South West Hospital and Health Service

2018–2019 ANNUAL REPORT

ADVANCING Queensland

Queensland Government

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

An electronic copy of this report is available at: **http://www.health.qld.gov.au/southwest**. Hard copies of the annual report are available by phoning **(07) 4505 1544**. Alternatively, you can request a copy by emailing **SWHHS_Board@health.qld.gov.au**.

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on (07) 4505 1544 and we will arrange an interpreter to effectively communicate the report to you.

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ABN 22 8770 419 39

Acknowledgement

The South West Hospital and Health Service acknowledges the traditional custodians of the lands upon which health services are provided in South West Queensland and acknowledges Elders; past, present and future and pays its respect to the wisdom, knowledge and leadership of the Elders.

We are proud to recognise the cultural diversity of our communities and workforce.

In 2018-19 we reconfirmed our commitment to the Closing the Gap Initiative targets:

- to close the gap in life expectancy within a generation (by 2031); and
- to halve the gap in mortality rates for Indigenous children under five (by 2018).

The South West Hospital and Health Service recognises the Queensland Health Statement of Commitment to Reconciliation and:

- Recognises Aboriginal and Torres Strait Islander people as Traditional Custodians
- Acknowledges the diversity of Aboriginal and Torres Strait Islander people and cultures
- Acknowledges the impacts of past government policies.

Southern Queensland Rural Health has contributed photos to this publication.

Letter of compliance

9 September 2019

The Honourable Steven Miles MP
Minister for Health and Minister for Ambulance Services
GPO Box 48
Brisbane Qld 4001

Dear Minister

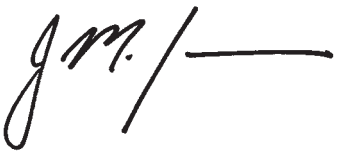
I am pleased to submit for presentation to the Parliament the Annual Report 2018-19 and financial statements for the South West Hospital and Health Service.

I certify that this Annual Report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2019*[*], and
- the detailed requirements set out in the *Annual Report Requirements for Queensland Government agencies*.

A checklist outlining the annual reporting requirements can be found at page 94-95 of this annual report.

Yours sincerely



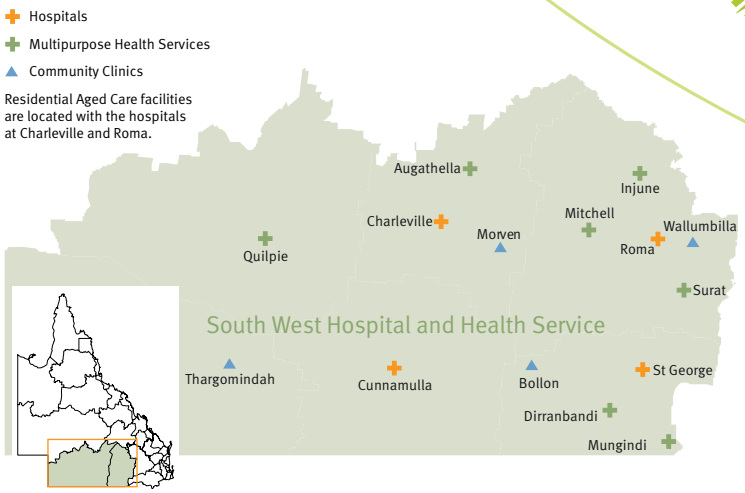
Mr Jim McGowan AM
Board Chair
South West Hospital and Health Service

*Note: The *Finance and Management Performance Standard 2019* came into effect on 1 September 2019.

Contents

Fast facts

South West Hospital and Health Service (South West HHS) performs a key role in the delivery of quality public health services in South West Queensland. We work in partnership with our staff, community and key stakeholders to plan and deliver services that are focused on what matters most to the people and communities of the South West.



We deliver health services to over 26,000 people who live in our catchment area spanning over 319,000 square kilometres and rely on the quality care that our employees provide.

778 STAFF (FTE)

$153.6m INVESTMENT IN CARE

4 HOSPITALS

7 MULTIPURPOSE HEALTH SERVICE CENTRES

4 COMMUNITY CLINICS

2 AGED CARE FACILITIES

9 GENERAL PRACTICES

EMERGENCY DEPARTMENT PATIENT ADMISSION 3,841

EMERGENCY PRESENTATIONS 29,324

ELECTIVE AND EMERGENCY SURGERIES 1,180

210 BIRTHS

40,148 ORAL HEALTH TREATMENTS

Statement on government objectives for the community

In 2018-19 we contributed to the Queensland Government objectives for the community outlined in Our Future State: Advancing Queensland's Priorities. Key initiatives under the applicable objective are detailed below:

CREATE JOBS IN A STRONG ECONOMY

- Young people in the Charleville and Cunnamulla communities engaged through the HOPE (Hope, Opportunity, Pride and Empowerment) Program to build skills to assist them succeed through education and employment opportunities
- In partnership with Southern Queensland Rural Health (SQRH) delivered effective, high quality rural education and training experiences for nursing, midwifery and allied health students
- Full-time and school-based traineeships provided through Golden West Apprenticeships in administration and dental areas
- Aboriginal and Torres Strait Islander Dental Assistant Traineeship provided in Roma.

GIVE ALL OUR CHILDREN A GREAT START

- Launched the Healthy Outback Kids Program in conjunction with the Western Queensland Primary Health Network (WQPHN) to give our children a great start by implementing the universal maternal and child health service
- Improvement in health promotion initiatives with 97.7 per cent of all children under five years immunised.

KEEP QUEENSLANDERS HEALTHY

- Launched the Healthy Communities Initiative that aims to help the people of the South West eat well, be more active and encourage healthier lifestyle behaviours
- Community capacity building to progress the healthy communities strategy
- Weekly Graham Andrews parkrun introduced in Charleville
- 10 Tips to Quit Smoking Awareness Campaign introduced to provide support and encouragement to those who wish to cease smoking
- Healthier food and drink choices introduced across the service with sugary drinks removed from vending machines.

BE A RESPONSIVE GOVERNMENT

- Nurse navigators employed to assist patients navigate the healthcare system, from the community or primary health care setting, through hospital and home again; reducing fragmentation and improving access for patients through care coordination, advocacy and education
- Access hub introduced in the Charleville community and allied health area to streamline referrals and appointments to provide improved patient experience and satisfaction
- Enhancement of the South West HHS public website providing key information and contacts
- Services promoted through the community service directory to improve access to information regarding services.

The South West HHS's priorities and strategic objectives support the Department of Health's commitment to providing better health outcomes for all Queenslanders through continuous improvement and innovation; and to deliver the greatest benefit with the available resources. Our Strategic Plan closely aligns with the Department of Health strategic objectives which are: Promoting wellbeing, delivering healthcare, connecting healthcare and pursuing innovation.

My health, Queensland's future: Advancing health 2026 (Advancing health 2026)

The *My health, Queensland's future* strategy mandates that 'By 2026, Queenslanders will be among the healthiest people in the world'. The strategy creates a common purpose and a framework for the health system in Queensland. It seeks to bring together government agencies, service providers and the community to work collaboratively. Five principles underpin this vision, directions and agenda:

Sustainability - We will ensure available resources are used efficiently and effectively for current and future generations.

Compassion - We will apply the highest ethical standards, recognising the worth and dignity of the whole person and respecting and valuing our patients, consumers, families, carers and health workers.

Inclusion - We will respond to the needs of all Queenslanders and ensure that, regardless of circumstances, we deliver the most appropriate care and service with the aim of achieving better health for all.

Excellence - We will deliver appropriate, timely, high quality and evidence-based care, supported by innovation, research and the application of best practice to improve outcomes.

Empowerment - We recognise that our healthcare system is stronger when consumers are at the heart of everything we do, and they can make informed decisions.

From the Chair and Chief Executive

It is with great pleasure that we present the South West HHS Annual Report 2018-19.

It is an honour and a daily privilege to work with so many, including our wonderful employees, our community advisory networks, community groups, our key local government partners, Aboriginal Medical Services (AMSs), Royal Flying Doctor Service (RFDS), Western Queensland Primary Health Network (WQPHN), Queensland Ambulance Service (QAS), community healthcare providers, stakeholders and volunteers; all who provide steadfast support and dedication to improving the health and wellbeing of the South West community.

After a comprehensive planning process we commenced the year under a newly formulated *Strategic Plan 2018-22* with a vision to be a national leader in the delivery of health services to rural and remote communities. The end of the year provides an opportunity to reflect on the achievements over the past 12 months, to celebrate the milestones and how the foundations have been firmly laid to achieve this vision. As you read through the pages of this Annual Report you will gain an understanding of the great work our staff are doing, how we performed against key performance targets and share in our energy and enthusiasm to be the best rural and remote hospital and health service. Our focus is, and has always been, on providing individualised, person-centred care whether it be in strengthening the acute care system or working within the wider community promoting wellbeing and preventing ill-health.

Our strategic direction focused on a number of key themes to become a national leader in rural and remote health and to create a healthier and sustainable future for South West Queensland; strengthening our commitment to our newly defined organisational values of Quality, Compassion, Accountability, Engagement and Adaptability. Our people are committed to living and working these values to achieve the best possible outcomes for our patients and communities.

Safety and quality

During the year the *Safety and Quality Strategy 2018-22* was refreshed and approved. In line with our purpose 'to provide safe, effective and sustainable rural and remote health services that people trust and value' the strategy sets a vision for safe, individualised, person-centred and highly reliable care. At the centre is a safety movement leading for excellence and putting people first, preventing harm and closing the gap on health inequities. Importantly, the strategy respects and honours the key needs, preferences, and expectations of patients and carers, their families, and their social networks. The patient and their experience with, and expectations of, their healthcare interaction is at the core of this strategy with the patient voice embedded in improvement activities at every level of the organisation.

We also launched the Compassionate Care Bundle which aligns with our value 'compassion', striving for excellence and placing the person at the centre and as an active participant of their healthcare. The Compassionate Care Bundle initiative is designed to ensure each person accessing inpatient care services receives care that is personalised, compassionate and dignified. We pledged to care for patients to deliver the best care and walk with them through their healthcare journey. By introducing ourselves, listening and understanding their needs and cultural background, jointly planning their care needs, respecting their values and wishes and following up once discharged home are ways we are taking their healthcare journey with them.

Over the past year we also worked to deliver more services closer to home, in particular cardiac stress testing and endoscopy services in Charleville. Being a rural and remote health service, these initiatives are part of our aim to improve health outcomes by focusing on the needs of our patients, bringing services to our local communities avoiding long distance travel to tertiary centres and allowing for early diagnosis and detection.

Aboriginal and Torres Strait Islander health

A significant highlight of the year was the launch of the *Aboriginal and Torres Strait Islander Health Strategy 2018-22*. We were delighted to officially launch this strategy in conjunction with the Aboriginal and Torres Strait Islander Leadership Advisory Council in St George in October 2018. As a health service we are strongly committed to improving services for our Aboriginal and Torres Strait Islander residents who make up 13.4 per cent of the South West population and delivering those services in culturally appropriate ways.

The strategy is a public statement of the whole South West HHS's commitment to healthier futures for Aboriginal peoples and Torres Strait Islander peoples. One of our core priorities is to close the gap in health inequality between Indigenous and non-Indigenous residents. We believe that through this strategy; working together and continually striving to meet the specific needs of our Aboriginal and Torres Strait Islander health consumers; we will make progress to reduce the gap in health outcomes that currently exist in our region.

How we make a difference

South West HHS is making a real difference to working together locally and strengthening key partnerships. The provision of health services by various providers can be disjointed and, over the past year, there has been an increased focus on working more closely with key providers to achieve better outcomes for our communities, to reduce duplication, and increase service access.

> "Our focus is and has always been on providing individualised person-centred care whether it be in strengthening the acute care system or working within the wider community promoting wellbeing and preventing ill-health."

We signed a Memorandum of Understanding (MOU) with the RFDS as a commitment to the wellbeing of our communities and further strengthening our collaboration and joint partnership. The aim of this partnership is to coordinate health and wellbeing service provision and engagement; leading towards greater integration and innovation across the primary health sector. The MOU acknowledges both our strategic and service plans in general practice and supporting comprehensive primary health care as a cornerstone.

Another important partnership has been with SQRH, an advisory body of which South West HHS is a member. This University Department of Rural Health was established to support and strengthen a high quality, highly skilled workforce in regional, rural and remote Southern Queensland, with a focus on nursing, midwifery and allied health students as well as increasing rural health training opportunities. A highlight of the year was the announcement that SQRH will construct a brand new health training facility at Charleville Hospital. This new facility will attract more health professionals to the area, improving local health care services now and into the future.

It is through these partnership initiatives that we can reshape healthcare and deliver sustainable services in rural and remote communities.

2018-19 was also a year of infrastructure investment with a focus on upgrading staff accommodation at Cunnamulla, Morven, Mungindi and Surat. The redevelopment of the Roma Hospital is well underway and on track to be completed in September 2020. This state-of-the-art health facility is part of the Queensland Government's $180 million Enhancing Regional Hospitals Program and is being built specifically to meet the needs of the region. The hospital is a key part of the South West HHS vision 'to be a national leader in the delivery of health services to rural and remote communities'.

Community connection

We have made strong connections with our communities, continuing to go from strength to strength. A key strategic initiative has been to partner and engage with our communities across the South West region to build capacity and capability to make healthier choices. Evidence demonstrates that a social movement has the ability to make real and sustainable changes. The Healthy Communities Initiative is a new approach that aims to help the people of the South West eat well, be more active and encourage healthier lifestyle behaviours.

Our initiative seeks to empower individuals to take care of their health and wellbeing, addressing modifiable risk factors of chronic disease, supporting community initiatives and building partnerships. As part of this initiative we have partnered with community champions, local businesses and other industries.

Our strong connection with our local Community Advisory Networks (CANs) continued with our CANs providing valuable feedback with shaping, designing and influencing our service delivery to improve quality of care. We thank them for their tireless efforts and being the engaging voice for their communities.

Strategic transformation

2018-19 has been an exciting and important time and 2019-20 will continue to be.

We are on a strategic transformation journey to change the health landscape across the South West for generations to come with the development of a 10-year Health Services Plan. This plan will be finalised during the coming year and will be a collaborative approach with other key stakeholders to formulate a course of action designed to stretch our collective efforts and responsibilities to achieve the outcomes that matter most to individuals and local communities in the South West.

It is hoped that in time to come this part of our journey will always be recognised as the turning point towards arresting the poor health determinants that impact on health and wellbeing and becoming the healthiest population in the state.

Finally, thank you to our staff, who choose to be a part of the South West community and their continued commitment to compassionate, person-centred care. Every day as Chair and Health Service Chief Executive we are inspired by our highly skilled and dedicated staff who commit to providing safe, effective and sustainable rural and remote health services that people trust and value. To our communities, it is an honour and a privilege to serve and care for you and your loved one's health needs.

It is with pride that we present to you the South West Hospital and Health Service 2018-19 Annual Report.

Mr Jim McGowan, AM
Chair
South West Hospital and Health Board

Ms Linda Patat
Health Service Chief Executive
South West Hospital and Health Service

Highlights

Significant progress occurred in 2018-19 towards implementing the South West HHS *Strategic Plan 2018–22*. The strategy has a four-year outlook setting out how the South West HHS will achieve its objectives with key opportunities identified.

Some of the key highlights for the year included:

- Jointly planning and prioritising services in partnership with the WQPHN, RFDS, our local AMSs and QAS;
- Meeting with Children's Health Queensland to better support the needs of our local children requiring healthcare and providing high quality patient and family centred care no matter the postcode;
- Launched the Healthy Communities Initiative with the development of a Healthy Communities Toolkit;
- Development of the *Aboriginal and Torres Strait Islander Health Strategy 2018-22* with the Aboriginal and Torres Strait Islander Leadership Advisory Council, Indigenous communities and partner services;
- Refresh of our *Safety and Quality Strategy 2018-22* which describes a vision for safe, individualised, person-centred, and reliable care;
- Strategic partnerships established with the primary health care sector to develop and implement an integrated health system;
- Continuation of the partnership to provide integrated primary care centre services in Cunnamulla between South West HHS and Cunnamulla Aboriginal Corporation for Health (CACH);
- Introduction of numerous programs to address the challenges facing young people in the far South West through the HOPE Program;
- Launched the South West HHS Village Connect initiative designed to provide support and connection for staff working in rural and remote communities;
- Launch of the South West HHS Compassionate Care Bundle;
- Commencement of the Lead4Qld Program with the enrolment of 60 of our senior leaders;
- Access to our health services were strengthened and innovative models of care introduced across the region to increase timely access to services and reduce the burden of travel.

Clinical Council

South West HHS elected its first Clinical Council in July 2018; creating a forum for medical nursing and allied health professionals to influence patient care and system change. As the peak advisory body within the South West HHS Committee Governance Framework, the Council is at the forefront of clinical leadership, innovation, engagement and expert advice to the highest level of operational management in the Health Service. Through the Council clinicians have a strong voice and provide strategic advice and leadership on system-wide issues affecting quality, safety and sustainability of patient care within the health system of the South West.

The Clinical Council assists the Health Service Chief Executive (HSCE) in fulfilling responsibilities and ensuring achievement of the organisation's safety, quality and value-based outcome goals and key performance indicators. It provides a voice for frontline staff directly to senior management, the Board and Executive Leadership Team on strategic clinical issues, and makes recommendations about how to deliver the best care to communities across the South West.

With 22 members, a broad and diverse range of perspectives and professional experience will be provided from those who work with patients at the bedside, in clinics and within the community. At its inaugural meeting held on 12 July 2018, the Council identified four important pillars to focus its work on. This was in the areas of chronic disease, aged care, innovation and clinical research.

Community Advisory Networks

The South West HHS is committed to meaningful consumer and community engagement, respectful partnerships, and has a strong, robust and effective framework across the South West for the operation of its CAN.

Comprised of 15 local community advisory network committees; and as peak community and advisory bodies to the Board they form a strong and pivotal link between local communities and the South West HHS.

Our CANs have local autonomy, are self- determining and self-managing, and raise issues and concerns directly with the Board. The genuine partnerships established with local CANs provides for honesty and transparency where questions can be asked, and issues can be considered from different perspectives, to achieve better health outcomes for communities and consumers. As the CAN has matured over the past couple of years, we have learnt that the most important thing is to listen to our advisory network members and to recognise that they are the experts in understanding the community and consumer perspectives.

Our annual CAN Forum held in October 2018, in St George was a huge success with CAN Chairs networking and engaging with Board members and the Executive Leadership Team. Attendees at the annual forum heard all about new healthcare initiatives and shared their own stories about what matters most in their local area.

At the commencement of 2019 the Year of Healthy Choices was launched with some strong initiatives around health and wellbeing, healthy drinks and food choices in our services, along with additional supports to help people stop smoking. Many of our CANs have become involved in championing the cause to improve health and wellbeing. Along with local community groups they have mapped their communities to identify priorities for locally led health initiatives. Effective partnerships are essential for community-based solutions increasing the community's capacity to shape outcomes. With a shared vision and purpose this is service delivery innovation at its best, as communities become their own change agents to become a more healthier population.

The work of our CANs is inspirational, and they are making a real difference within their communities to improve health outcomes. Through the strong connections made we are working with our CANs to shape, design and deliver the best health service possible and to generate real change to reduce the poor health determinants in the South West.

About us

Strategic direction

Established on 1 July 2012, the South West HHS is an independent statutory body overseen by a local Hospital and Health Board pursuant to the *Hospital and Health Boards Act 2011* (Qld).

The South West HHS delivers person-centred, responsive and coordinated acute, primary and preventative care to our local communities. Our clinical services include medicine, surgery, women's and newborn, aged care, mental health, oral health and community and allied health.

A comprehensive strategic planning process was undertaken to develop an aspirational document that sets out our organisational goals and priorities for the next four years and how we are going to achieve them. Our ultimate purpose is to provide safe, effective and sustainable health services to our diverse communities that people trust and value.

The plan ensures we are all working towards common goals with agreed outcomes and helps focus our organisational efforts and resources in appropriate directions.

Launch of the *Strategic Plan 2018-22*

Our *Strategic Plan 2018-22* represents the efforts, knowledge and time of our people, our partners and our local communities; who all contributed to shape the future direction of our Hospital and Health Service. Because of this collaborative effort, we now have a vision of where we want to be and the ability to transparently measure our progress and performance against headline measures.

We focus on four key priorities: our communities, our teams, our resources and our services, whilst recognising the opportunities for innovation, technology, integrated care models, partnerships and delivering services differently to better meet our patients' needs.

Our new Strategic Plan supports the *'Our Future State, Advancing Queensland's Priorities,'* specifically: Create jobs in a strong economy, Keep Queenslanders healthy, Give all our children a great start; and Be a responsive government.

Our patients, families, carers and our communities are at the heart of all that we do at the South West HHS. We live in an often-unforgiving landscape with vast geographical differences and distances with a diverse population; and our *Strategic Plan 2018-22* promotes innovative solutions to deliver the right service, at the right place, at the right time. People will always come first in everything that we do, from health planning, design and delivery to cultivating and inspiring healthy community initiatives across the region.

SOUTH WEST HOSPITAL AND HEALTH SERVICE

Our Strategic Plan 2018–2022

The South West Hospital and Health Board (the Board) is responsible for providing health services to the people of South West Queensland through the South West Hospital and Health Service (SWHHS). The Queensland Government influences the Board's strategic intent through its various strategic objectives and via the service agreement between the Board and the Department of Health.

Our Vision To be a national leader in the delivery of health services to rural and remote communities

Our Purpose To provide safe, effective and sustainable rural and remote health services that people trust and value

OUR VALUES

Quality · Compassion · Accountability · Engagement · Adaptability

OUR STRATEGIC OPPORTUNITIES

- To think laterally and implement innovative medical, nursing and allied health workforce models that best deliver services to patients in rural and remote areas.
- Focus on the health needs of all patients (and consumers) by fostering integrated care models across the HHS in partnership with other health service providers.
- Capitalise on the potential of the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan) to deliver services differently to better meet patient needs.
- Use technology and innovations that enable services to be delivered closer to where people live.
- Partner with the Western Queensland Primary Care Collaborative (PHN), Aboriginal Health Services, general practitioners and other health service providers and local governments to enhance the services available to communities in the South West.
- Ensure effective clinical governance systems are in place to deliver high quality health services as close to home as possible.

OUR STRATEGIC RISKS

WORKFORCE	The capacity and capability of the workforce could limit our ability to meet service needs.
POLICY	Policy changes at Federal / State level are magnified at local levels in rural areas and have the potential to disrupt health service planning and delivery.
FINANCIAL	The changing funding environment may impact on the financial sustainability of the service.
INFRASTRUCTURE	Ageing buildings and equipment constrain the delivery of contemporary models of care.
INFORMATION, COMMUNICATION & TECHNOLOGY (ICT)	Inadequate ICT infrastructure impacts on our ability to keep pace with digital innovations to deliver health services to rural and remote communities.
HEALTH STATUS	Low levels of health literacy and the burden of disease across a dispersed population, especially in Aboriginal and Torres Strait Islander and other vulnerable population groups, contribute to poor outcomes.
SOLE SERVICE PROVIDER	Withdrawal of service by other service providers escalates demands on SWHHS to avoid interruption and/or cessation of services in local communities.

OUR PRIORITIES

Our Communities · Our Teams · Our Resources · Our Services

OUR ENABLERS

Quality and Safety • Service Delivery Outcomes • Technology and Business Intelligence • Capital and Asset Management • Financial Capacity
Consumer and Community Engagement • Clinician Engagement • Workforce Capability • Cultural Capability • Research Capacity

OUR COMMUNITIES

OUR TEAMS

OUR SERVICES

OUR RESOURCES

Vision, Purpose, Values

In July 2018 a new Vision and newly defined organisational Values to guide our behaviour and decisions were launched as part of the *Strategic Plan 2018-22*.

Our vision - To be a national leader in the delivery of health services to rural and remote communities

Our purpose - To provide safe, effective and sustainable rural and remote health services that people trust and value

Our values – Quality, Compassion, Accountability, Engagement, Adaptability

Our values unite us in our shared core beliefs and commitment to, the bush and the local communities we serve.

The South West HHS is a family in the workplace, and our communities rely on us to make a strong link between our culture and the services we deliver. We do this by nurturing our person-centred care philosophy to support our future vision and our priorities. We are privileged to have highly skilled and committed staff, who bring their best self to work – and have the clarity, energy, enthusiasm, confidence and belief, to create the best workplace conditions for themselves and each other.

We continue to build an organisational culture which infuses our daily work with a commitment to our newly defined personalised values of Quality, Compassion, Accountability, Engagement and Adaptability which are meaningful to each individual, teams and our patients and our consumers. We embrace these core values in everything we do.

Priorities

Our priority deliverables for 2018-19 were:

- **Our communities** – always put people first, no preventable harm, proactively close the gap on health inequities
- **Our teams** – design, attract and retain the future workforce, build strong inclusive teamwork and leadership in line with our values, embrace safe and healthy workplaces
- **Our resources** – be sustainable and fiscally responsible, develop fit-for-purpose infrastructure, adopt digital transformation and connectivity
- **Our services** – pursue and strengthen local collaborative partnerships, deliver the right service, in the right place, at the right time, excellence in future planning and good governance.

Our efforts were focused on strengthening access to health services and implementing innovative models of care across the region; implementing strategies to close the gap on health outcomes for local Indigenous communities; increasing investment in preventative health; developing and implementing an integrated health system through strategic partnerships with the primary health care sector; partnering to progress healthy communities initiatives; investing in technology and connectedness that supports innovation and personalised care; continuously improving patient safety and quality and maturing our clinical governance to deliver high quality services as close to home as possible; and empowering our people through a strong culture of continuous learning and supporting staff in professional development opportunities to strengthen our workforce.

A major initiative is the new Roma Hospital with completion planned for late 2020 as part of the Queensland Government's $180 million Enhancing Regional Hospitals Program.

Introducing our nurse practitioners

In line with the South West HHS vision to be a national leader in the delivery of health services to rural and remote communities three nurse practitioners were appointed in Charleville, Dirranbandi and Roma.

