

2014

**ANNUAL
REPORT**

2015



**Queensland
Government**

Report objective

This annual report fulfils Metro South Health's reporting requirement to the community and to the Minister for Health. It summarises the health service's results, performance, outlook and financial position for 2014–2015.

In particular, the report outlines Metro South Health's performance against key objectives identified in the *Metro South Health Strategic Plan 2012–2016*, as well as the Queensland Government's objectives for the community.

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Metro_South_Communications@health.qld.gov.au

Public availability statement

This report, including the Other Reporting Requirements, can be viewed on Metro South Health's website at:

www.metrosouth.health.qld.gov.au/about-us/publications/annual-report

Hard copies of the annual report are available by phoning the Office of the Chief Executive, Metro South Health, on (07) 3156 4949.

Interpreter service statement



The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on (07) 3156 4949 and we will arrange an interpreter to effectively communicate the report to you.

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Metro South Hospital and Health Service

2014–2015 Annual Report

Letter of compliance

28 August 2015

The Honourable Cameron Dick MP
Minister for Health and Minister for Ambulance Services
Member for Woodridge
Level 19, 147–163 Charlotte Street
Brisbane QLD 4000

Dear Minister

I am pleased to present the Annual Report 2014–2015 and financial statements for Metro South Hospital and Health Service.

I certify that this Annual Report complies with:

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

A checklist outlining the annual reporting requirements can be found on page 124 of this annual report or accessed at www.metrosouth.health.qld.gov.au/about-us/publications/annual-report.

Yours sincerely



Terry White AO
Chair
Metro South Hospital and Health Board

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Hospital and Health Board Chair's overview

Delivering quality public health services to a population of more than one million people is not an easy task. Every day more than 4,000 people access Metro South Health services—in hospital, in the community or at home. The population is ageing, more people are living with chronic disease, and hospital attendances are rising.

Despite these ongoing challenges, I am consistently impressed by the commitment, dedication and passion of our staff to deliver the highest standard of clinical care for our patients. It's our people that make Metro South Health the truly great organisation it is and I would like to thank all of you for your extraordinary and unwavering commitment to providing the best possible patient-centred care.

Metro South Health continues to mature as an independent health service. This year we took great strides towards local decision making and autonomy when, on 1 July 2014, the health service became a prescribed employer as well as the legal owner of its land and building assets. This important step allows the Board, Executive team and clinicians much greater flexibility to deliver tailored health services that meet the unique needs of the south of Brisbane, Logan, Redlands and Scenic Rim communities.

I strongly believe that local control with an emphasis on consumer and stakeholder engagement has, and will continue to make, a real difference to the communities we serve. It also means we are well placed to meet the Queensland Government's objectives for the community—in particular those of delivering quality frontline services; and building safe, caring and connected communities.

We have made significant progress in achieving our strategic goals this year. Our elective surgery waiting times were better than ever. We successfully opened new, world-class facilities, including Logan Hospital's multi-million dollar expansion. The health service's excellent record for patient safety and quality was bolstered following the successful accreditation of our hospitals and facilities. On top of these successes, we have developed new health service plans that will ensure we are prepared for the challenges of the future.

On behalf of the Board, I sincerely thank Chief Executive Dr Richard Ashby AM for his strong leadership and expertise. Without his professional guidance, the dedication of the executive team and our staff, none of these achievements would have been possible.

In the coming year, we will launch a fully revised *Strategic Plan* for Metro South Health. In developing this plan we have spent a significant amount of time consulting with clinical staff, stakeholders and community members. Their feedback has informed a plan that refines our focus towards three key areas: clinical excellence; technology; and health system integration.

I am pleased to present the Metro South Health annual report for 2014–2015, and look forward to building on our successes in the coming year.

Terry White AO

Chair

Metro South Hospital and Health Board



Health Service Chief Executive's overview

Metro South Health's third year as a hospital and health service saw many achievements and innovations, with a number of long-term strategies and projects coming to fruition during 2014–2015.

This year, there were 226,112 people admitted to Metro South Health hospitals, an increase of 12.4 per cent, in addition to 272,961 emergency department presentations and more than one million outpatient appointments.

Our valued staff continued to rise to the challenge of this ever growing demand for health services. Through their innovative thinking, we have performed well against key targets, while continuing to provide safe, quality and patient-centred care.

I am particularly proud of our efforts to reduce waiting times for elective surgery. Despite an 8.9 per cent increase in throughput, in December 2014 we eliminated elective surgery long waits (people waiting longer than the recommended timeframe for surgery). We also performed extremely well in the National Elective Surgery Target (NEST), with improvements in performance across all three urgency categories.

Our emergency department performance has remained steady despite a five per cent spike in demand. Our performance in the National Emergency Access Target (NEAT), the percentage of patients who are admitted or discharged within four hours, improved slightly to 73.7 per cent in the 2015 calendar year.

For the third year in a row, Metro South Health achieved a small operating surplus, while delivering a community dividend of \$50 million of clinical activity over and above our contract target.

It was a significant year for capital works with a number of major projects being finalised and commencing operations. In November we opened the \$145.24 million expansion project at Logan Hospital, complete with new emergency department, rehabilitation unit and

children's inpatient ward. The world-class facilities will future proof the hospital to meet the needs of one of the state's fastest growing regions.

Princess Alexandra Hospital opened its new Transit Care Hub, a major component of the hospital's patient flow strategy—allowing clinical staff to monitor patient activity from arrival in the emergency department, to admission, to discharge. The facility also provides a comfortable area for patients who are waiting to go home.

We also opened the new Clinical Research Facility at PAH, a partnership between the hospital and the Translational Research Institute, which provides a safe environment to conduct human research trials in a hospital setting and supervised by clinical staff. PAH also became the home of the first clinical Positron Emission Tomography-Magnetic Resonance Imaging (PET-MRI) unit in the Southern Hemisphere.

One of the year's biggest achievements was the full accreditation of all of our hospitals and services, with the exception of PAH which completed its accreditation in the previous year. All facilities met or exceeded the mandatory requirements, with no high priority recommendations. This is testament to the strong culture of safety and quality among all of our clinicians in Metro South Health.

I would like to thank our Board, the Executive, Stream Leaders and all of our dedicated staff for their hard work in delivering high-quality care to the Metro South community. I look forward to another productive and successful year ahead.

Dr Richard Ashby AM

Health Service Chief Executive
Metro South Health

Highlights 2014–2015

2014–2015

July

- Metro South Health becomes the direct employer of its staff as one of eight hospital and health services to commence as a ‘prescribed employer’.
- Metro South Health becomes the legal owner of its land and building assets.

Aug

- Princess Alexandra Hospital’s Telehealth Centre launched the first haematology telehealth clinic in Queensland.
- Logan Hospital introduces the first nurse endoscopist in Queensland.

Oct

- Redland Hospital welcomes the first baby under the new Private Practice Eligible Midwife model.
- Princess Alexandra Hospital launches its ‘Chemotherapy in the Home’ program.
- Metro South Health launches a new diabetes pathway for GPs.

Nov

- Logan Hospital unveils a new multi-million dollar expansion including new emergency department and rehabilitation unit with an expanded children’s inpatient unit.
- Princess Alexandra Hospital opens its new Transit Care Hub.

Dec

- The first Positron Emission Tomography-Magnet Resonance Imaging (PET-MRI) unit in the Southern Hemisphere commences operation at Princess Alexandra Hospital.
- The new Bayside Community Care Unit opens at Redland Bay.
- Princess Alexandra Hospital receives the Premier’s Award for Excellence in Performance and the Queensland Health Award for Excellence in Leadership.
- A new emergency ultrasound program is introduced at Logan Hospital.

March

- Logan Hospital expands its Adult Inpatient Mental Health Unit.
- Launch of ‘My Care My Choices’—Metro South Health’s end-of-life strategy.

April

- Beaudesert Hospital celebrates the 200th baby born, almost one year after birthing services were re-introduced.
- Logan, Redland, QEII and Beaudesert hospitals, as well as Addiction and Mental Health Services and Oral Health Services, undertake a full accreditation review, each passing 100 per cent of the mandatory standards.

May

- Queensland's first Gamma Knife® technology for cancer patients is announced at the Princess Alexandra Hospital.
- Logan Hospital celebrates its 25th anniversary.
- Princess Alexandra Hospital opens the new Clinical Research Facility, a dedicated space for human research trials developed in conjunction with the Translational Research Institute.
- A new emergency physiotherapy practitioner model is introduced to Redland Hospital to deliver shorter waits in the emergency department.
- Metro South Health rolls out a new learning management system (LEAPOnline) for staff training, education and professional development online.

June

- Princess Alexandra Hospital receives Trauma Level 1 verification.
- Metro South Health launches the Perinatal Wellbeing Service for new mothers experiencing mental illnesses.
- Renovations at QEII Hospital's dental clinic improve access for people with disabilities.



226,112

people were admitted to hospital



272,961

people presented to our emergency departments



1,135,009

outpatients occasions of service were performed



5,288

babies were born



26,719

elective surgery procedures were performed



184,372

free dental appointments were provided

1 Our organisation

Metro South Hospital and Health Service (hereafter referred to as Metro South Health) is the major provider of public health services, and health education and research, in the Brisbane south side, Logan, Redlands and Scenic Rim regions.

Vision, purpose and objectives

As outlined in Metro South Health's *Strategic Plan 2012–2016*, Metro South Health's vision, purpose and objectives describe and support our direction and how we work together.

Our vision

To be renowned worldwide for excellence in health care, teaching and research.

Our purpose

Metro South Health's purpose is to deliver high quality health care through the most efficient and innovative use of available resources, using planning and evidence-based strategies.

Our aspirations

Metro South Health aspires to:

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

Metro South Health's strategic objectives

Figure 1. Metro South Health's strategic objectives



Our values

Figure 2. Queensland public service values



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

About Metro South Health

Metro South Health is one of 16 hospital and health services in Queensland and serves an estimated resident population of 1 million people, 23 per cent of Queensland's population. It employs more than 13,000 staff and has an annual operating budget of approximately \$1.8 billion. The health service's catchment spans 3,856 square kilometres and covers the area from the Brisbane River in the north to Redland City in the east, south to Logan and the eastern portion of the Scenic Rim to the border of New South Wales.

Metro South Health is the major provider of public health care, teaching, research and other services as outlined in its *Service Agreement* with the Department of Health.

It provides these services through a network of five major hospitals and a number of community health centres and oral health facilities. A full suite of health specialties is delivered through eight clinical streams, including Addiction and Mental Health, Aged Care and Rehabilitation, Cancer, Emergency and Clinical Support, Medicine and Chronic Disease, Patient Flow, Surgical, and Women's and Children's.

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

Our hospitals

- Beaudesert Hospital
- Logan Hospital
- Princess Alexandra Hospital
- Queen Elizabeth II Jubilee Hospital
- Redland Hospital

Major health centres

- Beenleigh
- Browns Plains
- Corinda

- Dunwich
- Eight Mile Plains
- Inala
- Logan Central
- Redland
- Wynnum

Specialty services

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

- acute medical
- acute surgical
- addiction and mental health services
- aged care
- cancer
- cardiology
- emergency medicine
- obstetrics and gynaecology
- palliative care
- rehabilitation
- spinal
- trauma
- transplantation.

Health services delivered in the community include:

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

Statewide services

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

Education and research

Metro South Health is committed to strong undergraduate and post-graduate teaching programs in medicine, nursing and allied health with linkages to the University of Queensland, Queensland University of Technology and Griffith University, as well as several other Queensland universities.

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

In 2015, the hospital's research capacity was expanded with the opening of a new, dedicated Clinical Research Facility to conduct research on human subjects in a safe and controlled clinical environment.

Metro South Health also plays a key role in Brisbane Diamantina Health Partners, Queensland's first academic health science system. This partnership currently comprises Metro North Hospital and Health Service, Metro South Hospital and Health Service, Mater Health Services, Children's Health Queensland Hospital and Health Service, Translational Research Institute, QIMR Berghofer Medical Research Institute, The University of Queensland, and Queensland University of Technology.



Agency role and functions

Under the *Hospital and Health Boards Act 2011*, Metro South Health is the principal provider of public health services for the community within its geographical area. It is an independent, statutory body, governed by the Metro South Hospital and Health Board, which is accountable to the local community and the Queensland Minister for Health.

The service was initially gazetted as a Health Service District on 1 November 2008 as an amalgamation of Princess Alexandra Hospital and the former Southside Health Service District. Under the federal and state government health reforms, Metro South Health became one of the 16 new hospital and health services (HHSs) on 1 July 2012.

Under the *Hospital and Health Boards Act 2011*, the Queensland Department of Health is responsible for the overall management of the public health system including statewide planning and monitoring the performance of hospital and health services. A formal *Service Agreement* is in place between the Department of Health and Metro South Health. This *Service Agreement* defines the outcomes that are to be met by Metro South Health and how its performance will be managed. The *Service Agreement* also sets out the activity that is purchased by the Department from Metro South Health, and the funding provided for delivery of the purchased activity.

Metro South Health's vision is to be renowned worldwide for excellence in health care, teaching and research. This is achieved through the application of the health service's purpose, which is to deliver high quality health care through the most efficient and innovative use of available resources, using planning and evidence-based strategies.

Our community

Metro South Health is the most populated hospital and health service in Queensland. In 2013, there were 1,073,398 residents in the region, equal to approximately 23 per cent of Queensland's population. By 2016, this is expected to grow to 1,121,873 residents.

The region's population is also forecast to continue to age, like the rest of the Australian population, due to increasing life expectancy at birth, the current population age structure and relatively low levels of fertility. Between 2011 and 2031, the number of residents aged 65 years and over is projected to grow by 100 per cent or 121,197 people.

In 2013, 25,450 residents of Metro South, or two per cent of the population, identified as Aboriginal and/or Torres Strait Islander.

Metro South is one of the most culturally and linguistically diverse populations in Queensland. In 2011, 282,543 people or 28.5 per cent of the total population were born overseas and now reside in the region.

Of residents born overseas, 47 per cent speak a language other than English at home.

In Metro South Health's geographical region:

- 54.3 per cent of adults are classified as overweight or obese
- 8.0 per cent of adults report consuming the recommended serve of vegetables (five serves per day)
- 13.6 per cent of adults consume tobacco daily
- 55.2 per cent of adults report undertaking a sufficient level of exercise
- 18.2 per cent of adults report drinking at risky levels.

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

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

Highlights and new initiatives

Prescribed employer

In June 2012, amendments were made to the *Hospital and Health Boards Act 2011*, giving Metro South Health more autonomy by allowing it to become the direct employer of staff. Following a significant preparation and application process, on 1 July 2014, Metro South Health became one of eight hospital and health services to be designated a 'prescribed employer', with employees transferred to the health service from the Department of Health.

The move to prescribed employer status allows Metro South Health to hold all authorities and accountabilities for administering human resource functions. The Director-General, Department of Health remains responsible for statewide employment and industrial relations arrangements and will continue to establish conditions of employment for health service employees and negotiate certified agreements.

Major expansion for Logan Hospital

Logan Hospital's new \$145.24 million expansion project was completed in 2014, delivering increased capacity and expanded, world-class health facilities for one of the state's fastest growing regions.

The project included a new co-located adult's and children's emergency department, an expanded children's inpatient ward and a new 24-bed rehabilitation unit. A new cardiac catheter laboratory is also being built, allowing up to 800 local residents with heart conditions to be treated closer to home.

The new emergency department is three times the size of the previous department, future-proofing one of the state's busiest emergency services. More than 200 new medical, nursing, allied health and support staff were recruited prior to the opening of the new facility.

Reducing elective surgery long waits

Despite an 8.9 per cent increase in the amount of elective surgery performed, Metro South Health significantly reduced its elective surgery waiting list in 2014–2015. Across all categories, long waits for elective surgery reduced from 496 patients in June 2014, to zero in December 2014, achieving the target set in the *National Partnership Agreement on Improving Public Hospital Services*. The health service also made vast improvements in treating patients within the clinically recommended timeframe: the percentage of elective surgery patients who received treatment on time improved across all three urgency categories. Category 1, the most urgent patients who require surgery within 30 days, increased from 92 per cent to 99 per cent in 2014–2015.

Metro South Health is one of the busiest elective surgery providers in Queensland. The outstanding performance in this area in 2014–2015 is testament to the multidisciplinary clinical teams who have developed a range of innovative strategies to address waiting times.

End of life strategy

In March 2015, Metro South Health launched a new end-of-life strategy, *My Care My Choices*, to integrate advance care planning as a core element of its health services.

End-of-life care helps those with advanced, progressive, incurable illness to live as well as possible until they die. The primary intent of end-of-life care is a shift from life prolongation to a focus on quality of remaining life. There have been various unsynchronised projects occurring across Metro South Health that had previously attempted to address the need for improvements in end-of-life care. *My Care My Choices* aimed to integrate systems and processes across the health service, and embed end-of-life planning in all clinicians' usual practice.

To coincide with the launch of the strategy, Metro South Health developed a public awareness campaign on advance care planning. The campaign aims to ensure all patients have the opportunity to express and document their preferences for future treatment and care. A comprehensive suite of multimedia materials were developed in early 2015 to support the campaign.

Accreditation

Health facilities are surveyed every four years by the Australian Council on Healthcare Standards (ACHS) to test whether relevant systems are in place to ensure minimum standards of safety and quality are met, and as a quality improvement mechanism that allows the facility to realise developmental goals. ACHS accreditation is public recognition of the safety and quality achievements of a facility, demonstrated through an independent external peer assessment.

All Metro South Health facilities, with the exception of Princess Alexandra Hospital, underwent an accreditation survey by the Australian Council on Healthcare Standards during 2014–2015. These surveys measured the facilities' performance against ten mandatory and five non-mandatory standards that focus on improving the safety and quality of patient care. This was the first time the facilities were measured against ten new National Safety and Quality Health Service Standards.

Metro South Health facilities and services met or exceeded every criteria within the accreditation framework, including all non-mandatory standards. The surveys reported a positive culture of quality improvement and patient-centred care evident across the health service.

Transit care hub

Princess Alexandra Hospital's new Transit Care Hub opened in November 2014. The newly built space includes a Transit Lounge, Nursing Resource Unit and Patient Flow Unit.

The Transit Care Hub is a major part of the hospital's patient flow strategy, and is designed to transition patients who are ready for discharge out of ward beds so new patients can be allocated a bed as soon as possible. The purpose built facility includes a redesigned transit lounge that is welcoming and comfortable for patients. A significant increase in size has improved the patient experience and unit functionality, and has contributed to reduced traffic congestion at the PAH main entrance.

Advancing research partnerships

Metro South Health has a proud history of partnerships with some of Australia's leading research institutions and universities. Since 2012, the Princess Alexandra Hospital has been home to the Translational Research Institute (TRI), bringing a unique, Australian-first 'bench to bedside' research approach aimed at transforming laboratory discoveries to better health care.

In 2014–2015, this partnership was further strengthened with the opening of a new Clinical Research Facility (CRF) in the hospital's former R-Wing. The CRF, a joint initiative of Princess Alexandra Hospital and the TRI, is a dedicated facility for the conduct of human research trials.

Operated by hospital staff, the CRF provides a controlled and safe environment to conduct patient research with ready access to hospital facilities and emergency response teams. It provides special facilities and equipment required by a variety of clinical researchers for investigating the causes of disease and the effectiveness of new medicines and medical equipment.

Strategic risks, challenges and opportunities

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

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

Risks and challenges

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

Demand is greater than infrastructure and resource capacity

There are indications that the health of Queenslanders is improving. Life expectancy is increasing, death rates for many causes are decreasing, and more people continue to report satisfaction with their health. However, hospitalisation rates are increasing for many health conditions, and are likely to continue to rise over the next 20 years. While much of the future pressure on the health care system will come from an ageing population, there are also other causes, in particular the impact of chronic diseases.

The current infrastructure and resources are unlikely to be able to meet the health needs of Metro South residents over the coming years. Changes to models of care and the delivery of health services are required to ensure demand is able to be met.

Revenue generated is less than planned

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

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

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

Advances in health technology

It is estimated that half of the increase in expenditure in health spending over the past 50 years is due to the introduction of new technologies and the subsequent increased volume of services per treated case. However, advances in health technology have also improved the efficiency, effectiveness and quality of health services.

Metro South Health is committed to increasing the availability and use of technology in an appropriate way. New technologies including eHealth and telehealth will provide opportunities to deliver more effective health services and improve health outcomes. The health service's new *Strategic Plan* identifies new technology as a focus area for Metro South Health over the next five years, particularly the implementation of the Digital Hospital project and the use of technology to provide home-based health care.

Opportunities

Key opportunities for 2015–2016 that will assist Metro South Health to continue to meet its targets include:

- establish a strong partnership with the primary health sector to move towards more integrated and coordinated health care services for patients
- promote translational research initiatives through the Translational Research Institute to enable the transfer of research knowledge into improved health outcomes
- continue to realise benefits from an effective and efficient workforce structure while maintaining and improving the current positive workplace culture in the midst of change programs and new work environments.

2 Our governance

By capitalising on local control and clinical leadership, Metro South Health's Board continues to develop the health service's culture of innovation and accountability in order to deliver better health outcomes for the community.

An accountable structure

Hospital and Health Board

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

Metro South Health Executive

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

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

Clinical streams

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

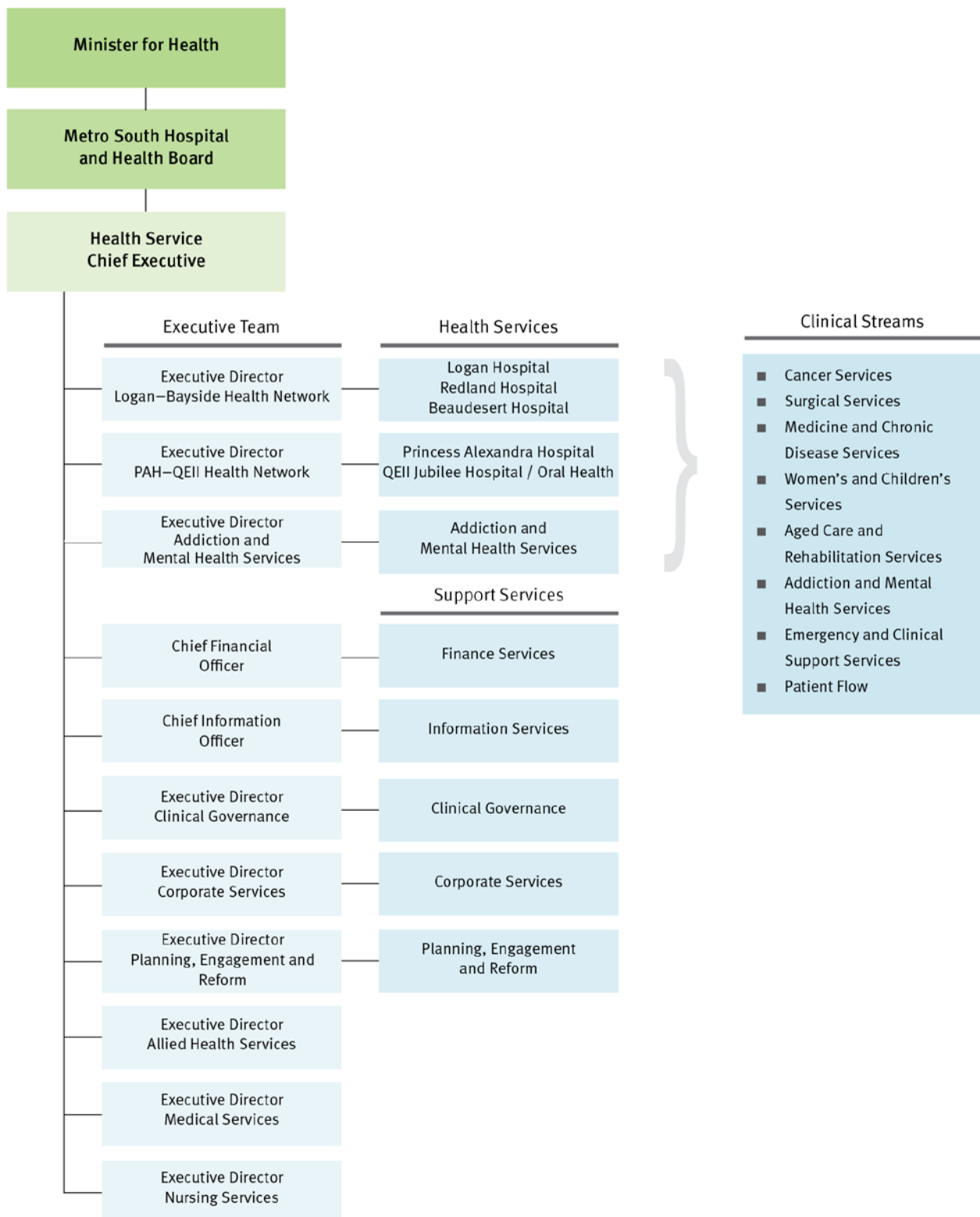
Each of the eight clinical streams is led by a single Clinical Stream Leader, supported by one or more Sub Stream Leaders.

The benefit of the clinical stream governance is improved integration of services across Metro South Health, and targeted innovation and clinical redesign.

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

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

Organisational structure



Our Board

The Metro South Hospital and Health Board (MSHHB) comprises seven members appointed by the Governor in Council on the recommendation of the State Minister for Health pursuant to the *Hospital and Health Boards Act 2011*.

The MSHHB is responsible for the governance activities of the organisation and derives its authority to act from the *Hospital and Health Boards Act 2011* (the Act). Each member brings a broad range of skills, expertise and experience to the Board.

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

The Board reports to the Honourable Cameron Dick MP, Minister for Health.

Key responsibilities

The key responsibilities of the Board include:

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



Metro South Hospital and Health Board members

Functions

The functions of the Board are to:

- oversee and manage Metro South Health Hospital and Health Service (HHS), and
- ensure that the services provided by the HHS comply with the requirements of the Act and the objectives of the HHS.

Board and Committee activities

The Board and Committee activities and major achievements in 2014–2015 include the development, monitoring and advising on the:

- Metro South Health Statewide Health Infrastructure Plan
- Metro South Health Master Plan
- services provided to support G20 Summit
- Digital Hospital project
- health service plans:
 - Hospital Avoidance and Substitution Plan
 - Integrated Care Strategy
- Wynnum Health Service planning
- Total Asset Management Plan
- Contract Management Framework
- Procurement Governance Framework
- Fraud Control Policy and Framework for Metro South Health
- new Financial Delegations Framework in conjunction with the Audit and Risk Committee
- new Budgeting Guidelines
- successful accreditation against 10 new National Standards at Logan-Beaudesert, Bayside, Addiction and Mental Health and Oral Health Services
- clinical governance strategic planning process with a desired outcome of national leadership in Safety and Quality
- Oral Health models of care

- oversight of the Safety and Quality risks and performance
- examination of the specific clinical topics affecting quality patients by engagement with and presentations from clinical leads
- commencement of ‘in camera’ session to allow Board members awareness of clinical competency concerns of significance
- oversight of the examination of International best practice
- commencement of individual patient complaint stories process and reporting of same to the full Board
- ongoing maturity of the Metro South Health Risk Management Framework
- introduction of risk presentations to the Audit and Risk Committee by Executive Directors
- oversight of Legislative Compliance Framework.

Board members



Mr Terry White AO

**Chairman
Metro South Hospital and
Health Board**

Appointed 18 May 2012
to 17 May 2016

Terry White is a pharmacist with extensive board and business experience including roles as a Member of Parliament, Minister of the Crown, President of the Pharmacy Guild and consultant to health care companies such as Faulding, Mayne and Symbion.

Terry established the Terry White Chemists franchise group in 1994 which has grown into a billion dollar business employing more than 4500 staff and is currently Chair of Terry White Chemists Group Investments. He served as Deputy Chair of the Workcover Board (from 1997–2012) following the Kennedy Inquiry into the Workers Compensation Scheme.

In 2006, he was appointed as an Officer of the Order of Australia for his services to the retail industry, the community and to Parliament. In 2011 he was inducted into the Queensland Business Leaders Hall of Fame in recognition of his exceptional entrepreneurship and innovation in national retailing, as well as his significant contributions to public leadership and the community. In 2012, Terry was recognised as a Queensland Great for his contributions to the state as a business and community leader.

In July 2014, Terry was awarded the QUT Faculty of Health 2014 Outstanding Alumni Award together with a Special Excellence Award for Lifetime Achievement.

This year, Terry was appointed an Adjunct Professor at QUT in the Faculty of Health.

His personal and business achievements are the topic of his biography 'A Prescription for Change—The Terry White Story', published by the University of Queensland Press and authored by Walkley Award-winning Tony Koch, a journalist of The Australian.



Mr Peter Dowling AM

**Deputy Chair and
Board Director**

Appointed 29 June 2012
to 17 May 2016

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

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

He is a Director of CPA Australia, WorkCover, TAFE Queensland, Lexon Insurance and The Asset Institute, among others. He is the Chair of the Audit and Risk Committees for the Sunshine Coast Regional Council, Queensland Transport and Main Roads, the Queensland Department of Energy and Water Supply and the Queensland Crime and Corruption Commission. He is also a Member of the Audit and Risk Committees for the Moreton and Redlands Councils and the Queensland Department of Environment and Heritage, and is the Queensland Honorary Consul for Botswana.



Dr John Kastrissios

Board Director

Appointed 18 May 2014
to 17 May 2017

Dr John Kastrissios is a general practitioner (GP) who has a special interest in the management of cardiovascular disease, asthma, diabetes and mental health. He is a former National Asthma Council clinical educator and is a current board member of the Greater Metro South Brisbane Medicare Local.

John works as a GP supervisor for graduate registrars in training with General Practice Training Queensland. He also teaches medical students from Griffith University, Bond University and University of Queensland.

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

In 2008 he received the John Aloizos Medal for outstanding individual contribution to the Australian General Practice Network.

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



Ms Margo MacGillivray

Board Director

Appointed 14 June 2013
to 17 May 2017

Margo MacGillivray has practiced as a commercial lawyer for more than 25 years. During that time, she has been a partner of a premier Australian law firm, and General Counsel for large, multi-national entities. Margo has a particular focus on corporate governance and enterprise-wide risk management.

She has also been a member of the Queensland Executive of the Australian Corporate Lawyers Association.

Margo has also been a member and Deputy President of the Queensland Parole Boards. These were senior government positions requiring high level decision making and risk management.

Margo holds a Bachelor of Laws (Hons) and Bachelor of Arts. She is also a Graduate of the Australian Institute of Company Directors.



