

ANNUAL REPORT 2023–2024

West Moreton Hospital and Health Service



Accessibility

Open data

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

Interpreter service statement



The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on telephone (07) 3810 1111 or freecall 1800 131 450 and we will arrange an interpreter.

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Availability and attribution

An electronic copy of this report is available at www.westmoreton.health.qld.gov.au. Hard copies of the annual report are available by phoning Ipswich Hospital on (07) 3810 1111. Alternatively, you can request a copy by emailing WMCommunications@health.qld.gov.au.

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Acknowledgment of Traditional Custodians

We acknowledge and give our respects to the Jagera, Yuggera and Ugarapul people, Traditional Custodians of this land where they have performed age-old ceremonies of storytelling, healing, music, dance and celebration. We would also like to acknowledge and give our respects to our Elders, past, present and emerging, for they hold the memories, traditions and knowledge of Aboriginal and Torres Strait Islander culture.

Recognition of Australian South Sea Islanders

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

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

3 September 2024

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

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2023–2024 and financial statements for West Moreton Hospital and Health Service.

I certify that this Annual Report complies with:

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

A checklist outlining the annual reporting requirements is provided at page 85 of this annual report.



Yours sincerely

Sue Scheinpflug
Chair
West Moreton Hospital and Health Board

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West Moreton Health Hospital and Health Service

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Statement on Government objectives for the community

West Moreton Hospital and Health Service's (WMHHS's) strategic priorities have been developed in alignment with the Government's objectives for the community:

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

WMHHS's vision is a thriving community in which people achieve their best possible health and wellbeing. We work to achieve our vision by providing safe, quality care to the West Moreton community.

From the Chair and Chief Executive

During 2023–2024, WMHHS experienced significant growth in our services, workforce, and facilities. This growth is in response to the increasing demand for services from the region's growing population.

We are in an exciting era of expansion, leveraging our strong partnerships and continuing our work to develop and deliver alternative models of care.

While change is a constant in the health sector, our vision to support a thriving community where people achieve their best possible health and wellbeing remains unchanged.

In achieving our vision, we ensure our focus remains firmly on the delivery of safe, quality care every day.

This annual report highlights our achievements in 2023–2024 and outlines our future initiatives.

The challenge of responding to the high demand for our services is compounded by the increasing complexity and the acute healthcare needs of our population. In the past year, our workforce has demonstrated exceptional innovation and commitment in the design and delivery of safe and quality health care.

We have translated funding into initiatives designed to ensure timely access to emergency and outpatient services, improving patient flow and increasing capacity across our entire network of hospitals and community services.

We delivered more care closer to home by expanding our community services, increasing our use of telehealth, and introducing tele-oncology to our rural hospitals.

Investment in our facilities continued throughout 2023–2024. Together, our staff and communities celebrated the culmination of years of collaboration and planning at the opening of the Ripley Satellite Hospital 'Moodoombar Dabbil' in August 2023 and the launch of the architectural award-winning Mental Health Acute Inpatient Service building, which opened in November 2023.

Both centres, representing authentic community engagement and co-design, are recognised as culturally safe spaces for healing and treatment.

The Ipswich Hospital Stage 2 Capacity Expansion Program is progressing, with site preparation for the new acute services building on the Ipswich Hospital campus having commenced in

January 2024. This facility will provide 200 new beds, a new emergency department (ED) and additional operating theatres by late 2027.

Early works also commenced in late 2023 for a new sub-acute inpatient facility adjacent to the Ripley Satellite Hospital.

Looking ahead, we are excited about the construction of a residential drug and alcohol rehabilitation and withdrawal centre at Raceview along with planned upgrades to the Boonah, Gatton and Laidley hospitals.

Our ongoing collaboration with consumers, community, staff and healthcare partners expanded this year, informing improvements to our services, new models of care, and the design and delivery of infrastructure.

In partnership with Darling Downs Hospital and Health Service (DDHHS) and Darling Downs and West Moreton PHN (Primary Health Network), we are assessing the health needs of our combined region. The results will guide our strategy, clinical service planning, and commissioning decisions in the coming years. Together we are also laying the foundations for a regional collaboration that will improve access to care ranging from primary through to tertiary care services.

We are particularly focused on investing in the health and wellbeing of vulnerable groups.

In 2024–2025, our Prison and Youth Detention Health Service (PYDHS) will offer primary health care and dental services to the prison population of the new Lockyer Valley Correctional Centre and the Wacol Youth Detention Centre. We are also exploring opportunities to improve care outcomes within this complex environment.

In June 2024, we launched Murrumba Targan Djimbulung, a First Nations-led service for First Nations people at risk of, or living with, chronic illness. This model of care considers the whole person, including their cultural, mental and physical health. It is one of many services developed to improve health outcomes for Aboriginal and Torres Strait Islander peoples as part of our *First Nations Health Equity Strategy 2022–2025*.

We have continued to grow our clinical capability and foster research opportunities. Our clinical trials program expanded to 20 active trials, including our first commercially sponsored clinical trial.

In October 2023, we hosted our inaugural Quality Improvement and Research Symposium, showcasing how research is embedded throughout our health service and encouraging further collaboration on priority research areas.

Our partnership with the Ipswich Hospital Foundation (IHF) goes from strength to strength. Their support and fundraising efforts are impacting positively, providing new opportunities for research and development as well as the provision of important equipment. Together we are raising the profile of the role that health services play in our region, especially in areas of preventive health and wellbeing.

As we expand our health service in 2024–2025, we will be guided by a new Environmental Sustainability Strategy 2024–2029. This strategy sets out our priorities and actions aimed at improving our environmental performance and reducing the impacts our health service has on the environment.

Our dedicated staff have made a significant contribution to the community, demonstrating unwavering commitment and compassion every day. Their efforts are the foundation of our successes and the key to our future growth and innovation.

Sue Scheinpflug, Chair

Hannah Bloch, Chief Executive

About us

WMHHS provides health and wellbeing services across the Somerset, Scenic Rim, Lockyer Valley, and Ipswich communities. The border of the WMHHS region lies beyond Esk in the north, Gatton in the west, Ipswich in the east, and Boonah in the south.

As at June 2022, the population of the WMHHS region was 325,000. The population is projected to be 636,000 by 2046. The projected 2.9 per cent compound annual growth rate is the highest of all health regions in Queensland and substantially more than the Queensland rate of 1.7 per cent.

WMHHS provides preventative and primary healthcare services, medical, surgical, emergency, obstetric, paediatric, acute and sub-acute care, specialist outpatient services, and oral health services. Our mental health and specialised services include prison health, and alcohol and other drugs services.

Established on 1 July 2012, WMHHS is a statutory body under the *Hospital and Health Boards Act 2011*. WMHHS is one of 16 hospital and health services (HHSs), which, together with the Department of Health, make up Queensland Health. WMHHS is governed by the West Moreton Hospital and Health Board, whose members are accountable to the community and to the Honourable Shannon Fentiman, Minister for Health, Mental Health and Ambulance Services and Minister for Women.

WMHHS operates under a service agreement with the Department of Health. That agreement can be viewed at the Queensland Government Publications portal website (www.publications.qld.gov.au/dataset/west-moreton-hhs-service-agreements).

Strategic direction

In July 2023, the *WMHHS Strategic Plan 2021–2025* was updated to focus on workforce planning, disease prevention, technical efficiency, clinical governance and digital transformation. Our strategic plan sets the direction for how we respond to the health and service needs of our communities, as outlined in the *WMHHS 2023 Local Area Needs Assessment (LANA)*. We continue to connect, partner, and transform our services to deliver on our purpose to provide safe, quality care for the West Moreton community.

Vision, purpose, values

Vision: A thriving West Moreton community in which people achieve their best possible health and wellbeing

Purpose: To provide safe, quality care for the West Moreton community

Values: connect. respect. excel

Priorities

Under the *WMHHS Strategic Plan 2021–2025 (2023 revision)*, our priorities are to:

- strengthen our communities
- provide safe, quality care, now and into the future
- care for our people.

Guided by these priorities, WMHHS is continuing to:

- work with healthcare partners to align our efforts, monitor progress and improve health outcomes
- remove systemic barriers to equitable healthcare through collaboration and co-design
- enable safe, quality, compassionate care for our communities
- shape a sustainable health service
- foster a culture where our people thrive and know they are valued.

Aboriginal and Torres Strait Islander Health

In accordance with our *First Nations Health Equity Strategy 2022–2025*, we are changing the way we deliver healthcare to First Nations communities.

Our strategic priorities are to:

- eliminate racial discrimination and institutional racism
- increase access to healthcare services
- influence the social, cultural and economic determinants of health
- deliver sustainable, culturally safe and responsive healthcare services
- work with First Nations peoples, communities and organisations to design, deliver, monitor and review health services
- strengthen the First Nations health workforce.

Aboriginal and Torres Strait Islander peoples make up 5.2 per cent of our community yet are significantly over-represented in custodial and youth detention facilities. As providers of prison health services, we are acutely aware that about 30 per cent of male prisoners and 50 per cent of female prisoners and youth detainees are First Nations.

In West Moreton, First Nations peoples experience higher than average rates of repeat hospital admissions and discharges against medical advice, among other health indicators of disadvantage.

In 2023–2024, we worked with our health partners, consumers, Elders, Traditional Owners and community to identify ways of transforming our services to offer holistic, patient-centred care in culturally safe environments.

In 2024–2025, we will continue building respectful relationships with our First Nations community, remove barriers to accessing health care, and support prisoners to maintain good health after release, and much more as outlined in our *First Nations Health Equity Implementation Plan*.

Our community-based and hospital-based services

Our hospital network includes Ipswich Hospital, Ripley Satellite Hospital and four rural hospitals at Boonah, Esk, Gatton, and Laidley.

Ipswich Hospital

Ipswich Hospital is our largest acute care hospital and among the top 26 reporting public hospitals in Queensland. The hospital offers specialist services including: ear, nose and throat surgery; gynaecology; orthopaedics; general surgery; urology; obstetrics; oncology; interventional and diagnostic cardiology; acute and chronic renal dialysis; acute stroke intervention; paediatrics; and psychiatry. Ipswich Hospital also offers emergency, intensive care, coronary care, acute medical, geriatric, palliative, diabetes and rehabilitation care as well as the following services: pharmacy, medical imaging, physiotherapy and exercise physiology; social work; occupational therapy; speech pathology; nutrition and dietetics; podiatry; clinical measurements and specialist outpatient services.

The Mental Health Acute Inpatient Service (MHAIS) provides acute mental health services for people 18 years and over.

Our rural services

Our four rural hospitals at Boonah, Esk, Gatton, and Laidley offer emergency care, palliative care, rehabilitation, interim care, transitional care and general acute care as well as community clinics, oral health care and a mix of other onsite and telehealth services. Our rural hospital clinical teams collaborate closely with specialists and allied health services at larger hospitals through telehealth to ensure patients receive the right care in the right place, at the right time.

This approach allows residents to have their treatments managed by medical specialists in larger centres, while staying close to home whenever clinically appropriate.

Our hospital teams collaborate with other healthcare providers throughout the stages of investigation, diagnosis, treatment, and recovery. This partnership maximises resources and ensures high-quality care for as many people as possible within a flexible delivery framework.

Community and preventative services

Our community services include public health (including environmental health, communicable disease control and epidemiology, school-based youth health nursing, sexual health and blood-borne virus services); breast and bowel screening; child health and development; audiology; antenatal and maternity services; chronic conditions support and rehabilitation services; oral health; and community mental health.

WMHHS services are delivered throughout the region. Sites include Ripley Satellite Hospital, Ipswich Health Plaza; Hayden Centre; Goodna Community Health; Ipswich Oral Health Clinic; and other mobile sites. Additional BreastScreen services are delivered at Yamanto Central shopping centre; our Jaghu Maternal and Infant Program is at Bremer Medical Centre on the University of Southern Queensland campus; and residential mental health and rehabilitation services are at our Gailes Community Care Unit.

The Preventative Integrated Care Service (PICS), at 77 East Street, Ipswich, provides specialised medical management of people with chronic conditions to reduce the likelihood of future hospital presentations or admissions.

The Ripley Satellite Hospital offers a Minor Injury and Illness Clinic for urgent treatment of non-life-threatening conditions, as well as specialist outpatient services and clinics.

Clinical and specialist services

WMHHS's clinical and specialist services are broad ranging. They include: acute paediatrics; aged care assessment; alcohol and other drugs; anaesthetics; obstetrics and gynaecology; cardiac; child development; diabetes/endocrinology; emergency; forensic mental health; prisoner and youth detention health; pharmacy; general medical; geriatric intervention; remote monitoring and telehealth; community outreach; intensive care; medical imaging; nephrology; neonatal; older persons; oncology; orthopaedic; palliative care; pharmacy; rehabilitation; respiratory; rheumatology; surgery and perioperative; ear, nose and throat; transitional care; older persons mental health; eating disorders; and perinatal and infant mental health.

The Park – Centre for Mental Health

The Park – Centre for Mental Health (The Park) at Wacol offers Queensland's only forensic mental health inpatient services:

- the High Security Inpatient Service (HSIS) for people alleged to have committed serious indictable offences as well as those involved with the criminal justice system who present with complex mental health needs.
- the Extended Forensic Treatment Rehabilitation Unit, which oversees the transition of consumers from HSIS who need further support with rehabilitation and recovery.
- the Specialist Mental Health Intellectual Disability Service, which supports rehabilitation for consumers with persistent and disabling symptoms of mental illness, who cannot be adequately supported in other inpatient settings.

The Park is also home to:

- the Queensland Centre for Mental Health Learning, which is a registered training organisation that delivers statewide workshops and training.
- the Queensland Mental Health Benchmarking Unit, which supports HHSs to undertake quality improvement activities at extended-treatment mental health inpatient services throughout Queensland.
- the Queensland Centre for Mental Health Research (QCMHR), which aims to reduce the impact of mental illness in our communities and globally through an academic partnership between Queensland Health and The University of Queensland (UQ).

Prison and Youth Detention Health Service

The prison and youth detention facilities within the West Moreton catchment include: Arthur Gorrie Correctional Centre; Borallon Training and Correctional Centre; Brisbane Correctional Centre; Brisbane Women's Correctional Centre (including at its low-security facility, the Helana Jones Centre); Southern Queensland Correctional Centre; Wolston Correctional Centre and the Brisbane and West Moreton youth detention centres. Combined, these facilities cater to half of Queensland's prison population.

WMHHS is responsible for the provision of primary healthcare and oral health services within the six prisons and the two youth detention centres. Our primary healthcare services include medical, nursing, mental health, optometry, dietary and nutritional care.

We provide the state's largest prison mental health service at these facilities, and also at the Woodford Correctional Centre and Numinbah Correctional Centre.

Car parking concessions

WMHHS is committed to ensuring access to safe and affordable car parking at Ipswich Hospital and Ipswich Health Plaza for patients, carers, visitors and hospital staff. In 2023–2024, 985 concession passes were issued to eligible patients and their carers at a cost of \$20,685.

Challenges and opportunities

Challenges

WMHHS faces a range of strategic operating and environmental challenges, including:

- meeting current and future service demand
- operating within funding constraints
- ensuring partnerships continue to mature in support of community care delivery
- attracting and retaining high-calibre staff amid a challenging labour market and service growth
- managing external environmental changes, including information security threats
- addressing increased occupational violence and workforce fatigue
- responding to climate change
- commissioning new correctional services.

Understanding the health and demographic profile of the West Moreton region is crucial to overcoming these challenges. Our *Local Area Needs Assessment 2022–2025* and our *Health Indicators Report 2021 West Moreton Health* document the extent of these challenges.

Our population is growing at nearly twice the rate of Queensland's (2.9 per cent compared with 1.7 per cent statewide), with the current population projected to reach 636,000 by 2046.

In the next 12 years, we expect a 140 per cent increase in residents aged 65 and over. This will add 57,000 people to this age group, with significant consequences for our healthcare services.

The latest data shows 51 per cent of West Moreton residents are among the most disadvantaged in the state. Social disadvantage is a major determiner of ill-health, along with low income (7.2 per cent in West Moreton compared with 6.9 per cent statewide), unemployment (6.3 per cent compared with 4.1 per cent), and low education levels (43 per cent of our population has not completed Year 11 or 12 or equivalent).

Fifteen per cent of West Moreton children are also considered developmentally vulnerable in two or more domains.

Our population health profile indicates high rates of:

- mental health concerns ranging from mild to severe (46.1 per cent of our population)
- obesity in adults (32.5 per cent) and children (13.7 per cent)
- chronic heart disease
- diabetes
- severe and profound disability (6.8 per cent).

Opportunities

In response to these regional challenges, the *WMHHS Strategic Plan 2021–2025 (2023 revision)* identifies several opportunities to optimise service delivery.

Our plan includes:

- leveraging the region's rapid population growth to attract regional investment
- meeting increasing service demand by maximising efficiency
- reducing the life expectancy gap by improving health equity for First Nations peoples and other underserved populations
- applying learnings from our COVID-19 response to future service delivery
- improving access to healthcare services through innovative, networked models of care
- delivering more community-based care, particularly in areas with higher rates of chronic disease.

Governance

Our people

Board membership

The West Moreton Hospital and Health Board comprises ten non-executive members appointed by the Governor in Council on the recommendation of the Minister for Health, Mental Health and Ambulance Services and Minister for Women, in accordance with the *Hospital and Health Boards Act 2011*.

Sue Scheinpflug – Board Chair

Appointed: 18 May 2016 | Current term: 1 April 2024 – 31 March 2028

Sue Scheinpflug has more than 20 years' experience as a chief executive officer in the human services and health sectors. She is Chair of Health Translation Queensland and UQ Health Care, a community board member of Parole Board Queensland and Deputy Chair of CPL – Choice, Passion, Life. Sue holds qualifications in education and is a graduate of the Australian Institute of Company Directors. Sue joined the West Moreton Hospital and Health Board in 2016. Sue was appointed Deputy Chair in 2022 and Chair in April 2024.

