for invoices of MediRecords for private practice billing and these invoices are not subject to impairment.

B3 Contract assets

	2023 \$'000	2022 \$'000
Current		
Contract assets	<u>38,646</u>	<u>27,545</u>

Contract assets arise from contracts with customers and are transferred to receivables when Metro South Health's right to payment becomes unconditional. This usually occurs when the invoice is issued to the customer.

Accrued revenue that do not arise from contracts with customers are reported as part of other assets. Refer note B5.

Contract assets have been assessed for impairment under AASB 9 *Financial Instruments*. The loss rate has been assessed as nil and no provision for expected credit loss has been raised.

Changes in contract assets balances during the 2022-23 financial year was an increase of \$11.101 million which mainly related to services provided in accordance with the Service Agreement with the Department of Health including Enterprise Bargaining and Non-Labour Escalation funding not yet received from the Department of Health.

B4 Inventories

	2023 \$'000	2022 \$'000
Inventories held for distribution		
Medical supplies	15,738	15,302
Pharmaceutical supplies	5,489	5,407
Catering and domestic	432	363
Engineering	766	790
	<u>22,425</u>	<u>21,862</u>

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.

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2023

B5 Other assets

	2023	2022
	\$'000	\$'000
Current		
Prepayments for health service employee expenses	-	2,731
Prepayments	<u>5,626</u>	<u>5,043</u>
	<u>5,626</u>	<u>7,774</u>

B6 Property, plant and equipment

	2023	2022
	\$'000	\$'000
Land		
At fair value	<u>345,584</u>	<u>250,448</u>
Buildings		
At fair value	2,703,587	2,363,987
Less: Accumulated depreciation	<u>(1,807,717)</u>	<u>(1,581,730)</u>
	<u>895,870</u>	<u>782,257</u>
Plant and equipment		
At cost	421,726	377,570
Less: Accumulated depreciation	<u>(266,577)</u>	<u>(243,658)</u>
	<u>155,149</u>	<u>133,912</u>
Capital works in progress		
At cost	<u>40,152</u>	<u>186,431</u>
Total property, plant and equipment	<u>1,436,755</u>	<u>1,353,048</u>

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.

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

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 transferor 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.

Notes to the Financial Statements

For the year ended 30 June 2023

B6 Property, plant and equipment (continued)

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.

Depreciation

Key estimate and judgement: The depreciation rate is determined by application of appropriate useful life to relevant non-current asset classes.

Non-current asset useful lives

Class	Useful life (years)
Buildings (including land improvements)	Between 15 to 90
Plant and equipment	Between 2 to 47

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 above the asset recognition thresholds 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.

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.

Notes to the Financial Statements

For the year ended 30 June 2023

B6 Property, plant and equipment (continued)

Property, plant and equipment reconciliation	Land* \$'000 Level 2	Land** \$'000 Level 3	Buildings*** \$'000 Level 3	Plant and equipment \$'000	Work in progress \$'000	Total \$'000
Balance at 1 July 2021	129,995	104,200	812,238	134,041	66,666	1,247,140
Acquisitions	-	-	2,885	28,387	122,824	154,096
Donations received	-	-	-	88	-	88
Disposals	-	-	-	(454)	-	(454)
Transfers in/(out) from other Queensland Government	-	-	-	2,187	-	2,187
Transfers between asset classes	-	-	3,046	-	(3,046)	-
Transfer recognised in operating surplus/(deficit)	-	-	-	31	-	31
Revaluation increments/(decrements) to asset revaluation surplus****	5,003	11,250	46,531	-	-	62,784
Impairment losses recognised in operating surplus/(deficit)	-	-	-	-	(13)	(13)
Depreciation charge	-	-	(82,443)	(30,368)	-	(112,811)
Balance at 1 July 2022	134,998	115,450	782,257	133,912	186,431	1,353,048
Acquisitions	-	-	25,171	54,984	99,884	180,039
Donations received	-	-	-	26	-	26
Disposals	-	-	-	(354)	-	(354)
Transfers in/(out) from other Queensland Government*****	-	-	-	717	(151,544)	(150,827)
Transfers between asset classes	-	-	94,335	251	(94,586)	-
Transfer recognised in operating surplus/(deficit)	-	-	-	183	(33)	150
Revaluation increments/(decrements) to asset revaluation surplus****	37,446	57,690	87,730	-	-	182,866
Depreciation charge	-	-	(93,623)	(34,570)	-	(128,193)
Balance at 30 June 2023	172,444	173,140	895,870	155,149	40,152	1,436,755

* Land level 2 assets are land with active market.

** Land level 3 due to lack of observable inputs.

*** Buildings level 3 assets are special purpose built buildings with a lack of observable inputs.

**** Refer Note B13

***** The transfers out to other Queensland Government includes \$151.544 million of work in progress asset relating to the Logan Hospital expansion project valued at cost due to the capital program management reform of Queensland Health consolidating the capital program management to the Department of Health.

Notes to the Financial Statements

For the year ended 30 June 2023

B6 Property, plant and equipment (continued)

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.

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);
- assessments of physical condition and remaining useful life; and
- large scale inner city land zoned as community facilities (major health care) with high level of valuer input to observable data.

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.

Notes to the Financial Statements

For the year ended 30 June 2023

B6 Property, plant and equipment (continued)

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.

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 Resources.

In 2022-23, Metro South Health's land was valued by SVS using independent market valuation. The effective date of the valuation was 30 June 2023. Management, through 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 or road frontage access and any significant restrictions. The land assets categorised into level 3 of the fair value hierarchy have been comprehensively revalued using market transactions data with significant unobservable inputs in determining the land value.

The revaluation of land for 2022-23 resulted in \$95.136 million increment (2022: \$16.253 million increment) to the carrying amount of land.

