Report objective

This annual report fulfils Metro South Health’s reporting requirement to the community and to the Minister for Health. It summarises the health service’s results, performance, outlook and financial position for the 2015–16 financial year.

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

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Attribution

Content from this annual report should be attributed as:

The State of Queensland (Metro South Hospital and Health Service) annual report 2015–2016

If you have an enquiry regarding this annual report, please contact Metro South Health on (07) 3156 4949 or Metro_South_Communications@health.qld.gov.au

Public availability statement

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


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

Interpreter service statement

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

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ISSN 2202-4182
Letter of compliance

24 August 2016

The Honourable Cameron Dick MP
Minister for Health and Minister for
Ambulance Services
Member for Woodridge
Level 19, State Health Building
147-163 Charlotte Street
BRISBANE QLD 4000

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2015–2016 and financial
statements for Metro South Hospital and Health Service.

I certify that this Annual Report complies with:
- the prescribed requirements of the Financial Accountability Act 2009 and the Financial and Performance
  Management Standard 2009, and
- the detailed requirements set out in the Annual report requirements for Queensland Government agencies.

A checklist outlining the annual reporting requirements can be found at page 134 of this annual report.

Yours sincerely

Terry White AO
Chair
Metro South Hospital and Health Board
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It is a great pleasure to present this year’s Metro South Health annual report—our fourth since the health service was inaugurated as a statutory body in 2012.

This year, Metro South Health has enjoyed many successes and responded positively to a number of challenges and changes. Our achievements are a credit to each of our 14,000 staff—a truly remarkable, inspiring and caring group of professionals. Every time I visit a hospital or health centre, I am impressed by the people I meet who embrace innovation and clinical excellence, and who do so with a positive and patient-focused attitude.

In 2015-16, we launched a fully revised Strategic Plan for Metro South Health. In developing this plan we spent a significant amount of time consulting with clinical staff, stakeholders and community members. Their feedback has informed a plan that refines our focus towards three key areas: clinical excellence, technology and health system integration. These focus areas reflect our commitment to working closely with the Queensland Government to implement its objectives for the community and its vision to make Queenslanders among the healthiest people in the world as part of the new 10-year strategy, My health, Queensland’s future: Advancing health 2026.

We have already made significant progress in achieving the goals outlined in the Strategic Plan. We successfully launched Australia’s first large-scale Digital Hospital at the Princess Alexandra Hospital in November. Our specialist outpatient waiting lists are shorter than ever, and we exceeded a number of national targets for elective surgery performance. We have strengthened our partnerships with primary care and the non-government sector to deliver a more integrated health care experience for our patients. On top of these successes, our staff have continued to provide safe, quality and person-centred care.

It is no secret that Metro South Health, along with the broader health system across the country, faces many challenges now and into the future. Our activity is steadily increasing; the population is ageing; we are seeing the effects of rising chronic disease; and health technology is advancing at a rapid rate. These are challenges that we will continue to address in 2016-17, working in partnership with our staff, stakeholders, patients and the community.

It is a testament to the ongoing success of the organisation that during the year, four of our Board members were reappointed to their positions by the Minister for Health and Minister for Ambulance Services, the Honourable Cameron Dick MP. In addition to these reappointments, we have three Board members whose current terms are continuing, as well as two new Board members. This decision has provided stability and continuity for our health service, while giving us the opportunity to capitalise on the expertise and experience of our two new Board members.

I look forward to building on the successes of the past year and continuing to work with the Board, Executive and staff to ensure ongoing achievement in 2016-17.

Terry White AO
Chair
Metro South Hospital and Health Board
2015-16 Highlights

JULY
Metro South Health’s new strategic plan for 2015-2019 comes into effect

AUGUST
Princess Alexandra Hospital (PAH) hosts international health symposium – ‘Transforming Discoveries to Better Health’
Metro South’s Child and Youth Mental Health Service holds inaugural Positive Mindset Creative Arts Festival at Logan Entertainment Centre
$14.6m funding announced for Transitional Rehabilitation Service at PAH’s Brain Injury Rehabilitation Unit (5 year pilot service)
Logan, Beaudesert, Redland and QEII hospitals launch their involvement in the Pathway to Excellence® nursing credentialing program
Addiction and Mental Health Services introduces 24-hour helpline - 1300MHCall

SEPTEMBER
QEII Jubilee Hospital celebrates its 35th anniversary
PAH Orthopaedic Department introduces 3D printing for complex trauma patients

OCTOBER
Queensland’s first Gamma Knife® service for cancer patients begins operation at PA Hospital
PAH conducts first minimally invasive aortic valve replacement
Metro South Health conducts its second organisation-wide staff culture survey

NOVEMBER
PA Hospital becomes Australia’s first large-scale digital hospital
Redland Hospital celebrates 30,000th birth
Logan Hospital ENT Department starts using CO2 Laser machine for specialised throat surgery

JANUARY
$11.4m funding boost announced for Logan Hospital Emergency Department (11 extra beds – 9 adult and 2 paediatric – and 41 new staff)
Beaudesert Hospital introduces new Consumer Advisory Group (BHCAG)

MARCH
Student clinical training centres open at QEII Jubilee and Redland hospitals

APRIL
PAH treats 100th Gamma Knife® patient (6 months to the day the service began)
First Transcatheter Aortic Valve Replacement (TAVR) procedures conducted at PAH
Metro South Health secures a lease for a new community health centre in Woolloongabba

MAY
PAH’s Digital Hospital team wins ‘deliver results’ award at eHealth Queensland expo

JUNE
Beaudesert Hospital celebrates 400th birth (since March 2014 when birthing service were reintroduced)
Cyclotron and PET radiopharmaceutical facility begins operation at PAH
Contractor appointed for Wynnum Integrated Health Care Centre
Without doubt, the highlight of 2015-16 was the ‘go live’ of the Digital Hospital system at Princess Alexandra Hospital (PAH).

This was the largest organisational change project ever undertaken by an Australian health service, involving the transition of thousands of paper records to a secure, real-time electronic medical record—a first for an Australian public hospital. The project saw more than 6000 staff members trained in the new system, 1600 digital devices installed, and a support team available 24 hours a day to ensure a smooth transition in the first weeks of the system.

The implementation of the Digital Hospital project represents a transformation point for health care in Australia. Metro South Health and PAH have led the way for the nation, setting the foundation for an almost endless scope to improve health care for our community. For many of us, the project is one of the most important things we have ever undertaken in our careers and I believe we can all be very proud of the legacy we have created for the organisation.

There were many more achievements in Metro South Health during 2015-16. This year, there were 239,474 people admitted to Metro South Health hospitals, an increase of six per cent, in addition to 285,971 emergency department presentations and more than one million outpatient appointments. Despite this ever growing demand for health services, our staff continue to provide compassionate, innovative and person-centred care.

I am particularly pleased with our efforts to reduce waiting lists for specialist outpatient appointments. We have achieved a 44 per cent reduction in patients waiting longer than clinically recommended for an outpatient appointment; and overall, there are now 19,905 fewer patients on the waiting list than at the end of the last financial year.

We have continued to perform well in addressing long waits for elective surgery. At June 2016 there were only 115 patients waiting longer than clinically recommended for elective surgery, with zero in category one. This is a significant achievement when compared with the more than 3000 long-wait patients less than three years ago. Our emergency department performance has remained steady despite a five per cent spike in demand. During 2015-16, 68 per cent of emergency department patients were admitted or discharged within four hours.

This year, Metro South Health undertook an organisation-wide staff satisfaction and culture survey delivered by Best Practice Australia (BPA). The results showed that 93 questions rated statistically better than our previous survey in 2013 and we moved from a culture of ‘reaction’ to ‘ambition’. When compared with BPA’s database of public health providers, the questions in our survey rated above or well above average. These results demonstrate the quality of leadership, innovation and commitment to patient outcomes across the health service.

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

Dr Richard Ashby AM
Health Service Chief Executive
Metro South Health
1 Our organisation

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

Agency role and functions

Metro South Health became a hospital and health service (HHS) on 1 July 2012. Under the Hospital and Health Boards Act 2011, it is the principal provider of public health services for the community within its geographical area.

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

Under the Hospital and Health Boards Act 2011, the Queensland Department of Health is responsible for the overall management of the public health system including statewide planning and monitoring the performance of hospital and health services.

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

Vision, purpose and objectives

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

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

Our purpose
To deliver high-quality health care through the most efficient and innovative use of available resources, using planning and evidence-based strategies.
About Metro South Health

Metro South Health is one of 16 hospital and health services in Queensland and serves an estimated resident population of more than one million people, 23 per cent of Queensland’s population. It employs more than 14,000 staff and has an annual operating budget of $2.1 billion.

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

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

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

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

Our hospitals

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

Specialty services

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

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

Major health centres

- Beenleigh
- Browns Plains
- Corinda
- Dunwich
- Eight Mile Plains
- Inala
- Logan Central
- Redland
- Wynnum

Health services delivered in the community include:

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

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

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

Education and research

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

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

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

Our community

Metro South Health is the most populated hospital and health service in Queensland. In 2014, there were an estimated 1,087,830 residents in the region, equal to approximately 23 per cent of Queensland’s population. By 2031, this is expected to grow to 1,451,743 residents.

The region’s population is also forecast to continue to age, like the rest of the Australian population, due to increasing life expectancy at birth, the current population age structure and relatively low levels of fertility. Between 2014 and 2031, the number of residents aged 65 years and over is projected to grow by 85 per cent or 111,090 people.

In 2014, 26,275 residents of Metro South, or 2.4 per cent of the population, identified as Aboriginal and/or Torres Strait Islander.

Metro South is one of the most culturally and linguistically diverse populations in Queensland. In 2011, 331,270 Metro South residents reported being born overseas, with 50.3 per cent of these reporting as being from Non-English Speaking Background (NESB) countries. Of these, 7.2 per cent did not speak English well, if at all.

In Metro South Health’s geographical region:

- 55 per cent of adults report they are overweight or obese
- 6.6 per cent of adults report consuming the recommended serve of vegetables (five serves per day)
- 16.5 per cent of adults consume tobacco daily
- 60.7 per cent of adults report undertaking a sufficient level of exercise
- 10.5 per cent of adults report drinking at risky levels.

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

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

Focus 1 – Clinical excellence and better health care solutions for patients through redesign and improvement, efficiency and quality

Focus 2 – Technology that supports best practice, next generation clinical care

Focus 3 – Improved health system integration

Enabler 1 – Resource management and system planning and implementation

Enabler 2 – Enabling and empowering our people

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

Our values

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

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

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

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

Empower people
- Lead, empower and trust
- Play to everyone’s strengths
- Develop yourself and those around you
Strategic risks, challenges and opportunities

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

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

Risks and challenges

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

- **Demand is greater than infrastructure and resource capacity** – There are indications that the health of Queenslanders is improving. Life expectancy is increasing, death rates for many causes are decreasing, and more people continue to report satisfaction with their health. However, hospitalisation rates are increasing for many health conditions, and are likely to continue to rise over the next 20 years. While much of the future pressure on the health care system will come from an ageing population, there are also other causes, in particular the impact of chronic diseases. The current infrastructure and resources are unlikely to be able to meet the health needs of Metro South residents over the coming years. Changes to models of care and the delivery of health services are required to ensure demand is able to be met.

- **Revenue generated is less than planned** – Metro South Health has developed a number of strategies to generate revenue. If these strategies do not deliver the expected results, a review of services will be required to retain financial viability.

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

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

Opportunities

Key opportunities for 2016–17 that will assist Metro South Health to continue to meet its targets include:

- incorporation of new technology, particularly the implementation of the Digital Hospital project across the health service and the use of technology to provide home-based health care. New technologies, including eHealth and telehealth, will provide opportunities to deliver more effective health services and improve health outcomes.

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

- a strong partnership with the Brisbane South PHN to move towards a more integrated and coordinated health care system.

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

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

Metro South Health performed well against its targets and key performance indicators in the 2015-2016 financial year.

Performance highlights

The following summarises achievements during the 2015-2016 financial year (hereafter referred to as 2015-16):

**Implementation of Australia’s first large-scale Digital Hospital at Princess Alexandra Hospital**
- Nearly 6000 staff trained on a range of new systems
- More than 1600 digital devices installed throughout the hospital
- All paper records now digitised
- More than 2000 paper records circulating the hospital each day replaced with real-time information in secure electronic medical records

**Significant reduction in specialist outpatient waiting lists**
- 44% reduction in patients waiting longer than clinically recommended
- 70% reduction in orthopaedic long waits (7,211 off wait list)
- 79% reduction in ENT long waits (3,625 off wait list)
- 72% reduction in gynaecology long waits (472 off wait list)
- 78% reduction in general surgery long waits (860 off wait list)
- 52% reduction in urology long waits (703 off list)
- Fewer than 100 patients on long wait list in dermatology
- Fewer than 100 patients on respiratory long wait list
- At 30 June 2016, only 25.7% of Category 3 were long waits, down from 45.5% on 1 July 2015

**Improved performance for elective surgery**
- Exceeded national targets in Categories 1 and 3
- Zero patients waiting in Category 1 for 7 of the 12 months

**Key statistics**
- 239,474 people admitted to hospital
- 285,971 people presented to our emergency departments
- 1,258,989 outpatients occasions of service performed
- 26,470 elective surgery procedures performed
- 181,600 free dental appointments performed
- 5,329 babies born
Government’s objectives for the community

The Queensland Government has four key objectives for the community:

- creating jobs and a diverse economy
- building safe, caring and connected communities
- delivering quality frontline services
- protecting the environment.

Metro South Health contributes to these objectives by delivering services for the community that are efficient, diverse and flexible to changing needs. In 2015-16, Metro South Health has invested in measures that deliver quality frontline services and contribute to the building of safe, caring and connected communities.

Improving patient safety

In November 2015, Princess Alexandra Hospital became Australia’s first large-scale Digital Hospital, with electronic systems and equipment now integrated into daily activities and all patient records documented in the integrated electronic medical record (ieMR) system. The Digital Hospital systems will progressively roll out across other facilities in Metro South Health over the next few years.

During 2015-16, Metro South Health took steps towards achieving external accreditation for person-centred care. Metro South Health executed a service agreement with Planetree – a global non-profit organisation that formally recognises excellence in person-centred care – and committed funding for three full-time equivalent (FTE) coordinators to drive the accreditation process.

The Metro South Health Strategic Plan came into effect on 1 July 2015, with a key focus on achieving better health care solutions for patients through redesign and improvement. During 2015-16, Metro South Health staff have been developing strategies for improvement, while also redesigning numerous processes to drive excellence and efficiency in patient care.

Strengthening the nursing workforce

Metro South Health has committed to undertake globally-recognised nursing standards designation across the organisation. The PA Hospital already has Magnet® designation for excellence in nursing care, and in 2015-16, work commenced across the organisation’s other facilities to implement the Pathway to Excellence® Program, which recognises health care organisations that create workplaces that empower, engage and inspire nurses.