Lyn Birnie

Appointed: 18 May 2018 | Current term: 1 April 2022 – 31 March 2026

Lyn Birnie is a finance leader with more than 35 years' experience in senior roles in major mining companies and Queensland Government-owned power generators. She serves on the boards of the IHF, East Coast Apprenticeships, the Legacy Club of Ipswich, Independent Regional Advocacy Service Inc and other community organisations. Lyn is a graduate of the Australian Institute of Company Directors, a certified practising accountant and holds a Bachelor of Business and a Master of Business Administration.

Mike Bosel

Appointed: 1 April 2024 | Current term: 1 April 2024 – 31 March 2028

Mike Bosel is an experienced chief executive officer and senior health care executive officer with over 30 years' experience working for not-for-profit, publicly listed, and private companies in Australia and the United Kingdom. Mike has overseen the delivery of aged care services, community mental health services, children and family support services, homelessness outreach initiatives, carer support programs and community health education schemes. Mike holds a Master of Public Health, a Bachelor of Business (Honours) and is a graduate of the Australian Institute of Company Directors. He is Chief Executive Officer of Brisbane South PHN, a member of the Australian Healthcare and Hospitals Association Board and member of the Primary Care Committee for the Australian Commission on Safety and Quality in Health Care.

Darren Brown

Appointed: 1 April 2024 | Current term: 1 April 2024 – 31 March 2028

Darren Brown has more than 35 years' experience as a paramedic and in industrial and government relations. He is Queensland Project Officer with the Health Services Union, specialising in Aboriginal and Torres Strait Islander health. Darren has been a Queensland Ambulance Service (QAS) liaison officer to the Office of the Minister for Health and Ambulance Services and was a member of the Children's Health Queensland Hospital and Health Board. Darren holds qualifications in paramedicine, and training and assessment.

Temira Dewis

Appointed: 1 April 2024 | Current term: 1 April 2024 – 31 March 2028

Temira Dewis is a Kaantju, Uthalganu and Ayapathu woman from the central and east coast of Cape York in Queensland. Temira is Director of Strategy at ABSTARR Consulting and Chair of the Southern Kaantju Aboriginal Corporation. Temira has extensive experience in Aboriginal and Torres Strait Islander community-controlled organisations and the Queensland and Victorian public sectors, enabling change reforms and embedding Aboriginal and Torres Strait Islander peoples, perspectives and cultural safety in policy and practices. Temira holds a Bachelor of Commerce, majoring in management, accounting and human resource management, and is undertaking a Master of Business Administration and Master of Public Health.

Professor Jeffrey Dunn AO

Appointed: 18 May 2018 | Current term: 1 April 2022 – 31 March 2026

Professor Jeff Dunn AO is Chief of Mission and Head of Research at the Prostate Cancer Foundation of Australia and Professor of Social and Behavioural Science and Chair of Cancer Survivorship at the University of Southern Queensland. Jeff is also President of the Union for International Cancer Control.

Dr Cathryn Hester

Appointed: 18 May 2019 | Current term: 1 April 2022 – 31 March 2026

Dr Cathryn Hester is a medical specialist and leader in the field of general practice. She is a practice owner and has worked in clinical medicine in the Ipswich region for more than a decade. Cathryn is Chair of the Queensland Council of Royal Australian College of General Practitioners (RACGP) as well as a national director of RACGP. She is a graduate of the Australian Institute of Company Directors and holds a Bachelor of Engineering with honours in Medical Engineering.

Professor Gerald Holtmann

Appointed: 18 May 2016 | Current term: 1 April 2024 – 31 March 2026

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

Adjunct Associate Professor Deanne Minniecon

Appointed: 18 May 2021 | Current term: 1 April 2024 – 31 March 2028

Adjunct Associate Professor Deanne Minniecon has more than 25 years' experience working in Aboriginal and Torres Strait Islander health and education at a community, regional, state and national level. Deanne is of Aboriginal (Goreng Goreng) and Torres Strait Islander (Erub) heritage. She is National Manager of Aboriginal and Torres Strait Islander Engagement with Diabetes Australia. Deanne has previously worked for Health and Wellbeing Queensland, Brisbane South PHN, the Queensland Government, the university sector and the non-government sector. Deanne is a member of the Darling Downs and West Moreton PHN (DDWMPHN) Board and holds a Master of Health Science (Health Promotion) and a Graduate Diploma of Health Promotion.

Stephen Robertson

Appointed: 18 May 2018 | Current term: 1 April 2022 – 31 March 2026

Stephen Robertson is Chair of Healthy Land and Water and Chair of Solar Accreditation Australia. He was a Member of the Queensland Parliament for 20 years until 2012 and a senior minister in successive state governments. Between 1999 and 2012, Stephen held the ministerial portfolios of Health, Energy, Water, Mines, Natural Resources, Trade, and Emergency Services. He has a Bachelor of Arts with Honours from Griffith University.

WMHHS acknowledges the contribution of Board members who served for part of the financial year: Board Chair Michael Willis to March 2024; and Patricia Evatt OAM to March 2024.

Board committees

Executive

Members: Sue Scheinflug (Chair), Professor Jeffrey Dunn AO, Dr Cathryn Hester, and Adjunct Associate Professor Deanne Minniecon

The chartered role of the committee is to work with the Health Service Chief Executive (HSCE) to progress strategic issues, strengthen the relationship with the HSCE and deliver accountability. The committee oversees performance against the measures stated in the service agreement. The committee supports the Board to develop engagement strategies and protocols with primary health organisations and address issues that arise. It also assists the Board in oversight of the HSCE's performance, and in monitoring the health service's engagement with its stakeholders and issues relating to people and culture. The committee also oversees workplace health and safety matters.

Safety and Quality

Members: Professor Gerald Holtmann (Chair), Darren Brown, Dr Cathryn Hester and Stephen Robertson

The Safety and Quality Committee assists the Board in its oversight of WMHHS patient safety and quality-related strategies, performance, clinical governance arrangements and improvements. It is also responsible for promoting a culture of open and honest reporting of any situation that may compromise the quality of patient care. The Safety and Quality Committee includes consumer representatives at each of its meetings to bring the perspective of our consumers to the committee's consideration of safety and quality matters.

Audit and Risk

Members: Lyn Birnie (Chair), Temira Dewis, Adjunct Associate Professor Deanne Minniecon and Sue Scheinpflug

The Audit and Risk Committee is responsible for assisting the Board in overseeing the health service's financial statements, internal control structures, internal audit function, risk management systems and compliance systems. The committee works in partnership with the Queensland Audit Office (QAO) and assesses external audit reports and any subsequent action taken.

Finance and Performance

Members: Stephen Robertson (Chair), Lyn Birnie, Mike Bosel and Professor Gerald Holtmann

The Finance and Performance Committee is responsible for advising the Board about WMHHS's budgets, cash flows, financial and operating performance, financial systems, financial risks or concerns and complex or unusual financial transactions. It also plays a role in overseeing the health service's assets, infrastructure plans and performance.

Research

Members: Professor Jeffrey Dunn AO (Chair), Professor Gerald Holtmann and Sue Scheinpflug

The Research Committee is responsible for providing advice and recommending strategies to the Board that contribute to the achievement of our strategic priority of safe, quality care, now and into the future and its related action of ensuring our health services are driven by research and innovation. The committee supports and enables the work of the health service's Centre for Research and Innovation to be an essential contributor to our ongoing transformation toward a world-class health service.

Board and committee meeting attendance

West Moreton Hospital and Health Board	
Act	<i>Hospital and Health Boards Act 2011</i>
Functions	<p>In setting the strategic direction of WMHHS, the Board is accountable for the performance of the health service and is responsible for:</p> <ul style="list-style-type: none">• developing, approving, and periodically reviewing the strategic plan• approving WMHHS's entry into a Service Agreement with the Department of Health• approving the annual budget• setting performance goals for WMHHS• making decisions in relation to significant strategic initiatives or matters of a sensitive or extraordinary nature• overseeing risk management and assessing and determining whether to accept risks outside the risk appetite set by the Board• ensuring the health service has the resources necessary to achieve goals, monitor progress and report outcomes• setting the boundaries of the key policies within which WMHHS operates.
Achievements	<p>In 2023–2024, the West Moreton Hospital and Health Board:</p> <ul style="list-style-type: none">• farewelled longtime Board Chair Michael Willis and Board Member Patricia Evatt OAM with their terms concluding 31 March 2024• welcomed three new members from 1 April 2024: Mike Bosel, Darren Brown, and Temira Dewis• updated and implemented the West Moreton Health Strategic Plan 2021–2025, to address key strategic healthcare challenges for our community

	<ul style="list-style-type: none"> continued to progress stage 2 of the West Moreton Health Master Plan, including the opening of the Ripley Satellite Hospital 'Moodoombar Dabbil' and the Mental Health Acute Inpatient Service routinely engaged with consumers, clinicians, local Elders and local communities, ensuring their feedback informed planning and improvements to quality of care. The Board met with staff/toured facilities at Boonah, Ipswich, and Esk monitored and maintained WMHHS's provision of safe, quality and equitable care to our communities, in an environment of constrained resources and infrastructure reviewed, updated, and implemented the WMHHS strategic risk framework reviewed the QAO recommendations and monitored their implementation reviewed internal and external audit activities and findings and monitored implementation of recommendations.
Financial reporting	<p>Financial reporting complies with the prescribed requirements of the Financial Accountability Act 2009 and the Financial and Performance Management Standard 2019.</p> <p>WMHHS is not exempt from audit by the Auditor-General and transactions of the entity are accounted for in the financial statements.</p>

Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub- committee fees, if applicable	Actual fees received
Board Chair (concluded term 31 March 2024)	Michael Willis	16 (9 Board / 7 Committee)	\$75,000	\$7,000	\$68,502 (Board Chair; Chair Executive Committee; and member Finance and Performance Committee)
Board Chair (from 1 April 2024)	Sue Scheinpflug	21 (12 Board / 9 Committee)	\$75,000	\$7,000	\$58,951 (Board Chair; Chair Executive Committee; and member Research Committee and Audit and Risk Committee)
Deputy Chair (1 July 2023 – 31 March 2024)			\$40,000	\$7,000	(former Deputy Chair; member Executive Committee; and former Chair Research Committee)

Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub- committee fees, if applicable	Actual fees received
Board member	Lyn Birnie	21 (12 Board / 9 Committee)	\$40,000	\$6,000 (to 31 March 2024) \$7,000 (from 1 April 2024) – moved from a member to the chair of the Audit and Risk Committee	\$46,358 (Board member; Chair Audit and Risk Committee; and member Finance and Performance Committee)
Board member (Appointed 1 April 2024)	Mike Bosel	4 (3 Board / 1 Committee)	\$40,000	\$3,000	\$8,011 (Board member; and member Finance and Performance Committee)
Board member (Appointed 1 April 2024)	Darren Brown	3 (3 Board)	\$40,000	\$3,000	\$8,241 (Board member; and member Safety and Quality Committee)
Board member (Appointed 1 April 2024)	Temira Dewis	3 (3 Board)	\$40,000	\$3,000	\$8,241 (Board member; and member Audit and Risk Committee)
Board member	Prof. Jeffrey Dunn AO	17 (12 Board / 5 Committee)	\$40,000	\$7,000	\$49,350 (Board member; member Executive Committee; Chair Research Committee; and former Chair Audit and Risk Committee)
Board member (concluded term 31 March 2024)	Patricia Evatt OAM	14 (8 Board / 6 Committee)	\$40,000	\$6,000	\$37,027 (Board member; member Safety and Quality Committee; and member Audit and Risk Committee)

Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub- committee fees, if applicable	Actual fees received
Board member	Dr Cathryn Hester	21 (12 Board / 9 Committee)	\$40,000	\$6,000	\$46,329 (Board member; member Executive Committee; and member Safety and Quality Committee)
Board member	Prof. Gerald Holtmann	20 (11 Board / 9 Committee)	\$40,000	\$7,000 (to 31 March 2024) \$10,000 (from 1 April 2024 – Added to Finance and Performance Committee)	\$50,367 (Board member; Chair Safety and Quality Committee; member Finance and Performance Committee; and member Research Committee)
Board member	Adj. Assoc. Prof. Deanne Minniecon	18 (11 Board / 7 Committee)	\$40,000	\$6,000	\$45,962 (Board member; and member Audit and Risk Committee; and member Executive Committee)
Board member	Stephen Robertson	20 (12 Board / 8 Committee)	\$40,000	\$7,000	\$46,839 (Board member; member Safety and Quality Committee; and Chair Finance and Performance Committee)
No. scheduled meetings/sessions			Board: 12 Committees: 29		
Total out of pocket expenses			\$219.26		

Member	Board	Finance and Performance Committee	Executive Committee	Audit and Risk Committee	Safety and Quality Committee	Research Committee – non-prescribed
Michael Willis	9/9	4/4	3/3	N/A	N/A	N/A
Sue Scheinpflug	12/12	N/A	4/4	1/1	N/A	4/4
Lyn Birnie	12/12	5/5	N/A	4/4	N/A	N/A
Michael Bosel	3/3	1/1	N/A	N/A	N/A	N/A
Darren Brown	3/3	N/A	N/A	N/A	0/1	N/A
Temira Dewis	3/3	N/A	N/A	0/1	N/A	N/A
Prof. Jeffrey Dunn AO	12/12	N/A	1/1	2/3	N/A	2/4
Patricia Evatt OAM	8/9	N/A	N/A	2/3	4/4	N/A
Dr Cathryn Hester	12/12	N/A	4/4	N/A	5/5	N/A
Prof. Gerald Holtmann	11/12	0/1	N/A	N/A	5/5	4/4
Adj. Assoc. Prof. Deanne Minniecon	11/12	N/A	4/4	3/4	N/A	N/A
Stephen Robertson	12/12	4/5	N/A	N/A	4/5	N/A

Note: Attendance reporting represents total eligible meetings.

Executive management

Hannah Bloch – Chief Executive

Hannah Bloch is an accomplished healthcare executive with more than 15 years' experience in the Queensland public system. Hannah has a deep understanding of healthcare operations and experience in managing large and complex services. Hannah holds a Bachelor of Laws/Bachelor of Business (Human Resources Management), a Graduate Diploma of Legal Practice and is a Graduate of the Australian Institute of Company Directors. Hannah joined WMHHS in July 2022 as Interim Chief Executive and was officially appointed to the role in November 2022 after an extensive global search. Hannah has previously held executive roles at Gold Coast Health where she served on their executive from 2016.

Claire Barratt – Executive Director Major Capital, Service Improvement and Governance

Claire Barratt is a solicitor with 18 years' experience in the banking, retail, pharmacy and health sectors. She holds a Bachelor of Laws, Master of Laws, Graduate Diploma of Legal Practice and Graduate Diploma of Applied Corporate Governance. Claire was previously the General Counsel and Chief Strategy Officer at WMHHS.

Helen Couper – Senior Director Strategy, Engagement and Communication

Helen Couper has more than 16 years of experience leading successful teams in marketing, social and digital media, media, and strategic communication. Before joining WMHHS in January 2024, Helen was the Director of Media, Social Media, and Creative at the Department of Health. Helen brings a wealth of expertise in issues and crisis communications, as well as strategic communications. She is passionate about fostering meaningful engagement with stakeholders and the community to drive behaviour change and improve health outcomes. She holds a Bachelor of Communication (Public Relations and Marketing).

Karyn Ehren – Executive Director Nursing and Midwifery

Karyn Ehren has worked in healthcare for more than 40 years and has a background in senior leadership roles, including director of Nursing Workforce Sustainability in the Office of the Chief Nursing and Midwifery Officer and nursing director Surgery and Perioperative Services at Children's Health Queensland. Her clinical background is in paediatric intensive care as an educator and nurse unit manager. Karyn holds a Master of Business Administration with concentrations in leadership and health service management and has graduate qualifications in paediatrics and intensive care nursing. Nursing and midwifery leadership and workforce are two areas of interest.

Position vacant – Chief Operating Officer

Michelle Giles – Acting Director Mental Health and Specialised Services

Michelle Giles has worked in the mental health sector for almost 40 years in Australia and the United Kingdom. As an Occupational Therapist, Michelle worked in paediatrics and intellectual disability before applying her skills to the mental health sector. Her experience extends across tertiary, community and acute mental health services as a frontline director. Michelle now oversees the Mental Health and Specialised Services portfolio, which also includes alcohol and other drugs services, forensic and statewide specialised services, including research and education.

Therese Hayes – Executive Director Preventive and Prisoner Health Services

Therese Hayes has more than 40 years' experience in the health sector. As a Registered Nurse/Registered Midwife, Therese has extensive experience in clinical environments in acute and community sectors. She brings experience in the implementation of transformational change and health service strategy to her current position, supporting new and existing models of care in preventive and prisoner health. Therese holds a Master of Nursing Leadership.

Philip Juffs – Executive Director Allied Health

Philip Juffs has more than 20 years' experience in food service management and clinical dietetics in areas including renal nutrition across a range of tertiary, rural and remote settings. They include the Royal Brisbane and Women's Hospital, Princess Alexandra Hospital, Alice Springs Hospital, and a range of National Health Service hospitals in the United Kingdom. Philip is a past president of the Dietitians Association of Australia and has represented allied health on the Queensland Clinical Senate since 2018. Philip is credentialled as an Advanced Accredited Practising Dietitian and has been a member of the WMHHS executive team since 2021.

Joanne Johnson – Executive Director Clinical Services

Joanne Johnson brings more than 34 years' experience in healthcare to her role, gained across West Moreton and Metro North HHSs. She has extensive clinical knowledge of patient care, performance and leadership, working collaboratively to support service redesign and model-of-care changes. She has a Master of Health Science, majoring in health management, and graduate certificates in clinical redesign, health science and emergency nursing.

Alistair Luckas – Chief Finance Officer

Alistair Luckas is a senior finance executive and chartered accountant with more than 20 years' experience leading finance teams in both the Queensland Government and private sector entities to implement significant financial transformation. Before joining WMHHS, Alistair worked for Queensland Health as the acting Chief Finance Officer and as Senior Director of Statutory and Advisory Services.