Buildings

Metro South Health engaged independent experts, Jacobs Group (Australia) Pty Limited (Jacobs), to undertake building revaluation in accordance with the fair value methodology. In 2022-23 financial year, in the third year of the revaluation program, Jacobs performed comprehensive valuation of 6% (2022: 11%) of the value of Metro South Health's building portfolio of 8 buildings (2022: 58 buildings) and provided an index of 8% relevant to the remaining 94% (2022: 89%) of the building portfolio of 124 buildings (2022: 79 buildings) in order to maintain fair value. These indices are either publicly available, or are derived from market information available, and Jacobs provides assurance of their robustness, validity and appropriateness for application. The effective date of the valuation was 30 June 2023.

The revaluation of buildings for 2022-23 resulted in \$87.730 million increment (2022: \$46.531 million increment) to the fair value of buildings. The main drivers for the increase were significant uncertainty within the construction industry in terms of labour and materials in relation to availability and cost.

Notes to the Financial Statements

For the year ended 30 June 2023

B7 Public private partnerships service concession assets

	2023 \$'000	2022 \$'000
Service concession assets		
Buildings - Fair value	47,575	44,051
Buildings - Accumulated depreciation	<u>(19,288)</u>	<u>(16,668)</u>
	<u>28,287</u>	<u>27,383</u>

Accounting policies and disclosures – Service concession arrangements

Service concession assets are measured at current replacement cost on initial recognition and are subsequently measured at fair value (determined using current replacement cost) using the same valuation methodology applicable to the building asset class as outlined in Note B6. The assets are depreciated on a straight-line basis over their useful lives.

Service concession asset

The grantor recognises a service concession asset provided by the grantor upon gaining control of the asset. The asset is initially measured at current replacement cost and subsequently depreciated over the asset's useful life.

Liabilities

The nature of the liability recognised is aligned to how the operator is compensated for the asset. Metro South Health, as the grantor grants the operator a right to earn revenue from users of the asset and the grantor recognises an unearned revenue liability.

Unearned revenue is recognised as revenue over the concession period reflecting the economic substance of the arrangement.

Metro South Health's accounting policies on fair value measurement and impairment for property, plant and equipment disclosed in Note B6 also apply to service concession assets.

Service concession assets and liabilities movement reconciliation

	Buildings \$'000
Service concession assets	
Opening balance at 1 July 2021	26,829
Net revaluation increments/(decrements) to asset revaluation surplus	1,672
Depreciation charge	<u>(1,118)</u>
Balance at 30 June 2022	<u>27,383</u>
Liabilities	
Opening balance at 1 July 2021	12,405
Amortisation of unearned revenue	<u>(1,163)</u>
Balance at 30 June 2022	<u>11,242</u>
Service concession assets	
Opening balance at 1 July 2022	27,383
Net revaluation increments/(decrements) to asset revaluation surplus	2,095
Depreciation charge	<u>(1,191)</u>
Balance at 30 June 2023	<u>28,287</u>
Liabilities	
Opening balance at 1 July 2022	11,242
Amortisation of unearned revenue	<u>(1,162)</u>
Balance at 30 June 2023	<u>10,080</u>

* The service concession asset was revalued by the same index of 8% (2022: 6.5%) applied to the building portfolio resulting in an increment of \$2.095 million (2022:\$1.672 million). Refer Note B6 and B13.

Notes to the Financial Statements

For the year ended 30 June 2023

B7 Public private partnerships Service concession assets (continued)

Details of Metro South Health's service concession arrangement is provided below.

The Princess Alexandra Hospital Multi-Storey Car Park

In February 2008, the Department of Health, prior to the establishment of Metro South Health in 2012, 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 a period of 25 years in 2033, ownership of the facility will pass to Metro South Health. Arrangements of this type are known as Public Private Partnerships (PPP).

The developer has constructed a 1,403 space multi-storey car park on site at the hospital. 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 \$44.5 million. The portion dedicated to the PAH multi-storey car park is 33.4% with an estimated value of \$14.9 million.

Metro South Health requires the operator of the carpark, International Parking Group Pty Limited (IPG), to provide 82% of the car park services to Princess Alexandra Hospital (PAH) staff and set the rates in the agreement per a fee schedule. Metro South Health staff are entitled to concessional rates when using the car park. The car park is also available to hospital patrons and the general public. However, given the location of the carpark and available commercial car park in the hospital vicinity the use of the car park by general public or commercial use is minimal and predominantly used to support and provide public services.

An unearned revenue liability was recognised representing the unearned portion of any revenue arising from the receipt of a service concession asset under the grant of a right to the operator model at the fair value (current replacement cost) of the related service concession asset at the date of initial application, adjusted to reflect the remaining period of the service concession arrangement relative to the remaining economic life of the asset.

This liability is amortised as revenue on a straight-line basis over the 25 year concession period, with 10 years remaining at 30 June 2023. Rental of \$0.295 million per annum undiscounted and escalated for CPI annually will be received from the car park operator up to February 2033.

The impact of the service concession asset on the Statement of Comprehensive Income is as follows

	Note	2023 \$'000	2022 \$'000
Revenue			
Rental income		421	398
Amortisation of unearned revenue	A1-4	1,163	1,163
Expenses			
Depreciation expenses		1,191	1,118
Net impact on operating result		<u>393</u>	<u>443</u>

Estimated future cash flows of the service concession asset

The Princess Alexandra Hospital multi-storey car park	2023 \$'000	2022 \$'000
Cash inflows*		
Not later than 1 year	433	410
Later than 1 year but no later than 5 years	1,867	1,768
Later than 5 year but no later than 10 years	2,430	2,525
Later than 10 years	-	322
	<u>4,730</u>	<u>5,025</u>

Notes to the Financial Statements

For the year ended 30 June 2023

B8 Payables

Trade creditors are recognised upon receipt of the goods or services ordered and are measured at the nominal amount, at agreed purchase/contract price, gross of applicable trade and other discounts. The amounts are unsecured and are settled generally in accordance with the vendors' terms and conditions.

	2023	2022
	\$'000	\$'000
Trade creditors	25,042	4,930
Accrued expenses	39,908	52,265
Department of Health payables	206,824	172,496
	<u>271,774</u>	<u>229,691</u>

B9 Accrued employee benefits

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 *Whole of Government and General Government Sector Financial Reporting*.