Metro South Health also finalised appointment of its first five FTE nurse navigator positions as part of the government initiative to provide assistance to patients with complex healthcare needs.

As part of Queensland Health’s new nursing graduate employment initiative, Metro South Health increased its graduate nurse positions, exceeding the minimum target of an additional 45 FTE positions.

Investment in preventive health

During 2015-16, Metro South Health continued its development of critical integrated health care strategies which includes working in partnership with Brisbane South PHN (primary health network) and other stakeholders.

Metro South Health also increased its provision of telehealth services to support patients and allied health clinicians in community and home-based care situations, and increased promotion of critical health screening programs including BreastScreen and bowel cancer screening.

Metro South Oral Health implemented a number of initiatives including Healthy Mouth Day, Oral Health Wellness Program, Oral Health Refugee Project and Lift the Lip, which aim to provide easier access to oral health services along with support and education as a cost-effective preventive health model for the health service.
Agency service areas and standards

Metro South Health is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services. A Service Delivery Statement documents expected service standards and activities funded in the 2015-16 Queensland Budget.

Some of the major deliverables for 2015-16, as published in the Service Delivery Statement, are:

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<th>Status</th>
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<tr>
<td>Establishment of the Digital Hospital Program</td>
<td>Implemented November 2015 — PA Hospital</td>
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<tr>
<td>Capital projects delivery:</td>
<td></td>
</tr>
<tr>
<td>- Wynnum Integrated Health Care Centre construction</td>
<td>Funding allocated in 2016-17 Qld budget</td>
</tr>
<tr>
<td>- Oral Health consolidation project</td>
<td>Restructure completed. Woolloongabba and Logan Central sites in capital works</td>
</tr>
<tr>
<td>- PA Hospital patient amenities redevelopment</td>
<td>Project discontinued</td>
</tr>
<tr>
<td>- Logan Hospital car park project</td>
<td>Funding allocated in 2016-17 Qld budget</td>
</tr>
<tr>
<td>Development of MSH Integrated Health Strategy</td>
<td>Strategy in development</td>
</tr>
<tr>
<td>Implementation of Hospital Avoidance and Substitution Plan</td>
<td>Commenced in 2014-15 — ongoing</td>
</tr>
<tr>
<td>Expansion of the MSHealth@Home model</td>
<td>Acute Care@Home implemented</td>
</tr>
<tr>
<td></td>
<td>Rehab@Home service design in progress</td>
</tr>
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A Service Agreement exists between Metro South Health and the Department of Health that identifies the health services Metro South Health is to provide, funding arrangements for those services, and defined performance indicators and targets to ensure outputs and outcomes are achieved.

Metro South Health facilities report against national targets as set in the National Partnership Agreement on Improving Public Hospital Services and documented in the Service Delivery Statement and Service Agreement.

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<th>KPI Description</th>
<th>2015-16 Target</th>
<th>Metro South Health Performance</th>
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<td><strong>Shorter stays in emergency departments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Emergency Access Target (NEAT): percentage of emergency department attendees who depart within 4 hours of their arrival in the emergency department.</td>
<td>90%</td>
<td>68%</td>
</tr>
<tr>
<td><strong>Shorter waits for elective surgery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Elective Surgery Target (NEST): percentage of elective surgery patients who were treated within clinically recommended times.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 1: within 30 days</td>
<td>≥98%</td>
<td>99%</td>
</tr>
<tr>
<td>Category 2: within 90 days</td>
<td>≥95%</td>
<td>91%</td>
</tr>
<tr>
<td>Category 3: within 365 days</td>
<td>≥95%</td>
<td>97%</td>
</tr>
<tr>
<td><strong>Fewer long waiting specialist outpatients</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of specialist outpatients waiting longer than clinically recommended times.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 1: within 30 days</td>
<td>None set</td>
<td>60%</td>
</tr>
<tr>
<td>Category 2: within 90 days</td>
<td>None set</td>
<td>58%</td>
</tr>
<tr>
<td>Category 3: within 365 days</td>
<td>None set</td>
<td>26%</td>
</tr>
</tbody>
</table>
Emergency departments

The National Emergency Access Target (NEAT) aims to improve access and achieve shorter stays in emergency departments (EDs) throughout Australia. The goal is for the majority of patients presenting to the ED to be admitted to hospital, referred to another hospital for treatment or discharged, within four hours. Since its inception in 2012, the NEAT for Queensland has increased by seven per cent each year, with a final target of 90 per cent set for achievement by December 2015.

Metro South Health has been working towards achieving this measure. During 2015-16, the overall performance was 68 per cent, sitting below the current Queensland average of 75 per cent. In 2016-17, the NEAT will be lowered to 80-85 per cent in response to research by the Collaboration for Emergency Access Research and Reform that found the 90 per cent target resulted in some patients being moved out of emergency departments too early, resulting in negative health outcomes.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>NEAT % 2015–2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princess Alexandra</td>
<td>60%</td>
</tr>
<tr>
<td>Logan</td>
<td>68%</td>
</tr>
<tr>
<td>QEII Jubilee</td>
<td>75%</td>
</tr>
<tr>
<td>Redland</td>
<td>68%</td>
</tr>
<tr>
<td>HHS Total</td>
<td>68%</td>
</tr>
</tbody>
</table>

Capacity issues continue to be a major factor affecting ED transfer times. In April 2016, Metro South Health received $4.1 million in additional funding from the Department of Health to support strategies in its 2016 Winter Capacity Management Plan aimed at alleviating capacity issues. These include:

- expand Logan Hospital ED capacity (six beds)
- increase Stradbroke surgical ward at Redland Hospital (six beds)
- increase opening hours of Redland Hospital Paediatric ED
- purchase additional sub-acute beds at St Vincent’s Private Hospital
- purchase additional acute beds at Mater Private Hospital
- purchase additional palliative care beds at Canossa Private Hospital
- engagement of six Clinical Initiatives nurses for six months (to supervise patients arriving by ambulance to ensure ambulances leave the hospital as quickly as possible).

Other initiatives underway to improve emergency department wait times include:

- ED Live – an online tool being developed to provide the public with up-to-date information about EDs in the Metro South region. Information about how busy the ED is, the number of patients waiting and estimated wait times will be available on a dedicated web page that people can check before coming to the ED, and will also be available on TV screens inside the ED. Public consultation was undertaken in May and June 2016 to seek feedback on the information being provided, and at 30 June 2016 the web page was in final development.
- Review of MSHealth@Home – this review is examining a range of measures including the improved use of Hospital in the Home (HITH) and other home and community-based post-acute services to enable early inpatient discharge and improved bed capacity for timely admissions from EDs.
Outpatients

2015-16 saw a significant reduction in the number of patients waiting for specialist outpatient appointments. At 30 June 2016, 40,342 patients were on the specialist outpatient waiting list – 19,905 fewer than at 30 June 2015.

Of these, 18,236 patients were waiting longer than the clinically recommended time – a reduction of 14,546 (44 per cent) over the previous year.

<table>
<thead>
<tr>
<th>% Long Wait Outpatients June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Princess Alexandra</td>
</tr>
<tr>
<td>Logan</td>
</tr>
<tr>
<td>QEII Jubilee</td>
</tr>
<tr>
<td>Redland</td>
</tr>
<tr>
<td>Beaudesert</td>
</tr>
<tr>
<td>HHS Total</td>
</tr>
</tbody>
</table>

Wait list reduction measures:

During 2015-16, Metro South Health introduced new measures across its facilities to reduce waiting times for patients in a number of specialist outpatient areas. The Allied Health specialist outpatient clinics were funded from February-June 2016 to provide conservative management for Category 3 and some Category 2 patients on specialist outpatient waiting lists. They include:

- Trial of dietitian-led clinics for gastroenterology specialist outpatients – Logan Hospital and QEII Jubilee Hospital
  - Patients seen: Logan Hospital – 210; QEII Hospital – 205
  - Patients removed from wait list: Logan Hospital – 233; QEII Hospital - 212
- Allied health paediatric service for patients with category 3 and some category 2 conditions – Logan Hospital
  - Patients seen: 159
  - Patients removed from wait list: 420
- Allied health clinics (musculoskeletal and hand) for orthopaedic specialist outpatients – QEII Jubilee Hospital
  - Patients seen: 729
  - Patients removed from wait list: 912
- Allied health clinics (physiotherapy musculoskeletal, hand and podiatry) for orthopaedic specialist outpatients – Logan Hospital and Redland Hospital
  - Patients seen: 844
  - Patients removed from wait list: 1025
- Pelvic health clinics for gynaecology, urology and general surgery (colorectal) specialist outpatients – Logan Hospital and QEII Hospital
  - Patients seen: Logan Hospital – 286; QEII Hospital – 104
- Integrated ear, nose and throat service for Category 3 ENT specialist outpatients – Logan Hospital
  - Patients seen: 274
  - Patients removed from wait list: 305
  - Percentage of transferred patients discharged without requiring ENT – 69%

Further details of these waitlist reduction strategies are provided on pages 35 and 36.
Elective surgery

The National Elective Surgery Target (NEST) measures the percentage of elective surgery patients who receive their treatment within the clinically recommended timeframe for their urgency category.

Metro South Health performed 26,470 elective surgeries in 2015-16. This is a one per cent decrease on the previous year, with 52 per cent of 2015-16 activity contributed solely by Princess Alexandra Hospital. Metro South Health has the second highest elective surgery performance for the state of Queensland, with Princess Alexandra Hospital having one of the highest surgical throughputs in the country. During 2015-16, Metro South Health exceeded the targets for elective surgeries in Categories 1 and 3. While the service performed below the NEST in Category 2, the last six months showed a promising increasing trend from 86 per cent in January 2016 to 92 per cent in June 2016.

In addition to its solid performance in NEST and elective surgery volume, Metro South Health has continued to perform well in addressing long waits for elective surgery (ES Long Waits). Over the past two years, long waits have reduced from 459 patients in June 2014 to 115 patients in June 2016. Furthermore, in Category 1, there were no patients waiting for seven months, and two or fewer patients waiting for four months of the 2015-16 year.
Safety and quality

Metro South Health is dedicated to working towards reducing hospital acquired infection rates. The acceptable rate for health care-associated *Staphylococcus aureus* bacteraemia infection is no more than 2 per 10,000 occupied bed days. Metro South Health performed well below this rate at 0.75 for 2015-16.

Metro South Health hospital had no hospital mortality reportable instances for acute myocardial infarction, stroke, fractured neck of femur and pneumonia, and all Metro South Health facilities have met the target for hand hygiene compliance.

<table>
<thead>
<tr>
<th>KPI Description</th>
<th>2015-16 Target</th>
<th>Metro South Health Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare-associated infections</td>
<td>≤2 per 10,000 acute patient days</td>
<td>0.75</td>
</tr>
<tr>
<td>Healthcare associated <em>Staphylococcus aureus</em> (including MRSA) bloodstream (SAB) infections</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In hospital mortality VLAD indicators</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute myocardial infarction</td>
<td>Upper level flags or no lower level flags</td>
<td>1 lower level 1 flag Target met</td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fractured neck of femur</td>
<td></td>
<td>1 lower level 1 flag Target met</td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Value for money

Under the activity based funding model, weighted activity units (WAU) provide a common unit of comparison for all clinical activities so that hospital activity can be measured and costed consistently. The base cost for one WAU is the Queensland Efficient Price, which was set at $4,597 in 2015-16.

Metro South Health provided 333,349 WAU of activity in 2015-16, which is 7,363 (2.3 per cent) above its targeted purchased (funded) activity. At the end of June 2016, the Value for Money: Cost per WAU for Activity Based Funding facilities in Metro South Health was $567 higher than the Queensland Efficient Price.

<table>
<thead>
<tr>
<th>KPI Description</th>
<th>2015-16 Target</th>
<th>Metro South Health Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funded and average cost per QWAU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average cost per weighted activity unit for Activity Based Funding facilities</td>
<td>$4,597</td>
<td>$5,164</td>
</tr>
</tbody>
</table>
### Other Key Performance Indicators

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

<table>
<thead>
<tr>
<th>KPI Description</th>
<th>2015-16 Target</th>
<th>Metro South Health Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effectiveness measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Shorter stays in emergency departments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of patients attending emergency departments seen within recommended timeframes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 1 (within 2 minutes)</td>
<td>100%</td>
<td>99%</td>
</tr>
<tr>
<td>Category 2 (within 10 minutes)</td>
<td>80%</td>
<td>64%</td>
</tr>
<tr>
<td>Category 3 (within 30 minutes)</td>
<td>75%</td>
<td>58%</td>
</tr>
<tr>
<td>Category 4 (within 60 minutes)</td>
<td>70%</td>
<td>73%</td>
</tr>
<tr>
<td>Category 5 (within 120 minutes)</td>
<td>70%</td>
<td>90%</td>
</tr>
<tr>
<td>All categories</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Treatment wait times</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median wait time for treatment in emergency departments (minutes)</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Median wait time for elective surgery (days)</td>
<td>25</td>
<td>32</td>
</tr>
<tr>
<td><strong>Unplanned hospital readmission VLAD indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute myocardial infarction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee replacements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip replacements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paediatric tonsillectomy and adenoidectomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rate of seclusion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of seclusion – events per 1000 acute mental health patient days.</td>
<td>≤15</td>
<td>10.4**</td>
</tr>
<tr>
<td>Child and adolescent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General adult and older persons</td>
<td>≤10</td>
<td>9.9**</td>
</tr>
<tr>
<td><strong>Mental health community follow-up</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit</td>
<td>≥65%</td>
<td>59%**</td>
</tr>
<tr>
<td><strong>Mental health readmissions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge</td>
<td>≤12%</td>
<td>16%**</td>
</tr>
<tr>
<td><strong>Community mental health packages of care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of packages of care that meet minimum expectations</td>
<td>≥75%</td>
<td>69.3%</td>
</tr>
<tr>
<td><strong>Preventable hospitalisations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of Aboriginal and Torres Strait Islander hospitalisations that were potentially preventable (all hospitalisations)</td>
<td>11.7%</td>
<td>14.1%</td>
</tr>
<tr>
<td><strong>Unadvised discharge</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Aboriginal and Torres Strait Islander patients who discharged themselves against medical advice</td>
<td>≤120 (per year)</td>
<td>218**</td>
</tr>
<tr>
<td><strong>Measures of patient experience</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity services</td>
<td>None set</td>
<td>N/A*</td>
</tr>
<tr>
<td>Small hospitals</td>
<td>None set</td>
<td>N/A*</td>
</tr>
</tbody>
</table>
### KPI Description

<table>
<thead>
<tr>
<th>Efficiency measures</th>
<th>2015-16 Target</th>
<th>Metro South Health Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-year forecast operating position</td>
<td>Balanced or surplus</td>
<td>Deficit ($40.8m)</td>
</tr>
</tbody>
</table>

### Length of stay in public hospitals

The average length of stay for a given AR-DRG for patients who stay one or more nights in hospital is **At or below AR-DRG target**.