Dr Nicola Murdock – Executive Director Medical Services

Dr Nicola Murdock is an experienced healthcare practitioner and leader. She has held chief medical officer roles in the United Kingdom and Australia, including Cairns, Gladstone and Brisbane. Trained in general practice and paediatrics, Nicola moved into medical administration in 2010. She is a past president of the Royal Australasian College of Physicians' Paediatrics and Child Health Division and former Chair of the Queensland Child Death Review Board. She won a 2017 Telstra Queensland Business Women's Award in the public sector and academia category.

Grant Wallace – Executive Director People and Culture

Grant Wallace has extensive experience leading human resources and workplace health and safety professionals. Before joining the WMHHS executive in January 2024, he worked for the Department of Transport and Main Roads. Grant has led enterprise bargaining, organisational change and entry pathway programs, as well as health and safety and workforce strategy initiatives at several Queensland public sector agencies.

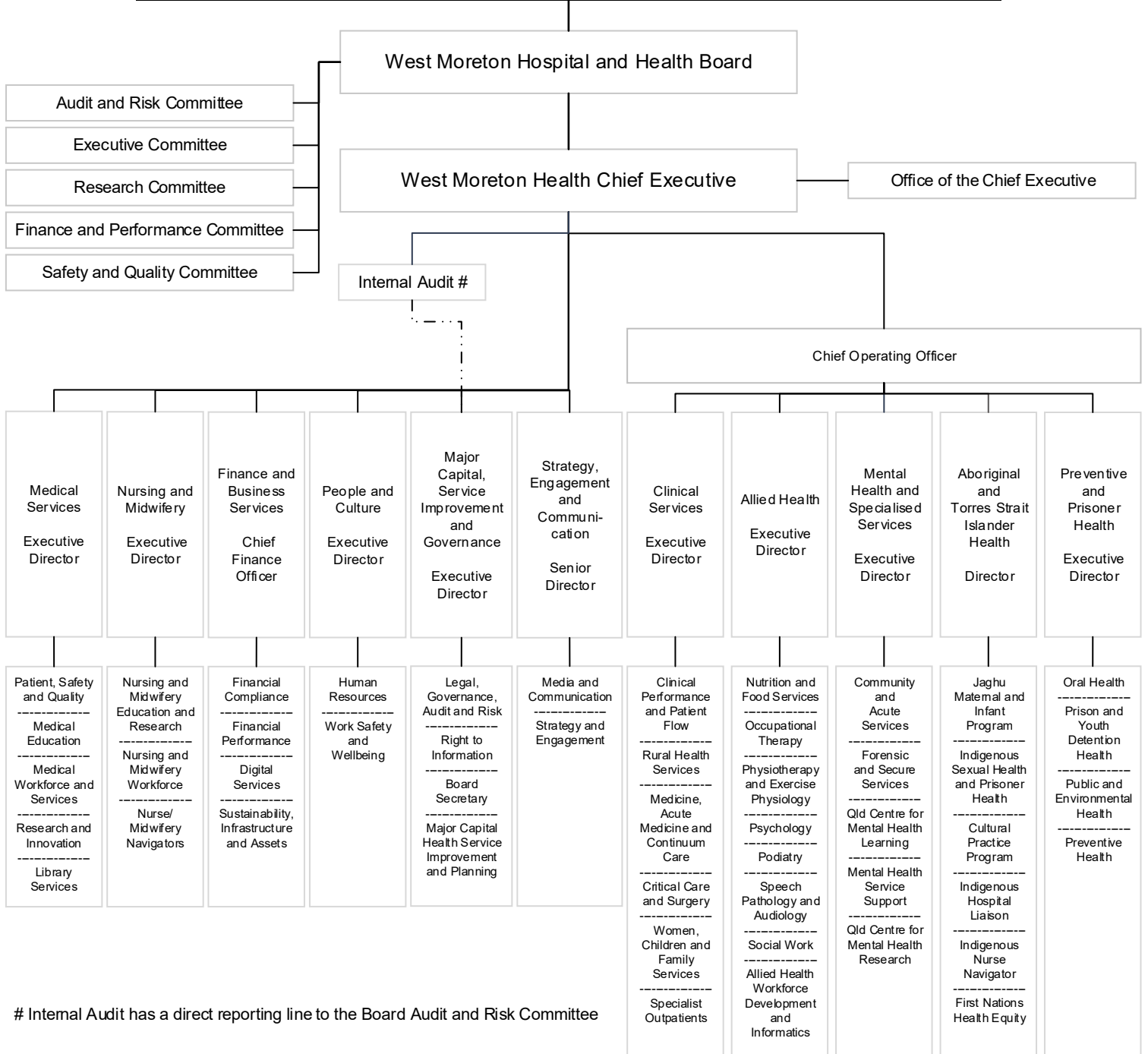
Maurice Woodley – Acting Director Aboriginal and Torres Strait Islander Health

Maurice Woodley has more than 15 years' experience working in Aboriginal and Torres Strait Islander health at a community and regional level. Maurice has held roles in hospital liaison, cultural practice, health equity, program management and support, outreach, and engagement at WMHHS, DDWMPHN and Brisbane South PHN. An Anathanguyth and Yinwum man, Maurice is passionate about advocating for systemic change and working towards better health outcomes for Aboriginal and Torres Strait Islander communities. Maurice is also an accomplished artist, whose work is incorporated in clinical spaces and architectural design at WMHHS.

WMHHS acknowledges the contribution of executives who served for part of the financial year: Chief Medical Officer Associate Professor Deepak Doshi to April 2024; Chief Operating Officer Cang Dang to March 2024; Executive Director People and Culture Rita Hudson to January 2024; Executive Director Mental Health and Specialised Services Emma Foreman to April 2024.

Organisational structure and workforce profile

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



Internal Audit has a direct reporting line to the Board Audit and Risk Committee

Workforce profile

Total staffing		
Headcount	5783	
Paid FTE	4807.84	
Occupation types by FTE		Percentage
Corporate	6.1%	
Frontline and frontline support	93.9%	
Appointment type by FTE		Percentage
Permanent	79.21%	
Temporary	15.83%	
Casual	4.84%	
Contract	0.12%	
Employment status by headcount		Percentage
Full-time	52.41%	
Part-time	39.74%	
Casual	7.85%	
Figure 1: Gender		
Gender	Headcount	Percentage of total workforce
Women	4276	73.94%
Men	1499	25.92%
Non-binary	8	0.14%
Figure 2: Diversity target group data		
Group	Headcount	Percentage of total workforce
Women	4276	73.94%
Aboriginal Peoples and Torres Strait Islander Peoples	138	2.39%
People with disability	132	2.28%
Culturally and Linguistically Diverse – Speak a language at home other than English ^	1116	19.3%
Figure 3: Target group data for women in leadership roles		
Roles	Headcount	Percentage of total leadership
Senior officers (classified and s122 equivalent combined)	5	50%
Senior executive service and chief executives (classified and s122 equivalent combined)	5	71.43%

* To ensure privacy, in tables where there are less than 5 respondents in a category, specific numbers should be replaced by < 5

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

Strategic workforce planning and performance

In 2023–2024, we initiated the development of our *Strategic Workforce Plan 2024–2027*, after successfully closing out the actions of our 2021–2023 plan. The new plan leverages the momentum of the previous plan and focuses on three key priorities: our work, our workforce, and our workplace. It is these focus areas, along with strategies targeting the Nursing and Midwifery, Allied Health and Medical professions, that comprise the core components of the workforce plan. They are the building blocks for WMHHS to deliver on its workforce vision.

Early retirement, redundancy and retrenchment

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

Open data

WMHHS has no data to report on overseas travel or consultancies. WMHHS has open data to report on the Queensland Language Services Policy. The data can be found on the Queensland Government Open Data website (www.data.qld.gov.au).

Our risk management

The West Moreton Hospital and Health Board is accountable for the effectiveness of our risk management system and oversees the application of consistent risk management across the organisation.

The WMHHS Risk Appetite Statement outlines the Board's approach to risk-taking in achieving strategic objectives and provides risk-tolerance thresholds to inform decision-making. There is a high appetite for risk in areas of research and innovation and minimal tolerance of risk to consumer and staff safety. Executives and leaders are responsible for managing risk in accordance with the risk appetite statement.

Risk management is integrated into our planning, governance and operational processes, while ensuring human and cultural factors are incorporated in risk assessments in accordance with the *Human Rights Act 2019*.

The *Hospital and Health Boards Act 2011* requires annual reports to state each direction given by the Minister to the HHS during the financial year and the action taken by the HHS as a result of the direction. During 2023–2024, one direction in relation to the implementation of a crisis care process was given by the Minister to relevant health services, including WMHHS.

As a result, we took the following actions:

- completion of a procedural review and amendments implemented to meet the crisis care pathway requirements, including escalations, for any person presenting to WMHHS who discloses a sexual assault
- monthly attendance at Ipswich Sexual Assault Network (ISAN) service delivery meetings in collaboration with partner agencies
- recruitment and training of Sexual Assault Nurse Examiner workforce to provide 24/7 access to forensic medical examinations
- regular Patient Safety and Quality audits.

Internal audit

Our internal audit function provides an independent, objective assurance and advisory service to improve and add value to the operation of the health service.

The internal audit unit is independent of management, reporting operationally to the HSCE and the Audit and Risk Committee and administratively to the Executive Director Major Capital, Service Improvement and Governance.

Board-level oversight and support is provided by the Audit and Risk Committee, which oversees internal audit planning, monitoring, and reporting processes. This forms part of the governance processes to ensure Internal Audit operates effectively, efficiently, and economically.

The Internal Audit Charter, together with the Strategic Audit Plan and Internal Audit Annual Plan, are reviewed and endorsed annually by the Audit and Risk Committee and approved by the Board. They direct the unit's activities, providing a framework for its effective operation.

The Internal Audit Charter is consistent with the Institute of Internal Auditors' International Professional Practices framework. The plans are developed using a risk-based approach, considering both strategic and operational risks.

Audit reports include recommendations based on root cause analysis. The implementation of these recommendations is followed up regularly, with progress reported to the Audit and Risk Committee.

In 2023–2024, we audited high-risk areas to improve the effectiveness of systems, processes and risk management. We also enhanced reporting to the Audit and Risk Committee and Board through improvements to our data dashboards.

External scrutiny, information systems and recordkeeping

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

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability released its final report on 29 September 2023. During public hearings, WMHHS assisted the commission by responding to questions about what the government was doing to ensure people with disability received essential health care, were protected from COVID-19, and supported if infected. The report listed 222 recommendations, none of which pertained directly to WMHHS.

Accreditation

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

Coronial inquests

WMHHS participated in seven coronial inquests for former health service consumers in 2023–2024. Inquests were held into the individual deaths of five prisoners and two people in the community. As of 30 June, only one coronial report has been handed down, which produced no adverse findings against the care provided by WMHHS.

External audits

In 2023–2024, WMHHS responded to recommendations contained in the QAO reports *Health 2022* and *Health 2023*; three audit recommendations were fully implemented and three will be further progressed in 2024–2025. We also coordinated the annual Information Security Management System (ISMS) and Australian Signals Directorate compliance returns, as required by the Queensland Government Customer and Digital Group (QGCDG).

A full audit of ISMS activity will be finalised in July 2024 in accordance with the QGCDG requirements for a three-year cycle.

Delegations

All legislative changes relevant to WMHHS were enacted within the delegation system, which is regularly monitored and updated to ensure currency and alignment with other legislative changes and organisational structural changes.

Information systems

WMHHS is committed to protecting private and confidential information belonging to patients and staff.

We support staff with regular in-service training, briefings and guidance on privacy awareness and cyber security risks. Staff are also encouraged to undertake training provided online by the Office of the Information Commissioner and Queensland State Archives.

WMHHS monitors the use of information systems and refers potential breaches to the Department of Employment and Workplace Relations for investigation.

In 2023–2024, we continued implementing digital record and information systems in our clinical facilities and established an Information Management Committee to support compliance with, and governance of, information management.

WMHHS is implementing an information security management system (ISMS) that aligns with the Queensland Health and Queensland Government Information Security Policy (IS18:2018). This policy follows the international standard for information security, ISO 27001, which uses a risk-based approach to managing information security.

Throughout 2023–2024, WMHHS made substantial strides towards meeting the ISMS standard, noting that an implemented ISMS is also a requirement for the cyber security component of the *Security of Critical Infrastructure Act 2018*. We are continuing to work closely with staff and vendors, including eHealth Queensland, to achieve full alignment with the standard.

Record keeping

All access to and disclosure of clinical and corporate records is in accordance with the *Queensland Information Privacy Act 2009*, *Right to Information Act 2009* and *Hospital and Health Boards Act 2011*. WMHHS also complies with the *Public Records Act 2002* in its management of clinical and corporate records. We adhere to the General Retention and Disposal Schedule for corporate records and the Health Sector (Clinical Records) Retention and Disposal Schedule for clinical records.

Queensland Public Service ethics and values

The *Public Sector Ethics Act 1994* details the ethical principles, values and standards of conduct required by employees in the Queensland Public Service. A single Code of Conduct for the Queensland Public Service, reflecting the ethical principles and values set out in the Act, was adopted in 2011.

The Code of Conduct applies to all WMHHS employees including volunteers, students, contractors, consultants and casual staff, regardless of their employment status. We are committed to upholding the values and standards outlined in the Code of Conduct, which are:

- integrity and impartiality
- promoting the public good

- commitment to the system of government
- accountability and transparency.

Training in the Code of Conduct is a mandatory requirement for all employees and is provided through the code of conduct and public interest disclosures courses.

The Code of Conduct is available to staff on the WMHHS intranet and through an online learning program, and compliance is monitored by line managers under Queensland Health policy and local procedures.

Human rights

WMHHS recognises that respecting, protecting and promoting human rights is crucial to the health and wellbeing of our many diverse communities. Our clinicians are firmly committed to advocating for the human rights of consumers and patients in their provision of healthcare. As an organisation, we are equally committed to upholding the rights of our staff. Our commitment to the *Human Rights Act 2019* is reflected in our *Strategic Plan 2021–2025*.

The Queensland Human Rights Commission (QHRC) referred four complaints to WMHHS in 2023–2024:

- Three complaints were closed when the QHRC became satisfied they had been dealt with appropriately.
- One matter is suspended, pending the outcome of an investigation by WMHHS.

Two further complaint outcomes were continuances from the previous reporting period:

- Two complaints remain under review by the QHRC.

WMHHS regularly reviews its policies and procedures to ensure human rights consideration. In 2023–2024, we reviewed five policies and 78 procedures.

Confidential information

The *Hospital and Health Boards Act 2011* (the Act) requires annual reports to state the nature and purpose of any confidential information disclosed in the public interest during the financial year. In 2023–2024, two disclosures were authorised.

One disclosure under s147 of the Act related to information to allow Federal Police to investigate allegations of child sexual abuse. This disclosure was to lessen/prevent a serious risk to public safety.

One disclosure under s160 of the Act related to a letter written by an incarcerated person to a former treating psychiatrist regarding the offence committed and their mental health status. Authorisation was given under the Act to provide a copy of this letter to the person's lawyer for an upcoming trial in accordance with public interest.

Performance

Non-financial performance

Strategic action 1: Work with healthcare partners to align our efforts, monitor progress and improve health outcomes

We committed to achieving this by:

- harnessing strategic partnerships to advocate for the needs of the West Moreton region
- working with our partners to deliver collaborative healthcare, monitor progress and improve health outcomes
- planning and implementing evidence-based public health responses to prevent illness and improve wellbeing
- ensuring consumers and communities are central to service design and delivery.

Measuring our progress

Increase in partner satisfaction and engagement with WMHHS

In 2023–2024, we partnered with:

- Kambu Health to improve transitions between services for consumers and patients, including post-discharge from hospital or release from prison
- Queensland Corrective Services, Department of Youth Justice, Clinical Excellence Queensland (CEQ) and the Office for Prisoner Health and Wellbeing to support service provision in youth detention and correctional centres
- UQ to provide training for medical students, identified career pathways, and expanded our pipeline of future workers
- specialist medical colleges to provide training for specialists
- Department of Education to deliver school-based youth health, oral health, mental health, children and young person's services
- local governments on disaster preparedness and to advocate for community support services such as improved public transport and increased mental health services
- McGrath Foundation and Lung Foundation Australia to fund new staff positions to support patient care and health outcomes
- QAS and public and private health providers services across South East Queensland to improve wait times and resource sharing through a networked approach to healthcare delivery
- Institute of Urban Indigenous Health (IUIH) to deliver culturally connected care for the community and strengthened regional health equity objectives
- DDWMPHN and DDHHS to refresh the LANA and undertake the Regional Area Needs Assessment to inform service planning and delivery
- Local Level Alliance and the Brisbane Valley Interagency to identify service gaps and areas for collaboration
- QAS to develop the First Nations health worker pilot traineeship program, U-Me Koola
- IHF, which provided 12,000 volunteer hours and \$404,000 towards equipment, health initiatives, maintenance and research.

We also:

- collaborated with health service leaders throughout Southern Queensland on service planning, including ED performance, planned care, mental health, women's health and workforce
- enhanced access to residential aged care beds through virtual care models
- involved consumer representatives in executive leader recruitment
- recruited new Youth Advisory Council members to inform service improvements for young people
- involved the Consumer and Community Advisory Council (CCAC) on the planning and delivery of care models, major capital projects and other health services and initiatives
- hosted community engagement sessions on new healthcare facilities
- partnered with representatives on the Cancer Screening Health Promotion Advisory Group
- established a Research Advisory Council for community input into research, including participation in clinical trials
- established a First Nations Research Advisory Panel to review and provide advice on First Nations research projects
- engaged consumers in reviewing health promotion information to ensure it met the needs of our community
- participated in NAIDOC celebrations to raise awareness of our services
- co-designed and implemented new models of care to improve social and emotional wellbeing of First Nations people
- welcomed consumers to committees addressing the National Safety and Quality Health Service Standards.

Development of a strategic partnership roadmap to increase co-commissioning opportunities

We laid the groundwork to enhance our strategic partnerships, aiming to increase co-commissioning opportunities. This involved a comprehensive stakeholder analysis to inform a robust and inclusive engagement strategy.