	2023	2022
	\$'000	\$'000
Salaries and wages accrued	21,774	4,422
Other employee entitlements payable	4,280	308
	<u>26,054</u>	<u>4,730</u>

B10 Contract liabilities

	2023	2022
	\$'000	\$'000
Current		
Contract liabilities	<u>1,060</u>	<u>6,523</u>

Contract liabilities arise from contracts with customers while other unearned revenue arise from transactions that are not contracts with customers.

During the 2022-23 financial year, from the contract liabilities balance of 1 July 2022 \$5.769 million has been recognised as revenue and \$0.754 million has been returned to the Department of Health in accordance with the 2022-23 Service Agreement.

Significant changes in contract liabilities during the year:

The decrease in contract liabilities is largely attributable to revenue recognised for \$3.379 million COVID19 response leave front line backfill and \$2.390 million for other health service programs.

Contract liabilities at 30 June 2023 include \$1.060 million which mainly relates to the following revenue where deliverables have not yet been achieved:

- \$0.517 million Organ and Tissue Donation and Transplantation program will be recognised over the next financial year.
- \$0.302 million Statewide Brain and Spinal Cord Injury project will be recognised over the next financial year and;
- \$0.241 million other health services will be recognised over the next financial year.

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2023

B11 Other liabilities

	2023	2022
	\$'000	\$'000
Current		
Unearned revenue	491	515
Unearned revenue - service concession arrangements*	<u>1,163</u>	<u>1,163</u>
	<u>1,654</u>	<u>1,678</u>
Non-current		
Unearned revenue - service concession arrangements*	<u>10,080</u>	<u>11,242</u>
	<u>10,080</u>	<u>11,242</u>

*Additional information for service concession arrangements refer Notes B7.

B12 Leases

Leases as lessee

Right-of-use assets	2023	2022
	\$'000	\$'000
Buildings - fair value	18,197	16,492
Buildings - accumulated depreciation	<u>(9,133)</u>	<u>(6,748)</u>
	<u>9,064</u>	<u>9,744</u>

**Buildings at fair
value
\$'000**

Right-of-use assets movement	
Balance 1 July 2021	12,506
Additions	114
Depreciation charge for the year	(2,392)
Other adjustments	<u>(484)</u>
Balance at 30 June 2022	<u>9,744</u>
Depreciation charge for the year	<u>(2,450)</u>
Other adjustments - remeasurement	<u>49</u>
Balance at 30 June 2023	<u>9,064</u>

	2023	2022
	\$'000	\$'000
Lease liability		
Current		
Lease liabilities	2,539	2,311
Non-current		
Lease liabilities	<u>7,382</u>	<u>8,364</u>
	<u>9,921</u>	<u>10,675</u>

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2023

B12 Leases (continued)

Notes to the Statement of Cash Flows

Changes in liabilities arising from financing activities

	Lease liabilities \$'000
Balance at 1 July 2021	13,437
Non-cash movements:	
New leases acquired during the year	114
Lease interest	300
Lease - other non-cash adjustments	(511)
Cashflows:	
Lease repayments	(2,665)
Balance at 30 June 2022	<u>10,675</u>
Non-cash movements:	
New leases acquired during the year	1,721
Lease interest	310
Lease - other non-cash adjustments	49
Cashflows:	
Lease repayments	(2,834)
Balance at 30 June 2023	<u>9,921</u>

Right-of-use assets

Right-of-use assets are initially recognised at cost and are subsequently depreciated over the lease term and are subject to impairment testing on an annual basis. Metro South Health measures all right-of-use assets at cost subsequent to initial recognition.

The carrying amount of right-of-use assets are adjusted for any remeasurement of the lease liability in the financial year following a change in discount rate, a reduction in lease payments payable, changes in variable lease payments that depend upon variable indexes/rates of a change in lease term.

Metro South Health has elected not to recognise right-of-use assets and lease liabilities arising from short-term leases and leases of low value assets. The lease payments are recognised as expenses on a straight-line basis over the lease term. An asset is considered low value where it is expected to cost less than \$10,000 when new.

Lease liabilities

Lease liabilities are initially recognised at the present value of lease payments over the lease term that are not yet paid. The lease term includes any extension or renewal options that Metro South Health is reasonably certain to exercise.

Where a contract contains both a lease and non-lease components such as asset maintenance services, Metro South Health allocates the contractual payments to each component on the basis of their stand-alone prices.

When measuring the lease liability, Metro South Health uses its incremental borrowing rate as the discount rate where the interest rate implicit in the lease cannot be readily determined, which is the case for all of Metro South Health's leases. To determine the incremental borrowing rate, Metro South Health uses loan rates provided by Queensland Treasury Corporation that correspond to the commencement date and term of the lease.

Notes to the Financial Statements

For the year ended 30 June 2023

B12 Leases (continued)

Subsequent to initial recognition, the lease liabilities are increased by the interest charge and reduced by the amount of lease payments. Lease liabilities are also remeasured in certain situations such as a change in variable lease payments that depend on an index or rate (e.g. a market rent review), or a change in the lease term.

Metro South Health leases properties for office, clinical services and residential accommodation in addition to the rental contracts with the Department of Energy and Public Works (DEPW). Metro South Health entered into concessional lease contracts or peppercorn leases for research, clinical services accommodation and car parking. These leases have been assessed as short term or low value leases.

Metro South Health has entered into three licence agreements with the Transitional Research Institute (TRI) to meet the accommodation needs of Princess Alexandra Hospital. Two licence agreements are expensed over the term of the agreement and the third agreement is at a peppercorn rate.

Metro South Health has identified a number of contracts that contain a lease for equipment including medical equipment and office equipment. Some of these leases are short-term or low value assets. There are a number of contracts meeting the recognition criteria for right-of-use asset where there is a minimum purchase of consumables in lieu of receiving the equipment free of charge. These contracts have been assessed for materiality at their net present value and deemed not material for right-of-use asset recognition. There are also a number of contracts with variable payment based on the usage of consumables. These contracts are recognised as expenses in clinical supplies when incurred.