Ms Lorraine Martin AO

Board Director

Appointed 7 September 2012
to 17 May 2017

Ms Lorraine Martin is a highly successful corporate business woman, experienced board member and outstanding community leader. She was recognised in the 1994 Australia Day Honours List when she was awarded an Order of Australia (AO) for service to business and commerce, particularly in the field of education and training. She is also the former National President of Women Chiefs of Enterprises-International and Queensland President of the Australia Brunei Business Council.

Lorraine established Lorraine Martin College in 1976, which comprised vocational training and personnel agency services. In 1987, she established Queensland's first private English language centre. The group merged with Education and Training Australia in 1996 and grew to include campuses in Brisbane, Cairns, Gold Coast and Sydney. The organisation is now known as Martin College.

Lorraine is a highly experienced board member, having served on numerous public and private sector boards in areas including health, education and community services, including: Mater Hospital Trust; Prince Charles Hospital Foundation; Mindcare (Mental Health Foundation); State Training Council (Queensland); Austrade; Employment Services Regulatory Authority; Bond University School of Business; Queensland State Chamber of Commerce and Industry; Office of Economic Development for the City of Brisbane; Australian Institute of Company Directors; Australian President of Women Chiefs of Enterprises International and most recently joined the Advisory Board for De Groot & Co. Lawyers.



Professor Johannes (John) Prins

Board Director

Appointed 29 June 2012
to 17 May 2016

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

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

As chair of the Centre of Health Research on the Princess Alexandra Hospital campus from 2005 to 2009, he coordinated campus-wide research strategy, fostered research, facilitated the recruitment of researchers to the campus, and integrated research and clinical activities. He has an ongoing clinical appointment as senior staff endocrinologist at the Princess Alexandra Hospital.

In 2009 John was appointed chief executive and director of the Mater Medical Research Institute. John has substantial commercialisation experience, holds three international patents and was founder and scientific director of a biotech company—Adipogen Pty Ltd. John is actively involved in undergraduate and postgraduate teaching and training, and has ongoing research interests in obesity and diabetes. He is Professor of Endocrinology at the University of Queensland and has over 140 publications with over 10,00 citations.



Dr Marion Tower

Board Director

Appointed 29 June 2012
to 17 May 2016

Dr Marion Tower is the Director of Undergraduate Nursing and Midwifery Studies at the University of Queensland's School of Nursing, Midwifery and Social Work.

Prior to becoming a lecturer in nursing and midwifery in 2002, Marion was a registered nurse working in various public and private organisations in emergency, critical care and community health areas. She has a strong interest in safety and quality in health care and in nurse education.

Marion was a member of the QEII Health Community Council from 2003–2011 and was a member of the QEII Health Service District Safety and Quality Committee.

Marion has a PhD from Griffith University for research on the health and health care for women affected by domestic violence.

Board member attendance

Board member	MSHHB meetings	Executive Committee meetings	Finance Committee meetings	Audit and Risk Committee meetings	Safety and Quality Committee meetings
Total meetings	11	11	5	6	5
Terry White AO	10	10	-	-	-
Peter Dowling AM	10	10	5	6	-
Dr John Kastrissios	10	10	-	-	4
Professor John Prins	10	10	4	5	4
Dr Marion Tower	11	11	-	-	4
Lorraine Martin AO	10	10	-	-	5
Margo MacGillivray	10	10	5	6	-

Remuneration of Board members

Board member	Monetary expenses (\$'000)	Post-employment expenses (\$'000)	Total expenses (\$'000)
Terry White AO	90	9	99
Peter Dowling AM	55	5	60
Dr John Kastrissios	50	5	55
Lorraine Martin AO	51	5	56
Professor John Prins	58	5	63
Dr Marion Tower	51	5	56
Margo MacGillivray	53	5	58
Total	407	39	446

Board roles

Board Chair

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

The Chair of the Board's responsibilities are:

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

Health Service Chief Executive (HSCE)

The Board appoints the HSCE and delegates the administrative function of Metro South Health to the HSCE and those officers to whom management is delegated.

The HSCE responsibilities are:

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

The HSCE may delegate the chief executive's functions under the *Hospital and Health Boards Act 2011* to an appropriately qualified health executive or employee.

Corporate Secretary

The Corporate Secretary provides administrative support to the Board.

The Corporate Secretary is responsible for:

- preparing agendas and minutes
- organising Board meetings
- organising Directors' attendances
- preparing the Board induction packages
- providing a point of reference for communication between the Board and Metro South Health Executive
- attending to all statutory filings and regulatory requirements.

Our Executive team

Health Service Chief Executive

Dr Richard Ashby was appointed Chief Executive of the Metro South Hospital and Health Service in July 2012.

Dr Richard Ashby AM

Dr Richard Ashby is one of the state's most experienced clinicians and health service administrators. In 2010, Dr Ashby was awarded a Member of the General Division of the Order of Australia for service to emergency medicine, to medical administration, and to a range of professional associations. He is active across a broad range of medical areas, including teaching, research and consultancy.

Dr Ashby previously held the post of Executive Director and Director Medical Services at the Princess Alexandra Hospital. Dr Ashby is a University of Queensland graduate who undertook his internship at the Princess Alexandra Hospital and subsequently worked in provincial and rural centres and at the QEII Hospital. He was appointed Director of Emergency Medicine at the Royal Brisbane Hospital in 1989, a post he held until his appointment as Executive Director Medical Services at the Royal Brisbane and Women's Hospital in 2000.

Dr Ashby is a past President of the Australasian College for Emergency Medicine and was Chairman of the International Federation for Emergency Medicine from 1994 to 1996. In the period 2000–2006, Dr Ashby also acted as District Manager at both the Royal Brisbane and Women's Hospital and Princess Alexandra Hospital for lengthy periods. Dr Ashby was appointed Executive Director of Medical Services at PAH in September 2006 and, in 2008, was additionally appointed as Executive Director of the hospital.

Dr Ashby is a Director of the Translational Research Institute and Australian e-Health Research Centre.

Executive team

Mr Robert Mackway-Jones Chief Finance Officer

Robert has 20 years of health sector experience and more than 12 years of senior leadership experience within the New Zealand environment. He joined Metro South Health in June 2013. Robert's New Zealand health experience included various financial roles and sector leadership roles. From 2010–2013 he led the health needs assessment, strategic planning, funding and contracting for health services activities for the Southern District Health Board while concurrently fulfilling its Chief Financial Officer role.

Ms Kay Toshach Executive Director, Planning Engagement and Reform

Kay has a background in physiotherapy and worked as a senior clinician within Queensland Health and the United Kingdom's National Health Service before pursuing an interest in workforce, organisational development and change management. Both within the Princess Alexandra Hospital and more recently, across Metro South Health, she has been responsible for leading a range of broad change initiatives including workforce and performance models, critical service partnerships, planning frameworks and corporate governance models. Kay acted as the Metro South Health executive lead for the transition to an independent statutory body in line with national and state health reform in 2012.

Mr Michael Draheim Chief Information Officer

Michael is a registered nurse with postgraduate qualifications in intensive care, health administration and information systems. He has a background in clinical education, informatics and leadership positions across both the public and private sectors and has worked in health delivery roles in Queensland, New South Wales and Tasmania. Michael has experience in the implementation, management and delivery of ICT and its benefits in hospital and health care environments. He is passionate about working with clinicians in expanding the understanding and value informatics can bring to health care.

Mr Peter Frew

Executive Director, Corporate Services

Peter has over 15 years senior leadership experience within Queensland Health including 10 years Executive leadership experience in Metro South Health. Peter currently leads the Metro South Health Corporate Services function and has an extensive background in Corporate Services, including asset management, human resource management and industrial relations. Peter has overseen several major reforms in Metro South Health in recent years. He has qualifications in public administration, economics and industrial relations. Peter continues to drive improved performance for support services to provide more efficient and effective corporate support for Metro South Health's important clinical environment.

Dr Michael Daly

Executive Director, Clinical Governance

Michael graduated from University College Dublin, where he trained in the Mater Hospital. After his internship, he moved to Queensland and in 2000 he became Deputy Director Medical Services at Toowoomba Hospital. Michael was appointed Executive Director, Medical Services in West Moreton in 2002 and with the health reforms of 2005–2006, he founded the Southern Area Clinical Governance Unit. In 2008, Michael was appointed Executive Director, Clinical Governance at Metro South Health. In 2014, Michael was appointed as Adjunct Associate Professor at the Queensland University of Technology's School of Public Health and Social Work and School of Clinical Sciences.

Mr Brett Bricknell

Executive Director, Logan-Bayside Health Network

Brett began his career in health as a physiotherapist in 1989, working first in New South Wales and then the United Kingdom. On returning to Australia in 1994, Brett was appointed as the first Director of Physiotherapy Services at Logan Hospital, where his interest in a career in health service management began. Brett has held senior management positions in health service planning, allied health services, community and primary health services, and acute hospital services. Brett was appointed as Executive Director, Logan-Bayside Health Network in October 2012.

Dr Stephen Ayre

Executive Director, PAH-QEII Health Network

Dr Stephen Ayre began his career as a general practitioner on the Sunshine Coast and has worked in several hospitals across the state. Stephen is a graduate of the University of Queensland Medical School, has a Masters in Health Administration from the University of NSW and is a Fellow of the Royal Australasian College of Medical Administrators. He is currently the Chair of the Education and Training Committee for the College of Medical Administrators. He has worked in senior management roles across health, including community health, medical superintendent and medical services. Stephen also worked in Tasmania, where he was the CEO of the Launceston General Hospital from 2004–2008. He also worked as the Executive Director of Medical Services at The Prince Charles Hospital from 2008–2014. Stephen was appointed as Executive Director, Princess Alexandra Hospital and QEII Jubilee Hospital Health Network in May 2014.

Dr Susan O'Dwyer

Executive Director, Medical Services

Dr Susan O'Dwyer has worked in various medical administration roles at facilities across Queensland Health since 2001. Susan's experience includes a seven-year term at the Department of Health with responsibilities for medical workforce, education and training. Susan has a long-standing involvement with the Australian Medical Council, including accreditation activities for international medical graduate pathways, prevocational accreditation, and specialist college accreditation. Susan is a Censor with the Royal Australasian College of Medical Administrators and a member of the Queensland Board of the Medical Board of Australia. She is also the chair of the Queensland Registration Committee of the Medical Board of Australia, and a member of the Australian Medical Council prevocational accreditation standards committee. These professional roles complement Susan's role with Metro South Health as the professional lead for medical practitioners.

Ms Veronica Casey

Executive Director, Nursing and Midwifery Services

Veronica has held nursing executive leadership positions in Queensland Health since 1998. She worked in Executive nursing roles at The Prince Charles Hospital, the Royal Brisbane Hospital and the Royal Women's Hospital prior to her appointment as Executive Director, Nursing Services at Princess Alexandra Hospital and Metro South Health. During her time at PAH, she has been instrumental in helping the hospital achieve re-designation under the Magnet® credentialing program, and the introduction of the Nurse Sensitive Indicator performance monitoring system. In 2010, she was appointed as one of three inaugural international commissioners for the American Nurses Credentialing Centre. Veronica was appointed as a Board Member on the Nursing and Midwifery Board of Australia in May 2014.

Ms Gail Gordon

Executive Director, Allied Health Services

Gail is an occupational therapist with postgraduate qualifications in business administration. She has held a range of senior occupational therapy roles in the public and private sectors. She was Director of Allied Health at QEII Jubilee Hospital until her appointment as Executive Director of Allied Health, Southside Health Service District in 2007. Gail was appointed as Executive Director, Allied Health Services for Metro South Health in 2008. Gail has established a health service wide allied health professional structure to support effective governance of services and provided executive leadership in the implementation of innovative allied health models of care.

Professor David Crompton OAM

Executive Director, Addition and Mental Health Services

David worked in private practice as a rural general practitioner prior to commencing psychiatry training and spending 12 years in private psychiatry practice. David is a Professor within the School of Health Service and Social Work and holds academic titles with the University of Queensland and Queensland University of Technology. He has held leadership roles in Queensland Health and New South Wales Health and is the coordinator for the Centre for Neuroscience, Recovery and Mental Health. He was awarded a Medal of the Order of Australia for development of community based mental health services for veterans, development of community post-traumatic stress disorder and anxiety and substance abuse treatment services. David's research interest includes the impact of trauma and natural disasters, suicide and factors that influence recovery of individuals with mental illness.

Board committees

The Metro South Hospital and Health Board (MSHHB) has established four committees to assist in carrying out its functions and responsibilities. The four committees are:

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

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

The committees are led by Board members with the Chair of each committee being a member of the Board and are supported by the Health Service Chief Executive (HSCE) or other senior executives of the Metro South Hospital and Health Service (MSHHS).

Executive Committee

The Executive Committee is an advisory committee to the Board.

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

The Executive Committee was established to support the Board by:

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

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

Committee members: Terry White AO – Chair; Peter Dowling AM; Dr John Kastrissios; Professor John Prins; Margo MacGillivray; Dr Marion Tower; Lorraine Martin AO.

Finance Committee

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

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

The Finance Committee has the following functions:

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

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

Committee members: Peter Dowling AM – Chair; Professor John Prins; Margo MacGillivray; Lorraine Martin AO. Standing invitees: Dr Richard Ashby, Health Service Chief Executive MSHHS; Robert Mackway-Jones, Chief Finance Officer (CFO) MSHHS; Brett Clowes, Director Audit and Risk Management.

Audit and Risk Committee

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

The Audit and Risk Committee functions under the authority of the Board in accordance with Schedule 2, section 8, of the *Hospital and Health Board Act 2011*.

The purpose of the Audit and Risk Committee is to provide advice and assistance to the Board on:

- the service's risk, control and compliance frameworks
- the service's 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 advises the Board on the following matters:

- assessing the adequacy of the HHS financial statements, having regard to the following:
 - the appropriateness of the accounting practices used
 - compliance with prescribed accounting standards under the *Financial Accountability Act 2009*
 - external audits of the HHS financial statements
 - information provided by the HHS about the accuracy and completeness of the financial statements
- monitoring the HHS compliance with its obligation to establish and maintain an internal control structure and systems of risk management under the *Financial Accountability Act 2009*, including:
 - whether the HHS has appropriate policies and procedures in place, and
 - whether the HHS is complying with the policies and procedures
- monitoring and advising the Board about its internal audit function
- overseeing HHS liaison with the Queensland Audit Office in relation to the HHS proposed audit strategies and plans
- assessing external audit reports for the HHS and assessing the adequacy of action taken by management as a result of the reports
- monitoring the adequacy of the HHS's management of legal and compliance risks and internal

compliance systems, including the effectiveness of the systems in monitoring compliance by the HHS with relevant laws and government policies

- evaluation and approval of the Internal Audit Charter, Internal Audit Strategic and Annual Audit Plans
- through Internal Audit, oversight and appraisal of HHS financial operational reporting processes
- reviewing the effectiveness of the internal audit function and ensuring that it meets the requirements of the professional standards issued by Institute of Internal Auditors and has regard to the Queensland Treasury's Financial Accountability Handbook
- monitoring the effectiveness of HHS performance information, and compliance with the performance management framework and performance reporting requirements
- assessing the HHS complex or unusual transactions or series of transactions, or any material deviation from the HHS budget
- any other function given to the committee by the Board (if the function is not inconsistent with a function mentioned in dot points above)
- reviewing the risk management framework for identifying, monitoring and managing significant business risks, including fraud
- liaising with management to ensure there is a common understanding of the key risks to the agency. These risks will be clearly documented in the risk register which will be regularly reviewed to ensure it remains up-to-date
- assessing and contributing to the audit planning process relating to risks and threats to the HHS
- reviewing effectiveness of the HHS's processes for identifying and escalating risks, particularly strategic risks.

The Audit and Risk Committee meetings are held at least quarterly with a schedule of meetings agreed in advance.

Committee members: Peter Dowling AM – Chair; Professor John Prins; Lorraine Martin AO; Margo MacGillivray. Standing invitees: Dr Richard Ashby, Health Service Chief Executive MSHHS; Robert Mackway-Jones, Chief Finance Officer (CFO) MSHHS; Brett Clowes, Director Audit and Risk Management MSHHS.

Safety and Quality Committee

The Safety and Quality Committee is a prescribed committee under part 7, section 32 of the *Hospital and Health Boards Regulation 2012*.

The Safety and Quality Committee functions under the authority of the Board in accordance with schedule 1, section 8 of the *Hospital and Health Boards Act 2011*.

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

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

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

Committee members: Professor John Prins – Chair; Dr Marion Tower; Dr John Kastrissios; Lorraine Martin AO; Dr Richard Ashby, Health Service Chief Executive; Dr Michael Daly, Executive Director Clinical Governance. Standing invitees: Dr Richard Ashby, Health Service Chief Executive MSHS; Dr Michael Daly, Executive Director Clinical Governance MSH; 3 professional heads; 1 quality co-ordinator; 1 frontline clinician.

Health service committees

Metro South Health Service Executive Committee

The Health Service Chief Executive (HSCE) has single point accountability for the total performance of the health service but relies on the advice of the Metro South Health Service Executive Committee and the transmitted accountability of the members through that Executive.

The responsibility of the Metro South Health Service Executive Committee is to oversee the delivery and performance of services and give advice to the HSCE by monitoring and making decisions regarding:

- quality and safety
- employment and human resources
- activity
- capital works
- budget assignment
- equipment purchases
- expenditure.

Membership of the Metro South Health Service Executive Committee consists of:

- Health Service Chief Executive – Chair
- Chief Finance Officer
- Executive Director, PAH-QEII Health Network
- Executive Director, Logan-Bayside Health Network
- Chief Information Officer
- Executive Director, Addiction and Mental Health Services
- Executive Director, Clinical Governance
- Executive Director, Planning, Engagement and Reform
- Executive Director, Nursing and Midwifery Services
- Executive Director, Corporate Services
- Executive Director, Allied Health Services
- Executive Director, Medical Services
- Facility Managers.

Meetings are held monthly.

Executive Transformation and Innovation Committee

The Metro South Health Executive Transformation and Innovation Committee provides oversight and prioritisation of the change and improvement agenda across Metro South Health. It promotes and sponsors change and innovation projects aimed at helping Metro South Health to achieve its strategic vision, aspirations and objectives.

Membership of the Metro South Health Transformation and Innovation Committee consists of:

- Executive Director, Planning Engagement and Reform – Chair
- Executive Director, PAH-QEII Health Network
- Executive Director, Logan-Bayside Health Network
- Executive Director, Addiction and Mental Health Services
- Executive Director, Medical Services
- Executive Director, Nursing and Midwifery Services
- Executive Director, Allied Health Services
- Executive Director, Clinical Governance
- Executive Director, Corporate Services
- Chief Information Officer
- Chief Finance Officer.

Standing invitees:

- Director, Reform
- Director, Workforce Services
- Director, Industrial Relations.

Meetings are held monthly.

Metro South Health Quality and Safety Committees

Metro South Health-wide quality and safety activities are directed and governed by the Metro South Health Executive Committee.

Each facility or service maintains a local quality and safety committee that meets monthly.

Members of these committees include:

- Executive Director, Clinical Governance, Metro South Health
- Quality and safety coordinators
- Executive and clinical leaders.

Meetings are held monthly.

Finance Network

The Metro South Health Finance Network oversees the financial management of the health service which includes activity, staffing and budget. This is achieved by:

- ensuring sound financial management of Metro South Health facilities
- undertaking financial planning processes including implementing changes to the funding model, activity based funding and setting up the HHS
- ensuring own source revenue strategies are in place in each facility to assist in meeting targets
- ensuring reporting requirements are met for Metro South Health's finance function
- informing finance directors of changes and requirements to ensure compliance and budget objectives are met
- undertaking client engagement with the Department of Health's Shared Service Provider.

Membership of the Metro South Health Finance Network consists of:

- Chief Finance Officer – Chair
- Director of Finance – Financial Accounting, Metro South Health Finance
- Metro South Health Manager, Policy and Performance
- Metro South Health Manager, Own Sourced Revenue
- Finance Director, PAH-QEII Network
- Finance Manager, Princess Alexandra Hospital
- Finance Manager, Queen Elizabeth II Jubilee Hospital
- Finance Director, Logan-Bayside Network
- Finance Manager, Logan Hospital
- Finance Manager, Redland Hospital
- Finance Director, Addiction and Mental Health Services
- Metro South Health Financial Accountant
- Metro South Health Management Accountant
- Metro South Health Business and Financial Analyst
- Metro South Health Director, Decision Support.

The Manager, Department of Health Shared Service Provider, has a standing invitation to the meeting.

Meetings are held monthly.

Credentialing and Scope of Clinical Practice Committee

The Metro South Health Credentialing and Scope of Clinical Practice Committee's purpose is to:

- ensure that all medical and dental practitioners utilising Metro South Health facilities practise high quality care, by granting Scope of Clinical Practice only to those practitioners who are appropriately qualified, trained and experienced to undertake clinical care within the facility
- ensure that the Scope of Clinical Practice granted is appropriate to the Service Capability Framework of each facility within Metro South Health.

The committee comprises representatives from:

- surgical specialties
- medical specialties
- addiction and mental health services
- obstetrics and gynaecology
- other specialties (e.g. radiology, cancer services) as required
- Director of Nursing and Midwifery (or nominee)
- Director of Oral Health Services (or nominee, when assessing a dental applicant).

In 2013–2014, membership of the Metro South Health Credentialing and Clinical Scope of Practice Committee consisted of:

- Executive Director, Clinical Governance – Chair
- Executive Director, Medical Services
- Executive Director, Nursing and Midwifery Services
- Executive Director, Oral Health Services
- Director, Medical Services, QEII Jubilee Hospital
- Director, Medical Services, Logan-Beautesert
- Director, Medical Services, Redland-Wynnum
- Deputy Director Medical Services, PA Hospital
- Staff Specialist, Rheumatology, PA Hospital
- Staff Specialist, General Medicine, PA Hospital
- Staff Specialist, Obstetrics and Gynaecology, Logan-Beautesert
- Staff Specialist, General Surgery
- Staff Specialist, Psychiatry.

Corporate Services Directors Meeting

The Metro South Health Corporate Services Directors Meeting oversees Corporate Services' performance (including financial), key risks and priorities, policies, and reform processes. Objectives include:

- review and approve strategies, goals and directions in response to Metro South Health Service Executive requirements
- monitor financial performance for facility Corporate Services on a regular basis
- monitor operational performance of facility Corporate Services on a regular basis
- oversee and address key risk matters for Corporate Services
- introduce a quality improvement process for Corporate Services matters.

Membership of the Metro South Health Corporate Services Directors Meeting consists of:

- Executive Director, Corporate Services – Chair
- Director, Corporate Services, Logan-Bayside
- Manager, Corporate Services, Redland-Wynnum
- Manager, Corporate Services, QEII Jubilee Hospital
- Director, Corporate Services, Addiction and Mental Health Services
- Senior Director, PA Support Services, PA Hospital
- Director, Corporate Business and Performance
- Director, Capital Delivery, Asset and Infrastructure
- Senior Director, Building Engineering and Maintenance Services
- Senior Director, Workforce Services
- Director, Industrial Relations.

Meetings are held monthly.

Executive Planning Committee

The Metro South Health Executive Planning Committee provides corporate governance and leads decision-making processes for strategic and service planning within Metro South Health. The Committee prioritises service planning activities and capital development projects, monitors and reviews existing plans and ensures planning aligns with relevant legislation, standards, government policy and Metro South Health's strategic intent.

Membership of the Metro South Health Executive Planning Committee consists of:

- Chief Finance Officer – Chair
- Executive Director, PAH-QEII Network
- Executive Director, Logan-Bayside Network
- Executive Director, Metro South Corporate Services
- Executive Director, Planning, Engagement and Reform
- Executive Director, Addiction and Mental Health Services
- Chief Information Officer, Metro South Health
- Director, Capital and Asset Management
- Director, Building Engineering and Maintenance Services
- Director, Planning.

Meetings are held monthly.

Workforce Services Managers Committee

The Metro South Health Workforce Managers Committee determines the strategic direction and implementation protocols for the delivery of workforce services planning and workforce culture improvement activities. Objectives include:

- provide a platform for the ongoing development of members' planning and culture management capacity, knowledge and skills
- provide advice to the Corporate Services directors relating to occupational health and safety management
- facilitate the implementation of occupational health and safety plans and initiatives within each facility and across Metro South Health.

Membership of the Metro South Health Workforce Services Managers Network consists of:

- Senior Director, Workforce Services – Chair
- Director, Workforce Services, PAH-QEII
- Manager, Workforce Services, QEII Jubilee Hospital
- Director, Workforce Services, Logan-Bayside
- Manager, Workforce Services, Redland-Wynnum
- Manager, Workforce Services, Addiction and Mental Health Services
- Occupational Health and Safety Manager, Redland-Wynnum
- Occupational Health and Safety Manager, QEII Jubilee Hospital
- Occupational Health and Safety Manager, Logan-Bayside
- Director, Health Reform
- Director, Industrial Relations
- Manager, Staff Complaints.

Meetings are held monthly.

Building, Engineering and Maintenance Management Group

The Metro South Health Building, Engineering and Maintenance Management Group oversees building and maintenance performance (including financial), key risks and priorities, policies, and reform processes.

Membership of the Metro South Health Building, Engineering and Maintenance Management Group consists of:

- Director, Building, Engineering and Maintenance Services – Chair
- Senior Director, PA Support Services, PA Hospital
- Director, Corporate Services, Logan-Bayside
- Director, Corporate Services, QEII Jubilee Hospital
- Manager, Corporate Services, Redland Hospital
- Client Manager, PAH-QEII
- Client Manager, Logan-Bayside
- Client Manager, Community and oral health services
- Client Supervisor, QEII Jubilee Hospital
- Client Supervisor, Redland Hospital.

Meetings are held monthly.

Procurement Governance Committee

The Metro South Health Procurement Governance Committee role is to oversee the Metro South Health procurement strategy and plans, and to identify priority areas for opportunities. The committee has annual targets to achieve through procurement strategies within the health service.

The key benefit of the committee is the buy-in provided by the Executive Directors at each Metro South Health hospital, and therefore allows strategies to be driven through the organisation.

Membership of the Metro South Health Procurement Governance Committee consists of:

- Chief Finance Officer
- Executive Director, PAH-QEII Network
- Executive Director, Logan-Bayside Network
- Executive Director, Metro South Corporate Services
- Facility Manager, Redland Hospital and Wynnum Health Service
- Facility Manager, QEII Jubilee Hospital
- Senior Director, Procurement and Supply Unit
- Deputy Director, Procurement and Supply Unit.

Sub-committee of the Metro South Health Procurement Governance Committee include:

- Metro South Health Clinical Products and Equipment Committee.

Meetings are held monthly.

Nursing and Midwifery Executive Committee

The Metro South Health Nursing and Midwifery Executive Committee provides leadership and strategic direction for nursing and midwifery services. It advises and makes recommendations to the Metro South Health Service Executive regarding the planning and management of health services. It also responds to issues relevant to nursing as they arise.

Membership of the Metro South Health Nursing and Midwifery Executive Committee consists of:

- Executive Director, Nursing and Midwifery Services – Chair
- Executive Director of Nursing, PA Hospital
- Director of Nursing Services, QEII Jubilee Hospital
- Director of Nursing and Midwifery, Logan-Bayside
- Director of Nursing, Aged Care and Residential Services
- Director of Nursing, Addiction and Mental Health Services
- Surgical Services, Sub Stream Leader – Peri Operative
- Nursing Director, Education, PA Hospital
- Nursing Director, Centre of Excellence in Nursing, Nursing Standards and Clinical Performance
- Patient Flow, Ambulatory Care and Hospital Avoidance Clinical Stream leader.

Meetings are held bi-monthly.

Metro South Health Consultative Forum

The Metro South Health Consultative Forum (MSHCF) is a joint consultative forum established in accordance with the *Metro South Health Consultative Forum Terms of Reference 2015*.

The forum enables consultation and communication between Metro South Health management and union representatives.

A number of Local Consultative Forums have been established which report to the MSHCF, including those at:

- Princess Alexandra Hospital
- Logan Hospital
- QEII Jubilee Hospital
- Redland Hospital
- Addiction and Mental Health Services
- Oral Health Services
- Building Engineering and Maintenance Services.

The forum has joint chairpersons (one union and one management). For the purposes of meetings, this role alternates between management and union representatives. Membership of the forum consists of:

- Union representation (officials and delegates):
 - Together Queensland Union
 - Queensland Nurses Union
 - United Voice Union
 - Australian Workers Union
 - Automotive, Metals, Engineering, Printing and Kindred Industries Union
 - Electrical Trades Union
 - Construction, Forestry, Mining, Energy Union
 - Plumbers Union Queensland
- Management representation (or delegates)
- Health Service Chief Executive
- Executive Director, PAH-QEII
- Executive Director, Logan-Bayside
- Executive Director, Addiction and Mental Health Services
- Facility Manager, Redland-Wynnum
- Facility Manager, QEII Jubilee Hospital
- Director, Oral Health Services
- Executive Director, Allied Health
- Executive Director, Corporate Services
- Executive Director, Nursing and Midwifery Services
- Director, Industrial Relations.

Meetings are held monthly.

Human Research Ethics Committee

The Metro South Health Human Research Ethics Committee (HREC) acts in a consultative and advisory capacity with researchers to ensure that all clinical, research and management practices are conducted in an ethical and scientifically robust manner. The purpose of the committee, in accordance with the *National Statement on Ethical Conduct in Human Research (2007)*, is to ensure that all human research is conducted in an ethical manner, and to promote and foster ethical and good clinical/health research practice that is of benefit to the community. Key objectives of the committee include:

- protect the mental and physical welfare, rights, dignity and safety of research participants
- facilitate and promote high calibre ethical research through efficient and effective review processes
- ensure that all clinical and ethical research is conducted responsibly.

The National Statement requires the HREC to comprise of members with specific experience, knowledge and skills. As per section 5.1.30, the membership of the Metro South Health HREC includes:

- a chairperson, with suitable experience, whose other responsibilities will not impair the HREC's capacity to carry out its obligations under this National Statement
- at least two lay people, one man and one woman, who have no affiliation with the institution and do not currently engage in medical, scientific, legal or academic work
- at least one person with knowledge of, and current experience in, the professional care, counselling or treatment of people; for example, a nurse or allied health professional
- at least one person who performs a pastoral care role in a community, for example, an Aboriginal elder, a minister of religion
- at least one lawyer, where possible one who is not engaged to advise the institution
- at least two people with current research experience that is relevant to research proposals to be considered at the meetings they attend. These two members may be selected, according to need, from an established pool of inducted members with relevant expertise.

Meetings are held monthly.