Improvement in health, social and emotional wellbeing of the West Moreton community

In 2023–2024, we:

- supported the national and Queensland approach to reducing smoking and vaping harm, removing over \$420,000 worth of illegal products from the market, and issuing more than \$76,000 in related fines
- continued mental health wellbeing and support after disasters through the Disaster Recovery Team
- provided 9730 occasions of service (to 31 March 2024) through PICS, helping patients manage their chronic conditions safely and avoid 352 potential presentations and 178 potential admissions to hospital
- invested in reporting technologies to evaluate new services and programs including: PICS; the Minor Injury and Illness Clinic; the cardiac angiography suite; ED improvement project; young people's consumer engagement; Murrumba Targan Djimbulung, the First Nations-led chronic conditions service; Patient Access and Coordination Hub improvement project; rural models of care; virtual reality education platform; and our respiratory service
- supported advance care planning, increasing care planning approaches by 42 per cent

- delivered culturally appropriate antenatal and maternal care for First Nations women to improve health literacy and encourage closer relationships between our health workers and community, achieving a 92.7 per cent attendance rate for antenatal visits in September 2023
- collaborated on a joint citizen science project with the West Moreton Obesity Advisory Group to understand the barriers that prevent locals from being physically active, producing a white paper for the Council of Mayors South East Queensland, highlighting the importance of organisational partnerships in reducing obesity
- partnered with the Queensland Health Reform Office to identify local opportunities for the First 2000 Days program under the Putting Queensland Kids First Strategy
- published the 'Healthy Minds, Healthy Lives' regional mental health, alcohol and other drugs plan in partnership with DDHHS and DDWMPHN.

Strategic action 2: Remove systemic barriers to equitable healthcare through collaboration and co-design

We committed to achieving this by:

- taking action to improve health outcomes for West Moreton's growing First Nations population
- designing healthcare to be more accessible for underserved populations in our community, including regional communities
- enhancing continuity of care for the prison population to improve their health and wellbeing
- co-designing our major capital and transformation program to ensure accessibility of services for the community.

Measuring our progress

Improved access to care and health outcome measures for under-served populations in the West Moreton region

In 2023–2024, we:

- opened facilities co-designed with Indigenous and non-Indigenous staff, consumers, carers, and community, including the Ripley Satellite Hospital 'Moodoombar Dabbil' and the Mental Health Acute Inpatient Service
- engaged Indigenous staff, consumers, carers, and community on ongoing major capital projects including the Ipswich Hospital Stage 2 Expansion, Ipswich Residential Rehabilitation and Withdrawal Service and the Ripley sub-acute inpatient services
- commissioned an acute renal haemodialysis unit at Ipswich Hospital
- co-designed an online toolkit for health professionals working closely with adolescents and young adults through the Queensland Child and Youth Clinical Network (Adolescent and Young Adult subgroup)
- engaged housing and homelessness sector representatives and people living with a disability on our CCAC
- engaged representatives from culturally and linguistically diverse backgrounds (and non-English-speaking backgrounds) in the review of new and existing service initiatives
- began co-designing staff training modules with LGBTQI+ representatives to provide more welcoming workplaces and treatment spaces

- opened new outpatient clinics for sexual health and blood-borne virus services at the Ripley Satellite Hospital 'Moodoombar Dabbil'
- improved access to public emergency care through patient-flow and length-of-stay initiatives
- improved access to care for rural communities by introducing a nurse practitioner candidate role at Esk Hospital, a tele-oncology service at Esk and Laidley hospitals, more rural- and isolated-practice registered nurses (to a total of 19) and more specialist nurses, including those with immunisation qualifications (to a total of 81)
- introduced after-hours BreastScreen services
- opened a new paediatric diabetes service for children from five to 18 years at Ripley Satellite Hospital 'Moodoombar Dabbil'
- streamlined access to services for patients in adult correctional centres through our triage redesign project
- reduced discharges against medical advice (DAMA) for First Nations patients (4.95 per cent in 2021 to 4.03 per cent in 2023).

Measurable improvement in the health of prison population

In 2023–2024, we:

- increased credentialled nurse immunisers from 16 to 32 and administered 2452 vaccinations (to March 2024), including for COVID-19 and influenza
- performed 625 x-rays in correctional centres (to March 2024), preventing prisoner transfers to an ED on 403 occasions
- reduced waits for medical care through an enterprise scheduling management system across all six adult correctional centres
- trialled a self-managed medication program to improve the health literacy of prisoners and their capacity to manage their healthcare needs on release
- partnered with Kambu Health on a transition-of-care service agreement to improve access to health services for First Nations prisoners after their release to the community
- expanded hepatitis C screening and treatment programs to include point-of-care testing at Arthur Gorrie Correctional Centre in March 2024. The number of prisoners receiving treatment has increased by 22.5 per cent to 266 prisoners as of May 2024
- increased the number of prisoners receiving opioid substitution treatment by 61 per cent to 765 prisoners as of April 2024
- achieved accreditation from the Australian College of Rural and Remote Medicine and Royal Australian College of General Practitioners to offer general practice training within the PYDHS to boost recruitment across the region and enhance access to care
- implemented a Principal Health Officer program within prison health to optimise workforce sustainability while providing opportunities for medical officers
- implemented Health Yarns in six adult correctional centres and Circle Talks in two youth detention centres as a way of engaging with First Nations patients in a culturally safe space.

Delivery of West Moreton Health First Nations Health Equity Implementation Plan

In 2023–2024, we:

- implemented 12 measures under our First Nations Health Equity Strategy and began work on seven other priority measures

- identified executive champions for all measures of the implementation plan
- introduced a playgroup for First Nations mothers and families to connect with each other and child health workers
- launched Murrumba Targan Djimbulung, a holistic First Nations-led service for First Nations people at risk of, or with, a chronic illness
- re-established a Health Equity stakeholder group to incorporate First Nations' interests in all service planning and models of care
- increased the frequency of First Nations Community Advisory Council meetings from quarterly to every two months
- created a culturally safe meeting space at Ipswich Hospital for patients and visitors to discuss health matters with First Nations staff
- adapted services to enable consumers to self-refer to the Jaghu Maternal and Infant Care Program, Murrumba Targan Djimbulung and Deadly Steps programs
- rostered more Indigenous Liaison Officers in the Ipswich Hospital ED during peak demand periods
- provided Elders and First Nations community leaders with updates and feedback opportunities at quarterly morning teas hosted by the Health Service Chief Executive
- celebrated 19 babies and their families at a Welcome Baby to Community ceremony
- hosted Courageous Conversations About Race seminars, training one facilitator and educating 129 staff as of 31 March 2024
- reviewed services to better respond to suicide attempts and deliberate self-harm in the community
- partnered with the Goodna hub of the IUIH to provide safe and culturally connected care
- increased the community-based Indigenous mental health workforce (Acute Care Team, Goodna Continuity Care Team, Ipswich Continuing Care Team and Gales Community Care Unit) to enhance cultural support for consumers
- provided culturally appropriate mental health first aid training to staff, in collaboration with Kambu Health and the IUIH.

Strategic action 3: Enable safe, quality, compassionate care for our communities

We committed to achieving this by:

- connecting clinical governance, operational processes and systems to support an increase in capacity and efficiency and enhance clinician and patient experience
- ensuring our health services are driven by research and innovation
- continuing to pursue and adopt integrated technology solutions that optimise seamless pathways of care, improving the consumer and clinician experience
- expanding our clinical capability to increase delivery of care closer to home.

Measuring our progress

Improved performance against patient safety and quality indicators

In 2023–2024, we:

- participated in the American College of Surgeons' National Surgical Quality Improvement Program
- recorded no sentinel events

- reduced healthcare-associated Staphylococcus aureus bacteraemia (SAB) infections, including Methicillin-resistant Staphylococcus aureus by almost 50 per cent with 10 recorded SAB, which is in line with our target of 1.0 per 10,000
- developed training for 34 staff leaders to maximise the value of internal audits for continuous improvement
- introduced the Sunflower Initiative to identify patients with delirium and dementia who are at risk of falls to ensure early intervention to improve care
- led Project ECHO webinars for medical peers on improved outcomes for people with intellectual disability, dual disability and older-person centred care
- began a referral optimisation project in our Specialist Outpatient Department
- conducted two clinical reviews into patient care at Ipswich Hospital ED to identify any adverse factors in the care of patients and identify system improvements. The outcomes of these reviews and all implemented recommendations are published on the WMHHS website (www.westmoreton.health.qld.gov.au)
- initiated nurse-led models of care in the Ipswich Hospital ED to improve timely access to early care and assessment
- expanded nurse and midwife capabilities in various medical procedures, including x-ray, cervical screens and sample arterial blood gas to support emerging models of care
- collaborated with DDWMPHN to deliver simulation training for general practitioners (GPs) on patient deterioration in a primary health setting
- commenced cardiac telemetry monitoring in the acute stroke unit at Ipswich Hospital
- embedded clinical simulation and virtual reality training across the health service, including the first Optimus PRIME (Preparing for Retrieval in Medical Emergencies) simulation for paediatric resuscitation, perioperative medicine and stroke care simulation.

Improved performance against access-to-care targets and wait time indicators

In 2023–2024, we:

- improved ED performance for the percentage of patients seen within clinically recommended timeframes for categories 2, 3, 4 and 5. Of the 1000 Category 1 presentations, we saw close to all patients (99 per cent) within two minutes of arrival. The biggest improvements were for the treatment of Category 3 and 4 patients, which improved by seven and eight percentage points, respectively. These improvements were achieved despite a significant growth in the number of patients seeking emergency care in 2023–2024. A total of 105,616 people presented to our EDs, up 2688 people or 2.6 per cent. The median wait time for treatment in our EDs improved by three minutes, down to 15 minutes
- improved the percentage of elective surgery patients treated within the clinically recommended times. Ninety-six per cent of Category 2 patients were seen within 90 days (an improvement of nine percentage points) and 96 per cent of Category 3 patients were seen in 365 days (an improvement of 15 percentage points). Category 1 patients remained steady at 97 per cent. The median wait time for elective surgery also improved by two days, down to 28 days. These improvements were achieved despite an increase in both elective and emergency surgery volumes in 2023–2024. In total, we performed 9306 surgeries, an additional 365 surgeries or 4.1 per cent more surgeries
- exceeded the target for the proportion of re-admissions to acute psychiatric care within 28 days of discharge. Ten per cent were readmitted (down two percentage points)

- improved the percentage of specialist outpatients seen within the clinically recommended times. Eighty per cent of Category 1 outpatients were seen within 30 days (an improvement of five percentage points), 31 per cent of Category 2 patients were seen within 90 days (an improvement of three percentage points), and 72 per cent of Category 3 patients seen within 365 days (an improvement of one percentage point). We continue to progress improvements to reduce our waitlist.

Improvement in rate of public health care delivered locally

In 2023–2024, we:

- increased telehealth PICS appointments by 50 per cent and increased the use of remote patient monitoring devices by 25 per cent, enabling people with chronic conditions to connect to clinicians for specialist care while at home
- treated 23,062 presentations at the Ripley Satellite Hospital Minor Injury and Illness Clinic
- provided 45,931 oral health services to children and adults, a 6 per cent increase this year (to March 2024)
- conducted 10,708 breast screens, as of 31 March 2024 – a 24 per cent increase this year. Of these, 1827 were first-time users of the Ipswich service, a 31 per cent increase from the previous year
- improved breast screening access for rural women by spending more time in Gatton, resulting in a 15 per cent increase in first-time consumers and a 15 per cent increase in total screens on the previous two years
- delivered 102,730 occasions of service for mental health care to the community, and 24,001 occasions of service to persons in custody needing specialist mental health care
- delivered the new Mental Health Acute Inpatient Service, improving the standard of inpatient mental health care
- commissioned a mental health Hospital in the Home service, so consumers could transition home sooner after being admitted for an acute mental health condition
- commissioned a drug and alcohol brief intervention team, perinatal and infant mental health service and eating disorders service.

Delivery of West Moreton Health Digital Strategy Roadmap

In 2023–2024, we:

- implemented our Digital Healthcare Strategy 2023–2026 to guide the delivery of world-class and digitally enabled services across the region
- established a Health Intelligence Working Group to develop a plan to improve healthcare through the collection, analysis and interpretation of data
- began planning for an electronic clinical information system in the Intensive Care Unit (ICU)
- initiated a trial of a virtual clinical nurse consultant to train and support PICS staff in using telehealth and remote patient monitoring technology
- initiated a trial of a virtual program to monitor the symptoms of consumers on anti-psychotic medication
- began developing a digital transformation strategy for Mental Health and Specialised Services.

Delivery of the West Moreton Health Research Strategy 2021–2025

In 2023–2024, we:

- continued implementing our Research Strategy 2021–2025 with a focus on growing clinical trials, improving governance systems and developing the research capabilities of staff
- progressed the Clinical Trials Program, which supports 20 active clinical trials involving 489 recruited participants and includes our first commercially sponsored clinical trial. Another 5 trials are undergoing submission for governance approval. This is an increase from 12 active trials and 199 recruited participants
- implemented a digital clinical trials record which interacts with the integrated electronic Medical Records (ieMR)
- supported the following:
 - authorised commencement of 48 new research projects, including 16 new clinical trials
 - ethics approval for 17 new research projects and ethics exemptions granted to 63 quality improvement, service evaluation or audit projects
 - publication of 116 research articles by WMHHS staff.
- promoted continuous learning and development through the following supported Library activities:
 - 195 literature searches
 - library orientation to 857 staff
 - library-related training and promotion to 673 staff
 - supply of 974 articles and books to support evidence-informed clinical care
- established a research ambassador program to support emerging researchers with in-service learning and research protocol development opportunities
- rolled out a statewide research database application to support the secure collection and analysis of data
- hosted the inaugural Quality Improvement and Research Symposium, which presented 15 research projects and keynote addresses from research partners and consumers to more than 160 attendees in person and online
- supported research and innovation projects on subjects, including:
 - technology to assist surgeons in locating breast cancers during surgery
 - provision of tailored support to consumers in forensic and secure mental health settings
 - the efficacy of virtual medical consultations for renal outpatients
 - barriers and enablers for dental referrals for patients with diabetes
 - inspiratory muscle training in patients undergoing ventilation in ICUs
 - evidence-based care in the context of transient ischaemic attack and minor stroke
 - primary and specialist care interaction and referral patterns for individuals with chronic kidney disease
 - drug dependence epidemiology in palliative care medicinal cannabis trials
 - decreased foetal movements: predictors and evaluation of management derived from a locally developed flow chart
 - barriers and enablers of active surveillance for prostate cancer
 - maturity of electronic record use among allied health professionals

- screening a prison population for hepatitis C using point-of-care ribonucleic acid testing
- aphasia associated with non-traumatic subarachnoid haemorrhage
- peripheral intravenous catheter securement for children and catheter failure reduction.
- supported QCMHR to conduct high-quality research, including:
 - the first epidemiological study to report on mental disorders, harmful substance use prevalence and service use within an urban Aboriginal and Torres Strait Islander population in South East Queensland (the Staying Deadly survey) to guide lasting mental health system reform
 - the survey of thousands of adolescents across Kenya, Indonesia and Vietnam that showed how the prevalence of mental disorders was very different across the three countries (the National Adolescent Mental Health Surveys)
 - research conducted for the Royal Commission into Defence and Veteran Suicide to identify the frequency with which serving or former Australian Defence Force members had suicide-related contact with emergency services across Australia.
- established a world-first Queensland-based clinical trials platform to evaluate multiple therapies simultaneously for the treatment of schizophrenia. This work is in partnership with Princess Alexandra Hospital and QCMHR.

Strategic action 4: Shape a sustainable health service

We committed to achieving this by:

- collaborating with the broader health sector to reform our models of care to enable access to safe, sustainable, high value care
- partnering to design and deliver quality healthcare facilities and services that are effective, safe, and fit for purpose to meet future needs of the West Moreton community
- championing climate positive healthcare and delivering on our sustainability strategy
- continuing to develop our disaster and disruption preparedness response.

Measuring our progress

Achievement of greater alignment across WMHHS to make the most of our resources and skills

In 2023–2024, we:

- began the Leading Growth Together (LGT) program to develop better solutions to common challenges across the health service. An initial project is a central recruitment hub for nurses and midwives to reduce the administrative burden of recruitment on nurse unit managers
- updated our Clinical Services Plan for the strategic alignment of networked care across the health service
- completed clinical redesigns for cardiology, respiratory care, palliative care, outpatient referrals, prisoner transition and patient flow
- increased elective surgery and specialist outpatient activity, including access to general surgery, gastrointestinal endoscopy and ophthalmology services
- partnered with DDHHS to provide diagnostic and interventional cardiac procedures for Toowoomba Hospital patients at Ipswich Hospital's Cardiac Catheter Laboratory

- improved wait times and access to care for residents requiring specialist ophthalmology services by partnering with Roderick Street Day Surgery
- launched new services, including:
 - a nurse-led clinic providing intravesical bladder cancer treatment
 - a rapid-access gynaecology clinic for category 1 patients referred by their GP
 - a nephrology support group as a research trial to measure improvements to wellbeing
 - a nurse-led post-operative discharge support service to improve the quality of post-operative care
 - a holistic First Nations-led service, Murrumba Targan Djimbulung for First Nations people at risk of, or with, a chronic illness
 - a nurse-led service for patients with suspected lung cancer to assess symptoms and psychosocial wellbeing
 - a surgical admission unit to support the timely admission of acute surgical patients from ED to a dedicated ward
 - an occupational therapy clinic for patients waiting for orthopaedic outpatient care
 - a perinatal and infant mental health service, available to infants and mothers up to two years after pregnancy ends
 - a specialist eating disorders service
 - a mental health Hospital in the Home service for earlier, supported transitions to home after an acute mental health inpatient admission
- expanded existing services including:
 - community-based mental health services
 - overnight and ED beds at Ipswich Hospital
 - paediatrics triage and waiting room at Ipswich Hospital
 - transit care centre for patients awaiting discharge from Ipswich Hospital
 - 1300 MH CALL phone service for community mental health support
 - lived experience workforce
 - mobile outreach service for youth experiencing mental health issues
 - alcohol and other drug services at Ipswich Hospital
 - prison mental health service
- introduced new positions including:
 - nurse and medical commander roles for improved patient experience in the Ipswich Hospital ED
 - a specialist lung cancer nurse, as part of a pilot program through the Lung Foundation Australia
 - an extra breast care nurse through the McGrath Foundation
 - more allied health staff – including physiotherapists, pharmacists, occupational therapists, social workers and clinical assistants – to facilitate weekend discharges
 - a regional adversity integrated care clinician to provide ongoing mental health support for people affected by disaster
 - a brief intervention service for patients at risk of or experiencing harm related to problematic substance use
 - a multicultural mental health coordinator
 - a senior mental health clinician to coordinate access to acute care

- a nurse role supporting discharge to nominated primary health providers
- increased staffing to support service expansion including:
 - more mental health clinicians in the Ipswich Hospital ED to provide advocacy, assessment and intervention for people presenting with mental health-related issues
 - palliative care services, including Hospital in the Home.