Office accommodation, employee housing and motor vehicles

The Department of Energy and Public Works (DEPW) provides Metro South Health with access to office accommodation, employee housing and motor vehicles under government-wide frameworks. These arrangements are categorised as procurement of services rather than as leases because DEPW has substantive substitution rights over the assets. The related service expenses are included in Note A2-3.

Amounts recognised in profit or loss for lease expenses

	2023	2022
	\$'000	\$'000
Interest expense on lease liabilities	310	300
Expenses relating to short-term leases (Note A2-3)	1,571	6,596
	<u>1,881</u>	<u>6,896</u>

Leases as lessor

Metro South Health recognises lease payments from operating leases as income on a straight-line basis over the lease term. Metro South Health has operating leases providing clinical services, medical research and education facilities. Some of these leases are peppercorn or concessional leases and some operate under a colocation agreement. Refer note E5.

Metro South Health also has lease income from leasing retail stores in hospital buildings and a child care centre. There are a number of mobile towers housed on hospital sites providing income to the health service. Lease income from operating leases is reported as rental income in note A1-2. No amounts were recognised in respect of variable lease payments other than CPI-based or market rent reviews.

Metro South Health also has a finance lease with the Translational Research Institute (TRI) transferred from the Department of Health as at 1 July 2014 and became the registered owner of the properties on the land transferred. In accordance with the Transfer Notice, Metro South Health became the lessor under which TRI is the lessee with respect to the head building lease to TRI. The finance lease, prior to the transfer was already prepaid to the Department of Health for the full term of the lease resulting in nil value of the lease at the time of transfer. Under AASB 16 *Leases* the finance lease would be recognised for the value of the outstanding payments which is also nil. The finance lease is until 2043 with another 20 years option. Refer Note E5.

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2023

B12 Leases (continued)

Maturity analysis

The following table sets out a maturity analysis of future undiscounted lease payments receivable under Metro South Health's operating leases.

	2023	2022
	\$'000	\$'000
Less than 1 year	119	79
1 to 2 years	2,027	1,841
2 to 3 years	2,008	1,806
3 to 4 years	1,484	1,300
4 to 5 years	1,021	1,067
More than 5 years	9,986	10,346
	<u>16,645</u>	<u>16,439</u>

B13 Asset revaluation surplus

	2023	2022
	\$'000	\$'000
Land		
Balance at the beginning of the financial year	56,119	39,866
Revaluation increment/(decrement)	95,136	16,253
Balance at the end of the financial year	<u>151,255</u>	<u>56,119</u>
Buildings		
Balance at the beginning of the financial year	240,053	193,522
Revaluation increment/(decrement)	87,730	46,531
Balance at the end of the financial year	<u>327,783</u>	<u>240,053</u>
Service concession asset		
Balance at the beginning of the financial year	1,672	-
Revaluation increment/(decrement)	2,095	1,672
Balance at the end of the financial year	<u>3,767</u>	<u>1,672</u>
Total balance at the end of the financial year	<u>482,805</u>	<u>297,844</u>

B14 Equity injections and equity withdrawals

	2023	2022
	\$'000	\$'000
Balance at the beginning of the financial year	1,018,748	1,000,125
Cash injection for asset acquisitions	176,463	131,880
Equity asset transfers in/(out) from other Queensland Government entities*	(150,826)	2,187
Non-cash withdrawal for depreciation**	(130,764)	(115,444)
Balance at the end of the financial year	<u>913,621</u>	<u>1,018,748</u>

* These equity asset transfers are in accordance with the Designation of Transfer Notice and in 2022-23 includes \$151.544 million work in progress asset transfer to the Department of Health in accordance with the capital program management reform of Queensland Health. See Note B6.

** The non-cash equity withdrawal is for offsetting non-cash revenue funding for depreciation expense.

Notes to the Financial Statements

For the year ended 30 June 2023

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:

	Notes	2023 \$'000	2022 \$'000
Financial assets			
Cash and cash equivalents	B1	136,958	109,735
Financial assets at amortised cost			
Receivables	B2	42,271	36,878
		<u>179,229</u>	<u>146,613</u>
Financial liabilities at amortised cost			
Payables	B8	271,774	229,691
Lease liabilities	B12	9,921	10,675
		<u>281,695</u>	<u>240,366</u>

No financial assets and liabilities have been offset and presented net in the Statement of Financial Position.

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. The maximum exposure to credit risk at balance date is the gross carrying amount of receivables. Metro South Health measures the loss allowance of trade receivables at lifetime expected credit losses with the exception of receivables from Queensland Government and Australian Government agencies which are considered immaterial credit risk. Refer Note B2. Credit risk is considered minimal for Metro South Health.

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 \$34 million (2022: \$34 million) under the whole-of-government banking arrangements to manage any short-term cash shortfalls.

Liquidity risk contractual maturity of financial liabilities

The following table sets out the liquidity risk of financial liabilities held by Metro South Health. They represent the contractual maturity of financial liabilities calculated based on undiscounted cash flows relating to the liabilities at balance date.

Notes to the Financial Statements

For the year ended 30 June 2023

C1 Financial instruments (continued)**Liquidity risk contractual maturity of financial liabilities**

	Contractual maturity			2023 Total \$'000	Contractual maturity			2022 Total \$'000
	1-5		>5 Years		1-5		>5	
	<1 Year	Years			Years	Years		
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	
Payables	271,774	-	-	271,774	225,447	-	-	225,447
Lease liabilities	2,539	4,696	2,686	9,921	2,311	5,937	2,427	10,675
	274,313	4,696	2,686	281,695	227,758	5,937	2,427	236,122

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 loss allowance, which, given the short-term nature of these assets, is assumed to represent fair value.

C2 Commitments**Capital expenditure commitments***

Commitments for capital expenditure at reporting date are exclusive of anticipated GST and are payable as follows:

	2023 \$'000	2022 \$'000
Not later than one year	32,072	220,188
Later than one year and not later than five years	1,426	80,808
	33,498	300,996

* Capital expenditure commitments are reduced in 2023 due to the transfer of major capital projects to the Department of Health under the capital program management reform of Queensland Health. See Note B6.