Allied Health Directorate Meeting

The Metro South Health Allied Health Directorate Meeting provides leadership and strategic direction for allied health professionals across Metro South Health to improve the quality and effectiveness of patient care. Its objectives include:

- provide leadership to Metro South Health allied health and individual allied health professions in matters relating to allied health professional practice and workforce
- provide strategic directions for Allied Health Services consistent with the health service's *Strategic Plan*, the *Allied Health Professional Plan* and the *Allied Health Practitioners Office Queensland Plan*
- provide advice and consultation to the Executive Director, Allied Health for their role as a representative on the Metro South Health Service Executive Committee
- support Metro South Health allied health governance, workforce development, education and training and research
- lead the implementation of innovative models of care, methods of service delivery and allied health management tools.

Membership of the Metro South Health Allied Health Directorate Meeting consists of:

- Executive Director, Allied Health – Chair
- Executive Director, Clinical Support Services, PA Hospital
- Director, Allied Health, QEII Hospital
- Director, Allied Health, Logan-Bayside
- Director, Therapies and Allied Health, Addiction and Mental Health Services
- Allied Health Workforce Development Officers.

Meetings are held monthly.

Clinical Ethics Committee

The Metro South Health Clinical Ethics Committee provides a forum for discussion about clinical ethics issues and situations in a safe and confidential environment.

Membership of the Metro South Health Clinical Ethics Committee consists of:

- Metro South Health Clinical Ethics Coordinator – Chair
- Executive Director Medical Services, Metro South Health
- Executive Director Medical Services, PA Hospital
- Executive Director Nursing Services, PA Hospital
- Executive Director Nursing and Midwifery Services, Metro South Health
- Executive Director Clinical Governance, Metro South Health
- Clinical expertise representative
- Legal expertise representative
- Consumer expertise representative
- Pastoral care expertise representative.

Meetings are held monthly.

Disaster and Emergency Management Committee

Metro South Health Disaster and Emergency Management Committee provides a health service-wide disaster and emergency network which aims to enable each Metro South Health facility to optimally provide preparation and response to disaster and emergency incidents at a facility, health service-wide or statewide level, and to develop a consistent health service-wide standard/plan which complies with national and state policies.

Specifically, Metro South Health Disaster and Emergency Management Committee will provide strategic and operational advice/feedback to the Chief Executive, Metro South Health and Executive Directors, Health Network on policy, implementation plans and coordination of relevant incidents across Metro South Health. These may include:

- disaster and emergency management planning, resourcing and realignment
- monitoring of processes and outcomes
- legislative and regulatory issues
- coordinated response for disaster and emergency incidents
- other matters within scope as determined by the Chair or the Chief Executive, Metro South Health
- joint exercises.

Membership of Metro South Health Disaster and Emergency Management Committee consists of:

- Executive Director Medical Services, PA Hospital or delegate – Chair
- Deputy Director Medical Services, PA Hospital
- Director Medical Services, Logan Hospital
- Director Corporate Services, Logan Hospital
- Director Medical Services, QEII Jubilee Hospital
- Director Corporate Services, QEII Jubilee Hospital
- Director Medical Services, Redland Hospital and Wynnum Health Service
- Facility Manager, Redland Hospital and Wynnum Health Service
- Manager Corporate Services, Redland Hospital and Wynnum Health Service
- Executive Director Medical Services, Addiction and Mental Health Services or proxy
- Manager, Executive Services, PA Hospital

- Acting Director of Nursing Emergency Department or representative from Emergency Department Clinical Nurse Consultant Group
- Director Health Service Planning, Metro South
- Emergency, Continuity and Assurance Manager, Mater Health Services
- Director, Metro South Public Health Unit
- Greater Metro South Brisbane Medicare Local representative
- Director, Health Equity and Access Unit or delegate
- Chief Information Officer, Metro South
- Metro South Patient Flow Program representative
- Emergency Management and Business Continuity Manager, Metro North
- Queensland Ambulance Service (QAS) representative.

Meetings are held quarterly.

Sub-committees of the Metro South Health Disaster and Emergency Management Committee which remain dormant until a major event arises include:

- Metro South Health Pandemic Meeting
- Metro South Health Major Event Management Committee.

Radiation Safety Management Reference Group

The Metro South Radiation Safety Management Reference Group monitors, reports and advises on the use of ionising and non-ionising radiation sources across Metro South Health, in order to minimise the risk to staff, patients and the public arising from radiation sources. Key functions include:

- investigate the planned use of and monitor current practices relating to all radiation sources within Metro South Health
- monitor and advise the “Possession Licensee” on compliance issues relevant to radiation safety legislation and associated radiation safety and protection plan(s)
- review and audit safe working practices and emergency procedures for radiation sources
- provide a reporting and support mechanism for radiation safety officers to raise concerns regarding identified radiation-related hazards and risks
- recommend policy in relation to processes and practices involving radiation and its sources within Metro South Health
- review the continuing education of those persons who work with or near radiation sources
- monitor changes in legislation and assess the impact of such changes on operators and other affected persons
- review incidents involving radiation sources and advise the “Possession Licensee” on the management of the incident and risk control measures
- review planned and completed quality improvement activities involving management and use of radiation sources.

Membership of the Radiation Safety Management Reference Group consists of:

- Executive Director Medical Services, PA Hospital – Chair
- Deputy Director Medical Services, PA Hospital
- Director Medical Imaging, Redland and Wynnum
- Director Medical Imaging Services, Logan and Beaudesert hospitals
- Director Medical Services, Logan, Redland and QEII Jubilee hospitals
- Director of Radiology, PA Hospital
- Assistant Director Radiology, PA Hospital

- Director of Radiation Oncology, PA Hospital
- Director of Radiation Oncology, Mater
- Director Vascular Surgery, PA Hospital
- Professor, Cancer Services, PA Hospital
- Director of Cardiology, PA Hospital
- Operating theatres representative
- Radiation safety officers
 - Diagnostic Radiology/Nuclear Medicine/Radioisotopes
 - Radiation Oncology, Mater
 - Radiation Oncology, PA Hospital
 - Laser, PA Hospital and QEII Jubilee Hospital
 - Redland Hospital
 - Logan Hospital
 - TB Clinic
 - Breast Screening
 - X-Ray, QEII Jubilee Hospital
- Workforce Services representative
- Biomedical Technology Services Site Manager
- Clinical Governance Unit representative
- Oral Health representative.

Meetings are held quarterly.

Directors of Medical Services Committee

The Metro South Health Directors of Medical Services Committee is a health service-wide medical management clinical network. It aims to enable each Metro South Health facility to optimally deliver medical services by facilitating cooperation and to ensure a consistent health service-wide standard.

Specifically, the committee provides strategic and operational advice to the Executive Director Medical Services, Metro South Health on policy, implementation plans and any related matters, including:

- health needs of communities
- service planning, resourcing and realignment
- clinical governance
- medical workforce and industrial issues
- care processes and care support processes
- monitoring of care processes and outcomes
- information technology
- technological advances
- legislative and regulatory issues
- other matters within scope as determined by the Executive Director, Medical Services, Metro South Health.

Membership of the Directors of Medical Services Committee consists of:

- Executive Director Medical Services, Metro South Health – Chair
- Directors, Medical Services at each Metro South Health facility
- Deputy Directors, Medical Services at each Metro South Health facility
- Medical Administration Registrars.

Meetings are held monthly.

Statewide CIO Forum

The Statewide CIO (Chief Information Officer) Forum is a statewide forum for information sharing and alignment of ICT services across hospital and health services.

Membership of the Statewide CIO Forum consists of representatives from the following:

- Metro South HHS
- Sunshine Coast HHS
- Gold Coast HHS
- Townsville HHS
- South West HHS
- Torres and Cape HHS
- North West HHS
- Darling Downs HHS
- Central Queensland HHS
- Mackay HHS
- Wide Bay HHS
- Metro North HHS
- West Moreton HHS
- Children's Health Queensland HHS
- Queensland Ambulance Service
- Cairns and Hinterland HHS
- Health Service Delivery Reform and Health Renewal Portfolio
- Health Services Information Agency
- ICT Portfolio, Health Services Information Agency.

Meetings are held monthly.

ICT Executive Committee

The Metro South Health ICT Executive Committee is the governance body responsible for the overarching strategy and high-level direction for information, communications and technology (ICT) across Metro South Health.

The ICT Executive Committee takes an interest in enterprise-level ICT projects that impact Metro South Health, to ensure that the health service's specific requirements are taken into account, resourcing is appropriate and that any specific change management issues are addressed. However, the primary focus is on initiatives that are related specifically to Metro South Health and are within the health service's control. Such initiatives include:

- current operational systems
- new clinical systems
- new business support systems
- communication systems
- supporting infrastructure.

Membership of the Metro South Health ICT Executive Committee consists of:

- Health Service Chief Executive – Chair
- Chief Finance Officer
- Chief Information Officer
- Executive Director, Medical Services
- Executive Director, Nursing and Midwifery Services
- Executive Director, Allied Health Services
- Executive Director, Corporate Services
- Executive Director, Logan-Bayside
- Executive Director, PAH-QEII
- Executive Director, Addiction and Mental Health Services
- Executive Director, Planning, Engagement and Reform
- Facility Manager, QEII Jubilee Hospital
- Facility Manager, Redland-Wynnum
- Health Information Management Services representative
- Chief Information Officer/Executive Director, Health Service Information Agency
- Chief Executive, Greater Metro South Brisbane Medicare Local
- Clinical Lead, ieMR Project
- Clinical Lead, Patient Flow
- Relevant staff invited as required.

Meetings are held monthly.

Addiction and Mental Health Executive Committee

Metro South Health's Addiction and Mental Health Executive Committee provides oversight of clinical initiatives and ensures best practice across the health service.

Membership of the Metro South Health's Addiction and Mental Health Committee consists of:

- Executive Director, Metro South Addiction and Mental Health Services (MSAMHS) – Chair
- Director, Therapies and Allied Health, MSAMHS
- Director, Clinical Governance, MSAMHS
- Director, Medical Services, MSAMHS
- Director of Nursing, MSAMHS
- Director, Corporate Governance, MSAMHS
- Director, Addiction Academic Clinical Unit
- Director, Social Inclusions and Recovery, MSAMHS.

Meetings are held monthly.

Addiction and Mental Health Medication Safety Advisory Committee

Metro South Health's Addiction and Mental Health Medication Safety Advisory Committee provides a comprehensive approach to the development, review and implementation of medication management standards, evidence-based practice guidelines and other medication safety initiatives across the health service.

Membership of the Metro South Health's Addiction and Mental Health Medication Safety Advisory Committee consists of:

- Clinical Governance Team Leader, Metro South Addiction and Mental Health Services (MSAMHS) – Chair
- Consultant Psychiatrist representative, MSAMHS
- Senior Registrar representative, MSAMHS
- Pharmacist from all sites
- Nurse Educator, MSAMHS
- Addictions representative, MSAMHS
- Clozapine Coordinator, MSAMHS
- Team Leader representative, Mood and Psychosis Academic Clinical Unit
- Inpatient Nurse Unit Manager representative, MSAMHS
- Quality and Safety Manager, MSAMHS
- Consumer carer consultant representative, MSAMHS.

Meetings are held monthly.

Ethics and code of conduct

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

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

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

Each principle is strengthened by a set of values and standards of conduct describing the behaviour that will demonstrate that principle.

All Metro South Health employees are required to undertake training in the *Code of Conduct for the Queensland Public Service* during their induction and thereafter undertake re-familiarisation training annually or following any change to the document.

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

- orientation sessions
- intranet based modules
- CD containing training.

Corrupt conduct

The Manager, Staff Complaints is the delegated central point within Metro South Health to receive, assess and refer allegations of suspected corrupt conduct to the Crime and Corruption Commission. This role enables the Chief Executive, Metro South Health to fulfil the legislated obligation under the *Crime and Corruption Act 2001*.

Prevention

During 2014–2015, ethical awareness, fraud prevention, public interest disclosures and corrupt conduct information sessions were delivered to staff in Metro South Health. These sessions were delivered to a variety of positions and levels within Metro South Health. In addition, learning and development staff delivered training on ethical decision making, code of conduct and corrupt conduct processes to all new staff members through induction and orientation.

Assessment and investigation

On 1 July 2014 Metro South Health was provided the authority by the Crime and Corruption Commission to assess and deal with certain categories of suspected corrupt conduct matters (Section 40 Direction). As such, the assessment of suspected corrupt conduct matters is undertaken by the Manager, Staff Complaints, Director of Industrial Relations and the Senior Director of Workforce Services, with assistance sought from specialist stakeholders relevant to the allegations such as:

- Executive Director, Clinical Governance
- Chief Financial Officer
- Director, Audit and Risk Management
- Department of Health Police Liaison Unit – Queensland Police Service Inspector.

Audit and risk management

External scrutiny

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

ACHS Accreditation Survey

Accreditation is a formal process to assist in the delivery of safe, high quality health care based on standards and processes devised and developed by health care professionals for health care services. It is public recognition of achievement of accreditation standards by a health care organisation, demonstrated through an independent external peer assessment of that organisation's level of performance in relation to the standards.

During the financial year, QEII, Logan and Redland Hospitals and Addiction and Mental Health Services all underwent independent, external accreditation surveys by teams from the Australian Council on Healthcare Standards. These external reviews were completed against the requirements outlined in the mandatory National Safety and Quality Health Service Standards.

All facilities were identified as having met or exceeded the mandatory requirements across all standards with no high priority recommendations arising from the surveys. This is a significant achievement and provides confidence to the community that all Metro South Health facilities meets or exceeds contemporary health service standards.

QAO Audit

As a public sector entity, Metro South Health is subject to annual audit by the QAO. The QAO Final Management Report provided to Metro South Health for the 2013–2014 financial year contained no high risk issues. Only one moderate risk issue was identified, relating to the absence of a service level agreement with shared services. Two 'areas of emphasis' audits conducted on risk assessment and financial delegation of authorities also identified some opportunities for improvement in internal controls.

The audit committee considers all QAO audit recommendations, including performance audit recommendations. QAO have not reported any significant issues arising from their interim audit. As part of the 2014–2015 audit, QAO have also focussed on a review of internal management reporting as well as simplified reporting of the financial statements.

QAO issued the following Auditor-General Reports to Parliament that contained recommendations of direct relevance to Metro South Health:

Report 3: 2014–2015 Emergency Department Performance reporting

QAO reported that since the introduction of the four-hour target, Queensland Health has publicly reported improved emergency department (ED) performance in the public health system. It was found that while improvements in achieving target have not compromised patient safety or quality of care, control over ED data has remained weak or absent. The system relies primarily on the integrity and diligence of individuals entering and validating data to minimise error or prevent deliberate data manipulation. The report recommended improved clarity around the 'did not wait' definition, a review of short stay unit operations to reduce inappropriate inpatient admissions, a review of datasets to ensure they are accurate and timely, and review the emergency access target.

Report 5: 2014–2015 Result of audit: Hospitals and Health Service entities 2013–2014

This report summarised the results of QAO's 2013–2014 financial audits of 16 Hospital and Health Services (HHS), the timeliness and quality of financial reporting and the systemic issues with internal controls identified during the audits, including the results of the 'areas of emphasis' audits over risk management and financial delegation.

QAO reported improvement in the quality of financial statements, financial administration and practices with some opportunities to further strengthen internal controls. QAO also indicated the increased risk to the HHSs from the absence of a formal agreement with Department of Health for the provision of financial processing services and information technology systems.

QAO also reported that all HHSs were in a sound financial position, that 14 of 16 met or exceeded their activity targets and that seven of 13 ABF funded HHSs delivered their activity below the Queensland Efficient Price and the Statewide average was approximately 1.5 per cent below this price (2012–2013 was 2.5 per cent above the Queensland Efficient Price).

Risk management

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

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

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

- The Board retains ultimate responsibility for monitoring key risks and ensuring there are systems and processes in place to identify, manage and monitor these risks. The Board has delegated responsibility for overseeing risk management activities to the Audit and Risk Committee.
- The Audit and Risk Committee oversees the assurance of the health service's risk management framework, internal control structure and systems' effectiveness for monitoring compliance with relevant laws, regulations and government policies.
- The executive management team, known as Metro South Health Executive, has active risk management responsibilities both collectively and individually as executive directors in charge of separate service delivery streams.

Risks are controlled within the financial and management accountabilities of each position. The

Health Service Chief Executive is supported by the executive director of each stream. The Health Service Chief Executive and executive directors manage risks with support from management structures within their areas of responsibility. Significant risks are reported to the Board, Metro South Health Executive and the Audit and Risk Committee on a regular basis.

Internal Audit

Internal Audit is an integrated component of corporate governance, promoting efficient management and assisting in risk management. The function operates under the Board approved charter consistent with the internal auditors' standards. In line with the overriding requirement of independence from management and the authorised auditors and to maintain objectivity, the head of Internal Audit reports directly to the Audit and Risk Committee for the effective, efficient and economical operation of the function. The Internal Audit function operates with due regard to Queensland Treasury and Trade's *Audit Committee Guidelines*.

The Internal Audit unit has a central role in improving operational processes and financial practices by:

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

The strategic and annual audit plan, approved by the Audit and Risk Committee, directs the unit's activities and provides a framework for its effective operation. A risk-based planning approach is used to develop audit plans, including considering risk registers and consulting with internal stakeholders and the QAO. Audit reports include recommendations to address deficiencies in risk treatment and all audit reports are reviewed by the Audit and Risk Committee.

Information systems and recordkeeping

Changes to recordkeeping practices and systems in 2014–2015

Metro South Health undertook the following changes to recordkeeping practices and systems:

- successful assessment of health information and record keeping practices against EQuIP National Standards at Logan Hospital, Redland Hospital and QEII Hospital as part of the successful National Safety and Quality Health Service Standard accreditation survey
- in excess of four million pages of clinical information was scanned into the integrated electronic Medical Record (ieMR) at the Princess Alexandra Hospital
- direct entry of patient notes for chronic renal patients receiving dialysis commenced in the digital ieMR in December 2014.

Recordkeeping roles and responsibilities

All new Metro South Health employees are made aware of their responsibilities regarding record security, privacy, confidentiality and management of medical records at a variety of forums including staff orientation and department induction. Each facility within Metro South Health has procedures to ensure all aspects of medical record management are undertaken appropriately.

Training is provided to all relevant administrative officers and competency assessments are undertaken to ensure staff are able to meet records management requirements. Relevant information packs and electronic resources are made available to assist in records management. Health Information Management Services staff routinely attend administrative forums and meetings to ensure important updates, issues and process changes are communicated and understood. Audits and reviews are undertaken and results are fed back to relevant areas to ensure compliance to record management processes.

Medical Record Department staff undergo training and orientation processes to ensure they are competent in the requirements of record management. Staff

undertake training and competency assessments for each role they perform within the department. Procedures and processes within Medical Records Departments are constantly reviewed to ensure a high level of service is provided at all times.

Written and electronic resources are available at all times to assist in maintaining a high level of service.

Audits are routinely undertaken within and external to the Medical Records Department to ensure that the record management system is operating appropriately.

Management of records

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

Digital records—integrated electronic Medical Record (ieMR)

Princess Alexandra Hospital commenced scanning of inpatient notes into the ieMR in June 2014. Information is scanned within 48 hours of the notes arriving in the scanning unit and is then available for viewing in the ieMR. Quality and auditing processes have been implemented to ensure a high quality scanning service is provided at all times.

Numerous electronic and paper resources are available for all relevant staff to ensure the information in the ieMR is accurate and available as soon as possible.

Redland and QEII Jubilee hospitals currently manage a paper medical record system however Logan Hospital has had an electronic system since 2008 that supports the scanning of clinical information. It is anticipated that the ieMR will be available at each Metro South Health facility within the next few years.

Reliability and security

Metro South Health is compliant with the *Queensland Government Information Standard 40: Recordkeeping*. Metro South Health-wide procedures ensure the security of clinical records is maintained.

Back-up systems are in place and maintained at all facilities to ensure records can be located and delivered during down times of the patient master index (HBCIS).

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

Retention and disposal

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

Confidential information disclosure

Section 160 of the *Hospital and Health Boards Act 2011* requires that any confidential information disclosures made in the public interest by a service are outlined in the annual report for that service. There was one disclosure of confidential information by Metro South Health under this provision in 2014–2015:

- The release of medical information to Northern NSW Local Health District (NNLHD) to enable the review of a clinical incident with a severity assessment code of 1 (SAC1) by NNLHD.

Open data

The Queensland Government has committed to releasing as much public service data as possible through its Open Data Initiative. Under the initiative, a large volume of government data, where suitable for release, is published on the following website:

www.qld.gov.au/data

Metro South Health has published the following data on the government's Open Data website 'in lieu of publications' in this report:

- health service expenditure on consultancies
- information relating to staff overseas travel including employee name, costs, purpose and destination
- numbers of meetings and remuneration of the Metro South Hospital and Health Board.

3 Our performance

Metro South Health performed well against its targets and key performance indicators in 2014–2015.

Performance highlights

In the 2014–2015 financial year:

- Elective surgery long waits were reduced to zero in December 2014 across all categories.
- Elective surgeries increased by 8.9 per cent in 2014–2015 to 26,719; the second highest elective surgery performance in Queensland.
- National Elective Surgery Access Target (NEST) performance—the percentage of elective surgery patients who receive their treatment within the clinically recommended timeframe for their urgency category—improved across all three urgency categories:
 - Category 1: 8 per cent increase
 - Category 2: 33 per cent increase
 - Category 3: 39 per cent increase.
- National Emergency Access Target (NEAT) performance—the percentage of emergency department patients discharged or admitted within four hours—remained reasonably steady at 72.5 per cent despite a significant increase in emergency presentations in 2014–2015.
- Oral health long waits remained at zero.
- Metro South Health exceeded its activity target by 7,100 weighted activity units, representing a community dividend of \$50 million.
- Metro South Health achieved a financial surplus of \$10.2 million.

Government's objectives for the community

Metro South Health is committed to contributing to the Queensland Government's objectives for the community.

In keeping with the Queensland Government's commitment to deliver quality frontline services for the community, Metro South Health aims to provide services that are efficient, diverse and flexible to changing community and government need. In doing so, Metro South Health acts with integrity and accountability and places strong emphasis on consultation.

The following are examples of how Metro South Health has contributed directly to the ethos of the Queensland Government's objectives for the community.

Creating jobs and a diverse economy

Delivering new infrastructure and investment, stimulating growth and innovation:

- Metro South Health is contributing to the government's commitment of returning the state budget to surplus by investigating opportunities for greater efficiency at all levels of the organisation. During 2014–2015, the health service maintained focus on performing business improvement reviews at every level of the organisation and implementing reform.
- Metro South Health will continue to maximise effectiveness and efficiency through increased activity based funding technical capacity, activity modelling and benchmarking against state and national best practice.
- Metro South Health is actively investing in furthering the education and training of staff and developing leadership to create capacity and build capability of staff which enables a culture of redesign and improvement.

Building safe, caring and connected communities

- Metro South Health has implemented a system of clinical governance for safety and quality to maintain optimal patient outcomes and ensure legislative compliance and regulatory and policy requirements of governing bodies.

- Metro South Health actively seeks opportunities to include consumers or community members on existing committees or groups, for example, safety and quality meetings or new reference groups.
- Metro South Health continues to implement strategies and support facilities to exceed the National Safety and Quality Health Service Standards including partnering with consumers in the development of health policies, programs, services and projects.

Delivering quality frontline services

- Metro South Health is committed to delivering improvements in frontline services. This is demonstrated by developing redesign and improvement strategies, focusing on both clinical and non-clinical services.
- Metro South Health is delivering better access to emergency and surgical services by ensuring statutory and standards obligations are realised including processes to monitor national standards such as the National Elective Surgery Target and the National Emergency Access Target.
- Metro South Health is improving access to health care services by implementing load-sharing solutions such as the Central Referral Service as a mechanism to ensure care is available when and where it is required.

Protecting the environment (enabling responsible development)

- Metro South Health will engage in responsible development of its services and infrastructure by developing and following a prioritisation model/planning framework for new initiatives (including education and professional development).
- Metro South Health will continue to transform clinical and non-clinical service delivery with advances in technology, enabling the roll-out of programs such as telehealth and the digital hospital concept to support the sustainable expansion of the reach of its services.
- Metro South Health will ensure that the community's needs are met sustainably into the future by contributing to the development of integrated health services in the region, with a strong local network of primary health care providers and better connections to Metro South Health.

Agency objectives and performance indicators

Metro South Health's *Strategic Plan 2012–2016* (2013 revised version) describes how the health service will provide quality care for the community over the next four years, including our aspirations, strategies and measures of success. Metro South Health carefully monitors its achievements against these targets.

Strategic objectives

Metro South Health's strategic objectives are:

- 1. Stakeholders:** Ensure the needs of our stakeholders influence all our efforts
- 2. Service delivery:** Provide efficient, safe and timely health care services
- 3. Hospital avoidance and substitution:** Increase hospital avoidance and substitution programs and services to reduce admissions to hospital
- 4. People:** A sustainable, high quality workforce to meet future health needs
- 5. Image and reputation:** Promote and market our world class health service—locally, nationally and internationally
- 6. Funding and resource management:** Ensure the best use of allocated resources
- 7. Organisational excellence:** Ensure that our governance and organisational structure are at the leading edge of industry norms
- 8. Teaching and research:** Support education and research and their translation into improved health outcomes for patients
- 9. Technology:** Optimise the use of technology.

This section contains highlights of Metro South Health's achievements against its strategic objectives in 2014–2015.

Strategic objective 1 Stakeholders

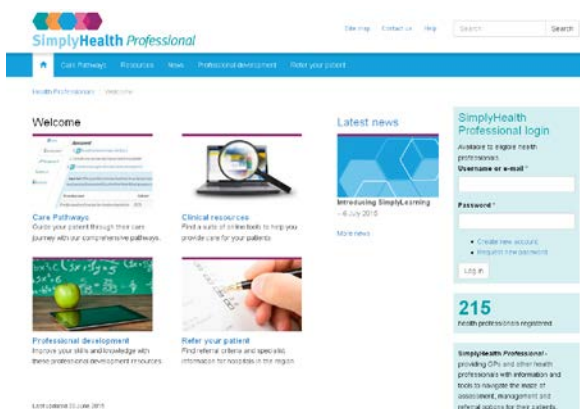
Ensure the needs of our stakeholders influence all our efforts

Metro South Health believes that health care should be organised around the needs of the community. To achieve this, it is important that Metro South Health engages with its patients, carers, stakeholders and the broader community.

The Metro South Health Consumer and Community Engagement Strategy provides a broad framework for engagement and outlines a number of key strategies required to establish the foundations of its engagement agenda. In 2014–2015, Metro South Health continued to rollout the strategy, establishing a strong foundation for engaging with the community and its patients. This allowed Metro South Health to advance a number of key initiatives which have improved, and will continue to improve, the way health care is delivered.

Consumer and community participation has allowed Metro South Health to design and implement initiatives and achieve significant improvements in 2014–2015.

Figure 3. *SimplyHealth Professional website*



SimplyHealth

SimplyHealth is one of Metro South Health's e-engagement solutions. The project delivers an interactive online community where consumers, general practitioners and the community can find information to support their health care decisions and assist them to navigate the health system. As a result of the project it is expected that there will be:

- reduced pressure on public health services by providing information on all the care options available (public, private, non-government organisations) in one place
- improved access to health services through standardised care pathways
- improved relationships and communication by connecting general practitioners and specialists
- enhanced patient experience by ensuring the 'person' is at the centre of all decisions
- enhanced health literacy through the provision of quality information and education.

The project team works closely with:

- general practitioner advisors who review and contribute to care pathways
- a consumer working group to inform the design, functionality and content of the SimplyHealth site
- consumers, non-government organisations and general practitioners to inform content, design and functionality.

SimplyHealth Professional, a portal for general practitioners and other health care providers, was launched in June 2015.

Patient satisfaction surveys

Metro South Health engages Best Practice Australia (BPA) to implement patient satisfaction surveys on an annual basis. According to the last round of surveys, Metro South Health hospitals are exceeding national norms when it comes to patient care.

Patient satisfaction surveys serve as a barometer to ensure Metro South Health continues to deliver the quality of care patients expect and deserve.

Results are benchmarked against a group of 34 Australian public hospitals. In the most recent survey, the average ratings for patient satisfaction measured against indicators of nursing care, clinical quality and safety, and hospital services were met or exceeded by all Metro South Health facilities.

The survey showed that 92 per cent of patients were satisfied with the overall quality of care they received during their most recent admission to a Metro South Health hospital.

National Safety and Quality Health Service Standards

Metro South Health, collectively with consumers and the community, ensures its facilities and services meet or exceed the National Safety and Quality Health Service standards, with a particular emphasis on Standard 2: Partnering with Consumers.

More than 30 consumers are represented on committees across Metro South Health and are involved in the analysis of safety and quality data, and the development of action plans for health service improvement.

All facilities have governance structures that allow consumer engagement activities to be reported to the Board.

Health literacy

Health literate organisations make it easier for people to navigate, understand and use information and services to take care of their health. Metro South Health has a Patient Education and Health Literacy Strategy to further advance becoming a health literate organisation.

Metro South Health is working with consumers to ensure all patient information brochures are reviewed prior to publication. Activities are being undertaken

with consumers at each facility to identify the characteristics that help and hinder a consumer's ability to physically navigate their way to and around the health service.

Person-centred care

Person-centred care is health care that is both respectful and responsive to the preferences, needs and values of people and the families and communities in their support network. All staff members working in Metro South Health develop the appropriate attitudes, knowledge and skills to deliver person-centred care through staff orientation, role specific training and supplementary training and support.

In 2015, Metro South Health became a member of the Planetree organisation, global leaders in advancing person-centred care.

Collaboration with primary health care

Building collaborative partnerships is key to delivering services that are accountable and responsive to the needs of the local community. Together, Metro South Health and the Greater Metro South Brisbane Medicare Local and West Moreton Oxley Medicare Local played an essential role in the planning, delivery and management of health services in the Metro South region during 2014–2015.

To ensure planning and health service delivery is coordinated, Metro South Health formed 'working together agreements' (or partnership protocols) with both organisations. The agreements recognise the strategic linkages between Medicare Locals and Metro South Health, and a shared drive to improve the health system and to achieve better health outcomes for the community.

Key initiatives that Metro South Health collaborated with the Medicare Locals on included:

- consumer and community engagement
- primary/secondary care integration
- chronic disease management
- Mums and Bubs program
- General Practice Liaison Program.

Metro South Health is developing an integrated health strategy to further develop partnerships with the primary health sector, with a particular focus on working with the new primary health networks in 2015–2016.

Integrated chronic disease clinics

Metro South Health's chronic disease service is working with general practitioners to improve access to specialty services in the community. General practitioners work alongside consultants in shared care beacon-style clinics located at Annerley, Inala and Meadowbrook. This also provides an opportunity for general practitioners and other primary care staff to develop their skills in managing people with complex, chronic diabetes and kidney disease.

In 2015, the Annerley clinic was expanded to include a 3D clinic for endoscopy.