<table>
<thead>
<tr>
<th>AR-DRG</th>
<th>Balanced or surplus</th>
<th>Deficit ($40.8m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E65A - Chronic Obst Airways with catastrophic cc</td>
<td>9</td>
<td>5.4</td>
</tr>
<tr>
<td>E65B - Chronic Obst Airways w/o catastrophic cc</td>
<td>5.4</td>
<td>3.0</td>
</tr>
<tr>
<td>F62A - Heart Failure and Shock with catastrophic cc</td>
<td>10.6</td>
<td>7.6</td>
</tr>
<tr>
<td>F62B - Heart Failure and Shock w/o catastrophic cc</td>
<td>5.7</td>
<td>3.6</td>
</tr>
<tr>
<td>G07B - Appendectomy w/o malignancy or peritonitis w/o catastrophic or severe cc</td>
<td>2.2</td>
<td>1.7</td>
</tr>
<tr>
<td>H08B - Laparoscopic Cholecystectomy w/o closed CDE w/o catastrophic or severe cc</td>
<td>1.8</td>
<td>1.8</td>
</tr>
<tr>
<td>I03B - Hip Replacement w/o catastrophic cc</td>
<td>6.4</td>
<td>4.4</td>
</tr>
<tr>
<td>I04B - Knee Replacement w/o catastrophic or severe cc</td>
<td>5.9</td>
<td>4.0</td>
</tr>
<tr>
<td>J64B - Cellulitis w/o catastrophic or severe cc</td>
<td>4</td>
<td>2.7</td>
</tr>
<tr>
<td>L63A - Kidney and Urinary Tract Infections with catastrophic or severe cc</td>
<td>8</td>
<td>4.2</td>
</tr>
<tr>
<td>L63B - Kidney and Urinary Tract Infections w/o catastrophic or severe cc</td>
<td>3.5</td>
<td>2.1</td>
</tr>
<tr>
<td>M02B - Transurethral Prostatectomy w/o catastrophic or severe cc</td>
<td>2.7</td>
<td>2.3</td>
</tr>
<tr>
<td>N04B - Hysterectomy for non-malignancy w/o catastrophic or severe cc</td>
<td>3.3</td>
<td>2.4</td>
</tr>
<tr>
<td>N06B - Female reproductive system reconstructive w/o catastrophic or severe cc</td>
<td>2.5</td>
<td>2.0</td>
</tr>
<tr>
<td>O01C - Caesarean Delivery w/o catastrophic or severe cc</td>
<td>4.3</td>
<td>2.9</td>
</tr>
<tr>
<td>O60B - Vaginal Delivery w/o catastrophic or severe cc</td>
<td>3</td>
<td>2.0</td>
</tr>
</tbody>
</table>

### Other measures

**Total weighted activity units:**

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute inpatient</td>
<td>175,162</td>
<td>172,283</td>
</tr>
<tr>
<td>Outpatients</td>
<td>38,918</td>
<td>44,899</td>
</tr>
<tr>
<td>Sub-acute</td>
<td>21,749</td>
<td>23,982</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>36,091</td>
<td>40,611</td>
</tr>
<tr>
<td>Mental Health</td>
<td>18,925</td>
<td>21,033</td>
</tr>
<tr>
<td>Interventions and Procedures</td>
<td>27,972</td>
<td>30,540</td>
</tr>
</tbody>
</table>

**Ambulatory mental health service contact**

Contact duration in hours >=170,500 167,982**

---

*No patient experience surveys were conducted during 2015-16. Next surveys scheduled for Sept-Nov 2016 (maternity) and early 2017 (small hospitals).

**Further reporting information is provided in Performance reporting explanatory notes on page 22.*
Performance reporting explanatory notes

Rate of seclusion (Page 20)
These figures represent Metro South Health performance to May 2016. Full financial year performance measures are expected to be available by September 2016.

Mental health community follow-up (Page 20)
The reported performance figure of 59 per cent includes all consumers that are discharged from a mental health inpatient ward within MSAMHS. A percentage of these consumers will not be followed up by MSAMHS as they will be discharged to other mental health services within the state, NGOs, GPs, etc.

The MSAMHS performance for consumers discharged from a mental health inpatient ward within MSAMHS and referred to a community team for follow-up within MSAMHS is 67 per cent.

Mental health readmissions (Page 20)
The reported performance figure of 16 per cent includes all consumers discharged from a mental health inpatient ward within MSAMHS and who had a readmission within 28 days to any inpatient facility/ward within Queensland (including medical and surgical).

The MSAMHS performance for consumers discharged from a mental health inpatient ward within MSAMHS, and readmitted within 28 days to any mental health inpatient ward within MSAMHS is 14 per cent.

Unadvised discharge (Page 20)
Metro South Health’s performance is comparable to other HHSs in South East Queensland. The MSH Health Equity and Access Unit is working with MSH facilities on various strategies to reduce the Discharge Against Medical Advice (DAMA) rate for Aboriginal and/or Torres Strait Islander patients.

Ambulatory mental health service contact (Page 21)
This is the total number of contact hours that consumers within MSAMHS receive. On occasions more than one clinician is involved in a consultation. The figure for ambulatory mental health service contact reports only what the consumer receives, not what the clinicians provide.
Agency objectives and performance indicators

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

Aspirations

Metro South Health aspires to:

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

Strategic focus areas and enablers

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

The strategic focus areas are:

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

The strategic enablers are:

1. Resource management and system planning and integration
2. Enabling and empowering our people
3. Ensuring the needs of our stakeholders influence all our efforts

This section contains highlights of Metro South Health’s achievements against its strategic objectives in 2015-16.
Strategic Focus 1

Clinical excellence and better health care solutions

Clinical excellence

Clinical compliance is already managed very well across Metro South Health, and the organisation is committed to going beyond compliance to become recognised as a leading example of outstanding health care, both nationally and internationally.

External accreditation

Metro South Health is focussed on achieving accreditation against standards of excellence (not just compliance). During 2015-16, the organisation undertook a number of measures to achieve this.

Person-centred care

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

In November 2015, Metro South Health entered into a formal partnership with Planetree – a global leader in advancing person-centred care – to become formally designated as a person-centred organisation. The Planetree approach brings numerous benefits including: decreased mortality, decreased readmission rates, decreased rates of healthcare-acquired infections in hospital, reduced length of stay in hospital, improved adherence to treatment regimens, and operational benefits such as lower costs per case and increased workforce satisfaction and retention rates.

Metro South Health has made a firm commitment to the Planetree process and has funded three full-time equivalent (FTE) coordinator positions. The coordinators will work with key Metro South Health stakeholders to support staff, patients and community members to co-design, co-create and co-produce the change management strategies and redesign processes required for Metro South Health to achieve Planetree recognition.

Nursing excellence

In 2004, PA Hospital became the first hospital in the southern hemisphere to receive the prestigious Magnet® designation for excellence in nursing care. PA Hospital was re-designated in 2009 and in June 2014 became the first health organisation outside the United States of America to receive Magnet® designation for a third time. Building on PA Hospital’s designation for excellence, work is now underway across the other facilities to achieve globally-recognised accreditation for nursing excellence.

During 2015-16, Metro South Health began work to implement the Pathway to Excellence ® Program, which is administered by the American Nursing Credentialing Center (ANCC). Logan Bayside Health Network completed a self-assessment to identify strengths, weaknesses and facility readiness to undertake the Pathway to Excellence®, and held a launch for the Pathway in August 2015.
The Centre for Nursing Excellence (CNE) supported the QEII Jubilee Hospital to undertake a gap analysis for the Pathway to Excellence®, and developed a 12-month project plan to achieve the Pathway. In September 2015, QEII Hospital announced its intention to apply for Pathway to Excellence® designation in early 2017.

Governance structures have been developed through steering committees at each facility, with establishment of a Pathway to Excellence working group and the recruitment of champions at all levels of the organisation. The Director of Nursing and Midwifery holds monthly forums aligned to each Practice Standard (Pathway criteria); communication hubs have been stationed in each unit within the organisation to display information about each Practice Standard; and a nurse manager at each site is ensuring Element of Performance (EOP) submissions are congruent with the standards set by the ANCC.

Metro South Health’s Nursing Executive has taken part in a Magnet® gap analysis for facilities across the organisation. The results are informing the development of a Nursing Strategic Plan and Nursing Operational Plan to increase alignment to the Magnet® accreditation program, for the longer term.

Translational research

Metro South Health is developing approaches to strengthen collaborative clinical research, with a particular focus on better translating emerging evidence into effective and efficient clinical practice.

Metro South Health is collaborating with the CSIRO to test the effectiveness of a CSIRO-developed app that gives patients the ability to access cardiac rehabilitation services at home. Initial research indicates the app-based program is as effective as face-to-face consultations, and Metro South Health is now testing the app in a real community setting through its cardiac rehabilitation facilities at Browns Plains, Eight Mile Plains and Redland.

PAH Telehealth Centre is collaborating with University of Queensland’s Centre for Online Health (COH) which is researching ways to incorporate telehealth into models of care. The research assesses the feasibility, efficacy, clinical effectiveness and economics of telehealth with the aim of improving the reliability and quality of in-home video consultations. Specific projects include:

- development of an ‘mHealth’ app and associated clinician’s dashboard for re-engineering the way diabetes is managed
- identification of health strategies that could reduce waiting lists for specialist outpatient care.

During 2015-16, Metro South Oral Health undertook two projects with a strong translational research focus:

- a double-blind controlled trial in children aged 6 and 7, to investigate the prevention of dental decay in this age group. This is a collaborative research project with the University of Queensland.
- analysing data from the 2006 longitudinal research project ‘Preventive Strategies for Early Childhood Caries’ and translating the findings into evidence models-based care.
Delivering value

Leading health services internationally are increasingly focussed on making strategic investments in specific clinical services based on demonstrated value, and disinvesting from low-value services.

Clinical streams

During 2015-16, Metro South Health undertook a review of its clinical streams structure to refine and improve both the interaction between streams and facilities, and the effectiveness of decision making. As a result of the review, a number of changes were made to the clinical stream structure including:

- appointment of a new Emergency Medicine Stream Lead (responsible for the strategic direction and clinical excellence of the stream)
- addition of the Oral Health Clinical Stream (to increase integration with other Metro South Health streams and ensure patients who enter Metro South Health through Oral Health services are referred to other parts of the service in a timely manner).

In early 2016, the Metro South Health Clinical Leadership Advisory Group (MSHCLAG) was established to enhance interaction and collaboration between streams and the Metro South Health Board. The advisory group provides a single point of contact for Clinical Stream Leads to discuss and explore opportunities and issues relating to health service development, innovation, integration, planning and monitoring so that the best possible patient outcomes are achieved. The MSHCLAG will complement and further strengthen the vision for clinician engagement as articulated in the Metro South Health Clinician Engagement Strategy.

Health service planning

In seeking to deliver the best value for patients, Metro South Health has applied robust health service planning processes to address current and emerging needs in its community. As part of these processes, Metro South Health sought to identify gaps in access to services and design health service directions and plans for closing these gaps.

During 2015-16, this resulted in the drafting of:

- Metro South Health endoscopy services plan
- Metro South Health women’s health services plan
- Metro South Health bariatric service strategy
- Metro South Health dementia services strategy
- Metro South Health oral health services plan
- Logan health plan
- mental health services needs assessment modelling
- statewide health services plans for acquired brain injury (ABI) and spinal cord injury services (led by the Department of Health).

In addition, Metro South Health revitalised its Clinician Engagement Strategy and published an updated version in November 2015. This new strategy has been informed by feedback received through past and present engagement processes with clinicians, and builds on the many achievements and learnings since Metro South Health became an independent body.
Redesign and improvement

Significant large-scale redesign projects have already been successfully undertaken in Metro South Health. During 2015-16, the organisation turned its focus towards the redesign of processes to drive excellence and efficiency.

The Specialist Outpatient Long Wait Strategy was implemented across all Metro South Health facilities, delivering on the Queensland Government priority to reduce the number of patients waiting longer than recommended for a specialist outpatient appointment. The strategy resulted in a range of improvements including:

- establishment of allied health alternative management clinics
- development of new clinical pathways
- outsourcing to alternative hospital providers
- provision of additional clinics (with funding for an increase in staff).

Work progressed on development of a best-practice, evidence-based model of care for rehabilitation for slow-to-recover acquired brain injury (ABI) patients. A pilot program commenced in November 2015, with two rehabilitation patients transferred from the Brain Injury Rehabilitation Unit (BIRU) to Jasmine Unit at Casuarina Lodge, Wynnum West. The pilot is an important step in developing a long-term transitional rehabilitation program.

Other redesign and improvement achievements included:

- increased bed capacity at Redland Hospital Emergency Department through the opening of additional short stay beds
- revitalisation of Wynnum health services as part of ongoing planning for the Wynnum Integrated Health Care Centre, to begin construction in the next financial year
- full implementation of the Specialist Outpatient Access Redesign (SOAR) recommendations at Logan Hospital, and 75 per cent completion at Redland Hospital
- continued implementation of strategies from the F1TTER project in Surgical Services at Redland Hospital, with 30 per cent completion at Logan Hospital
- establishment of the private practice midwifery model.

Oral Health

The Metro South Health Board endorsed a Health Service Plan for Metro South Oral Health that delivers a suite of service efficiency initiatives. Reform and redesign measures include:

- implementation of a family-centred model of care that aims to reduce the level of dental disease in each paediatric patient the service sees, as well as helping the whole family to maintain oral health and wellness
- implementation of the service planning principle of integrated, multi-chair (four or more) and multi-functional service facilities and sites. Initial focus areas include Woolloongabba, Logan Central and Wynnum Oral Health centres
- ongoing improvement to the Oral Health Hub including expansion to adult general dental services and improvements to IT infrastructure that provides better functionality for patients calling the hub
- introduction of a SMS messaging reminder service to improve management of failure-to-attend rates
- review of on-call outpatient care services for dental emergencies presenting to emergency departments after hours
- development of a referral pathway to manage oral health patients presenting to emergency departments within Metro South Health for dental conditions. The pathway will improve timeliness of treatment and reduce avoidable dental admission rates.
Transformation and Innovation Collaborative

A key objective for Metro South Health is to establish redesign and innovation capability and facilitation (people who can take an idea and ‘make it happen’) across the service. The Metro South Health Transformation and Innovation Collaborative (TIC) was established to help fulfil this goal and completed its first year of operation in June 2016.