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 2023, Metro South Health has 21 litigation cases before the courts (2022: 19 cases). There are 142 claims (2022: 133 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.

D BUDGET VS ACTUAL COMPARISON

The following provides explanations of major variances between Metro South Health's actual 2022-23 financial results and the original budget published in the 2022-23 *Queensland State Budget Service Delivery Statements of Queensland Health* and presented to Parliament.

Notes to the Financial Statements

For the year ended 30 June 2023

D1 Budget vs actual comparison – Statement of comprehensive income

Explanation of major variances – Statement of Comprehensive Income

D1-1 Funding for public health services

The increase of \$178.5 million from budget includes an additional \$152.3 million of Enterprise Bargaining and Non-Labour Escalation funding, \$27.6 million of COVID19 funding predominately including Special and Response leave and COVID19 patient activity. A net increase of \$24.6 million is due to a mix of program funding including Better Care Together, Patient Flow Intensive Program, Queensland Voluntary Assisted Dying Support Services, Connecting Community Programs, Statewide Brain and Spinal Cord Injuries, Evolve Therapeutic Services and Frail and Older Person Program. The residual increase of \$19.5 million is due to depreciation funding, offset by \$45.5 million for under delivery of activity in year including delays to the opening of Logan Expansion Services.

D1-2 User charges and fees

The increase of \$19.5 million is due to \$22.9 million increase in non patient revenue predominantly relating to Pharmaceutical Benefit Scheme Reimbursement, car park fees and retail proceeds. Further increase of \$4.2 million relating to recoveries and fee for service charges from other Hospital and Health Services. The increase is offset by a \$7.6 million decrease in outpatient revenue.

D1-3 Employee expenses

The increase of \$27.9 million is due to Enterprise Bargaining certifications in year and increases in program funding noted in D1-1

D1-4 Health service employee expenses

The increase of \$142.3 million is due to Enterprise Bargaining certifications in year and increases in program funding offset by some reduction in activity as per funding adjustments noted in D1-1.

D1-5 Supplies and services

The increase of \$66.3 million includes \$23.4 million for services below fair value and \$23.3 million for insurance premium where the budget is held in other expenses. The residual \$21.7 million is attributable to increased expense in contractors delivering health services.

D1-6 Depreciation and amortisation expense

The increase of \$19.5 million is due to the impact of the 2021-22 building portfolio revaluation and componentisation of building assets higher than budgeted and the higher than budgeted capital acquisitions.

D1-7 Other expenses

The decrease of \$44.7 million is due to budgeted services below fair value of \$23.4 million and insurance premium of \$22.4 million included in the other expenses but the actual expenses are included in supplies and services. This is offset by \$1.1 million increase in advertising and interpreter and other fees.

D2 Budget vs actual comparison – Statement of financial position

Explanation of major variances – Statement of Financial Position

D2-1 Cash and cash equivalents

The increase of \$73.3 million in cash position is due to higher than budgeted opening balance of \$53 million and higher than budgeted increase of \$20.3 million for the year in line with reported net increase in the Cash Flow Statement.

D2-2 Receivables and contract assets

The decrease of \$25.5 million in receivables is offset by an increase of \$38.6 million in contract assets due to the budget held in receivables. The net increase of \$13.1 million is due to funding revenue not yet received including Enterprise Bargaining Agreement for \$11.1 million and \$2 million increase to receivables due to increase in health service programs and additional oral health activity not included in budget.

D2-3 Property, plant and equipment

The increase of \$152.6 million is due to the revaluation of the land and building portfolio higher than budgeted.

D2-4 Payables

The increase of \$78.8 million includes higher than budgeted opening balance of \$47 million and return of funds of \$21.104 million for under delivery of activity in year including delays in the opening of Logan Expansion Services.

Notes to the Financial Statements

For the year ended 30 June 2023

D2 Budget vs actual comparison – Statement of financial position

Explanation of major variances – Statement of Financial Position (continued)

D2-5 Accrued employee benefits

The increase of \$19 million is due to higher than budgeted accruals for Enterprise Bargaining certification and the accrual for a single top up payment of superannuation due to change in policy to increase the 2022-23 employer contribution to the new rate of 12.75 percent for eligible employees.

D2-6 Equity

The increase of \$144.4 million is due an increase in asset revaluation surplus of \$177 million for land and building portfolio, an increase of \$3.8 million to accumulated surplus to budget and a net decrease of \$36.4 million to contributed equity. The contributed equity had higher than budgeted opening balance of \$32.3 million, an increase in equity injection due to funding for higher than budgeted asset acquisitions of \$173.8 million, offset by decrease of contributed equity for depreciation equity withdrawal of \$19.5 million and non-appropriated equity transfer of assets of \$223 million not budgeted such as the Logan extension program work in progress asset transfer.

D3 Budget vs actual comparison – Statement of cashflows

Explanation of major variances – Statement of Cashflows

D3-1 Funding for public health services

The increase of \$143.9 million is the cash impact of the variances noted in D1-1.

D3-2 Health service employee expenses

The increase of \$89.6 million is the cash impact of variances in Note D1-4.

D3-3 Supplies and services

The increase of \$61.92 million is the cash impact of variances in Note D1-5.

D3-4 Other expenses

The increase of \$21.6 million is the cash impact of variances in Note D1-7.

D3-5 Payments for property, plant and equipment

The increase of \$175 million includes payment for capital projects such as Logan Hospital expansion project, Priority capital projects, Health Technology replacement project, refer to Note D3-6.

D3-6 Equity injections

The increase of \$173.8 million is due to the funding arrangement of reimbursement of capital projects such as Logan hospital expansion project, Priority capital projects and Health Technology replacement. The capital budget is included in the Department of Health budget.

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 Shannon Fentiman, Minister for Health, Mental Health and Ambulance Services and Minister for Women.