Nurse practitioners are relatively new Australia-wide, however the demand for accessible health care is strong. The focus for our three nurse practitioners is accessibility for all, particularly in rural and remote locations. Within their scope of clinical practice, nurse practitioners can diagnose and manage patients with common and complex health conditions; provide a wide range of assessment and treatment interventions; request and interpret diagnostic tests including radiology and pathology; prescribe medications and make referrals to medical specialists and allied health practitioners, where required.

Our nurse practitioners are working in the chronic and primary care areas and are committed to promoting health and improving quality of life through a holistic, person-centred, collaborative model of care which aims to reduce episodic presentation and provide early intervention. Nurse practitioners will add value and fill gaps in service provision across acute, primary and chronic disease care in collaboration with the client's GP and the wider multi-disciplinary healthcare team.

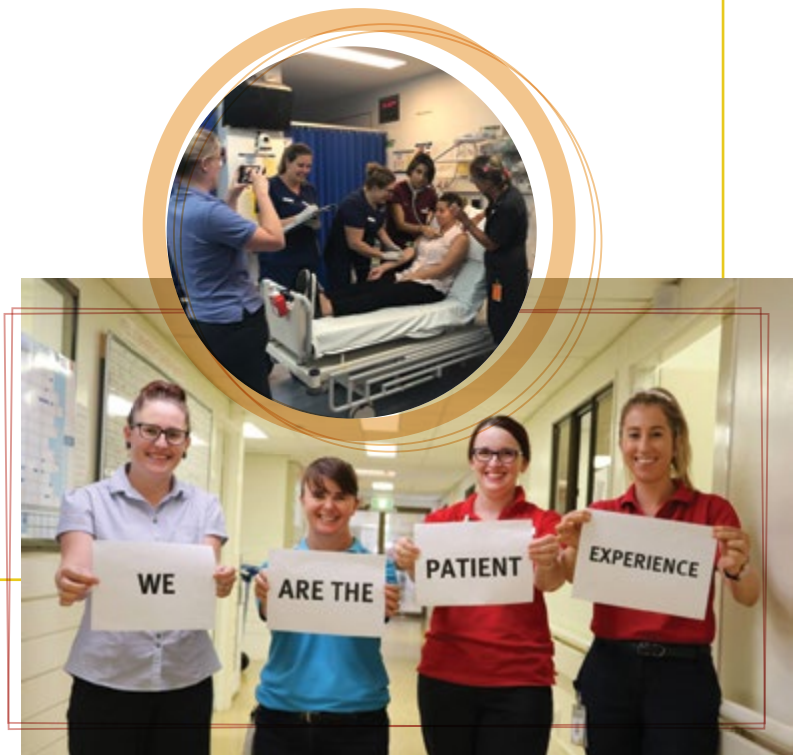
The introduction of nurse practitioners is an example of how the South West HHS is putting people first and providing services in different ways to meet the needs of rural and remote communities and improving healthcare in its area.

I am the patient experience

Compassionate person-centred care is at the centre of everything we do. Patient Experience Week was a time to celebrate and honour our professional and compassionate staff who strive to make our patients, families and carers' experience as positive as possible. The patient experience week, a global event, was an opportunity to acknowledge and recognise the work of each person involved in caring for our patients throughout their healthcare journey.

As part of celebrating Patient Experience Week, and the focus on the importance of the patient experience in healthcare, the South West had a taste of Hollywood. On 29 May 2019 the inaugural screening of the I am the Patient Experience video awards was held in Roma following a competition through which staff were invited to create videos showing how they represent the patient experience.

Several groups from facilities across the South West developed films for the competition. The videos were an excellent opportunity to showcase their staff and the region's commitment to the patient experience across all areas of the service. First place was bestowed on the Mitchell Multipurpose Health Service (MPHS) for their video with a trophy and an education bursary to the value of $2,000 presented by Jim McGowan, Board Chair for staff education to elevate the patient experience at Mitchell even further.



South West HHS participates in largest trial of new Sepsis pathways

South West HHS became the first Queensland rural hospital and health service to participate and roll out the state-wide trial of the rural sepsis pathway for adults and children, across all hospitals and multipurpose health services.

Sepsis is a silent killer, a life-threatening infection that occurs when the body's response to that infection ends up damaging organs and tissue. Early recognition and management of sepsis saves lives.

The South West HHS has worked closely with the state-wide sepsis group to establish rural opportunities for reducing clinical variation in sepsis management to ensure early diagnosis and delivery of evidenced based care. Patients will be screened when presenting for treatment, helping clinicians detect sepsis earlier and to commence critical, timely and lifesaving management. The trial is continuing for 12 months and due to conclude in June 2020. The South West HHS is committed to ensuring our patients are receiving the highest quality evidenced-based care and has been commended for the uptake and implementation of the trial.

Bringing services closer to home

Bringing services closer to home was achieved when locally-delivered cardiac stress testing commenced in Charleville, saving residents long journeys to the city for this procedure.

This is part of our aim to improve access to services and health outcomes for communities, right across the region, in the most efficient and effective way possible.

Heart disease is one of the leading causes of avoidable death in Australia. By offering this service more people in the community will be tested; which will mean more lives can be saved through early diagnosis and intervention. If any abnormalities are identified clients can be referred to a specialist for further care.

With these services now commenced, Charleville joins Roma as a site providing cardiac stress testing through the Princess Alexandra Hospital in Brisbane. Charleville is one of several trial sites across the state where the Princess Alexandra Hospital is assisting regional hospitals to tackle Australia's most common form of heart disease; by arming them with the equipment and training to diagnose and track this disease. The aim is to bridge the healthcare gap that exists between regional, remote and Indigenous communities.

Another initiative introduced at the Charleville Hospital was the endoscopy pilot program, following its success at Roma and St George. This program aims to train rural general practitioners to undertake routine endoscopy procedures such as colonoscopies within their own region; rather than relying on periodically visiting specialist services from larger centres. This is a partnership between the South West HHS and the Princess Alexandra Hospital.

Prior to the trial program being introduced, about 420 South West residents a year were going to Toowoomba for various endoscopic and colonoscopy procedures. The majority of these procedures can now be done in the South West hospital hubs. Endoscopic procedures such as regular colonoscopies; for people deemed at risk of developing bowel cancer, or who have recorded a positive faecal occult blood test, can significantly improve survival rates by picking up the cancer early and allowing treatment to start.

The implementation of the non-specialist endoscopy pilot sessions has set the foundation for the future, and by training rural general practitioners to undertake the routine endoscopy procedures, a year-round service to rural residents can be delivered closer to their homes.

The South West Healthy Challenge

Leaders from across government agencies united to share their intent to role model and promote healthy lifestyles from 1 May to 30 June 2019.

Government agencies across the South West make up a large part of our small communities. As part of the Health Service's Healthy Communities Initiative, we aim to get people moving more and thinking more about their health, both in the workplace and in the wider community. With 83 participants, a total of 13,523,125 steps were made.

Our Healthy Communities Initiative is designed to help South West residents eat well, be more active and create environments that support and encourage healthy lifestyle behaviours. We want to help our residents to consider how risk factors such as a sedentary and inactive lifestyle; unhealthy weight; unhealthy eating; smoking and alcohol consumption are impacting on their health and lifestyle.

Challenge participants had the option of choosing one, or all three health challenges to pursue as part of the program. The challenges were weight loss; waist girth loss; or total steps achieved during the challenge. Our message to members of the community is that they don't have to resign themselves to detrimental lifestyle choices. They have the power to make changes, and we will help them if they genuinely want to do so.

Village Connect in Action

During the year the South West HHS launched the innovative Village Connect initiative; a program to connect and care for staff at their local work sites.

South West HHS is committed to innovation, considering new ways of working, thinking differently and encouraging and inviting our staff to bring forward ideas and be an active part of our work family.

During the year staff at St George Hospital initiated the St George Precinct Village Connect project. It is aimed to understand the links between social connectedness within the workplace and community, and its impact on staff health, wellbeing and positive mental health. The project focused on two key areas:

- The Village Green – to understand the existing staff environments, and support programs, and enhance and embed the Village Green within staff culture and organisational planning.
- Staff Revitalisation Zones – to conduct research on environments purposefully set up to enable staff to destress, mellow and relax for short periods to decrease workplace stress, increase psychological happiness, increase workforce satisfaction and staff productivity.

As a result of encouraging staff engagement and feedback from across all streams, the ideas generated have resulted in several viable solutions that have been co-designed by staff across the campus. The results from the project align with research literature from around the world within hospital and health facilities, that strongly support the establishment of dedicated spaces for self-care and social connection. With a focus on wellbeing of staff, the provision of hospital and allied health services will continue to be sustainable at a high standard, and ultimately lead to better outcomes for people and the community of St George.

Infrastructure upgrade

This year the Infrastructure and Maintenance Team managed approximately $6 million of capital projects across the South West HHS.

Our Board invested almost $2.6 million to improve staff accommodation, ICT infrastructure and support facility re-design. The Board recognised the need for a high standard of staff accommodation as this is essential in attracting and retaining staff. A three-bedroom residence in Morven was built as well as 14 self-contained ensuite units across Cunnamulla, Mungindi and Surat.

South West HHS also delivered $2.6 million in projects through the Priority Capital Project program; completing full electrical upgrades at Augathella, Cunnamulla, Dirranbandi, Mitchell and Mungindi. Professionally designed hospital-grade commercial kitchens were installed at our Injune and Cunnamulla facilities.

Under minor capital funding, a shared ward bathroom was made into two self-contained patient bathrooms at the Dirranbandi MPHS for a cost of $160,000 and a dedicated bathroom for long-stay residents in the Mitchell MPHS was constructed for $80,000.

Where possible our projects were awarded to local contractors.

New Roma Hospital Redevelopment commenced

The construction of the new Roma Hospital commenced in the latter part of 2018 with the announcement of Watpac Construction Pty Ltd as the successful tender for the main construction works.

This is a truly exciting project not only for the Roma community and Roma Hospital staff, but also for the wider South West region and is expected to be completed in 2020. The new hospital will be a state-of-the-art health facility built to meet the needs of the region, delivering vital health services, providing better access and a much improved physical environment for our patients and staff.

The design of the new hospital reflects modern changes in health care and treatment delivery with an emphasis now on treatment spaces, rather than beds. This is because many patients no longer need to stay in hospital overnight. For example, the new hospital will include a large expansion in day surgery which requires alternative treatment spaces, rather than hospital beds for longer stays. Our proposed mix of treatment spaces and beds was determined with a view to best meeting current and expected future demand. A new hospital will also better support changes in technology, clinical procedures and clinical requirements.

Staff, consumers and communities have been well-engaged to ensure that the new hospital provides the best possible physical environment for health services well into the future. The new hospital will provide the built infrastructure to deliver more contemporary models of service in an environment that is pleasing for patients, and will reflect the very latest advances in healthcare and technology. The new Roma Hospital will be a first-class health facility that we can all be very proud of.

The crane is named

With the Roma Hospital Redevelopment well underway, on Thursday 17 January 2019 a 33-metre-high, 60-metre-long tower crane, capable of lifting loads of up to seven tonnes, arrived on site. To celebrate this significant milestone, the South West HHS and construction partner Watpac invited nominations from primary schools from across the South West to participate in our '*Name the Crane*' competition.

More than 70 entries were received from 31 schools across the south west region, with students offering some outstanding suggestions. The entries were to a high standard and the judges had a very difficult task in selecting the winning entry. The competition winner was Sydney Bentley from St John's School in Roma with her entry of 'Knight Saber'. Sydney said she chose the name because 'The crane is big and strong like a knight, and has a big red light like in Star Wars'. Sydney was presented with an iPad donated by Watpac and a flag proudly displaying 'Knight Saber' was hoisted high on the crane. To commemorate the occasion Sydney cut a celebratory Knight Saber cake with her twin sister Kaitlyn.

OUR RESOURCES – DELIVER DIGITAL INNOVATION

Improving communication channels through technology

The South West HHS embarked on a journey of forming connections, and opening communication channels in the workplace, with the introduction of an electronic consumer and staff platform to monitor and improve care through the evaluation of experiences.

The implementation of the Qualtrics System forms part of our commitment to person-centred care and ensuring services are developed to directly meet patient and staff needs.

Qualtrics delivers a system to capture real-time patient and staff reported experiences from surveys through various distribution methods, including anonymous links, e-mails and SMS. This allows the health service to accept feedback, measure, predict and prioritise activity to enhance care delivery and empower the consumer's voice. The platform is available to all staff to conduct or facilitate surveys on desktop computers, as well as iPads provided to the facility / unit to enable staff to bring the technology to the patient. Captured data illustrated by graphs and dashboards guide the health service in co-designing meaningful improvements to services and processes.

Our innovation greenhouse, a modern think tank

In keeping with its strategic initiatives to deliver innovation, a designated space to design, involve and grow innovation was officially opened at the Spencer Street office in Roma. Inspired by the practices of leading global organisations, the dark room filled with bursts of fluorescent colour is intended to inspire creative and strategic thinking.

The Greenhouse concept grew from the health service drive to become an innovation leader and requiring a co-working and innovation space to enable a different way of thinking. The Innovation Greenhouse includes space to draw and visually express ideas, and inspiration to motivate staff to switch on their inventiveness.

The room is based on research and the Greenhouse name is derived from the South West HHS Village Connect principles, as the name indicates - it can incubate ideas, produce new thinking and cultivate collaborative concepts drawn from the functions of a traditional greenhouse. The South West is leading the way in new developments, ideas and system solutions for rural and remote healthcare.

Developing and strengthening partnerships

A key objective of the *Strategic Plan 2018-22* is to strengthen local collaborative partnerships.

Traditionally, there has been a lack of coordination, fragmentation, silos and duplication of services which have resulted in significant challenges for consumers trying to navigate the system. The environment has not been beneficial in providing a person-centred approach to achieve best health outcomes.

Significant inroads into developing partnerships were made during 2018-19. It is recognised that agencies coming together with a shared understanding and purpose, a commitment to pooling of resources, knowledge and findings has the opportunity to provide effective and integrated services where the needs of the consumer can be met, and better outcomes are achieved. Working with our healthcare partner organisations, with the person at the centre, we will build a wholistic system of care that is based on promoting wellbeing and preventing ill health and ensure that sustainable, safe and effective care is delivered.

One of our key partnerships is as a member of the SQRH collaborative; a Commonwealth funded University Department of Rural Health with The University of Queensland, The University of Southern Queensland and the Darling Downs HHS. Linda Patat, HSCE is a member of the Advisory Board which provides the strategic direction for the SQRH.

During the year the South West HHS and SQRH worked together in supporting the delivery of effective rural training experiences for allied health, nursing and midwifery students ensuring rural training experiences are of a high quality, developing processes to improve rural student recruitment; engaging with local communities to support the delivery of training to students; maintaining and progressing an evidence based and rural health research agenda; supporting improvements in Aboriginal and Torres Strait Islander health and providing regional leadership in developing innovative training solutions to address rural workforce recruitment retention.

In March a major announcement was made by SQRH that will have a long-lasting, positive impact on the region. A purpose-built health training facility will be built at Charleville Hospital. The state-of-the-art facility will include training rooms; consultations rooms; telehealth studios and clinical simulation areas; and provide the very latest equipment and training for nursing, midwifery and allied health students. The new facility will attract more health professionals to the area, improving local health care services now and into the future.

There was a further strengthening of the vital partnerships when the South West HHS and the RFDS signed a MOU. This provides the framework to enable strategic partnerships in a number of key priority areas including joint service and activity planning; clinical workforce innovation and support; digital health environment; shared health intelligence and joint strategy development. Both parties provide general practice and support high performing, comprehensive primary health care. Through a collaborative process, issues and approaches will be prioritised to deliver services leading towards greater integration and innovation across the primary health sector.

Our patients, their stories

Ann and Cliff Collins celebrated their 60th wedding anniversary this year. After meeting at the Condamine Café in Roma as 18 and 21-year olds, Ann and Cliff are now long-time residents of Roma. Ann and Cliff successfully raised six children and with their children now grown, Ann and Cliff devote much of their time to activities that take place in the community throughout the year. Cliff can be regularly seen helping at the local Vinnies. As Elders, Ann and Cliff are strongly committed to their culture and this shines through in their many close connections to community.

In 2015 Cliff was admitted to his local hospital at Roma with a life threateningly slow heart rate that needed correction. After an emergency flight to the Princess Alexandra Hospital in Brisbane he received life-saving cardiac surgery. Cliff now has a pacemaker, so his heart beat is maintained at a normal rate. Twelve months later, as Cliff was recovering from surgery, Ann suffered a stroke and was found to also have the same cardiac condition as Cliff and needed to have a pacemaker fitted. Ann was anxious and reluctant to go to Princess Alexandra Hospital in Brisbane for the surgery. As Ann and Cliff's daughter Patsy works at The Prince Charles Hospital in Brisbane where cardiac surgery is also provided, Roma Hospital team assisted Ann to access her surgery where her daughter works as she felt more comfortable. Ann received her pacemaker surgery at the Prince Charles Hospital in early 2019 and was able to be supported by her daughter Patsy throughout the experience.

Ann has now returned home to Cliff and her family in Roma. Despite advancing age and complex chronic health conditions, both Ann and Cliff continue to live independently in their own home.

Lane Brookes, Cliff and Ann's Aboriginal and Torres Strait Islander Liaison Officer is never far away. He keeps in regular contact with them both and assists them to attend the many health service appointments they require as part of their health care that is provided by the Primary and Community Care Team in Roma.

In 2010 cardiovascular disease was the leading cause of death in the South West. Whilst significant gains have been achieved in the prevention and treatment of cardiovascular disease in past decades, significant disparity in the cardiac outcomes of rural and urban communities still exists. As a result, the consequences of cardiovascular disease represent a significant social burden on South West communities.

The challenge in closing the gap on cardiovascular disease inequalities in the South West is significant. South West local government areas experience some of the highest admission rates for cardiac related conditions in the nation. The lifestyles of South West adults are contributing to the high rates of cardiovascular disease burden. In 2016, 17 per cent of South West adults were smoking daily; more than one third were obese; 92 per cent of adults consumed insufficient vegetables and 47 per cent of adults consumed insufficient fruit. In 2011-12 one third of South West adults had high blood pressure and a little over one third had high cholesterol.

We are truly committed to compassionate care

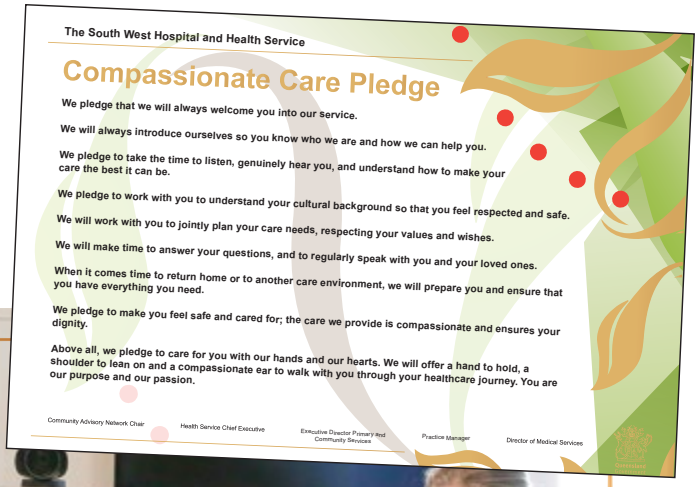
It was a truly momentous occasion when the Compassionate Care Bundle was officially launched for the South West HHS at the Charleville Hospital in August 2018.

The HHS formalised its commitment to compassionate care through the signing of a pledge. Compassion is one of our newly defined organisational values that is an anchor for our work each and every day, where meaningful engagement occurs with health care consumers at all touchpoints. Aligning with the Vision and Values espoused in the *Strategic Plan 2018-22*, compassionate care is about care that is individualised, personal and keeps the client at the centre of all decisions at all times. The Bundle was rolled out to all facilities across the South West HHS.

The Compassionate Care Bundle consists of:

- introducing ourselves with a caring and personalised approach and ensuring explanations at every care interaction
- South West HHS designed staff name badges featuring the "Hello My Name is" movement and representing our staff "Shoulder2Shoulder" commitment to support and connect our teams
- jointly plan and provide individualised care
- purposeful rounding
- clinical handover at the bedside
- discharge follow-up phone calls
- patient shadowing.

While the concepts of the Compassionate Care Bundle are not new, the presentation and design is fresh with the concept of bundling up a consistent and reliable approach. One of the key highlights of the initiative was the introduction of the wearing of staff name badges - *'Hello my name is'*. This is a wonderful example of the simplest of measures having a great impact on the patient experience. This small gesture with the staff member's name displayed on the badge provides a collaborative first impression and sparks a relationship. Staff wear their badges with pride and honour.


The South West Hospital and Health Service

Compassionate Care Pledge

We pledge that we will always welcome you into our service.

We will always introduce ourselves so you know who we are and how we can help you.

We pledge to take the time to listen, genuinely hear you, and understand how to make your care the best it can be.

We pledge to work with you to understand your cultural background so that you feel respected and safe.

We will work with you to jointly plan your care needs, respecting your values and wishes.

We will make time to answer your questions, and to regularly speak with you and your loved ones.

When it comes time to return home or to another care environment, we will prepare you and ensure that you have everything you need.

We pledge to make you feel safe and cared for; the care we provide is compassionate and ensures your dignity.

Above all, we pledge to care for you with our hands and our hearts. We will offer a hand to hold, a shoulder to lean on and a compassionate ear to walk with you through your healthcare journey. You are our purpose and our passion.

Community Advisory Network Chair | Health Service Chief Executive | Executive Director Primary And Community Services | Practice Manager | Director of Medical Services

Planning for the future, a new Health Service Plan

Work has commenced on the development of a 10-year Health Service Plan.

The development of this plan is critical in ensuring healthcare is delivered differently as the ways of the past have not achieved quality health outcomes. The current health outcomes for rural and remote Queensland, and the even greater health disparity of our Aboriginal and Torres Strait Islander people, are worse than the Queensland average and we must do better. A fundamental shift is required where there is a balanced approach to delivering person-driven care within the acute setting as well as focusing on person-centred health and wellbeing outside of the acute care setting.

Over the next 10 years consumers will be more involved in what matters to them and be empowered to make better choices to improve their health and wellbeing. Our future plan will be formulated to ensure individual, local community, population and whole-of-system outcomes can be delivered so that our communities have the opportunity to become the healthiest rural population in the nation.

We will be working in collaboration with the WQPHN, local AMSs, RFDS and other key service partners to finalise a future plan that is meaningful and will ensure the sustainability of rural and remote health services that people trust and value.

Aboriginal and Torres Strait Island Health

OUR COMMUNITIES – CLOSE THE GAP ON HEALTH EQUITIES

Integrated Coordinated Care

The Integrated Coordinated Care team continue to build relationships across the health and social care sector to enable them to assist Aboriginal and Torres Strait Islander patients as they move through differing healthcare journeys.

This has included working with the Multidisciplinary Care Team across a variety of government, non-government and Aboriginal community-controlled organisations to enhance child health; women's health; maternity; cancer care; end of life; surgical; head injury and suicide bereavement journeys of Aboriginal people. These enhancements have included assisting clients to attend face-to-face appointments; arrange for care closer to home including utilising telehealth; assisting with end of life care for the patient and their families in a culturally responsible way; assisting patients to attend specialist care in Brisbane; facilitating access to childhood and flu immunisation and hearing screening.

Cultural capability refers to the skills, knowledge, behaviours and systems that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner. The South West HHS is committed to building a workforce with cultural capability at its core and all staff are required to complete our Aboriginal and Torres Strait Islander Cultural Practice Program (CPP) within three months of commencing duties. By making this a focus the South West has obtained the highest completion rate in the state of 86 per cent. The cultural capability course is made up of an online training package and requires participants to attend face-to-face workshops delivered by our Aboriginal and Torres Strait Islander Health team.

Indigenous Health Coordinator Rodney Landers Snr said completing the course was a great first step to gaining a better understanding of caring for Aboriginal and Torres Strait Islander patients. Completing the course means our staff are aware of the health issues facing Indigenous Australians, the local context and what we are doing to close the gap on health inequality locally. We also share lots of local information about cultural trails and significant Indigenous sites that can be explored in the great South West.

In collaboration with the Cancer and Palliative Care team some of the Aboriginal and Torres Strait Islander workforce team attended training in Program of Experience in the Palliative Approach (PEPA). During Palliative Care Week the Aboriginal and Torres Strait Islander Women's Business Officer was able to deliver 'Caring for your mob at the end of life' and 'Dying to Talk' a discussion starter resource for Aboriginal health services in Roma.

During the year a Healthy Communities Toolkit was created to deliver three objectives - people first; no preventable harm and closing the gap on health inequities. The toolkit was rolled out in January 2019 to provide a stepped approach on how to plan and deliver effective health programs. In partnership with the Roma Midwives and the Charleville Western Area Aboriginal and Torres Strait Islander Community Health (CWAATSICH), a Young Women's group has been established to promote immunisation, sexual health, child and infant nutrition, smoking cessation and family health and wellbeing.

Considerable engagement with Aboriginal and Torres Strait Islander Elders and community groups in post-suicide response, mental health wellness and resilience building, and cultural healing places has occurred.

Aboriginal and Torres Strait Islander Leadership Advisory Council

The Aboriginal and Torres Strait Islander Leadership Advisory Council continues to provide leadership, engagement, governance and expert advice on health service delivery and ensures safety and quality priorities address the specific health needs of Aboriginal peoples and Torres Strait Islander peoples. Membership of the Advisory Council includes the members of the Executive Leadership Team, Aboriginal and Torres Strait Islander workforce, Aboriginal Medical Services and non-government organisations.

A major highlight for the Aboriginal and Torres Strait Islander Leadership Advisory Council was the development of the Aboriginal and Torres Strait Islander Health Strategy. The strategy is a public statement which commits the South West HHS to healthier futures for Aboriginal people and Torres Strait Islander people and implements practical, long-term, sustainable actions with measures that will have a mutual benefit for the health service and community members.