TIC is supported by a small, diverse team of project officers led locally by senior clinicians and managers. Under the governance of the Executive Planning and Innovation Committee (EPIC), the TIC team evaluates the feasibility of projects and engages the broader workforce in developing and implementing their ideas.

During 2015-16, funding of $3.53 million was approved for 29 change and redesign projects that satisfy a specific need and create value for Metro South Health. Projects included a range of patient, staff and organisation innovations in all facilities, with a focus on those with Metro South-wide impact, including:

- **Advance Care Planning program** – an integrated approach to end-of-life care across all Metro South Health environments, including partnerships with non-government organisations, residential aged care facilities and the Brisbane South PHN (Primary Health Network). Almost 300 patients each month are approached during their hospital stay to contemplate an Advance Care Plan with the aim of facilitating choices about care. The program (funded with quality improvement payments) continues to gain momentum and clinical acceptance and has attracted statewide funding for further development and a broader rollout.

- **Cardiac rehabilitation project** – increasing patient access to cardiac rehabilitation services in Metro South Health. Since the project began in December 2015, more than 850 acute cardiac patients have been referred to a cardiac rehabilitation program and 68 per cent have attended their first appointment within 28 days of hospital discharge. The project aims to improve services even further through trouble-shooting referral processes and implementing a CSIRO-developed remotely-delivered cardiac rehabilitation program using apps and a clinician portal.

- **Bariatric patient care guideline** – developed to improve the readiness of each Metro South Health facility to manage bariatric patients. Achievements include mapping of each facility’s readiness across all services areas, an online staff training module, a bariatric equipment register and a system that will provide Metro South Health with ongoing bariatric data.

- **Metro South Health Medicines Management Committee** – established to provide centralised governance of the medicines management system including a single sign-off point and central repository for all Metro South Health drugs and therapeutics procedures and standing orders.

- **Smoking Cessation Clinical Pathway** – this has achieved great results in increasing the number of public hospital inpatients offered assistance to quit smoking. Rates have increased from less than 20 per cent of patients to 60 per cent in just two years. The project has won a number of awards including a National Medicine Wise award for excellence.
Strategic Focus 2

Technology that supports best practice

Digital Hospital

On 28 November 2015, Princess Alexandra Hospital became Australia’s first large-scale Digital Hospital.

A Digital Hospital has an electronic medical record and integrated digital systems, rather than traditional paper files, that enable clinicians to easily access and update patient information. Digital bedside patient monitoring devices automatically upload observations and vital signs to a patient’s electronic medical record ensuring clinicians have access to ‘real time’ patient information anywhere in the hospital.

The Digital Hospital Program is one of the biggest transformations undertaken at the PA Hospital. Nearly 6000 staff have been trained in the new system and more than 1600 new digital devices installed throughout the hospital. Prior to the digital project about 2000 paper records circulated in the hospital at any given time. Now all records have been digitised and the paper chart has been eliminated.

In May 2016, the PA Hospital Digital Hospital project won the Deliver Results category in the Queensland eHealth awards. The Digital Hospital project will be rolled out across other facilities in Metro South Health in the coming years.

Increased technology uptake

Service-wide pilots

Metro South Health piloted a number of service-wide technology initiatives aimed at improving clinical excellence, efficiency and access. Six pilots were completed during the financial year, and a seventh is in progress:

- Continuous Patient Monitoring – a wearable device that allows constant uninterrupted monitoring of patients’ blood pressure, heart rate, respiration rate and skin temperature
- Unified Communications: Virtual Bed Management – providing bed management staff across PA, Logan, Redland and QEII Hospitals with telephony devices that allow them to communicate across the facilities via voice, video and instant messaging
- Geospatial Information System (GIS) – overlaying PA Hospital elective surgery long wait lists onto Google Maps to facilitate better data analysis and list management
- 3D printing – printing a 3D model that accurately replicates a patient’s orthopaedic trauma, to facilitate better surgical planning
- Autonomous Mobile Robot – automated linen delivery to and from the ward at Redland Hospital
- MASS online forms – developed for the Medical Aids Subsidy Scheme (MASS) to alleviate the manual handling of paper forms and submissions
- Follow-Me (virtual) desktop service – providing the ability to centralise desktop PCs, enabling all staff the ability to switch between computers and access their desktop anytime, from anywhere, on any device.
Telehealth

The ongoing surge of social technologies opens new avenues for effective care outside of traditional hospital environments. Telehealth services enable clinicians to provide health outreach services to patients in rural and remote areas, and can also reduce the need for patients to travel to facilities by substituting some face-to-face consultations with telehealth appointments.

In 2015-16, Metro South Health sought to increase the uptake of telehealth services. At 30 June 2016, 3448 occasions of service had been recorded – a 90 per cent increase (across admitted, non-admitted, mental health and Retrieval Services Telehealth services). Metro South Health set a specific target to increase the number of non-admitted occasions of service by 50 per cent over the previous financial year. The result was 2667 non-admitted occasions of service – an increase of 79.8 per cent.

The increase reflects Metro South Health’s investment in new and expanded telehealth services during the course of the year:

- A Telehealth plan was developed for Beaudesert resulting in the successful commencement of two services – geriatric telemedicine for admitted patients and rheumatology reviews. Other services are in development for cardiology, dermatology, renal and orthopaedics.
- Patients of the Moreton Bay islands now have access to intensive speech pathology services, directly into their homes.
- Other new services include:
  - nutrition and dietetics for diabetics
  - expanded dermatology service with dedicated consultant
  - Gamma Knife® (Radiation Oncology and Neurosurgery)
  - renal reviews for patients who travel from Mackay
  - neurology deep brain stimulation services to patients across the state
  - geriatric inpatient and outpatient services to the Central West HHS
  - additional orthopaedic fracture clinics for Mount Isa hospital.

The CARE-PACT hospital avoidance program for aged care patients also increased its use of telehealth services and is expected to build on this in the coming year.

During the year, Metro South Health also began negotiations with the Department of Health’s Telehealth Emergency Management Support Unit (TEMSU) to establish non-critical emergency, paediatric and midwifery telehealth services for the Marie Rose Centre on North Stradbroke Island.

Large technology projects

Gamma Knife®

The Gamma Knife® Centre of Excellence at the Princess Alexandra Hospital treated its first patient in October 2015. Six months later, to the day, the 100th patient received treatment.

The service is the first of its kind in Queensland and provides revolutionary treatment for brain tumours with a less-invasive approach than traditional neurosurgery, which means fewer side effects and reduced recovery time for patients. The centre is the first in Australia to offer Gamma Knife® to public hospital patients.
Cyclotron and PET
A commercial medical cyclotron and PET radiopharmaceutical facility was completed and began operation in a specially refurbished building on the Princess Alexandra Hospital campus. The cyclotron facility develops the isotope for the machinery used to conduct a PET-MRI scan of the body.

PA Hospital is home to the first PET-MRI technology in the southern hemisphere, which uses Magnetic Resonance Imaging (MRI) technology with Positron Emission Tomography (PET) technology to reveal the metabolic differences between normal and diseased tissue. Having a facility that develops the isotope located on the PA Hospital campus provides enormous improvements in efficiency and practicality.

Leadless pacemaker
Princess Alexandra Hospital is the global trial leader for the world’s smallest pacemaker, which is just one-tenth of the size of a traditional device and doesn’t require leads. The lack of a wire reduces the risk of complications from infection, pain around the implant and reduced mobility of the shoulder. It also removes the risk of leads becoming damaged or malfunctioning, puncturing a lung or even damaging the heart valve.

The trial program (which began in October 2014) continued throughout 2015-16, with 15 patients having now received the device. PA Hospital is the largest implanter of these pacemakers in Australia.

3D Avatar for skin cancer
A revolutionary skin cancer-detecting technology is being trialled at Princess Alexandra Hospital. The VECTRA Whole Body 360 is Australia’s first 3D Avatar creator and is being used to revolutionise the way clinicians map, monitor and diagnose skin conditions and skin cancers. The patient stands within a scaffold surrounded by 46 cameras that take an image at the same time. A computer program then stitches the images together to produce a 3D model that replicates the skin surface in complete detail.

The Avatar technology (which commenced operation in January 2015) is being used for research at present, with staff reporting that the system is a lot easier to use than the previous method that relied on a series of 2D photographs to document the body. The 3D modelling minimises the risk of errors (for example, listing the same mole twice, where it’s near the edge of two different photos, or completely missing a mole because it was thought to be accounted for in a previous photo). During 2015-16, 292 people were imaged using the technology.

Deep Inspiration Breath-hold (DIBH)
PA Hospital became the first facility in Queensland to use the Deep Inspiration Breath-hold (DIBH) technique to protect the heart from radiation doses when treating breast cancer. DIBH is provided by a snorkel device that integrates with the machines that deliver radiation therapy. It helps expand the lungs and shift the heart away from the radiation beams, thereby minimising the amount of radiation dose the heart receives. This is also proving helpful in minimising the long-term side effects of treatment, shifting the focus from treatment to quality of survival.
Systems integration

Oral Health

Metro South Oral Health developed a concept brief for a whole-of-service electronic records system to enhance patient safety and patient outcomes. The plan identifies solutions including chair-side computing, booking systems and digital image storage. To date, electronic records systems have been implemented at Browns Plains Oral Health Clinic and Wynnum Dental Clinic.

Training

A new Learning Management System (LMS) was phased in during 2015-16, providing a web-based platform for training, education and professional development of staff. LEAPOnline (Learning Education and Professional development) is now available in all facilities and services across Metro South Health.

LEAPOnline provides:

- a range of interactive e-learning modules (clinical and non-clinical courses)
- access to training anywhere, any time
- reduced time spent away from clinical duties to attend training
- a one-stop-shop for an individual’s training records
- extensive reporting suites for line managers.

LEAPOnline replaced the previous Learning and Development Pathway, which was decommissioned on 30 June 2016.

Asset management

The Property and Facilities Unit implemented a web-based Property Information Management System (PIMS) for viewing and storing information on building assets across Metro South Health. PIMS provides reports on internal building spaces, along with simple drawing plan views and overlays, which assists with lease management and space and occupancy planning.

The PIMS provides an opportunity to enhance the performance of the Metro South Health property portfolio, which will in turn:

- improve the utilisation of floor space through the use of accurate space information
- increase the efficiency of leased accommodation through accurate reporting
- improve relocation costs through an integrated space and lease management system
- align space requirements to health service needs planning
- provide real time reporting on KPIs and other key metrics, such as cost and utilisation of building spaces and leases
- provide services with data on their real estate portfolio through the web portal.
Strategic Focus 3

Health system integration

Metro South Health is focussing attention on strategies that move towards a more integrated, coordinated health care network that is better able to meet changing community needs than the existing fragmented system. Internationally, substantial evidence now exists to support the efficacy of programs that focus on:

- prevention – encouraging population health through healthier lifestyles, habits and early interventions
- hospital avoidance – diagnosing and appropriately treating both acute and chronic conditions in community and home-based facilities
- supported discharge/Hospital in the Home (HITH) – enabling faster transitions out of hospital, without compromising clinical recovery, through better home-based and community-based care.

Integration strategy

In early 2016, in an attempt to better understand its investment in integrated care strategies (with a particular focus on hospital avoidance strategies), Metro South Health increased its focus on:

- establishing hospital avoidance targets
- reviewing and prioritising hospital avoidance initiatives
- undertaking a cost-benefit analysis of hospital avoidance strategies.

The focus on these measures is continuing and initial findings have highlighted the opportunity for Metro South Health to improve its data capture, reporting and performance monitoring frameworks to effectively assess the impact and relevance of its existing integration strategies. As a result, Metro South Health has developed a high-level process map to identify the key tasks required to improve its performance with respect to integration.

There is also significant opportunity to further collaborate with the Brisbane South PHN (primary health network) with respect to integrated care strategies. As such, Metro South Health is partnering with Brisbane South PHN, and other stakeholders where relevant, to explore and develop:

- beacon-style clinics
- care coordination services
- maternity shared care
- Logan refugee clinic
- end-of-life program
- GP training initiatives.
Prevention

A key objective in pursuing integrated health solutions is to improve population health outcomes through healthier lifestyles, habits and early interventions (prevention). Metro South Health has a number of strategies for achieving this:

- **Immunisation** – child immunisation services are provided for a range of vaccine-preventable diseases. Metro South Health aims to achieve 95 per cent immunisation for children aged 1, 2 and 5 years. For 2015-16, immunisation rates were just below target: 1 year olds – 93.6 per cent; 2 year olds – 92.1 per cent and 5 year olds – 92.6 per cent. EPIC has approved funding for a program to reinvigorate the Metro South Public Health Unit (PHU) immunisation program that will increase support to vaccine service providers (VSPs), improve data quality, and provide educational resources for the community.

- **Breast cancer screening** – nationally-accredited provider, BreastScreen Queensland, offers free mammography screening to women aged 50 to 74 (those most at risk of developing breast cancer), but also accepts women aged 40-49 and 75 years and over. Metro South Health contributes to state targets to screen 70 per cent of women in the target age group. The last available performance data for Metro South Health is for 2013-14, which was a screening rate of 56.2 per cent.

- **Bowel cancer screening** – Metro South Health offers screening and diagnostic services for people over the age of 50 as part of the National Bowel Cancer Screening Program. Screening services are available at Logan and Princess Alexandra Hospitals. The national target for bowel cancer screening is 40 per cent. The last available performance data for Metro South Health is for 2014-15, which was a screening rate of 33.5 per cent.

- **Smoking cessation** – patients entering Metro South Health hospitals are asked their smoking status, and patients presenting as smokers are offered support for managing withdrawals and quitting smoking using the Queensland Government Smoking Cessation Clinical Pathway. The Pathway is part of the statewide smoke-free initiative and helps to identify patients who are nicotine dependent and at risk of nicotine withdrawal while in hospital. In 2015-16, Metro South Health sought to increase the number of pathways completed from a baseline of 25 per cent to 50 per cent of patients who presented as smokers. This target was exceeded with an average 72 per cent of patients completing the Pathway across all Metro South Health hospitals.

- **Oral health** – Metro South Oral Health runs a number of projects that provide preventive and interventional oral care.
  - **Lift the Lip** targets children aged 0-4 who are at high risk of dental decay. Under this program, a Child Health Nurse conducts a dental screening as part of the routine screening of 0-5 year olds. Children needing care are then referred to their nearest public oral health clinic, thereby facilitating early access to primary preventive care and establishing a ‘dental home’ for the children and their families.
  - **Healthy Mouth Day** is an oral health screening and prevention program for prep years, high schools, special schools and local community groups. It aims to reduce barriers to accessing oral care by providing assessments and treatment in a community setting.
  - **Oral Health Wellness Program** assesses patients for current dental issues and their risk of future dental disease, and provides individualised prevention-focussed treatment to maintain not only oral health, but general health.