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 and Ambulance Services. The majority of Ministerial entitlements are paid by the Legislative Assembly, with remaining entitlements being provided by Ministerial Services Branch within the Department of the Premier and Cabinet.

As all Ministers are reported as key management personnel of the Queensland Government, aggregate remuneration expenses for all Ministers are 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.

Notes to the Financial Statements

For the year ended 30 June 2023

E1 Key management personnel and remuneration expenses (continued)

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 Boards 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 Boards 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. Some of the remuneration packages provide for the provision of some benefits including motor vehicle allowance. 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:

- Long-term employee expenses which include amounts expensed in respect of long service leave entitlements earned.
- 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.
- Post-employment expenses including amounts expensed in respect of employer superannuation obligations.
- Termination benefits include payments in lieu of notice 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.

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 in 2022-23. 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. 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 Boards Act 2011* by Governor in Council. Notice published in the Queensland Government Gazette.

Notes to the Financial Statements

For the year ended 30 June 2023

E1 Key management personnel and remuneration expenses (continued)

Metro South Hospital and Health Board remuneration expenses

Position title Position holder	Short-term employee expenses		Other employee expenses		Total Expenses	
	Monetary expenses \$'000		Post-employment expenses \$'000		\$'000	
	2023	2022	2023	2022	2023	2022
Chair Adjunct Professor Janine Walker AM (13 October 2017)	96	96	9	9	105	105
Deputy Chair Dr Marion Tower (4 October 2019 to 17 May 2021, 21 October 2021)	54	36	6	4	60	40
Board Members Dr Marion Tower (29 June 2012 to 3 October 2019; 18 May 2021 to 20 October 2021)	-	16	-	1	-	17
Ms Helen Darch (18 May 2017 to 31 March 2023)	38	51	4	5	42	56
Adjunct Professor lyla Davies OAM (18 May 2017)	57	56	6	6	63	62
Ms Donisha Duff (18 May 2017 to 4 April 2022; 1 Dec 2022)	32	42	3	4	35	46
Mr Brett Bundock (18 May 2018)	55	55	6	5	61	60
Dr Helen Benham (18 May 2019)	51	51	5	5	56	56
Professor Eleanor Milligan (18 May 2019 to 31 March 2022)	-	40	-	4	-	44
Mr Michael Goss (18 May 2020)	57	56	6	6	63	62
Mr Colin Cassidy PSM (18 May 2021)	56	55	6	6	62	61
Mr Matthew Ames (1 April 2022)	54	12	6	1	60	13

Metro South Hospital and Health Service Executives remuneration expenses

Position title Position responsibility	Short-term employee expenses		Other employee expenses						Total Expenses	
	Monetary expenses \$'000		Long term employee expenses \$'000		Post-employment expenses \$'000		Termination expenses \$'000		\$'000	
	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022
Health Service Chief Executive Delegated the operational responsibility to fulfil 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.	712	602	15	13	60	61	12	-	799	676
Chief Finance Officer This position is responsible and accountable for the operation of the financial management system and control environment for Metro South Health. It provides strategic advice and leadership of the financial management functions for the Hospital and Health Service.	281	262	5	6	22	27	-	-	308	295

Notes to the Financial Statements

For the year ended 30 June 2023

Position title Position responsibility	Short-term employee expenses		Other employee expenses						Total Expenses	
	Monetary expenses \$'000		Long term employee expenses \$'000		Post-employment expenses \$'000		Termination expenses \$'000		Total Expenses \$'000	
	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022
Chief Operating Officer* This position is responsible for directing and managing the five acute hospitals, Addiction and Mental health Services along with Community and Oral health services.	310	446	6	10	20	46	4	-	340	502

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 publicly available.

In addition to the provision of corporate services support (refer to notes A1-3 and A2-3), the Department of Health manages, on behalf of Metro South Health, a range of services including pathology testing, pharmaceutical drugs, clinical supplies, patient transport, technology services and telecommunications. These are provided on a cost recovery basis. In 2022-23, these services totalled \$244.774 million (2022: \$232.563 million).

Refer to note B2 for information on receivables from the Department of Health and other Queensland Health entities. Refer to Note B8 for information on payables to the Department of Health.

In 2022-23, the Logan Hospital expansion project work in progress of \$151.544 million was transferred to the Department of Health in response to the reform of the capital program announced by the Director General in 2022. Refer to Note B6.

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 Energy and Public Works

Metro South Health pays rent to the Department of Energy and Public Works for a number of properties. In addition, Metro South Health pays the Department of Energy and Public Works for vehicle fleet management services (QFleet).

Transactions with people/entities related to KMP

All transactions in the year ended 30 June 2023 between Metro South Health and their key management personnel and their related parties, were examined. Transactions were identified with four related entities, which were all on normal commercial terms and conditions and were immaterial in nature.

Notes to the Financial Statements

For the year ended 30 June 2023

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 2023, amounts of \$20.413 million (2022: \$19.347 million) in general trust and \$15.095 million (2022: \$15.465 million) for research projects are set aside for the specified purposes underlying the contribution.

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.

	2023	2022
	\$'000	\$'000
Fiduciary trust receipts and payments		
Receipts	2,752	2,646
Payments	(2,744)	(2,605)
Increase in net patient trust assets	8	41
Decrease in net refundable deposits	-	(1)
Fiduciary trust assets		
Current assets		
Cash		
Patient trust funds	524	516
Total current assets	524	516

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, such as administration expense 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.

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2023

E4 Agency and fiduciary trust transactions and balances (continued)

	2023	2022
	\$'000	\$'000
Granted private practice receipts and payments		
Receipts		
Private practice receipts*	47,484	52,409
Interest	95	19
Other receipts*	361	201
Total receipts	47,940	52,629
Payments		
Payments to doctors	12,401	11,538
Payments to Metro South Health for recoverable costs	31,229	35,831
Payments to Metro South Health general trust for SERTA	5,540	6,673
Other payments	488	371
Total payments	49,658	54,413
Increase/(decrease) in net granted private practice assets	(1,718)	(1,784)

* Private practice receipts and other receipts include outstanding deposits not yet received and receipts not yet deposited.