Government relations

Metro South Health recognises the importance of working in partnership with government agencies at the local, state and federal levels and with elected representatives.

A key focus for 2014–2015 has been developing relationships with elected representatives by:

- disseminating information on key Metro South Health initiatives, including service developments and opportunities for community engagement
- providing timely responses to health-related matters concerning the community
- seeking input regarding issues impacting local communities.

Metro South Health will continue to work in partnership with other government agencies to ensure an integrated response to matters impacting our communities.

Online engagement

Parts of the Metro South community are geographically and socially isolated, which can make reaching them with information and engaging with them more challenging. Further, the number of people interacting online continues to increase.

In recognition of its growing importance, Metro South Health has expanded its online engagement platform to include:

- **Facebook:** It provides an ideal medium to receive feedback from the community, promote achievements and clarify information the community may receive through other forums

- **Consultation Hub:** An online platform for consumers and community members to provide feedback on a range of topics
- **Ideas Hub:** The Ideas Hub is an extension of the Consultation Hub and provides community members with the opportunity to post an idea regarding a particular issue, and to rate or respond to an existing comment posted by someone else.
- **iPads:** iPads are being used to gain real-time feedback from patients while they are still in hospital. This feedback provides the opportunity to ensure the patients needs and concerns are addressed as soon as they arise.

Consumers involved in governance

Each Metro South Health facility has established either a Consumer Advisory Council or consumer reference groups. These groups play an important role in decision-making at the service level. Functions include:

- receive and provide comment and advice on operational plans prior to finalisation
- participate in building design
- participate in health service design and redesign
- develop and monitor action plans
- review projects and research proposals relating to patient experience
- analyse safety and quality data and patient satisfaction survey data.

In addition, each facility has a number of other committees that include consumer membership.

Consumers on Committees Network

More than 30 consumers are represented on committees across Metro South Health and are part of a supportive network that aims to empower and enhance their abilities and leadership skills. The network includes quarterly meetings and regular communications including education, information provision, training, support and peer support.

Health Equity and Access Unit

The Health Equity and Access Unit aims to improve access and health outcomes for identified populations such as Aboriginal and Torres Strait Islander people, Culturally and Linguistically Diverse (CALD) people, people who are refugees, people with a disability and people experiencing or at risk of homelessness. The

unit has continued to progress the health equity and access agenda in Metro South Health by working in partnership with consumers, communities, government and non-government agencies and internal services.

A number of 2014–2015 highlights are:

- establishing Aboriginal and Torres Strait Islander patient journey officers to work with the community and Metro South Health services to plan and review the delivery of health care to Aboriginal and Torres Strait Islander patients
- working with consumers and community partners to develop an influenza vaccination campaign for people with a disability
- working with the Logan Pacific Islander community to develop a Pasifika Women's and Children's project and steering group to focus on gestational diabetes
- facilitating community consultation sessions with CALD leaders and Aboriginal and Torres Strait Islander people to inform Metro South Health services and strategic planning.

Community of Interest

The Metro South Health Community of Interest is a network of patients and community members who have expressed an interest in either receiving regular information directly from Metro South Health, or who choose to participate as formal consumer representatives. Its members support Metro South Health by providing consumer representation on committees, and participation in projects, focus groups and events. The network has also been invaluable in providing input into a number of key service plans.

Membership of the Community of Interest has grown to more than 400 consumer and community members.

Monthly workshops

Metro South Health's Engagement Team delivers monthly workshops to improve health literacy and promote individual empowerment amongst consumers. Interactive guest speakers and participant-requested topics enable participants to learn more about Metro South Health and how to get the most out of health services. The workshops are also used to seek feedback from consumers about a range of issues.

In 2014–2015, nine workshops were held with a total of 294 participants. The workshop topics were:

- Getting the Message Across
- Diabetes Spotlight Session
- Addiction and Mental Health
- Mental Health Spotlight Session
- Health Care and Ageing
- Health Care and Ageing Spotlight Session
- Chronic Diseases.

Consultation Hub

Metro South Health's Consultation Hub provides an online platform for consumers and community members to provide feedback on a range of topics. It has been invaluable in reaching both the socially and geographically isolated and provides an avenue for Metro South Health to reach a broader range of people to gather feedback regarding a number of key initiatives.

In 2014–2015, Metro South Health has conducted the following community consultations:

- *Metro South Health Strategic Plan 2015–2019*
- Hospital Avoidance and Substitution Health Service Plan
- Metro South Health Management Program Review
- Logan Hospital Car Park Plan
- Access to Post-Acute Allied Health Services
- Care Coordinator Consumer Satisfaction Survey
- Specialist Outpatient Waitlist Load Sharing
- Consumer Leadership Network Model Feedback
- Consumer Representative Role Satisfaction
- Inter Hospital Transfers
- Evaluation of Consumer Satisfaction with Complaint Management and Complaint Outcomes
- Logan Hospital Outpatients Clinics
- Logan Hospital Pulmonary Rehabilitation Satisfaction Survey
- Redland Hospital Renal Dialysis Unit Patient Satisfaction Survey
- Redland Hospital Allied Health Outpatient Clinic
- Bayside Cardiac Rehabilitation Satisfaction Survey
- Eight Mile Plains Pulmonary Rehabilitation Satisfaction Survey
- Eight Mile Plains Cardiac Rehabilitation Satisfaction Survey
- Inala Pulmonary Rehabilitation Satisfaction Survey
- Inala Cardiac Rehabilitation Satisfaction Survey
- Princess Alexandra Hospital Cardiac Rehabilitation Satisfaction Survey.

Volunteers

Volunteers form a crucial part of the Metro South Health community and are highly valued by the health service. Their roles fall broadly into three categories:

- support to visitors and public
- support to patients and families
- support behind the scenes.

In addition to volunteers, Metro South Health also has a number of consumer advocates who work with consumers and staff in a supportive and educative role. Consumer advocates are vital to helping staff understand the consumer perspective.

Strategic objective 2

Service delivery

Provide efficient, safe and timely health care services

National Safety and Quality Health Service (NSQHS) Standards Compliance

Metro South Health's first priorities are the safe and comfortable care for patients and the continuous improvement of clinical outcomes. In order to ensure the highest standard of safety and quality, individual facilities are subject to an external peer assessment of their performance against ten National Safety and Quality Health Service (NSQHS) standards.

All Metro South Health facilities, with the exception of Princess Alexandra Hospital, underwent an accreditation survey by the Australian Council on Healthcare Standards during 2014–2015. The facilities met or exceeded every criteria within the accreditation framework, including the NSQHS standards and five non-mandatory standards. The surveys reported a positive culture of quality improvement and patient-centred care evident across the health service.

The Princess Alexandra Hospital is currently fully accredited, and will be reassessed as part of a periodic review in the coming financial year according to its assessment cycle.

2014–2015 Highlights

In 2014–2015:

272,961

People presented to our emergency departments



26,719

elective surgery procedures were performed

Emergency departments

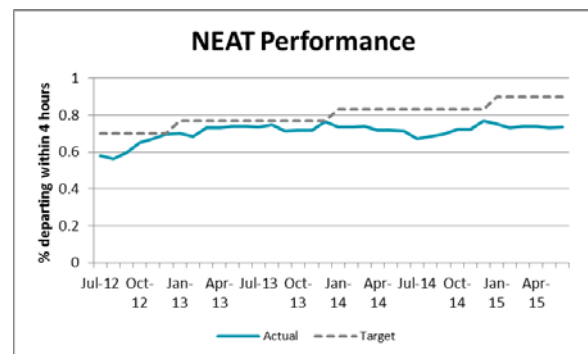
The National Emergency Access Target (NEAT), as set in the *National Partnership Agreement on Improving Public Hospital Services*, aims to improve access and achieve shorter stays in emergency departments throughout Australia. By December 2015, NEAT aims to achieve 90 per cent of patients presenting to a public hospital emergency department to be admitted to

hospital, referred to another hospital for treatment, or discharged, within four hours.

Metro South Health has been working towards achieving this measure, and its performance remained steady at 72.5 per cent in 2014–2015.

Hospital	NEAT % 2014–2015
Princess Alexandra	69
Logan	71
QEII Jubilee	80
Redland	72
HHS Total	72

Figure 4. NEAT performance



Elective surgery

The National Elective Surgery Target (NEST), as set in the *National Partnership Agreement on Improving Public Hospital Services*, measures the percentage of elective surgery patients who receive their treatment within the clinically recommended timeframe for their urgency category.

Metro South Health performed 26,719 elective surgeries in 2014–2015. This is a 8.9 per cent increase on the previous year, with 54 per cent of 2014–2015 activity contributed solely by Princess Alexandra Hospital. Metro South Health has the second highest elective surgery performance for the state of Queensland, with Princess Alexandra Hospital having one of the highest surgical throughputs in the country.

In addition to increased performance in NEST and elective surgery volume, Metro South Health has significantly reduced its elective surgery waiting list. Long waits for elective surgery was reduced from 496 patients (across all categories) in June 2014 to zero in December 2014, achieving the target set in the *National Partnership Agreement on Improving Public Hospital Services*.

2014–2015 Highlights



Metro South Health made vast improvements in treating patients within the clinically recommended timeframe in 2014–2015. The percentage of elective surgery patients who received treatment within the clinically recommended timeframe improved across all three urgency categories between 2013–2014 and 2014–2015:

- Category 1 (within 30 days): increased from 92.0 per cent to 99.0 per cent
- Category 2 (within 90 days): increased from 68.0 per cent to 90.5 per cent
- Category 3 (within 365 days): increased from 68.4 per cent to 95.3 per cent.

Figure 5. NEST Category 1 performance

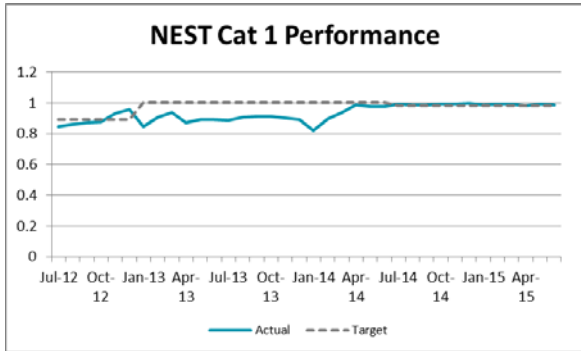


Figure 6. NEST Category 2 performance

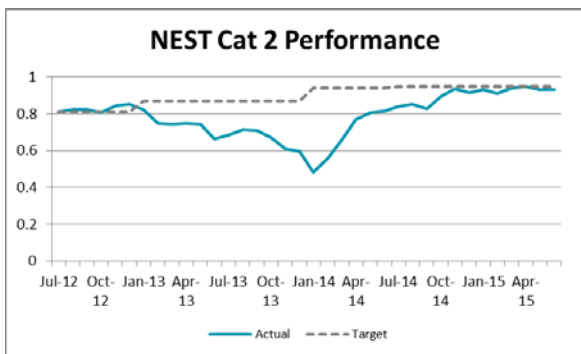


Figure 7. NEST Category 3 performance

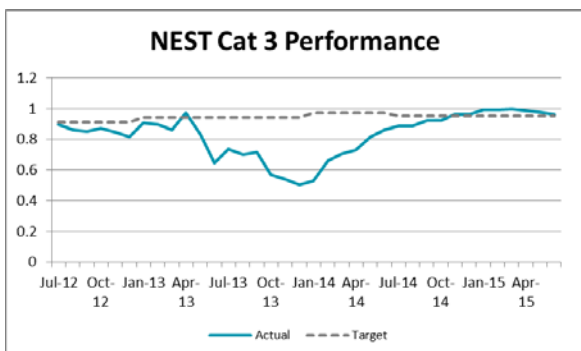


Figure 8. Elective surgery long waits performance

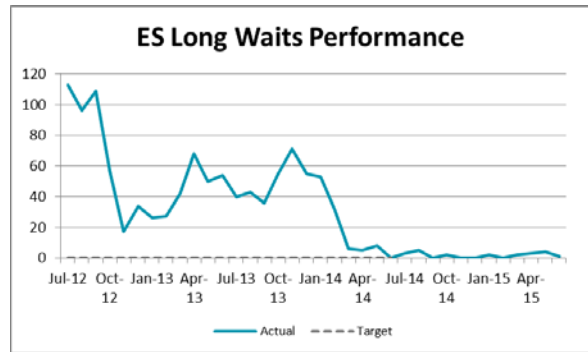
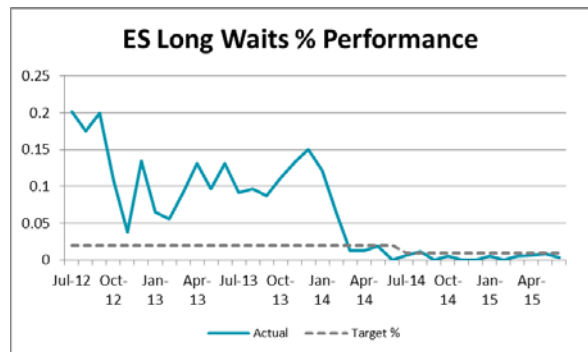


Figure 9. Elective surgery long waits performance by percentage



Outpatients

Metro South Health is committed to improving community access to specialist hospital services. In 2014–2015, Metro South Health reduced the number of patients waiting longer than clinically recommended for an outpatient appointment. Logan Hospital recorded the greatest improvement; the number of Category 1 long wait patients decreased from 53.5 per cent for the month of June 2014 to 23.0 per cent in June 2015.

% Long Wait Outpatients June 2015

Hospital	Cat 1 %	Cat 2 %	Cat 3 %	All
Princess Alexandra	63	74	50	62
Logan	23	68	56	60
QEI Jubilee	36	42	31	35
Redland	42	48	42	45
Beautesert	40	40	30	34
HHS Total	54	65	46	54

Factors affecting performance

- Metro South Health's population continues to increase—faster than most other HHSs.
- Life expectancy continues to increase, resulting in an ageing population.
- Death rates are declining for many of the major causes.
- People are dying at older ages due to early detection and successful treatment of disease.
- Hospitalisation rates (per head of population) are increasing for many of the major causes, resulting in a large increase in the number of hospitalisations per year.

This means that the burden on the hospital system is growing faster than the population is increasing and ageing.

Safety and quality

Metro South Health is dedicated to working towards reducing hospital acquired infection rates. The acceptable rate for health care-associated *Staphylococcus aureus* bacteraemia infections is no more than 2.0 per 10,000 occupied bed days. Metro South Health performed well below this rate at 1.02 for 2014–2015.

Metro South Health hospital mortality rates for acute myocardial infarction, stroke, fractured neck of femur and pneumonia are all within controlled limits and all Metro South Health facilities have met the target for hand hygiene compliance.

Clinical streams and health service planning

Metro South Health has eight clinical streams which aim to improve the integration of services across the health service through innovation and clinical redesign. Each clinical stream is supported by a stream leader, who is a senior clinician with responsibility for providing leadership and planning in their specialty areas across all facilities.

Health service plans are key directional plans to support and enable the health service's *Strategic Plan* through specific service directions. They are essential to ensure Metro South Health continues to provide quality and cost-effective health care services to its vast population by effectively utilising its allocated resources and workforce.

Metro South Health has a health service planning team that undertakes demographic and epidemiological analysis and works with clinical streams to develop health service plans.

In 2014–2015, Metro South Health implemented the following major health service planning initiatives:

- Hospital Avoidance and Substitution Plan
- Medicine and Chronic Disease inpatient services
- Review and consolidation of Oral Health Service
- Service redesign for community aged care services and Rapid Response@Home
- *My Care My Choices*, Metro South Health's end-of-life strategy.

In 2015–2016, health service planning will be undertaken for:

- Cancer services
- Women's and children's services
- Dementia services
- Endoscopy services.

Metro South Health was also a major contributor to the South-West Growth Corridor Health Service Plan in conjunction with the West Moreton Hospital and Health Service. This plan aimed to better understand the health care needs of the burgeoning population in the region between Logan, Brisbane's south and Ipswich, a population that is projected to grow from 768,540 people in 2011 to 1,160,682 people by 2026. In 2014–2015, Metro South Health continued to seek support for the implementation of this plan.

Strategic objective 3

Hospital avoidance and substitution

Increase hospital avoidance and substitution programs and services to reduce admissions to hospital

Hospital Avoidance and Substitution Plan

A significant achievement for Metro South Health in 2014–2015 was the development of a Hospital Avoidance and Substitution Plan. Research indicates that, where possible, patients treated in their own home or in alternative settings to hospital recover more quickly, have fewer complications and report a better overall experience. It also frees up valuable hospital resources. The Hospital Avoidance and Substitution Plan identifies strategies in each clinical stream that can prevent or reduce admissions to hospital or provide alternative treatment options for patients in their home or other health facility.

Metro South Health@Home

The Metro South Health@Home program has been established to coordinate and consolidate many of the hospital avoidance and substitution programs across Metro South Health. It aims to provide a single point of access for services, which will ensure patients receive the right service at the right time in the right location.

An implementation plan for the Metro South Health@Home program was released in November 2014. This plan outlined changes to operational reporting lines from a number of home and community based services to a new position known as the Director of Metro South Health@Home. A key recommendation of the plan was to commence a clinical redesign process for hospital substitution and avoidance services, with a view to creating a sub-program known as 'Acute Care@Home'.

The clinical redesign process was undertaken in early 2015. The redesign recommended an amalgamation of the following services under the 'Acute Care@Home' model:

- Hospital in the Home
- Post Acute Care Service
- Alternate Site Infusion Service.

The combined service will operate under a single management structure and have four geographic 'hubs' to provide services across the Metro South region. The new model will ensure:

- a seamless and integrated service for patients who require acute care at home
- optimum staffing levels available and maintained to deliver services
- there will be no reduction in staff.

Significant consultation and collaboration with stakeholders and affected staff has been undertaken prior and during these reforms. Implementation of Acute Care@Home is ongoing and will be finalised in October 2015.

Home and Community Care

During 2014–2015, the Australian Government implemented major reforms to community aged care services, including significant changes to its Home and Community Care (HACC) service model. The HACC program will become part of the new Community Home Support Program (CHSP) from 1 July 2015.

As a direct result of the Australian Government reforms, the contracts for Metro South Health HACC services ceased on 30 June 2015. Metro South Health will no longer provide the following HACC funded services:

- HACC Brokerage Service
- Community Dementia Service
- Continence Service
- Rapid Response Service
- HACC funded elements within the Community Referral Service.

Feedback from clinicians indicated that ceasing the direct client care functions of the HACC Rapid Response Service and HACC Community Dementia Service would adversely affect client outcomes. As a result, Metro South Health is undertaking service redesign projects to maintain the clinical outcomes of these services. As an interim measure, following the ceasing of HACC funding:

- a new service known as Rapid Response@Home was created
- some functions of the HACC Community Dementia Service transitioned to the Dementia Outreach Service.

The redesign process for these services is ongoing. It is expected that they will be integrated into the wider Metro South Health@Home model following that program's implementation.

Postnatal in-home visits

Metro South Health provides maternity services at three of its hospitals—Logan, Redland and Beaudesert hospitals. The maternity services provided include comprehensive postnatal home visiting services.

Metro South Health implemented the Mums and Bubs program in 2013, which aims to enhance maternal and child health services. It provides additional access to home visits and community clinics in the first 12 months following birth for all women.

To enable effective and successful implementation of the Mums and Bubs program, Metro South Health partnered with Greater Metro South Brisbane Medicare Local to oversee the program. The program is available to all women who give birth at Logan, Redland and Beaudesert hospitals. Metro South Health will continue its partnership into 2015–2016 with the newly formed Brisbane South Primary Health Network, which has replaced the Medicare Local.

Beacon clinic

Diabetes clinics integrating hospital and health service specialists and general practice are established in the GP Super Clinics (UQ Health Care) at Annerley and Meadowbrook (Logan). The model has been partly extended to other chronic disease groups with the Keeping Kidneys project. Inala Primary Care is involved in developing a model of shared care for people with complex chronic kidney disease.

CARE-PACT

When an elderly patient is transferred from a residential aged care facility to the emergency department, it can be a distressing experience and place them at risk of hospital acquired iatrogenic complications. Further, Metro South Health has seen an increase in avoidable emergency department presentations from aged care facility residents.

CARE-PACT is a unique program that was established in March 2014 to streamline and educate the care pathway for the frail elderly residents of aged care facilities. It aims to ensure the resident receives the best care for their needs in a timely manner and in the

most appropriate environment, therefore minimising avoidable emergency department presentations and improving quality of care. The program provides:

- telephone clinical advice and collaborative care planning
- a mobile emergency assessment team
- the ability to provide inpatient standard care within the residential aged care facility
- an emergency department and inpatient resource and early discharge service.

In 2014–2015, the program developed a comprehensive suite of clinical pathways designed to assist with the management of acutely unwell patients living in residential aged care facilities. The pathways are aimed at aged care nursing staff, general practitioners, Queensland Ambulance paramedics, primary health care providers, and CARE-PACT staff. The program will continue to be rolled out across the Metro South Health region over the coming year.

Strategic objective 4

People

A sustainable, high quality workforce to meet future health needs

Clinician Engagement Strategy

The Metro South Health *Clinician Engagement Strategy 2012–2015* was endorsed by the Metro South Hospital and Health Board in November 2012.

In accordance with the *Hospital and Health Boards Act 2011*, the strategy has been developed following broad consultation with health professionals across Metro South Health and the community, and has been posted to the internet and intranet. The strategy complies with the prescribed requirements as detailed in the *Hospital and Health Boards Regulation 2012*.

The strategy also forms a key component of the Metro South Health Workforce Engagement Strategy 2013–2015, and is linked with the Metro South Health Workforce Plan 2012–2017.

Metro South Health has implemented a range of strategies to ensure clinicians inform and lead change and quality improvement activities across the health service. Clinical leads are responsible for informing how clinical services are delivered across the health service and play a key role in ensuring Metro South Health provides the best possible care for the community. Clinicians are actively involved in Statewide Clinical Networks and the Clinical Senate, hospital based Clinical Councils, and are key stakeholders in a range of projects such as the Digital Hospital, implementation of the smoking cessation pathway and strategies to manage avoidable hospital admissions.

Metro South Health has also actively engaged general practitioners and hospital based clinicians in the development of care pathways which form a core component of SimplyHealth Professional (an online portal for GPs).

2014–2015 Highlight

Since 2013–2014, Metro South Health has increased clinician numbers by 6.5 per cent or 505 doctors, nurses and allied health practitioners.



PAVE the way

PAVE the way (People, Actions, Values, Empowerment) is Metro South Health's workforce engagement strategy. The strategy is a critical tool to ensuring all employees are equipped with the skills, resources and knowledge to work with the organisation to achieve its strategic goals.

Three PAVE action groups were established in 2014, each focusing on particular priority areas:

- **Action group 1:** Business literacy and communication
- **Action group 2:** Leadership, management and capability development
- **Action group 3:** Workforce management systems, workforce planning and innovative workforce models.

The groups have driven a number of initiatives during the past year including new communication strategies, a review of current leadership and management programs, and a review of recruitment and selection practices with a view to developing and piloting a new recruitment model.

In 2015, Metro South Health employed a project officer to help guide the implementation and future direction of PAVE and facilitate priorities in line with the health service's Strategic Plan. One of the project officer's key priorities for 2015–2016 will be the establishment of a PAVE community of practice.

Best Practice Australia Culture Survey

Every two years, Metro South Health engages Best Practice Australia (BPA) to conduct an all-staff culture survey. The purposes of the survey are to:

- gain employees' views on Metro South Health as an employer
- identify areas for improvement
- improve our collective performance
- highlight our successes
- direct future workforce planning and engagement activities.

Results from the 2013 survey were used to develop health service-wide, facility and local culture improvement programs. Key initiatives resulting directly from the survey included:

- *PAVE the way* workforce engagement strategy
- a new web-based Learning Management System (LMS) for staff to access training and professional development

- a focus on clinical innovation through the establishment of the Transformation and Innovation Collaborative
- refreshing the health service's staff reward and recognition programs including a new Board Chair's Award
- working with individual managers and teams to identify and implement strategies for cultural improvement
- a 'culture hub' intranet site including tools and resources for line managers.

The next survey will be conducted in October 2015.

Reward and recognition

Reward and recognition plays an important role in attracting and retaining quality staff across Metro South Health and is critical to the health service's ongoing commitment to improving workforce culture. Metro South Health has developed a comprehensive reward and recognition program with the aims of:

- recognising outstanding staff performance (e.g. exemplary service provision, commitment to patients/consumers, innovation, teamwork)
- boosting staff morale and workplace culture
- inspiring excellence
- providing the Board, Executive and local management teams the opportunity to interact directly with staff and promote Metro South Health's values.

The program is made up of a number of facility-based staff award programs which are presented on a monthly basis, as well as an annual Board Chair's Award. The Board Chair's Award incorporates four key elements:

- Board Chair's Excellence Award—recognising exceptional performance across multiple functions with a strong innovation, safety and quality and teamwork focus.
- Delivering Our Values Award—five separate awards for individuals or teams whose activities embody the Queensland Public Service values.
- Volunteer of the Year Award—recognising an individual or team for their dedication and commitment to patients, consumers or Metro South Health in general.
- Patient Centred Care Team Award—recognising a team or service that demonstrates exemplary patient centred care.

Metro South Health also participates in external programs including the Australia Day Achievement Awards, the Queen's Birthday Honours and the Queensland Premier's Awards for Excellence. In addition, local work areas and departments are actively encouraged to implement their own reward and recognition programs.

LEAPOnline

Metro South Health is rolling out a new Learning Management System (LMS) as a key investment in the education, capability and professional development of staff. The web-based application—known as 'LEAPOnline' (Learning Education and Professional development)—will deliver:

- a range of interactive e-learning modules
- access to training anywhere, any time
- reduced time spent away from clinical duties to attend training
- a one-stop-shop for individuals' training records
- extensive reporting suites for line managers.

LEAPOnline will be available to all staff employed by Metro South Health. It is being rolled out via a phased approach, with each service and facility having a set 'go live' date, starting with QEII Hospital in March 2015. It is expected the system will be fully implemented by September 2015. A number of pilot e-learning courses are already available in the system, and clinical areas are being encouraged to develop their own courses to add over the coming year.

Strategic objective 5

Image and reputation

Promote and market our world-class health service—locally, nationally and internationally

Accreditation

Accreditation surveys are public recognition of the achievements of safety and quality standards by a health care organisation, demonstrated through an independent external peer assessment. All Metro South Health facilities and services, with the exception of Princess Alexandra Hospital, underwent their four-yearly Australian Council on Healthcare Standards accreditation survey between November 2014 and April 2015. This was the first time the facilities were surveyed against ten new standards under the new 'EQuIP National' framework.

Metro South Health facilities and services met or exceeded every criteria within the accreditation framework, including all of the non-mandatory standards. The surveys reported there is a positive culture of quality improvement and patient-centred care evident across all services and divisions.

My Care My Choices

Metro South Health has developed a Queensland-first public awareness campaign on advance care planning called *My Care My Choices*. The campaign aims to ensure all patients have the opportunity to express and document their preferences for future treatment and care, and forms a key part of the wider Metro South Health end-of-life strategy. A comprehensive suite of multimedia materials were developed in early 2015 to support the campaign.

The expected outcomes of *My Care My Choices* are:

- increased awareness of the benefits and components of end-of-life care
- early identification of patients who will, or are anticipated to have, shortened life expectancy as a result of known disease
- patients, their families and carers have greater access to end-of-life services
- patients have the opportunity to develop and participate in a documented planning process.

International speakers

A number of Metro South Health staff members presented at international conferences in 2014–2015, demonstrating the quality of clinical innovation and research undertaken at facilities across the health service.

International conference presentations included:

- Dr Michael Fryer, Cardiology Registrar—European Society of Cardiology Annual Congress, Spain
- Ms Kate Martin, Leisure Therapist—American Therapeutic Recreation Association Annual Conference, USA
- Ms Lyndal Gray, Leisure Therapist—American Therapeutic Recreation Association Annual Conference, USA
- Dr Huynh Nguyen, Production Officer—International Atomic Energy Agency (IAEA), Austria
- Dr Kenneth O'Byrne, Medical Oncology Consultant—European Society for Medical Oncology (ESMO), Spain
- Dr James Thomas, Hepatology Fellow—American Association for the Study of Liver Disease, USA
- Christine Leech, Occupational Therapist—ANZCS Scientific Meeting, New Zealand
- Dr Ashok Raj, Gastroenterologist—Asian Pacific Digestive Week Conference, Indonesia
- Dr Maher Gandhi, Hepatology Staff Specialist—Stanford University School of Medicine, USA
- Ms Tamara Barry, Senior Planning Consultant—Thai Society of Therapeutic Radiology and Oncology National Annual Scientific Meeting, Thailand
- Mr Gordon Kay, Senior Social Worker—ISPS International Congress, USA
- Dr Darshan Shah, Registrar—The European Stroke Organisation Conference, Scotland
- Dr Ingrid Hickman, Principal Research Fellow—2015 International Liver Congress, Austria
- Dr Steven McPhail, Principal Research Fellow—World Confederation for Physical Therapy Congress, Singapore
- Mrs Marianne Black, Clinical Nurse Consultant—Digestive Disease Week 2015, USA
- Dr Sandro Porceddu, Radiation Oncologist—American Society of Clinical Oncology Annual Scientific Meeting, USA
- Ms Veronica Casey, Executive Director Nursing Services—International Council of Nurses Conference, South Korea.

Media and communications

Metro South Health has a dedicated media and communications team that manages all aspects of media relations, web, marketing, and service-wide communication to both internal staff and the general public. The team aims to:

- build on Metro South Health’s brand as an independent health service with a reputation for innovation and the highest standards of health care delivery
- support the development of a positive workforce culture through open, transparent and accessible communication with staff.

A key focus for this team in 2014–2015 was to better utilise existing communication platforms and to develop new tools to better engage with employees, consumers and community members. This included a number of projects:

- The development of a new website, including a full visual redesign, an upgrade to a new content management system, and a review of all content to ensure it is more consumer and community focussed.
- The production of a new quarterly magazine showcasing Metro South Health achievements, innovations and research to distribute to stakeholders and display in hospital and facility waiting rooms.
- The commencement of video podcasts with Board members and senior executives.
- Continued use of social media, including Facebook, Twitter and LinkedIn to engage with the community and provide service updates and public health messages. Metro South Health social media content now reaches, on average, more than 7500 individual people per day.

Planning is underway for the redevelopment of the staff intranet and the rollout of mobile applications for both consumers and staff.

Metro South Health also maintained a strong media profile throughout the financial year. An analysis of the year’s media coverage showed that 34 per cent of all media activity was classified as positive while only 8 per cent was negative. There was also a large amount of neutral coverage (58 per cent) due to ongoing interest in high-profile patients.