Hospital avoidance

Metro South Health is working on strategies to improve access to health care in the home and community for people at risk of hospitalisation, to reduce the number of avoidable admissions. Programs undertaken across the service during 2015-16 include:

- **1300 MH CALL** – This 24-hour mental health crisis support line came into effect in August 2015 and has taken more than 20,500 calls during 2015-16. Staff from Metro South Health’s Addiction and Mental Health Services are available to assist community members seeking crisis support, and also provide information and advice on mental health issues. The support line plays an important role in helping people avoid crisis and therefore avoid admission to hospital.
CARE-PACT – Comprehensive Aged Residential Emergency and Partners in Assessment, Care and Treatment is a multi-faceted program designed to collaborate with residential aged-care facilities (RACFs) and GPs. The program provides a centralised contact for clinical support, resources and education, and a central referral contact for acutely unwell frail elderly residents. Metro South Health has 91 RACFs with 7,632 beds. Prior to CARE-PACT, residents needing emergency physician review were transferred to hospital emergency departments (EDs), putting additional load on the EDs while also causing distress to the elderly patient and putting them at risk of iatrogenic complications. Patients and families consistently express a desire to receive acute treatment in their home environment and CARE-PACT provides an opportunity for this to occur by offering alternative methods for assessment and management.

Logan Beaudesert Wellbeing Project – The project was instigated during the 2015-16 year to provide support for perinatal, youth and family, and adults with severe mental illness who need intensive and flexible care. The wellbeing team connects people and their families to local services that can support them in times of mental health illness, and reduces the need for hospitalisation.

Positive Care – an integrated care model to support patients with a chronic disease to better manage their health, reduce time spent in hospital and access appropriate primary care services and support in the community. Positive Care is a Brisbane South PHN initiative at Redland Hospital that aims to reduce avoidable emergency department re-presentations and hospital admissions.

Drug and Alcohol Brief Intervention Team (DABIT) – This team was established at Logan Hospital’s Emergency Department in early 2016 as part of the Queensland government’s initiative to tackle crystal methamphetamine (ice) use. The DABIT supports the work of ED doctors and nurses by screening all patients for potential alcohol and drug problems, to provide brief intervention and possible referral to alcohol and other drugs services. Brief intervention involves a client assessment, provision of information to help them recognise potentially detrimental patterns of behaviour, and encouragement to seek assistance where necessary.

Waitlist reduction

The use of allied health and nurse practitioner conservative management clinics has been reducing specialist outpatient waiting lists by identifying and diverting patients who require non-medical specialist management. During 2015-16, Metro South Health introduced a range of measures across its facilities. The clinics began operation from February 2016 and in their first five months of operation have met all targets set:

Trial of a dietitian-led clinic for gastroenterology specialist outpatients – Logan Hospital and QEII Hospital. Patients are screened to confirm their suitability for the program, and are then directed to the Dietitian First clinic for assessment and development of a conservative management plan. Dietetic management can significantly improve gut symptoms, and can remove the need for a specialist appointment for many patients. Doctors on the Gastroenterology team support the dietitian at all times.

Allied health clinics for orthopaedic specialist outpatients – QEII Hospital, Logan Hospital and Redland Hospital. Patients undergo comprehensive assessment by an experienced Allied Health Clinician, followed by a course of therapy tailored to manage the individual’s specific condition and symptoms. The Clinician liaises closely with the Orthopaedic Consultant. If conservative management is unable to successfully manage a patient’s symptoms and surgical intervention is required, the patient is returned to the orthopaedic surgeon waiting list in at least the same position or higher. The Allied Health Orthopaedic Initiative directs suitable patients to one of the following conservative management clinics, depending on their condition and symptoms:

QEII Jubilee Hospital:
- Musculoskeletal Management Clinic and Conservative Management Service
- Primary Contact Occupational Therapy Hand Clinic (specialising in elbow, wrist and hand)

Logan Hospital and Redland Hospital:
- Physiotherapy Musculoskeletal Management Clinic and Conservative Management Service
- Allied Health Advanced Practice Hands Clinic (specialising in elbow, wrist and hand)

Logan Hospital:
- First Contact Podiatry Clinic (for patients on the Category 3 waiting list)
Pelvic health clinic for gynaecology, urology and general surgery (colorectal) specialist outpatients – Logan Hospital and QEII Hospital. For many patients, physiotherapy is recommended as a first line of treatment for urological, gynaecological and colorectal dysfunction. Suitable patients receive a comprehensive assessment by an advanced physiotherapist who works closely with specialist doctors. A tailored plan is developed for each patient, and treatment is then provided by the allied health team. In some cases this avoids the need for surgical intervention.

Allied health paediatric service for patients with category 3 and some category 2 conditions – Logan Hospital, Redland Hospital, Beaudesert Hospital. Many children referred to the Paediatric Specialist Outpatient Department experience problems that may not require any medical management and can be best managed by allied health clinicians. The Integrated Allied Health Paediatric Service provides children with fast-tracked access to psychologists, dietitians, occupational therapists, physiotherapists, speech pathologists and social workers who conduct a comprehensive assessment and develop a tailored health care management plan.

Expansion of integrated ear, nose and throat (ENT) service for category 3 patients – Logan Hospital. Speech pathology and audiology staff have been working with ENT specialists at Logan Hospital to develop allied health practitioner-led pathways for appropriate clients referred to the ENT specialist outpatient department (SOPD). In January 2016, the service implemented an integrated multidisciplinary approach to managing the ENT specialist outpatient wait list. This included the introduction of GP trainees and additional allied health staff in speech pathology, audiology and physiotherapy. The expanded clinics target patients with conditions including vertigo/vestibular conditions, retrochochlear conditions, dysphagia and dysphonia.

End-of-life strategy

During 2015-16, Metro South Health continued to implement its end-of-life strategy, My Care My Choices. The primary focus of end-of-life care is on the quality of life remaining, rather than prolonging biological life at any cost.

Metro South Health’s end-of-life strategy was endorsed in December 2015. The strategy aims to provide clear and useful tools and guidelines to improve end-of-life care across Metro South Health facilities and services. It promotes consistent practice and informs the development of training, governance and quality systems that support the key end-of-life clinical processes. One of the key tools in the strategy, Metro South Health’s Statement of Choices form, is now being adopted and implemented in other hospital and health services across Queensland. Metro South Health has also become the central coordinating office for managing the collection of Statement of Choices forms for all Queensland residents.

As part of the strategy, Metro South Health set a target to provide 25 per cent of in-scope patients (patients aged over 70 with an overnight hospital stay greater than 5 days) with an invitation to discuss advance care planning, and have an outcome documented. Out-of-scope patients across Metro South facilities have also been provided the opportunity to complete advance care plans, with a strong uptake amongst these patients as well. At 30 June 2016, the service had well exceeded its target, with clinicians supporting 4326 patients to contemplate an Advance Care Plan and record an outcome (plan initiated, completed, already exists or patient declined to take part). This equates to 53 per cent of the total number of in-scope patients at Metro South Health facilities during 2015-16.

If patients complete a Statement of Choices it is uploaded to The Viewer for easy access by Queensland Health clinicians. This system allows patient preferences to be known if the situation arises where they cannot communicate their wishes. In this way patient choices help to inform medical management plans and ensure person-centred end-of-life care. Overall, during the financial year, Metro South Health uploaded 1205 completed Statement of Choices forms for residents of the Metro South region.
Hospital to home

Metro South Health invests in programs designed to enable faster transitions out of hospital without compromising clinical recovery and, in 2015-16, has commenced reviews of some programs to improve service delivery. Home-based and community-based care options ensure there is a continuum of care for patients upon discharge, and include:

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

- **Hospital in the Home (HITH)** – provides hospital substitution care, with health professionals delivering acute treatment for inpatients outside the hospital setting (in their own home or in a clinic). Metro South Health has HITH teams at Logan Hospital (Emergency Department), Redland Hospital (Emergency Department and Mental Health annexe) and QEII Hospital (which acts as the hub for PA Hospital referrals). The Logan and Redland Hospital HITH teams work collaboratively with Blue Care, which has a contract to provide HITH services to patients with cellulitis, DVT, pulmonary embolus, urinary tract infection and pneumonia. Other HITH services provided across Metro South Health include: pre-op antibiotics, acute pre/post-op anticoagulation, IV management (e.g. wound infections/abscesses), and short-term acute IV management for chronic disease patients (COPD, chronic heart failure).

- **Post Acute Care** – clinics that provide short-term acute and post-acute services for patients being discharged/ transferred from Metro South Health’s five hospitals and the Wynnum Health Service. Patients are referred to CHIP to assess and assign appropriate community nursing services which includes: wound care, stoma care, medication management, dressings, catheter and self-catheterisation management and personal hygiene support.
Enabler 1

Resource management

The tension between funding and an increasing requirement to do more without compromising quality and safety is driving change and ongoing improvement in resource management. During 2015-16 Metro South Health refreshed its Total Asset Management Plan and Annual Maintenance Management Plan to review priorities and seek funding through available Department of Health funding pools for new projects and works.

Capital investment

Metro South Health puts significant effort into maximising capital investment, with particular focus on achieving priorities in the State Health Infrastructure Plan (SHIP).

During 2015-16, Metro South Health’s top two priority projects from its 2015 Total Asset Management Plan (TAMP) were confirmed in the SHIP and advanced through the Department of Health Investment Management Framework to proceed to business case development. The projects are:

- **Logan Stage 1** – to provide an additional 191 beds to counter bed shortages at Logan Hospital. This will enable, among other clinical building capacity upgrades, the expansion of maternity services, operating theatres, medical imaging, pharmacy and the transit lounge.
- **PA Hospital State Rehabilitation Unit Stage 1** – to establish a new sub-acute inpatient unit to replace the existing Geriatrics and Rehabilitation Unit and the statewide Spinal Injuries and Brain Injury Rehabilitation Units. This will replace high-cost ageing infrastructure while providing contemporary facilities and efficiencies in service delivery.

Existing SHIP projects also progressed during 2015-16:

- **Southern Queensland Centre of Excellence (SoQCE) Stage 2** – Metro South Health acquired land to build the facility; assisted with completion of design elements of the build; sought council approvals for demolition and other planning activities; and released a construction tender to market to source builders and project personnel.
- **Wynnum Integrated Health Care Centre** – Metro South Health released a construction tender to market and engaged a builder to construct the facility, following funding allocation in the Queensland 2016-17 budget.

Minor capital allocation

Minor capital allocations were made to a number of expansion projects and new technology:

- **PA Hospital Cyclotron** – site construction completed; commenced operation 20 June 2016
- **Gamma Knife® Centre of Excellence** – building program and device acquisition was a complex process including a number of delicate crane lifts of specialist equipment, series of radiation safety processes and approvals, and building/commissioning within a live hospital environment; project delivered in full and on time
- **Logan ear, nose and throat (ENT) expansion** – vacant Logan Hospital Dental Clinic and Audiology department was converted into a multi-disciplinary specialist ENT and maxillofacial clinic with a minor procedure room, additional audiology test booths and other specialist equipment
- **State-of-the-art new equipment** – navigated endoscopic ear surgery equipment for Logan Hospital, and endoscopic ultrasound and delivery systems for the QEII Endoscopy Service.
Oral Health

The Oral Health Consolidation Project has seen considerable advancement during 2015-16, with project planning, lease acquisition and construction tenders released to market. An oral health centre at Woolloongabba will consolidate South Brisbane Dental Hospital, Yeronga Dental Centre and Holland Park School Dental Clinic. The Woolloongabba project is in the capital works stage, as is an expansion of the Logan Central site. Oral Health facilities for the Wynnum Integrated Health Care Centre are in detailed design phase.

A central dental laboratory is being established at the Woolloongabba centre to improve service efficiencies and provide more timely access to quality prosthetic services for clients. The consolidation projects at Woolloongabba and Logan Central also include the establishment of sterilisation hubs to ensure safer, streamlined, cost-effective sterilisation services.

As part of the consolidation project, small and inefficient or under-utilised services are being transferred to the larger centralised ‘hub’ clinics. This will provide more effective patient care for the whole family, with improved access to specialist services and extended operating hours.

Metro South Oral Health also implemented a revised organisational structure that ensures geographic alignment with the broader Metro South Health structure, strengthened leadership at the executive level, and defined accountability within roles at all levels of the organisation. Recruitment to executive, leadership and clinical roles under the restructure were finalised during the financial year for commencement in July 2016.

Improvement measures

Metro South Health has a number of programs aimed at improving efficiencies across the health service.

Health Technology Equipment Replacement (HTER) program

Metro South Health fully used its HTER allocation to replace high-priority equipment across its facilities. In addition, a 12-point prioritisation framework was implemented across the service to allocate priorities for the 2016-2018 program.

At the PA Hospital, the fleet of electrocardiograph machines (ECGs) and patient bedside monitors was replaced to maximise the benefits of the Digital Hospital implementation. This saw the hospital successfully deploy a record number of devices across the campus for the project go-live. Those superseded devices deemed to still have sufficient useful life were cascaded to other health services or donated to benevolent and training organisations.

Backlog maintenance remediation program

2015-16 is the third year of delivery for Metro South Health’s four-year backlog maintenance remediation program. The program identifies maintenance work that has not been carried out and is deemed necessary to bring an asset up to a condition that will enable it to meet the required service delivery functions. As at 30 June 2016, 388 or 66 per cent of the registered backlog projects had been delivered.

Projects delivered during the 2015-16 year included:

- **Replacement of two chillers at Redland Hospital** – two of the hospital’s four chillers were due for lifecycle replacement. As part of the replacement program, the chilled water piping system within the plant room was also re-aligned. This improvement in chilled water production has realised energy savings of more than 20 per cent for the facility.
Replacement of hot water return line at PA Hospital – the hot water return line in Building One at the PA Hospital was prematurely ageing and having unpredicted failures and increasing maintenance costs. 500 metres of hot water return line was replaced, and new pumps, thermal insulation and improved isolation valves were installed.

Inala Community Health Centre telecommunication rooms upgrade – the rooms were more than 30 years old and presented increased maintenance risks and cabling conformance and performance issues. The rooms were consolidated and brought up to current standard.

Procurement transformation strategy

During 2015-16, Metro South Health’s Procurement and Supply Unit developed a procurement transformation strategy that aims to achieve value-for-money outcomes across the health service. The strategy focuses on standardising effective and efficient processes that complement the Queensland Procurement Policy.

A new organisational structure was established in 2015, and work continued throughout 2015-16 to identify improvement measures for incorporation in the operational plan. These initiatives have two key focus points:

- clinical engagement – collaborating with clinicians to understand their priorities and deliver optimum service
- market engagement – working directly with the market to investigate better ways of doing business and provide opportunities for the market to better support Metro South Health’s delivery of services.

In line with this approach, Metro South Health implemented a Contract Management Framework that provides guidance on risk mitigation and improving vendor and contract performance to ensure value-for-money outcomes are achieved.