Improved organisational efficiency, including technical, digital and automation

In 2023–2024, we:

- delivered the digital architecture for a data warehouse
- successfully implemented the ieMR system at Esk and Laidley hospitals and commenced rollout at Boonah and Gatton hospitals. This transition to digital records aims to enhance clinical workflows and collaboration between our Ipswich and rural sites, reduce hybrid workflow duplication, improve clinical data visibility and increase patient safety through accurate medication prescribing.
- collaborated with CEQ and the Office for Prisoner Health and Wellbeing on the implementation of a prison ieMR system
- implemented the statewide information management system, System View, improving operational efficiency by enhancing real-time visibility of patient flow and demand
- implemented an electronic rostering training module for nurses and midwives, to streamline the rostering process, ensure compliance with industrial provisions, and increase pay accuracy
- developed a digital asset management framework to consolidate existing assets and optimise the lifecycle management of critical assets.

Successful commissioning and service delivery of budgeted infrastructure pipeline

In 2023–2024, we:

- delivered new infrastructure including:
 - Ripley Satellite Hospital 'Moodoombar Dabbil', which opened in August 2023 and offers a Minor Injury and Illness Clinic, Specialist Outpatient Department and medical imaging services (including a CT scanner)
 - Mental Health Acute Inpatient Service, which opened in November 2023. The service has capacity for 64 beds
- progressed early construction of new infrastructure including:
 - Ripley sub-acute inpatient facility
- progressed planning of new infrastructure including:
 - Ipswich Residential Rehabilitation and Withdrawal Service
 - Building Rural and Remote Health Program to enhance infrastructure at Boonah and Laidley hospitals.

Increase in climate positive and disaster preparedness initiatives throughout the health service

In 2023–2024, we:

- developed our Environmental Sustainability Strategy 2024– 2029 to progress our sustainability agenda and drive climate positive initiatives

- implemented a framework to guide the responsible management of physical assets and prioritise the reuse or recycling of assets to minimise waste and reduce our environmental impact
- began developing a climate risk adaptation plan to enable our resilience to climate emergencies
- implemented our electric vehicle transition strategy for transitioning our fleet to electric vehicles by 2026 to reduce air pollutants and carbon emissions and achieve fuel-related savings
- delivered 10 new electric vehicle charging stations at Goodna Community Health; 12 new charging stations at The Park; and 10 at Roderick St, Ipswich
- assessed the risk of natural hazards in the region to determine the effect on our communities and facilities
- improved business continuity planning at a facility level to enable the maintenance of critical infrastructure in a disaster.

Achievement of a sustainable surplus across the cycle that enables investment into growth

- WMHHS's operating result for 2023–2024 was a \$0.046 million surplus. We will continue to identify savings, reduce waste and conserve resources via improvement initiatives, including the Leading Growth Together program, to deliver efficient and sustainable health services.

Strategic action 5: Foster a culture where our people thrive and know they are valued

We committed to achieving this by:

- proactively involving staff in organisational development, governance and decision-making
- creating a culture of innovation that aligns with our values and promotes our objectives
- ensuring an environment where physical and psychological safety is paramount, and staff are empowered to speak up for safety
- designing and implementing actions that position WMHHS as a preferred employer - attracting and retaining a skilled and diverse workforce that is reflective of our communities
- strengthening our leadership capability to drive accountability and inspire learning and innovation throughout our organisation.

Measuring our progress

Measurable improvement in indicators of workplace safety and wellbeing

In 2023–2024 we:

- established and promoted safe work methods, including the identification of hazards in core activities
- rolled out a hazard identification and risk management program across 36 areas of the health service, thereby reducing reported incidents
- refined our safety management system, RiskMan, to enhance the reporting of workplace safety hazards and incidents
- increased our network of health and safety representatives and safety champions to more than 65 people across our facilities, enhancing our capacity for workplace inspections, advocacy, and incident management

- increased the presence of advisers in all facilities to promote a culture of safety, guide staff and assess risk
- strengthened our rehabilitation team to better support staff returning to work and equipped leaders to guide the rehabilitation process
- forged local partnerships with GPs to implement a GP liaison model, ensuring timely support for staff injured in the workplace
- conducted 1855 fit tests for P2/N95 masks as of 31 March 2024, which was a record for the health service
- embedded six extra occupational violence prevention trainers to enhance our emergency training
- continued training and empowering staff to manage occupational violence incidents
- introduced and promoted a psychosocial risk assessment, equipping our workforce to recognise and manage the risks of mental health, stress and other psychosocial hazards
- launched the Wear it Wednesday campaign to support our Shatter the Stigma program aimed at reducing the stigma of mental health
- promoted the Fitness Passport program, encouraging staff to prioritise their mental and physical health by lowering the cost barrier
- built on the success of our Coming Up for Air program by forming a group of wellbeing ambassadors and developing a staff wellbeing plan.

Increased staff awareness and engagement with #everyoneisaleader

In 2023–2024 we:

- delivered 111 training sessions through our #everyoneisaleader leadership and management-development program
- increased our suite of #everyoneisaleader courses to offer more than 22 programs
- began updating our #everyoneisaleader framework to focus on vision, results and accountability, and found new ways of integrating the program into recruitment processes
- continued partnering with the Centre for Leadership Excellence, reinforcing our commitment to accountability, professional growth and leadership development
- rebranded our mandatory training as ‘required learning’, emphasising the importance of ‘providing safe patient care, safely’ and fostering a culture of continuous learning
- delivered a suite of tools and reports to help managers track their teams’ progress towards completing their required learning.

Workforce diversity and inclusion performance indicators and targets met

In 2023–2024 we:

- hosted the placement of six school students in the Deadly Start Program, and increased engagement with the training provider to support and encourage the next cohort
- hosted three First Nations school students as a pilot site in the QAS program, U-Me Koola
- oversaw an increase in First Nations staff (2.33 per cent to 2.39 per cent)
- expanded our school-based traineeship to 14 Year 11 students across administration, operations, nursing and allied health streams
- increased the number of positions available in the Allied Health Graduate Program within Mental Health and Specialised Services to nine each rotation

- collaborated with the University of Southern Queensland to provide allied health students with valuable placements
- forged strategic relationships with TAFE Queensland and other leading education institutions to create targeted entry pathways into operational roles
- secured a \$3 million funding commitment over three years to establish a Rural Medical Education Unit, enhancing entry pathways for medical professionals in our four rural facilities
- promoted a culture of recognition and gratitude through our Thank You Month activities and refreshed our Recognition and Gratitude procedure
- developed our Strategic Workforce Plan 2024–2027
- audited our workforce and began working towards our 2026 workforce diversity and inclusion targets.

Measurable improvement in staff engagement and organisational culture

In 2023–2024 we:

- shared our values and engaged new employees in a formal onboarding system, with 83.16 per cent of all new employees attending our ‘Welcome to West Moreton’ events
- continued to engage our staff in organisational change proposals to shape our future structure
- designed and distributed our First Impressions Survey to understand the experience of new employees in their first 30 days and improve our recruitment and onboarding systems and processes
- designed and distributed our inaugural Caring Better Together (CBT) staff survey as the first stage of a two-year culture, employee engagement and feedback strategy (participation rate of 59 per cent)
- defined ways of acting on staff feedback to the CBT survey and co-designed meaningful change in consultation with staff
- began upgrading and enhancing our West Moreton Learning Online (WM-LOL) system to better allocate staff learning modules and courses
- improved reporting dashboards in WM-LOL to better inform leaders about the learning completion rates of their workforce.

Service standards

West Moreton Hospital and Health Service	2023–2024 Target	2023–2024 Actual
Effectiveness measures		
Percentage of emergency department patients seen within recommended timeframes		
<ul style="list-style-type: none"> • Category 1 (within 2 minutes) • Category 2 (within 10 minutes) • Category 3 (within 30 minutes) • Category 4 (within 60 minutes) • Category 5 (within 120 minutes) 	<p>100%</p> <p>80%</p> <p>75%</p> <p>70%</p> <p>70%</p>	<p>99%</p> <p>49%</p> <p>65%</p> <p>86%</p> <p>96%</p>
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	53%
Percentage of elective surgery patients treated within the clinically recommended times		
<ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days)¹ • Category 3 (365 days)¹ 	<p>>98%</p> <p>..</p> <p>..</p>	<p>97%</p> <p>96%</p> <p>96%</p>
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ²	≤1.0	0.6
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ^{3,4}	>65%	64.3%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁴	<12%	9.9%
Percentage of specialist outpatients waiting within clinically recommended times ⁵		
<ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days)⁶ • Category 3 (365 days)⁶ 	<p>98%</p> <p>..</p> <p>..</p>	<p>72%</p> <p>57%</p> <p>83%</p>
Percentage of specialist outpatients seen within clinically recommended times		
<ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days)⁶ • Category 3 (365 days)⁶ 	<p>98%</p> <p>..</p> <p>..</p>	<p>80%</p> <p>31%</p> <p>72%</p>
Median wait time for treatment in emergency departments (minutes) ⁷	..	15
Median wait time for elective surgery treatment (days)	..	28
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities ⁸	\$5,544	\$6,123
Other measures		

West Moreton Hospital and Health Service	2023–2024 Target	2023–2024 Actual
Number of elective surgery patients treated within clinically recommended times		
• Category 1 (30 days)	1,756	1,790
• Category 2 (90 days) ¹	..	1,304
• Category 3 (365 days) ¹	..	820
Number of Telehealth outpatients service events ⁹	11,500	8,746
Total weighted activity units (WAU) ¹⁰		
• Acute Inpatients	56,980	58,865
• Outpatients	17,985	17,169
• Sub-acute	6,052	7,523
• Emergency Department	16,192	18,347
• Mental Health	13,314	13,250
• Prevention and Primary Care	2,921	3,601
Ambulatory mental health service contact duration (hours) ⁴	>52,691	57,588
Staffing ¹¹	4,182	4808

1. Treated in time performance Targets for category 2 and 3 patients are not applicable for 2023–2024 due to the System's focus on reducing the number of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–2025.
2. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2023–2024 Actual rate is based on data from 1 July 2023 to 31 March 2024 as at 14 May 2024.
3. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders.
4. Mental Health data is as at 19 August 2024.
5. Waiting within clinically recommended time is a point in time performance measure. 2023–2024 Actual is as at 1 July 2024.
6. Given the System's focus on reducing the number of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the targets for category 2 and 3 patients are not applicable.
7. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
8. Cost per WAU is reported in QWAU Phase Q26 and is based on data available on 19 August 2024. 2023–2024 Actual includes in-year funding, e.g. Cost of Living Allowance (COLA), Enterprise Bargaining uplift, Special Pandemic Leave payment, and additional funding for new initiatives.
9. Telehealth 2023–2024 Actual is as at 20 August 2024.
10. All measures are reported in QWAU Phase Q26. The 2023–2024 Actual is based on data available on 19 August 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target can occur.
11. Corporate FTEs are allocated across the service to which they relate. The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments. 2023–2024 Actual is for pay period ending 23 June 2024.

Financial summary

Operating result

WMHHS's operating result for 2023–2024 was a surplus of \$0.046 million (the 2022–2023 operating result was a \$3.36 million deficit). This surplus has been primarily driven by increased funding to meet increasing activity demand and continued cost pressures. WMHHS continues to meet the evolving community need for health services.

Income

Income from all funding sources in the reporting period 2023–2024 was \$1,036.85 million, representing an increase of \$119.74 million on the previous period. Major variances include \$73.90 million for additional activity, programs and services; \$22.40 million additional inter-departmental funding for depreciation and major projects; and \$19.80 million increase in funding for Enterprise Bargaining Agreements.

Expenditure

WMHHS's total expenditure (funds spent) in 2023–2024 was \$1,036.80 million. This was an increase of 12.6 per cent over WMHHS's total expenditure of \$920.47 million in the previous financial year. Labour costs increased by \$74.33 million and non-labour expenses increased by \$42.00 million. The significant increase in demand for healthcare services has driven the rise in staff numbers and both labour and non-labour costs. Increased enterprise bargaining and cost pressures have also contributed to the increase in expenditure.

Future outlook

WMHHS experienced major growth in 2023–2024, with the opening of the Ripley Satellite Hospital 'Moodoombar Dabbil' and the Mental Health Acute Inpatient Service building. Healthcare demands are expected to continue to grow in 2024–2025. The environment in which WMHHS operates will continue to be dynamic. In response, we will continue to provide safe, quality care and look for ways to optimise how we deliver our services, manage demand and meet community needs. In 2024–2025, construction will continue on the Ripley sub-acute inpatient facility and the acute services building on the Ipswich Hospital campus.

Anticipated maintenance

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

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

As of 30 June 2024, WMHHS had reported anticipated maintenance of \$29.29 million.

WMHHS has the following strategies in place to mitigate any risks associated with these items:

- seek assistance from the Sustaining Capital Program
- ongoing risk assessment and condition assessment reviews.

Financial statements

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Statement of comprehensive income

For the year ended 30 June 2024

	Notes	2024 \$'000	2023 \$'000
Income			
Funding for provision of public health services	A1(a)	951,759	837,871
User charges and fees	A1(b)	63,674	61,075
Grants and other contributions	A1(c)	11,621	10,296
Other revenue		9,478	7,498
Total revenue		1,036,532	916,740
Gains on disposal/revaluation of assets		315	370
Total income		1,036,847	917,110
Expenses			
Employee expenses	A2(a)	99,480	87,320
Health service employee expenses	A2(b)	643,767	581,599
Supplies and services	A2(c)	243,202	211,680
Grants and subsidies		289	338
Depreciation and amortisation	A2(d)	37,998	27,232
Impairment losses		1,660	2,377
Other expenses	A2(e)	10,405	9,928
Total expenses		1,036,801	920,474
Operating result for the year		46	(3,364)
Other comprehensive income			
Items that will not be subsequently reclassified to operating result:			
Increase in asset revaluation surplus	C2	41,996	24,238
Total other comprehensive income		41,996	24,238
Total comprehensive income		42,042	20,874

The accompanying notes form part of these statements.

Statement of financial position

As at 30 June 2024

	Notes	2024 \$'000	2023 \$'000
Current assets			
Cash and cash equivalents	B1	48,838	49,873
Receivables	B2	18,663	27,313
Inventories		6,371	5,645
Other assets		1,199	1,286
Total current assets		75,071	84,117
Non-current assets			
Property, plant and equipment	B3	492,787	340,690
Right-of-use assets		1,373	1,731
Total non-current assets		494,160	342,421
Total assets		569,231	426,538
Current liabilities			
Payables	B4	93,852	102,436
Accrued employee benefits		1,988	7,352
Lease liabilities		345	330
Provisions		152	152
Unearned revenue		62	158
Total current liabilities		96,399	110,428
Non-current liabilities			
Lease liabilities		1,062	1,407
Total non-current liabilities		1,062	1,407
Total liabilities		97,461	111,835
Net assets		471,770	314,703
Equity			
Contributed equity	C1	321,137	206,112
Accumulated surplus/(deficit)		(8,815)	(8,861)
Asset revaluation surplus	C2	159,448	117,452
Total equity		471,770	314,703

The accompanying notes form part of these statements.

Statement of changes in equity

For the year ended 30 June 2024

	Accumulated surplus/ (deficit)	Asset revaluation surplus (Note C2)	Contributed equity (Note C1)	Total equity
	\$'000	\$'000	\$'000	\$'000
Balance as at 1 July 2022	(5,497)	93,214	195,246	282,963
Operating result for the year	(3,364)	-	-	(3,364)
<i>Total other comprehensive income</i>				
Increase in asset revaluation surplus	-	24,238	-	24,238
<i>Transactions with owners</i>				
Non-appropriated equity injections	-	-	37,251	37,251
Non-appropriated equity withdrawals	-	-	(27,232)	(27,232)
Non-appropriated equity asset transfer	-	-	847	847
Balance as at 30 June 2023	(8,861)	117,452	206,112	314,703

	Accumulated surplus/ (deficit)	Asset revaluation surplus (Note C2)	Contributed equity (Note C1)	Total equity
	\$'000	\$'000	\$'000	\$'000
Balance as at 1 July 2023	(8,861)	117,452	206,112	314,703
Operating result for the year	46	-	-	46
<i>Total other comprehensive income</i>				
Increase in asset revaluation surplus	-	41,996	-	41,996
<i>Transactions with owners</i>				
Non-appropriated equity injections	-	-	23,006	23,006
Non-appropriated equity withdrawals	-	-	(37,998)	(37,998)
Non-appropriated equity asset transfer	-	-	130,017	130,017
Balance as at 30 June 2024	(8,815)	159,448	321,137	471,770

The accompanying notes form part of these statements.