Figure 10. Facebook likes

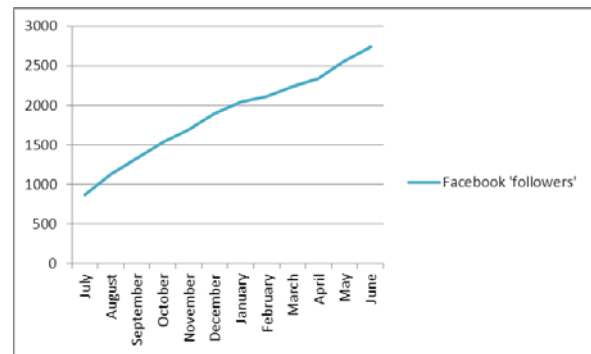
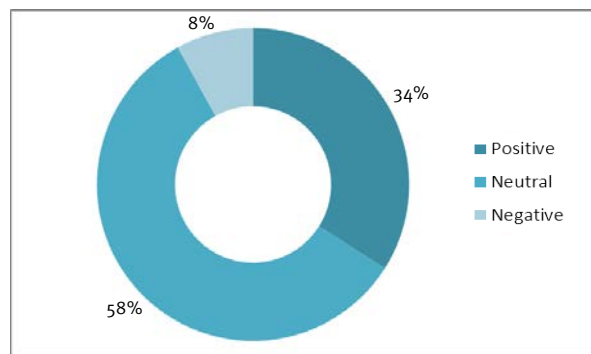


Figure 11. Tone of media coverage in 2014–2015



Strategic objective 6

Funding and resource management

Ensure the best use of allocated resources

Value for money

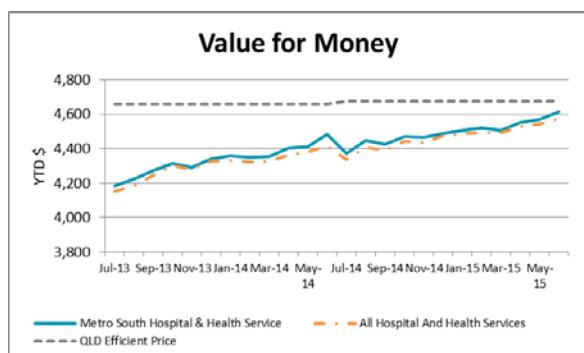
Under the activity based funding model, weighted activity units (WAU) provide a common unit of comparison for all clinical activities so that hospital activity can be measured and costed consistently. The base cost for one WAU is the Queensland Efficient Price, which was set at \$4676 in 2014–2015.

Some examples of how WAU are applied to clinical activities are: an Orthopaedics outpatient appointment for a new patient has a weighting of 0.07 WAU, which equates to \$320; whereas a cochlear implant has a weighting of 6.870, which equates to \$32,124.

Metro South Health provided 314,252 WAU of activity in 2014–2015, which is 7,391 (2.4 per cent) above its targeted purchased (funded) activity. At the end of June 2015, the cost per WAU in Metro South Health was \$62.19 lower than the Queensland Efficient Price.

At the end of the 2014–2015 financial year, Metro South Health's year-to-date operating position was \$10.226 million in surplus.

Figure 12. Value for money (cost per WAU) 2012–2014



Capital and asset management

Metro South Health holds a diverse portfolio of assets with a net book value of approximately \$1.2 billion and a replacement value of approximately \$2.3 billion. These assets include buildings, land and medical equipment, used in the provision of health services to Queenslanders. This asset portfolio currently costs approximately \$187 million per annum in combined (recurrent) operating, depreciation and maintenance costs.

A Total Asset Management Plan has been developed to provide overall strategic direction for asset acquisition, maintenance and replacement. It focuses on the next 10 years and is aligned to Metro South Health's service plans and facility master plans.

A number of significant asset acquisitions and disposals were finalised in 2014–2015 to better align Metro South Health's asset base with service delivery requirements. Acquisitions included medical equipment replacements in excess of \$14 million and new equipment and building works in excess of \$9 million.

Infrastructure

In 2014–2015, Metro South Health completed and opened a number of infrastructure projects, including:

- stage 1 and 2 of Logan Hospital's \$145.2 million redevelopment, including a new adult and children's emergency department, a new rehabilitation unit, and an expanded children's inpatient unit
- opening of Princess Alexandra Hospital's new transit care hub including a patient lounge, nursing resource unit and patient flow unit
- the redevelopment of Princess Alexandra Hospital's former 'R-Wing' to house the new Clinical Research Facility to conduct human trials
- procurement and installation of the first Positron Emission Tomography-Magnetic Resonance Imaging (PET-MRI) unit in the Southern Hemisphere at the Princess Alexandra Hospital
- opening of a 10-bed short stay unit at Redland Hospital
- opening of the Bayside Community Care Unit, a facility providing short-term housing and support to people recovering from a mental illness
- expansion of the Logan Hospital adult inpatient mental health unit.

In addition, work continued on the following projects:

- stage 2 of the Southern Queensland Centre of Excellence for Aboriginal and Torres Strait Islander Primary Health Care at Inala
- the installation of Queensland's first Gamma Knife® unit at Princess Alexandra Hospital
- the construction of a new cardiac catheter laboratory at Logan Hospital in space previously occupied by the emergency department
- planning for the redevelopment of the Princess Alexandra Hospital foyer.

Procurement

Metro South Health has undertaken detailed planning to identify key areas to improve value for money outcomes through effective procurement. In doing so, the health service has focused on developing procurement capability and effective risk management.

Audit

In 2014–2015, Metro South Health strengthened its internal and external audit mechanisms to provide continued assurance to the Board on the effectiveness of financial and operating systems as well as risk management.

An internal audit plan was developed for the financial year with the following key focus areas:

- Right of Private Practice (ROPP) for senior medical officers
- grant acquittals
- human resource functions and processes
- non-clinical record keeping
- business continuity planning
- budgeting
- drugs handling
- procurement
- revenue management
- strategic planning
- trusts
- backlog maintenance.

In addition, Metro South Health's operations were subject to external scrutiny from a number of oversight bodies in the past financial year. Major reviews included an annual audit by the Queensland Audit Office as well as the accreditation of all hospitals and services (with the exception of Princess Alexandra

Hospital) against the 10 National Safety and Quality Health Service Standards.

Further details about audit and risk management programs are available on page 45.

Planning undertaken, endorsed and implemented

In 2014–2015, Metro South Health completed the following planning activities:

- implementation of the Medicine and Chronic Disease inpatient services
- review and consolidation of Oral Health Service
- service redesign for community aged care services and Rapid Response@Home
- development of *My Care My Choices*, Metro South Health's end-of-life Strategy
- health service requirements in the Bayside area.

In 2015–2016, health service planning will be undertaken for:

- cancer services
- women's and children's services
- dementia services
- endoscopy services.

Strategic objective 7

Organisational excellence

Ensure that our governance and organisational structure are at the leading edge of industry norms

Building collaborative partnerships to deliver high quality health care

To ensure planning and health service delivery is coordinated, Metro South Health has formed 'Working Together Agreements' or 'Partnership Protocols' with both the Greater Metro South Brisbane Medicare Local and West Moreton Oxley Medicare Local.

This initiative recognises the strategic linkages between the Medicare Locals and Metro South Health, and a shared desire to work together for a common purpose to improve our health system and to achieve better health outcomes for our community.

Key initiatives Metro South Health has collaborated on with Medicare Locals have been focused on the following priority areas:

- consumer and community engagement (e.g. community forums)
- primary/secondary integration (e.g. SimplyHealth Professional)
- chronic disease (e.g. beacon clinics)
- maternity and child health (Mums and Bubs Program, improved access to paediatrics outpatients).

Innovation

Metro South Health is committed to fostering clinical innovation throughout all levels of the organisation. In 2014–2015, the health service established an Executive Transformation and Innovation Committee (ETIC), which provides an executive level focus on innovation across the health service and assesses new ideas against priorities for feasibility, scope and potential impact. ETIC's membership incorporates members of the Metro South Health Executive as well as specialist staff from across the organisation.

In addition, Metro South Health has established the Transformation and Innovation Collaborative (TIC) to provide support for clinicians who have ideas for improvement. TIC is a network of innovative people who together create the innovation culture in Metro South Health. The collaborative includes people who understand innovation, think innovatively and support change and redesign projects on the ground in partnership with clinicians and stakeholders.

TIC's role is to assist with:

- tools, templates and resources
- direction, design and solutions
- project management support
- upskilling and professional development
- mentoring and advice about how clinicians can make their ideas happen
- evaluating the feasibility of ideas/projects
- gaining Executive-level exposure for ideas/projects
- connecting stakeholders and relevant projects across Metro South Health.

Strategic objective 8

Teaching and research

Support education and research and their translation into improved health outcomes for patients

Metro South Health has a strong record of collaboration in medical research and translation of research into improved outcomes for patients.

Brisbane Diamantina Health Partners

In July 2014, a merger of Children's Health Queensland, Diamantina Health Partners and Mayne Health Science Alliance led to the formation of an academic health science system known as Brisbane Diamantina Health Partners. Metro South Health is one of eight key partners that have made a commitment to strengthen linkages and collaboration between health care, research and education, for the benefit of Queenslanders. The other partners include:

- Metro North Hospital and Health Service
- Mater Health Services
- Children's Health Queensland Hospital and Health Service
- Translational Research Institute
- QIMR Berghofer Medical Research Institute
- The University of Queensland
- Queensland University of Technology.

Seven research themes have been defined across the collective work of Brisbane Diamantina Health Partners:

- brain and mental health
- cancer
- chronic disease and ageing
- evidence and innovation in clinical care
- immunity, inflammation, infection
- pregnancy and newborn
- trauma, critical care and recovery.

Clinical Research Facility

Princess Alexandra Hospital is home to one of Australia's pinnacle medical research institutions—the Translational Research Institute (TRI). TRI aims to combine clinical and translational research to advance progress from laboratory discovery to application in the community.

The partnership with TRI was strengthened in 2014–2015 with the opening of a new Clinical Research Facility (CRF) in the hospital's former R-Wing. Operated by hospital staff, the CRF provides a controlled and safe environment to conduct patient research with ready access to hospital facilities and emergency response teams. It provides special facilities and equipment required by a variety of clinical researchers for investigating the causes of disease and the effectiveness of new medicines and medical equipment.

Joint appointments

Significant partnerships are also in place with major Queensland universities, which include 39 joint appointments in a variety of areas and disciplines, as well as a number of student placement agreements.

2014–2015 Highlights



Major research achievements involving Metro South Health staff during 2014–2015 included:

- a new study to help men at risk of developing type 2 diabetes to lose weight and prevent the disease by giving them testosterone supplements
- a partnership with a Canadian research institute to trial research that shows a common antibiotic may decrease the severity of acute spinal cord injury
- the development of the Queensland Cancer Quality Index which analyses the safety and quality of care provided at public and private cancer treatment facilities
- Queensland first research by Metro South Oral Health shows fluoride in the water supply has significantly reduced tooth decay in children.

Princess Alexandra Hospital Health Symposium

Each year, Princess Alexandra Hospital convenes a week-long symposium to showcase clinical innovation, teaching and research from across the facility, with all Metro South Health staff invited to attend. The 2014 symposium was held from 4–8 August under the theme “Health research alliance in transforming care”. The program highlighted how translational research and partnerships in health disciplines are leading to new technologies, improved and more cost effective treatments for chronic disease, immunology, inflammation and inflammation, cancer, trauma and rehabilitation, and neuroscience and mental health.

The event featured an international fellow, Professor Boris Bastian, from the University of California, who is a world-renowned clinician-scientist. Professor Bastian delivered a keynote address on how interdisciplinary and global partnerships have advanced the understanding of the causes of skin cancer and are translating this new knowledge to novel therapies for allergies and asthma.

The symposium also featured educational sessions covering health system innovation, a debate on “mass media saves lives”, and a historical overview of the ascending research profile of the hospital. In addition, the symposium awarded bursary prizes to junior researchers who delivered the best oral presentations as well as clinicians and researchers with the best research poster displays.

Strategic objective 9

Technology

Optimise the use of technology

Innovation to deliver ICT services that are at the cutting edge of health care standards

Digital Hospital

Under the Metro South Health Digital Hospital Program, the Princess Alexandra Hospital is implementing an Electronic Medical Record (EMR) and integrated digital systems to support patient care, with the goal of becoming a fully “digital hospital”.

A Digital Hospital has an EMR, integrated digital systems and a paper-light environment including reduced use of paper charts and forms.

The PAH has implemented the foundations of the Digital Hospital with scanning, allergies and alerts and renal haemodialysis modules delivered in 2014.

In 2015, further implementations will occur:

July

- Outpatient appointment scheduling system upgrade

November

- Surgery
- Emergency Department
- Inpatient areas (Care Delivery)
- Radiology
- Pathology and Radiology orders (e.g. blood tests and x-ray orders)

For the first time ever, clinicians at the PAH will be able to document and plan the care of patients in an integrated digital format, providing easy access to patient information.

The Digital Hospital Program is one of the biggest transformations undertaken at the PAH. Accordingly, it is a complex and challenging process to deliver change on this scale.

Becoming a Digital Hospital requires:

- making changes to work practices
- staff training to learn new or upgraded systems
- making changes to information technology (IT) infrastructure, such as putting in place new systems and software roll-outs and upgrades
- receiving and using new devices around the hospital.

The Digital Hospital will:

- lead to improved patient experience
- enable clinicians to embrace and lead improved best practice
- facilitate the efficient management of services within the hospital.

Vocera – Logan and Redland

The Vocera Communication Badge is a hands-free, mobile device that uses wireless technology to provide users with an immediate person-to-person communication. It is controlled using naturally spoken commands and allows clinicians to continue about their work without the need to leave the patient bedside. It reduces the need for overhead paging, searching for colleagues or receiving phone calls at the front desk or reception.

Vocera was successfully implemented into the newly constructed Logan Hospital Emergency Department and at the Urology ward at the Princess Alexandra Hospital. Planning and configuration is currently underway for a significant rollout of Vocera in the 2015–2016 financial year that includes implementation into Redland Hospital (which will result in all Metro South Health Emergency Departments being live with Vocera, supporting Metro South Health's commitment to their National Emergency Access Target), all of Surgical Services and Cancer Services at Princess Alexandra Hospital and bringing on new wards at QEII, Logan and Redland hospitals.

Pyxis

The Pyxis MedStation System is an automated dispensing system supporting decentralised medication management that supports pharmacy and nursing staff in their efforts to deliver safe, high-quality patient care.

The Pyxis MedStation System was successfully implemented into the new Logan Hospital Emergency Department and at Redland Hospital, and significant planning is underway for a further rollout to the remaining Metro South Health emergency departments as well as expanding the implementation into wards and theatres across the health service.

The implementation has seen the following benefits:

- reduction in chances of medication errors
- improved time on medication logistics
- improved patient safety
- increased operational efficiency and productivity (specifically for pharmacists and nursing staff)
- improved compliance.

CLEAR Emergency Department 'Inpatient Dashboard'

Metro South Health developed an ED-inpatient safety dashboard which monitors patient outcomes with data showing that improved efficiency when admitting the sickest ED patients to hospital halved the deaths of people requiring admission to hospital.

The dashboard was developed and implemented initially at the Princess Alexandra Hospital, and after demonstrating the significant impact to improving patient outcomes has been quickly adopted by many Queensland hospitals.

The new emergency department 'inpatient dashboard' was awarded a merit award in June 2015 at the Queensland iAwards and has been progressed through to the national competition for even broader exposure of the amazing work undertaken by the emergency department team to monitor and meet the National Emergency Access Target.

TUG

Metro South Health became one of the first hospitals in Australia to trial an automated robotic delivery and retrieval system for the delivery of linen services at Redland Hospital. The TUG is a fully autonomous robot that utilises computer mapping, infrared, laser and sonar technologies to navigate to its destination and can be monitored remotely 24/7.

The versatile TUG manages both scheduled and on-demand deliveries as well as retrievals from multiple wards and has the ability to navigate unaided around objects and people to quickly arrive at its destination.

Capacity Planner

Metro South Health has implemented an integrated capacity management system at the Princess Alexandra Hospital to accurately forecast patient demand, optimise clinical resources and drive better decision-making. Capacity Planner works with existing Metro South Health clinical systems to obtain real-time data to match capacity to resources with real-time patient demand.

Capacity Planner creates a visual dashboard to show where changes to staffing, resources or scheduling may improve operational performance. The ability to quickly address rapidly changing situations has resulted in improved patient flow and bed management across the Princess Alexandra Hospital. Planning is underway for implementation at the QEII Hospital to provide a holistic view of the Princess Alexandra-QEII Hospital network which will improve the management of patient demand across the entire network.

OpenTouch Proof of Concept for Patient Flow

The OpenTouch unified communications platform provides the ability for staff to collaborate via phone, text or video and move seamlessly between whichever media or device the user prefers at that particular time. This technology has been trialled in the Patient Flow Unit across Metro South Health to facilitate virtual bed management meetings (making Metro South Health the first health service in Australia to do this) and has resulted in improved collaboration, decreased travel time for staff across facilities, and the ability to respond in real-time to bed management demand across the health service.

Medical AVAC

During 2014–2015, Metro South Health successfully implemented an Electronic Medical AVAC tool to QEII Hospital, completing the rollout of this solution to all of Metro South Health for fatigue leave for junior medical officers.

The tool was developed to facilitate the overall capture and management of overtime. The tool allows users to electronically record their overtime or fatigue leave claim, submit to their director for review and approval, with subsequent electronic submission of the claim to the local payroll department.

The project has resulted in improvements in the timely capture and submission of overtime and fatigue claims and leave forms. It also provides customisable real-time and trending reports to inform strategic and operational planning.

Data Analytics and Data Warehouse

Metro South Health has developed a Data Warehouse which is a central repository of integrated data from multiple core systems across the organisation that can then be used for reporting and data analysis.

The Data Warehouse stores current and historical data and is used for creating analytical reports and dashboards to support decision making, research and improve predictive analytical capabilities.

Development is continuing on integrating more data feeds into the Data Warehouse and implementing Data Analytical tools to drive the use of data out to the end user with a focus on improving user's ability to access and use data when and where it is required.

Service agreement – Tier 1 key performance indicators

The following table contains performance against the mandatory Tier 1 key performance indicators defined in Metro South Health's *Service Agreement* with the Department of Health.

KPI Description	Target	Metro South Health Performance
Effectiveness – Safety and quality		
In hospital mortality VLAD indicators		
Acute myocardial infarction	Upper level flags or no lower level flags	Lower level 3 flag
Stroke	Upper level flags or no lower level flags	Met target
Fractured neck of femur	Upper level flags or no lower level flags	Lower level 2 flag
Pneumonia	Upper level flags or no lower level flags	Met target
Unplanned hospital readmission VLAD indicators		
Acute myocardial infarction	Upper level flags or no lower level flags	Lower level 2 flag
Heart failure	Upper level flags or no lower level flags	Met target
Knee replacements	Upper level flags or no lower level flags	Met target
Hip replacements	Upper level flags or no lower level flags	Lower level 2 flag
Depression	Upper level flags or no lower level flags	Met target
Schizophrenia	Upper level flags or no lower level flags	Met target
Paediatric tonsillectomy and adenoidectomy	Upper level flags or no lower level flags	Met target
Health care-associated infections		
Health care associated <i>Staphylococcus aureus</i> (including MRSA) bacteraemia	Rate is ≤ 2.0 per 10,000 patient days	1.02
Access – Equity and effectiveness		
Shorter stays in emergency departments		
National Emergency Access Target (NEAT): percentage of emergency department attendees who depart within 4 hours of their arrival in the emergency department.	2014: 83% 2015: 90% 2014–2015: 90%	2014: 71.9% 2015: 73.7% 2014–2015: 72.5%
Shorter waits for elective surgery		
National Elective Surgery Target (NEST): percentage of patients receiving elective surgery who were treated within the clinically recommended timeframe for their urgency category.		
Category 1: within 30 days	98%	99.0%
Category 2: within 90 days	95%	90.5%
Category 3: within 365 days	95%	95.3%

Fewer long waiting specialist outpatients*		
Percentage of specialist outpatients waiting within clinically recommended times:		
Category 1: within 30 days	63%	45.6%
Category 2: within 90 days	34%	35.2%
Category 3: within 365 days	90%	54.4%
Efficiency – Efficiency and financial performance		
Full-year forecast operating position	Balanced or surplus	\$10.226 million
Length of stay in public hospitals		
The average length of stay for given DRGs for patients who stay one or more nights in hospital	At or below DRG target	
E65A - Chronic Obst Airways with catastrophic cc	9	5.69
E65B - Chronic Obst Airways w/o catastrophic cc	5.4	3
F62A - Heart Failure and Shock with catastrophic cc	10.6	6.99
F62B - Heart Failure and Shock w/o catastrophic cc	5.7	3.69
G07B - Appendectomy w/o malignancy or peritonitis w/o catastrophic or severe cc	2.2	1.79
Ho8B - Laparoscopic Cholecystectomy w/o closed CDE w/o catastrophic or severe cc	1.8	1.71
I03B - Hip Replacement w/o catastrophic cc	6.4	4.68
I04B - Knee Replacement w/o catastrophic or severe cc	5.9	4.38
J64B - Cellulitis w/o catastrophic or severe cc	4	2.74
L63A - Kidney and Urinary Tract Infections with catastrophic or severe cc	8	4.64
L63B - Kidney and Urinary Tract Infections w/o catastrophic or severe cc	3.5	2.23
M02B - Transurethral Prostatectomy w/o catastrophic or severe cc	2.7	2.32
No4B - Hysterectomy for non-malignancy w/o catastrophic or severe cc	3.3	2.63
No6B - Female reproductive system reconstructive w/o catastrophic or severe cc	2.5	1.89
O01C - Caesarean Delivery w/o catastrophic or severe cc	4.3	2.86
O60B - Vaginal Delivery w/o catastrophic or severe cc	3	1.97
Funded and average cost per QWAU		
Year to date funded and cost per Queensland Weighted Activity Unit (QWAU)	£\$4,551	\$4,613.81

*Key Performance Indicator and targets as per the 2015–2016 Queensland State Budget Service Delivery Statements.

Financial highlights

Metro South Health has achieved a financial surplus of \$10.226 million for the year ending 30 June 2015. This represents a 0.51 per cent variance against its revenue base of \$1.99 billion.

The reported surplus was lower than last year because Metro South Health contributed \$20.5 million of its own retained funds into additional elective services.

The result is particularly pleasing given the demand pressure on health services, and demonstrates that Metro South Health is an efficient provider of services. It manages a number of ongoing quality and performance improvement initiatives that contribute to its overall positive financial position.

Future fiscal challenges are likely resulting from Commonwealth changes to the funding model from 2017–2018. These changes involve a move to an indexed population based model rather than the current activity based model.

Revenue and Expenditure

Metro South Health's income is sourced from three major areas:

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

Metro South Health's total income was \$1.99 billion, which is an increase of \$144.31 million (7.8 per cent) from 2013–2014:

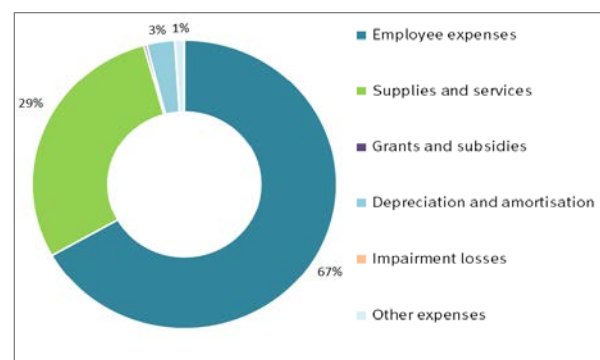
- the activity based funding for hospital services was 77 per cent or \$1.54 billion
- block and other Department of Health funding was 12.2 per cent or \$244 million
- Commonwealth grants and other grants funding was 2 per cent or \$40.2 million for health services
- own source revenue was 8.1 per cent or \$161.9 million other revenue was 0.40 per cent or \$8 million.

Funding for public health services was predominantly from State Government (68.2 per cent) and Australian Government (31.8 per cent).

The total expenses were \$1.980 billion averaging at \$5.426 million a day for providing public health services.

This is an increase of \$159.89 million (8.78 per cent) from last financial year. Major areas of expenditure are shown in the following graph.

Figure 13. Expenses 2014–2015



The large increase in revenue (and associated expenditure) from the 2013–2014 year is due to increased service funding for Logan Hospital, QEII Hospital, short stay beds at Redland Hospital emergency department, Mental Health Services, Medical Aids Community initiatives, elective services, sub-acute services, and from attracting Commonwealth growth funding for additional activity. Significant increases in pharmaceutical benefit scheme claims also contributed to the increase.

Assets and liabilities

Metro South's asset base amounts to \$1.405 billion.

84.9 per cent or \$1.193 billion of this is invested in property, plant and equipment. The remaining balance of \$212 million is held in cash, receivables and inventory.

Metro South's liabilities total \$125 million and consist of payables and employee benefits, leaving an equity base of \$1.280 billion.

4 Our people

Metro South Health recognises that investing in people to promote a better workforce culture means the organisation will be able to overcome challenges and continue to provide high quality care for the community.

Our workforce

Metro South Health employs more than 11,000 full time equivalent staff.

The headcount at June 2015 of Metro South Health staff included:

- 6,190 nurses
- 1,831 doctors including visiting medical officers
- 2,037 health practitioners and technical officers
- 1,586 operational officers
- 2,341 managerial and clerical officers
- 63 trades and artisans.

Listening to our staff

Every two years since the year 2000, Princess Alexandra Hospital has conducted an employee survey to measure the overall culture and engagement levels of staff and identify potential improvements for the professional working environment.

In 2013, the survey was expanded to include all facilities within Metro South Health. The survey was conducted by independent researchers Best Practice Australia.

58 per cent of staff said Metro South Health was a 'truly great place to work'

This year's survey will be held from 12-25 October and will feature additional questions on organisational values, identity and patient safety.

Workforce profile

Metro South Health's capacity to deliver health services and achieve positive health outcomes for the population, both now and into the future, is largely dependent upon its health workforce. It is critical to ensure that there are sufficient numbers of the right staff, with the right mix, in the right place and the right time, and that the workforce is appropriately skilled to deliver patient focussed care.

The Metro South Health clinical workforce is ageing, with 15 per cent of its clinical workforce aged 55 years and over. It is probable that a significant proportion of the current clinical workforce will exit the workforce in the next five to ten years. In addition, more people are working part-time. This means that several people may be required to fill a single full time position.

Significant capital and service expansion at Logan Hospital will also have an impact on workforce requirements, as more staff are required to deliver these additional services.

Analysis of current workforce demographics

Analysis of the current workforce and key trends provides important information for projecting future workforce requirements:

- the total number of Minimum Obligatory Human Resource Information (MOHRI) full time equivalent (FTE) staff (excluding external, casuals that did not work in the fortnight and employees on extended unpaid leave) at fortnight ending 21 June 2015 was 11,837.77
- the MOHRI headcount (employees that are active and paid in the Queensland Health payroll system) at fortnight ending 21 June 2015 was 14,048
- Metro South Health employed 1,721 new staff in the 2014–2015 year to 21 June 2015
- 1,170 Metro South Health staff separated from the organisation (this includes those whose contract ended as well as permanent staff separations)
- 70.34 per cent of the current workforce is clinical with the remaining 29.66 per cent representing administrative and supporting workforces
- the number of clinical staff in Metro South Health increased by 6.5 per cent since June 2014.

Figure 14. Employees by professional stream

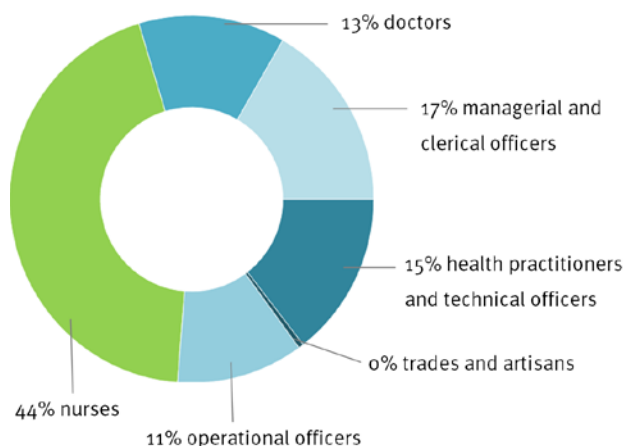
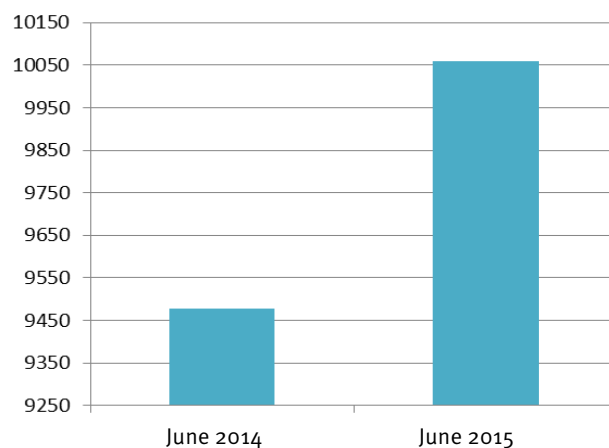


Figure 15. Clinical staff numbers 2014 vs 2015



Generational diversity

Recent census data (Australian Bureau of Statistics, 2011) highlights an ageing workforce and limited supply into the future. Therefore, Metro South Health is dedicated to appropriately managing generational diversity in the workplace:

- health-service wide, the median age is 41 years
- the highest proportion (41.43 per cent) of our staff are generation X
- baby boomers make up 28.01 per cent
- generation Y equate to 29.43 per cent
- silent generation is 0.41 per cent
- generation Z (iGen) is 0.70 per cent.

Equal employment opportunity

As a total percentage, women comprise 74.28 per cent of the workforce. Women represent:

- 86.94 per cent of the nursing workforce
- 36.84 per cent of the medical workforce
- 77.02 per cent of the allied health workforce
- 70.41 per cent of the non-clinical workforce.

As of June 2015, 0.95 per cent of staff employed in the Metro South Health identify themselves as an Aboriginal and/or Torres Strait Islander. This compares to approximately 2 per cent of the population in the Metro South Health catchment area.

As of June 2015, 16.11 per cent of Metro South Health staff identified themselves as being from a non-English speaking background.

Turnover and length of service

In 2014–2015, 1170 Metro South Health staff separated from the organisation (this includes those whose contract ended as well as permanent staff separations). This equates to a turnover rate of 8.3 per cent and a permanent separation rate of 5.4 per cent.

Unscheduled leave

The unscheduled leave rate (verses occupied full time equivalent staff) for the 2014–2015 year was 1.64 per cent meaning, on average, staff took 4.3 days off as unplanned leave.