The Board and Executive Leadership Team recognise that closing the gap in health outcomes is a long-term and challenging process. It involves addressing social, economic and political inequity and the inequality of health experienced by Aboriginal and Torres Strait Islander people at multiple levels. Closing the gap in health outcomes involves a collective effort from the health system, workforce, and primary health care sector. The priorities outlined in the *Aboriginal and Torres Strait Islander Health Strategy 2018-22* include:

- Promoting opportunities to embed Aboriginal and Torres Strait Islander representation in South West HHS leadership, governance and workforce
- Providing safe, visible and culturally responsive person-centred care
- Improving local engagement and partnerships between South West HHS, Aboriginal peoples and Torres Strait Islander peoples, communities and organisations
- Working in partnership with Aboriginal people and Torres Strait Islander people and their communities to meet their healthcare needs
- Promoting transparency and accountability for Closing the Gap.

As part of the strategy a specific action is to develop an Aboriginal and Torres Strait Islander Workforce Plan. Work has commenced with the Aboriginal and Torres Strait Islander Leadership Advisory Council and Department of Health workforce planning experts. These bodies will provide insight into how the South West HHS can strengthen and increase the Aboriginal and Torres Strait Islander workforce opportunities across the health service in clinical, non-clinical and leadership roles. The Aboriginal and Torres Strait Islander Workforce Plan will progress through a broad consultation process to ensure the final plan provides a solid basis for improving and increasing opportunities in the workplace while at the same time developing skills, knowledge and capability through various training and leadership programs.

During 2018-19 our key achievements were:

- an increase in the number of Aboriginal people and Torres Strait Islander people employed, from 28 the previous year to 34 at 30 June 2019
- potentially preventable hospitalisations reduced from 19.92 per cent in the previous year to 17.1 per cent in 2018-19 among Aboriginal people and Torres Strait Islander people.

In late May Ivan Frkovic, the Queensland Mental Health Commissioner, had the opportunity to meet with the South West Aboriginal and Torres Strait Islander Leadership Advisory Council. At this meeting, members of the Advisory Council were able to share stories about the effects of poor mental health on community members. Members were also able to provide on-the-ground perspectives on what could be done to enhance resilience to improve mental health in South West communities.

St George Healing Place

Over the past 10 years, many South West Aboriginal and Torres Strait Islander communities have experienced significant grief and loss, in particular in the St George area over the past 12 months.

As the St George area does not have identified places for healing for sorry business the South West HHS, Balonne Shire Council (BSC), Queensland Police Service (QPS) and Aboriginal and Torres Strait Islander Community Services and Elders are working collaboratively on a project to develop a St George Healing Place. The collaboration includes concept design, content and cultural sensitivity related to individuals, families and the wider community. The project is a community collaborative, based on data and feedback on the impact of the stolen generation, youth suicide and grief. Achieving optimal conditions for Aboriginal and Torres Strait Islander health and wellbeing requires a holistic and whole-of life view; which must consider the social, emotional, cultural, spiritual and physical wellbeing of the whole community.

Aboriginal peoples and Torres Strait Islander peoples have a spiritual and cultural system where the body and spirit connect deeply with the land and their ancestors. While much of the healthcare system heals the body systems both physically and emotionally, Aboriginal peoples and Torres Strait Islander peoples healing is also embodied in this connection with the land and their ancestors. A Healing Place can offer spiritual and cultural connection for life challenges of illness, grieving and cultural disconnection. Cultural connection ceremonies include cultural learnings, rituals, remembrance of Elders, loved ones past and present, and healing practices which include healing and reflection.

The Aboriginal and Torres Strait Islander Healing Place will be a space where Aboriginal people and Torres Strait Islander people can transition through a healing pathway that is culturally and spiritually supportive to complete their healing cycle. They may partake in ceremonies, practices and sacred healing rituals that have been practiced for thousands of years. The Healing Place would include a pathway and a memorial garden for healing the person's social and emotional wellbeing, incorporating the elements of land, water, fire and air.

Our community based and hospital-based services

South West HHS performs a key role in the delivery of quality public health services in South West Queensland. We work in partnership with our staff, community and key stakeholders to plan and deliver services that are focused on what matters most to the people and communities of the South West.

We deliver health services to over 26,000 people who live in our catchment area and rely on the quality care that our 900 plus employees provide. We are responsible for the delivery of medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, community and allied health, oral health, critical care, clinical support services, residential aged care and home and community care services in an area spanning over 319,000 square kilometres. Services are delivered in line with our Service Agreement with the Department of Health.

During 2018-19 significant progress was made in strengthening strategic partnerships with our local AMSs, WQPHN, RFDS and other community healthcare providers to develop and implement an integrated health care system. We value the opportunity to collaborate and partner with other health providers to achieve the best health outcomes for our communities.

We recognise the exceptional and steadfast support of all our community advisory networks, stakeholders, auxiliaries, volunteers and community groups, who help us to provide safe, effective and sustainable health services that people trust and value. Collaboration with our local representatives in the region is also imperative as local governments understand and respond to local issues. We have continued to focus and mature our relationships with all six local government areas: Balonne Shire Council, Bulloo Shire Council, Maranoa Regional Council, Murweh Shire Council, Paroo Shire Council and Quilpie Shire Council and thank them for their valued partnership.

We thank all the organisations with whom we have ongoing, constructive, collaborative relationships with, including the leadership team of the Department of Health. We also thank the Minister for Health and Minister for Ambulance Services, the Honourable Steven Miles MP, the Queensland Government, and the Federal Government for their support.

The Board recommenced its two-year travel calendar where it will visit every facility in the South West at least once during a two-year period for a Board Meeting. The Board calendar provides opportunities to meet with local stakeholders including shire councillors, health staff, police, ambulance, auxiliary members and interested members of the public. During the year 11 Board meetings were held.

Targets and challenges

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

As part of the strategic planning framework a number of key priorities were identified for achievement in the 2018-22 period. The future will require us to meet a range of challenges including tighter fiscal constraints, increasing health demands due to factors including; an ageing population and chronic disease, recruiting and retaining qualified, capable and committed staff. We have a large percentage of aged and aging buildings constraining the delivery of contemporary models of care and ICT infrastructure which is impacting on our ability to keep pace with digital innovations to deliver health services to rural and remote communities.

During 2019-20 our key priorities include:

- continuation of the new Roma Hospital redevelopment and preparation for transition
- focusing on the financial sustainability of services
- closing the gap on health outcomes for local Indigenous communities
- empowering our communities to be self-determining and lead healthier choices in the communities they live in
- strengthening the alliance with key stakeholders to improve health outcomes for South West communities
- implementing an integrated health system through strategic partnerships with the primary health care sector
- investing in technology and connectedness that supports innovation and personalised care
- empowering our people to be healthier and the best they can be through a strong culture of continuous learning and support, by:
  - the development of a Reward and Recognition Framework
  - the launch of a Professional Growth and Career Framework
  - implementing a Resilience and Wellbeing Program
  - establishing a Research Governance and Development Unit.

We are committed to the vision to be a national leader in the delivery of health services to rural and remote communities and, driven through a genuine care for humanity and the communities we serve, we will continue to focus on opportunities to search for effective and lasting solutions, overcome the challenges and respond positively to a constantly changing health environment.

Governance

Our people

BOARD MEMBERSHIP

The South West Hospital and Health Board (the Board) is the governing body of the South West HHS. A statutory body defined under the *Hospital and Health Boards Act 2011,* the Board, comprised of eight members, was appointed by the Governor in Council, as recommended by the Minister for Health and Minister for Ambulance Services.

The Board is responsible for setting the strategic direction and providing oversight of the South West HHS. This is to ensure strategic objectives are met, quality healthcare services are provided, compliance and performance is monitored, financial performance is achieved, and effective systems are maintained and community engagement through meaningful consultation and collaboration is strengthened. The key focus is on patient-centred care and meeting the needs of the community in line with government health policies and directives and national standards.

The Board reports to the Minister for Health and Minister for Ambulance Services and must perform its functions and exercise its powers in accordance with any direction given by the Minister for Health and Minister for Ambulance Services subject to the provisions of the *Hospital and Health Boards Act 2011*.

Section 19 of the *Hospital and Health Boards Act 2011* sets out the functions the Board must perform to ensure the delivery of hospital and health services is in accordance with the terms of the service agreement with the Department of Health. The Board has control of health service delivery and local decision making to ensure the needs of our communities are better able to be met and that its functions are exercised in the best interests of users of the public health sector service.

Our Board consists of eight independent members who bring a wealth of experience and knowledge in public, private and not-for-profit sectors, as well as a range of clinical, health and business experience.

This professional skills-based board contributes to the governance of the South West HHS collectively as a Board through attendance at monthly meetings. Monthly meetings are held at various locations across the South West in line with the two-year rolling plan to hold Board meetings at every facility across South West Queensland.

Heather Hall, Board Member was an outgoing member during the reporting period.

BOARD REMUNERATION

The Governor-in-Council approves the remuneration arrangements for the Board Chair and Members. The annual fees paid by the South West HHS are consistent with the *remuneration procedures for part-time chairs and members of Queensland Government bodies*, namely $68,243 for the Chair and $35,055 for the Members. In accordance with this government procedure, annual fees are paid per statutory committee membership ($2,000) or committee chair role ($2,500).

Several board members were reimbursed for out-of-pocket expenses during 2018-19. The total value reimbursed was $18,165.35.

ABOUT OUR BOARD MEMBERS

Jim McGowan AM - Chair
Appointed 18 May 2017.
Current term 18 May 2019 to 31 March 2022.

Mr Jim McGowan AM was initially appointed Chair of the South West Hospital and Health Board on 18 May 2017 and was subsequently reappointed in May 2019. Jim has significant high level public administration experience, specialising in the areas of governance, accountability, service delivery improvement and performance management. With strong leadership skills and a history of achievement, Mr McGowan is focused on overseeing the delivery of exceptional health care to the communities of the South West.

Jim is a former Director-General of the Department of Community Safety, Department of Emergency Services; and Department of Justice and Attorney General. He led the Taskforce on Occupational Violence for Queensland's Hospital and Health Services. He is currently an Adjunct Professor of the School of Government and International Relations at Griffith University.

In 2012, Jim was made a member of the Order of Australia (AM) "*for service to public administration in Queensland through the development and implementation of public sector management and training reforms and to improved service delivery*".

Jim holds a Bachelor of Economics, University of Queensland; and a Diploma of Education, University of Queensland.

Karen Riethmuller Tully – Deputy Chair
Appointed 18 May 2017.
Current term 18 May 2018 to 17 May 2021.

Ms Karen Riethmuller Tully is a self-employed advocacy, facilitation, leadership and governance expert based in Charleville. With substantial directorship experience, and a background in education, Karen is skilful in strategic planning and brings her ability of future thinking to the South West Hospital and Health Board.

Karen understands the distinct lifestyle that living and working in a rural community offers, and has always been keen to provide her skills, energy and direction to add value to rural communities. Karen is currently Chair of the South West Rural Financial Counselling Service, which provides free, impartial, confidential and responsive rural financial counselling services across Southern Queensland.

Karen also holds a directorship with Southern Queensland Natural Resource Management, a community-based organisation which is the designated regional body for natural resource management in Southern Queensland. As a Director Karen has established strong networks with the community, Landcare groups, Traditional Owners, local government and industry groups.

Karen holds a Bachelor of Education, Master of Education, Graduate Diploma of Financial Markets, Certificate IV in Business (Governance), Certificate IV in Training and Assessment, Queensland Leadership Program Graduate, AICD Company Directors Course and Company Chairman's Course and is a Justice of the Peace.

Claire Alexander
Appointed 26 June 2015.
Current term 18 May 2019 to 17 May 2021.

Ms Claire Alexander is a highly experienced, analytical and strategic professional in the specialist field of strategic financial management, in both public and private sectors. Claire is a certified practising accountant (CPA) and brings extensive knowledge in accounting principles and Australian Accounting standards to the South West Hospital and Health Board.

Claire graduated from Griffith University in *1995* with a Bachelor of Business – Accounting, and received a Masters of Business Administration from the University of New England in *2004*. Claire was also awarded Public Practice Certificate CPA Australia in *2012*.

Claire has worked extensively with company and organisational boards, chief executive officers and audit committees. Applying her skills and knowledge to streamline budget preparation processes, producing long-term financial models including projecting future revenue flows and financial positions and preparing annual financial statements.

With the experience of a diverse career geographically, starting in Noosa in 2000 and providing services throughout Queensland as a financial consultant for Cook, Murweh, Boulia, Bulloo, Quilpie, Paroo and Georgetown Shire Councils, Claire brings a great understanding of financial management in regional areas.

Currently Claire is contracted to Maranoa Regional Council and Murweh Shire Councils as a Strategic Financial Consultant.

Jan Chambers
Appointed 18 May 2019.
Current term 18 May 2019 to 31 March 2022.

Jan has extensive experience in local government, being elected as a Councillor for Booringa Shire Council in 2004. Jan was elected in 2008 to the newly established Maranoa Regional Council following the amalgamation of five local government areas and was appointed as Deputy Mayor of the Maranoa Regional Council in 2016.

Jan has been involved in a range of portfolios including finance, environmental services, major projects, community engagement and has been a member of the Audit Committee and has finance and governance experience.

Jan has significant skills and expertise in community engagement both from a local government perspective and, also from her involvement over many years in local Mitchell and Mungallala District Committees, including the Mungallala Progress Association, Mitchell-Tomoo Isolated Children's Association, Charleville School of Distance Education Parents and Citizens Association and Maranoa Diggers Race Club. Jan holds the position of Secretary of the Maranoa Diggers Race Club and was instrumental in reforming the Race Club in 2007, with the annual race day being a highly successful community event.

With her husband Graham, Jan operates a successful grazing partnership in the Mungallala area.

Ray Chandler
Appointed 18 May 2017.
Current term 18 May 2018 to 17 May 2020.

Mr Ray Chandler has over 30 years' experience in executive, corporate services, finance, human resource, infrastructure, project and operations management roles in the private and public sectors; with 21 of those years in Queensland Health. Ray's health service delivery knowledge at both the strategic and operational level will prove invaluable to the South West Hospital and Health Board and the future direction of the Health Service.

Ray is currently the General Services Manager (Facilities Management) of Medirest at the Children's Hospital Queensland. Medirest provides specialist food, hospitality and support services in hospitals. Ray has been instrumental in the planning, preparation and transition to provide this service to the single specialist children's hospital for the State.

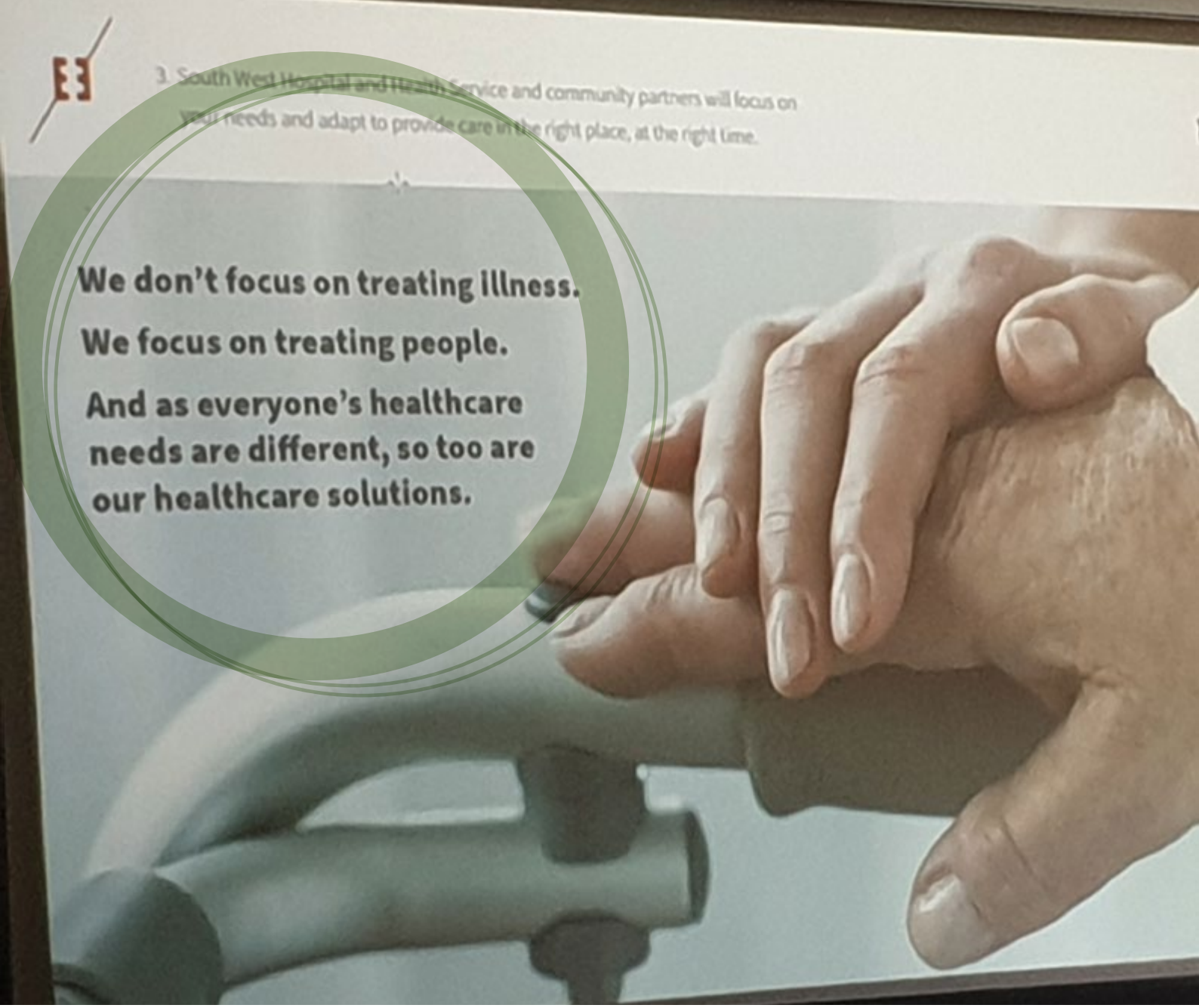
As an experienced public health executive, Ray has previously worked for the West Moreton Health Service District. In a number of Executive Director roles he led financial turnarounds across the District resulting in significant recurrent savings.

Ray holds Master of Public Sector Management, Griffith University, Bachelor of Business (Acctg), Queensland University of Technology, Australian Institute of Company Directors Course (Order of Merit Award), October 2012, CPA Program, CPA Australia, 2006.

Fiona Gaske
Appointed 18 May 2014.
Current term 18 May 2018 to 17 May 2021.

Ms Fiona Gaske is Deputy Mayor for Balonne Shire Council, an active member of the St George community and a highly-experienced Speech Pathologist. Fiona brings her passion and advocacy for public health services in rural and remote communities to the South West Hospital and Health Board.

Fiona was elected as a Councillor for Balonne Shire Council in 2012 and was re-elected in 2016 as Deputy Mayor.



Fiona maintains a diverse range of portfolios including economic development, public health, asset management, disaster management and arts and culture, as well as chairing several committees, including information communication technology and parks and gardens. Fiona also sits on the Boards of the South West Regional Economic Development Association and RDA Darling Downs and South West.

Fiona commenced her career in the health field as a Speech Pathologist in 2004 and worked in the St George Primary Health Care Unit from 2008 until 2013.

Fiona's leadership and networking skills were most acknowledged when she was chosen for the Australian Rural Leadership Program in 2018.

Fiona holds a Master of Speech Pathology Studies and a Bachelor of Music and is a Graduate of the Australian Institute of Company Directors.

Stewart Gordon
Appointed 18 May 2017.
Current term 18 May 2018 to 17 May 2020.

Mr Stewart Gordon is a workplace lawyer and has 15 years' experience in senior management and Executive Director roles. Stewart brings substantial knowledge of health in the South West, having formerly been a District Manager of the former Roma Health Service District, South West Health Service District and an Executive Director of Rural Health with the Darling Downs West Moreton Health Service District.

Stewart was a practising lawyer with Anderson Gray Lawyers, working primarily in employment law until recently. He has strong advocacy and drafting skills, with the ability to achieve successful results. With strong attention to detail and a personable nature Stewart can calmly and respectfully guide clients with his sound knowledge of employment and industrial law. During the past year

Stewart took up a position with the Darling Downs and West Moreton Primary Healthcare Network as General Manager - Primary Health Programs and Engagement.

Stewart holds a Graduate Diploma in Legal Practice, The College of Laws, Bachelor of Laws, University of Southern Queensland and Bachelor of Business (Marketing and Human Resource Management), University of Southern Queensland.

Heather Hall
Appointed 27 July 2012.
Current term 18 May 2017 to 17 May 2019.

Heather has had extensive experience working in the healthcare sector for community and government organisations in Western Queensland. Her innovative healthcare management skills and experience in regional settings has been developed over the past 25 years.

Working in community healthcare, nursing and currently being the Manager of the My Health Record Expansion Program for the Western Queensland Primary Health Network has allowed Heather to develop knowledge, skills and networks across Western Queensland.

Prior to this Heather was the Services Manager for Anglicare SQ Rural and remote services.

Previously she worked as a Clinical Nurse and Acting Clinical Nurse Coordinator at Roma Hospital, and as a Community Nurse for Blue Care in Roma.

Heather holds a Bachelor of Health Science in Nursing, Advanced Diploma of Business Management, Certificate of Palliative Care, APHRA registration as a General Nurse, and a Graduate Diploma in Business Management. She also holds memberships of the Australian Institute of Company Directors, Member of the Australian College of Nursing and is also Associate Fellow of the Australasian College of Health Services Managers.

Dr John Scott
Appointed 18 May 2014.
Current term 18 May 2018 to 17 May 2020.

Dr John Scott is a Brisbane-based doctor who has worked as a general practitioner, in managerial roles and for a short time as a tertiary educator. He brings a wealth of medical, managerial and fiscal skills and experience to the South West Hospital and Health Board.

John has worked in health service redesign as a Senior Medical Advisor, Queensland Country Practice from 2014 to 2018. Previously John worked as a locum in general practice in mostly rural and remote locations from 2008 to 2014, and because of his experience is acutely aware of the challenges and opportunities of delivering health care in South West Queensland.

John brings a great understanding of the Queensland Health system, having held senior roles with Queensland Health, including Senior Executive Director of Health Services and State Manager of Public Health Services.

John holds an MBBS, a Bachelor of Economics, a Master of Applied Epidemiology, and Fellowships of the Royal Australian College of General Practitioners and the Faculty of Public Health Medicine of the Royal Australian College of Physicians.

BOARD ATTENDANCE

The Board meets monthly except for December and rotates its meetings around areas of the South West. During the 2018-19 year there were 11 Board Meetings held at Charleville, Injune, Roma, St George, Surat and Thargomindah. The HSCE attends all board meetings, with other Executive Leadership Team members attending segments of the meetings as required.

The following table summarises the attendance of Board members at Board Meetings and Prescribed Committee meetings:

Board Member	Jim McGowan	Claire Alexander	Jan Chambers	Ray Chandler	Fiona Gaske	Karen Tully	Stewart Gordon	Heather Hall	Dr John Scott
Board	11/11	11/11	1/1	11/11	9/11	11/11	11/11	9/10	11/11
Executive	13/13				12/13	11/13		8/11	10/13
Finance	4/4	4/4	1/1			4/4			
Audit and Risk		5/5		1/1			5/5	4/5	
Safety and Quality		1/1		4/4	2/4		4/4		4/4

EXECUTIVE MANAGEMENT

Our Executive Leadership Team is responsible for governance excellence, ensuring effective and appropriate systems and processes are in place to maximise the organisational performance of the South West HHS. The HSCE is responsible for the day-to-day management of the Health Service and for operationalising the Board strategic objectives.

To guide the operation of the organisation, a strategic level committee system has been implemented. Each committee has terms of reference clearly describing their respective purpose, functions and authority. These committees, known as Tier 1 committees are all chaired by an Executive Leadership Team member who has the appropriate sub delegation relevant to the function and purpose of the committee.