Own source revenue

During 2015-16, Metro South Health set a target to increase its Own Source Revenue (OSR). Own source revenue comprises inpatient, outpatient, non-patient and other revenue. During the financial year, Metro South Health Own Source Revenue and Private Practice Governance Committee developed an own source revenue work plan to ensure revenue opportunities were explored and actioned at each facility, and each facility met its target. As a result, Metro South Health achieved a surplus in each of these revenue generating areas, exceeding the 2015-16 OSR target by $33.2 million.
Enabler 2

Enabling and empowering our people

Success in Metro South Health relies on the ability to bring people together and enable them to do their best work, not only through policies and processes but also by creating cultures that invite participation. Continuing to enable and empower our people is crucial to delivering a health service that is agile and innovative and able to maximise the technological changes and advancements that continue to be rolled out across the health service.

Creating culture

Culture encompasses the values, beliefs, attitudes and behaviour of an organisation. Metro South Health’s organisational culture must align to government health targets and community expectations and, therefore, forms and transforms over time. Staff engagement is a critical element of delivering better patient care and improving community health. PAVE the Way – a workforce engagement strategy (PAVE) is the foundation for how service redesign and improvement is facilitated in Metro South Health.

PAVE developed as a result of feedback in the 2013 Staff Culture Survey, and its key focus is to leverage the benefits of an engaged workforce to ensure Metro South Health has the capability, culture and commitment required to be leaders in health service delivery. All staff are encouraged to participate in PAVE initiatives by becoming a Culture Champion, participating in focus groups and contributing to Missions (challenges/problems identified through the staff culture survey or by consumers).

During 2015-16, four Missions were completed leading to the following projects:

- leaderships toolkits – build leadership capability amongst line managers
- mentoring pilot – building relationships between work areas and facilities to refocus on the patient at the centre of their care
- understanding consumer expectations – understand what consumers expect during their health care stay and investigate opportunities to moderate expectations, if necessary, to improve the patient experience
- contact list project – improve access to contact list information and improve the process for updating details
- length of service policy updates – develop and deliver communications about the change in policy and inform staff of contact details for enquiries
- always events – celebrate the quality person-centred care provided by staff and recognise the small efforts that make a difference to consumers, thereby building awareness with other staff and promoting positive behaviours
- sharing patient stories – incorporate patient experience stories into award ceremonies and research symposiums to highlight that patients are at the centre of what we do
- Metro South Health values video – embed and celebrate Metro South Health’s values, foster a sense of pride in the organisation, and support recruitment and orientation of new staff, and articulate Metro South Health’s values.
Building capability

Metro South Health is investing in measures that build the capability of staff to tackle problems, think of solutions and sustain advances that are patient-based. Fostering an environment where leadership is shared both ‘vertically’ and ‘horizontally’ contributes to staff engagement which, in turn, delivers better patient care.

Nursing graduate support

In 2015-16, Metro South Health implemented measures to support the appointment of graduate nurses across the service. 261 full-time equivalent (FTE) graduates were recruited during the financial year, 53 more than last financial year, and 8 more than this year’s target. In February 2016, additional clinical facilitators were appointed to assist with the transition of graduates during the peak recruitment period. The 16 facilitators (14.5 FTE) were available across a variety of shifts in all facilities to help graduates trouble-shoot any issues they experienced as they transitioned to practice. Metro South Health also increased its number of nurse educators by a further 1.5 FTE positions across all facilities. Nurse educators write educational content and strategies to support the clinical facilitators in their roles.

An evaluation of this year’s increased clinical facilitator initiative has been carried out to determine its effectiveness. The review incorporates graduate feedback as well as identifying when the facilitators were used the most, and for what types of issues. This will inform future graduate support measures at Metro South Health.

Leadership education

In March 2016 the Inter-Professional Leadership Education Development Working Group secured funding from the Executive Planning and Innovation Committee (EPIC) for a six-month leadership education project. The project will create a streamlined, consistent and cost-effective education program that ensures leadership development opportunities are available and accessible to all occupational streams, at all levels, throughout Metro South.

The Inter-Professional Leadership Education Development Program will target three pathways:

- Level 1 – Introduction to Leadership (new and emerging leaders)
- Level 2 – Embedding Leadership Principles (mid-level leaders)
- Level 3 – Continuing Professional Development (senior and executive-level leaders).

Program content will incorporate existing internal knowledge and expertise while also drawing on contemporary national and international trends to create a sustainable model for leadership development education for all levels of staff. Training will be delivered using web-based platforms, short sessions, and experiential and interactive learning methods, with links made to current leadership initiatives such as Wal-Meta, Leadership Pipeline and Step Up.

Workforce planning

Metro South Health has commenced a review of workforce plans for all its professional streams to ensure workforce capacity and capability meets current and future service delivery needs. During 2015-16, workforce plans were completed for the Allied Health and Nursing and Midwifery professional streams. Workforce plans for the remaining professional streams are currently in development.
Enabler 3

Stakeholder needs

Maintaining effective stakeholder relationships remains an essential focus for Metro South Health. During 2015-16, Metro South Health employed a range of strategies to strengthen partnerships and ensure consistent engagement with a range of stakeholders including:

- consumers, patients and community
- primary health networks and primary care providers
- research and education facilities
- professional and industrial bodies
- Department of Health and other government service providers and representatives
- non-government organisations (NGOs).

Engagement

Consumer and community engagement strategy

Metro South Health completed implementation of its first consumer and community engagement strategy in 2015. The three-year strategy established systems, processes and governance to help engage effectively with consumers and community, and to build and work in partnership with the people who use our health care system. Since the strategy commenced in 2012, Metro South Health has:

- registered 525 community of interest members
- held 117 online engagement activities
- engaged 4,740 people in online engagement activities
- appointed 40 consumers to 27 strategic committees
- supported consumers through professional development opportunities
- included consumers on recruitment panels
- received 3,376 likes on the Metro South Health Facebook page
- attracted 1,729 followers on the @pahospital Twitter account
- received more than 2 million visits to our website
- held focus groups and workshops to gain feedback from the community
- partnered with Griffith University on the Citizens Juries Australian Research Council Linkage Grant.

In September 2015, Metro South Health commenced consultation to inform development of a new strategy – Improving Healthcare Together: A Consumer, Carer and Community Engagement Strategy 2016-19. A consumer and community forum, held on 29 September 2015, attracted approximately 100 consumers, carers, community members and representatives from NGOs and peak bodies, including representatives from Aboriginal and Torres Strait Islander and multicultural populations. The consumer engagement team used a range of techniques including paired interviews (improbable pairs) and a world café-style workshop to develop the key messages that form the foundation of the strategy. Feedback on the draft strategy was collected during October and November 2015 and incorporated in the final strategy.
The strategy sets out Metro South Health’s consumer, carer and community engagement approach for the next three years. The strategy outlines the actions we will take to facilitate meaningful engagement in relation to the planning, design, delivery and evaluation of health care services in our region, in order to meet the needs of the people who use them. It also provides the mechanism to enable us to gather feedback about initiatives and reforms that will impact service delivery and to monitor the quality and safety of our services, to deliver improved services for consumers and the community.

**Wynnum Integrated Health Care Centre**

During the financial year, Metro South Health completed stage 3 of its *Revitalising Wynnum Health Services Engagement Plan*. The plan provides a blueprint for engaging with key stakeholders during the design, planning and implementation of the Wynnum Integrated Health Care Centre.

Between December 2015 and May 2016 Metro South Health sought community input regarding:

- palliative care models
- community preference for the name of the new facility/acknowledgement of the existing facility
- general feedback regarding the revised plans for health services in the Wynnum area
- recruitment of Community Ambassadors and a Community Advisory Panel for stage 4 of the engagement process.

Metro South Health produced a report summarising the findings of the stage 3 community engagement process. Engagement activities included face-to-face conversations at Wynnum Plaza and Wynnum markets information stalls, telephone interviews, focus groups and online and printed surveys. Information was also provided through bulk mail drops, social and print media, our website, and dissemination of materials such as fact sheets, videos and business cards, to reach as many of the Wynnum-Manly adult population as possible.

Stage 4 of the engagement process began at the end of May 2016 with the recruitment of Community Ambassadors and a Community Advisory Panel. Community Ambassadors will disseminate information about the project through their networks and collect feedback from the community in partnership with the Metro South Health Engagement and Communications teams. The Community Advisory Panel will operate both ‘virtually’ and face-to-face until the project’s completion, with the primary aim of ensuring the consumer is at the heart of all discussions relating to the development of models of care, implementation and marketing of the facility, and any other relevant project-related work.

**Mental Health**

Metro South Addiction and Mental Health Services (MSAMHS) holds quarterly community engagement forums. These enable government, community representatives and mental health service providers to come together to network, share experiences and discuss solutions for managing mental health issues impacting the communities Metro South Health serves.

During 2015-16, MSAMHS introduced “Audit Angel” devices that allow people to take part in a survey and provide anonymous feedback about their experience with MSAMHS. This feedback will assist in improving the care provided.
Partnerships

Brisbane South PHN (BSPHN)

In 2016, Metro South Health was accepted as a member organisation of the Brisbane South PHN (primary health network) – formerly Greater Metro South Medicare Local – which it has been partnering with since 2012. Metro South Health provides representation on the BSPHN Clinical Council.

Collaborations during the 2015-16 year include:

- **Post-natal home visiting program** – expands access to post-natal home visiting support services within the first two months of a child’s life by providing access to post-birth midwifery services. The program attempts to universally deliver support to all mothers in the BSPHN region, and also strategically seeks to provide support to those least likely to seek and use the services.
- **Immunisation project** – helps ensure the safety and efficacy of vaccines in the community and contributes to improving childhood immunisation rates towards the annual target of 95 per cent. This is achieved through addressing areas of low coverage, increasing knowledge and engaging with child care centre staff, building capacity in general practices, and improving vaccine management processes.
- **Maternity shared care** – an education program for GPs to provide a model of care that enables pregnant women to choose whether to birth with an obstetrician, GP or midwife.
- **Primary care capability and capacity** – a professional development and education program that brings together hospital specialists, general practitioners and other primary care providers.

Metro South Health and the BSPHN also collaborated on a number of smaller initiatives including:

- Central Referral Hub workshop
- joint funding submissions (e.g. integrated care innovation funds)
- community engagement
- refugee and multicultural health.

SpotOnHealth Professional

SpotOnHealth Professional is part of a comprehensive online platform aimed at supporting patients, their carers, the community and health professionals to access health services and health information. An initiative of Metro South Health, in partnership with BSPHN, SpotOnHealth Professional is an online space that helps GPs and health professionals navigate the maze of assessment, management and referral options for their patients. It provides patient and clinical resources, localised evidence-based care pathways, referral information and quick links as well as professional development resources to help GPs make good management decisions for their patients. During 2015-16, more than 150 GPs, practice nurses and health professionals attended SpotOnHealth Professional education sessions across the region, covering topics including persistent pain, sexual health, diabetes, mental health and palliative care.

Logan Together

Metro South Health is an active participant in the Logan Together program, which aims to improve the health and wellbeing of children. Logan Together is a ten-year campaign to provide better life opportunities for children in Logan, with targets focussed on the transitional phases in a child’s development from pre-conception onward. During 2015-16, Metro South Health launched the Logan Beaudesert Wellbeing Project – a new family mental health and drug and alcohol support program – and took part in chapter meetings and community forums to contribute to the development of future projects.
Equity and access

Metro South Health recognises the diversity of the communities it serves and has a key focus on improving equity and access to services. During 2015-16, Metro South Health began work on developing key enabling plans to improve equity and access, while also introducing new initiatives aimed at improving health literacy and bridging gaps.

Oral Health Refugee Project

The Oral Health Refugee Project was implemented to reduce the waiting list and waiting times for current refugee and asylum seeker patients seeking oral health care. It is a collaboration between Metro South Oral Health, Metro South Refugee Health Service, ACCESS Community Services and other humanitarian agencies that aims to address barriers to care such as language, transport and health system literacy. The project aims to provide an oral health screening within 28 days of the clients arriving in Queensland.

Clients are offered treatment and preventive care in cultural and family groups at an MSH oral health clinic, and are provided with translator and transport services. The project aims to provide these vulnerable clients with an appropriate introduction into the oral health care system, and also provides longer-term care, support and education to maintain their oral health needs through a preventive cost-effective model.

Positive Mindset Creative Arts Festival

This inaugural festival took place at the Logan Entertainment Centre on 21 August 2015. An initiative of Metro South’s Child and Youth Academic Clinical Unit, the festival aimed to promote positive mental health in young people and reduce the stigma associated with mental illness. The festival provided opportunities for primary and secondary students to connect with one another and enhance their help-seeking behaviour. They were also able to express their creativity in a way that helped raise awareness of addiction and mental health concerns.

Disability Service Plan

During 2015-16, Metro South Health drafted its first Disability Service Plan designed to improve services for people with disability and prepare the health service for the National Disability Insurance Scheme (NDIS). The draft plan focuses on six areas:

- inclusive, accessible and efficient care and systems
- capable and informed staff
- consumer and carer engagement and partnerships
- health information and communication
- healthy communities
- NDIS readiness.

Community consultation on the plan commenced in late June 2016.

Other plans

Metro South Health has drafted an Aboriginal and Torres Strait Islander Plan, and internal consultation is in progress via the Metro South Closing the Gap Committee. A Multicultural Plan has also been drafted, and planning is underway to commence internal consultation via the Metro South Multicultural Committee. Wider consultation prior to endorsement will be undertaken during the 2016-17 financial year.
3 Our governance

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

An accountable structure

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

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

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

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

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

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

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

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

Executive Team
- Executive Director
  Logan Bayside Health Network
- Executive Director
  PAH QEII Health Network
- Executive Director
  Addiction and Mental Health Services
- Chief Financial Officer
- Chief Information Officer
- Executive Director
  Clinical Governance
- Executive Director
  Corporate Services
- Executive Director
  Planning, Engagement and Reform
- Executive Director
  Allied Health Services
- Executive Director
  Medical Services
- Executive Director
  Nursing Services

Health Services
- Logan Hospital
- Redland Hospital
- Beaudesert Hospital
- Princess Alexandra Hospital
- QEII Jubilee Hospital / Oral Health
- Addiction and Mental Health Services

Support Services
- Finance Services
- Information Services
- Clinical Governance
- Corporate Services
- Planning, Engagement and Reform

Clinical Streams
- Cancer Services
- Surgical Services
- Medicine and Chronic Disease Services
- Women's and Children's Services
- Aged Care and Rehabilitation Services
- Addiction and Mental Health Services
- Emergency and Clinical Support Services
- Patient Flow
- Oral Health
Our Board

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

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

Key responsibilities

The MSHHB is responsible for the governance activities of the organisation and derives its authority to act from the Hospital and Health Boards Act 2011 (the Act). The Board reports to the Honourable Cameron Dick MP, Minister for Health and Minister for Ambulance Services. The key responsibilities of the Board include:

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

Board roles

Board Chair

The Chair of the Board is elected on the recommendation of the Minister for Health and Minister for Ambulance Services following an advertised recruitment process. The Chair of the Board’s responsibilities are to:

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

Corporate Secretary

The Corporate Secretary provides administrative support to the Board. The Corporate Secretary is responsible for:

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

**Mr Terry White AO – Chairman, Metro South Hospital and Health Board**

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

Terry established the Terry White Chemists franchise group in 1994, which has grown into a $1.2 billion business employing more than 5000 staff, and is currently Chair of Terry White Group Ltd. He served as Deputy Chair of the WorkCover Board (1997–2012) and played a key role in implementing the reforms flowing from the Kennedy Inquiry.