This has decreased from 1.72 per cent in the 2013–2014 year where on average staff took 4.5 days unscheduled leave. Unscheduled leave is inclusive of sick leave, family leave and special leave.

Figure 16. Trend in length of service bands

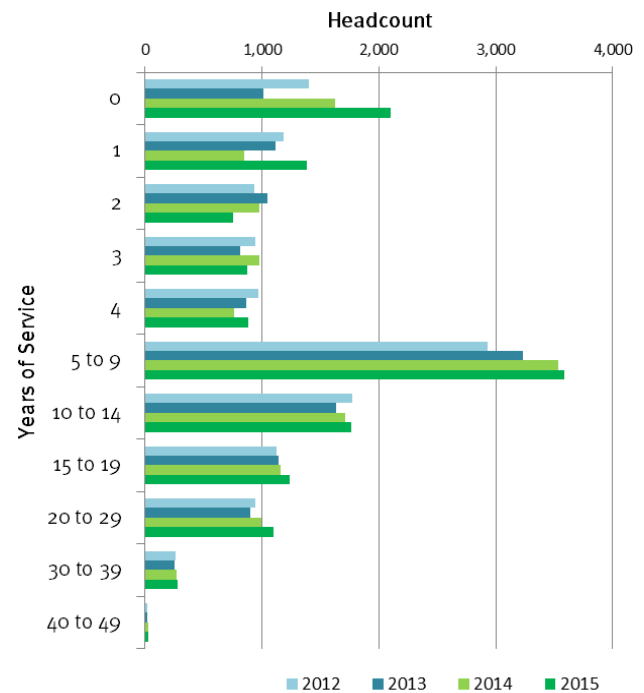
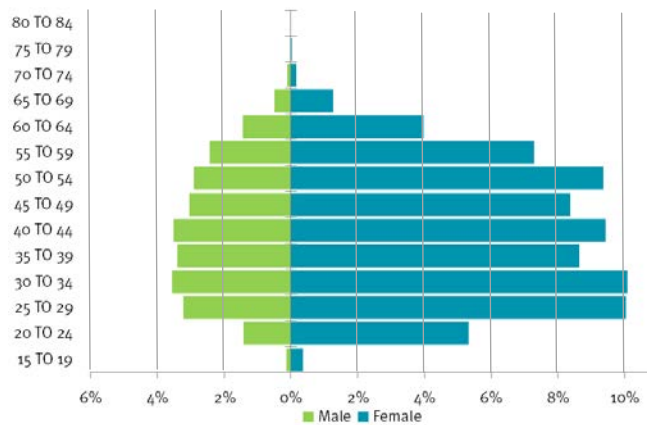


Figure 17. Percentage of male and female employees by age



Workforce policy and governance

The Metro South Health Workforce Services Policy Framework has been developed to give effect to the creation or amendment of workforce services policies, procedures and guidelines and is managed by a specific process detailed in the Policy Framework Management Procedure.

The framework contains fifteen workforce services overarching policies:

1. Employment Framework Policy
2. Resourcing Policy
3. Remuneration, Leave and Benefits Policy
4. Relocation, Accommodation and Travel Policy
5. Ethics and Conduct Policy
6. Consultation Policy
7. Learning, Development and Performance Policy
8. Discipline Policy
9. Separation of Employment Policy
10. Work Health and Safety Policy
11. Work Health and Safety Planning Policy
12. Work Health and Safety Governance, Consultation and Capability Policy
13. Work Health and Safety Risk Management Policy
14. Work Health and Safety Monitoring, Evaluation and Performance Policy
15. Workplace Rehabilitation and Return to Work Policy.

Relevant procedures exist under each policy, and these procedures may also contain guidelines which accommodate forms, and/or local operating instructions.

Workforce services policy and procedure creation, including application forms and approval processes, are in accordance with Workforce Services Policy Framework Management Procedure.

This framework also references applicable Queensland Health Policy, which incorporates existing legislation, awards, agreements and directives. Delegations applicable to each procedure are also referenced.

Metro South Health Workforce Managers' Committee

The Metro South Health Workforce Managers' Committee is responsible for the preparation, development, maintenance and governance of all

Workforce Services (human resources, and occupational health and safety) policies and procedures.

Metro South Health has a reliable process in place to implement and monitor compliance with workforce policies and procedures. The process incorporates linkages and networks with the Department of Health, access and monitoring of Queensland Government internet and intranet sites, professional development, regular access to external industrial relations networks and workshops. Workforce Services policy and information is disseminated throughout the health service through a network of committees:

- Hospital and Health Service Executive and Board
 - Monthly Chief Executive Report includes Workforce, Reform, Industrial Relations
- Corporate Services Executive Meeting
- Workforce Managers' Committee
- Workforce Services, Reform and Industrial Relations Report
- monthly scorecard
- facility/service:
 - Workforce Committee
 - Finance and Performance Committee
 - Risk Committee
 - Workplace Health and Safety Committee.

Senior workforce services personnel are members of the following committees/interest groups:

- Queensland Health People and Culture Executive
- Queensland Health Workplace Health and Safety Advisory Committee
- Queensland Health Safety and Wellbeing Safety Management System Development Group
- Chair/Member Facility/Service Workforce Committee
- Member of the Australian Human Resources Institute
- EB8 Implementation Group
- Nurses and Midwives EB Implementation Group
- Chair Consultative Forums.

Monitoring workforce performance

Metro South Health continues to refine its workforce indicator reporting arrangements with the current focus on MOHRI occupied FTE versus actual paid FTE, sick leave and absenteeism, overtime FTE, external workforce usage, and excess leave accruals.

Metro South Health has also developed professional scorecards with key workforce data measured on a monthly basis. These scorecards are in place across all facilities for the purpose of monitoring trends and taking corrective action if required.

Occupational health and safety

Metro South Health is now covered by one WorkCover policy. Previously there was one for the Princess Alexandra Hospital and one for the previous Southside District. The new policy performs well in comparison with industry standards and other hospital and health services. Metro South Health continues its focus on early return to work policies and strategies.

Hospital and health service WorkCover performance is monitored by the Department of Health. Metro South Health continues to meet all performance indicators to a satisfactory standard.

Workforce planning, engagement and performance

Metro South Health has developed a comprehensive workforce strategy to provide direction for its commitment to attract and retain a workforce of skilled health professionals, to support the service's role as a leader in health care delivery and ensure it is placed in a strong position to meet further challenges.

The Metro South Health Strategic Workforce Plan 2012–2017 is a five-year plan that provides a vision for the health service to promote systematic improvement in the health workforce and reliable information to support the addressing of immediate and future health workforce needs. It focuses on responding to changes to support the requirements in service delivery and also expanding the capacity of the workforce. The plan is strategically aligned to Metro South Health's vision, priorities and objectives.

Workforce planning

An independent audit report acknowledged that Metro South Health has progressed its workforce planning in response to significant reforms, reflecting that the work undertaken reflected the focus on the establishment of the health service. The report also acknowledged that there is an opportunity as the strategic direction of the

organisation develops. A number of recommendations including the following have now been accepted:

- consider capital and asset planning in future strategic workforce planning
- integrate health service plans for all clinical streams
- enhance capture of workforce data to make detailed forward planning projections of workforce requirements
- establish a HHS Workforce Committee to oversee implementation of strategic workforce planning initiatives.

Workforce engagement

Metro South Health's most valuable asset is its workforce and it functions best in a positive organisational culture. Engaged employees share the same values as the organisation, know how to do their work and understand how their work contributes to the success of the organisation.

Workforce engagement strategy

PAVE the way is Metro South Health's workforce engagement strategy. It is a critical tool to ensure that all employees are equipped with the skills, resources and knowledge to work with the organisation to achieve our goals.



The PAVE strategy was developed following a literature review, needs analysis of staff culture surveys and a formal consultation process.

The PAVE strategy aims to:

- create a flexible workplace able to grow and change in response to the rapidly changing health environment
- facilitate the involvement of the workforce in planning, leadership, decision-making and reform
- develop a workforce culture aligned to government health targets and able to develop and maintain community confidence
- support the continuous improvement of workforce capacity and capability.

Three action groups were formed to address priority areas. Membership of these groups were made up of staff who had demonstrated leadership in workforce culture and who had strong networks throughout the health service.

For the first 12 months the three PAVE action groups were formed to deliver recommendations for the priority areas of:

- business literacy
- communication
- management and leadership
- capability development
- workforce management systems
- workforce planning and innovative workforce models.

2014–2015 Highlights



The PAVE groups had a successful 12 months with positive outcomes including:

- new communication strategies which have been successfully implemented (branded e-bulletin, staff emails, social media, consultation hub)
- values based stories to improve engagement and culture
- review of the current leadership and management programs and recommendations to develop a Metro South Health program
- review of recruitment practices and development of innovative recruitment methods with a pilot program to be implemented and evaluated.

Moving forward PAVE is looking at ways of engaging with a wider workforce and communicating regularly to staff throughout the health service. Two way communications via an online portal is being trialled. This method will allow the PAVE membership to connect with staff and collaborate on issues regularly and provide feedback to staff.

Flexible working arrangements

Metro South Health has adopted, developed and implemented a range of policies and procedures to promote flexible working arrangements for staff of all categories and levels. These include:

- flexible and robust recruitment and selection
- shift work allowances and penalties

- telecommuting
- special leave
- carers leave
- bereavement leave
- parental leave
- long service leave
- time off in lieu
- annual/recreation leave
- overtime
- sick leave
- fatigue leave following weekends and/or rostered days off
- learning and development initiatives
- the Study and Research Assistance Scheme
- professional development packages for doctors, nurses and health practitioners
- conference leave arrangements.

Promotion of these policies occurs through the following avenues:

- role descriptions
- consultative forums
- orientation and induction
- professional development and appraisal
- workforce services unit
- staff forums
- relevant meetings and committees
- promotion via intranet sites and communication publications.

In addition, all new staff undertake a detailed orientation program which outlines these activities, opportunities and entitlements.

Performance management

Metro South Health has developed a responsive performance management framework that is articulated and confirmed at the point of engagement and remains a feature of the employment cycle.

The Executive Management Team has identified key performance indicators negotiated with the Health Service Chief Executive and regularly reviewed.

Performance management and development of staff is undertaken at the workplace level on a regular basis. Plans include generic provisions and those relevant to the category of staff. These plans are industrially compliant and regularly reviewed.

Alignment to financial and strategic planning

Metro South Health has reviewed and reformed various areas of the organisation to realign the workforce to meet the health service's financial and service requirements. This process assists to effectively achieve right-sizing of the organisation by examining opportunities to better meet the needs of patients and the community.

Key reforms completed in 2014–2015 included:

- the implementation of a consistent, integrated and supported structure for Aboriginal and Torres Strait Islander Hospital Liaison Officers
- the transfer of clinical and corporate governance of Jasmine Unit, Casuarina Lodge from Addiction and Mental Health Services to the Division of Rehabilitation, Princes Alexandra Hospital, in addition to a revised staffing model
- the realignment of home care and hospital avoidance staff following a number of clinical redesign processes
- the transfer of Addiction and Mental Health acute care teams to a single governance structure to enable the implementation of the MH CALL telephone triage service.

Early retirement, redundancy and retrenchment

During 2014–2015, 22 employees received redundancy packages at a cost of \$1,930,732. Employees who did not accept an offer of a redundancy were offered case management for a set period of time, where reasonable attempts were made to find alternative employment placements. During the period, no Metro South Health employees received retrenchment packages.

5 Financial statements

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General information

The Metro South Hospital and Health Service was established on 1 July 2012 as a Queensland Government statutory body under the *Hospital and Health Boards Act 2011*. The Metro South Hospital and Health Service operates under its registered trading name of Metro South Health.

Metro South Health is controlled by the State of Queensland which is the ultimate parent entity.

The head office and principal place of business of Metro South Health is:

Garden City Office Park—Building 5
2404 Logan Road
Eight Mile Plains Q 4113

For information in relation to Metro South Health’s financial statements visit the Metro South Health website:

www.metrosouth.health.qld.gov.au
or email: MD05-MetroSouthHSD@health.qld.gov.au

Metro South Health
Statement of Comprehensive Income
 For the year ended 30 June 2015

	Notes	2015 \$'000	2014 \$'000
Income from continuing operations			
User charges and fees	2	1,942,597	1,790,325
Grants and other contributions	3	40,256	40,207
Other revenue	4	7,093	15,483
Total revenue		1,989,946	1,846,015
Gains on disposal or re-measurement of assets		961	573
Total income from continuing operations		1,990,907	1,846,588
Expenses from continuing operations			
Employee expenses	5	1,335,613	2,122
Health service employee expenses	6	-	1,244,654
Supplies and services	7	564,469	495,999
Grants and subsidies	8	3,358	4,918
Depreciation and amortisation	14, 15	67,372	61,895
Impairment losses		152	2,802
Other expenses	9	9,717	8,404
Total expenses from continuing operations		1,980,681	1,820,794
Operating result for the year		10,226	25,794
Other comprehensive income			
<i>Items that will not be reclassified subsequently to operating result</i>			
Increase in asset revaluation surplus	19	9,247	4,347
Total other comprehensive income		9,247	4,347
Total comprehensive income		19,473	30,141

The accompanying notes form part of these statements

Metro South Health
Statement of Financial Position
As at 30 June 2015

	Notes	2015 \$'000	2014 \$'000
Current assets			
Cash and cash equivalents	10	132,301	170,710
Receivables	11	58,067	26,858
Inventories	12	15,175	13,773
Other assets	13	6,067	4,191
Total current assets		<u>211,610</u>	<u>215,532</u>
Non-current assets			
Intangible assets	14	587	477
Property, plant and equipment	15	1,192,652	1,081,818
Total non-current assets		<u>1,193,239</u>	<u>1,082,295</u>
Total assets		<u>1,404,849</u>	<u>1,297,827</u>
Current liabilities			
Payables	17	66,040	142,530
Accrued employee benefits	18	59,142	37
Unearned revenue		90	1,923
Total current liabilities		<u>125,272</u>	<u>144,490</u>
Total liabilities		<u>125,272</u>	<u>144,490</u>
Net assets		<u>1,279,577</u>	<u>1,153,337</u>
Equity			
Contributed equity		1,177,620	1,070,853
Accumulated surplus/(deficit)		56,009	45,783
Asset revaluation surplus	19	45,948	36,701
Total equity		<u>1,279,577</u>	<u>1,153,337</u>

The accompanying notes form part of these statements

Metro South Health
Statement of Changes in Equity
For the year ended 30 June 2015

Notes	Accumulated surplus/(deficit) \$'000	Asset revaluation surplus \$'000	Contributed equity \$'000	Total equity \$'000
Balance as at 1 July 2013	19,989	32,354	1,048,900	1,101,243
Operating Result from continuing operations	25,794	-	-	25,794
<i>Other Comprehensive Income</i>				
Increase in Asset Revaluation Surplus	19	4,347	-	4,347
Total comprehensive income for the year	25,794	4,347	-	30,141
<i>Transactions with owners as owners:</i>				
Equity asset transfers	20	-	46,944	46,944
Equity injections	20	-	36,844	36,844
Equity withdrawals	20	-	(61,835)	(61,835)
Net transactions with owners as owners	-	-	21,953	21,953
Balance as at 30 June 2014	45,783	36,701	1,070,853	1,153,337

Notes	Accumulated surplus/(deficit) \$'000	Asset revaluation surplus \$'000	Contributed equity \$'000	Total equity \$'000
Balance as at 1 July 2014	45,783	36,701	1,070,853	1,153,337
Correction of prior year error - asset not previously recognised	15,20	-	6,517	6,517
Revised balance as at 1 July 2014	45,783	36,701	1,077,370	1,159,854
Operating Result from continuing operations	10,226	-	-	10,226
<i>Other Comprehensive Income</i>				
Increase in Asset Revaluation Surplus	19	9,247	-	9,247
Total Comprehensive Income for the Year	10,226	9,247	-	19,473
<i>Transactions with Owners as Owners:</i>				
Equity asset transfers	15, 20	-	127,909	127,909
Equity injections	20	-	39,713	39,713
Equity withdrawals	20	-	(67,372)	(67,372)
Net transactions with owners as owners	-	-	100,250	100,250
Balance as at 30 June 2015	56,009	45,948	1,177,620	1,279,577

The accompanying notes form part of these statements

Metro South Health
Statement of Cash Flows
For the year ended 30 June 2015

	Notes	2015 \$'000	2014 \$'000
Cash flows from operating activities			
<i>Inflows:</i>			
User charges and fees		1,843,099	1,751,119
Grants and other contributions		39,336	40,177
Interest received		1,031	1,099
GST input tax credits		28,910	24,162
GST collected from customers		4,689	4,344
Other receipts		5,295	14,207
<i>Outflows:</i>			
Employee expenses		(1,276,509)	(2,085)
Health service employee expenses		-	(1,274,404)
Supplies and services		(642,983)	(431,193)
Grants and subsidies		(3,365)	(4,918)
GST paid		(29,663)	(25,273)
GST remitted to ATO		(4,696)	(4,394)
Other		(8,750)	(6,581)
Net cash provided by (used in) operating activities	21	(43,606)	86,260
Cash flows from investing activities			
<i>Inflows:</i>			
Sales of property, plant and equipment		407	1,370
<i>Outflows:</i>			
Payments for property, plant and equipment		(32,796)	(32,665)
Payments for intangibles		(337)	(175)
Prepayments for plant and equipment		(1,483)	(2,611)
Net cash provided by (used in) investing activities		(34,209)	(34,081)
Cash flows from financing activities			
<i>Inflows:</i>			
Equity Injections	20	39,406	36,844
Net cash provided by (used in) financing activities		39,406	36,844
Net increase/(decrease) in cash and cash equivalents		(38,409)	89,023
Cash and cash equivalents at the beginning of the financial year		170,710	81,687
Cash and cash equivalents at the end of the financial year	10	132,301	170,710

The accompanying notes form part of these statements

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2015

- Note 1 Significant accounting policies
- Note 2 User charges and fees
- Note 3 Grants and other contributions
- Note 4 Other revenue
- Note 5 Employee expenses
- Note 6 Health service employee expenses
- Note 7 Supplies and services
- Note 8 Grants and subsidies
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Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2015

1. Significant accounting policies

(a) Statement of compliance

Metro South Health has prepared these financial statements in compliance with section 43 of the Financial and Performance Management Standard 2009. These financial statements are general purpose financial statements and have been prepared on an accrual basis in accordance with Australian Accounting Standards and Interpretations applicable to not-for-profit entities, as Metro South Health is a not-for-profit entity. The financial statements also comply with Queensland Treasury's reporting requirements and authoritative pronouncements. Amounts are recorded at their historical cost, except where stated otherwise.

(b) The reporting entity

The financial statements include the value of all revenues, expenses, assets, liabilities and equity of Metro South Health. Metro South Health does not have any controlled entities.

(c) Trust and agency transactions and balances

Metro South Health undertakes patient fiduciary fund transactions as trustee. These funds are received and held on behalf of patients with the hospital having no discretion over these funds. As such they are not part of Metro South Health assets recognised in the financial statements. Patient funds are not controlled by Metro South Health but trust activities are included in the annual audit performed by the Auditor-General of Queensland and disclosed in Note 25(a).

Metro South Health controls the general trust bank account and forms part of the cash and cash equivalent balance. General trust funds are restricted in nature as it can only be used for the specific purpose the funds are provided for. Refer Note 24.

Metro South Health acts as an agent in respect of the transactions and balances of the private practice bank accounts. The private practice funds are not controlled by Metro South Health but the activities are included in the annual audit performed by the Auditor-General of Queensland and disclosed in Note 25(b).

(d) User charges and fees

User charges and fees controlled by Metro South Health primarily comprises Department of Health funding, hospital fees (private patients), reimbursement of pharmaceutical benefits, sales of goods and services and rental income.

The funding from the Department of Health is provided predominantly for specific public health services purchased by the Department from Metro South Health in accordance with a service agreement between the Department of Health and Metro South Health. The service agreement is reviewed periodically and updated for changes in activities and prices of services delivered by Metro South Health.

The funding from the Department of Health is received fortnightly in advance. At the end of the financial year, a financial adjustment may be required where the level of services provided is above or below the agreed level.

(e) Grants and other contributions

Grants, contributions, donations and gifts that are non-reciprocal in nature are recognised as revenue in the year in which Metro South Health obtains control over them. This includes amounts received from the Australian Government for programs that have not been fully completed at the end of the financial year. Contributed assets are recognised at their fair value.

(f) Special payments

Special payments include ex-gratia expenditure and other expenditure that Metro South Health is not contractually or legally obliged to make to other parties. In compliance with Financial and Performance Management Standard 2009, Metro South Health maintains a register setting out details of all special payments greater than \$5,000. The total of special payments (including those of \$5,000 or less) is disclosed separately within other expenses in Note 9. However, descriptions of the nature of special payments are only provided for special payments greater than \$5,000.

(g) Cash and cash equivalents

Cash assets include all cash receipted but not banked as at 30 June as well as deposits at call with financial institutions.

Metro South Health
Notes to the Financial Statements
 For the year ended 30 June 2015

(h) Receivables

Trade debtors are recognised at the amounts due at the time of sale or service delivery. Trade receivables are generally settled within 30-120 days, while other receivables may take longer than twelve months relating to workers compensation claims.

The collectability of receivables is assessed periodically with provision being made for impairment. All known bad debts are written off when identified.

(i) Inventories

Inventories consist mainly of pharmaceutical and medical supplies held for distribution in Metro South Health hospitals. Inventories are measured at weighted average cost adjusted for obsolescence. Unless material, inventories do not include supplies held ready for use in the wards and are expensed on issue from Metro South Health's main storage facilities.

(j) Property, plant and equipment

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

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

*Land improvements are included with buildings.

Property, plant and equipment are initially recorded at consideration plus any costs directly incurred bringing the asset to the condition ready for use. The cost of items acquired during the financial year has been judged by management to materially represent the fair value at the end of the reporting period. Land and buildings are subsequently measured at fair value.

Assets under construction are not revalued until they are ready for use. Construction of major health infrastructure is managed by the Department of Health. Upon practical completion of a project, assets under construction are assessed at fair value by the Department of Health through the engagement of an independent valuer prior to the transfer of those assets to Metro South Health via an equity adjustment.

Where assets are received from Queensland Government agencies free of charge, the acquisition cost is recognised as the gross carrying amount in the books of the transferor immediately prior to the transfer together with any accumulated depreciation. Assets acquired at no cost or for nominal consideration are initially recognised at their fair value at the date of acquisition.

Revaluations of property, plant and equipment

Land and buildings are measured at fair value which are reviewed each year to ensure they are materially correct. Significant land and buildings are comprehensively revalued by independent, qualified valuers once every five years, or whenever volatility is detected, and their values are materially kept up-to-date via the application of relevant indices in the interim years .

Indices are based on actual market movements for the relevant locations and asset category and are applied to the fair value of assets on hand.

Reflecting the specialised nature of health service buildings, fair value is determined using the depreciated replacement cost methodology. Depreciated replacement cost represents how much it would cost to replace the 'service potential' remaining in an existing asset. The cost of a replacement asset is determined by reference to a modern equivalent asset, built to current standards and with modern materials. This valuation uses observable and unobservable inputs to determine the full cost of the replacement asset as relevant to the valuation. Refer Note 1(l) and Note 16.

Revaluation increments increase the asset revaluation surplus of the appropriate class, except to the extent they reverse 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.

On revaluation, accumulated depreciation is restated proportionately with the change in the carrying amount of the asset and any change in the estimated remaining useful life.

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2015

Depreciation

Property, plant and equipment are depreciated on a straight-line basis. Land is not depreciated. Assets under construction or work-in-progress are not depreciated until they reach service delivery capacity.

Any expenditure that increases the originally assessed service potential of an asset is capitalised and depreciated over the remaining useful life of the asset. The depreciable amount of improvements to or on leasehold property is allocated progressively over the shorter of the estimated useful lives of the improvements or the unexpired period of the lease, which is inclusive of any option period where exercise of the option is probable.

The estimated useful lives of the assets are reviewed annually and where necessary, are adjusted to better reflect the pattern of consumption of the asset. In reviewing the useful life of each asset factors such as asset usage and the rate of technical obsolescence are considered. Refer Note 15.

Metro South Health's buildings have a useful life ranging from 18 to 85 years and for plant and equipment the useful life is between 3 and 47 years.

Impairment of non-current assets

All non-current assets are assessed annually for impairment. If an indicator of impairment exists, Metro South Health determines the asset's recoverable amount and if this amount is less than the asset's carrying amount it is considered as an impairment loss.

(k) Intangible assets

An intangible asset is recognised only if its cost is equal to or greater than \$100,000. Intangible assets are recorded at cost, which is consideration plus costs incidental to the acquisition, less accumulated amortisation and impairment losses. Internally generated software cost includes all direct costs associated with the development of that software. All other costs are expensed as incurred.

Intangible assets are amortised on a straight-line basis over their estimated useful life with a residual value of zero. The estimated useful life and amortisation method are reviewed periodically, with the effect of any changes in estimate being accounted for on a prospective basis. The useful life of the intangible assets for Metro South Health ranges from 5 to 16 years.

(l) Fair value measurement

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

Observable inputs are publicly available data that are relevant to the characteristics of the assets being valued, and include but are not limited to, published sales data for land and residual dwellings.

Unobservable inputs are data, assumptions and judgements that are not available publicly, but are relevant to the characteristics of the assets being valued. Unobservable inputs are used to the extent that sufficient, relevant and reliable observable inputs are not available for similar assets.

Significant unobservable inputs used by Metro South Health include, but are not limited to:

- subjective adjustments made to observable data to take account of the specialised nature of health service buildings
- assessments of physical condition and remaining useful life.

A fair value measurement of a non-financial asset takes into account a market participant's ability to generate economic benefit by using the asset in its highest and best use or by selling it to another market participant that would use the asset in its highest and best use. Refer Note 16.

(m) Arrangements for the provision of public infrastructure by other entities

The Department of Health, prior to the establishment of Metro South Health, entered into a contractual arrangement with a private sector entity for the construction and operation of a public infrastructure facility for a period of time on land now controlled by Metro South Health. After an agreed period of time, ownership of the facility will pass to Metro South Health. Arrangements of this type are known as Public Private Partnerships (PPP).

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Although the land on which the facility has been constructed remains an asset of Metro South Health, Metro South Health does not control the facility associated with the arrangement. Therefore this facility is not recorded as an asset. Metro South Health may receive rights under the arrangement, including:

- rights to receive the facility at the end of the contractual terms; and
- rights to receive cash flows in accordance with the respective contractual arrangements.

The arrangement was structured to minimise risk exposure for the public health system. Refer Note 26.

(n) Collocation arrangements

There are contractual arrangements with private sector entities for the operation of a private health facility for a period of time on land controlled by Metro South Health. Metro South Health may receive rights to receive cash flows or rights to receive the facility at the end of the contractual term in accordance with the respective contractual arrangements. As a concession contract, Metro South Health does not recognise the facility as an asset. Refer Note 27.

(o) Payables

Payables are recognised for amounts to be paid in the future for goods and services received. Trade creditors are measured at agreed purchase/contract price, gross of applicable trade and other discounts. The amounts are unsecured and are generally settled in accordance with the vendors' terms and conditions typically within 30 days.

(p) Financial instruments

Recognition

A financial instrument is any contract that gives rise to both a financial asset of one entity and a financial liability or equity instrument of another entity. Financial assets and financial liabilities are recognised in the Statement of Financial Position when Metro South Health becomes party to the contractual provisions of the financial instrument.

Classification

Financial instruments are classified and measured as follows:

- cash and cash equivalents: held at fair value through profit or loss,
- receivables: held at amortised cost,
- payables: held at amortised cost.

Metro South Health does not enter into transactions for speculative purposes, or hedging. Other disclosures relating to the measurement and financial risk management of other financial instruments are included in Note 28.

(q) Employee benefits

Metro South Health became a prescribed employer on 1 July 2014. The Department of Health continue to be responsible for setting state-wide terms and conditions of employment, including remuneration and classification structures and for negotiating enterprise agreements.

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

Under the Queensland Government's Annual Leave Central Scheme and Long Service Leave Scheme, levies are payable by Metro South Health to cover the cost of employees' annual leave (including leave loading and on-costs) and long service leave. These levies are expensed in the period in which they are payable. Amounts paid to employees for annual leave and long service leave are claimed from the schemes quarterly in arrears which is currently facilitated by the Department of Health. Non-vesting employee benefits such as sick leave are recognised as an expense when taken.

The provisions for annual leave and long service leave and superannuation are reported on a whole-of-Government basis pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

Employer superannuation contributions are paid to QSuper, the superannuation scheme for Queensland Government employees, at rates determined by the Treasurer on the advice of the State Actuary. The QSuper scheme had defined benefit and defined contribution categories. Contributions are expensed in the period in which they are payable and Metro South Health's obligation is limited to its contribution to QSuper.

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Workers compensation insurance are consequence of employing employees, but are not counted in an employee's total remuneration package. They are not employee benefits and are recognised separately as employee related expenses.

Key management personnel and remuneration expenses disclosures are made in accordance with section 5 of the *Financial Reporting Requirements for Queensland Government Agencies* issued by Queensland Treasury. Refer to Note 29.

(r) Insurance

Metro South Health is covered by the Department of Health's insurance policy with the Queensland Government Insurance Fund (QGIF) and pays a fee to the Department of Health as a fee for service arrangement.

QGIF covers property and general losses above a \$10,000 threshold and health litigation payments above a \$20,000 threshold and associated legal fees. Premiums are calculated by QGIF on a risk assessment basis.

Metro South Health pays premiums to WorkCover Queensland in respect of its obligations for employee compensation.

(s) Services received free of charge or for nominal value

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

Metro South Health receives corporate services support from the Department of Health for no direct cost. Corporate services received include payroll services, accounts payable services and taxation services. As the fair value of these services is unable to be estimated reliably, no associated revenue and expense is recognised in Metro South Health's Statement of Comprehensive Income.

(t) Taxation

Metro South Health is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation with the exception of Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). FBT and GST are the only Commonwealth taxes recognised by Metro South Health.

Both Metro South Health and the Department of Health satisfy section 149-25(e) of the *A New Tax System (Goods and Services) Act 1999 (Cth)* (the GST Act) and were able, with other hospital and health services, to form a "group" for GST purposes under Division 149 of the GST Act. This means that any transactions between the members of the "group" do not attract GST.

(u) Issuance of financial statements

The financial statements are authorised for issue by the Chair, Metro South Hospital and Health Board, the Chief Executive, Metro South Health and the Chief Financial Officer, Metro South Health, at the date of signing the Management Certificate.