Our Tier 1 committees meet monthly and provide governance, leadership, management and an essential integration and uniformity of approach to health service planning, patient safety and quality, continuous improvement, resource management, cultural capability, performance management and reporting and include:

- Community Advisory Networks
- Executive Planning and Performance Committee
- Executive Business Improvement Committee
- Executive Finance, Activity and Infrastructure Committee
- Executive Safety and Quality Committee
- Executive Workforce Committee
- Executive Digital Transformation Committee
- Aboriginal and Torres Strait Islander Leadership Advisory Council
- Clinical Advisory Council

The Executive Leadership Team as at 30 June 2019 comprises:

Health Service Chief Executive
Ms Linda Patat

Executive Director Finance and Infrastructure Services
Ms Samantha Edmonds

Director People and Culture
Mr Peter Barker

Executive Director Medical Services
Dr Tim Smart

Acting Executive Director Nursing and Midwifery
Mr Jeffrey Potter

Executive Director Primary and Community Care
Ms Wendy Jensen

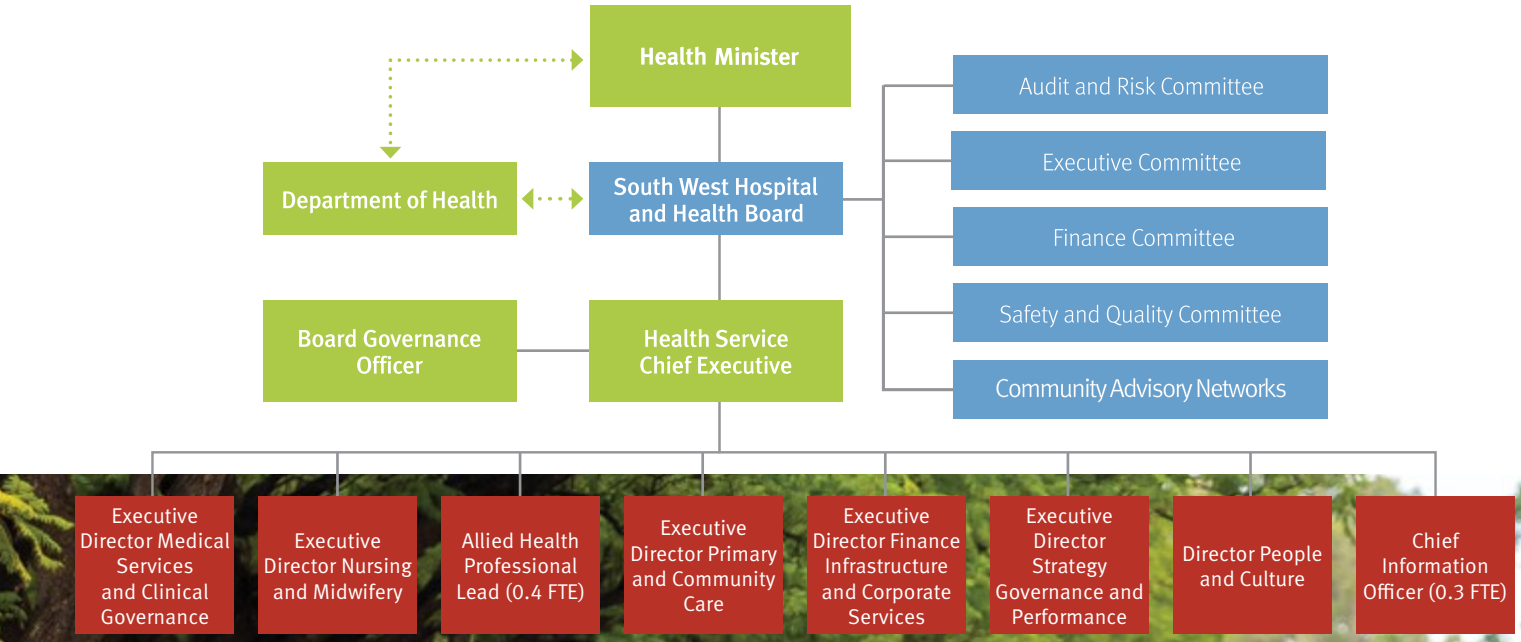
Acting Executive Director Strategy Performance and Governance
Mr Christopher Small

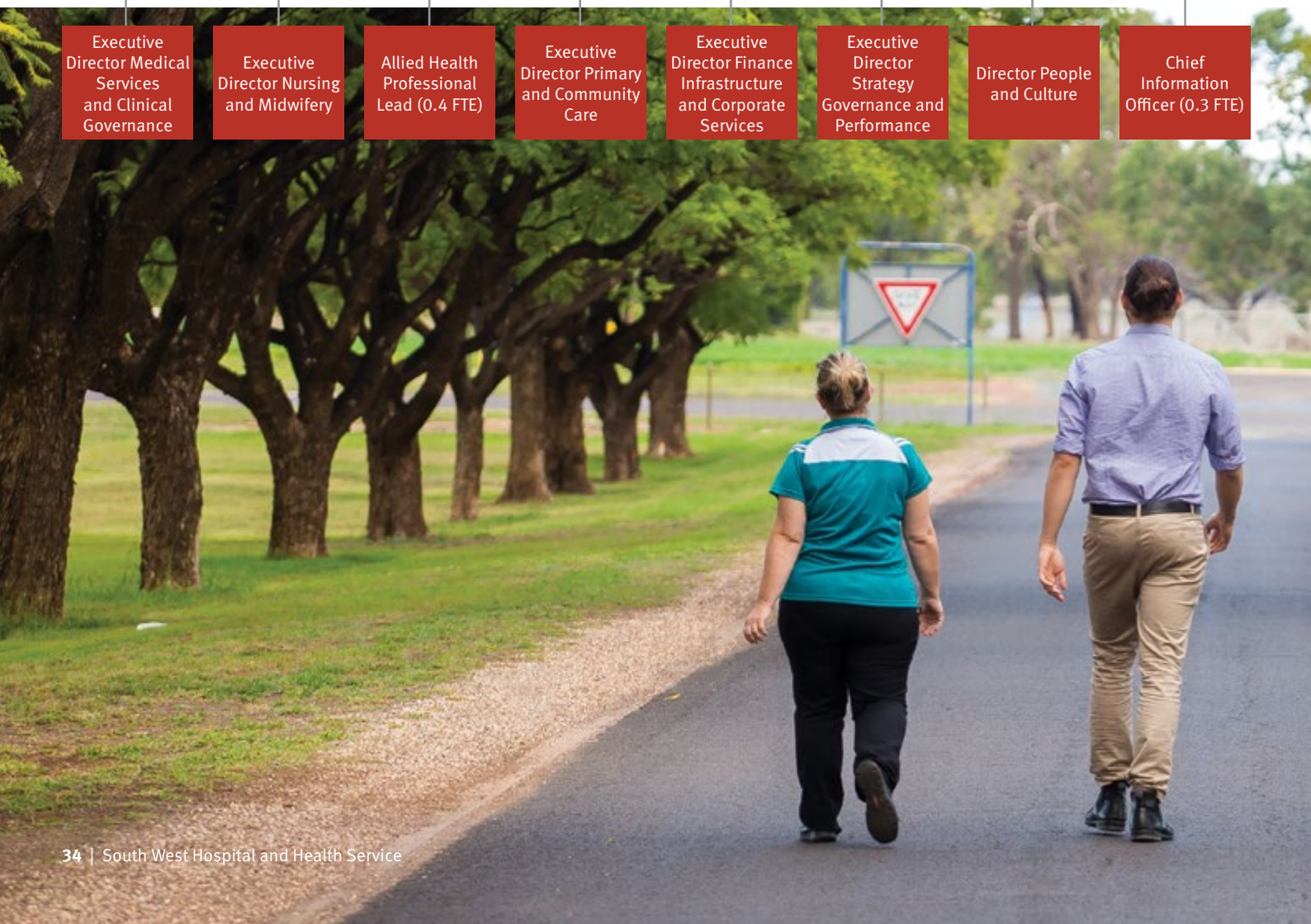
Detailed Executive Leadership Team biographies can be found at: **http://www.southwest.health.qld.gov.au**

ORGANISATIONAL STRUCTURE AND WORKFORCE PROFILE

Good governance is fundamental to achieving performance excellence and continuous learning. Our leadership structure must be focused on meeting the needs of the community, future sustainability and always person-centred. Formal consultation and discussion commenced in June 2018 to ensure our health service is appropriately aligned to achieve the desired outcomes of our new *Strategic Plan 2018-22*.

The leadership structure for 2018-19 is detailed below.





WORKFORCE PROFILE

South West currently employs 778 full-time equivalent (FTE) employees to deliver its services across multiple sites. The permanent separation rate for the year was 13 per cent.

The tables below display the number of employees by employment stream and persons identifying as being Aboriginal and Torres Strait Islander.

Table 1: More doctors and nurses*

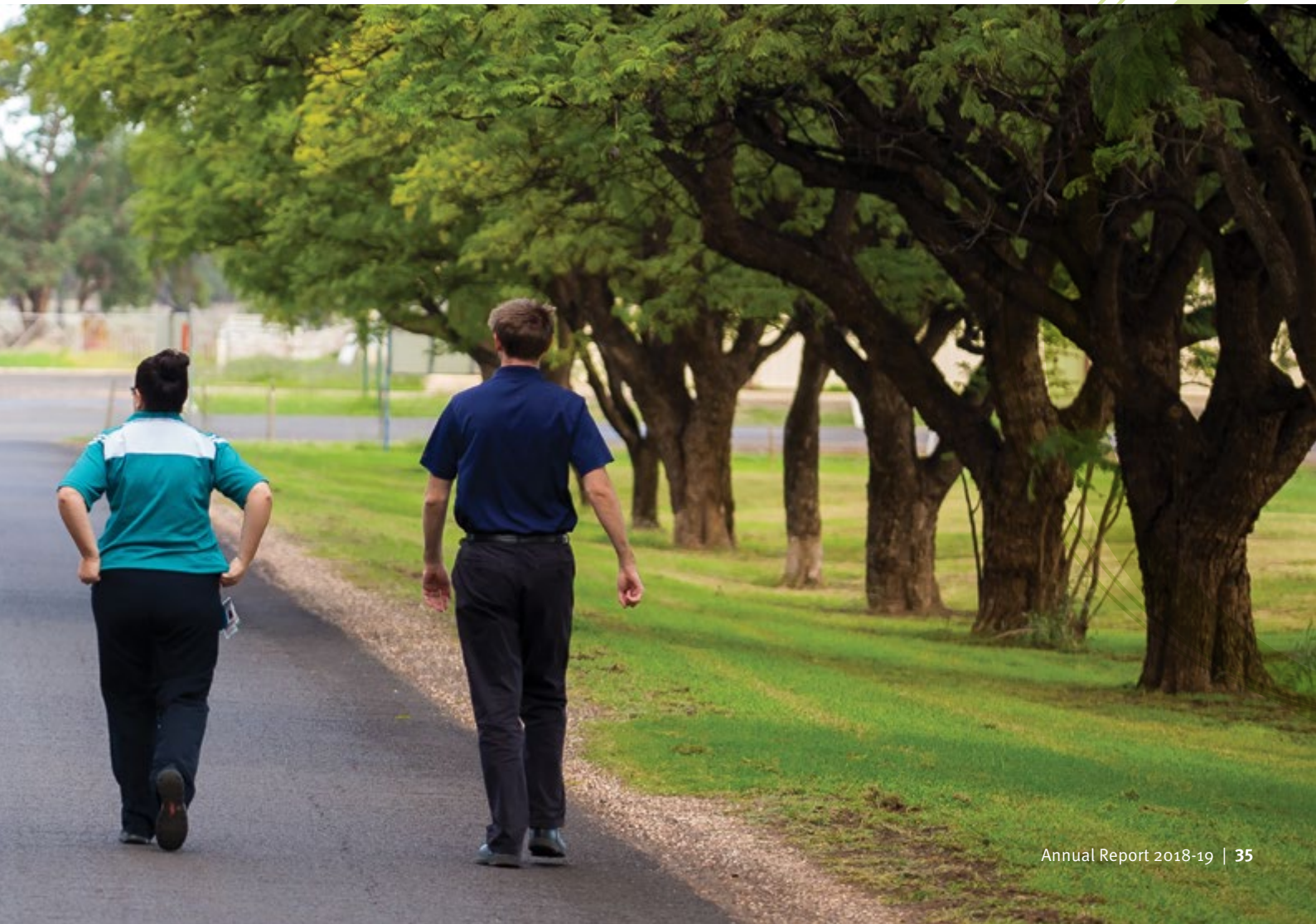
	2014-15	2015-16	2016-17	2017-18	2018-19
Medical staff[a]	19	21	23	26	28
Nursing staff[a]	318	332	341	362	338
Allied Health staff[a]	57	59	68	74	64

Table 2: Greater diversity in our workforce*

	2014-15	2015-16	2016-17	2017-18	2018-19
Persons identifying as being Aboriginal and/or Torres Strait Islander	26	23	27	28	34

Note: * Workforce is measured in MOHRI – Full-Time Equivalent (FTE). Data presented reflects the most recent pay cycle at year's end.
Source: [a] a DSS Employee Analysis, b Queensland Health MOHRI, DSS Employee Analysis

We value the diversity of our workforce across all professional groups and are committed to establishing a workforce that is reflective of our communities. 4.1 per cent of all employees identify as from a non-English speaking background; and 2.21 per cent of all employees identify as people with disabilities.



OUR TEAMS - BUILD STRONG TEAMWORK AND LEADERSHIP

Our staff awards celebrations

A highlight of the year is the Annual Staff Awards celebrated in October 2018. Our staff go above and beyond each and every day to deliver exceptional healthcare services to our rural and remote communities, while at the same time creating a great place to work.

The commitment of our staff to excellence and dedication to providing safe, effective and sustainable rural and remote health services that people trust and value is something to be truly proud of. Our staff are at the heart of everything we do and in line with our vision to be a national leader in the delivery of health services to rural and remote communities and our newly defined values. The awards acknowledge the special contributions made by our staff to leading and living our values of Quality, Compassion, Accountability, Engagement and Adaptability.

The 2018 Awards attracted more than 70 nominations across all categories. It is an honour and privilege to be nominated and recognised by fellow colleagues who notice the special, the unique and the quiet achiever contributions that are making a difference.

The award recipients were:

Quality – We strive for excellence and do our best to deliver person-centred care.

Recipient: Women's Health Australasia Collaborative – Reducing Severe Perineal Trauma Team – Roma

Compassion – We treat people with the same kindness, respect and dignity as we would our own family.

Recipient: Alusine Kamara – Medical Superintendent Mitchell

Engagement – We work effectively and inclusively with others.

Recipient: Kasey Lockwood and Lana Russell – Physiotherapist and Breast Care Nurse

Accountability – We are reliable and own what we do and do what we say we will do.

Recipient: Tracey Conomos – Finance Officer Charleville

Adaptability – We learn, change and grow.

Recipient: Shelley Badcock – Medical Practice Administration Officer Mungindi

Jim and Jill Baker Award – Employee or team who demonstrates excellence in their chosen field.

Recipient: Charleville Access Hub Team

Inaugural Hospital and Health Board Chair Award – Outstanding service and support.

Recipient: Donna Burke – Board Governance Officer

DR CAMERON BARDSLEY – DIRECTOR MEDICAL SERVICES ST GEORGE HOSPITAL – TRUE LEGEND OF THE BUSH

A long-time staff member, Dr Cameron Bardsley was honoured as a true legend of the bush, at the Rural Doctors' Association of Queensland gala dinner held in Cairns in June. Dr Bardsley has spent more than two decades in St George and is one of the longest serving medical superintendents in Queensland and only the fifth person to fill that role at St George Hospital in the last 100 years.

Dedicated and committed to providing the highest standard of medical services in the bush, Dr Bardsley was honoured for his leadership in helping to address the challenges of medical recruitment by attracting and retaining permanent, experienced and passionate medical staff in the region.

Dr Bardsley is praised for his leadership and expertise, he has significantly contributed to the development and improvement of health services across the whole of the South West, as well as at a State level.

THE HOPE PROGRAM WINS THE PRESTIGIOUS 2018 QUEENSLAND HEALTH AWARD FOR EXCELLENCE

The South West HHS HOPE (Hope, Opportunity, Pride and Empowerment) team was awarded the top honour in the winning category of the prestigious Queensland Health Awards for Excellence Promoting Wellbeing in December 2018.

In front of a roomful of over 500 of Queensland Health's finest, South West's HOPE team – Miriam Airey, HOPE Manager; Sue Eustace-Earle, Program Coordinator; and Jenny Peacock, Administration Officer; accepted the prestigious award for Promoting Wellbeing, and were also acknowledged as a finalist in the category of Regional, Rural and Remote Award for Outstanding Achievement. The award was one of only eight awards presented to Health Services from across the state.

The HOPE Program is a community-based partnership with the Charleville and Cunnamulla communities to identify and implement local initiatives that will make a difference in the lives of young people. The project focuses on interrelated themes of education and employment opportunities, crime and justice, physical, social and emotional wellness and service integration. The critical partnerships developed are aimed at addressing these themes in the early stages of young people's lives that will provide them with hope, to enjoy improved health outcomes, reach their full potential and take their place in their communities to improve its overall wellbeing.

DIRRANBANDI MULTIPURPOSE HEALTH SERVICE OPERATIONAL SERVICES

The Dirranbandi Multipurpose Health Service operational staff received state-wide recognition when they were awarded a Strategic Operational Services Excellence Award. This award recognised their commitment and delivery of operational excellence to environmental cleaning and porterage/patient assistance services.

The awards recognise the outstanding achievement of operational staff at all levels that have demonstrated excellence in service delivery and go above and beyond the normal requirements to ensure service deliverables are achieved for clients, staff, patients and visitors at healthcare facilities.

STRATEGIC WORKFORCE PLANNING AND PERFORMANCE

Our workforce is fundamental to our success and is at the heart of everything we do. Throughout the year we have invested in their engagement, health, safety and wellbeing, retention and development.

Significant highlights for the 2018-19 year were the development of a People Strategy to outline and communicate the strategic direction and cultural shifts required to achieve the goals of the South West HHS *Strategic Plan 2018-22* and investment in the personal and professional growth and development of our people.

OUR TEAMS - DESIGN, ATTRACT AND RETAIN THE FUTURE WORKFORCE

Our people define us and are our greatest strength

Our people have a passion for serving others and delivering excellence in healthcare. The People Strategy will support our strategic priorities with a particular focus on our teams and contribute to the vision to be a national leader in the delivery of health services to rural and remote communities.

The Executive Leadership Team, senior managers and key stakeholders participated in consultation forums and workshops to gather views, opinions and research for the development of the strategy and associated roadmap. As part of the roadmap different programs of work will be implemented over the four-year period.

We have been encouraged by a mindset to challenge tradition, drive innovation and promote primary and preventive healthcare. There is a commitment to strengthen relationships with each other, our local health partners, and the wider health system to grow and improve ourselves and our communities.

The People Strategy is designed to find different and innovative ways to achieving our goals whilst addressing a number of challenges including building cohesive, effective and high performing teams, breaking down silos, engendering collaboration and building and developing the capabilities of existing and future leaders. Key enablers of the plan are active leadership, personal growth, innovation, partnerships and the future workforce.

OUR TEAMS - BUILD STRONG TEAMWORK AND LEADERSHIP

Investing in leadership

As an element of the *People Strategy*, the South West HHS is investing in the personal and professional growth and development of 60 senior leaders through the Lead4Qld Program. This program is designed to develop visionary leaders who are authentic and trusted, who identify and acknowledge strengths and diversities, and who have the courage to make a difference. This program is intended to be our first of many platforms to build organisational strength and capability over time. Participants will have the opportunity to broaden their leadership skills in this era of organisational transformation where they are supported to grow, experience dignity, power and renewal and be the best version of themselves.

There is an emerging positive energy amongst our staff, and our workforce is ready to embrace the reform agenda, performing to a high standard that is authentic to our values, connected to our local needs, and underpinned by a collaborative culture.

A highly engaged, flexible and diverse workforce

At South West HHS, we believe in the power of difference and being flexible by design and we have worked diligently to build and support high performing and diverse teams. We have instilled in our workplaces an understanding of the importance of values, teamwork, cultural diversity and inclusiveness. We have also sought to create workplaces that are collaborative, engaging and allow employees to reach their full potential.

We have committed to achieving better organisational outcomes by empowering employees and finding ways to reduce bureaucratic processes and improved utilisation of modern technologies that support our rural and remote staff in the delivery of our healthcare services.

We particularly recognise the importance of Aboriginal and Torres Strait Islander employment in embedding culturally safe health care. One of our key strategic initiatives in our *Strategic Plan 2018-22* is building cultural capability and we intend to focus on increasing our workforce diversity levels in line with state-wide targets.

We value the diversity of our workforce across all professional groups and are committed to establishing a workforce that is reflective of our communities.

Promoting employee health and wellbeing

South West HHS understands the importance of the health and wellbeing of our staff. A healthy, happy workforce is a necessity as the health outcomes of our patients are inextricably linked to the wellbeing of our staff. Over the past year South West HHS has continued to build a positive health and wellbeing culture where employees are supported to promote their wellbeing through support services and education to maximise opportunities.

In 2018-19 a key initiative implemented was the development and launch of the Healthy Communities Toolkit. The toolkit is a valuable resource for not only our communities but also our workplaces; ensuring our teams are prepared and supported to take on working differently to quit smoking, exercise more regularly and make healthy food and lifestyle choices. There are 64 deaths each year in our local communities related to smoking and as a connected work family we can support our work colleagues and families to make healthy choices. The 10 Tips to Quit Smoking awareness campaign was run with support provided to those who were ready to quit.

A collaborative approach was taken around galvanising together to support the good work already occurring across our services and teams, promoting and sharing initiatives and letting each other know we are 'shoulder2shoulder' in this together. A large investment has been made in leader development and staff engagement to embed a culture of wellness and happy staff.

Employee engagement

It is our people who make our organisation successful and it is through a strong commitment to open channels of communication we stay connected and reflect on what is working well and what else can be done to make it even better. A number of avenues are utilised to listen, understand, share information and seek feedback. These include a weekly eNews, monthly staff newsletter 'The Pulse', a monthly CE Connect, online channel Ask Executive, Leader Rounding, HSCE Coffee Connect and publishing of executive meeting summaries. These channels provide opportunity at an individual, team, management and executive level to stay informed and support each other working in line with organisational vision, purpose, values and objectives.

Employee learning and development

In 2018-19 we continued our strong focus on the development of our employees to achieve our vision to be a national leader in the delivery of health services to rural and remote communities. It is important our staff are equipped with the knowledge and skills to support them deliver high quality care as well as career satisfaction, innovation and personal growth.

An exciting initiative was introduced during 2018-19 when a future generation of doctors were introduced to working in rural practice. For the first time Roma Hospital hosted two groups of medical students from The University of Queensland (UQ) for their orientation week. UQ students previously would travel to UQ rural clinical schools in Rockhampton, Bundaberg, Hervey Bay, Toowoomba and for this year students travelled to Roma. Students will continue to travel to Roma as part of their orientation week to be introduced to rural and remote medicine. Our highly experienced local rural clinicians presented students with clinical skills workshops and education sessions. The introduction of this collaborative with UQ is a great step forward to provide students with valuable rural exposure and experience as medical students.

Another important initiative undertaken during the year was an innovative educational opportunity for health professionals using the latest immersive technology.

It was a unique opportunity to engage with the only private training provider of its kind in the healthcare industry. Bundle of Rays provided training at Charleville and Roma using virtual reality technology to teach anatomy, and simulation technology to link imaging to patient assessment.

All staff employed in the South West HHS are required to undertake an induction and orientation program to assist them to settle quickly into their roles and understand mandatory training requirements. The orientation program covers a number of training modules including ethics; integrity and accountability; information essentials; fraud awareness; work health and safety; occupational violence prevention orientation; Aboriginal and Torres Strait Islander cultural practice and Elder abuse; all which must be completed within three months of commencement. Local orientation, general evacuation, first response, safety and wellbeing and Code of Conduct must be undertaken within the first two weeks of employment.

Graduate nurse program

The South West HHS welcomed 20 graduate nurses to permanent and temporary positions across the health service in the August 2018 and February 2019 intake; exposing the graduates to rural nursing experiences. The 2018-19 graduate program retained 100 per cent of recruits.

Student placements

The South West HHS in partnership with SQRH further supported education and training, with a progressively increasing total of nursing, medical, and allied health student placements across the service throughout the year.

In 2018-19, there were 117 nursing placements, 77 medical placements and 15 allied health student placements across the service from a range of educational providers.

EMPLOYEE RELATIONS

We are committed to continuing a mature, respectful and transparent relationship with the unions which represent our workforce; and we actively encourage our staff to engage with their representative associations or industrial bodies. The People and Culture, Human Resources Unit promotes an open relationship with local union organisers, with the aim of early resolution of any issues or concerns that may arise. Monthly consultative meetings are held between management and union representatives.

WORK HEALTH AND SAFETY

The Safety and Wellbeing team continued to conduct an annual audit schedule of all facilities and departments across the South West including general practice clinics. A total of 257 audits were completed to help meet compliance with the *Work Health and Safety Act 2011*, *Building Fire Safety Regulations 2008* and associated legislative requirements. The Safety and Wellbeing team work in conjunction with line managers and supervisors to implement controls for any issues identified in the audit process.

The Safety and Wellbeing team is supported in their role by a network of health and safety representatives across the South West. They assist the team with facility audits and regular monthly checklists designed to help line managers and supervisors provide a safe working environment in the areas under their control. Health and safety representatives are provided training in accordance with work health and safety regulations and are elected to their roles by fellow staff members.

Occupational violence de-escalation and early intervention training continues to be provided under a service agreement with the Darling Downs HHS. Risk assessments are completed for occupational violence two yearly or at the time of changes to facility environment or service provision.

Case management for WorkCover and QSuper Income Protection claims continues to be provided by the Safety and Wellbeing team, with a focus on early return to the workplace with the provision of suitable duties or reduced hours where available. 2018-19 saw a reduction in WorkCover claims on previous years and, also increased performance in average first days return to work and average claim cost. Musculoskeletal injuries continue to be the biggest cost factor in WorkCover claims for the health service which is reflected across the Industry.

South West HHS continues to promote and actively manage the provision of a safe workplace for staff, contractors, visitors and students through the proactive identification and management of hazards and risks. A dedicated Safety and Wellbeing team, and close working relationships with line managers and supervisors, ensures South West HHS continues to strive to become a leader in health and safety across the health service industry.

EARLY RETIREMENT, REDUNDANCY AND RETRENCHMENT

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

Our committees

Under the *Hospital and Health Boards Act 2011* (Qld) the Board operates four committees:

- Executive Committee
- Safety and Quality Committee
- Audit and Risk Committee
- Finance Committee.

The committees support the Board in its functions and individual Board members contribute to the governance of the South West HHS by participating in or chairing the various committees of the Board. The role of committees is to advise and make recommendations to the Board about matters, within the scope of the Board's functions, referred by the Board to the Committee.

The committee structure contributes to the efficient and effective governance of the South West HHS and assists the Board in discharging its responsibilities through transparency of decision making and management of risk.

All committees of the Board operate in accordance with their approved terms of reference. Each committee is required to report to the Board through its minutes and may make recommendations and provide advice to the Board. The Board, at its meetings deliberates and discusses the committee minutes that are introduced by the Committee Chair.

EXECUTIVE

Chair: Jim McGowan

Members: Fiona Gaske, Heather Hall (ended 17 May 2019), Dr John Scott and Karen Tully

The purpose of the Executive Committee is to support the Board with its governance responsibilities and make recommendations to the Board. This is achieved by overseeing the strategic planning, strategic non-clinical matters and engagement strategies of the South West HHS. This committee works with the HSCE to progress the delivery of strategic objectives and by strengthening the relationship between the Board and the HSCE to ensure accountability in the delivery of services.

The Executive Committee also assists the Board by monitoring the performance of South West HHS having regard to the Strategic Plan objectives, performance measures stated in the Service Agreement, progress and measures in protocols with primary healthcare organisations and engagement strategies.

SAFETY AND QUALITY

Chair: Fiona Gaske

Members: Ray Chandler (ended 27 May 2019), Jan Chambers (commenced 27 May 2019) Stewart Gordon and Dr John Scott

The purpose of the Safety and Quality Committee is to advise the Board on matters pertaining to the appropriateness, quality, effectiveness and safety of health services provided by the South West HHS. This is achieved by providing oversight; setting the strategic safety and quality direction; monitoring safety and quality governance arrangements; collaborating with other safety and quality committees, the department and quality assurance committees; promoting safety and quality, education, a culture of compliance and the continuous improvement of patient care.