	2023	2022
	\$'000	\$'000
Granted private practice assets		
Current assets		
Cash*	2,822	4,540
Total current assets	2,822	4,540

*Cash balance predominantly includes doctor payments are outstanding at balance date and other payments due to Metro South Health that have been accrued as revenue in Metro South Health's accounts.

E5 Co-location arrangements

Co-location arrangements operating for all or part of the financial year are as follows:

Facility	Counterparty	Term of Agreement	Commencement Date
Mater Private Hospital Redland	Mater Misericordiae Ltd	25 years + 30 years	August 1999
Translational Research Institute (TRI) Building	Translational Research Institute Pty Ltd	30 years + 20 years	May 2013
University of Queensland Training Facility, Redland Hospital	University of Queensland	20 years	August 2015
University of Queensland Training Facility, Queen Elizabeth II Jubilee Hospital	University of Queensland	20 years	September 2015

Notes to the Financial Statements

For the year ended 30 June 2023

E5 Co-location arrangements (continued)

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. These contracts are recognised as leases under AASB 16 *Leases* where Metro South Health is the lessor. Refer Note B12.

Co-location agreement with Mater Private Hospital Redland

In accordance with the Co-location Agreement, in 2022-23 Metro South Health recognised \$0.222 million revenue (2022: \$0.257 million). 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. The land where the Mater Private Hospital Redland was constructed is approximately 9% of the Redland Hospital land recognised at a total value of \$1.538 million. Refer Note B12.

Co-location agreement with Translational Research Institute Pty Ltd

The land where the Translational Research Institute (TRI) was constructed is approximately 11.9% of the relevant parcels of the Princess Alexandra Hospital land recognised at a total value of \$19.816 million. The land was transferred to Metro South Health as at 1 July 2014 from the Department of Health in accordance with a Transfer Notice. This included the transfer of the finance lease with TRI on the land which was already prepaid to the Department of Health for the full term of the lease prior to the transfer resulting in no value recorded for the finance lease in Metro South Health accounts. Metro South Health does not record revenue from this arrangement. Refer Note B12.

Co-location agreement with University of Queensland – Redland Hospital

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 \$0.058 million. The lease for the building is between Metro South Health and the University of Queensland and no revenue is recorded from this arrangement. Refer Note B12.

Co-location agreement with University of Queensland – Queen Elizabeth II Jubilee Hospital

The land where the University of Queensland Training Facility was constructed is approximately 0.4% of the relevant parcels of the Queen Elizabeth II Jubilee Hospital land recognised at a total value of \$0.110 million. The lease for the building is between Metro South Health and the University of Queensland and no revenue is recorded from this arrangement. Refer Note B12.

E6 Climate risk disclosure

Climate Risk Assessment

Metro South Health considers climate-related risks when assessing material accounting judgements and estimates used in preparing the financial statements. Key estimates and judgements identified include potential for changes in asset useful lives, fair value of assets or impairment of assets, the recognition of provisions or contingent liabilities.

Metro South Health has made no adjustments to the carrying value of recorded assets and not identified any material climate related risks impacting current accounting entries or judgements. Metro South Health continues to monitor the emergence of material climate-related risks that may impact the financial statements of Metro South Health, including those arising under the *Queensland Government' Climate Action Plan 2020-2030* and other Government publications or directives.

MANAGEMENT CERTIFICATE OF METRO SOUTH HEALTH

For the year ended 30 June 2023

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

- a) The prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- b) The financial 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 2023 and of the financial position of Metro South Health at the end of that year; and

We acknowledge responsibilities under section 7 and section 11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.



Janine Walker AM

Adjunct Professor, BAEd, GradDip
Business, FARRI, FAIM, MAICD

Chair

Metro South Hospital and Health Board

22 August 2023



Noelle Cridland

BN, MN (Leadership)

Health Service Chief Executive

Metro South Health

22 August 2023



Murray Brown

FCPA

Chief Finance Officer

Metro South Health

22 August 2023

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 2023 and its financial performance and cash flows for the year then ended; and
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

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

Basis for opinion

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

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

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

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.

Other information

Other information comprises financial and non-financial information (other than the audited financial report) included in Metro South Hospital and Health Service annual report. Those charged with governance are responsible for the other information.

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

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

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

I have nothing to report in this regard.

Valuation of specialised buildings (\$895.87 million)

Refer to note B6 in the financial report.

Key audit matter	How the audit addressed the key audit matter
<p>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.</p> <p>Metro South Hospital and Health Service engaged independent valuers to perform a comprehensive revaluation of approximately 6 per cent (2022: 42 per cent) of its building assets. All other buildings were assessed using relevant indices.</p> <p>The current replacement cost method comprises:</p> <ul style="list-style-type: none"> • gross replacement cost, less • accumulated depreciation. <p>Metro South Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for:</p> <ul style="list-style-type: none"> • identifying the components of buildings with separately identifiable replacement costs • developing a unit rate for each of these components, including: <ul style="list-style-type: none"> – estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g., \$/square metre) – identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating the adjustment to the unit rate required to reflect this difference. <p>Using indexation required:</p> <ul style="list-style-type: none"> • significant judgement in determining changes in cost and design factors for each asset type since the previous revaluation • reviewing assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used. 	<p>My procedures included, but were not limited to:</p> <p>In a previous year when a comprehensive revaluation was conducted:</p> <ul style="list-style-type: none"> • assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices • assessing the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices • for unit rates, on a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: <ul style="list-style-type: none"> – modern substitute (including locality factors and oncosts) – adjustment for excess quality or obsolescence. <p>In the current year when indexation was substantially applied:</p> <ul style="list-style-type: none"> • assessing the adequacy of management’s review of the valuation process and result; • 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 the appropriateness with reference to common industry practices • evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices • recalculating the application of the indices to asset balances • evaluating useful life estimates for reasonableness by:

Key audit matter	How the audit addressed the key audit matter
<p>The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components.</p> <p>The significant judgements required for gross replacement cost and useful lives are also significant judgements for calculating annual depreciation expense.</p>	<ul style="list-style-type: none"> - reviewing management's annual assessment of useful lives - testing that no asset still in use has reached or exceeded its useful life - enquiring of management about their plans for assets that are nearing the end of their useful life - reviewing assets with an inconsistent relationship between condition and remaining useful life. <ul style="list-style-type: none"> • Where changes in useful lives were identified, evaluating whether they were supported by appropriate evidence.