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

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

In 2014, Terry was made an Adjunct Professor at QUT in the Faculty of Health. Last year he was appointed as an Adjunct Professor – Faculty of Health & Behavioural Sciences and Faculty of Medicine & Biomedical Sciences at the University of Queensland.

**Mr Peter Dowling AM – Deputy Chair**
*Appointed: 29 June 2012. Current term: 18 May 2016 to 17 May 2019*

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

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

He is a Director of CPA Australia, Healthdirect Australia, WorkCover Queensland, TAFE Queensland, Lexon Insurance and The Asset Institute, among others. He is the Chair of the Audit and Risk Committees for the Sunshine Coast Regional Council, the Queensland Department of Energy and Water Supply and the Queensland Crime and Corruption Commission. He is also a member of the Audit and Risk Committees for the Moreton and Redland Councils, the Queensland Department of Environment and Heritage, and the Queensland Department of Tourism, Major Events, Small Business and the Commonwealth Games, and is the Queensland Honorary Consul for Botswana.
Ms Donisha Duff

Ms Donisha Duff has a background in health policy and management with a particular focus on Aboriginal and Torres Strait Islander Health. She has worked in various health organisations including senior roles within the Department of Health and Ageing and Queensland Health. Donisha has also worked for the Australian Indigenous Doctors’ Association, the National Aboriginal Community Controlled Health Organisation and Australian Primary Health Care Research Institute. She is currently the national Manager for Indigenous Affairs for Kidney Health Australia.

Donisha was awarded the National NAIDOC Scholar of the Year in 2014, and the Winston Churchill Memorial Trust – Bob and June Prickett Fellowship in 2015. She holds a range of board and committee appointments including as a Board Member of the Australian Institute of Aboriginal and Torres Strait Islander Studies, member of the Policy and Systems Committee of the Lowitja Institute for Aboriginal and Torres Strait Islander Health Research, and as Deputy Chair of the Stars Foundation.

Donisha’s family are descended from Moa and Badu Islands (Torres Strait) and the Yadhaigana and Wuthathi people (Cape York).

Dr John Kastrissios
Appointed: 29 June 2012. Current term: 18 May 2014 to 17 May 2017

Dr John Kastrissios is a general practitioner (GP) who has a special interest in the management of cardiovascular disease, asthma, diabetes and mental health. He is a current board member of the Brisbane South PHN and Chair of the BSPHN Clinical Council.

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

Previously, John was Chair of Greater Metro South Brisbane Medicare Local, the South East Primary Health Care Network and General Practice Queensland, and Deputy Chair of the Australian Medicare Local Alliance Board. In 2008, he received a national award for outstanding individual contribution to the Australian General Practice Network. He is a graduate of the Australian Institute of Company Directors.

Ms Margo MacGillivray
Appointed: 14 June 2013. Current term: 18 May 2014 to 17 May 2017

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

Margo has also been a member and Deputy President of the Queensland Parole Boards. These were senior government positions requiring high-level decision making and risk management. She has also been a member of the Queensland Executive of the Australian Corporate Lawyers Association, and is currently a member of the board of the PA Research Foundation.

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

*Appointed: 7 September 2012. Current term: 18 May 2014 to 17 May 2017*

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

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

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

Professor Johannes (John) Prins

*Appointed: 29 June 2012. Current term: 18 May 2016 to 17 May 2019*

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

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

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

In 2009 John was appointed chief executive and director of the Mater Medical Research Institute. John has substantial commercialisation experience, holds three international patents and was founder and scientific director of a biotech company—Adipogen Pty Ltd. John is actively involved in undergraduate and postgraduate teaching and training, and has ongoing research interests in obesity and diabetes. He is Professor of Endocrinology at University of Queensland and has more than 140 publications with more than 10,000 citations.
Dr Marion Tower
Appointed: 29 June 2012. Current term: 18 May 2016 to 17 May 2019
Dr Marion Tower is the Director of Undergraduate Nursing and Midwifery Studies at the University of Queensland’s School of Nursing, Midwifery and Social Work.

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

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

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

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

Janine previously held senior management positions including Human Resources Director for Griffith University and Princess Alexandra Hospital, Director of Industrial Relations for Queensland Health, and Industrial Director and General Secretary of the Queensland Public Sector Union. She also worked as a broadcaster and columnist, and served for six years on the Board of the Australian Broadcasting Corporation and for four years as Chair of the Corporation’s Audit Committee. She has held a range of board and committee appointments including membership of the Vocational Education Training and Employment Commission, Chair of the Australia New Zealand Foundation, Chair of All Hallows’ School and board member of the Queensland Symphony Orchestra.

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

In 2015-16, the Board and its committees developed, monitored and advised on the:

- Metro South Health Strategic Plan 2015-19
- Metro South Health Operational Plan
- 2015-16 Service Agreement
- Digital Hospital project
- Indigenous Health Centre of Excellence
- Consumer & Community Engagement Strategy
- Total Asset Management Plan
- Clinical Governance Strategic Plan
- Fraud Control Plan
- Risk Appetite Statement
- PHN Relationship Agreement
- Integrated Planning Framework
- Logan Health Plan
- Wynnum Health Service planning
- SpotOnHealth Professional project
- COAG heads of agreement
- social media strategy
- capital project planning
- strategic review of internal audit function.
Board member attendance

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<th>Executive Committee meetings</th>
<th>Finance Committee meetings</th>
<th>Audit and Risk Committee meetings</th>
<th>Safety and Quality Committee meetings</th>
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<td>Terry White AO</td>
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<td>Peter Dowling AM</td>
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<td>Donisha Duff**</td>
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<td>Dr John Kastrissios</td>
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<tr>
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*Denotes Chair of board/committee
**Appointed to the board 17 May 2016

Remuneration of Board members

<table>
<thead>
<tr>
<th>Board member</th>
<th>Approved annual fees</th>
<th>Approved sub-committee fees (per committee per annum)</th>
<th>Actual fees received</th>
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<td>Terry White AO</td>
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<td>Professor Janine Walker**</td>
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<td>Total</td>
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*Denotes approved Chair fees

Financial reporting arrangements:

- *Actual fees received* represents total allowances paid to Board members for 2015-16. This does not include superannuation or out-of-pocket expenses.
- Total Board expenses, including allowance and employer superannuation expenses incurred by Metro South Health, are disclosed in the Financial Statements in Chapter 6 of this Annual Report (Refer to Note D1), and are audited by the Auditor-General.
- There were no out-of-pocket expenses for Board members during 2015-16.
Board committees

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

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

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

The committees are led by Board members and are supported by the Health Service Chief Executive (HSCE) or other senior executives of Metro South Health (MSH).

Membership
**Chair:** Terry White AO
**Members:**
Peter Dowling AM
Dr John Kastrissios
Margo MacGillivray
Lorraine Martin AO
Professor John Prins
Dr Marion Tower
**Standing invitees:**
Dr Richard Ashby *(HSCE)*
Robert Mackway-Jones *(Chief Finance Officer (CFO))*

Executive Committee
The Executive Committee is an advisory committee to the Board. It functions under the authority of the Board in accordance with section 32B of the *Hospital and Health Boards Act 2011*.

**Functions:**
The Executive Committee supports the Board by:
- working with the HSCE to progress strategic issues identified by the Board
- strengthening the relationship between the Board and the HSCE to ensure accountability in the delivery of services by Metro South Health (MSH)
- developing strategic service plans for MSH and monitoring their implementation
- developing key engagement strategies and protocols, and monitoring their implementation
- performing any other functions required by the Board or prescribed by regulation.

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

Finance Committee
The Finance Committee is a prescribed committee under part 7, section 31, of the *Hospital and Health Boards Regulation 2012*. It functions under the authority of the Board in accordance with Schedule 1, section 8, of the *Hospital and Health Board Act 2011*.

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

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

Safety and Quality Committee
The Safety and Quality Committee is a prescribed committee under section 31 of the Hospital and Health Boards Regulation 2012. It functions under the authority of the Board in accordance with schedule 1, section 8 of the Hospital and Health Boards Act 2011.

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

The Safety and Quality Committee meets every two months or as requested by the Chair.
Membership
Chair: Peter Dowling AM
Members:
Margo MacGillivray
Professor John Prins
Standing invitees:
Dr Richard Ashby (HSCE)
Robert Mackway-Jones (CFO)
Brett Clowes (Director Audit and Risk Management)

Audit and Risk Committee

The Audit and Risk Committee is a prescribed committee under part 7, section 31, of the Hospital and Health Boards Regulation 2012. It functions under the authority of the Board in accordance with Schedule 1, section 8, of the Hospital and Health Board Act 2011.

The purpose of the Audit and Risk Committee is to provide advice and assistance to the Board on:
- the service’s risk, control and compliance frameworks

Functions:
The Audit and Risk Committee advises the Board on:
- assessing the adequacy of MSH financial statements, having regard to the following:
  - the appropriateness of the accounting practices used
  - compliance with prescribed accounting standards under the Financial Accountability Act 2009
  - external audits of MSH financial statements
  - information provided by MSH about the accuracy and completeness of the financial statements
- monitoring MSH compliance with its obligation to establish and maintain an internal control structure and systems of risk management under the Financial Accountability Act 2009, including:
  - whether MSH has appropriate policies and procedures in place
  - whether MSH is complying with the policies and procedures
- monitoring and advising the Board about its internal audit function
- overseeing MSH liaison with the Queensland Audit Office in relation to MSH proposed audit strategies and plans
- assessing external audit reports and assessing the adequacy of action taken by management as a result of the reports
- monitoring the adequacy of MSH’s management of legal and compliance risks and internal compliance systems, including the effectiveness of the systems in monitoring compliance by MSH with relevant laws and government policies
- evaluation and approval of the Internal Audit Charter, Internal Audit Strategic and Annual Audit Plans
- overseeing and appraising MSH financial operational reporting processes (through internal audit)
- reviewing the effectiveness of the internal audit function and ensuring that it meets the requirements of the professional standards issued by Institute of Internal Auditors, and has regard to the Queensland Treasury’s Financial Accountability Handbook
- monitoring the effectiveness of MSH performance information, and compliance with the performance management framework and performance reporting requirements
- assessing MSH complex or unusual transactions or series of transactions, or any material deviation from the MSH budget
• any other function given to the committee by the Board (if the function is not inconsistent with a function mentioned in the dot points above)
• reviewing the risk management framework for identifying, monitoring and managing significant business risks, including fraud
• liaising with management to ensure there is a common understanding of the key risks to the agency (These risks will be clearly documented in the risk register which will be regularly reviewed to ensure it remains up-to-date.)
• assessing and contributing to the audit planning process relating to risks and threats to MSH
• reviewing effectiveness of MSH’s processes for identifying and escalating risks, particularly strategic risks.

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

Health Service Chief Executive (HSCE)

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

The HSCE’s responsibilities are:

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

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

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

Dr Richard Ashby AM

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

Dr Ashby is a University of Queensland graduate who subsequently worked in provincial and rural centres and at the QEII Hospital. He was appointed Director of Emergency Medicine at the Royal Brisbane Hospital in 1989, a post he held until his appointment as Executive Director Medical Services at the Royal Brisbane and Women’s Hospital in 2000. In the period 2000–2006, Dr Ashby also acted as District Manager at both the Royal Brisbane and Women’s Hospital and Princess Alexandra Hospital for lengthy periods.

Prior to his appointment as Chief Executive in 2012, Dr Ashby held the post of Executive Director and Director Medical Services at the Princess Alexandra Hospital. In 2015 he led the successful implementation of Australia’s first large-scale digital hospital at the Princess Alexandra Hospital.

Dr Ashby is a past President of the Australasian College for Emergency Medicine and was Chairman of the International Federation for Emergency Medicine from 1994 to 1996. He is currently a Director of the Translational Research Institute and the Australian e-Health Research Centre, and is Chair of the Queensland Policy and Advisory Committee on Health Technology.
Executives

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

Mr Brett Bricknell
Executive Director, Logan Bayside Health Network
Brett began his career in health as a physiotherapist in 1989, working first in New South Wales and then the United Kingdom. On returning to Australia in 1994, Brett was appointed as the first Director of Physiotherapy Services at Logan Hospital, where his interest in a career in health service management began. Brett has held senior management positions in health service planning, allied health services, community and primary health services, and acute hospital services. Brett was appointed as Executive Director, Logan Bayside Health Network in October 2012. He is also a board member of the Health Roundtable – a not-for-profit hospital and health service performance benchmarking organisation with wide membership throughout Australia and New Zealand.

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

Professor David Crompton OAM
Executive Director, Addiction and Mental Health Services
David worked in private practice as a rural general practitioner prior to commencing psychiatry training and spending 12 years in private psychiatry practice. David is a Professor within the School of Health Service and Social Work and holds academic titles with the University of Queensland and Queensland University of Technology. He has held leadership roles in Queensland Health and New South Wales Health and is the coordinator for the Centre for Neuroscience, Recovery and Mental Health. He was awarded a Medal of the Order of Australia for development of community based mental health services for veterans, development of community post-traumatic stress disorder and anxiety and substance abuse treatment services. David’s research interest includes the impact of trauma and natural disasters, suicide and factors that influence recovery of individuals with mental illness.
Dr Michael Daly  
**Executive Director, Clinical Governance**  
Michael is a graduate of University College Dublin, who commenced his senior management roles as Executive Director Medical Services, West Moreton in 2002. After leading the Bundaberg Hospital Emergency Response Team in 2005, Michael founded the Southern Area clinical Governance Unit, introducing baseline clinical governance systems across the southern part of Queensland. Since 2008, Michael has been the Executive Director Clinical Governance, Metro South Health. He has developed and evolved a number of Australia-leading clinical governance systems including: communication training programs, senior medical performance systems, audit and scorecard systems, and digital hospital safety systems.