The focus of the Safety and Quality Committee and indeed the Health Service is always on minimising preventable harm and ensuring robust systems are in place to reduce unjustifiable variation in clinical care, with the core outcome being an optimal health care experience for the patient, carers and families. The Safety and Quality Committee monitors performance through a quarterly Safety and Quality Report which identifies key performance indicators. The committee has assisted the Board to exercise its clinical governance responsibility throughout the year.

AUDIT

Chair: Karen Tully

Members: Claire Alexander, Ray Chandler (commenced 27 May 2019), Stewart Gordon and Heather Hall (ended 17 May 2019)

The purpose of the Audit and Risk Committee is to assist the Board in fulfilling its oversight responsibilities and to provide independent assurance to the Board on audit and risk matters.

In accordance with the Act it is responsible for assessing the integrity of the financial statements; monitoring compliance with legal and regulatory requirements; performance of the internal audit function; monitoring compliance with internal control structures and risk management systems; and external accountability responsibilities as prescribed in the *Financial Accountability Act 2009, Auditor-General Act 2009, Financial Accountability Regulation 2009* and *Financial and Performance Management Standard 2009*.

The Audit and Risk Committee has operated within its terms of reference and has had due regard to Treasury's *Audit Committee Guidelines* throughout the year.

FINANCE

Chair: Claire Alexander

Members: Jan Chambers (commenced 27 May 2019), Ray Chandler, Heather Hall (ended 17 May 2019) and Jim McGowan

The purpose of the Finance Committee is to advise the Board on matters pertaining to the financial performance of the South West HHS. This is achieved by providing oversight, setting the strategic financial direction, monitoring financial sustainability, financial frameworks, financial compliance improvements, assessing financial risks and making any recommendations to the Board.

Our Finance Committee has a focus on assessing our budgets, ensuring they are consistent with the objectives of the Health Service, monitoring our cashflow, having regard to revenue and expenditure and continually monitoring the adequacy of our financial systems pursuant to the obligations of the *Financial Accountability Act 2009* (Qld).

The Finance Committee makes recommendations to the Board regarding our financial performance, financial commitments, budget principles and financial policy. It actively identifies and monitors financial risks or concerns that may impact on the financial performance and reporting obligations of our Health Service. The committee has assisted the Board to exercise its financial governance throughout the year.

Our risk management

South West HHS uses AS/NZS ISO 31000:2018 *Risk Management Principles and Guidelines* to guide and influence its approach to the management of risk.

The *Risk Management Framework*, the content and delivery of risk management training and presentations, and through the day-to-day organisational efforts, risk management continues to improve and be embedded as a central pillar of organisational culture. Risk management is integral to effective strategic planning and decision making for South West HHS to achieve its vision of being a national leader in the delivery of health services to rural and remote communities.

To achieve this, the Board is committed to ensuring that South West HHS:

- consistently strives for improvement in its risk management maturity and seeks to adopt best practice management of risk
- takes a consistent approach to managing risks across the HHS
- clearly defines roles and responsibilities
- provides all employees with the necessary training to allow them to undertake their risk management responsibilities
- holds management accountable for risk mitigation
- assigns necessary resources to support the risk management function
- promotes and encourages communication with our stakeholder community in relation to the identification and management of risks
- maintains honesty with ourselves and with others in relation to risk exposures and challenges faced with delivery of our service.

The Risk Management Framework has strong foundations, including governance structures and a policy and procedural framework, including a risk appetite statement. For a second successive year an annual self-assessment was undertaken to determine progress over the past 12 months. The maturity assessment highlighted improvement opportunities to support staff in operating the risk framework, as well as the need to consider risks on a portfolio HHS wide basis and to be able to respond more dynamically to emerging risks. The assessment informed an improvement plan to further embed effective risk management into the day to day operations of the HHS. Over the coming year, our team will work to build on the existing foundations and further mature the risk management framework.

Risk management activities and significant changes are regularly monitored and reported to the Board through the Audit and Risk Committee.

INTERNAL AUDIT

South West HHS has an established internal audit function in accordance with section 29 of the *Financial and Performance Management Standard 2009*. The organisation's internal audit unit, staffed by the Director Governance, Risk and Corporate Support and the Coordinator Governance and Risk, works with an engaged accounting firm with specialist internal audit experience. The internal audit function provides the Board Audit and Risk Committee and the Board with independent and objective assurance on the adequacy and effectiveness of systems of risk management, internal control and governance in key risk areas by:

- determining compliance with established policies, procedures and statutory requirements
- ensuring that assets are accounted for and safeguarded from loss
- identifying opportunities to improve business processes and recommending improvements to existing systems
- conducting investigations and special reviews requested by management or the Audit and Risk Committee.

The internal audit function is independent of management, under a charter approved by the South West Hospital and Health Board. There were two main focus areas for audits conducted throughout 2018-19.

A review of legislative and regulatory compliance was undertaken. The key findings of the audit included identification of a number of opportunities to develop, strengthen and refine the compliance management framework and processes to better align with better practice principles; embedding compliance management across the organisation; improving the quality of documentation recorded; implementing training to drive awareness and understanding and implementation of a structured process to review and assess performance of compliance management across the organisation.

A further review regarding data accuracy and reporting processes was completed. The key findings of the audit included the need to strengthen data review processes and controls, including the implementation of additional quality assurance checks; establishing and implementing training programs to ensure staff have a clear understanding of roles and responsibilities and improved clarity of reporting cut-off dates.

Continued internal focus and concentration on requirements through industry scanning and internal oversight through the Integrated Risk and Recommendations Assurance Committee, Executive Business Improvement Committee and the Board Audit and Risk Committee ensures that South West HHS has a robust and best practice internal audit function in place.

EXTERNAL SCRUTINY, INFORMATION SYSTEMS AND RECORDKEEPING

EXTERNAL SCRUTINY

The South West HHS's operations are subject to regular scrutiny from external oversight bodies. These include, but are not limited to:

- Australian Council on Healthcare Standards (ACHS)
- Australian Health Practitioner Regulation Authority
- Consumer feedback
- Coronial investigations
- Crime and Corruption Commission (Queensland)
- Division of Workplace Health and Safety
- Medical Colleges
- National Association of Testing Authorities Australia
- Office of the Health Ombudsman
- Patient feedback
- Population Health
- Public Service Commission
- Queensland Audit Office
- Queensland Ombudsman
- Queensland Prevocational Medical Accreditation.

INFORMATION SYSTEMS AND RECORDKEEPING

Right to Information

Our Health Service values the right of people to access their personal information, as well as to access information about our operations that will give them a better understanding of the decisions we make. Information is available on our public website on how to make an application for information or to check if it is already publicly available.

The *Right to Information Act 2009* (Qld) is a mechanism by which the public may apply for administrative, financial, personnel documents not normally available to them.

Whilst medical records are the property of the HHS, information can be accessed under the provisions of the *Information Privacy Act 2009* (Qld).

Privacy

Personal information has, and will continue to have, a tremendous impact on our society. The South West HHS recognises that the value of data and the need to protect it will continue to grow. We are committed to protecting the privacy of our clients and staff, which includes meeting the challenge of cybersecurity and personal data protection in a digital world.

We adhere to the national privacy principles contained in the *Information Privacy Act 2009* (IP Act) when managing personal information. Our *Privacy Policy* outlines how we meet our obligations under the IP Act. At South West HHS we are moving beyond merely complying with the IP Act and instead embedding good privacy practices into our culture.

Records Management

The South West HHS creates, receives and keeps clinical and business records to support legal, community and stakeholder requirements. Business and clinical records exist in physical and digital formats.

Clinical records

Systems are in place to ensure paper records are appropriately stored, secured from unauthorised access and protected from environmental threats. In addition, Health Information Services have procedures and work instructions in place that ensure compliance with the Health Sector (Clinical Records) Retention and Disposal Schedule, QDAN 683 Version 1.

QUEENSLAND PUBLIC SERVICE ETHICS

South West HHS continued to uphold the principles of the *Public Sector Ethics Act 1994;* integrity and impartiality, promoting the public good, commitment to the system of government and accountability and transparency.

All staff employed are required to undertake training in the *Code of Conduct for the Queensland Public Service* during their orientation and re-familiarise themselves with the Code of Conduct through their annual Capability, Development and Learning Agreement process.

While the South West HHS adopted an organisational set of values during 2018-19 it fully embraces the public service values and the ambition to be a high performing, impartial and productive workforce that puts its people first, makes decisions based on values, leaders demonstrating the values as role models for employees and prioritising quality, inclusion, diversity, creativity, and collaboration every day .

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. The HSCE did not authorise the disclosure of confidential information during the reporting period.

Customers first

- Know your customer
- Deliver what matters
- Make decisions with empathy

Ideas into action

- Challenge the norm and suggest solutions
- Encourage and embrace new ideas
- Work across boundaries

Unleash potential

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

Be courageous

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

Empower people

- Lead, empower and trust
- Play to everyone's strengths
- Develop yourself and those around you

Performance

Safety and quality

We have a strong *Clinical Governance Framework* in place with an overarching *Clinical Governance Policy*; based on the National Model *Clinical Governance Framework* (Australian Commission on Safety and Quality in Health Care 2017) and the National Safety and Quality Health Service Standards (NSQHS) (second edition). The Clinical Governance Standard and the Partnering with Consumers Standard in the NSQHS, constitute a complete and robust clinical governance framework.

This *Clinical Governance Policy* outlines South West HHS's intent to systematically prevent avoidable harm to patients and staff. Together the policy and associated procedures articulate the clinical governance framework which has been set to methodically measure outcomes; understand the key drivers to those outcomes; understand how to make those outcomes best in class; and act to continuously improve and share those lessons learned with the broader healthcare industry. Five key principles underpin the framework to enhance the delivery of clinical care: governance; leadership and culture; patient safety and quality improvements; clinical performance and effectiveness; safe environment for the delivery of care and partnering with consumers.

The governance of clinical care occurs within the context of the broader governance role of the Board; which includes financial and corporate functions, setting strategic direction, managing risk, improving performance and ensuring compliance with statutory requirements. The Board is ultimately accountable for the quality and safety of clinical services to the Minister for Health and Minister for Ambulance Services, and through the Minister to the community served. The Health Service Chief Executive and management are responsible and accountable for ensuring the systems and processes are in place to support. The Executive Safety and Quality Committee meets on a monthly basis and assists the Health Service Chief Executive in fulfilling oversight responsibilities and ensuring achievement of the organisation's patient safety and quality and risk management goals. The Board Safety and Quality Committee meets on a quarterly basis to set the strategic safety and quality direction and monitor the safety and quality governance framework.

We are accountable for continually improving the quality of the services we provide and safeguarding high standards of care where excellence in clinical care can flourish. As part of the continuous improvement cycle a review of the Clinical Governance Framework is undertaken on an annual basis.

Key achievements for 2018-19 included:

- Safety and Quality *Strategic Plan 2018-22* refreshed
- Clinical Governance Operational Plan implemented
- Compassionate Care Bundle introduced

- Qualtrics measurement and reporting system introduced as a mechanism for transparently reporting safety and quality outcomes
- Quality boards introduced to facilities
- Clinical Audit Program conducted
- Regular reporting to Board and Executive governance committees
- Strong consumer and community engagement through our Community Advisory Networks
- Strengthened engagement and prioritisation of safety and quality initiatives for Aboriginal and Torres Strait Islander consumers.

During the year, work commenced on transitioning to the second edition of the NSQHS Standards. For the first time the second edition includes mental health, cognitive impairment, health literacy, and Aboriginal and Torres Strait Islander health. A gap analysis was conducted to identify areas for improvement to align with the second edition and a National Standard Collaborative Committee and working groups established to focus on requirements and monitor progress. As part of the governance framework reports are provided to the Executive Safety and Quality Committee to ensure there is oversight of the work and progress being made.

Accreditation for acute, community, aged care and general practice services is maintained in accordance with the Department of Health Service Agreement. For hospitals accreditation is assessed against the NSQHS Standards, (second edition) under the Australian Health Service Safety and Quality Accreditation Scheme. Residential aged care facilities maintain accreditation by the Aged Care Quality and Safety Commission (ACQSC). General practices are externally accredited in accordance with the current edition of the Royal Australian College of General Practitioners (RACGP) Accreditation Standards and in line with the National General Practice Accreditation Scheme. The performance of the HHS and general practices can only be assessed by accrediting agencies that are approved by the Australian Commission on Safety and Quality in Healthcare (ACSQHC).

The South West HHS underwent successful accreditation of the Royal College of General Practitioners (RACGP) Standards (Fifth Edition) conducted by the Australian General Practice Accreditation Limited (AGPAL) for Cunnamulla, Injune, Mungindi and Quilpie Medical Practices. It was recognised by the accrediting body as an important achievement signifying the maturing of the general practice services in the South West and the commitment to delivering safety and high-quality healthcare to our patients in a primary setting. All four medical practices were recognised for their commitment to safety, quality and continuous improvement and awarded accreditation for a three-year period.

Further successes in accreditation assessment included that of the Australian Aged Care Quality Agency Home Care Standards of Quilpie and Charleville Home and Community Care Services.

The South West HHS recognises that community partnerships in healthcare are integral to the development, implementation and evaluation of health policies, programs and services. Across the service we have partnerships across three levels, ie. individual, service and organisation. On a day to day basis our clinicians interact with patients and, on an ongoing basis, consumers are invited to participate in the overall design of services and systems. A key area over the past year has been community consultation in relation to the Roma Hospital Redevelopment. At an organisation level we have 15 local CANs that are involved in planning, partnering, engagement, collaboration, co-design and advocating for their communities. Our partnership with our CANs is two-way, respectful, co-operative and highly valued.

Again, the annual CAN forum held in October 2018 in St George was a highlight of the year. Our CANs are passionate advocates for health services and outcomes within their communities and have insights which add value to our service. A representative from Health Consumers Queensland (HCQ) attended and provided consumer training which focused on consumer partnerships, the role and responsibilities as consumer representatives, tips and strategies for being an effective voice, barriers and enablers.

In June two CAN Members from the Roma CAN were sponsored to attend the annual HCQ Conference held in Cairns. The theme of the conference was to connect, innovate and transform consumer partnerships now and into the future. An incredibly diverse range of topics were covered and key presentations included: Consumers Leading Consultation – Kitchen Table Discussions which explored how they work, how to host them and why they are so successful; From gen z to gen y: transforming youth engagement' and a session showcasing the drive for change for Aboriginal and Torres Strait Islander peoples. A session on yarning circles was held to gain a deeper understanding of how to further strengthen understanding of and respect for Aboriginal and Torres Strait Islander peoples.

CONSUMER FEEDBACK

As a patient, a resident or carer, a visitor, or a friend or family member, we encourage our consumers to share their experiences. If the feedback is positive, it helps us to make sure that we do that more often to help others as well, and if it is not such positive feedback, it allows us to address it promptly to resolve.

In accordance with the provisions of the *Public Service Act 2008* s.219A the South West HHS provides the following information.

In 2018-19, we received 300 compliments, with most compliments relating to humaneness and treatment compared to 163 the previous year. All compliments were shared with individual staff and clinical teams mentioned.

The number of complaints received was 115, a decrease from 2017-18. The South West HHS considers that all complaints involve taking action even if the complaint involves an apology. With anonymous complaints the action is that these are noted by the relevant areas and further action taken if required to mitigate any risk eg. staff training, clinical reviews or improved processes.

Feedback helps to shape service delivery and provides an opportunity for us to review our practices and make enhancements where necessary. We thank everyone who took the time to provide feedback in 2018-19.

SAFETY AND QUALITY PERFORMANCE HIGHLIGHTS

The South West HHS Safety and Quality 2018-22 Strategy is committed to delivering a service that is safe, individualised, person-centred, highly reliable and organised for safety. Our performance is assessed against the second edition National Safety and Quality Service Standards and benchmarked against nationally recognised safety and quality indicators.

Our results for 2018-19

0

Nil Sentinel events were recorded.

(Australian definition from www.safetyandquality.gov.au - Sentinel events are a subset of patient safety events that are wholly preventable and result in serious harm to, or death of, a patient.)

Severity Assessment Code Closure Rates

100%

for SAC1

0

cases of Staphylococcus aureus (including MRSA) bacteraemia recorded

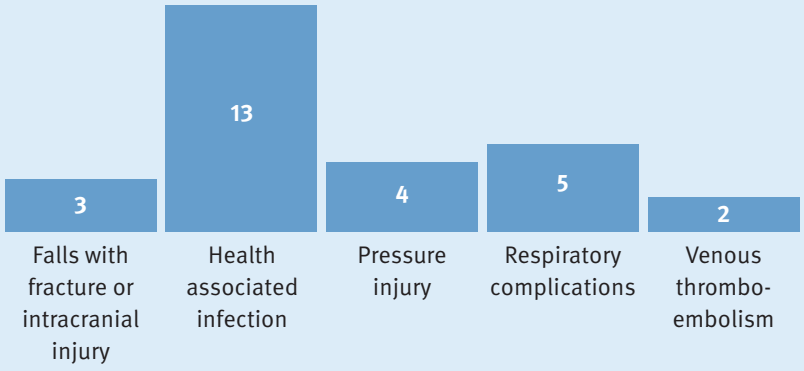
↓ 11.5%

Decrease in falls

3

Unplanned returns to theatres

NUMBER OF HOSPITAL ACQUIRED COMPLICATIONS

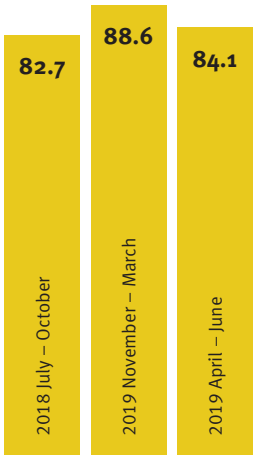


VTE PROPHYLAXIS RISK ASSESSMENTS

84%

2018-19 Average

HAND HYGIENE 5 MOMENTS OVERALL COMPLIANCE



About our aged care services...

Great facility and compassionate staff

About our aged care services...

People like you who make this world a better place

The voice of our patients and consumers

About our acute services...

"Thank you to hospital staff for making my son's visit a pleasure, calming and welcoming, regular visits by nurse in training were amazing, and to finish the day as an Indigenous family we had a visit from the liaison officer who made sure everything was on track."

About our general practices...

"Our heartfelt thanks and gratitude for the wonderful and expert care"

About our community clinics...

"Staff member went out of his way to treat my wife. His bedside manner, professionalism, attitude and skill was outstanding. We cannot express our gratitude for his effort and detailed treatment."

80%

The Roma Hospital achieved the highest satisfaction rating across the state in the Statewide Patient Experience Survey

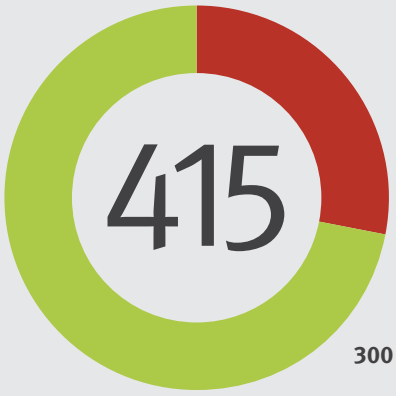
93.2%

South West Mental Health achieved a satisfaction rating of 93.2% in the Your Experience of Service Survey.

COMPLIMENTS AND COMPLAINTS

↑ **84%**

Increase in compliments



115 complaints (28%)

300 compliments (72%)

OUR CONSUMERS ARE ACTIVELY INVOLVED IN REVIEWING THE SAFETY AND QUALITY OF OUR SERVICES AND PLAN FOR HEALTH AND WELLBEING AT THE LOCAL LEVEL

150

People involved in our community advisory networks

60

Local CAN meetings held

764

People who have actively attended local place based health and wellness sessions

1,474

Interactions with community members regarding local place based and wellness sessions

Demand on services

We are responsible for the delivery of medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Table 3: Delivering more care

	2018-19	Change since last year
Babies born [a]	* 210	* -25
Oral health treatments [b 1]	40,148	1,950
Emergency Department presentations [c]	29,324	-1,826
Emergency Department 'Seen in time' [c]	23,638	-905
Patient admissions (from ED) [c]	3,841	90
Emergency surgeries [d 2]	113	-22
Gastrointestinal endoscopies delivered [e]	516	64
Gastrointestinal endoscopies delivered in time [e]	486	42
Elective surgeries, from a waiting list, delivered [f]	1,067	-58
Elective surgeries, from a waiting list, delivered in time [f]	1,054	-67
Number of telehealth services [g]	3,053	354

1 Oral Health treatments are identified as Weighted Occasions of Service.

2 Emergency surgeries data is preliminary.

* Perinatal data collection is based on calendar year 2018.

Source: a Perinatal Data Collection, b Oral Health Service, c Emergency Data Collection, d GenWAU, e Gastrointestinal Endoscopy Data Collection, f Elective Surgery Data Collection, g Monthly Activity Collection.

Service standards

The South West HHS committed to continual improvement in 2018-19, with a focus on alignment of our strategic and operational priorities.

The key performance indicators table below provides a summary of our performance against major key performance indicators described in the South West HHS's service agreement with the Department of Health.

Table 4: Service Standards – Performance 2018-19

Service Standards	Target	Actual
Effectiveness measures		
Percentage of patients attending emergency departments seen within recommended timeframes: [a]		
Category 1 (within 2 minutes)	100%	99.0%
Category 2 (within 10 minutes)	80%	98.8%
Category 3 (within 30 minutes)	75%	98.3%
Category 4 (within 60 minutes)	70%	98.0%
Category 5 (within 120 minutes)	70%	99.5%
Percentage of emergency department attendances who depart within four hours of their arrival in the department [a]	›80%	95.5%
Percentage of elective surgery patients treated within clinically recommended times: [b]		
Category 1 (30 days)	›98%	94.3%
Category 2 (90 days)	›95%	99.5%
Category 3 (365 days)	›95%	99.9%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days [c]	‹2	0.0[3]
Median wait time for treatment in emergency departments (minutes) [a]	..	2
Median wait time for elective surgery (days) [b]	..	55
Other Measures		
Number of elective surgery patients treated within clinically recommended times: [b]		
Category 1 (30 days)	182	183
Category 2 (90 days)	248	198
Category 3 (365 days)	786	673
Number of Telehealth outpatient occasions of service events [d]	3,120	3,053
Total weighted activity units (WAU's) [e]		
Acute Inpatient	5,731	5,481[4]
Outpatients	1,844	1,765
Sub-acute	763	783
Emergency Department	3,659	3,510
Mental Health	165	148
Prevention and Primary Care	512	712
Ambulatory mental health service contact duration (hours) [f]	›5,410	4,839
Staffing [g]	819	778

3 SAB data presented is preliminary.

4 As extracted on 19 August 2019.

Source: a Emergency Data Collection, b Elective Surgery Data Collection, c Communicable Diseases Unit, d Monthly Activity Collection, e GenWAU, f Mental Health Branch, g DSS Employee Analysis.

Between 1 July 2018 and 30 June 2019, South West HHS had over 29,300 presentations to their emergency departments. This year, a greater proportion of patients were seen within the clinically recommended time, upon their arrival to the emergency department, 98.6 per cent compared to 93.2 per cent last year.

At the same time, over 500 patients were treated from the gastrointestinal endoscopy waitlist, over 60 (14.2 per cent) more patients than last year; and 42 (9.5 per cent) more patients received their gastrointestinal endoscopy within the clinically recommended time compared to the same time last year.

Financial highlights

The South West HHS's operational result achieved a surplus of $1.376 million for the year ending 30 June 2019. As a statutory body for the seventh year, this is the sixth year that an operating surplus has been achieved, while still delivering on agreed major services and meeting and improving key safety and quality performance indicators.

The Health Service is combining an effective accountability framework with medium to long term financial modelling, to ensure our service continues to deliver the appropriate level of services to our community, backed by effective and efficient systems and processes.

Our consistent financial performance reflects a commitment to delivering sustainable health services to our community. Operating surpluses from prior years are reinvested in capital and other projects which enhance our service capability. This enables a response to increased prevalence of chronic disease conditions, ageing population, increasing costs from technology improvements and investment to deliver efficiency improvements.

REVENUE AND EXPENDITURE

South West HHS's income is sourced from two major areas:

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

South West HHS's total income was $156.863 million, which is an increase of $5.829 million (3.86 per cent) from 2017-18:

- the block funding, depreciation funding and general-purpose funding for public health services was 87.46 per cent or $137.196 million
- Australian Government grants and other grants funding was 5.52 per cent or $8.664 million for health services
- own source revenue was 6.73 per cent or $10.558 million
- other revenue was 0.28 per cent or $0.445 million.

The total expenses were $155.487 million, averaging at $0.425 million a day for providing public health services. Total expenditure increased by $3.317 million (2.18 per cent) from last financial year. Major areas of expenditure are shown in the following table compared to last financial year depicts major increase in Employee Expenses have driven by the rise in patient demand for hospital services during the year and proportions of current year expenditure are shown in the graph below:

Expenditure comparison between 2019 and 2018 FY	2019 $'000	2018 $'000	Variance $'000	Variance %
Employee expenses	11,576	8,287	3,289	39.69%
Health service employee expenses	83,213	81,602	1,611	1.97%
Supplies and services	49,551	51,111	(1,560)	-3.05%
Depreciation and amortisation	8,174	6,466	1,708	26.42%
Revaluation increment/decrement	–	1,418	(1,418)	-100.00%
Other expenses	2,973	3,286	(313)	-9.53%
Total expenses	155,487	152,170	3,317	2.18%

ASSETS AND LIABILITIES

South West HHS's asset base amounts to $173.625 million. 88.60 per cent or $153.836 million of this is invested in property, plant and equipment. The remaining balance of $19.789 million is held in cash, receivables and inventory.