Statement of cash flows

For the year ended 30 June 2024

	Notes	2024 \$'000	2023 \$'000
Cash flows from operating activities			
<i>Inflows:</i>			
Funding for provision of public health services		907,734	799,190
User charges and fees		60,851	58,542
Grants and other contributions		3,812	3,245
Interest received		54	28
GST collected from patients/consumers		732	407
GST input tax credits		15,966	14,310
Other		9,999	7,840
<i>Outflows</i>			
Employee expenses		(104,848)	(81,341)
Health service employee expenses		(651,056)	(563,105)
Supplies and services		(223,162)	(209,115)
Grants and subsidies		(289)	(337)
Insurance		(7,646)	(8,234)
GST paid to suppliers		(15,763)	(14,252)
GST remitted		(698)	(353)
Other		(2,279)	(1,671)
Net cash provided by operating activities	E3	(6,593)	5,154
Cash flows from investing activities			
<i>Inflows:</i>			
Sales of property, plant and equipment		315	380
<i>Outflows:</i>			
Payments for property, plant and equipment		(17,377)	(40,428)
Net cash used in investing activities		(17,062)	(40,048)
Cash flows from financing activities			
<i>Inflows:</i>			
Equity injections		23,006	37,251
<i>Outflows:</i>			
Finance lease payments		(386)	(63)
Net cash provided by financing activities		22,620	37,188
Net decrease in cash and cash equivalents		(1,035)	2,294
Cash and cash equivalents at beginning of the financial year		49,873	47,579
Cash and cash equivalents at end of financial year	B1	48,838	49,873

The accompanying notes form part of these statements.

Notes to the financial statements

Overview

West Moreton Hospital and Health Service (West Moreton Health) is a not-for-profit statutory body established under the *Hospital and Health Boards Act 2011* and is domiciled in Australia. West Moreton Health does not have any controlled entities. Its principal place of business is Level 4, Hayden Centre, 37 South Street, Ipswich QLD 4305.

The System Manager of West Moreton Health is the Department of Health (the Department). The ultimate parent entity is the State of Queensland.

The general purpose financial statements are authorised for issue by the Chair and the Chief Executive at the date of signing the Management Certificate.

Compliance with prescribed requirements

The financial statements:

- have been prepared in compliance with section 39 of the *Financial and Performance Management Standard 2019* and section 62(1) of the *Financial Accountability Act 2009 (the Act)*;
- have been prepared in accordance with all applicable new and amended Australian Accounting Standards and Interpretations, as well as *Queensland Treasury's Minimum Reporting Requirements* for the period beginning 1 July 2023 and other authoritative pronouncements;
- have not early adopted any Australian Accounting Standards and Interpretations that have been issued or amended but are not yet effective.

Currency and rounding

The financial statements:

- have been prepared on a historical cost basis, except where stated otherwise;
- are presented in Australian dollars;
- round amounts to the nearest \$1,000, shown as \$K or \$'000, unless the disclosure of the full amount is specifically required; where the amount is less than \$500, the rounded amount is zero;
- present comparative information reflective of the audited 2022-23 financial statements except where restatement is required.

Current/non-current classification

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

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

A Income and expenses

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

A1 Income

(a) Funding for provision of public health services

	2024 \$'000	2023 \$'000
Revenue from contracts with customers		
<i>Contracted health services – activity based funding</i>		
Commonwealth	242,142	227,771
State	365,778	299,729
Other funding for provision of public health services		
<i>Contracted health services – block funding</i>		
Commonwealth	54,310	50,437
State	119,800	108,318
<i>System manager funding</i>		
Commonwealth	-	2,868
State	112,931	105,129
Depreciation funding	37,998	27,232
<i>Teaching and training funding</i>	18,800	16,387
Total funding for provision of public health services	951,759	837,871

West Moreton Health receives funding, which includes both State and Commonwealth contributions, in accordance with an enforceable contract under a Service Agreement with the Department. West Moreton Health is funded for eligible services through activity based funding, block funding, or a combination of both. Activity based funding is based on an agreed number of activities stipulated within the Service Agreement and a statewide price by which relevant activities are funded. Block funding is not based on levels of public care activity. System manager funding is for items not covered by the National Health Reform Agreement. This includes items such as prevention, prisoner health, depreciation, and other health services. Teaching and training funding is to cover the additional costs to hospitals of undertaking teaching and training activities for clinical staff.

The Service Agreement is reviewed periodically through window and extraordinary amendments. The amendments recognise changes in activities and prices of services delivered by West Moreton Health. At the end of financial year, a technical adjustment between the Department and West Moreton Health may be required to reflect levels of services under or over agreed levels of activity and this may result in an unearned revenue or receivable respectively. This technical adjustment process is undertaken annually according to the provisions of the Service Agreement and ensures the revenue recognised in each financial year correctly reflects West Moreton Health's delivery of health services.

West Moreton Health recognises revenue over time for activity based funding in line with the satisfaction of the relevant performance obligations. Where West Moreton Health has not received funds for performance obligations satisfied under the Service Agreement, a receivable is raised. Block and teaching and training funding, although under an enforceable agreement, do not contain sufficiently specific performance obligations and are recognised as revenue when consideration is received. Where system manager funding contains sufficiently specific performance obligations, revenue is initially deferred and subsequently recognised when performance obligations are satisfied. Otherwise, system manager funding revenue is recognised upon receipt.

The contract between the Department and West Moreton Health specifies that the Department funds West Moreton Health's depreciation and amortisation charges via non-cash revenue. The Department retains the cash to fund future major capital replacements. This transaction is shown in the statement of changes in equity as a non-appropriated equity withdrawal (see Note C1).

Under the terms of the Service Agreement, the Department will provide West Moreton Health with a reconciliation of all Service Agreement funding and purchased activity for the financial year. This reflects the agreed position between the parties following conclusion of the end of year technical adjustment process.

(b) User charges and fees

	2024 \$'000	2023 \$'000
Revenue from contracts with customers		
Hospital fees	16,523	14,029
Sale of goods and services	46,573	46,609
Other user charges and fees		
Rental income	578	437
Total user charges and fees	63,674	61,075

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

Sales of goods and services include recoveries of costs for goods and services provided by West Moreton Health to the Department and other Hospital and Health Services, recoveries under the Pharmaceutical Benefits Scheme (PBS), as well as revenue from individuals for goods and services provided. Revenue is recognised at a point in time when these goods and services are delivered and service obligations are met.

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

(c) Grants and other contributions

	2024 \$'000	2023 \$'000
Commonwealth grants	3,796	3,237
Other grants	605	381
Donations	355	23
Services received below fair value	6,865	6,655
Total grants and other contributions	11,621	10,296

Grants, contributions, donations and gifts that are non-reciprocal in nature are recognised as revenue in the year in which West Moreton Health obtains control over them. The grants do not contain sufficiently specific performance obligations for West Moreton Health to transfer goods or services to a third party on the grantor's behalf, therefore the transaction is accounted for under AASB 1058 *Income for Not-for-Profit Entities*.

Services received free of charge or for a nominal value are recognised only if the services would have been purchased regardless of receiving a donation and where fair value of the services can be reliably measured.

West Moreton Health receives corporate services from the Department at no cost. Corporate services received include payroll services, accounts payable, some taxation services, some supply services and some information technology services. The fair value of these services has been estimated by the Department and recognised in West Moreton Health's financial statements. This amount has been recognised in grants and other contributions with an equal amount recognised in supplies and services as required by AASB 1058 *Income of Not-for-Profit Entities* (see Note A2(c)).

A2 Expenses

(a) Employee expenses

	2024 \$'000	2023 \$'000
Wages and salaries	73,604	69,090
Employer superannuation contributions	11,715	6,181
Annual leave levy/expenses	11,874	10,112
Long service leave levy/expenses	2,287	1,937
Total employee expenses	99,480	87,320

Wages and salaries due but unpaid at reporting date are recognised in the statement of financial position at the current salary rates. As West Moreton Health expects such liabilities to be wholly settled within 12 months of 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 West Moreton 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 and is currently facilitated by the Department. Non-vesting employee benefits such as sick leave are recognised as an expense when taken.

Post-employment benefits for superannuation are provided through defined contribution or accumulation plans or the Queensland Government's defined benefit plan as determined by the employee's conditions of employment. The former QSuper defined benefit categories are now administered by the Government Division of the Australian Retirement Trust. Under the defined contribution plans, contributions are made to eligible superannuation funds based on the rates specified in the relevant Enterprise Bargaining Agreement or other conditions of employment. Contributions are expensed when they are paid or become payable following completion of the employee's service each pay period.

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

Number of MOHRI* full time equivalent employees (FTE)	30 June 2024	30 June 2023
West Moreton Health employees	224	200
Health service employees provided to West Moreton Health	4,501	4,177
Total FTE	4,725	4,377

*Minimum obligatory human resource information

(b) Health service employee expenses

	2024 \$'000	2023 \$'000
Health service employee expenses	643,767	581,599

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

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

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

(c) Supplies and services

	2024 \$'000	2023 \$'000
Clinical supplies and services	80,699	66,031
Contractor and consultants	15,934	12,766
Drugs	55,280	54,096
Pathology	19,169	16,304
Repairs and maintenance	9,827	9,430
Catering and domestic supplies	9,640	9,255
Communications	15,999	9,492
Computer services	6,146	6,304
Services received below fair value*	6,865	6,655
Electricity and other energy	3,412	3,265
Operating lease rentals	2,468	1,691
Patient travel	1,140	840
Water	164	52
Other travel	714	572
Building services	4,548	5,978
Motor vehicles	610	507
Other	10,587	8,442
Total supplies and services	243,202	211,680

*See Note A1(c)

(d) Depreciation and amortisation

	2024 \$'000	2023 \$'000
Depreciation	37,640	27,174
Right-of-use amortisation	358	58
Total depreciation and amortisation	37,998	27,232

(e) Other expenses

	2024 \$'000	2023 \$'000
Insurance	8,106	8,259
Journals and subscriptions	461	496
Interpreter fees	540	338
Advertising	337	155
External audit fees	194	182
Special payments	11	25
Inventory written-off	191	10
Other legal costs	414	356
Bank fees	12	10
Other	139	97
Total other expenses	10,405	9,928

Total audit fees quoted by the Queensland Audit Office relating to the 2023-24 financial statements are \$193,725 (2023: \$184,500) There are no non-audit services included in this amount.

Occasionally, West Moreton Health makes special (ex-gratia) payments even though it is not contractually or legally obligated to make such payments. West Moreton Health maintains a register of all special payments greater than \$5,000 as required by legislation.

Total special payments made during 2024 were \$11,308 (2023: \$25,486). In the 2023-24 financial year there was 1 payment greater than \$5,000 made to a patient to settle a claim for compensation (\$10,500).

B Operating assets and liabilities

This section provides information on the assets used in the operation of West Moreton Health's service and the liabilities incurred as a result.

B1 Cash and cash equivalents

	2024 \$'000	2023 \$'000
Cash at bank	48,352	49,408
Cash on deposit	481	459
Cash on hand	5	6
Total cash and cash equivalents	48,838	49,873

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

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

Cash on deposit represents cash contributions from external entities and other benefactors in the form of gifts, donations and bequests for specific purposes. These funds are retained in the Queensland Treasury Corporation cash fund and are set aside for specific purposes underlying the contribution. Cash on deposit is at call and is subject to floating interest rates. The weighted average effective interest rate was 4.89% in 2024 (2023: 3.35%)

Cash at bank (except operating and revenue accounts) is at call and is subject to floating interest rates. The weighted average effective interest rate was 4.67% in 2024 (2023: 4.22%).

B2 Receivables

	2024 \$'000	2023 \$'000
Trade debtors	19,519	27,739
Other debtors	2	461
Less: allowance for impairment	(2,316)	(2,581)
Net debtors	17,205	25,619
GST receivable	1,559	1,762
GST payable	(101)	(68)
Net GST receivable	1,458	1,694
Total receivables	18,663	27,313

Receivables are initially recognised at the amount invoiced to customers. Trade and other receivables reflect the amount anticipated to be collected. The collectability of these balances is assessed on an ongoing basis. When there is evidence that an amount will not be collected, it is provided for and then written off. Trade receivables subsequently recovered are credited against other revenue in the statement of comprehensive income when collected.

Trade receivables are generally due for settlement within 30 days. They are presented as current assets unless collection is not expected for more than 12 months after the reporting date. Due to the short-term nature of the current receivables, their carrying amount is assumed to approximate the amount invoiced.

Key judgements and estimates

Recoverability of receivables: Judgement is required in determining the level of provisioning for customer debts. West Moreton Health's current methodology adheres to a conservative and considered approach for the invoicing of patient fees with the patients' ability to pay being assessed at the time of treatment. The assessment includes:

- The economic and citizenship status of debtors, which impacts access to private health cover and eligibility for treatment as a public patient
- historical default rates
- financial circumstance of the debtor
- probability of bankruptcy or financial reorganisation
- default or delinquency in payments
- management judgement.

West Moreton Health adopts a range of cutoff dates for delinquency that are reflective of the risk for the underlying transactions. The loss allowance for trade and other debtors therefore reflects lifetime expected credit losses and incorporates reasonable and supportable forward-looking information.

Disclosure – Credit risk exposure of receivables

The maximum exposure to credit risk at balance date for receivables is the gross carrying amount of those assets. No collateral is held as security and there are no other credit enhancements relating to receivables.

At 30 June, the ageing of receivables from provision of services was as follows:

Ageing	2024			2023		
	Gross Receivables \$'000	Loss Rate %	Expected Credit Losses \$'000	Gross Receivables \$'000	Loss Rate %	Expected Credit Losses \$'000
Current	16,444	3%	(444)	25,233	1%	(342)
30-60 days	931	51%	(475)	706	54%	(378)
61-90 days	545	50%	(272)	361	44%	(160)
More than 90 days	1,601	70%	(1,125)	1,900	90%	(1,701)
Total	19,521		(2,316)	28,200		(2,581)

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

	2024 \$'000	2023 \$'000
Balance at the beginning of the financial year	2,581	1,730
Amounts written-off during the year	(1,925)	(1,527)
Increase in allowance recognised in operating result	1,660	2,378
Balance at the end of the financial year	2,316	2,581

B3 Property, plant and equipment

	Land (at fair value)	Buildings (at fair value)	Plant and equipment (at cost) **	Capital works in progress (at cost)	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
At 30 June 2022					
Gross	36,137	739,779	78,824	12,458	867,198
Accumulated depreciation*	-	(521,123)	(43,739)	-	(564,862)
	36,137	218,656	35,085	12,458	302,336
Year ended 30 June 2023					
Opening net book value	36,137	218,656	35,085	12,458	302,336
Acquisitions	-	100	14,188	26,140	40,428
Donations received	-	-	15	-	15
Transfer between asset classes	-	15,882	842	(16,724)	-
Transfers in/out from QLD Government entities	-	-	847	-	847
Revaluation increments/(decrements)	972	23,266	-	-	24,238
Depreciation charge for the year	-	(20,769)	(6,405)	-	(27,174)
Carrying amount at 30 June 2023	37,109	237,135	44,572	21,874	340,690
At 30 June 2023					
Gross	37,109	809,664	91,579	21,874	960,226
Accumulated depreciation*	-	(572,529)	(47,007)	-	(619,536)
	37,109	237,135	44,572	21,874	340,690
Year ended 30 June 2024					
Opening net book value	37,109	237,135	44,572	21,874	340,690
Acquisitions	-	-	5,990	11,387	17,377
Donations received	-	-	347	-	347
Transfer between asset classes	-	9,946	2,979	(12,925)	-
Transfers in/out from QLD Government entities	3,780	124,240	1,997	-	130,017
Revaluation increments/(decrements)	1,752	40,244	-	-	41,996
Depreciation charge for the year	-	(29,509)	(8,131)	-	(37,640)
Carrying amount at 30 June 2024	42,641	382,056	47,754	20,336	492,787
At 30 June 2024					
Gross	42,641	1,082,400	93,053	20,336	1,238,430
Accumulated depreciation*	-	(700,344)	(45,299)	-	(745,643)
	42,641	382,056	47,754	20,336	492,787

*Adjustments have been made to accumulated depreciation to recognise assets transferred in and out of West Moreton Health. The comprehensive asset revaluations completed have also impacted fair value and accumulated depreciation by recognising the changing condition and remaining useful life of assets.

(a) Recognition threshold

Items of a capital nature with a cost or other value equal to or more than the following thresholds and with a useful life of more than one year are recognised at acquisition. Items below these amounts are expensed.

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

(b) Acquisition

Property, plant and equipment is initially recorded at the consideration paid, plus any other costs directly incurred in bringing the asset ready for use. Items or components that form an integral part of an asset are recognised together as a single (functional) asset.

Where assets are received free of charge from another Queensland Government entity (whether because of a machinery-of-Government change or other involuntary transfer), the acquisition cost is recognised at the gross carrying amount in the books of the transferor immediately prior to the transfer together with any accumulated depreciation.

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

(c) Measurement

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

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

(d) Depreciation

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

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

For each class of depreciable assets, the following depreciation rates represent the range of expected annual depreciation, noting that there will be outliers due to the specific characteristics, service potential or re-lifing of individual assets.

Class	Depreciation rates
Buildings and land improvements	2.5-3.3%
Plant and equipment	5.0-20.0%

Where assets have separately identifiable components that are subject to regular replacement, these components are assigned useful lives relative to each part of the asset and are depreciated accordingly.

Any expenditure that increases the originally assessed capacity or service potential of an asset is capitalised, and the new depreciable amount is depreciated over the remaining useful life of the asset to West Moreton Health.

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

(e) Impairment of assets

All property, plant and equipment assets are assessed for indicators of impairment on an annual basis. Where the asset is measured at fair value, this assessment is an examination for a change in fair value/service potential since the last valuation was completed. The impairment assessment found no material impairments.

For assets measured at cost, an impairment loss is recognised immediately in the statement of comprehensive income. If the asset is held at fair value, the impairment loss is treated as a revaluation decrease and offset against the asset revaluation surplus of the relevant class to the extent available. Where there is no asset revaluation surplus available for the class of asset, the loss is expensed in the statement of comprehensive income as a revaluation decrement.

(f) Revaluation of land and buildings at fair value

Fair Value

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

Fair values reported by West Moreton Health are based on valuation techniques that maximise the use of available and relevant observable inputs and minimise the use of unobservable inputs. Observable inputs are publicly available data, relevant to the characteristics of the assets being valued, including but not limited to published sales data for land and general buildings.

Unobservable inputs are data, assumptions and judgements not available publicly, however they are relevant to the characteristics of the assets being valued. Significant unobservable inputs used by West Moreton Health include, however are not limited to, subjective adjustments made to observable data to take account of the specialised nature of health service buildings and on hospital-site residential facilities. This includes historical and current construction contracts (and/or estimates of such costs) and assessments of physical condition and remaining useful life. Unobservable inputs are used where relevant, reliable, observable inputs are not available for similar assets/liabilities.