(v) Accounting estimates and judgements

The preparation of financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions and management judgements that have the potential to cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year. Such estimates, judgements and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and future periods as relevant.

Estimates and assumptions that have a potential material adjustment to the carrying amount of assets and liabilities within the next financial year are outlined below.

Allowance for impairment of receivables are assessed by taking into account the ageing of receivables, historical collection rates and review of specific debtor's to assess debt collectability. Refer Note 11.

Property, plant and equipment valuation in respect of fair value measurement can be sensitive to the various valuation inputs selected. Considerable judgement is required to determine what is significant to fair value and therefore which category the asset is placed in can be subjective. Valuation standards are used to guide any required judgements. Refer Note 15 and 16.

The depreciation and amortisation rate is determined by application of appropriate useful life to relevant non-current asset classes. Refer Note 14 and 15. The useful lives could change significantly as a result of change in use of the asset, technical obsolescence or some other economic event. The impact on depreciation or amortisation can be significant and also could result as a write-off of the asset.

Further, the matters covered in each of these notes necessarily involve estimation uncertainty with the potential to materially impact on the carrying amount of Metro South Health's assets and liabilities in the next reporting period.

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(w) Rounding and comparatives

Amounts included in the financial statements are in Australian dollars and have been rounded to the nearest \$1,000 or, where that amount is \$500 or less, to zero, unless disclosure of the full amount is specifically required.

The comparative information has been restated where necessary to be consistent with disclosures in the current reporting period and to improve transparency across the years.

(x) New and revised accounting standards

Metro South Health is not permitted to early adopt accounting standards unless approved by Queensland Treasury. Consequently, Metro South Health has not applied any Australian Accounting Standards and Interpretations that have been issued but not yet effective. Metro South Health applies standards and interpretations in accordance with their respective commencement dates.

- AASB 1055 *Budgetary Reporting* became effective from reporting periods beginning on or after 1 July 2014. Metro South Health has now included in its 2014-15 financial statements the original budgeted figures from the Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows as published in the 2014-15 Queensland Government's Service Delivery Statements. The budgeted figures are presented consistently with the corresponding (actuals) financial statements and will be accompanied by explanations of major variances between the actual amounts and the corresponding original budgeted figures.

Materiality is a consideration when determining major variances. Metro South Health applied materiality levels in accordance with Queensland Treasury's Financial Reporting Requirements. Metro South Health provides budget versus actual variance explanations for the following.

Variances that are larger than 5% of the budgeted figure for employee expenses, supplies and services in the Statement of Comprehensive Income and payments for property, plant and equipment in the Statement of Cash flows. Variances for all other material line items over 10% of the budgeted figure is also provided.

- AASB 124 *Related Party Disclosures* will become effective from reporting periods beginning on or after 1 July 2016. Metro South Health will need to comply with the requirements of the standard, which requires a range of disclosures about the remuneration of key management personnel, transactions with related parties/entities and relationships between parent and controlled entities. Metro South Health already discloses information about the remuneration expenses of key management personnel. Refer Note 29. Therefore, the most significant impact will be any additional disclosure for related parties including transactions with key management personnel or close members of their families.
- AASB 15 *Revenue from Contracts with Customers* will become effective from reporting periods beginning on or after 1 January 2017. This standard has more detailed requirements for certain type of revenue from customers which may result in a change of timing of the revenue recognition from current accounting treatment. The impact of this standard has not been assessed at this time.
- AASB 9 *Financial Instruments* and AASB 2014-7 *Amendments to Australian Accounting Standards arising from AASB 9 (December 14)* will become effective from reporting period on or after 1 July 2018. AASB 9 will introduce different measurement criteria for impairment and disclosure associated with financial assets. The impact of these standards has not been assessed at this time.
- AASB 2015-7 *Amendments to Australian Accounting Standards—Fair Value Disclosures of Not-for-Profit Public Sector Entities* amends AASB 13 Fair Value Measurement effective from annual reporting periods beginning on or after 1 July 2016. The amendments provide relief from certain disclosures about fair values categorised as level 3 under the fair value hierarchy. Accordingly, the following disclosures for level 3 fair values in note 16 will no longer be required:
 - the disaggregation of certain gains/losses on assets reflected in the operating result;
 - quantitative information about the significant unobservable inputs in the fair value measurement; and
 - a description of the sensitivity of the fair value measurement to changes in the unobservable inputs.

As the amending standard was released in early July 2015, Metro South Health has not early adopted this relief in these financial statements, as per instructions from Queensland Treasury. However, Metro South Health will be early adopting this disclosure relief as from the 2015-16 reporting period (also on instructions from Queensland Treasury).

There are no other standards effective for future reporting periods that are expected to have a material impact on Metro South Health.

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	2015	2014
	\$'000	\$'000
2. User charges and fees		
Funding for the provision of public health services		
Activity based funding	1,536,647	1,489,227
Block funding	176,660	100,846
Other	67,372	61,835
	1,780,679	1,651,908
Hospital fees	76,617	68,179
Sale of goods and services	32,663	27,706
Pharmaceutical benefit scheme reimbursements	51,167	41,040
Rental income	1,470	1,492
	1,942,597	1,790,325
3. Grants and other contributions		
Australian Government grants		
Nursing home grants*	5,970	6,602
Home and community care grant*	13,016	12,474
Transition care program*	8,689	7,447
Organ and tissue donation for transplant	2,489	-
Other specific purpose recurrent grants	1,155	1,241
Specific purpose capital grant - radiation oncology	2,622	3,198
	33,941	30,962
Other grants	4,411	8,846
Donation assets	920	30
Donations other	984	369
	40,256	40,207
<p>* Nursing home grant is provided under the Aged Care Financial Instrument to the Redland Residential Care Services based on the appraisal of each resident's care needs. The Home and Community Care and Transition Care Program grants fund community-based or residential setting patient care supporting basic maintenance, personal care and domestic assistance and care packages including low intensity or nursing support to patients respectively.</p>		
4. Other revenue		
Interest	1,031	1,099
Health service employee expense recoveries*	-	13,249
General recoveries	4,480	398
Other	1,582	737
	7,093	15,483
<p>*Health service employee expenses are recovered for services provided to external parties not including the Department of Health or other Hospital and Health Services. Due to Metro South Health becoming a prescribed employer effective 1 July 2014, employee expense recoveries of \$9.75m in 2014-15 are offset against wages and salaries in Note 5.</p>		
5. Employee expenses*		
Employee benefits		
Wages and salaries	1,062,575	1,807
Employer superannuation contributions	110,486	165
Annual leave levy/expense	125,726	130
Long service leave levy/expense	22,367	28
Termination benefits	1,550	-
	1,322,704	2,130
Employee related expenses		
Workers compensation premium	7,801	-
Other employee related expense**	5,108	(8)
	1,335,613	2,122

Metro South Health
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5. Employee expenses*(continued)

	30 June 2015	30 June 2014
Number of employees***	11,838	7

*Due to Metro South Health becoming a prescribed employer effective 1 July 2014, health service employee expenses are now classified as employee expenses. This resulted in an increase in employee expenses by \$1,336 million in 2014-15 and additional 11,831 in employee numbers.

**Other employee related expenses include \$0.114 million (2014:\$0.104 million) fringe benefit tax and payroll tax.

***The number of employees as at 30 June includes full-time and part-time employees measured on a full-time equivalent basis (reflecting Minimum Obligatory Human Resource Information (MOHRI)). The number of employees does not include the chair, deputy chair of the board or the board members.

6. Health service employee expenses*

	2015 \$'000	2014 \$'000
Health service employee expenses	-	1,228,095
Health service employee related expenses	-	12,656
Other health service employees related expenses	-	3,903
	<u>-</u>	<u>1,244,654</u>
	30 June 2015	30 June 2014
Number of health service employees	-	11,084

*As a result of Metro South Health becoming a prescribed employer effective 1 July 2014, health service employee expenses are now classified as employee expenses. All employees previously classified as employees of the department are now engaged directly by Metro South Health.

7. Supplies and services

Consultants and contractors	28,322	13,090
Electricity and other energy	12,065	12,986
Patient travel	1,905	1,344
Other travel	2,784	2,419
Water	2,493	2,320
Building services	1,585	1,676
Computer services	14,668	12,541
Motor vehicles	990	961
Communications	20,536	16,039
Repairs and maintenance	40,588	30,851
Minor works including plant and equipment	6,831	5,382
Operating lease rentals	13,044	13,562
Insurance payment to the Department of Health*	15,382	15,930
Drugs	76,813	69,554
Inter entity hospital and health service supplies and services	12,225	14,032
Clinical supplies and services	267,654	243,368
Catering and domestic supplies	31,879	30,469
Other	14,705	9,475
	<u>564,469</u>	<u>495,999</u>

*Includes Queensland Government Insurance Fund (QGIF) Ref Note 1(r).

8. Grants and subsidies

Home and community health services	2,209	1,367
Medical research programs	1,149	3,551
	<u>3,358</u>	<u>4,918</u>

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Notes to the Financial Statements
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	2015 \$'000	2014 \$'000
9. Other expenses		
External audit fees*	292	363
Other audit fees	126	321
Insurance	96	105
Inventory written off	257	210
Intangible asset written off	15	-
Losses from the disposal of non-current assets	716	1,691
Special payments - ex-gratia payments**	41	63
Other legal costs	1,076	1,213
Journals and subscriptions	240	320
Advertising	201	259
Interpreter fees	4,043	3,732
Grants returned	1,994	-
Other	620	127
	9,717	8,404

*Total audit fees relating to the Queensland Audit Office for the 2014-15 financial year are quoted to be \$0.296 million (2014: \$0.305 million). There are no non-audit services included in this amount.

** Metro South Health made 22 (2014: 23) ex-gratia payments for less than \$5,000 to patients for their lost property whilst in hospital care. In 2014-15 there were 3 payments in excess of \$5,000 to patients or employees. Payment of \$13,000 to assist repatriation of a patient back to New Zealand, payment of \$5,590 for the loss of a patient's hearing aid and \$8,401 for an employees economic loss.

10. Cash and cash equivalents

Cash at bank and on hand	104,199	140,575
24 hour call deposits	28,102	30,135
	132,301	170,710

Metro South Health's bank accounts are grouped within the whole-of-government set-off arrangement with Queensland Treasury Corporation. Metro South Health does not earn interest on surplus funds and is not charged interest or fees for accessing its approved cash debit facility as it is part of the whole-of-Government banking arrangements.

Metro South Health's General Trust funds are operating from Commonwealth Bank of Australia bank accounts. Cash held in these accounts earns interest at a rate of 2.50 per cent (2014: 2.45 per cent). In addition, General Trust funds in excess of monthly operational requirements are deposited at call with Queensland Treasury Corporation and earn interest at a rate of 2.70 per cent (2014: 3.28 per cent). Refer to Note 24 and 28.

11. Receivables

Trade debtors	57,201	29,178
Less: Allowance for impairment*	(2,988)	(5,413)
	54,213	23,765
GST receivable	4,430	3,676
GST payable	(576)	(583)
Net receivable	58,067	26,858

**Impairment of receivables*

At the end of each reporting period, Metro South Health reviews whether there is objective evidence that a financial asset or group of financial assets is impaired. Objective evidence includes financial difficulties of the debtor, changes in debtor credit ratings and current outstanding accounts over 60 days.

The allowance for impairment reflects Metro South Health's assessment of the credit risk associated with receivables balances and is determined based on consideration of objective evidence of impairment, past experience and management judgement.

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11. Receivables (continued)

	2015	2014
	\$'000	\$'000
Movements in the allowance for impairment loss		
Balance at 1 July	5,413	4,604
Increase / (decrease) in allowance recognised in operating result	(591)	2,567
Amounts written off during the year	(1,834)	(1,758)
Balance as at 30 June	<u>2,988</u>	<u>5,413</u>

Financial assets

No collateral is held as security and no credit enhancements relate to financial assets held by Metro South Health. No financial assets and financial liabilities have been offset and presented in the Statement of Financial Position.

Ageing of past due but not impaired as well as impaired financial assets are disclosed in the following tables:

Financial assets past due but not impaired 2014-15

	Overdue \$'000				Total
	Less than 30 days	30-60 days	61-90 days	More than 90 days	
Receivables	<u>1,674</u>	<u>914</u>	<u>493</u>	<u>1,787</u>	<u>4,868</u>

Financial assets past due but not impaired 2013-14

	Overdue \$'000				Total
	Less than 30 days	30-60 days	61-90 days	More than 90 days	
Receivables	<u>5,956</u>	<u>1,362</u>	<u>178</u>	<u>37</u>	<u>7,533</u>

Individually impaired financial assets 2014-15

	Overdue \$'000				Total
	Less than 30 days	30-60 days	61-90 days	More than 90 days	
Receivables	4,202	2,238	797	5,373	12,610
Allowance for impairment	(23)	(51)	(185)	(2,729)	(2,988)
Carrying amount	<u>4,179</u>	<u>2,187</u>	<u>612</u>	<u>2,644</u>	<u>9,622</u>

Individually impaired financial assets 2013-14

	Overdue \$'000				Total
	Less than 30 days	30-60 days	61-90 days	More than 90 days	
Receivables	1,161	2,307	1,610	7,405	12,483
Allowance for impairment	(36)	(506)	(673)	(4,198)	(5,413)
Carrying amount	<u>1,125</u>	<u>1,801</u>	<u>937</u>	<u>3,207</u>	<u>7,070</u>

2015	2014
\$'000	\$'000

12. Inventories

Inventories held for distribution

Medical supplies	14,561	13,093
Catering and domestic	318	351
Engineering	267	262
Other	29	67
	<u>15,175</u>	<u>13,773</u>

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	2015 \$'000	2014 \$'000
13. Other assets		
Prepayment for plant and equipment	4,094	2,611
Prepayments	1,973	1,580
	<u>6,067</u>	<u>4,191</u>

14. Intangible assets		
Software purchased		
At cost	5,538	5,782
Less: Accumulated amortisation	(5,243)	(5,620)
	<u>295</u>	<u>162</u>
Software internally generated		
At cost	2,226	1,997
Less: Accumulated amortisation	(1,934)	(1,857)
	<u>292</u>	<u>140</u>
Software work in progress	-	175
Total Intangible assets	<u>587</u>	<u>477</u>

	Software purchased \$'000	Software internally generated \$'000	Software work in progress \$'000	Total \$'000
Balance at 1 July 2013	265	305	-	570
Acquisitions	-	-	175	175
Amortisation charge for the year	(103)	(165)	-	(268)
Balance at 1 July 2014	<u>162</u>	<u>140</u>	<u>175</u>	<u>477</u>
Acquisitions	-	229	92	321
Transfers between asset classes	267	-	(267)	-
Amortisation charge for the year	(134)	(77)	-	(211)
Balance at 30 June 2015	<u>295</u>	<u>292</u>	<u>-</u>	<u>587</u>

	2015 \$'000	2014 \$'000
15. Property, plant and equipment		
Land		
At fair value	<u>231,209</u>	<u>223,340</u>
Buildings		
At fair value	1,441,065	1,322,147
Less: Accumulated depreciation	(616,094)	(603,662)
	<u>824,971</u>	<u>718,485</u>
Plant and equipment		
At cost	283,058	271,364
Less: Accumulated depreciation	(151,637)	(140,381)
	<u>131,421</u>	<u>130,983</u>
Capital works in progress		
At cost	<u>5,051</u>	<u>9,010</u>
Total property, plant and equipment	<u>1,192,652</u>	<u>1,081,818</u>

Metro South Health
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15. Property, plant and equipment (continued)

Property, Plant and Equipment reconciliation	Land*	Buildings**	Plant and equipment	Work in progress	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
	Level 2	Level 3			
Balance at 1 July 2013	223,242	701,832	130,647	6,050	1,061,771
Acquisitions	-	588	26,604	5,474	32,666
Donations received	-	-	30	-	30
Disposals	-	-	(2,153)	-	(2,153)
Donation made	-	-	(32)	-	(32)
Transfers in from other Queensland Government	44	44,348	2,552	-	46,944
Transfers between asset classes	-	2,098	416	(2,514)	-
Transfer recognised in operating surplus/(deficit)	-	(408)	226	-	(182)
Revaluation increments to asset revaluation surplus	-	4,347	-	-	4,347
Revaluation decrements reversal to comprehensive	54	-	-	-	54
Depreciation charge	-	(34,320)	(27,307)	-	(61,627)
Balance at 1 July 2014	223,340	718,485	130,983	9,010	1,081,818
Correction of prior year error to contributed equity***	-	6,517	-	-	6,517
Acquisitions	-	30	25,259	7,508	32,797
Donations received	-	-	920	-	920
Disposals	-	-	(851)	-	(851)
Donation made	-	-	(16)	-	(16)
Transfer in/(out) from other Queensland Government entities****	(2,106)	128,227	1,788	-	127,909
Transfers between asset classes	-	10,674	793	(11,467)	-
Transfer recognised in operating surplus/(deficit)	-	-	744	-	744
Revaluation increments to asset revaluation surplus*****	9,247	-	-	-	9,247
Revaluation increments to comprehensive income	728	-	-	-	728
Depreciation charge	-	(38,962)	(28,199)	-	(67,161)
Balance at 30 June 2015	231,209	824,971	131,422	5,051	1,192,652

* Land level 2 assets are land with active market.

** Building level 3 assets are special purpose built buildings with no active market.

*** Refer Note 20.

**** Transfers in are from the Department of Health include the Logan Hospital Emergency Department commissioning to building (\$119.3 million) and other net transfer of assets between the Department and other Hospital and Health Services (\$8.6 million). The asset transfers are equity asset transfers. Refer Note 20.

***** Refer Note 19.

Land

Land is measured at fair value each year using independent market valuations or market indices provided by State Valuation Service (SVS) within the Department of Natural Resources and Mines.

In 2014-15, Metro South Health's land was valued via indexation and SVS were also commissioned to provide independent market valuation for one parcel of land (Redland Hospital). The effective date of the valuation is 30 June 2015. Management has assessed the indices provided by SVS as appropriate for Metro South Health and has endorsed the use of the indices and also endorsed the result of the independent valuation.

15. Property, plant and equipment (continued)

The fair value of land was based on publicly available data on sales of similar land in nearby localities. SVS surmised that application of their indices, which are market based, are observable inputs developed from publicly available sales evidence and market transactions data and therefore these inputs fall into level 2 within the fair value hierarchy. In determining the values, adjustments were made to the sales data to take into account the location of Metro South Health's land, its size, street/road frontage and access and any significant restrictions. Refer to the reconciliation table later in this note for information about the fair value classification of Metro South Health's land.

The independent land valuations for 2014-15 resulted in a net increment of \$3.289 million (2014: increment of \$0.012 million) to the carrying amount of land. The market indices provided by SVS applied to land valuations in 2014-15 resulted in a net increment of \$6.686 million (2014: increment of \$0.042 million) to the carrying value of land.

Buildings

An independent valuation was performed over two financial years (2012-13 and 2013-14) for 96 per cent or 86 buildings of Metro South Health's building portfolio. In 2014-15, Metro South Health engaged quantity surveyors Davis Langdon to perform an independent valuation of an additional 9 buildings not previously recognised which resulted in an increment of \$6.51 million to contributed equity. Davis Langdon were also engaged to determine an index relevant to Metro South Health building portfolio to maintain fair value. The indexation based on the movement in construction cost was less than 1 per cent and no adjustment was taken up.

The methodology for the independent valuation is using historical and current construction contracts, the replacement cost of each building at date of valuation is determined, taking into account Brisbane location factors and compared against current construction contracts. The valuation is provided for a replacement building of the same size, shape and functionality that meets current design standards using estimates of gross floor area, number of floors, building girth and height, including existing lifts and staircases.

The condition assessment of the buildings performed by quantity surveyors during site inspection using the following ratings:

Category	Condition	Description
1	Very good condition	Only normal maintenance required
2	Minor defects only	Minor maintenance required
3	Maintenance required to bring to acceptable level of service	Significant maintenance required (up to 50 per cent of capital replacement cost)
4	Requires renewal	Complete renewal of internal fitout and service (up to 70 per cent of capital replacement cost)
5	Asset unserviceable	Complete asset replacement required

Plant and equipment

Metro South Health has plant and equipment with an original cost of \$0.959 million (2014 \$0.677 million) or 0.34 per cent (2014: 0.25 per cent) of total plant and equipment gross value and a written down value of zero still being used in the provision of services. These assets are expected to be replaced in future financial years.

16. Fair value measurement

All assets of Metro South Health for which fair value is measured or disclosed in the financial statements are categorised within the following fair value hierarchy, based on the data and assumptions used in the most recent specific appraisals:

- level 1: represents fair value measurements that reflect unadjusted quoted market prices in active markets for identical assets;
- level 2: represents fair value measurements that are substantially derived from inputs (other than quoted prices included in level 1) that are observable, either directly or indirectly; and
- level 3: represents fair value measurements that are substantially derived from unobservable inputs.

None of Metro South Health's valuations of assets are eligible for categorisation into level 1 of the fair value hierarchy. Metro South Health's land asset valuations are categorised under level 2 of the fair value hierarchy.

16. Fair value measurement (continued)

Level 3 significant valuation inputs and relationship to fair value

The fair value of health service site buildings is computed by quantity surveyors. The methodology is known as the Depreciation Replacement Cost valuation technique. The following table highlights the key unobservable (Level 3) inputs assessed during the valuation process and the relationship to the estimated fair value.

Description	Significant unobservable inputs	Unobservable inputs quantitative measures ranges used in valuations	Unobservable inputs - general effect on fair value measurement
Buildings - Health services facilities. Fair value \$824.97 million (2014: \$718.485 million)	Replacement cost estimate	Buildings \$0.02 million to \$726.9 million (2014: \$0.7 million to \$726.9 million)	Replacement cost is based on tender pricing and historical building cost data. An increase in the estimated replacement cost would increase the fair value of the assets. A decrease in the estimated replacement cost would reduce the fair value of the assets.
	Remaining lives estimate	0 years to 38 years (2014: 7 years and 33 years)	The remaining useful lives are based on industry benchmarks. An increase in the estimated remaining useful lives would increase the fair value of the assets. A decrease in the estimated remaining useful lives would reduce the fair value of the assets.
	Cost to bring to current standards	Buildings \$Nil to \$217.913 million (2014: \$Nil to \$217.913 million)	Costs to bring to current standards are based on tender pricing and historical building cost data. An increase in the estimated costs to bring to current standards would reduce the fair value of the assets. A decrease in the estimated costs to bring to current standards would increase the fair value of the assets.
	Condition rating	1 to 3 (max 5 in the model)	The condition rating is based on the physical state of the assets. An improvement in the condition rating (possible high of 1) would increase the fair value of the assets. A decline in the condition rating (possible low of 5) would reduce the fair value of the assets.

	2015 \$'000	2014 \$'000
17. Payables		
Trade creditors	24,864	25,087
Accrued expenses	31,342	34,480
Department of Health payables*	9,834	82,963
	66,040	142,530

*Department of Health payables are due to outstanding vendor payments and other fee for service charges.

18. Accrued employee benefits

Salaries and wages accrued	59,142	37
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*Due to Metro South Health becoming a prescribed employer effective 1 July 2014, accrued expenses for employees are now classified as accrued employee benefits.

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2015

	2015 \$'000	2014 \$'000
19. Asset revaluation surplus by class		
Land		
Balance at the beginning of the financial year*	-	-
Revaluation increment/(decrement)	9,247	-
Balance at the end of the financial year	9,247	-
Buildings		
Balance at the beginning of the financial year*	36,701	32,354
Revaluation increment/(decrement)	-	4,347
Balance at the end of the financial year	36,701	36,701
Balance at the end of the financial year	45,948	36,701

*The asset revaluation surplus represents the net effect of revaluation movements in assets. Refer to Note 15.

20. Equity injections and equity withdrawals

Balance at the beginning of the financial year	1,070,853	1,048,900
Correction of prior year error - asset not previously recognised*	6,517	-
Cash injection for asset acquisitions	39,406	36,844
Non cash injection for asset acquisitions	307	-
Equity asset transfers in/(out) from other Queensland Government entities**	127,909	46,944
Non cash withdrawal for depreciation***	(67,372)	(61,835)
Balance at the end of the financial year	1,177,620	1,070,853

* Correction of prior year error for 9 buildings not previously recognised. Refer Note 15.

** These transfers are in accordance with the Designation of Transfer Notice. Refer Note 15.

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

21. Reconciliation of operating result to net cash flows from operating activities

Operating result from continuing operations	10,226	25,794
<i>Non-cash items:</i>		
Depreciation/amortisation expense	67,372	61,895
Depreciation revenue from the Department of Health	(67,372)	(61,835)
Assets written (on)/off	(1,648)	183
Net loss on sale of property, plant and equipment	459	783
Revaluation decrement reversal to comprehensive income	(728)	(54)
<i>Change in assets and liabilities:</i>		
(Increase)/decrease in trade and other receivables	(30,901)	22,922
(Increase)/decrease in inventories	(1,402)	(1,135)
(Increase)/decrease in prepayments	(393)	(208)
Increase/(decrease) in unearned revenue	(1,834)	1,346
Increase/(decrease) in accrued employees expenses	59,105	-
Increase/(decrease) in payables	(76,490)	36,569
Net cash generated by operating activities	(43,606)	86,260

22. Commitments

(a) Non-cancellable operating leases*

Commitments under operating leases at reporting date are inclusive of anticipated GST and are payable as follows:

	2015 \$'000	2014 \$'000
Not later than one year	7,220	539
Later than one year and not later than five years	25,600	1,746
Later than five years	1,609	-
	34,429	2,285

*Metro South Health has non-cancellable operating leases relating predominantly to office, car park and clinical services accommodation and

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22. Commitments (continued)

medical equipment. In 2014-15 a number of leases managed by the Department of Housing and Public Works (DHPW) has also transferred to Metro South Health previously disclosed by the Department of Health. Lease payments are generally fixed, but with escalation clauses on which contingent rentals are determined. No lease arrangements contain restrictions on financing or other leasing activities.

(b) Capital expenditure and other expenditure commitments

Material classes of capital and other expenditure commitments inclusive of anticipated GST, contracted for at reporting date but not recognised in the accounts are payable as follows:

	2015	2014
	\$'000	\$'000
Capital Works	2,270	6,671
Supplies*	33,108	5,292
Repairs and maintenance	18,965	13,088
Employment	1,705	3,101
	56,048	28,152
Not later than one year	27,721	17,779
Later than one year and not later than five years	28,308	10,062
Later than five years	19	311
	56,048	28,152

* The increase in commitments for supplies predominantly due to new contracts for security services (\$25.6 million).

(c) Grants and other contributions

Grants and contribution commitments inclusive of anticipated GST, committed to provide at reporting date, but not recognised in the accounts are payable as follows:

	2015	2014
	\$'000	\$'000
Not later than one year	4,436	6,257
Later than one year and not later than five years	84	5,349
	4,520	11,606

23. Contingencies

(a) Litigation in progress

At 30 June 2015, Metro South Health has 5 litigation cases before the courts (2014: 12 cases). All Metro South Health indemnified claims have been managed by the Queensland Government Insurance Fund (QGIF). There are 97 claims (2014: 60 claims) managed by QGIF, some of which may never be litigated or result in payment of claims. Metro South Health's legal advisors and management advisors and management believe it would be misleading to estimate the final amount payable (if any) in respect of litigation before the courts at this time.

24. Restricted assets

Metro South Health receives cash contributions primarily from private practice clinicians and from external entities to provide for education, study and research in clinical areas. Contributions are also received from benefactors in the form of gifts, donations and bequests for stipulated purposes. This money is controlled by Metro South Health and forms part of the cash and cash equivalents balance, however it is restricted in nature as it can only be used for the specific purpose. Refer Note 10.

At 30 June 2015, amounts of \$28.689 million (2014:\$30.904 million) in general trust and \$1.582 million (2014:\$3.338 million including capital expenditure) for research projects are set aside for the specified purposes underlying the contribution.

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2015

25. Agency and fiduciary trust transactions and balances

Metro South Health acts in a custodial role in respect of these transactions and balances. As such, they are not recognised in the financial statements, but are disclosed below for information purposes.

(a) Fiduciary trust transactions

	2015	2014
	\$'000	\$'000
Fiduciary trust receipts and payments		
Receipts	2,687	2,898
Payments	<u>2,724</u>	<u>3,004</u>
Increase/(decrease) in net patient trust assets	<u>(37)</u>	<u>(106)</u>
Decrease in net refundable deposits	<u>(1)</u>	<u>(2)</u>
Fiduciary trust assets		
Current assets		
Cash		
Patient trust funds	395	432
Other refundable deposits	<u>9</u>	<u>10</u>
Total current assets	<u>404</u>	<u>442</u>

(b) Agency right of private practice transactions and balances

Metro South Health has a Right of Private Practice arrangement in place. Since August 2014 there are two arrangements in place for private practice as follows:

Assignment model - all revenue generated by the clinician is paid and recognised as revenue by Metro South Health. Doctors under this arrangement are employees of Metro South Health.

Retention model - the revenue generated is initially payable to the private practice doctors directly. Under this arrangement, doctors receive the generated revenue up to an established annual cap. Amounts over the cap are split one third to the doctor and two third to Metro South Health. The portion due to Metro South Health receipted into a general trust account for a study, education and research fund for all staff, which is referred to as SERTA funds. Recoverable costs (eg. administration costs etc) in respect of this arrangement, which Metro South Health is entitled to, are recorded as revenue in Metro South Health's statement of comprehensive income.

Prior to August 2014, the private practice arrangements were referred to as Option A and Option B arrangements. Option A was also referred to as 'assignment' model with same arrangement as outlined above. Option B which allowed clinicians to retain a portion of the private fees they earned with the balance being paid into the general trust SERTA account similar to the above described 'retention' model.

	2015	2014
	\$'000	\$'000
Right of private practice receipts and payments		
Receipts		
Private practice receipts	44,479	42,650
Interest	109	87
Other receipts*	<u>8,568</u>	<u>4,047</u>
Total receipts	<u>53,156</u>	<u>46,784</u>
Payments		
Payments to doctors	11,848	12,156
Payments to Metro South Health for recoverable costs	28,042	24,110
Payments to Metro South Health general trust for SERTA	3,832	6,865
Other payments**	<u>8,955</u>	<u>4,079</u>
Total payments	<u>52,677</u>	<u>47,210</u>
Increase/(decrease) in net right of private practice assets	<u>479</u>	<u>(426)</u>

* Other receipts relating to dietician, oral health, children's health, medical imaging and outstanding deposits not yet receipted.

** Payments relating to the receipts on behalf of other Queensland Health entities such as Pathology Services, Medical Imaging, Children Services, refund to Medicare and or Private Insurance. Refer to Note 1(c).