Property, plant and equipment comparison between 2019 and 2018 FY	2019 $'000	2018 $'000	Variance $'000	Variance %
Land	4,120	4,130	(10)	-0.24%
Buildings	138,732	134,775	3,957	2.94%
Plant and equipment	8,606	9,121	(515)	-5.65%
Capital WIP	2,378	4,160	(1,782)	-42.84%
Total property, plant and equipment	153,836	152,186	1,650	1.08%

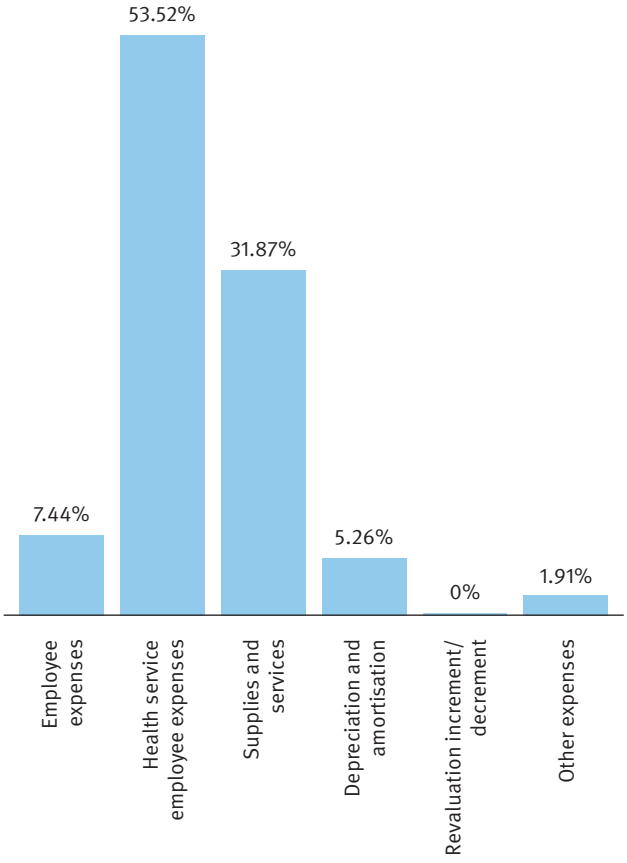
The increase in property, plant and equipment is driven by the depreciation expenses of $8.1 million being offset by additions of $6.0 million and a revaluation increment of $3.7 million.

South West HHS's liabilities consist of payables totalling $11.394 million, with an equity base of $162.231 million, which indicates that South West HHS has more current assets to meet their current liability commitments.

FUTURE FINANCIAL OUTLOOK

South West HHS will continue its successful strategy for investment in clinical service delivery and the redevelopment of Roma Hospital in the coming year; focus on the financial sustainability of services will potentially result in increased repairs and maintenance.

Expenses 2018-19



CHIEF FINANCIAL OFFICER STATEMENT

For the financial year ended 30 June 2019, the Chief Finance Officer provided a statement about the Service to the Board and Chief Executive in relation to financial internal controls, compliance with prescribed requirements for establishing and keeping the financial accounts and preparation of the financial statements to present a true and fair view, in accordance with accounting standards.

ANTICIPATED MAINTENANCE

Anticipated 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 anticipated maintenance.

Anticipated maintenance is maintenance that is necessary to prevent the deterioration of an asset or its function, but which has not been carried out. Some anticipated maintenance activities can be postponed without immediately having a noticeable effect on the functionality of the building. All anticipated maintenance items are risk assessed to identify any potential impact on users and services and are closely managed to ensure all facilities are safe.

As of 30 June 2019, the South West HHS had reported total anticipated maintenance of $12,158,480.

The South West HHS has the following strategies in place to mitigate any risks associated with these anticipated items.

Maintenance expenditure includes both operational and capital funding sources. Operational funding is provided within allocation of the HHS Service Agreement and is planned condition-based maintenance, which are prioritised through annual review of condition-based assessments. South West HHS has focussed on reducing high risk unfunded anticipated maintenance, through the Department of Health Priority Capital Program for compliance related maintenance. Minor Capital Works funding of $882,000 per annum focussed on lower cost building works across the South West. Emergent Works Program is also available for immediate response where an unplanned high-risk asset issue is identified. In situations of very high risk related to service provision, South West HHS would immediately submit special requests to the Department of Health for capital funding assistance. South West HHS has also reinvested through Board discretionary cash reserves for a program to replace ageing accommodation infrastructure.

Financial Statements

South West Hospital and Health Service

Financial Statements – 30 June 2019

South West Hospital and Health Service

Contents

30 June 2019

General Information

These financial statements cover the South West Hospital and Health Service (South West HHS).

The South West Hospital Health Service was established on 1 July 2012 as a statutory body under the *Hospital and Health Boards Act 2011*.

The Hospital and Health Service is controlled by the State of Queensland which is the ultimate parent.

The head office and principal place of business of South West HHS is:

44-46 Bungil Street
Roma QLD 4455

For information in relation to the Hospital and Health Service's financial statements please visit the website www.health.qld.gov.au/southwest/ .

South West Hospital and Health Service

Statement of Comprehensive Income

For the year ended 30 June 2019

	Note	2019 $'000	Original Budget 2019 $'000	2018 $'000	Ref*	Actual vs Budget variance $'000
Revenue						
User charges	2	**10,558**	9,861	11,509		697
Public health services funding	3	**137,196**	133,066	130,114		4,130
Grants and other contributions	4	**8,664**	6,573	8,529	a	2,091
Other revenue	5	**445**	359	882		86
Total revenue		**156,863**	149,859	151,034		7,004
Expenses						
Employee expenses	6	**11,576**	9,388	8,287	b	2,188
Health service employee expenses	7	**83,213**	80,282	81,602		2,931
Supplies and services	9	**49,551**	52,171	51,111	c	(2,620)
Depreciation and amortisation		**8,174**	6,640	6,466	d	1,534
Revaluation increment/decrement	10	**-**	-	1,418		-
Other expenses	11	**2,973**	1,378	3,286	e	1,595
Total expenses		**155,487**	149,859	152,170		5,628
Operating result		**1,376**	-	(1,136)		1,376
Other comprehensive income						
Items that will not be reclassified subsequently to operating result						
Increase/(decrease) in asset revaluation surplus	16	**3,734**	-	61,502	f	3,734
Other comprehensive income for the year		**3,734**	-	61,502		3,734
Total comprehensive income for the year		**5,110**	-	60,366		5,110

The accompanying notes form part of these statements.

South West Hospital and Health Service

Statement of Financial Position

As at 30 June 2019

	Note	2019 $'000	Original Budget 2019 $'000	2018 $'000	Ref*	Actual vs Budget variance $'000
Assets						
Current assets						
Cash and cash equivalents	12	**16,406**	15,938	15,793		468
Receivables	13	**2,397**	2,603	2,503		(206)
Inventories		**986**	790	960		196
Total current assets		**19,789**	19,331	19,256		458
Non-current assets						
Property, plant and equipment	14	**153,836**	89,224	152,186	g	64,612
Total non-current assets		**153,836**	89,224	152,186		64,612
Total assets		**173,625**	108,555	171,442		65,070
Liabilities						
Current liabilities						
Payables	15	**11,394**	11,338	10,820		56
Total current liabilities		**11,394**	11,338	10,820		56
Total liabilities		**11,394**	11,338	10,820		56
Net assets		**162,231**	97,217	160,622		65,014
Equity						
Contributed equity		**75,243**	75,706	78,744		(463)
Asset revaluation surplus	16	**70,519**	5,283	66,785		65,236
Retained surplus		**16,469**	16,228	15,093		241
Total equity		**162,231**	97,217	160,622	h	65,014

The accompanying notes form part of these statements.

South West Hospital and Health Service

Statement of Changes in Equity

For the year ended 30 June 2019

	Contributed equity $'000	Asset revaluation surplus $'000	Retained surplus $'000	Total equity $'000
Balance at 1 July 2017	80,129	5,283	16,229	101,641
Operating result for the year	-	-	(1,136)	(1,136)
Other comprehensive income for the year	-	61,502	-	61,502
Total comprehensive income for the year	-	61,502	(1,136)	60,366
Transactions with owners in their capacity as owners:				
Net assets received (transferred via non-appropriated equity transfers)	5	-	-	5
Equity injections (Minor Capital Works)	5,076	-	-	5,076
Equity withdrawals (Depreciation funding)	(6,466)	-	-	(6,466)
Balance at 30 June 2018	78,744	66,785	15,093	160,622

	Contributed equity $'000	Asset revaluation surplus $'000	Retained surplus $'000	Total equity $'000
Balance at 1 July 2018	78,744	66,785	15,093	160,622
Operating result for the year	-	-	1,376	1,376
Other comprehensive income for the year	-	3,734	-	3,734
Total comprehensive income for the year	**-**	**3,734**	**1,376**	**5,110**
Transactions with owners in their capacity as owners:				
Net assets received (transferred via non-appropriated equity transfers)	(3)	-	-	(3)
Equity injections (Minor Capital Works)	4,676	-	-	4,676
Equity withdrawals (Depreciation funding)	(8,174)	-	-	(8,174)
Balance at 30 June 2019	**75,243**	**70,519**	**16,469**	**162,231**

The accompanying notes form part of these statements.

South West Hospital and Health Service

Statement of Cash Flows

For the year ended 30 June 2019

	Note	2019 $'000	Original Budget 2019 $'000	2018 $'000	Ref*	Actual vs Budget $'000
Cash flows from operating activities						
Inflows						
User charges		**9,455**	9,797	10,047		(342)
Public health services funding		**129,122**	133,066	123,924		(3,944)
Grants and other contributions		**7,102**	6,573	6,935		529
GST input tax credits from ATO		**3,687**	4,695	3,896		(1,008)
GST collected from customers		**127**	-	88		127
Other receipts		**1,489**	359	1,807	i	1,130
Outflows						
Employee expenses		**(11,525)**	(9,388)	(8,200)	j	(2,137)
Health service employee expenses		**(83,050)**	(80,282)	(81,435)		(2,768)
Supplies and services		**(49,104)**	(51,972)	(51,426)	k	2,868
GST paid to suppliers		**(3,424)**	(4,698)	(3,811)		1,274
GST remitted to ATO		**(123)**	-	(82)		(123)
Other payments		**(1,776)**	(1,308)	(1,106)		(468)
Net cash from/(used by) operating activities	17	**1,980**	6,842	637		(4,862)
Cash flows from investing activities						
Inflows						
Proceeds from sale of property, plant and equipment		**25**	-	14		25
Outflows						
Payments for property, plant and equipment		**(6,068)**	(1,762)	(6,655)	l	(4,306)
Net cash from/(used by) investing activities		**(6,043)**	(1,762)	(6,641)		4,879
Cash flows from financing activities						
Inflows						
Equity injections		**4,676**	1,762	5,076	m	2,914
Outflows						
Equity withdrawals		**-**	(6,640)	-	n	(6,640)
Net cash from/(used by) financing activities		**4,676**	(4,878)	5,076		**9,554**
Net increase/(decrease) in cash held		**613**	202	(928)		1,130
Cash and cash equivalents at the beginning of the financial year		**15,793**	15,736	16,721		57
Cash and cash equivalents at the end of the financial year		**16,406**	15,938	15,793		468

The accompanying notes form part of these statements.

South West Hospital and Health Service

Notes to the financial statements

For the year ended 30 June 2019

Notes to the financial statements

For the year ended 30 June 2019

Note 1. Basis for preparation and other accounting policies

Basis of Financial Statement preparation

Statement of compliance

The South West Hospital and Health Service has prepared these financial statements in compliance with section 62 (1) of the *Financial Accountability Act 2009* and section 43 of the *Financial and Performance Management Standard 2009*.

These financial statements are general purpose financial statements, prepared on an accrual basis in accordance with Australian Accounting Standards and Interpretations. In addition, the financial statements comply with Queensland Treasury's *Minimum Reporting Requirements* for the year ended 30 June 2019, and other authoritative pronouncements.

With respect to compliance with Australian Accounting Standards and Interpretations, as the South West Hospital and Health Service is a not-for-profit statutory body it has applied those requirements applicable to not-for-profit entities.

The reporting entity

The financial statements include the value of all revenues, expenses, assets, liabilities and equity of South West Hospital and Health Service (South West HHS). South West HHS does not control any other entities (see Note 23 – Associates).

Issuance of Financial Statements

The financial statements are authorised for issue by the Chair of the South West Hospital and Health Board, the Chief Executive and the Executive Director Finance, Infrastructure and Corporate Services of South West HHS.

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. Comparative information has been reclassified where required for consistency with the current year's presentation.

Current/Non-current classification

Assets and liabilities are classified as either 'current' or 'non-current' in the 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 South West HHS 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.

Basis of measurement

Historical cost is used as the measurement basis in this financial report except for the following:

- Land and buildings which are measured at fair value; and
- Inventories which are measured at the lower of cost and net realisable value.

Historical Cost

Under historical cost, assets are recorded at the amount of cash or cash equivalents paid or the fair value of the consideration given to acquire assets at the time of their acquisition. Liabilities are recorded at the amount of proceeds received in exchange for the obligation or at the amounts of cash or cash equivalents expected to be paid to satisfy the liability in the normal course of business.

Fair Value

Fair value is the price that would be received to sell an asset or paid to transfer a liability 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 is determined using one of the following two approaches in South West HHS:

- The market approach uses prices and other relevant information generated by market transactions involving identical or comparable (i.e. similar) assets, liabilities or a group of assets and liabilities, such as a business; or
- The cost approach reflects the amount that would be required currently to replace the service capacity of an asset. This method includes the current replacement cost methodology.

Where fair value is used, the fair value approach is disclosed.

Note 1. Basis for preparation and other accounting policies (continued)

Net Realisable Value

Net realisable value represents the amount of cash or cash equivalents that could be obtained by selling an asset in an orderly disposal.

Other accounting policies

Administrative arrangements

Transfer of assets on practical completion

In 2014-15, the Minister for Health signed an enduring designation of transfer for property, plant and equipment between Hospital and Health Services and the Department of Health. This transfer is recognised through equity when both entities agree in writing to the transfer. During the 2018-19 financial year the financial impact of assets transfers was not significant. (Refer Note 14).

	2019 $'000	2018 $'000
Transfer in - practical completion of projects from the Department of Health*	-	-
Net transfer of property, plant and equipment to/from the Department of Health	(3)	5
	(3)	5

* Construction of major health infrastructure continues to be managed and funded by the Department of Health. Upon practical completion of a project, assets are transferred from the Department of Health to South West HHS. This note relates to transfers to/from Department of Health only – transfers to departments other than Department of Health are not included.

Inventories

Inventories consist mainly of medical supplies held for distribution in hospitals and are provided to public admitted patients free of charge except for pharmaceuticals which are provided at a subsidised rate. Inventories are valued at the lower of cost and net realisable value. Cost is assigned on a weighted average cost, adjusted where applicable, for any loss of service potential.

Taxation

South West HHS 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). The Australian Taxation Office has recognised the Queensland Department of Health and the sixteen Hospital and Health Services as a single taxation entity for reporting purposes.

First year application of new accounting standards or changes in policy

Changes in accounting policy

South West HHS did not voluntarily change any of its accounting policies during 2018-19.

Accounting standards early adopted

There have been no Australian Accounting Standards early adopted for 2018-19.

Accounting standards applied for the first time in 2018-19

AASB 9 *Financial Instruments*

The main impacts of this standard on South West HHS is that the requirements for the classification, measurement and disclosures associated with South West HHS financial assets changed. AASB 9 has introduced different criteria for whether financial assets can be measured at amortised cost or fair value.

South West HHS reviewed the measurement of its financial assets against the new AASB 9 classification and measurement requirements. There was no change to the classification of South West HHS cash and cash equivalents under the new standard. South West HHS receivables are now measured at amortised cost which is similar to the previous classification of loans and receivables. None of South West HHS's financial assets were remeasured in 2018-19 as a result of the new standard.

Another impact of AASB 9 related to the calculating impairment losses for South West HHS receivables. Impairment losses were determined according to the amount of lifetime expected credit losses. On initial adoption of AASB 9, South West HHS determined the expected credit losses for its receivables by comparing the credit risk at that time to the credit risk that existed when those receivables were initially recognised. South West HHS has reviewed the impairment of receivables and has determined that the impact of applying the new impairment model is minimal. Comparative figures for financial instruments were not restated.

Under AASB 9 South West HHS financial liabilities will continue to be measured at amortised cost.

Note 1. Basis for preparation and other accounting policies (continued)

Future impact of accounting standards not yet effective

At the date of authorisation of the financial report, the expected impacts of new or amended Australian Accounting Standards issued but with future commencement dates are set out below:

AASB 1058 *Income for Not-for-Profit Entities* and AASB 15 *Revenue from Contracts with Customers*

These standards will first apply to South West HHS's financial statements in 2019-20.

South West HHS has commenced analysing the new revenue recognition requirements under these standards and is yet to form conclusions about significant impacts. South West HHS receives over 85% of its revenue as public health services funding through the Service Agreement with the Department of Health (see Note 3). South West HHS initial assessment indicates that the recognition of revenue received under this contract is unlikely to change as a result of the new standard. Further analysis will be done in coming months to validate this assessment.

Potential future impacts on other revenue sources identifiable at the date of this report are as follows:

- grants received to construct a HHS non-financial asset will be recognised as a liability, and subsequently progressively recognised as revenue as South West HHS satisfies its performance obligations under the grant. At present, such grants are recognised as revenue upfront. These types of grants are not common within South West HHS as most funding for non-financial asset construction is received as equity injection.
- under the new standards, other grants currently recognised as revenue upfront may be required to be recognised as revenue progressively as the associated performance obligations are satisfied, but only if the associated performance obligations are enforceable and sufficiently specific. Grants with performance obligations that are not enforceable and/or sufficiently specific will not qualify for deferral and will continue to be recognised as revenue as soon as they are controlled. South West HHS is yet to evaluate existing grant agreements to determine whether any revenue could be deferred under the new requirements.
- depending on the specific contractual terms, the new requirements may potentially result in a change to the timing of revenue from user charges such that some revenue may need to be deferred to a later reporting period to the extent that South West HHS has received cash but has not met its associated obligations (such amounts would be reported as a liability in the meantime). South West HHS is yet to complete its analysis of current arrangements for sale of goods and services and the impact, if any, on revenue recognition has not yet been determined.
- a range of new disclosures will also be required by the new standards in respect of South West HHS revenue. Comparative information will not be restated on transition in accordance with Queensland Treasury policy for government agencies. However AASB 15 and AASB 1058 will be applied retrospectively to all contracts, including completed contracts, ensuring all deferred revenue can be recognised on transition. Under this approach Queensland Treasury will require the cumulative effect of applying this standard to be recognised as an adjustment to the opening balance of Accumulated Surpluses. Where assets have been acquired for significantly less than value prior to 1 July 2019, these assets are not required to be remeasured on transition to the new standards.

AASB 16 *Leases*

This standard will first apply to South West HHS's financial statements for 2019-20. When applied, the standard supersedes AASB 117 *Leases*, *AASB Interpretation 4 Determining whether an Arrangement contains a Lease*, *AASB Interpretation 115 Operating Leases – Incentives* and *AASB Interpretation 127 Evaluating the Substance of Transactions Involving the Legal Form of a Lease*.

Unlike AASB 117 *Leases*, AASB 16 introduces a single lease accounting model for lessees. Lessees will be required to recognise a right-of-use asset (representing rights to use the underlying leased asset) and a liability (representing the obligation to make future lease payments) for all leases with a term of more than 12 months, unless the underlying assets are of low value.

In effect, the majority of operating leases (as defined by the current AASB 117) will be reported on the Statement of Financial Position under AASB 16. There will be a significant increase in assets and liabilities for agencies that lease assets. The impact on the reported assets and liabilities would be largely in proportion to the scale of the agency's leasing activities.

The right-of-use asset will be initially recognised at cost, consisting of the initial amount of the associated lease liability, plus any lease payments made to the lessor at or before the commencement date, less any lease incentives received, the initial estimate of restoration costs and any initial direct costs incurred by the lessee. The right-of-use asset will give rise to a depreciation expense.

The lease liability will be initially recognised at an amount equal to the present value of the lease payments during the lease term that are not yet paid. Current operating lease rental payments will no longer be expensed in the Statement of Comprehensive Income. They will be apportioned between a reduction in the recognised lease liability and the implicit finance charge (the effective rate of interest) in the lease. The finance cost will be recognised as an expense.

Note 1. Basis for preparation and other accounting policies (continued)

AASB 16 allows a 'cumulative approach' rather than full retrospective application to recognising existing operating leases. Comparative information will not be restated on transition in accordance with Queensland Treasury policy for government agencies. All adjustments arising from the recognition and measurement of right-of-use assets and lease liability balances will be processed through equity on 1 July 2019. Contracts not previously identified as containing a lease, and entered into prior to 1 July 2019, will not be subject to this standard.

Presently South West HHS leases commercial and residential property and motor vehicles from the Department of Housing and Public Works. South West HHS also has short term non-cancellable leases over residential and commercial property with private lessors. South West HHS is still assessing the specific terms of these contracts but given the low value of these leases it is not anticipated that the impact of changes to the accounting standards for leases will be material to South West HHS Statement of Financial Position.

All other Australian Accounting Standards and interpretations with future commencement dates are either not applicable to South West HHS activities, or not expected to have a material impact on the financial statements.

Note 2. User charges

	2019 $'000	2018 $'000
Sale of goods and services	**2,672**	2,449
Pharmaceutical Benefit Scheme	**648**	1,587
Hospital fees	**7,238**	7,473
	10,558	11,509

Significant accounting policies

Revenue in this category primarily consists of hospital fees, reimbursements of pharmaceutical benefits, charges for private patients and private practice fees which are recognised based on either invoicing for related services or goods provided and/or the recognition of accrued revenue based on estimated volumes of goods or services delivered.

Note 3. Public health services funding

	2019 $'000	2018 $'000
Block funding	**73,492**	68,139
Depreciation funding	**8,174**	6,466
General purpose funding	**55,530**	55,509
	137,196	130,114

Significant accounting policies

Public health services funding

Funding is provided predominantly from the Department of Health for specific public health services purchased by the Department in accordance with a service agreement. The Australian Government pays its share of national health funding directly to the Department of Health, for on forwarding to the Hospital and Health Service. The service agreement is reviewed periodically and updated for changes in activities and prices of services delivered by South West HHS. Cash funding from the Department is received fortnightly for State payments and monthly for Commonwealth payments and is recognised as revenue on receipt. At the end of the financial year, an agreed technical adjustment between Department of Health and South West HHS may be required for the level of services performed above or below the agreed levels. The majority of services are block funded. South West HHS does not receive any teaching, training and research funding.

The service agreement between the Department of Health and South West HHS dictates that the funding provided by the Department for depreciation charges incurred by the HHS are a non-cash revenue. This is achieved through a withdrawal of funds from equity, refer Statement of Changes in Equity.

Notes to the financial statements

For the year ended 30 June 2019

Note 4. Grants and other contributions

	2019 $'000	2018 $'000
Australian Government grants		
Nursing home grants	**4,592**	4,492
Home and community care grants	**1,334**	1,264
Specific purpose	**475**	638
Total Australian Government grants	**6,401**	**6,394**
Other		
Services received at below fair value	**1,542**	1,594
Donations	**22**	33
Other grants	**699**	508
	8,664	**8,529**

Significant accounting policies

Grants, contributions, donations and gifts are non-reciprocal in nature and do not require anything to be provided in return. Revenue from these items is recognised in the year in which South West HHS obtains control over them.

Contributed assets are recognised at their fair value. Contributions of services are recognised only if the services would have been purchased if they had not been donated and their fair value can be measured reliably. Where this is the case, an equal amount is recognised as revenue and an expense.

South West HHS receives corporate services support from the Department of Health for no cost. Corporate services received include payroll services, accounts payable services, finance transactional services, taxation services, supply services and information technology services.

Note 5. Other revenue

	2019 $'000	2018 $'000
Recoveries	**296**	417
Other	**149**	465
	445	**882**

Note 6. Employee expenses

	2019 $'000	2018 $'000
Employee benefits		
Wages and salaries	**9,786**	6,869
Annual leave levy	**602**	590
Employer superannuation contributions	**646**	621
Long service leave levy	**206**	165
Employee related expenses		
Redundancies	**1**	11
Workers compensation premium	**4**	-
Other employee related expenses	**331**	31
	11,576	**8,287**

	2019 Staff No.	2018 Staff No.
Number of employees	26.1	19.6

The number of employees includes full-time employees and part-time employees measured on a full-time equivalent basis as at 30 June 2019.

Note 6. Employee expenses (continued)

Significant accounting policies

Employees include health executives directly engaged in the service of the South West HHS in accordance with section 70 of the Hospital and Health Boards Act 2011 (HHBA). The basis of employment for health executives is in accordance with section 74 of the HHBA. In addition, South West HHS directly engages senior medical officers who enter into individual contracts with South West.

Wages and salaries due but unpaid at reporting date are recognised in the Statement of Financial Position at current salary rates. As South West HHS expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted amounts.

Workers Compensation

Workers' compensation insurance is a consequence of employing staff but is not counted in an employee's total remuneration package. It is not an employee benefit and is recognised and included as part of Health Service Employee Expenses (Note 7) and not separated between Health Service and Board employees.

Employee Benefits and On-Costs

Annual leave and long service leave

Under the Queensland Government's Central Schemes for Annual Leave (ALCS) and Long Service Leave (LSLS), levies are paid throughout the year by South West HHS to cover the cost of an employee's annual leave and long service leave entitlements (including leave loading and on-costs).

The 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 scheme quarterly in arrears.

Sick leave

Prior history indicates that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised. As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

Superannuation

Employer superannuation contributions are paid to the superannuation fund of the eligible employee's choice. For the defined benefits scheme, contributions are paid at rates determined by the Treasurer on the advice of the State Actuary. Contributions are expensed in the period in which they are paid or payable and the South West HHS obligation is limited to its contribution to QSuper. The QSuper scheme has defined benefit and defined contribution categories. 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*.

Note 7. Health service employee expenses

	2019 $'000	2018 $'000
Department of Health	**83,213**	81,602
	83,213	81,602

The Hospital and Health Service through service arrangements with the Department of Health has engaged 746 (2018: 792) full time equivalent persons at 30 June 2019. As well as direct payments to the Department, premium payments made to WorkCover Queensland representing compensation obligations of 2019: $0.623 million (2018: $0.536 million) and other employee expenses (including training) of $0.875 million (2018: $0.921 million) are included in this category.

Significant accounting policies

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 provides employees to perform work for the South West HHS and acknowledges and accepts its obligations as the employer of these employees.
- South West HHS is responsible for the day to day management of these departmental employees.
- South West HHS reimburses the Department for the salaries and on-costs of these employees. This is disclosed as Health service employee expense.