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

Over a rolling four-year program, all West Moreton Health land and building assets will be independently assessed and fair valued. Any assets held at fair value that are not selected for assessment in the current year will continue to be revalued on an annual basis using the appropriate and relevant indices provided by independent experts.

Fair value hierarchy

As per AASB 13 *Fair Value Measurement*, all West Moreton Health assets and liabilities, for which fair value is measured or disclosed in the financial statements, are categorised within the following fair value hierarchy:

Level 1 - represents fair value measurements that reflect unadjusted quoted market prices in active markets for identical assets and liabilities;

Level 2 - represents fair value measurements for unrestricted land and non-health service delivery buildings that are substantially derived from inputs (other than quoted prices included within level 1) that are observable, either directly or indirectly; and

Level 3 - represents fair value measurements for special purpose health buildings that are substantially derived from unobservable inputs.

	Level 1	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000
2023				
Land	-	37,109	-	37,109
Buildings	-	178	236,957	237,135
Fair value at 30 June 2023	-	37,287	236,957	274,244
2024				
Land	-	42,641	-	42,641
Buildings	-	170	381,886	382,056
Fair value at 30 June 2024	-	42,811	381,886	424,697

Land

In 2023-24, The Park – Centre for Mental Health land and Ipswich land were independently valued by McGees. If land was not comprehensively revalued, it will continue to be revalued on an annual basis using the appropriate and relevant indices provided by an external registered valuer. The effective date of the valuation was 30 June 2024.

The revaluation of land for 2023-24 resulted in a net increase of \$1,752K to the carrying amount of land (2023: \$972K increase).

Buildings

A comprehensive independent revaluation was undertaken of The Park and Ipswich facilities. In the current year, a full comprehensive revaluation was adopted for these assets. The effective date of the valuation was 30 June 2024.

West Moreton Health uses indices to provide a valid estimation of the assets' fair values at reporting date. Such indices are either publicly available or are derived from market information available to the valuer. In 2023-24 a 9.5% (2023: 8.5%) indexation rate was applied to all building assets not subject to comprehensive revaluation.

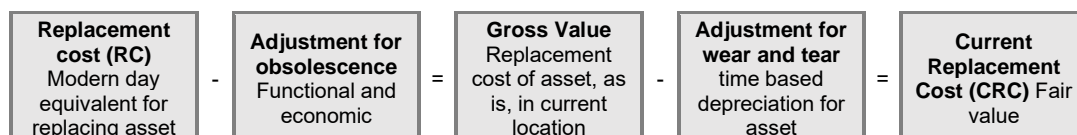
Regardless of the timing of the last specific appraisal, if an asset class experiences significant and volatile changes in fair value, the relevant asset class is subject to specific appraisal in the reporting period, where practical.

Any revaluation increments arising from the revaluation of an asset are credited to the asset revaluation surplus of the appropriate asset class, except to the extent it reverses a revaluation decrement for the asset class previously recognised as an expense. A decrease in the carrying

amount on revaluation is charged as an expense, to the extent it exceeds the balance in the revaluation surplus relating to the relevant asset class.

Materiality concepts are considered in determining whether the difference between the carrying amount and the fair value of an asset is recognised. Non-health service delivery buildings are measured at the value that reflects the likely exit price in the principal market for an asset of this nature.

Where there is no active market, the fair value of health service buildings and hospital-site residential facilities is determined using the current replacement cost methodology. The key assumption in using the current replacement cost is determining a replacement cost of a modern equivalent less an adjustment for obsolescence.



A modern equivalent asset is required to comply with current legislation (e.g. building code) using current typical building materials and methods that would be expected on similar buildings being constructed today. The modern equivalent asset has the same building form, i.e. the shape and size, to the existing asset.

The valuations have been prepared on an elemental basis with 25 components being adopted for buildings and 25 components adopted for site improvements. To estimate the replacement cost of each component, each element was measured. These key quantities have been measured from drawings provided and verified on site during the site inspection. Estimates of remaining life assume that the asset remains in its current function and will be maintained.

The independent revaluation concluded a \$40,244K increase in value (2023: \$23,266K increase). The main drivers for the movement in valuation is driven by significant growth in building construction activity across various sectors impacting on supply of materials and contractors which has a flow on impact through increases in contractors' pricing and long lead times and increasing costs of construction materials. The change in valuation is also impacted by review of significant work programs and upcoming works, which led to re-living of assets and adjustment of fair value.

The following table details a reconciliation of level 3 movements:

	Buildings \$'000
Fair value at 1 July 2022	218,500
Additions	100
Transfers between asset classes	15,882
Depreciation	(20,761)
<i>Gains recognised in other comprehensive income:</i>	
Increase in asset revaluation reserve	23,236
Fair value at 30 June 2023	236,957
Fair value at 1 July 2023	236,957
Additions	-
Transfers between asset classes	9,946
Transfers in/out (Qld Government)	124,240
Depreciation	(29,476)
<i>Gains recognised in other comprehensive income:</i>	
Increase in asset revaluation reserve	40,219
Fair value at 30 June 2024	381,886

B4 Payables

These amounts represent liabilities for goods and services provided to West Moreton Health prior to the end of financial year that are unpaid at balance date. The amounts owing are unsecured.

	2024 \$'000	2023 \$'000
Trade creditors	82,495	82,628
Accrued health service employee benefits	11,357	19,808
Total payables	93,852	102,436

C Equity and risk management

C1 Contributed equity

	2024 \$'000	2023 \$'000
Opening balance at beginning of year	206,112	195,246
<i>Non-appropriated equity injections</i>		
Capital Maintenance and Asset Replacement	13,900	21,862
Priority capital program funding	7,637	3,897
Ipswich Hospital Stage 1A Redevelopment	572	242
Ipswich Hospital Stage 2 Redevelopment	465	5,048
Right-of-use lease funding	330	52
COVID-19 capital funding	-	5,590
Other funding	102	560
	23,006	37,251
<i>Non-appropriated equity withdrawals</i>		
Non-cash depreciation and amortisation funding returned to Department of Health as a contribution towards capital works program	(37,998)	(27,232)
<i>Non-appropriated equity asset transfers</i>		
Land	3,780	-
Buildings	124,240	-
Plant and Equipment	1,997	847
Balance at the end of the financial year	321,137	206,112

C2 Asset revaluation surplus by class

	2024 \$'000	2023 \$'000
<i>Land</i>		
Balance at the beginning of the financial year	8,244	7,272
Revaluation increments	1,752	972
	9,996	8,244
<i>Buildings</i>		
Balance at the beginning of the financial year	109,208	85,942
Revaluation increments	40,244	23,266
	149,452	109,208
Balance at the end of the financial year	159,448	117,452

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

C3 Financial risk management

West Moreton Health is exposed to a variety of financial risks including credit risk, liquidity risk and market risk. West Moreton Health holds the following financial instruments by category:

	2024 \$'000	2023 \$'000
<i>Financial assets</i>		
Cash and cash equivalents	48,838	49,873
Receivables	18,663	27,313
	67,501	77,186
<i>Financial liabilities</i>		
Payables	93,852	102,436
Lease liabilities	1,407	1,737
	95,259	104,173

(a) Credit risk

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

No financial assets have had their terms renegotiated, and therefore original terms have been used in the ageing and impairment calculations. Financial assets are stated at the carrying amounts as indicated.

Overall credit risk is considered minimal.

(b) Liquidity risk

Liquidity risk is the risk that West Moreton Health will not have the resources to meet its obligations to settle its financial liabilities as they fall due.

West Moreton Health is exposed to liquidity risk through its trading in the normal course of business. West Moreton Health aims to reduce the exposure to liquidity risk, by ensuring that sufficient funds are available at all times to meet employee and supplier obligations. West Moreton Health has prepared an eighteen-month cash flow forecast, to provide confidence that sufficient funds are available given current assets are less than current liabilities. This cash forecast is reviewed regularly to provide confidence in our ability to meet obligations.

(i) Financing arrangements

Under the whole-of-government banking arrangements, West Moreton Health has an approved working debt facility of \$9,000K (2023: \$9,000K) to manage any short-term cash shortfalls.

(ii) Maturities of financial liabilities

Due to the short-term nature (less than 12 months) of the current payables, their carrying amount is assumed to approximate the total contractual cash flow.

(c) Interest rate risk

West Moreton Health is exposed to interest rate risk on its cash deposits in interest bearing accounts with CBA through whole-of-government banking arrangements and Queensland Treasury Corporation.

Changes in interest rates have a minimal effect on the operating result of West Moreton Health.

West Moreton Health does not undertake any hedging in relation to interest rate risk.

(d) Fair value measurements

Cash and cash equivalents are measured at fair value. All other financial assets or liabilities are measured at cost, less any loss allowance or amortisation.

C4 Climate risk disclosure

The State of Queensland, as the ultimate parent of the West Moreton Health, has published a wide range of information and resources on climate related risks, strategies, and actions accessible via <https://www.energyandclimate.qld.gov.au/climate>.

The Queensland Sustainability Report (QSR) outlines how the Queensland Government measures, monitors, and manages sustainability risks and opportunities, including governance structures supporting policy oversight and implementation. To demonstrate progress, the QSR also provides time series data on key sustainability policy responses. The QSR is available via Queensland Treasury's website at <https://www.treasury.qld.gov.au/programs-and-policies/queensland-sustainability-report>.

D Key management personnel

Key management personnel (KMP) are those persons having authority and responsibility for planning, directing and controlling the activities of West Moreton Health, directly or indirectly, including Board members, Senior Executives and direct reports to the Chief Executive. The Minister for Health, Mental Health and Ambulance Services and Minister for Women is recognised as part of West Moreton Health's KMP, consistent with additional guidelines included in the revised version of AASB 124 *Related Party Disclosures*.

In accordance with the *Hospital and Health Boards Act 2011*, the Governor in Council appoints Board members, on the recommendation of the Minister, for a period not exceeding 4 years. In appointing a Board member, the Governor in Council must have regard to the person's ability to contribute to West Moreton Health to perform its functions effectively and efficiently.

The following tables detail West Moreton Health's non-ministerial KMP during the current financial year:

West Moreton Health Board Position and name of current incumbent	Appointment authority	Initial appointment date
Chair – Michael Willis	Hospital and Health Boards Act 2011 Tenure: 10/06/21 – 31/03/24	18/05/16
Deputy Board Chair (to 31 March 24) and Chair (from 1 April 24) – Sue Scheinpflug	Hospital and Health Boards Act 2011 Tenure: 01/04/24 – 31/03/28	18/05/16
Board Member – Prof Gerald Holtmann	Hospital and Health Boards Act 2011 Tenure: 01/04/24 – 31/03/26	18/05/16

West Moreton Health Board Position and name of current incumbent	Appointment authority	Initial appointment date
Board Member – Patricia Evatt OAM	Hospital and Health Boards Act 2011 Tenure: 18/05/21 – 31/03/24	18/05/16
Board Member – Stephen Robertson	Hospital and Health Boards Act 2011 Tenure: 01/04/22 – 31/03/26	18/05/18
Board Member – Prof Jeff Dunn AO	Hospital and Health Boards Act 2011 Tenure: 01/04/22 – 31/03/26	18/05/18
Board Member – Lyn Birnie	Hospital and Health Boards Act 2011 Tenure: 01/04/22 – 31/03/26	18/05/18
Board Member – Dr Cathryn Hester	Hospital and Health Boards Act 2011 Tenure: 01/04/22 – 31/03/26	18/05/19
Board Member – Deanne Minniecon	Hospital and Health Boards Act 2011 Tenure: 01/04/24 – 31/03/28	18/05/21
Board Member – Michael Bosel	Hospital and Health Boards Act 2011 Tenure: 01/04/24 – 31/03/28	01/04/24
Board Member – Darren Brown	Hospital and Health Boards Act 2011 Tenure: 01/04/24 – 31/03/28	01/04/24
Board Member – Temira Dewis	Hospital and Health Boards Act 2011 Tenure: 01/04/24 – 31/03/28	01/04/24

West Moreton Health Executives

Chief Executive

Responsible for the overall management of West Moreton Health through major functional areas to ensure the delivery of key government objectives in improving the health and well-being of Queenslanders.

Chief Operating Officer

Responsible for the operational leadership and management of clinical areas throughout West Moreton Health.

Chief Finance Officer

Responsible for financial management, information services management, contract management, procurement, health information management, digital health, infrastructure and assets management and statutory reporting obligations of West Moreton Health.

Chief Medical Officer / Executive Director Medical Services

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

Executive Director People and Culture

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

West Moreton Health Executives

Chief Strategy Officer

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

Executive Director Major Capital, Service Improvement and Governance

Responsible for providing strategic leadership to Service Improvement and Governance areas as well as leading the management and delivery of key capital infrastructure projects within the Queensland Health Capital Program for West Moreton Health.

Executive Director Nursing and Midwifery

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

Executive Director Allied Health

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

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

Pursuant to the *Hospital and Health Boards Act 2011*, Board members' fees are determined by the Governor in Council. Board members are paid an annual salary consistent with the *Remuneration procedures for part-time chairs and members of Queensland Government bodies*.

The terms of employment for executives are set by employment contracts and relevant awards.

Remuneration for KMP comprises the following components:

- Short-term employee benefits which include:
 - Base – consisting of base salary, allowances and leave entitlements paid for the entire year or pro-rata for the period that the employee occupied the specified position. Amounts disclosed equal the amount expensed in the statement of comprehensive income.
 - Non-monetary benefits – includes provision of vehicle together with fringe benefits tax (FBT) applicable to the benefit.
- Long-term employee benefits include long service leave levy paid.
- Post-employment benefits include superannuation contributions.
- Redundancy payments are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu of termination, regardless of the reason for termination.
- There were no performance bonuses paid in the 2023-24 financial year (2023: \$nil).

The following tables detail the expenses attributable to Non-Ministerial KMP during the respective reporting periods.

Name	Short-term benefits		Long-term benefits	Post-employment benefits	Total remuneration
	Base	Non-monetary benefits			
	\$'000	\$'000	\$'000	\$'000	\$'000
2023-24 Board Members					
Mr Michael Willis (Chair) (to 31 Mar 24)	69	-	-	10	79
Ms Sue Scheinpflug (Deputy Chair to 31 Mar 24 & Chair from 1 Apr 24)	59	-	-	8	67
Professor Gerald Holtmann	50	-	-	7	57
Ms Patricia Evatt OAM (to 31 Mar 24)	37	-	-	6	43
Mr Stephen Robertson	47	-	-	7	54
Professor Jeffrey Dunn AO	49	-	-	7	56
Ms Lyn Birnie	46	-	-	7	53
Dr Cathryn Hester	46	-	-	7	53
Ms Deanne Minniecon	46	-	-	7	53
Mr Michael Bosel (from 1 Apr 24)	8	-	-	1	9
Mr Darren Brown (from 1 Apr 24)	8	-	-	1	9
Ms Temira Dewis (from 1 Apr 24)	8	-	-	1	9

Name	Short-term benefits		Long-term benefits	Post-employment benefits	Total remuneration
	Base	Non-monetary benefits			
	\$'000	\$'000	\$'000	\$'000	\$'000
2023-24 Executive KMP*					
Chief Executive	338	-	10	49	397
Chief Operating Officer (to 1 Apr 24)	210	-	5	34	249
Chief Finance Officer	278	-	7	38	323
Chief Medical Officer (from 3 Jul 23 to 4 Feb 24)	249	-	4	33	286
Executive Director Medical Services (from 5 Feb 24)	206	-	4	22	232
Executive Director People and Culture (to 21 Jan 24)	121	-	3	17	141
Executive Director People and Culture (from 8 Jan 24)	97	-	3	11	111
Executive Director Major Capital, Service Improvement and Governance	230	-	7	31	268
Executive Director Nursing and Midwifery	289	-	8	34	331
Executive Director Allied Health	223	-	7	23	253

Name	Short-term benefits		Long-term benefits	Post-employment benefits	Total remuneration
	Base	Non-monetary benefits			
	\$'000	\$'000	\$'000	\$'000	\$'000
2022-23 Board Members					
Mr Michael Willis (Chair)	85	-	-	9	94
Ms Sue Scheinpflug (Deputy Chair)	53	-	-	5	58
Professor Gerald Holtmann	50	-	-	5	55
Ms Patricia Evatt OAM	46	-	-	5	51
Mr Stephen Robertson	47	-	-	5	52
Professor Jeffrey Dunn AO	51	-	-	5	56
Ms Lyn Birnie	46	-	-	5	51
Dr Cathryn Hester	46	-	-	5	51
Ms Deanne Minniecon	47	-	-	5	52
2022-23 Executive KMP*					
Chief Executive (from 18/07/2022)	328	-	9	31	368
Chief Operating Officer (from 25/08/2022)	205	-	5	18	228
Chief Finance Officer	234	-	6	23	263
Chief Medical Officer	473	-	8	41	522
Executive Director People and Culture (to 7/12/2022)	99	-	3	12	114
Executive Director People and Culture (from 10/01/2023)	91	-	3	8	102
Chief Strategy Officer	216	-	6	23	245
Executive Director Nursing and Midwifery (to 15/10/22)	80	-	2	6	88
Executive Director Nursing and Midwifery (from 19/09/2022)	225	-	6	27	258
Executive Director Allied Health	209	-	6	26	241

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

E Other information

E1 Contingencies

Litigation

From time to time, claims are made against West Moreton Health. These claims are vigorously defended and there are no contingent liabilities in respect of these claims.