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2015

25. Agency and fiduciary trust transactions and balances (continued)

	2015 \$'000	2014 \$'000
Right of private practice assets		
Current assets		
Cash*	1,751	1,272
Total current assets	1,751	1,272

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

26. Arrangements for the provision of public infrastructure by other entities

Public Private Partnership (PPP) arrangements operating for all or part of the financial year are as follows. Refer to Note 1(m). The PPP is a Build-Own-Operate-Transfer (BOOT) arrangement.

Facility	Counterparty	Term of Agreement	Commencement Date
The Princess Alexandra Hospital (PAH) Multi Storey Car Park	International Parking Group Pty Limited	25 years	February 2008

The Princess Alexandra Hospital Multi Storey Car Park

The developer has constructed a 1,403 space multi storey car park on site at the hospital. Rental of \$0.295 million per annum escalated for CPI annually will be received from the car park operator up to February 2033. The developer operates and maintains the facility at its sole cost and risk. Metro South Health staff is entitled to concessional rates when using the car park.

Assets

As at 30 June 2015, Metro South Health does not have legal title to properties under its control. Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the facility has been constructed is recognised as Metro South Health's land. The recognised value of the relevant land parcel at Princess Alexandra Hospital is \$22.1 million. The portion dedicated to the PAH Multi Storey Car Park is 33.4 per cent with an estimated value of \$7.4 million. Refer Note 1(m).

Metro South Health has not recognised any rights or obligations relating to these facilities other than those associated with land rental and the provision of services under the agreements. Metro South Health has the right to retain the rent in accordance with the Deed of Lease in the Transfer Notice.

	2015 \$'000	2014 \$'000
Revenues		
Revenues recognised in relation to these arrangements:		
User charges and fees*	352	343

*This represents the actual rental payments for the multi-story car park.

PPP arrangements of Metro South Health cash flows (indicative)*

The Princess Alexandra Hospital multi storey car park	2015 \$'000	2014 \$'000
Up to 1 year	374	363
More that 1 year but less than 5 years	1,614	1,567
More than 5 years but less than 10 years	2,305	2,238
Later than 10 years	4,218	4,707
Net indicative cash flow	8,511	8,875

*The indicative cash flow is the undiscounted annual rental payments of \$0.295 million for the term of the agreement escalated annually by CPI at a rate of 3 per cent.

Metro South Health
Notes to the Financial Statements
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27. Collocation arrangements

Collocation arrangements operating for all or part of the financial year are as follows. Refer to Note 1(n).

Facility	Counterparty	Term of Agreement	Commencement Date
Redlands Private Hospital	Sister of Mercy	25 years + 30 years	August 1999
Translational Research Institute (TRI) Building	Translational Research Institute Pty Ltd	30 years + 20 years	May 2013

Collocation agreement with Redland Private Hospital

In accordance with the Collocation Agreement, in 2014-15 Metro South Health recognised \$0.222 million (2014:\$0.292 million) revenue. Metro South Health has not recognised any rights or obligations relating to these facilities other than those associated with land rental and the provision of services under the agreements. Metro South Health has the right to retain the rent in accordance with the Deed of Lease in the Transfer Notice.

Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the Redland Private Hospital was constructed is approximately 9 per cent of the Redland Hospital land recognised at a total value of \$12.065 million.

Collocation agreement with Translational Research Institute Pty Ltd

Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the Translational Research Institute was constructed is approximately 12 per cent of the relevant parcels of the Princess Alexandra Hospital land recognised at a total value \$12.388 million. The lease for the building is between the Department of Health and TRI Pty Ltd and Metro South Health has sublease for building areas but no revenue is recorded from this arrangement.

28. Financial Instruments

(a) Categorisation of financial instruments

Metro South Health has the following categories of financial assets and financial liabilities:

	2015 \$'000	2014 \$'000
Financial assets		
Cash and cash equivalents	132,301	170,710
Receivables	58,067	26,858
	190,368	197,568
Financial liabilities		
Payables	66,040	142,530

(b) Financial risk management

Metro South Health is exposed to a variety of financial risks – credit risk, liquidity risk, interest rate risk and market risk.

Financial risk is managed in accordance with Queensland Government and Metro South Health's policies. Metro South Health's policies provide written principles for overall risk management and aim to minimise potential adverse effects of risk events on the financial performance of Metro South Health.

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

28. Financial Instruments (continued)

(c) Credit risk exposure

Credit risk is the potential for financial loss arising from Metro South Health's debtors defaulting on their obligations. The maximum exposure to credit risk at balance date is the carrying value of receivable balances adjusted for impairment. Refer Note 11. Credit risk is considered minimal given all Metro South Health deposits are held by the State through Queensland Treasury Corporation.

(d) Liquidity risk

Liquidity risk refers to the situation when Metro South Health may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial assets. This risk is minimal, as Metro South Health has an approved overdraft facility of \$18 million under whole-of-government banking arrangements to manage any short term cash shortfalls.

(e) Market risk

Metro South Health has interest rate exposure on the Queensland Treasury Corporate deposits and there is no interest rate exposure on its cash and fixed rate deposits. Metro South Health does not undertake any hedging in relation to interest rate risk. Changes in interest rate have a minimal effect on the operating result of Metro South Health.

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Notes to the Financial Statements
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29. Key management personnel and remuneration expenses

(a) Key management personnel

The following details for key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of Metro South Health during 2014-15. Further information on these positions can be found in the body of the Annual Report under the section relating to Executive Management.

Position and name	Responsibilities	Contract classification and appointment authority	Appointment date*
<i>Metro South Hospital and Health Board</i>	The Board decides the objectives, strategies and policies to be followed by Metro South Health and ensure it performs its functions in a proper, effective and efficient way.	Appointments are under the provisions of the Hospital and Health Boards Act 2011 by Governor in Council. Notice published in the Queensland Government Gazette.	
Chair Terry White AO			18/05/2012
Deputy Chair Peter Dowling AM			29/06/2012
Board Members Dr John Kastrissios			29/06/2012
Lorraine Martin AO			07/09/2012
Professor John Prins			29/06/2012
Dr Marion Tower			29/06/2012
Margo MacGillivray	14/06/2013		

Position	Responsibilities	Contract classification and appointment authority	Appointment date*
Health Service Chief Executive	Delegated the operational responsibility to fulfil the Board's objectives and strategies. The Health Service Chief Executive then sub-delegates certain functions to the Executive team.	Section 74 Contract, Hospital and Health Boards Act 2011	06/08/2012
Executive Director, PAH-QEII Health Network	Executive leadership and operational responsibility for the health network.	Section 51A , Hospital and Health Boards Act 2011, Health Employment Directive No. 7/14 Senior Medical Officers - Employment Framework	05/05/2014
Executive Director, Logan-Bayside Health Network	Executive leadership and operational responsibility for the health network.	Hospital Executive Service HES 3L	04/04/2011
Executive Director, Addiction and Mental Health Services	Executive leadership and operational responsibility for addiction and mental health services.	Section 51A , Hospital and Health Boards Act 2011, Health Employment Directive No. 7/14 Senior Medical Officers - Employment Framework	03/12/2007

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(a) Key management personnel (continued)			
Position	Responsibilities	Contract classification and appointment authority	Appointment date*
Executive Director, Clinical Governance	This position provides leadership for Clinical Governance and Patient Safety in Metro South Health and ensures the appropriate performance and outcomes of the clinical governance systems across Metro South Health across the domains of compliance, performance and support.	Section 51A , Hospital and Health Boards Act 2011, Health Employment Directive No. 7/14 Senior Medical Officers - Employment Framework	29/12/2008
Chief Finance Officer	This position is responsible and accountable for the operation of the financial management system and control environment for Metro South Health. It provides strategic advice and leadership of the financial management functions for the Hospital and Health Service.	Hospital Executive Service HES3H	04/06/2013
Executive Director, Corporate Services Metro South Health	This position is the Executive lead for asset management, capital planning and development, procurement management, contracts management, human resource management, operational support services, building engineering and maintenance services and other ancillary corporate support functions.	Hospital Executive Service HES3L	23/10/2009
Chief Information Officer	This position provides strategic leadership, direction and management across Metro South Health for Clinical Informatics and Technology Services and responsible for a diverse range of Communications Technology (ICT)services.	Hospital Executive Service HES2H	13/12/2010
Executive Director, Planning, Engagement and Reform	This position provides strategic leadership and innovation in the development and delivery of the following critical functions across Metro South Health – health service planning, engagement, government relations, health reform, media and communications.	Hospital Executive Service HES2H	28/05/2012
Executive Director, Nursing and Midwifery Services	This position leads the nursing services of Metro South Health.	Nurses and Midwives Certified Agreement 2012 Nurse Grade 12	29/07/2007
Executive Director, Medical Services	This position is the principal medical officer for Metro South Health and is responsible for supporting the health service Chief Executive in the planning and management of the health service's clinical services. This position provides professional leadership to all medical officers within Metro South Health	Section 51A , Hospital and Health Boards Act 2011, Health Employment Directive No. 7/14 Senior Medical Officers - Employment Framework	12/11/2012
Executive Director of Allied Health Services	This position provides strategic leadership of Metro South Health allied health workforce and services.	Health Practitioners Certified Agreement 2011 HP8	05/12/2008

*Key managements' commencement dates reflect their original appointment to the position. Refer to Note 1(q).

29. Key management personnel and remuneration expenses (continued)

(b) Remuneration expenses

Key management personnel remuneration - Board

Metro South Health is independently and locally controlled by the Hospital and Health Board (The Board). The Board appoints the health service chief executive and exercises significant responsibilities at a local level, including controlling the financial management of Metro South Health and the management of Metro South Health land and buildings (section 7 Hospital and Health Board Act 2011).

Key management personnel remuneration - Executive Leadership Team (ELT)

Section 74 of the Hospital and Health Board Act 2011 provides the contract of employment for health executive staff must state the term of employment, the person's functions and any performance criteria as well as the person's classification level and remuneration package.

Remuneration policy for Metro South Health key executive management personnel is set by direct engagement common law employment contracts and various award agreements. The remuneration and other terms of employment for the key executive management personnel are also addressed by these common law employment contracts and awards. The remuneration packages provide for the provision of some benefits including motor vehicles.

Remuneration expenses for key management personnel comprises the following components:

- Short-term employee expenses which include:
 - salaries, allowances and leave entitlements earned and expensed for the entire year or for that part of the year during which the employee occupied the specified position.
 - non-monetary benefits consisting of provision of vehicle together with fringe benefits tax applicable to the benefit.
- Long-term employee benefits include amounts expensed in respect of long service leave entitlements earned.
- Post-employment expenses include amounts expensed in respect of employer superannuation obligations.
- Termination benefits are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu of notice on termination, regardless of the reason for termination.

1 July 2014 to 30 June 2015						
Position and name	Short term employee expenses		Long term employee expenses \$'000	Post-employment expenses \$'000	Termination benefits \$'000	Total expenses \$'000
	Monetary expenses \$'000	Non-monetary benefits				
Chair Terry White AO	90	-	-	9	-	99
Deputy Chair Peter Dowling AM	55	-	-	5	-	60
Board Member Dr John Kastrissios	50	-	-	5	-	55
Board Member Lorraine Martin AO	51	-	-	5	-	56
Board Member Professor John Prins	58	-	-	5	-	63
Board Member Dr Marion Tower	51	-	-	5	-	56
Board Member Margo MacGillivray	53	-	-	5	-	58

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29. Key management personnel and remuneration expenses (continued)

1 July 2014 to 30 June 2015						
Position and name	Short term employee expenses		Long term employee expenses \$'000	Post-employment expenses \$'000	Termination benefits \$'000	Total expenses* \$'000
	Monetary expenses \$'000	Non-monetary benefits				
Health Service Chief Executive	487	11	9	50	-	557
Executive Director, PAH-QEII Health Network	460	6	9	35	-	510
Executive Director, Logan-Bayside Health Network	215	-	4	22	-	241
Executive Director, Addiction and Mental Health Services	484	2	10	32	-	528
Executive Director, Clinical Governance	432	1	8	31	-	472
Chief Finance Officer	273	-	5	24	-	302
Executive Director, Corporate Services	232	-	4	24	-	260
Chief Information Officer	208	-	4	21	-	233
Executive Director, Planning, Engagement and Reform	214	-	4	22	-	240
Executive Director, Nursing and Midwifery Services	300	8	5	23	-	336
Executive Director, Medical Services	422	-	9	31	-	462
Executive Director of Allied Health Services	166	-	3	19	-	188

*Represents aggregate expenditure for each position including relieving arrangements.

There is no key management personnel with a remuneration package that includes potential performance payments. There are no related party transactions to report.

1 July 2013 to 30 June 2014						
Position and name	Short term employee expenses		Long term employee expenses \$'000	Post-employment expenses \$'000	Termination benefits \$'000	Total expenses \$'000
	Monetary expenses \$'000	Non-monetary benefits				
Chair Terry White AO	74	-	-	6	-	80
Deputy Chair Peter Dowling AM	38	-	-	3	-	41
Board Member Dr John Kastrissios	38	-	-	3	-	41
Board Member Lorraine Martin AO	38	-	-	3	-	41
Board Member Professor John Prins	37	-	-	3	-	40
Board Member Dr Marion Tower	38	-	-	3	-	41
Board Member Margo MacGillivray	39	-	-	3	-	42

29. Key management personnel and remuneration expenses (continued)

1 July 2013 to 30 June 2014						
Position and name	Short term employee expenses		Long term employee expenses	Post-employment expenses	Termination benefits	Total expenses
	Monetary expenses \$'000	Non-monetary benefits \$'000				
Health Service Chief Executive	482	10	10	51	-	553
Executive Director, PAH-QEII Health Network*	422	8	6	24	-	460
Executive Director, Logan-Bayside Health Network	198	-	4	17	-	219
Executive Director, Addiction and Mental Health Services	403	5	8	26	-	442
Executive Director, Clinical Governance	407	1	8	29	-	445
Chief Finance Officer	256	-	5	26	-	287
Executive Director, Corporate Services	238	-	4	21	-	263
Chief Information Officer	218	-	4	21	-	243
Executive Director, Planning, Engagement and Reform	186	-	3	18	-	207
Executive Director, Nursing and Midwifery Services	410	7	8	34	-	459
Executive Director, Medical Services	332	6	6	32	-	376
Executive Director of Allied Health Services	160	-	3	17	-	180

*The information in this table have been re-instated from the 2013-14 published table representing the aggregate expenditure for each position, including relieving arrangements, more accurately reflecting the cost to Metro South Health.

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30. Budget vs actual comparison

NB. A budget vs actual comparison, and explanations of major 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.

Statement of Comprehensive Income

	Variance	Actual 2015	Original Budget 2015	Variance	Variance
	Notes	\$'000	\$'000	\$'000	% of Budget
Income					
User charges and fees	1	1,942,597	1,838,823	103,774	6%
Grants and other contributions	2	40,256	33,155	7,101	21%
Other revenue	3	7,093	17,714	(10,621)	-60%
Total revenue		1,989,946	1,889,692	100,254	5%
Gains on disposal or re-measurement of assets		961	805	156	19%
Total income		1,990,907	1,890,497	100,410	5%
Expenses					
Employee expenses	4	1,335,613	2,017	1,333,596	66118%
Health Service employee expenses	4	-	1,307,975	(1,307,975)	-100%
Supplies and services	5	564,469	497,875	66,594	13%
Grants and subsidies		3,358	3,063	295	10%
Depreciation and amortisation		67,372	67,379	(7)	0%
Impairment losses		152	4,090	(3,938)	-96%
Other expenses		9,717	8,098	1,619	20%
Total expenses		1,980,681	1,890,497	90,184	5%
Operating result for the year		10,226	-	10,226	n/a

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2015

30. Budget vs Actual Comparison (continued)

Statement of Financial Position

	Variance Notes	Actual 2015 \$'000	Original Budget 2015 \$'000	Variance \$'000	Variance % of Budget
Current assets					
Cash and cash equivalents	6	132,301	156,540	(24,239)	-15%
Receivables	7	58,067	18,016	40,051	222%
Inventories		15,175	12,928	2,247	17%
Other assets	8	6,067	1,652	4,415	267%
Total current assets		211,610	189,136	22,474	12%
Non-current assets					
Intangible assets		587	29	558	1924%
Property, plant and equipment		1,192,652	1,185,742	6,910	1%
Total non-current assets		1,193,239	1,185,771	7,468	1%
Total assets		1,404,849	1,374,907	29,942	2%
Current liabilities					
Payables	9	66,040	123,020	(56,980)	-46%
Accrued employee benefits	9	59,142	274	58,868	21485%
Unearned revenue		90	-	90	n/a
Total current liabilities		125,272	123,294	1,978	2%
Total liabilities		125,272	123,294	1,978	2%
Net assets		1,279,577	1,251,613	27,964	2%
Equity					
Contributed equity		1,177,620	1,120,984	56,636	5%
Accumulated surplus/(deficit)		56,009	49,244	6,765	14%
Asset revaluation surplus	10	45,948	81,385	(35,437)	-44%
Total equity		1,279,577	1,251,613	27,964	2%

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2015

30. Budget vs Actual Comparison (continued)

Statement of Cash Flows

	Variance Notes	Actual 2015 \$'000	Original Budget 2015 \$'000	Variance \$'000	Variance % of Budget
Cash flows from operating activities					
<i>Inflows:</i>					
User charges and fees	11	1,843,099	1,769,778	73,321	4%
Grants and other contributions	12	39,336	33,155	6,181	19%
Interest received		1,031	1,245	(214)	-17%
GST input tax credits		28,910	32,741	(3,831)	-12%
GST collected from customers		4,689	-	4,689	n/a
Other receipts	13	5,295	16,469	(11,174)	-68%
<i>Outflows:</i>					
Employee expenses	14	(1,276,509)	(1,905)	(1,274,604)	66908%
Health service employee expenses	14	-	(1,307,975)	1,307,975	-100%
Supplies and services	15	(642,983)	(486,367)	(156,616)	32%
Grants and subsidies		(3,365)	(3,063)	(302)	10%
GST paid		(29,663)	(32,762)	3,099	-9%
GST remitted to ATO		(4,696)	-	(4,696)	n/a
Other		(8,750)	(8,098)	(652)	8%
Net cash provided by (used in) operating activities		(43,605)	13,218	(56,824)	-430%
Cash flows from investing activities					
<i>Inflows:</i>					
Sales of property, plant and equipment		407	(551)	958	-174%
<i>Outflows:</i>					
Payments for property, plant and equipment	16	(32,796)	(17,800)	(14,996)	84%
Payments for intangibles		(337)	-	(337)	n/a
Prepayments for plant and equipment		(1,483)	-	(1,483)	n/a
Net cash provided by (used in) investing activities		(34,209)	(18,351)	(15,858)	86%
Cash flows from financing activities					
<i>Inflows:</i>					
Equity Injections	16	39,406	17,800	21,606	121%
Net cash provided by (used in) financing activities		39,406	17,800	21,606	121%
Net increase/(decrease) in cash and cash equivalents		(38,407)	12,667	(51,074)	-403%
Cash and cash equivalents at the beginning of the financial year		170,710	143,873	26,837	19%
Cash and cash equivalents at the end of the financial year		132,303	156,540	(24,237)	-15%

Notes to the Financial Statements

For the year ended 30 June 2015

30. Budget vs Actual Comparison (continued)

Explanation of Major Variances

Statement of Comprehensive Income

- 1 Increase of \$104 million is mainly due to additional funding for increased and new services. This includes additional inpatient activity, short stay ED beds, Medical Aids Community initiatives and sub acute services (total increase \$77 million). Patient related revenue has also increased due to higher than budgeted activity and higher claims relating to the Pharmaceutical Benefit Scheme (\$27 million).
- 2 Increase is mainly due to donate life organ and tissue service and specialist medical training programs (\$3 million) not included in budget, increase in transition care program (\$1 million) and donated cash and physical assets (\$2 million).
- 3 The decrease of \$10.6 million reflects the reclassification of salary recoveries reimbursement which is now recorded under employee expenses, due to Metro South Health becoming a prescribed employer from 1 July 2014.
- 4 The large change in category between employee expenses and health service employee expense is because Metro South Health has become a prescribed employer from 1 July 2014.
- 5 Increase of \$66.5 million is mainly due to additional non-labour expenditure associated with the new and expanded services outlined in variance note 1.

Statement of Financial Position

- 6 Decrease of \$24 million is mainly due to a timing difference of payments due to the Department of Health.
- 7 Increase of \$40 million is predominantly due to receivables from the Department of Health in relation to increased and new services as outlined in variance note 1.
- 8 Increase of \$4 million is due to increase in prepayments to secure discounts on significant medical equipment purchases.
- 9 Decrease in payables and increase in accrued employee benefits resulted in a combined variance of \$1.89 million which is attributable to timing differences of payables.
- 10 Difference of \$35 million is due to lower indexation rates applied to land and building values than was assumed in the budget.

Cash flows from operating activities

- 11 Increase of \$73 million is mainly due to additional funding for increased and new services as outlined in variance note 1.
- 12 Increase of \$6 million is mainly due to additional programs as outlined in variance note 2.
- 13 Decrease of other receipts by \$11 million from budget reflects the reclassification of salary recoveries reimbursement which is now recorded under employee expenses due to Metro South Health becoming a prescribed employer from 1 July 2014.
- 14 The large change in category between employee expenses and health service employee expense is because Metro South Health has become a prescribed employer from 1 July 2014.
- 15 Increase of \$105.8 million is mainly due to increased non-labour expenditure from the new and expanded services outlined in variance note 5.
- 16 Additional funding as equity injection resulted in increase in payments for property, plant and equipment .

Metro South Health

Notes to the Financial Statements

For the year ended 30 June 2015

31. Events after the reporting period

There have been no events that have arisen subsequent to the reporting date that may significantly affect the operation of Metro South Health.

Certificate of Metro South Health

These general purpose financial statements have been prepared pursuant to section 62(1) of the Financial Accountability Act 2009 (the Act), section 43 of the Financial and Performance Management Standard 2009 and other prescribed requirements. In accordance with section 62(1)(b) of the Act we certify that in our opinion:

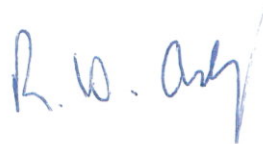
- a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- b) the statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of Metro South Health for the financial year ended 30 June 2015 and of the financial position of Metro South Health at the end of that year; and
- c) these assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material respects, with respect to financial reporting throughout the reporting period.



Terry White AO
BA DipPharm FAIM

Chair
Metro South Hospital and Health Board

19, 8, 2015



Dr Richard Ashby AM
MBBS BHA FRACGP
FACEM FIFEM FRACMA
Chief Executive Officer
Metro South Health

19, 8, 2015



Robert Mackway-Jones
BCom MBA ACA

Chief Finance Officer
Metro South Health

19, 8, 2015

INDEPENDENT AUDITOR'S REPORT

To the Board of Metro South Hospital and Health Service

Report on the Financial Report

I have audited the accompanying financial report of Metro South Hospital and Health Service, which comprises the statement of financial position as at 30 June 2015, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and certificates given by the Chairperson, Chief Executive Officer and Chief Finance Officer.

The Board's Responsibility 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 prescribed accounting requirements identified in the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*, including compliance with Australian Accounting Standards. The Board's responsibility also includes such internal control as the Board determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on the audit. The audit was conducted in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit is planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control, other than in expressing an opinion on compliance with prescribed requirements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report including any mandatory financial reporting requirements approved by the Treasurer for application in Queensland.

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

Independence

The *Auditor-General Act 2009* promotes the independence of the Auditor-General and all authorised auditors. The Auditor-General is the auditor of all Queensland public sector entities and can be removed only by Parliament.

The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

Opinion

In accordance with s.40 of the *Auditor-General Act 2009* –

- (a) I have received all the information and explanations which I have required; and
- (b) in my opinion –
 - (i) the prescribed requirements in relation to the establishment and keeping of accounts have been complied with in all material respects; and
 - (ii) the financial report presents a true and fair view, in accordance with the prescribed accounting standards, of the transactions of the Metro South Hospital and Health Service for the financial year 1 July 2014 to 30 June 2015 and of the financial position as at the end of that year.

Other Matters - Electronic Presentation of the Audited Financial Report

Those viewing an electronic presentation of these financial statements should note that audit does not provide assurance on the integrity of the information presented electronically and does not provide an opinion on any information which may be hyperlinked to or from the financial statements. If users of the financial statements are concerned with the inherent risks arising from electronic presentation of information, they are advised to refer to the printed copy of the audited financial statements to confirm the accuracy of this electronically presented information.



D J OLIVE CPA
as Delegate of the Auditor-General of Queensland



Queensland Audit Office
Brisbane

Glossary of acronyms

ABF	Activity Based Funding
ACHS	Australian Council on Healthcare Standards
AM	Member of the Order of Australia
AO	Order of Australia
AVAC	Attendance Variation and Allowance Claim
Board	Metro South Hospital and Health Board
BPA	Best Practice Australia
CALD	Culturally and Linguistically Diverse
CARE-PACT	Comprehensive Aged Residential Emergency and Partners in Assessment, Care and Treatment
CEO	Chief Executive Officer
CHSP	Community Home Support Program
CIO	Chief Information Officer
CRF	Clinical Research Facility
EB	Enterprise Bargaining
ED	Emergency Department
EMR	Electronic Medical Record
ES	Elective Surgery
ETIC	Executive Transformation and Innovation Committee
FBT	Fringe Benefits Tax
FTE	Full Time Equivalent
GP	General practitioner
GST	Goods and Services Tax
HACC	Home and Community Care
HBCIS	Hospital-Based Corporation Information System
HHS	Hospital and Health Service
HREC	Metro South Health Human Research Ethics Committee
HSCE	Health Service Chief Executive
ICT	Information and Communication Technology
ieMR	integrated electronic Medical Record
ISO	International Organization for Standardisation
IT	Information Technology
KPI	Key Performance Indicator
LEAPOnline	Learning Education and Professional development Online
LMS	Learning Management System

Metro South Health	Metro South Hospital and Health Service
MOHRI	Minimum Obligatory Human Resources Information
MSAMHS	Metro South Addiction and Mental Health Services
MSH	Metro South Health
MSHCF	Metro South Health Consultative Forum
MSHHB	Metro South Hospital and Health Board
MRSA	Methicillin Resistant <i>Staphylococcus aureus</i>
NEAT	National Emergency Access Target
NEST	National Elective Surgery Target
NNLHD	Northern NSW Local Health District
NSQHS	National Safety and Quality Health Service (Standards)
OAM	Medal of the Order of Australia
PPP	Public Private Partnerships
PA Hospital	Princess Alexandra Hospital
PAH	
PAVE	People Actions Values Empowerment. <i>PAVE the way</i> is Metro South Health's workforce engagement strategy
PET-MRI	Positron Emission Tomography-Magnetic Resonance Imaging
QAO	Queensland Audit Office
QAS	Queensland Ambulance Service
QEII	Queen Elizabeth II Jubilee Hospital
Hospital QEII	
QIMR	Queensland Institute of Medical Research
QUT	Queensland University of Technology
RoPP	Right of Private Practice
SAC	Severity Assessment Code
SERTA	Study, Education and Research Trust Account
TAFE	Technical and Further Education
TB Clinic	Tuberculosis Clinic
TIC	Transformation and Innovation Collaborative
TRI	Translational Research Institute
UQ	University of Queensland
VLAD	Variable Life Adjustment Display
WAU	Weighted Activity Unit

Annual report compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> A letter of compliance from the accountable officer or statutory body to the relevant Minister/s 	ARRs – section 8	p. 2
Accessibility	<ul style="list-style-type: none"> Table of contents 	ARRs – section 10.1	p. 3
	<ul style="list-style-type: none"> Glossary 		p. 123
	<ul style="list-style-type: none"> Public availability 	ARRs – section 10.2	inside cover
	<ul style="list-style-type: none"> Interpreter service statement 	<i>Queensland Government Language Services Policy</i> ARRs – section 10.3	inside cover
	<ul style="list-style-type: none"> Copyright notice 	<i>Copyright Act 1968</i> ARRs – section 10.4	inside cover
	<ul style="list-style-type: none"> Information licensing 	<i>Queensland Government Enterprise Architecture – Information Licensing</i> ARRs – section 10.5	inside cover
General information	<ul style="list-style-type: none"> Introductory information 	ARRs – section 11.1	pp. 8-12
	<ul style="list-style-type: none"> Agency role and main functions 	ARRs – section 11.2	pp. 13
	<ul style="list-style-type: none"> Operating environment 	ARRs – section 11.3	p. 13-16
	<ul style="list-style-type: none"> Machinery of government changes 	ARRs – section 11.4	n/a
Non-financial performance	<ul style="list-style-type: none"> Government's objectives for the community 	ARRs – section 12.1	p. 50
	<ul style="list-style-type: none"> Other whole-of-government plans/specific initiatives 	ARRS – section 12.2	n/a
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 12.3	pp. 51-75
	<ul style="list-style-type: none"> Agency service areas, service standards 	ARRs – section 12.4	pp. 74-75
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 13.1	p. 76
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 14.1	p. 18
	<ul style="list-style-type: none"> Executive management 	ARRs – section 14.2	pp. 19-29
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 14.3	n/a
	<ul style="list-style-type: none"> <i>Public Sector Ethics Act 1994</i> 	<i>Public Sector Ethics Act 1994</i> ARRs – section 14.4	p. 44
Governance – risk management and accountability	<ul style="list-style-type: none"> Risk management 	ARRs – section 15.1	p. 46
	<ul style="list-style-type: none"> External scrutiny 	ARRs – section 15.2	p. 45
	<ul style="list-style-type: none"> Audit committee 	ARRs – section 15.3	p. 31
	<ul style="list-style-type: none"> Internal audit 	ARRs – section 15.4	p. 46
	<ul style="list-style-type: none"> Information systems and recordkeeping 	ARRs – section 15.5	pp. 47-48

Governance – human resources	▪ Workforce planning and performance	ARRs – section 16.1	pp. 81-83
	▪ Early retirement, redundancy and retrenchment	Directive No.11/12 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 16.2	p. 83
Open Data	▪ Consultancies	ARRs – section 17 ARRs – section 34.1	p. 48
	▪ Overseas travel	ARRs – section 17 ARRs – section 34.2	p. 48
	▪ Queensland Language Services Policy	ARRs – section 17 ARRs – section 34.3	n/a
	▪ Government bodies	ARRs – section 17 ARRs – section 34.4	p. 48
Financial statements	▪ Certification of financial statements	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section 18.1	p. 120
	▪ Independent Auditors Report	FAA – section 62 FPMS – section 50 ARRs – section 18.2	pp. 121-122
	▪ Remuneration disclosures	Financial Reporting Requirements for Queensland Government Agencies ARRs – section 18.3	pp. 112-114

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2009*

ARRs *Annual Report requirements for Queensland Government agencies*