Notes to the financial statements

For the year ended 30 June 2019

Note 8. Key management personnel disclosures

Key management personnel (KMP) include those positions that had authority and responsibility for planning, directing and controlling the activities of the HHS during the year. This includes South West HHS's responsible Minister (Minister of Health and Minister for Ambulance Services).

South West HHS has determined that individuals acting in these positions on a temporary or relieving basis are only considered to be KMP where they acted in the role for greater than four weeks during the year.

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 the South West HHS key executive management personnel is set by direct engagement common law employment contracts. The remuneration and other terms of employment for the key executive management personnel are also addressed by these common law employment contracts. The contracts provide for other benefits including motor vehicles and expense payments such as rental or loan repayments. South West HHS does not have any key executive management personnel employed under an arrangement which includes the potential for performance payments.

For the 2018-19 year, the remuneration of key executive management personnel increased by 2.5 per cent in accordance with government policy. Remuneration packages for key executive management personnel comprise of the following:

Short-term employee benefits

- Base salary, allowances and leave entitlements expensed for the period during which the employee occupied the specified position.
- Non-monetary benefits including of the provision of motor vehicles and housing and fringe benefit taxes applicable to other benefits.

Long-term employee benefits

- Long term employee benefits including long service leave accrued.
- Post-employment benefits including superannuation benefits.
- Termination benefits. Employment contracts only provide for notice periods or payment in lieu on termination, regardless of the reason for termination.

Ministerial remuneration

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

South West HHS key management personnel

Health Service Chief Executive (HSCE)

Responsible for the overall leadership and management of the South West HHS to ensure that South West HHS meets its strategic and operational objectives. The HSCE is accountable to the Board for making and implementing decisions about the Hospital and Health Service business within the strategic framework set by the Board.

Note 8. Key management personnel disclosures (continued)

Chief Operations Officer (COO)

This position ceased on 21 October 2018. The corporate services component of this position was transferred to the Executive Director, Finance, Infrastructure and Corporate Services, with the remaining components transferred to the Executive Director, Strategy, Performance and Governance.

Provides single point accountability for the functions of infrastructure and planning including service planning, capital works planning and delivery, facility engineering and maintenance. This position is also accountable for the function of the professional, operational and administrative support services.

Executive Director, Finance, Infrastructure and Corporate Services (EDFICS)

Previously Executive Director, Finance and Business Services (EDFBS) until 1 January 2019.

Responsible for management and oversight of the South West HHS finance framework including financial accounting processes, financial risk management, budget and revenue systems, activity measurement and reporting, performance management frameworks and financial corporate governance systems. The EDFICS is also accountable for the promotion of the long-term viability of the Hospital and Health Service and is responsible for infrastructure program planning and delivery.

Executive Director, Medical Services and Clinical Governance (EDMSCG)

Strategic and professional responsibility for South West HHS medical workforce, and clinical governance. The EDMSCG leads the development and implementation of Hospital and Health Service wide strategies that will ensure the medical workforce is aligned with identified service delivery needs, and an appropriately qualified, competent and credentialed workforce is maintained.

Executive Director, Nursing & Midwifery Services (EDONM)

Responsible for strategic and professional leadership of the nursing work force. The EDONM leads the development and implementation of Hospital and Health Service wide strategies that will ensure the nursing and midwifery workforce is aligned with identified service delivery needs. The EDONM ensures an appropriately qualified and competent nursing and midwifery workforce is maintained, leading to the achievement of clinical excellence through education, professional development and research.

Director, People & Culture (DPAC)

Responsible for provision of leadership and oversight of human resources, occupational health and safety functions, workforce planning and development, Indigenous training and development, and cultural awareness programs for the Hospital and Health Service.

Executive Director, Primary and Community Care (EDPCC)

Previously Executive Director, Community and Allied Health (EDCAH) until 21 October 2018.

Provides single point accountability and leadership for the portfolio of Community and Allied Health within the Hospital and Health Service. The position provides high level leadership, strategic direction and advocacy in the professional management of community and allied health services across the Hospital and Health Service, including contribution to state-wide initiatives.

Nursing Director Quality and Safety (NDQS)

This position ceased to be a member of the Executive Leadership Team (and therefore KMP) on 1 January 2018.

Responsible for leading South West HHS in the provision of a clinical governance framework including accreditation, risk management, research, medico-legal and mortality review processes and clinical performance reporting. Leads the Quality and Safety Unit in the South West HHS to ensure a culture of safety, continuous quality improvement, clinical practice standardisation and the implementation and sustainability of the National Safety and Quality Healthcare Standards.

Executive Director, Strategy, Performance and Governance (EDSPG)

This position partly replaces the Chief Operations Officer (COO). The Executive Director Strategy, Performance and Governance will provide overall leadership and direction for the functions of Strategic Projects, Program Management, Business Intelligence, Reporting and Analytics, Integrated Governance, Risk and Compliance Management, Corporate Performance Management, Internal Audit, Legal Liaison, and Internal and External Communications and Strategic Engagement. The EDSPG is a key member of the Executive Leadership Team (ELT). The role is responsible for the provision of leadership, strategic focus, authoritative and expert advice across a wide range of professional and policy issues to the HSCE, members of the Executive Team, the SWHHS Board, and other relevant stakeholders.

Note 8. Key management personnel disclosures (continued)

2019		Short-term benefits ($'000)		Other employee benefits ($'000)			
Position title Position holder/s	Dates held	**Monetary expenses**	**Non-monetary expenses**	**Long term expenses**	**Post-employment expenses**	**Termination benefits**	**Total**
Health Service Chief Executive (HSCE)							
Linda Patat	From 30-Oct-2017	317	10	6	28	-	**361**
Chief Operations Officer (COO)							
Wendy Jensen	From 1-Aug-2016 to 21-Oct-2018	61	4	1	6	-	**72**
Executive Director Finance, Infrastructure & Corporate Services (EDFICS)							
Samantha Edmonds	From 7-Jan-2019	101	5	2	9	-	**117**
Rod Margetts	28-Mar-2018 to 16-Jan-2019	230	-	-	-	-	**230**
Executive Director Medical Services & Clinical Governance (EDMSCG)							
Dr Tim Smart	From 17-Sep-2018	432	14	9	29	-	**484**
Executive Director Nursing & Midwifery (EDONM)							
Chris Small	From Aug-2009 to 11-Nov-2018	75	7	1	7	-	**90**
David Tibby	12-Nov-2018 to 16-Jun-2019	110	5	2	13	-	**130**
Jeff Potter	From 27-May-2019	26	-	-	2	-	**28**
Director People & Culture (DPAC)							
Robert Mander	22-Mar-2017 to 10-Feb-2019	84	16	2	10	-	**112**
Peter Barker	From 22-Jan-2019	67	-	1	8	-	**76**
Executive Director, Primary and Community Care (EDPCC) (formerly Community and Allied Health (EDCAH))							
Wendy Jensen	From 22-Oct-2018	113	9	2	11	-	**135**
Executive Director, Strategy, Performance & Governance (EDSPG)							
Cameron Castles	13-Aug-2018 to 21-Apr-2019	145	-	2	12	-	**159**
Chris Small	From 7-Apr-2019	31	-	1	3	-	**35**

Note 8. Key management personnel disclosures (continued)

2018

Position title / Position holder/s	Dates held	Short-term benefits ($'000) Monetary expenses	Short-term benefits ($'000) Non-monetary expenses	Other employee benefits ($'000) Long term expenses	Other employee benefits ($'000) Post-employment expenses	Other employee benefits ($'000) Termination benefits	Total
Health Service Chief Executive (HSCE)							
Glynis Schultz	11-Nov-2013 to 27-Oct-2017	98	8	1	4	8	**119**
Linda Patat	From 30-Oct-2017	190	9	4	17	-	**220**
Chief Operations Officer (COO)							
Wendy Jensen	From 1-Aug-2016	182	14	4	18	-	**218**
Executive Director Finance and Business Services (EDFBS)							
Craig Walker	11-Apr-2016 to 27-Apr-2018	145	19	2	13	1	**180**
Tracey Ferguson	30-Aug-2017 to 15-Sep-2017, 18-Dec-2017 to 7-Jan-2018, 21-Mar-2018 to 30-Jun-2018	58	-	1	5	-	**64**
Rod Margetts	28-Mar-2018 to 30-Jun-2018	24	-	-	-	-	**24**
Executive Director Medical Services (EDMS)							
Dr Christopher Buck	From 16-Sep-2016	458	20	9	28	-	**515**
Dr Alan Richardson	28-Aug-2017 to 24-Sep-2017 18-Jun-2018 to 24-Jun-2018	47	-	1	3	-	**51**
Executive Director Nursing & Midwifery (EDONM)							
Chris Small	From Aug-2009	199	-	4	19	-	**222**
Toni Murray	26-Jun-2017 to 2-Jul-2017, 7-Aug to 27-Aug-2017, 18-Sep-2017 to 8-Oct-2017	43	-	1	4	-	**48**
Director People & Culture (DPAC)							
Robert Mander	From 22-Mar-2017	145	15	3	17	-	**180**
Executive Director Community and Allied Health (EDCAH)							
Josh Freeman	5-Jan-2015 to 7-Jan-2018	76	6	1	5	4	**92**
Annmarie McErlain	1-Jul-2017 to 9-Jul-2017 6 -Sep-2017 to 12-Sep-2017 20 November to 1-Dec-2017 2-Jan-2018 to 9-Mar-2018	34	-	1	4	-	**39**
Nursing Director Quality and Safety (NDQS)							
Robyn Brumpton	From 24-Aug-2009	70	-	1	8	-	**79**
Jane Peeters	11-Sep-2017 to 8-Oct-2017	14	-	-	1	-	**15**

Note 8. Key management personnel disclosures (continued)

Board Remuneration

The South West HHS is independently and locally controlled by the South West Hospital and Health Board (Board). The Board appoints the Health Service Chief Executive and exercises significant responsibilities at a local level; including controlling the financial management of the Service and the management of the HHS land and buildings (section 7 *Hospital and Health Boards Act 2011*).

In accordance with the *Hospital and Health Boards Act 2011*, the Governor in Council appoints Board members, on the recommendation of the Minister, for a period not exceeding 4 years. Board members are paid an annual salary based on their position as well as fees for membership on sub-committees. Remuneration is calculated in accordance with the guidance statement issued by the Department of Premier and Cabinet, titled "*Remuneration procedures for part-time chairs and member of Queensland Government bodies*". Under the procedure, Hospital and Health Services are assessed as 'Governance' entities and grouped into different levels of a remuneration matrix based on a range of indicators including: revenue/budget, net and total assets, independence, risk and complexity.

Composition of the Board and remuneration paid to Board members was as follows:

2019			Short-term benefits			
Appointee	Role	Term	Monetary expenses* ($'000)	Non-monetary expenses ($'000)	Post-employment expenses ($'000)	Total ($'000)
Mr Jim McGowan AM	Chairperson	18 May 2017 – 31 March 2022	78	-	7	**85**
Ms Karen Tully	Deputy Chair	18 May 2017 - 17 May 2021	45	-	4	**49**
Ms Heather Hall	Board member	27 July 2012 – 17 May 2019	34	-	3	**37**
Ms Claire Alexander	Board member	26 June 2015 - 17 May 2021	42	9	4	**55**
Dr John Scott	Board member	18 May 2014 - 17 May 2020	39	-	4	**43**
Ms Fiona Gaske	Board member	18 May 2014 - 17 May 2021	42	-	4	**46**
Mr Ray Chandler	Board member	18 May 2017 - 17 May 2020	42	9	4	**55**
Mr Stewart Gordon	Board member	18 May 2017 - 17 May 2020	43	9	4	**56**
Ms Jan Chambers	Board member	18 May 2019 – 31 March 2022	5	-	-	**5**

* Monetary expenses include travel reimbursement.

2018			Short-term benefits			
Appointee	Role	Term	Monetary expenses* ($'000)	Non-monetary expenses ($'000)	Post-employment expenses ($'000)	Total ($'000)
Mr Jim McGowan AM	Chairperson	18 May 2017 - 17 May 2019	73	-	7	**80**
Ms Karen Tully	Deputy Chair	18 May 2017 - 17 May 2021	45	-	4	**49**
Ms Heather Hall	Board member	27 July 2012 - 17 May 2019	39	-	4	**43**
Ms Claire Alexander	Board member	26 June 2015 - 17 May 2019	41	-	4	**45**
Dr John Scott	Board member	18 May 2014 - 17 May 2020	38	-	4	**42**
Ms Fiona Gaske	Board member	18 May 2014 - 17 May 2021	42	-	4	**46**
Mr Ray Chandler	Board member	18 May 2017 - 17 May 2020	39	-	4	**43**
Mr Stewart Gordon	Board member	18 May 2017 - 17 May 2020	43	-	4	**47**

* Monetary expenses include travel reimbursement.

Notes to the financial statements

For the year ended 30 June 2019

Note 9. Supplies and services

	2019 $'000	2018 $'000
Building services	**929**	876
Catering and domestic supplies	**1,584**	1,622
Clinical supplies and services	**5,507**	4,955
Communications	**2,045**	1,494
Computer services	**1,192**	1,234
Consultants and contractors	**13,802**	15,199
Electricity and other energy	**2,423**	2,441
Minor works including plant and equipment	**403**	976
Motor vehicles	**210**	199
Operating lease rentals	**1,915**	1,905
Other travel	**2,728**	2,632
Pharmaceutical supplies	**1,276**	2,408
Pathology, blood and parts	**1,796**	1,450
Patient transport	**4,184**	4,216
Patient travel	**2,764**	2,600
Repairs and maintenance	**4,004**	4,771
Other	**2,789**	2,133
	49,551	**51,111**

Note 10. Revaluation increment/decrement

	2019 $'000	2018 $'000
Revaluation decrement	**-**	1,418
	-	1,418

Significant accounting policies

Any revaluation increment arising on the revaluation of an asset is credited to the asset revaluation surplus of the appropriate class, except to the extent 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. Further detail in the application of fair value measurement can be found in Notes 1 and 14.

Notes to the financial statements

For the year ended 30 June 2019

Note 11. Other expenses

	2019 $'000	2018 $'000
Advertising	**71**	118
Audit fees	**318**	360
Insurance - QGIF	**708**	658
Insurance - Other	**30**	62
Inventory written off	**54**	76
Losses from the disposal of non-current assets	**60**	91
Other	**150**	238
Legal costs	**34**	85
Services received free of charge	**1,542**	1,594
Special payments - ex-gratia payments	**6**	4
	2,973	3,286

Significant accounting policies

The Department of Health insures property and general losses above a $10,000 threshold through the Queensland Government Insurance Fund (QGIF). Medical indemnity (formerly known as health litigation) payments above a $20,000 threshold and associated legal fees are also insured through QGIF. For the 2018-19 year, the premium was allocated to each HHS according to the underlying risk of an individual insured party. South West HHS is required to pay the excess of $10,000 or $20,000 per event for property and general losses or medical indemnity claims respectively.

Special payments represent ex-gratia payments that South West HHS is not contractually or legally obliged to make to other parties.

South West HHS maintains a register setting out the details of all special payments greater than $5,000. In 2018-19, ex-gratia payments of $5,951 (2018: $4,000) were made, consisting of one reportable payment which related to patient medical claims.

Total external audit fees payable to the Queensland Audit Office relating to the 2018-19 financial year are estimated to be $150,000 (2018: $153,000) including out of pocket expenses. There are no non-audit services included in this amount.

South West HHS outsources its Internal Audit function to an external agency. Internal audit fees for 2018-19 were $167,939 (2018: $145,790).

Note 12. Cash and cash equivalents

	2019 $'000	2018 $'000
Imprest accounts	**7**	7
Cash at bank	**14,241**	14,705
QTC cash funds*	**2,158**	1,081
	16,406	**15,793**

*Refer Note 21 Restricted assets.

South West HHS operating bank accounts are grouped as part of a Whole-of-Government (WoG) banking arrangement, and do not earn interest on surplus funds nor is it charged interest or fees for accessing its approved cash debit facility. Any interest earned on the WoG arrangement accrues to the Consolidated Fund.

General trust bank accounts and term deposits, included in Queensland Treasury Corporation (QTC) cash funds above, do not form part of the WoG banking arrangement and incur fees as well as interest. Cash deposited with QTC earns interest, calculated on a daily basis reflecting market movements in cash funds as determined by QTC. Rates achieved throughout the year range between 2.20% to 3.20% (2018: 2.47% to 2.93%).

Debit facility

South West HHS has access to a $1 million debit facility approved by Queensland Treasury which was fully undrawn at 30 June 2019 (2018: $1 million).

Significant accounting policies

For the purposes of the Statement of Financial Position and the Statement of Cash Flows, cash assets include all cash and cheques receipted but not banked at 30 June as well as deposits at call with financial institutions and cash debit facility.

Note 13. Receivables

	2019 $'000	2018 $'000
Trade debtors	**1,260**	1,350
Payroll receivables	**-**	1
Less: Loss allowance	**(89)**	(152)
	1,171	**1,199**
GST receivables	**235**	499
GST payable	**(17)**	(14)
	218	**485**
Public health services funding	**819**	785
Other	**189**	34
	2,397	**2,503**

Significant accounting policies

Receivables are measured at amortised cost which approximates their fair value at reporting date. Trade debtors are recognised at the amount due at the time of sale or service delivery i.e. the agreed purchase/contract price. The recoverability of trade debtors is reviewed on an ongoing basis at an operating unit level. Trade receivables are generally settled within 90 days (refer Note 18). No interest is charged and no security is obtained.

Movement in the allowance for impairment	2019 $'000	2018 $'000
Opening balance	**152**	182
Amounts written off during the year	**(77)**	(57)
Increase/(Decrease) in allowance recognised in operating result	**14**	27
Closing balance	**89**	**152**

Note 14. Property, plant and equipment

Balances and reconciliations of carrying amount

2019	Land (Level 2) $'000	Land (Level 3) $'000	Buildings (Level 2) $'000	Buildings (Level 3) $'000	Plant and equipment (at cost) $'000	Capital works in progress (at cost) $'000	Total $'000
Gross value	145	3,975	455	222,987	19,208	2,378	249,148
Less: Accumulated depreciation	-	-	(14)	(84,696)	(10,602)	-	(95,312)
Carrying amount at 30 June 2019	**145**	**3,975**	**441**	**138,291**	**8,606**	**2,378**	**153,836**
Represented by movements in carrying amount:							
Carrying amount at 1 July 2018	145	3,985	455	134,320	9,121	4,160	152,186
Reclassification between Level 2 & Level 3	-	-	-	-	-	-	-
Acquisitions major infrastructure transfers							-
Acquisitions	-	-	-	-	810	5,278	6,088
Disposals	-	-	-	-	(61)	-	(61)
Revaluation increments/(decrements)	-	-	10	3,724	-	-	3,734
Transfers in from Department of Health	-	(10)	-	(15)	88	-	63
Transfers out - Machinery of Government (MoG)	-	-	-	-	-	-	-
Transfers between classes	-	-	-	6,893	167	(7,060)	-
Depreciation expense	-	-	(24)	(6,631)	(1,519)	-	(8,174)
Carrying amount at 30 June 2019	**145**	**3,975**	**441**	**138,291**	**8,606**	**2,378**	**153,836**

Notes to the financial statements

For the year ended 30 June 2019

Note 14. Property, plant and equipment (continued)

2018	Land (Level 2) $'000	Land (Level 3) $'000	Buildings (Level 2) $'000	Buildings (Level 3) $'000	Plant and equipment (at cost) $'000	Capital works in progress (at cost) $'000	Total $'000
Gross value	145	3,985	455	213,667	18,611	4,160	241,023
Less: Accumulated depreciation	-	-	-	(79,347)	(9,490)	-	(88,837)
Carrying amount at 30 June 2018	**145**	**3,985**	**455**	**134,320**	**9,121**	**4,160**	**152,186**
Represented by movements in carrying amount:							
Carrying amount at 1 July 2017	311	5,288	392	75,074	8,772	2,163	92,000
Reclassification between Level 2 & Level 3	(60)	60	-	-	-	-	-
Acquisitions	-	-	-	-	1,878	4,777	6,655
Disposals	-	-	-	-	(92)	-	(92)
Revaluation increments/(decrements)	(106)	(1,363)	84	61,469	-	-	60,084
Transfers in from Department of Health	-	-	-	-	5	-	5
Transfers out - Machinery of Government (MoG)	-	-	-	-	-	-	-
Transfers between classes	-	-	-	2,780	-	(2,780)	-
Depreciation expense	-	-	(21)	(5,003)	(1,442)	-	(6,466)
Carrying amount at 30 June 2018	**145**	**3,985**	**455**	**134,320**	**9,121**	**4,160**	**152,186**

Significant accounting policies

Items of property, plant and equipment with a cost or other value equal to or more than the following thresholds and with a useful life of more than one year are recognised at acquisition.

Class	Threshold
Buildings and Land Improvements	$10,000
Land	$1
Plant and Equipment	$5,000

Items below these values are expensed. Land improvements undertaken by South West HHS are included in the building class. South West HHS has an annual maintenance program for its buildings. Expenditure is only added to an asset's carrying amount if it increases the service potential or useful life of the existing asset. Maintenance expenditure that merely restores the original service potential (lost through ordinary wear and tear) is expensed.

Acquisition of assets

Historical cost is used for the initial recording of all non-current physical asset acquisitions. Historical cost is determined as the value given as consideration plus costs incidental to the acquisition, including all other costs incurred in getting the assets ready for use, including architects' fees and engineering design fees. However, any training costs are expensed as incurred. Items or components that form an integral part of an asset are recognised as a single (functional) asset.

Purchases of clinical equipment, furniture and fittings associated with capital works projects are managed by South West HHS. These outlays are funded by the State through the Department of Health as cash equity injections throughout the year. In 2018-19 the value of these injections was $4.676 million (2018: $5.076 million). Refer to Statement of Changes in Equity.

Where assets are received free of charge from another Queensland Government entity (whether as a result of a machinery-of-Government change or other involuntary transfer), the acquisition cost is recognised as the carrying amount in the books of the other agency immediately prior to the transfer. Assets acquired at no cost or for nominal consideration, other than from another Queensland Government entity, are recognised at their fair value at the date of acquisition.

Measurement using historical cost

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

Measurement using fair value

Land and buildings are measured at fair value in accordance with AASB 116 *Property, Plant and Equipment*, AASB *13 Fair Value Measurement* and Queensland Treasury's *Non-Current Asset Policies for the Queensland Public Sector (NCAP)*.

Note 14. Property, plant and equipment (continued)

These assets are reported at their revalued amounts, being the fair value at the date of valuation, less any subsequent accumulated depreciation and accumulated impairment losses where applicable. Separately identified components of assets are measured on the same basis as the assets to which they relate. In respect of the abovementioned asset classes, the cost of items acquired during the financial year has been judged by management to materially represent their fair value at the end of the reporting period.

Fair Value Measurement

Buildings are comprehensively revalued once every five years, or whenever volatility is detected, with values adjusted for indexation in the interim years. Fair value measurement of a non-current asset is determined by taking into account its highest and best use (the highest value regardless of current use). All assets of the HHS for which fair value is measured in line with the fair value hierarchy, take into account observable and unobservable data inputs.

Observable inputs, which are used in Level 2 ratings, are publicly available data relevant to the characteristics of the assets being valued, such as published sales data for land and residential dwellings. Unobservable inputs are data, assumptions and judgements not available publicly, but relevant to the characteristics of the assets being valued and are used in Level 3 ratings. Significant unobservable inputs used by the HHS include subjective adjustments made to observable data to take account of any specialised nature of the buildings (i.e. primary health care, acute care), including historical and current construction contracts (and/or estimates of such costs), and assessments of technological and external obsolescence and physical deterioration as well as remaining useful life. Inputs used to determine the level rating for land include zoning which may restrict use to health service provision only. Unobservable inputs are used to the extent that sufficient relevant and reliable observable inputs are not available for similar assets.

Reflecting the specialised nature of health service buildings, fair value is determined using current replacement cost methodology. Current replacement cost represents the price that would be received for the asset, based on the estimated cost to construct a substitute asset of comparable utility, adjusted for obsolescence. This requires identification of the full cost of a replacement asset, adjusted to take account of the age and obsolescence of the existing asset. The cost of a replacement asset is determined by reference to a modern day equivalent asset, built to current standards and with modern materials.

Refer to the table *Balances and reconciliation of carrying amount* in this note for disclosure of categories for assets and liabilities measured at fair value.

Revaluation of property measured at fair value

The HHS's land and buildings are independently and professionally valued. South West HHS also revalues significant, newly commissioned buildings in the same manner to ensure that they are transferred from the Department of Health at fair value.

Land values are comprehensively revalued every three years. Annual desktop valuations of significant properties and applications of indices approximating market movement are applied to land assets in the intervening periods. This ensure that land balances are materially accurate and represent fair value at reporting date.

Indices used are also tested for reasonableness by applying the indices to a sample of assets, comparing the results to similar assets that have been valued by an independent qualified valuer, and analysing the trend of changes in values over time. Through this process, which is undertaken annually, management assesses and confirms the relevance and suitability of indices provided based on South West HHS's own particular circumstances.

For assets revalued using a cost valuation method (e.g. current replacement cost) - accumulated depreciation is adjusted to equal the difference between the gross amount and the carrying amount, after taking into account accumulated impairment losses and changes in remaining useful life. This is generally referred to as the 'gross method'. For assets revalued using a market or income-based valuation approach – accumulated depreciation and accumulated impairment losses are eliminated against the gross amount of the asset prior to restating for the revaluation. This is generally referred to as the 'net method'.

Note 14. Property, plant and equipment (continued)

Impact from valuation program

Land

All land holdings were comprehensively revalued by APV Valuers and Asset Management at 30 June 2018, resulting in a decrement of $1.468 million to the carrying amount of land. A desktop valuation with reference to market movements was undertaken as at 30 June 2019, with immaterial movements resulting in no revaluations being applied South West HHS's land portfolio.

Buildings

South West Hospital and Health Service (SWHHS) has completed the first year of a five-year rolling building valuation program (2018-19 to 2022-23). During 2019 thirty-four material buildings/site improvements located in the Charleville and Cunnamulla regions were comprehensively revalued. Interim indices were applied to the balance of buildings to approximate market growth in construction pricing.