E2 Commitments

Commitments for capital expenditure at reporting date are:

	2024 \$'000	2023 \$'000
<i>Land and buildings</i>		
Not later than one year	1,009	1,176
<i>Major plant and equipment</i>		
Not later than one year	159	1,082
Total commitments	1,168	2,258

E3 Notes to the statement of cash flows

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

	2024 \$'000	2023 \$'000
Operating result from continuing operations	46	(3,364)
<i>Non-cash items</i>		
Depreciation expense	37,640	27,174
Amortisation expense	358	58
Donated assets received	(347)	(15)
Net gains on disposal of property, plant and equipment	(315)	(370)
Lease interest	57	-
Depreciation and amortisation funding	(37,998)	(27,232)
<i>Changes in assets and liabilities</i>		
(Increase)/decrease in receivables	8,650	(10,586)
(Increase)/decrease in inventories	(726)	2,101
(Increase)/decrease in other assets	88	693
Increase/(decrease) in payables	(8,584)	17,517
Increase/(decrease) in accrued employee benefits	(5,366)	5,979
Increase/(decrease) in provisions	-	18
Increase/(decrease) in unearned revenue	(96)	(6,819)
Net cash provided by / (used in) operating activities	(6,593)	5,154

E4 Patient fiduciary funds

West Moreton Health acts in a fiduciary trust capacity in relation to patient trust accounts. Consequently, these transactions and balances are not recognised in the financial statements but are disclosed below for information purposes. Although patient funds are not controlled by West Moreton Health, trust activities are included in the audit performed annually by the Auditor-General of Queensland.

	2024 \$'000	2023 \$'000
Cash at beginning of financial year	90	84
Patient fund receipts	1,837	1,588
Patient fund related payments	(1,770)	(1,582)
Cash at end of financial year	157	90

E5 Application of new accounting standards or change in accounting policy

Changes in Accounting Policy

West Moreton Health has not changed any of its accounting policies during 2023-24.

Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2023-24.

Accounting Standards Applied for the First Time

No accounting standards have been applied for the first time during 2023-24.

Future Accounting Standards not yet Mandatory

There are no Australian Accounting Standards and interpretations with future effective dates that are applicable to the activities of West Moreton Health or have an expected material impact.

E6 Subsequent events

West Moreton Health is not aware of any events occurring after the reporting date that warrant disclosure or recording in the financial statements.

E7 Taxation

West Moreton Health is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation, with the exception of FBT and Goods and Services Tax (GST). GST receivable from and GST payable to the Australian Taxation Office, are recognised in the Statement of Financial Position (refer to Note B2).

E8 Related party disclosures

(i) Transactions with Queensland Government controlled entities

West Moreton Health is controlled by its ultimate parent entity, the State of Queensland. All State of Queensland controlled entities meet the definition of a related party in *AASB 124 Related Party Disclosures*.

Department of Health

West Moreton Health receives funding from the Department. The Department receives most of its revenue from the Queensland Government and the remainder from the Commonwealth Government.

The funding from the Department is provided predominantly for specific public health services purchased by the Department from West Moreton Health in accordance with a Service Agreement. The Service Agreement is reviewed periodically and updated for changes in activities and prices of services delivered by West Moreton Health (see Note A1(a)).

The signed Service Agreements are published on the Queensland Government website and publicly available. In addition, the Department provides corporate services as outlined in Note A1(c). Any other expenses paid by the Department to third parties on behalf of West Moreton Health are recouped by the Department.

Related transactions for the year are as follows:

	2024 \$'000	2023 \$'000
Revenue received	957,997	848,399
Expenditure incurred	89,201	81,962
Receivables and other assets	12,631	21,283
Payables and other liabilities	67,237	78,272

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

Other Hospital and Health Services

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

Queensland Treasury Corporation

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

Department of Housing, Local Government, Planning and Public Works (DHLGPPW)

West Moreton Health pays rent to the DHLGPPW for rental properties.

Department of Energy and Climate (DEC)

West Moreton Health pays the DEC for vehicle fleet management services (QFleet).

Transactions with other related parties

All transactions in the year ended 30 June 2024 between West Moreton Health and KMP, including their related parties, were immaterial in nature.

F Budgetary reporting disclosures

Statement of comprehensive income

	Notes	Actual 2024 \$'000	Budget 2024 \$'000	Variance \$'000	Variance %
Income					
Funding for provision of public health services	(i)	951,759	857,593	94,166	11%
User charges and fees	(ii)	63,674	46,445	17,229	37%
Grants and other contributions		11,621	9,771	1,850	19%
Other revenue	(iii)	9,793	1,852	7,941	429%
Total income		1,036,847	915,661	121,186	13%
Expenses					
Employee expenses		99,480	97,066	2,414	2%
Health service employee expenses	(iv)	643,767	585,828	57,939	10%
Supplies and services	(v)	243,202	178,636	64,566	36%
Grants and subsidies		289	385	(96)	(25%)
Depreciation and amortisation		37,998	35,418	2,580	7%
Impairment losses		1,660	1,708	(48)	(3%)
Other expenses	(vi)	10,405	16,620	(6,215)	(37%)
Total expenses		1,036,801	915,661	121,140	13%
Operating result for the year		46	-	46	
Other comprehensive income					
Increase in asset revaluation surplus	(vii)	41,996	-	41,996	
Total other comprehensive income		41,996	-	41,996	
Total comprehensive income		42,042	-	42,042	

Statement of financial position

	Notes	Actual 2024 \$'000	Budget 2024 \$'000	Variance \$'000	Variance %
Current assets					
Cash and cash equivalents	(viii)	48,838	38,870	9,968	26%
Receivables	(ix)	18,663	6,959	11,704	168%
Inventories		6,371	7,746	(1,375)	(18%)
Other assets		1,199	1,979	(780)	(39%)
Total current assets		75,071	55,554	19,517	35%
Non-current assets					
Property, plant and equipment	(x)	492,787	403,220	89,567	22%
Right-of-use assets		1,373	-	1,373	-%
Total non-current assets		494,160	403,220	90,940	23%
Total assets		569,231	458,774	110,457	24%
Current liabilities					
Payables	(xi)	93,852	71,788	22,064	31%
Accrued employee benefits		1,988	2,474	(486)	(20%)
Lease liabilities		345	-	345	-%
Provisions		152	134	18	13%
Unearned revenue		62	479	(417)	(87%)
Total current liabilities		96,399	74,875	21,524	29%
Non-current liabilities					
Lease Liabilities		1,062	-	1,062	-%
Total Non-current Liabilities		1,062	-	1,062	-%
Total liabilities		97,461	74,875	22,586	30%
Net assets		471,770	383,899	87,871	23%
Equity					
Total equity		471,770	383,899	87,871	23%

Statement of cash flows

	Notes	Actual 2024 \$'000	Budget 2024 \$'000	Variance \$'000	Variance %
Cash flows from operating activities					
<i>Inflows:</i>					
Funding for provision of public health services	(xii)	907,734	857,593	50,141	6%
User charges and fees	(xiii)	60,851	44,237	16,614	38%
Grants and other contributions		3,812	3,104	708	23%
Interest received		54	16	38	238%
Other	(xiv)	26,697	3,624	23,073	637%
<i>Outflows</i>					
Employee expenses		(104,848)	(96,353)	(8,495)	9%
Health service employee expenses	(xv)	(651,056)	(585,828)	(65,228)	11%
Supplies and services	(xvi)	(223,162)	(175,097)	(48,065)	27%
Grants and subsidies		(289)	(385)	96	(25%)
Other	(xvii)	(26,386)	(9,933)	(16,453)	166%
Net cash provided by / (used in) operating activities		(6,593)	40,978	(47,571)	(116%)
Cash flows for investing activities					
<i>Inflows:</i>					
Sales of property, plant and equipment		315	-	315	-%
<i>Outflows:</i>					
Payments for property, plant and equipment	(xviii)	(17,377)	-	(17,377)	-%
Net cash provided by / (used in) investing activities		(17,062)	-	(17,062)	-%
Cash flows from financing activities					
<i>Inflows:</i>					
Equity injections		23,006	-	23,006	-%
<i>Outflows:</i>					
Finance lease payments		(386)	-	(386)	-%
Equity withdrawals		-	(35,418)	35,418	(100%)
Net cash provided by financing activities		22,620	(35,418)	58,038	(164%)
Net increase/(decrease) in cash and cash equivalents		(1,035)	5,560	(6,595)	(119%)
Cash and cash equivalents at beginning of the financial year		49,873	33,310	16,563	50%
Cash and cash equivalents at end of financial year		48,838	38,870	9,968	26%

Explanation of major variances

Major variances have been identified and explained below:

Statement of comprehensive income

- (i) The funding increase for the provision of public health services compared to budget primarily relates to funding received through Window amendments of \$94,166K.
- (ii) The increase for user charges primarily relates to an increase in Pharmaceutical Benefit Scheme revenue of \$13,614K, and inpatient charges \$2,705K.

- (iii) The increase in other revenue primarily relates to inter-entity transactions reflecting project activity of \$6,148K.
- (iv) Health service employee expenses and supplies and services cost are \$122,505K over budget primarily due to costs for additional funded Window amendments including Long Stay Patient Recovery program \$21,814K, Enterprise Bargaining Agreements \$19,819K, drugs \$13,832K, Better Care Together program \$9,170K, Department of Health end of year activity reconciliations \$10,963K, services received below fair value \$6,865K (see (vi)), \$6,148K in inter-entity transactions reflecting project activity, information technology and communication \$5,520K, Putting Patients First program \$4,647K, First Nations programs \$4,079K, Planned Care Recovery \$6,644K, pathology \$3,371K, and Patient Flow initiatives \$2,765K.
- (v) See (iv).
- (vi) The decrease in other expenses is primarily a result of a difference in mapping of accounts between the Financial Statements and the Service Delivery Statements. The Service Delivery Statements records the budget for services received below fair value \$6,865K within Other Expenses. The Financial Statements record this item within Supplies and Services.
- (vii) There is no budget for asset revaluations. See Note B3(f).

Statement of Financial Position

- (viii) The budget principles require that cash balances do not change year on year. Actual balances reflect increased funding offset by increased expense (see (iv)) and timing of payroll settlements.
- (ix) The increase in receivables is primarily due to Department of Health end of year technical adjustments \$10,038K.
- (x) The increase in property, plant and equipment is driven by timing of acquisitions, including Ripley Satellite Hospital \$38,100K, and \$41,996K in revaluations.
- (xi) The increase in payables is primarily driven by the Department of Health end of year technical adjustments \$11,685K, and timing of payment of health service employee expenses \$7,142K.

Statement of Cash Flows

- (xii) See (i).
- (xiii) See (ii).
- (xiv) Other inflows are driven by increased recoveries and increased GST receipts.
- (xv) See (iv).
- (xvi) See (iv).
- (xvii) Other outflows increase is primarily driven by increased GST payments.
- (xviii) This increase is driven primarily by significant capital projects undertaken and Sustaining Capital Replacement program.

Management certificate

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

- a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- b) these financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of West Moreton Hospital and Health Service for the financial year ended 30 June 2024 and of the financial position of the Service at the end of that year; and
- c) we acknowledge responsibility under s.7 and s.11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.



Sue Scheinpflug
Chair

16 August 2024



Hannah Bloch
Chief Executive

16 August 2024

INDEPENDENT AUDITOR'S REPORT

To the Board of West Moreton Hospital and Health Service

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of West Moreton Hospital and Health Service.

The financial report comprises the statement of financial position as at 30 June 2024, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including material accounting policy information, and the management certificate.

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2024, and its financial performance and cash flows for the year then ended; and
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

Basis for opinion

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

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

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

Key audit matters

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

Fair value of buildings (\$382 million) Refer to note B3 in the financial report.

Key audit matter	How my audit addressed the key audit matter
<p>Buildings were material to West Moreton Hospital and Health Service at balance date and were measured at fair value using the current replacement cost method.</p> <p>West Moreton Hospital and Health Service performed a comprehensive revaluation of 15 building assets across the following locations this year as part of the rolling revaluation program:</p> <ul style="list-style-type: none"> • Wacol • Ipswich <p>All other buildings were assessed using relevant indices.</p> <p>The current replacement cost method comprises:</p> <ul style="list-style-type: none"> • gross replacement cost, less • accumulated depreciation. <p>West Moreton Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for:</p> <ul style="list-style-type: none"> • identifying the components of buildings with separately identifiable replacement costs • developing a unit rate for each of these components, including: <ul style="list-style-type: none"> ○ estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre) ○ identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating the adjustment to the unit rate required to reflect this difference. <p>The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components.</p> <p>The significant judgements required for gross replacement cost and useful lives are also significant judgements for calculating annual depreciation expense.</p> <p>Using indexation required:</p> <ul style="list-style-type: none"> • significant judgement in determining changes in cost and design factors for each asset type since the previous revaluation • reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used. 	<p>My procedures included, but were not limited to:</p> <ul style="list-style-type: none"> • assessing the adequacy of management's review of the valuation process and results • reviewing the scope and instructions provided to the valuer • assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices • assessing the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices • assessing the competence, capabilities and objectivity of the experts used to develop the models • for unit rates, on a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: <ul style="list-style-type: none"> ○ modern substitute (including locality factors and oncosts) ○ adjustment for excess quality or obsolescence • evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices • evaluating useful life estimates for reasonableness by: <ul style="list-style-type: none"> ○ reviewing management's annual assessment of useful lives ○ at an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement cost of assets ○ testing that no building asset still in use has reached or exceeded its useful life ○ enquiring of management about their plans for assets that are nearing the end of their useful life ○ reviewing assets with an inconsistent relationship between condition and remaining useful life • where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.

Responsibilities of the entity for the financial report

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

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

Auditor's responsibilities for the audit of the financial report

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

A further description of my responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at:

https://www.auasb.gov.au/auditors_responsibilities/ar6.pdf

This description forms part of my auditor's report.

Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2024:

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

Prescribed requirements scope

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



D J Toma
as delegate of the Auditor-General

19 August 2024
Queensland Audit Office
Brisbane

Glossary

Term	Meaning
CEQ	Clinical Excellence Queensland
CBT	Caring Better Together
CCAC	Consumer and Community Advisory Council
COVID-19	Coronavirus disease
CT	Computed tomography
DDHHS	Darling Downs Hospital and Health Service
DDWMPHN	Darling Downs and West Moreton PHN
Department	Department of Health
ED	Emergency Department
GP	General practitioners
HHSs	Hospital and Health Services
HSCE	Health Service Chief Executive
HSIS	High Security Inpatient Service
ICU	Intensive Care Unit
ieMR	integrated electronic Medical Record
IHF	Ipswich Hospital Foundation
ISO 27001	International standard for information security
LANA	Local Area Needs Assessment
LGBTQI+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual
LGT	Leading Growth Together
MHAIS	Mental Health Acute Inpatient Service
NAIDOC	National Aborigines and Islanders Day Observance Committee
PHN	Primary Health Network
PICS	Preventative Integrated Care Service
PRIME	Preparing for Retrieval in Medical Emergencies
PYDHS	Prison and Youth Detention Health Service
QAO	Queensland Audit Office
QAS	Queensland Ambulance Service
QCMHR	Queensland Centre for Mental Health Research
QGCDG	Queensland Government Customer and Digital Group
QHRC	Queensland Human Rights Commission
The Park	The Park – Centre for Mental Health

UQ	The University of Queensland
WAU / QWAU	Weighted activity unit / Queensland weighted activity unit
WMHHS	West Moreton Hospital and Health Service
WM-LOL	West Moreton Learning Online

Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> A letter of compliance from the accountable officer or statutory body to the relevant Minister/s 	ARRs – section 7	3
Accessibility	<ul style="list-style-type: none"> Table of contents Glossary 	ARRs – section 9.1	4 83
	<ul style="list-style-type: none"> Public availability 	ARRs – section 9.2	2
	<ul style="list-style-type: none"> Interpreter service statement 	Queensland Government Language Services Policy ARRs – section 9.3	2
	<ul style="list-style-type: none"> Copyright notice 	Copyright Act 1968 ARRs – section 9.4	2
	<ul style="list-style-type: none"> Information licensing 	QGEA – Information Licensing ARRs – section 9.5	2
	General information	<ul style="list-style-type: none"> Introductory information 	ARRs – section 10
Non-financial performance	<ul style="list-style-type: none"> Government’s objectives for the community and whole-of-government plans/specific initiatives 	ARRs – section 11.1	5
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 11.2	30-43
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 11.3	44
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 12.1	46
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 13.1	24
	<ul style="list-style-type: none"> Executive management 	ARRs – section 13.2	21-23
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 13.3	16-20
	<ul style="list-style-type: none"> Public Sector ethics 	Public Sector Ethics Act 1994 ARRs – section 13.4	28-29

Summary of requirement	Basis for requirement	Annual report reference	
	<ul style="list-style-type: none"> • Human Rights 	<i>Human Rights Act 2019</i> ARRs – section 13.5	29
	<ul style="list-style-type: none"> • Queensland public service values 	ARRs – section 13.6	28-29
Governance – risk management and accountability	<ul style="list-style-type: none"> • Risk management 	ARRs – section 14.1	26
	<ul style="list-style-type: none"> • Audit committee 	ARRs – section 14.2	16
	<ul style="list-style-type: none"> • Internal audit 	ARRs – section 14.3	27
	<ul style="list-style-type: none"> • External scrutiny 	ARRs – section 14.4	27
	<ul style="list-style-type: none"> • Information systems and recordkeeping 	ARRs – section 14.5	28
	<ul style="list-style-type: none"> • Information Security attestation 	ARRs – section 14.6	28
Governance – human resources	<ul style="list-style-type: none"> • Strategic workforce planning and performance 	ARRs – section 15.1	26
	<ul style="list-style-type: none"> • Early retirement, redundancy and retrenchment 	<i>Directive No.04/18 Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	26
Open data	<ul style="list-style-type: none"> • Statement advising publication of information 	ARRs – section 16	26
	<ul style="list-style-type: none"> • Consultancies 	ARRs – section 31.1	https://data.qld.gov.au
	<ul style="list-style-type: none"> • Overseas travel 	ARRs – section 31.2	https://data.qld.gov.au
	<ul style="list-style-type: none"> • Queensland Language Services Policy 	ARRs – section 31.3	https://data.qld.gov.au
Financial statements	<ul style="list-style-type: none"> • Certification of financial statements 	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	79
	<ul style="list-style-type: none"> • Independent Auditor’s Report 	FAA – section 62 FPMS – section 46 ARRs – section 17.2	80-82

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2019*

ARRs *Annual report requirements for Queensland Government agencies*

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West Moreton Hospital and Health Service

www.westmoreton.health.qld.gov.au