Responsibilities of the entity for the financial report

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

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

Auditor's responsibilities for the audit of the financial report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances. This is not done for the purpose of forming an opinion on the effectiveness of the entity's internal controls, but allows me to form an opinion on compliance with prescribed requirements.

- Evaluate the appropriateness of material accounting policy information used and the reasonableness of accounting estimates and related disclosures made by the entity.
- Conclude on the appropriateness of the entity's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

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

Report on other legal and regulatory requirements

Statement

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

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

Prescribed requirements scope

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



D J Toma
as delegate of the Auditor-General

30 August 2023

Queensland Audit Office
Brisbane

Glossary

Acronyms

ABF	Activity Based Funding
ACP	Advance Care Planning
AM	Member of the Order of Australia
ANCC	American Nurses Credentialing Center
CALD	Culturally and Linguistically Diverse
CEO	Chief Executive Officer
CCC	Crime and Corruption Commission
DFV	Domestic and Family Violence
DSO	District Senior Officers
EELP	Emerging Executive Leadership Program
EEO	Equal Employee Opportunity
ED	Emergency Department
FAA	<i>Financial Accountability Act 2019</i>
FTE	Full time equivalent
GCP	Good Clinical Practice
HEAT	Health Equity and Access Team
HES	Health Executive Service
HHS	Hospital and Health Service
HSCE	Health Service Chief Executive
ICT	Information and Communication Technology
IHT	Inter-Hospital Transfer
IMG	International Medical Graduate
ISO	International Organization for Standardization
MOHRI	Minimum Obligatory Human Resource Information
MRSA	Methicillin Resistant Staphylococcus aureus
MSH	Metro South Health
MSHHS	Metro South Hospital and Health Service
NGOs	Non-Government Organisations
PFP	Patient Flow Program
PID	Public interest disclosure
PSM	Public Service Medal
PT	Patient transport
QAS	Queensland Ambulance Service
QAO	Queensland Audit Office

QGEA	Queensland Government Enterprise Architecture
QHRC	Queensland Human Rights Commission
RSQ	Retrieval Services Queensland
SERTA	Study, Education and Research Trust Account
SES	Senior Executive Service
SMS	Safety Management System
STARS	Surgical Treatment and Rehabilitation Service
TRI	Translational Research Institute
WAU	Weighted Activity Unit

Terms

Activity Based Funding	Activity Based Funding (ABF) is the primary financing mechanism for public hospitals.
Bariatric	A branch of medicine dealing with the study and treatment of obesity.
Board	Metro South Hospital and Health Board.
Closing the Gap	A government strategy that aims to reduce disadvantage among Aboriginal and Torres Strait Islander people with respect to life expectancy, child mortality, access to early childhood education, educational achievement, and employment outcomes.
COVID-19	Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus.
ICARE ² values	A set of organisational values adopted by Metro South Health that provide the framework for how we deliver care.
Nurse Navigator	A role in Queensland's public health sector in which highly experienced nurses provide support to patients with complex health conditions.
Telehealth	The delivery of health services and information using telecommunication technology such as live video and audio links, teleradiology, storing of clinical data and images on a computer for forwarding to another location.
Weighted Activity Units	Weighted Activity Units provide a common unit of comparison for all clinical activities so that hospital activity can be measured and costed consistently.

Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7	Page 4
Accessibility	Table of contents Glossary	ARRs – section 9.1	Page 5
	Public availability	ARRs – section 9.2	Page 2
	Interpreter service statement	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	Page 2
	Copyright notice	<i>Copyright Act 1968</i> ARRs – section 9.4	Page 2
	Information Licensing	<i>QGEA – Information Licensing</i> ARRs – section 9.5	Page 2
General information	Introductory Information	ARRs – section 10	Page 8
Non-financial performance	Government’s objectives for the community and whole-of-government plans/specific initiatives	ARRs – section 11.1	Page 6
	Agency objectives and performance indicators	ARRs – section 11.2	Page 9, 37
	Agency service areas and service standards	ARRs – section 11.3	Page 11, 39
Financial performance	Summary of financial performance	ARRs – section 12.1	Page 43
Governance – management and structure	Organisational structure	ARRs – section 13.1	Page 24
	Executive management	ARRs – section 13.2	Page 21
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3	Page 14
	Public Sector Ethics	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	Page 32
	Human Rights	<i>Human Rights Act 2019</i> ARRs – section 13.5	Page 32
	Queensland public service values	ARRs – section 13.6	Page 8
Governance – risk management and accountability	Risk management	ARRs – section 14.1	Page 31
	Audit committee	ARRs – section 14.2	Page 19
	Internal audit	ARRs – section 14.3	Page 31
	External scrutiny	ARRs – section 14.4	Page 31
	Information systems and recordkeeping	ARRs – section 14.5	Page 31

Summary of requirement	Basis for requirement	Annual report reference
	Information Security attestation	ARRs – section 14.6 n/a
Governance – human resources	Strategic workforce planning and performance	ARRs – section 15.1 Page 28
	Early retirement, redundancy and retrenchment	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2 Page 30
Open Data	Statement advising publication of information	ARRs – section 16 Page 2
	Consultancies	ARRs – section 31.1 https://data.qld.gov.au
	Overseas travel	ARRs – section 31.2 https://data.qld.gov.au
	Queensland Language Services Policy	ARRs – section 31.3 https://data.qld.gov.au
Financial statements	Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1 Page 84
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FAA Financial Accountability Act 2009

FPMS Financial and Performance Management Standard 2019

ARRs Annual report requirements for Queensland Government agencies