This revaluation resulted in an increment of $3.734 million (2018: $61.552 million) to the carrying amount of buildings.

Depreciation

Depreciation (representing a consumption of an asset over time) is calculated on a straight-line basis (equal amount of depreciation charged each year). The residual (or scrap) value is assumed to be zero. Annual depreciation is based on the cost or the fair value of the asset and the HHS's assessment of the remaining useful life of the individual assets (in the case of building assets, individual asset components, as deemed appropriate). Land is not depreciated as it has unlimited useful life. Assets under construction (work in progress) are not depreciated until they are ready for use.

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

Class	Depreciation Rates
Building and improvements	0.69% - 4.76%
Plant and Equipment	1.25% - 20.00%

Indicators of impairment and determining recoverable amount

All property, plant and equipment are assessed for indicators of impairment on an annual basis or, where the asset is measured at fair value, for indicators of a change in fair value/service potential since the last valuation was completed. If an indicator or impairment exists, South West HHS determines the asset's recoverable amount (higher or value in use and fair value less costs of disposal). Any amounts by which the asset's carrying amount exceeds the recoverable amount is considered and impairment loss.

Note 15. Payables

	2019 $'000	2018 $'000
Trade creditors	**5,875**	6,724
Unearned revenue	**478**	-
Accrued health service labour - Department of Health	**2,819**	2,656
Other payables	**2,222**	1,440
	11,394	**10,820**

Significant accounting policies

Payables are recognised for amounts to be paid in the future for goods and services received. Trade creditors are measured at the agreed purchase / contract price, net of applicable trade and other discounts. The amounts are unsecured and normally settled within 30-60 days.

Note 16. Asset revaluation surplus by class

2019	Land $'000	Buildings $'000	Total $'000
Carrying amount at start of period	-	66,785	66,785
Asset revaluation increment/(decrement)	-	3,734	3,734
Carrying amount at end of period	**-**	**70,519**	**70,519**

2018	Land $'000	Buildings $'000	Total $'000
Carrying amount at start of period	50	5,233	5,283
Asset revaluation increment/(decrement)	(50)	61,552	61,502
Carrying amount at end of period	-	66,785	66,785

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

Note 17. Reconciliation of operating result to net cash provided by operating activities

	2019 $'000	2018 $'000
(Deficit)/Surplus for the year	**1,376**	(1,136)
Adjustments for:		
Depreciation and amortisation	**8,174**	6,466
Depreciation grant funding	**(8,174)**	(6,466)
Services free of charge	**1,542**	1,594
Services received below fair value	**(1,542)**	(1,594)
Other income	**(66)**	-
Revaluation decrement	**-**	1,418
Net (gain)/loss on disposal of non-current assets	**60**	78
Reversal of impairment loss receivables	**(44)**	-
Other income		
Changes in assets and liabilities:		
(Increase)/Decrease in receivables	**(161)**	(172)
(Increase)/Decrease in GST receivables	**260**	78
(Increase)/Decrease in inventories	**(26)**	(217)
Increase/(Decrease) in accounts payable	**(67)**	608
Increase/(Decrease) in accrued contract labour	**163**	167
Increase/(Decrease) in GST payable	**7**	13
Increase/(Decrease) in unearned funding revenue	**478**	(200)
Net cash from operating activities	**1,980**	637

Note 18. Financial instruments

Categorisation of financial instruments

Financial assets and financial liabilities are recognised in the Statement of Financial Position when South West HHS becomes party to the contractual provisions of the financial instrument. South West HHS has the following categories of financial assets and financial liabilities:

	Note	2019 $'000	2018 $'000
Financial assets measured at amortised cost:			
Cash and cash equivalents	12	**16,406**	15,793
Receivables	13	**2,208**	2,469
Total financial assets		**18,614**	18,262
Financial liabilities measured at amortised cost:			
Payables	15	**10,916**	10,820
Total financial liabilities		**10,916**	10,820

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

Financial risk management

South West HHS activities expose it to a variety of financial risks - credit risk, liquidity risk and market risk. Financial risk management is implemented pursuant to Government and South West HHS policy. These policies focus on the unpredictability of financial markets and seek to minimise potential adverse effects on the financial performance of South West HHS. South West HHS measures risk exposure using a variety of methods as follows:

Risk exposure	Measurement method
Credit risk	Ageing analysis, cash inflows at risk
Liquidity risk	Monitoring of cash flows by active management of accrual accounts
Market risk	Interest rate sensitivity analysis

Credit risk exposure

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

Credit risk is considered minimal given all South West HHS deposits are held by the State through the Commonwealth Bank of Australia and Queensland Treasury Corporation.

No collateral is held as security and no credit enhancements relate to financial assets held by South West HHS. In terms of collectability, receivables will be categorised based on the debtor type (i.e. government, private health funds, individuals etc) and the aging of the debts held.

South West HHS applies the AASB 9 simplified approach to measuring expected credit losses which uses a lifetime expected loss allowance for all trade receivables. Throughout the year, South West HHS will assess whether there is evidence that trade receivables (grouped on the basis of shared credit risk characteristics) are impaired. Evidence includes financial difficulties of the debtor, changes in debtor credit ratings and current outstanding accounts over 120 days. The allowance for impairment reflects South West HHS's assessment of the recoverability of receivables and is determined based on historical rates of bad debts (by category) over the past three years and management judgement. Management judgement will include assessments of expected lifetime credit losses, particularly in relation to ineligible debt categories. All known bad debts are written off when identified.

Trade receivables are written off when there is no reasonable expectation of recovery. Indicators that there is no reasonable expectation of recovery include, amongst others, the failure of a debtor to engage in a repayment plan with South West HHS, and a failure to make contractual payments for a period of greater than 120 days past due.

Note 18. Financial instruments (continued)

The following table shows the value of South West HHS receivable balance separated into the time bands used by management in the monitoring of credit risk. South West HHS standard credit terms are payment within 30 days from the date of invoice. Any amounts which are less than 30 days from date of invoice are considered current. All amounts which are outstanding for 30 or more days after the date of invoice are considered to be overdue.

	Current	Overdue			
	Less than 30 days ($'000)	30-60 days ($'000)	61-90 days ($'000)	More than 90 days ($'000)	Total ($'000)
Financial assets 2019					
Receivables	1,921	188	72	116	2,297
Total	1,921	188	72	116	2,297
Financial assets 2018					
Receivables	2,270	158	42	152	2,622
Total	2,270	158	42	152	2,622

	Current	Overdue			
	Less than 30 days ($'000)	30-60 days ($'000)	61-90 days ($'000)	More than 90 days ($'000)	Total ($'000)
Individually impaired financial assets 2019					
Receivables	14	4	2	69	89
Allowance for impairment	(14)	(4)	(2)	(69)	(89)
Carrying amount	-	-	-	-	-
Individually impaired financial assets 2018					
Receivables	-	2	-	150	152
Allowance for impairment	-	(2)	-	(150)	(152)
Carrying amount	-	-	-	-	-

Liquidity risk

Liquidity risk is the risk that South West HHS will not have the resources required at a particular time to meet its obligations to settle its financial liabilities. South West HHS is exposed to liquidity risk through its trading in the normal course of business and aims to reduce the exposure to liquidity risk by ensuring that sufficient funds are available to meet employee and supplier obligations at all times. All financial liabilities are current in nature and will be due and payable within twelve months. As such no discounting of cash flows has been made to these liabilities in the Statement of Financial Position.

The overdraft facility available to South West HHS remains undrawn at 30 June 2019 (refer note 12).

Interest Rate Risk

The HHS is exposed to interest rate risk on its cash deposited in interest bearing accounts with Queensland Treasury Corporation. The HHS does not undertake any hedging in relation to interest rate risk. Changes in interest rate have a minimal effect on the operating result.

Notes to the financial statements

For the year ended 30 June 2019

Note 19. Contingencies

Litigation in progress

As at 30 June 2019, the following cases were filed in the courts naming the State of Queensland acting through the South West Hospital and Health Service as defendant:

	2019 No. of cases	2018 No. of cases
Federal Court	-	-
Supreme Court	-	-
Magistrates Court	-	-
Tribunals, commissions and boards	7	5
	7	5

Medical and general litigation is underwritten by the Queensland Government Insurance Fund (QGIF). South West HHS liability in this area is limited to an excess per insurable event of $20,000. As at 30 June 2019, South West HHS has 7 Medical Indemnity (formerly known as Health Litigation) and General Liability claims currently managed by QGIF. Some of these claims may never be litigated or result in payments to claimants (excluding initial notices under *Personal Injuries Proceedings Act*). South West HHS legal advisers and management believe it would be misleading to estimate the final amounts payable (if any) in respect of the litigation before the courts at this time.

Note 20. Commitments

At 30 June 2019 South West HHS had commenced capital projects with currently commitments cash flow of $0.964 million (2018: $1.591 million). These projects are largely funded by the Department of Health through the Priority Capital Program but also include some projects funded through retained earnings. These capital projects will be completed during the 2019-20 financial year.

South West HHS leases commercial and residential property from the Department of Housing and Public Works to an annual value of $883,379 on an ongoing basis (2018, $850,233). These leases have no fixed end date and are subject to periodic negotiated rental reviews. As such it is not possible to quantify the dollar value of South West HHS expenditure commitment in future years. Due to a lack of suitable alternative commercial and residential properties within the region, it is expected that South West HHS will to continue to lease these properties for the foreseeable future.

South West HHS also leases commercial and residential property on fixed term leases, usually from private landlords. Details of the South West HHS fixed term lease commitments are below.

	2019 $'000	2018 $'000
Commitments - Leases		
Committed at the reporting date but not recognised as liabilities, payable:		
Not later than 1 year	233	241
Later than 1 year but not later than 5 years	205	309
Later than 5 years	109	114
Total Lease Commitments	547	664

Note 21. Restricted assets

Contributions are received from benefactors in the form of gifts, donations and bequests for stipulated purposes. South West HHS also holds Refundable Accommodation Deposits from aged care facility residents which form part of South West HHS cash balance but are refunded to residents when they leave the facility. At 30 June 2019, amounts of $2.2 million (2018: $1.2 million), were set aside.

Notes to the financial statements

For the year ended 30 June 2019

Note 22. Fiduciary trust transactions and balances

	2019 $'000	2018 $'000
Patient trust assets opening balance 1 July	**154**	193
Receipts		
Patient trust receipts	**1,193**	1,320
Total receipts	**1,193**	1,320
Payments		
Patient trust related payments	**1,197**	1,359
Total payments	**1,197**	1,359
Increase/(decrease) in net patient trust assets	**(4)**	(39)
Patient trust assets closing balance 30 June	**150**	154
Patient trust assets		
Current assets		
Cash at bank and on hand	**150**	154
Patient trust and refundable deposits	**-**	-
Total current assets	**150**	154

Significant Accounting Policy

South West HHS acts in a fiduciary trust capacity in relation to patient trust accounts. Consequently, these transactions and balances are not recognised in the financial statements. Although patient funds are not controlled by South West HHS, trust activities are included in the audit performed annually by the Auditor-General of Queensland.

Note 23. Associates

Western Queensland Primary Care Collaborative Limited (WQ PCC) was registered in Australia as a public company limited by guarantee on 22 May 2015. South West HHS is one of the seven members along with North West Hospital and Health Service (North West HHS), Central West Hospital and Health Service (Central West HHS), Royal Flying Doctor Service, Health Workforce Queensland, Mount Isa Centre for Rural and Remote Health (James Cook University) and the Queensland Aboriginal and Islander Health Council, with each member holding one voting right in the company. The principal place of business of WQ PCC is Mount Isa, Queensland. Each founding member is entitled to appoint one Director to the Board of the company.

WQ PCC's principal purposes as a not-for-profit organisation are to increase the efficiency and effectiveness of health services for patients in Western Queensland, particularly those at risk of poor health outcomes; and improve co-ordination to facilitate improvement in the planning and allocation of resources enabling the providers to provide appropriate patient care in the right place at the right time. These purposes align with the strategic objective of South West HHS to integrate primary and acute care services to support patient wellbeing.

Each member's liability to WQ PCC is limited to $10. WQ PCC's constitution legally prevents it from paying dividends to the members and also prevents the income or property of the company being transferred directly or indirectly to the members. This does not prevent WQ PCC from making loan repayments to South West HHS or reimbursing South West HHS for goods or services delivered to WQ PCC.

South West HHS's interest in WQ PCC is immaterial in terms of the impact on South West HHS's financial performance because it is not entitled to any share of profit or loss or other income of WQ PCC. Accordingly, the carrying amount of South West HHS's investment and subsequent changes in its value due to annual movements in the profit and loss of WQ PCC are not recognised in the financial statements.

South West HHS does not have any contingent liabilities or other exposures associated with its interests in WQ PCC.

Notes to the financial statements

For the year ended 30 June 2019

Note 24. Actual vs Budget comparison

The original budget has been reclassified to be consistent with the presentation and classification adopted on the financial statements. For the purposes of these comparatives the "Original Budget" refers to the budget entered in May 2018 as part of the Service Delivery Statements (SDS) process which reflected the budget at that point in time. Since then there have been adjustments to funding including, but not limited to:

- Enterprise bargaining agreements
- Deferred funding
- New funding for programs and initiatives per the Service Agreement

A budget vs actual comparison and explanation of variances, has not been included for the Statement of Changes in Equity as major variances relating to that statement have been addressed in explanations of major variances for other statements.

Explanations of major variances

Statement of Comprehensive Income

a) The $2.09m (32%) increase in grants and other contributions is mainly due to an unbudgeted $1.54m for services received below fair value, and $143k increase in industry grants received and an increase of $100k in nursing home benefits received.

b) The $2.19m (23%) increase in employee expenses is due to senior medical staffing increased investment. Funds originally budgeted for supplies and services were used to employ temporary medical staff to deliver health services.

c) The $2.62m (5%) decrease in supplies and services is due to planned contract expenses being delivered through temporary medical engagement and high cost drug medication expenditure also decreased compared to budgeted activity.

d) The $1.53m (23%) increase mainly due to increased building depreciation resulting from the 2017-18 unbudgeted building revaluation increase of $61.50m.

e) The $1.60m (116%) increase in other expenses is mainly due to an unbudgeted $1.54m for services received below fair value.

f) The $3.73m increase is due to unbudgeted revaluation increments resulting from the 2018-19 building revaluation program.

Statement of Financial Position

g) The $64.61m (72%) increase is mainly due to the 2017-18 building revaluation increment of $61.50m and the 2018-19 building revaluation increment of $3.73m.

h) The $65.01m increase is mainly due to the unbudgeted 2017-18 building revaluation increment of $61.50m and the 2018-19 building revaluation increment of $3.73m.

Statement of Cash Flows

i) The $1.26m (350%) increase in other receipts is due to higher than budgeted recoveries for staff and project expenditures.

j) The $2.14m (23%) increase in employee expenses is due to senior medical staffing increased investment. Funds originally budgeted for supplies and services were used to employ temporary medical staff to deliver health services.

k) The $2.87m (6%) decrease in supplies and services is mainly due to planned contract expenses being delivered through temporary medical engagement and high cost drug medication expenditure also decreased compared to budgeted activity.

l) The $4.31m (244%) increase in payments for property, plant & equipment relates to the Priority Capital Program (PCP) of $2.13m and to increased construction expenditure for internally funded projects such as the Surat, Mungindi & Cunnamulla staff accommodations ($1.53m), the Cunnamulla Hospital Repurposing ($554k) and Morven House ($382k).

m) The $2.91m (165%) variance relates to additional funding provided for PCP projects.

n) The $6.64m variance relates to non-cash depreciation funding provided by Queensland Treasury.

Note 25. Related Party Transactions

Transactions with people/entities related to Key Management Personnel

South West HHS did not have any material transactions with people or entities related to Key Management Personnel during 2018-19.

Transactions with Queensland Government controlled entities

South West HHS 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

South West HHS receives funding in accordance with a service agreement with the Department of Health as outlined in Note 3. The Department of Health receives its revenue from the Queensland Government (majority of funding) and the Commonwealth. South West HHS is funded for eligible services through block funding. The service agreement is reviewed periodically and updated for changes in services delivered by Hospital and Health Service.

The signed service agreements are published on the Queensland Government website and publicly available.

The Hospital and Health Service, through service arrangements with the Department of Health, has engaged 746 (2018: 792) full time equivalent persons. In 2019, $83.214 million (2018: $81.602 million) was paid to the Department for health service employees. The terms of this arrangement are fully explained in Note 7.

The Department of Health centrally manages, on behalf of Hospital and Health Services, a range of services including pathology testing, pharmaceutical drugs, clinical supplies, patient transport, telecommunications and technology services. These services are provided on a cost recovery basis. In 2019, these services totalled $11.375 million (2018: $11.917 million).

In addition to services provided on a cost recovery basis, the Department of Health also provides a range of corporate support services to South West HHS at no cost as outlined in Notes 4 and 11. The value of these services in 2019 totalled $1.542 million.

Queensland Treasury Corporation

South West HHS has accounts with the Queensland Treasury Corporation (QTC) for general trust monies and aged care refundable deposits. South West HHS receives interest on these deposits from QTC as outlined in Note 12.

Department of Housing and Public Works

South West HHS pays rent to the Department of Housing and Public Works for a number of properties used for employee accommodation, offices etc. In addition, the Department of Housing and Public Works provides vehicle fleet management services (Qfleet) to South West HHS as outlined in Note 9.

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. These transactions are not individually significant.

Other

Grants are also received from other governments departments and related parties but they are not individually significant transactions.

Transactions with non-Queensland Government controlled entities

As disclosed in Note 23, South West HHS is a participant in the Western Queensland Primary Health Network and is a shareholder of Western Queensland Primary Care Collaborative Ltd (WQPCC).

During the 2018-19 financial year the WQPCC and South West HHS continued the service agreements whereby WQPCC provided funds for the delivery of a Healthy Ageing program at various locations within the South West HHS area and provision of visiting Physiotherapy services in the communities of Cunnamulla and Wallumbilla. During the year South West HHS received revenue of $85,604 (2018: $61,000) for the delivery of physiotherapy services, $88,888 (2018: nil) for the provision of the Health Care Home program and $300,000 (2018: $263,468) for the provision of the Healthy Ageing program. There was $11,270 (2018: nil) in amounts receivable and nil payable (2018: nil) in relation to these agreements at 30 June 2019.

Note 26. Subsequent events

There are no matters or circumstances that have arisen since 30 June 2019 that have significantly affected, or may significantly affect South West HHS operations, the results of those operations, or the HHS state of affairs in future financial years.

Financial statements

For the year ended 30 June 2019

Certificate of South West Hospital and Health Service

These general purpose financial statements have been prepared pursuant to section 62(1) of the *Financial Accountability Act 2009* (the Act), relevant sections of the *Financial and Performance Management Standard 2009* 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 statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of South West Hospital and Health Service for the financial year ended 30 June 2019 and of the financial position of the Hospital and Health Service at the end of that year.

We acknowledge responsibility under s.8 and s.15 of the *Financial and Performance Management Standard 2009* 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.

Mr Jim McGowan AM
Chair, South West Hospital and Health Board
26/8/19

Linda Patat
Chief Executive Officer
26/8/2019

Samantha Edmonds
Executive Director, Finance, Infrastructure and Corporate Services
26/8/19

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INDEPENDENT AUDITOR'S REPORT

To the Board of South West Hospital and Health Service

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of South West 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 2019, and its financial performance and cash flows for the year then ended

b) complies with the *Financial Accountability Act 2009*, the *Financial and Performance Management Standard 2009* and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2019, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

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

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

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

Key audit matters

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

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Valuation of specialised buildings ($138.3 million)

Refer to note 14 in the financial report.

Key audit matter	How my audit addressed the key audit matter

Buildings were material to South West Hospital and Health Service at balance date, and were measured at fair value using the current replacement cost method. South West Hospital and Health Service performed a comprehensive revaluation of 34 buildings / site improvements this year with the remainder subject to indexation.
The current replacement cost method comprises:
• Gross replacement cost, less
• Accumulated depreciation
South West Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for:
• identifying the components of buildings with separately identifiable replacement costs
• developing a unit rate for each of these components, including:
  ○ estimating the current cost for a modern substitute (including locality factors and on-costs), 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.
The measurement of accumulated depreciation involved significant judgements for forecasting the remaining useful lives of building components. The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense.
	My procedures included, but were not limited to:
	• Assessing the adequacy of management's review of the valuation process
	• Assessing the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices.
	• Assessing the competence, capabilities and independence of management's valuation expert as well as the reasonableness of the valuer's assumptions and methodology.
	• For unit rates associated with buildings that were comprehensively revalued this year, on a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the:
	  ○ modern substitute (including locality factors and oncosts)
	  ○ adjustment for excess quality or obsolescence.
	• For unit rates associated with the remaining buildings:
	  ○ 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.
	• Assessing the adequacy of management's assessment of the useful lives of assets.
	• Evaluating useful life estimates by:
	  ○ At an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement cost of assets.
	  ○ 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.
	• Where changes in useful lives were identified, evaluating whether they were supported by appropriate evidence.
	• Reconciling the fair value of the buildings as determined by management to the underlying accounting records and disclosures in the financial statements.

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Responsibilities of the entity for the financial report

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

The Board is also responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless management either intends to liquidate the entity or to cease operations, or has no realistic alternative but to do so.

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, but not for expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the entity.
- Conclude on the appropriateness of the entity's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.

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

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

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

Report on other legal and regulatory requirements

In accordance with s.40 of the Auditor-General Act 2009, for the year ended 30 June 2019:

a) I received all the information and explanations I required.

b) In my opinion, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.

C. G. Strickland

30 August 2019

C G Strickland
as delegate of the Auditor-General

Queensland Audit Office
Brisbane

Glossary

ABF	Activity Based Funding
ACHS	The Australian Council on Healthcare Standards
Acute Care	Care in which the clinical intent or treatment goal is to: • manage labour (obstetric) • cure illness or provide definitive treatment of injury • perform surgery • relieve symptoms of illness or injury (excluding palliative care) • reduce severity of an illness or injury • protect against exacerbation and/or complication of an illness and/or injury • that could threaten life or normal function • perform diagnostic or therapeutic procedures.
AO	Officer of the Order of Australia
AMS	Aboriginal Medical Service
ATODS	Alcohol, Tobacco and Other Drugs Services
BEMS	Building, Engineering and Maintenance Services
CAN	Community Advisory Network
DOH	Department of Health
ED	Emergency Department
FTE	Full-time equivalent
GP	General Practitioner
HiTH	Hospital in the Home
HHS	Hospital and Health Service
HSCE	Health Service Chief Executive
MOHRI	Minimum obligatory human resource information
MOU	Memorandum of Understanding
MS	Multiple sclerosis
NDIS	National Disability Insurance Scheme
NEAT	National Emergency Access Target
NSQHS	National Safety and Quality Health Service Standards
OAM	Medal of the Order of Australia
Outpatient	Non-admitted health service provided or assessed by an individual at a hospital or health service facility
POST	Patient Off Stretcher Time
Primary Health Care	The types of services delivered under primary health care are broad ranging and include: health promotion, prevention and screening, early intervention, treatment and management
QAO	Queensland Audit Office
RACS	Royal Australasian College of Surgeons
RFDS	Royal Flying Doctor Service
Telehealth	Delivery of health-related services and information via telecommunication technologies, including: • Live, audio and/or video inter-active links for clinical consultations and educational purposes • Store-and forward Telehealth, including digital images, video, audio and clinical (stored) on a client computer, then transmitted securely (forwarded) to a clinic at another location where they are studied by relevant specialists • Teleradiology for remote reporting and clinical advice for diagnostic images • Telehealth services and equipment to monitor people's health in their home
WAU	Weighted Activity Unit
WQPHN	Western Queensland Primary Health Network
YTD	Year to date

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	1
Accessibility	• Table of contents • Glossary	ARRs – section 9.1	2
	• Public availability	ARRs – section 9.2	Inside cover
	• Interpreter service statement	Queensland Government Language Services Policy ARRs – section 9.3	Inside cover
	• Copyright notice	Copyright Act 1968 ARRs – section 9.4	Inside cover
	• Information Licensing	QGEA – Information Licensing ARRs – section 9.5	Inside cover
General information	• Introductory Information	ARRs – section 10.1	6–8
	• Machinery of Government changes	ARRs – 10.2 section 31 and 32	not applicable
	• Agency role and main functions	ARRs – section 10.2	3, 11
	• Operating environment	ARRs – section 10.3	9–13
Non-financial performance	• Government's objectives for the community	ARRs – section 11.1	4–5
	• Other whole-of-government plans / specific initiatives	ARRs – section 11.2	4–5
	• Agency objectives and performance indicators	ARRs – section 11.3	14–27
	• Agency service areas and service standards	ARRs – section 11.4	47–53
Financial performance	• Summary of financial performance	ARRs – section 12.1	54–56
Governance – management and structure	• Organisational structure	ARRs – section 13.1	34
	• Executive management	ARRs – section 13.2	28–33, 43–44
	• Government bodies (statutory bodies and other entities)	ARRs – section 13.3	not applicable
	• Public Sector Ethics Act 1994	Public Sector Ethics Act 1994 ARRs – section 13.4	46
	• Queensland public service values	ARRs – section 13.5	46

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	• Risk management	ARRs – section 14.1	45
	• Audit committee	ARRs – section 14.2	44
	• Internal audit	ARRs – section 14.3	45
	• External scrutiny	ARRs – section 14.4	46
	• Information systems and recordkeeping	ARRs – section 14.5	46
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	35–43
	• Early retirement, redundancy and retrenchment	Directive No.11/12 Early Retirement, Redundancy and Retrenchment Directive No.16/16 Early Retirement, Redundancy and Retrenchment (from 20 May 2016) ARRs – section 15.2	43
Open Data	• Statement advising publication of information	ARRs – section 16	Inside cover
	• Consultancies	ARRs – section 33.1	**https://data.qld.gov.au**
	• Overseas travel	ARRs – section 33.2	**https://data.qld.gov.au**
	• Queensland Language Services Policy	ARRs – section 33.3	**https://data.qld.gov.au**
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section 17.1	88
	• Independent Auditor's Report	FAA – section 62 FPMS – section 50 ARRs – section 17.2	92

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2009*

ARRs Annual report requirements for Queensland Government agencies

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