Michael led the accreditation against the 10 National Standards that saw Metro South Health hospitals achieve the best results in Australia. He has been invited to provide clinical governance support and advice to 17 other hospitals and, since 2014, 14 hospitals have visited Michael and his team. Michael is also running collaborations with New Zealand and Norway. He is an Adjunct Associate Professor at QUT and is a member of the National Model Clinical Governance Advisory panel. He is an international speaker on senior medical performance and digital hospital safety and has been published on deteriorating patients, end of life, disaster management and communication programs.

Mr Michael Draheim  
**Chief Information Officer**  
Michael is a registered nurse with postgraduate qualifications in intensive care, health administration and information systems. He is also an Adjunct Professor at the University of Queensland’s Business School. He has a background in clinical education, informatics and leadership positions across both the public and private sectors and has worked in health delivery roles in Queensland, New South Wales and Tasmania. Michael has experience in clinical service management, waiting list management, policy development, clinical information system implementation, program/project management, organisational governance and change management. He also has deep experience in the implementation, management and delivery of ICT and its benefits in hospital and health care systems, through working with clinicians to drive transformation and deliver outcomes.

Mr Peter Frew  
**Executive Director, Corporate Services**  
Peter has more than 15 years senior leadership experience within Queensland Health including 10 years executive leadership experience in Metro South Health. Peter leads the Metro South Health Corporate Services function and has an extensive background in corporate services including asset management, human resource management and industrial relations. Peter has overseen several major reforms in Metro South Health in recent years. He has qualifications in public administration, economics and industrial relations. Peter continues to drive improved performance for support services to provide more efficient and effective corporate support for Metro South Health’s important clinical environment.
Ms Gail Gordon
Executive Director, Allied Health Services
Gail was appointed as Executive Director Allied Health for Metro South Health in 2008. She has established a service-wide allied health professional structure to support effective governance of services and provide executive leadership in the implementation of a range of allied health initiatives to improve patient outcomes. These include expanded scope of practice roles and models for allied health professionals; increasing allied health input into acute, rehabilitation and ambulatory services; and supporting the assistant workforce to develop the skills and competencies to ensure a sustainable and cost-effective workforce. Gail is an occupational therapist with postgraduate qualifications in business administration. She has held a range of senior positions across the public and private sectors. She has special interests in rehabilitation, aged care and consumer engagement.

Mr Robert Mackway–Jones
Chief Finance Officer
Robert has 21 years of health sector experience across the New Zealand and Australian environments. He has held executive level leadership roles since 2001. He joined Metro South Health in June 2013. Robert’s New Zealand health experience included various financial roles and sector leadership roles. From 2010–2013 he led the health needs assessment, strategic planning, funding and contracting for the Southern District Health Board while concurrently fulfilling its Chief Financial Officer role.

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

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

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

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

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

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

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

Meetings held monthly.

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

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

Membership of the Metro South Health Finance Network consists of:

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

Meetings held monthly.
Executive Planning and Innovation Committee

The Metro South Health Executive Planning and Innovation Committee (EPIC) is a working committee designated to address priority initiatives identified by the Metro South Health Board, HSCE and MSH Executive. EPIC is responsible for:

Planning:
- providing oversight and coordinating planning that relates to MSH strategy, services and capital investment
- recommending to the HSCE (and Board as appropriate) for approval, all strategic and annual, enabling and special purpose plans
- monitoring reporting in line with the MSH Strategic Planning Framework.

Innovation:
- prioritising the change and improvement agenda across MSH, ensuring alignment to the MSH Strategic Plan
- promoting and sponsoring change and innovation projects aimed at helping MSH to achieve its strategic vision and objectives
- actively encouraging innovative and transformational ideas from the workplace by establishing a platform for consideration, evaluation, referral and implementation.

Membership of the Executive Planning and Innovation Committee is determined by the HSCE and consists of:
- Executive Director, Planning Engagement and Reform (PER) – Chair
- Executive Director, PAH QEII Health Network
- Executive Director, Logan Bayside Health Network
- Executive Director, Addiction and Mental Health Services
- Executive Director, Medical Services
- Executive Director, Nursing and Midwifery Services
- Executive Director, Allied Health Services
- Executive Director, Corporate Services
- Executive Director, Clinical Governance
- Chief Finance Officer
- Chief Information Officer
- Facility Director Redland Hospital
- Facility Director QEII Jubilee Hospital.

Standing invitees:
- Senior Director, Planning
- Senior Director, Asset Management and Capital Projects
- Director, Engagement (PER) (Secretariat).

Meetings held monthly.

Corporate Services Directors Meeting

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

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

Membership of the Metro South Health Corporate Services Directors Meeting consists of:
- Executive Director, Corporate Services – Chair
- Senior Director, Corporate Services, PA Hospital
- Director, Corporate Services, Logan Bayside Health Network
- Manager, Corporate Services, Redland-Wynnum
- Manager, Corporate Services, QEII Jubilee Hospital
- Manager, Corporate Services, Addiction and Mental Health Services
- Manager, Corporate Services, Oral Health Services
- Manager, Corporate Business and Performance
- Senior Director, Property and Facilities
- Senior Director, Building Engineering and Maintenance Services
- Senior Director, Workforce Services
- Senior Director, Procurement and Supply
- Director, Industrial Relations.

Meetings held monthly.
Credentialing and Scope of Clinical Practice Committee

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

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

The committee comprises representatives from:

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

Membership of the Metro South Health Credentialing and Clinical Scope of Practice Committee consists of:

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

Meetings held monthly.

Workforce Services Managers Committee

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

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

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

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

Meetings held monthly.
Nursing and Midwifery Executive Committee

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

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

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

Meetings held bi-monthly.

Metro South Health Quality and Safety Committees

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

Each facility or service maintains a local quality and safety committee. Members of these committees include:

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

Meetings held monthly.

Metro South Health Consultative Forum

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

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

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

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

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

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

Meetings held monthly.
Allied Health Advisory Committee

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

- provide advice to the Executive Director, Allied Health, Metro South Health in their role as the Allied Health representative on the Hospital and Health Service (HHS) Executive, including contribution to HHS planning
- consult with profession leadership groups to provide timely advice regarding strategic directions for allied health
- ensure there is alignment of Metro South Health allied health initiatives with statewide activities, including responses to discussion papers, involvement in and reports from working parties and committees, and synthesis and dissemination of information to MSH allied health leaders
- develop and monitor the MSH Allied Health Professional Plan
- facilitate the development and approval of consistent allied health policies and procedures.

Membership of the Metro South Health Allied Health Advisory Committee consists of:

- Executive Director, Allied Health – Chair
- Executive Director, Clinical Support Services, PA Hospital
- Director, Allied Health, QEII Jubilee Hospital and community based services
- Director, Allied Health, Logan Bayside Health Network
- Director, Therapies and Allied Health, Addiction and Mental Health Services
- Allied Health workforce development officers.

Meetings held monthly.

Human Research Ethics Committee

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

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

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

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

Meetings held monthly.
Disability Action Committee

The Metro South Health Disability Action Committee’s key objectives are to:

- oversee initiatives which improve health outcomes and increase the accessibility and appropriateness of health services for people with disabilities
- provide leadership and advocacy on relevant matters affecting the health of people with disabilities.

Membership of the Metro South Health Disability Action Committee includes:

- facility representatives:
  - Redland and Wynnum Hospitals
  - Logan and Beaudesert Hospitals
  - QEII Jubilee Hospital
  - PA Hospital
- clinical services representatives:
  - Oral Health Services
  - Medical Aids Subsidy Scheme
  - Aged Care and Rehabilitation Services
  - Addiction and Mental Health Services
  - Patient Flow, Ambulatory Care and Hospital Avoidance
- support services representatives:
  - Performance, Engagement and Reform
  - Corporate Services
  - Finance
- other representatives:
  - Queenslanders with Disability Network (x 2)

Meetings held monthly.

Metro South Medicines Management Committee

The Metro South Health Medicines Management Committee facilitates consistent, evidence-based decision making and oversight of medicines across the organisation to promote safe and quality use of medicines. Its functions are to:

- provide a single point of endorsement for procedures, work instructions and standing orders related to non-hospital services, for example Metro South Health@Home, palliative care, correctional facilities and the community based Chronic Disease Service
- provide centralised governance for the development and maintenance of a MSH prescribing guideline
- prepare for the new Medicine, Poisons and Therapeutic Goods Act in late 2016 and new state level regulations, including the devolved responsibility to MSH and the mandatory requirement for a Scheduled Substances Management Plan
- facilitate and encourage standardisation and appropriate local adaption of matters related to drugs and therapeutics
- implement and maintain a searchable central repository or portal for all MSH drugs and therapeutics procedures
- provide a forum for examining controversial drugs and therapeutic issues and arriving at an agreed position or solution for MSH
- optimise the use of medications and reduce unnecessary prescribing in MSH
- support MSH-wide governance of antimicrobial stewardship.

A rotating Chair is appointed for a period of 12 months by majority vote. Membership of the committee consists of:

- Chairs of each MSH facility’s Medicines Management Committee (or equivalent body)
- Executive Directors of Medicine, Nursing and Allied Health (or delegate)
- Directors of Pharmacy for each facility
- a senior safety and quality representative
- other identified person as approved by the committee and Chair.

Meetings held quarterly.
Disaster and Emergency Management Committee

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

Specifically, Metro South Health Disaster and Emergency Management Committee provides the HSCE and Health Network Executive Directors with strategic and operational advice/feedback on policy, implementation plans and coordination of relevant incidents across Metro South Health. This may include:

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

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

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

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

- Executive Director, Medical Services, PA Hospital or delegate – Chair
- Deputy Director, Medical Services, PA Hospital
- Director, Medical Services, Logan Hospital
- Director, Medical Services, QEII Jubilee Hospital
- Director, Corporate Services, QEII Jubilee Hospital
- Director, Medical Services, Redland Hospital and Wynnum Health Service
- Facility Manager, Redland Hospital and Wynnum Health Service
- Manager, Corporate Services, Redland Hospital and Wynnum Health Service
- Executive Director, Medical Services, Addiction and Mental Health Services or proxy
- Manager, Executive Services, PA Hospital
- Acting Director of Nursing, Emergency Department or representative from Emergency Department Clinical Nurse Consultant Group
- Director, Health Service Planning, Metro South
- Emergency, Continuity and Assurance Manager, Mater Health Services
- Director, Metro South Public Health Unit
- Brisbane South PhN representative
- Chief Information Officer, Metro South
- Metro South Patient Flow Program representative
- Emergency Management and Business Continuity Manager, Metro North
- Queensland Ambulance Service (QAS) representative.

Meetings held quarterly.
Radiation Safety Management Reference Group

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

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

Membership of the Radiation Safety Management Reference Group consists of:

- Deputy Director, Medical Services, PA Hospital
- Director, Medical Imaging, Redland and Wynnum Hospitals
- Director, Medical Imaging Services, Logan and Beaudesert Hospitals
- Director, Radiology, PA Hospital
- Director, Medical Imaging Services, PA Hospital representative – operating theatres
- Biomedical Technology Services Site Manager
- radiation safety officers
- Diagnostic Radiology/Nuclear Medicine/Radioisotopes
- Radiation Oncology, Mater
- Radiation Oncology, PA Hospital
- PAH Laser and QEII Laser
- Redland Hospital
- Logan Hospital
- Breast Screening
- X-Ray, QEII Jubilee Hospital
- Workforce Services representative
- Oral Health representative.

Meetings held quarterly.

Clinical Ethics Committee

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

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

- Executive Director, Medical Services, Metro South Health – Chair
- Metro South Health Clinical Ethics Coordinator
- Executive Director, Medical Services, PA Hospital
- Executive Director, Nursing Services, PA Hospital
- Executive Director, Nursing and Midwifery Services, Metro South Health
- Executive Director, Clinical Governance, Metro South Health
- clinical expertise representative
- legal expertise representative
- consumer expertise representative
- pastoral care expertise representative.

Meetings held monthly.
Executive Director Medical Services (EDMS) Forum

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

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

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

Membership of the Executive Director Medical Services Forum consists of:

- Executive Director, Medical Services, Metro South Health – Chair
- Directors, Medical Services at each Metro South Health facility
- Deputy Directors, Medical Services at each Metro South Health facility
- Executive Director, Clinical Governance
- medical administration registrars.

Meetings held monthly.

ICT Executive Committee

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

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

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

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

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

Meetings held monthly.
Procurement Governance Committee

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

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

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

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

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

- Metro South Health Clinical Products and Equipment Committee.

Meetings held every two months.

Building Engineering and Maintenance Management Group

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

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

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

Meetings held monthly.
Ethics and code of conduct

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

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

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

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

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

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

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

Corrupt conduct

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

Prevention

During 2015–2016, ethical awareness, fraud prevention, public interest disclosures and corrupt conduct information sessions were delivered to staff in Metro South Health. These sessions were delivered to a variety of positions and levels within Metro South Health. In addition, learning and development staff delivered training on ethical decision making, code of conduct and corrupt conduct processes to all new staff members through induction and orientation.

Assessment and investigation

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

- facility or service manager/director Workforce Services
- the respective MSH Executive
- Chief Financial Officer
- Director Audit and Risk Management
- Department of Health Police Liaison Unit – Queensland Police Service Inspector.

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

External scrutiny

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

QAO Audit

As a public sector entity, Metro South Health is subject to annual audit by the QAO. The QAO Final Management Report provided to Metro South Health for the 2014–2015 financial year contained one significant deficiency issue that related to the absence of a service level agreement with our shared service provider. The report also contained four deficiency issues and two other issues:

- establishing robust fraud monitoring and awareness training
- lack of an over-arching financial reporting framework
- lack of external audits to review inpatient coding
- validation of OfficeMax purchases
- report to parliament findings and recommendations not assessed for impact on Metro South Health
- improvement opportunities for internal financial management reporting.

The audit committee considers all QAO audit recommendations, including performance audit recommendations. QAO has not reported any significant issues arising from their interim audit.

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


This report summarised the results of QAO’s financial audits of the 16 HHSs, the timeliness and quality of financial reporting and the systemic issues with internal controls identified during the audits.

The report also tabled the results of the prior year area of control focus audits over internal management reporting and contract procurement.

QAO reported that Metro South Health provided timely draft financial statements to audit, with minimal adjustments to the reported amounts. This result was the second most favourable of South East Queensland HHSs.

Metro South Health exceeded its growth funding activity target during 2014-15 and subsequently obtained an additional $22.2 million in growth funding. This was the second highest amount of growth funding obtained by any HHS.

At 30 June 2015, 55 per cent of Metro South Health patients were waiting longer than clinically recommended. This was:

- a nine per cent improvement over the prior year
- the highest proportion among SEQ HHSs
- the second highest proportion across the state.

QAO also reported positive results for Metro South Health in cost of clinical supplies ($223) and average drug costs ($239) per WAU for 2014-15. QAO also highlighted that Metro South Health had developed its own procurement procedures and was in the process of updating the central contracts register.

**Report 15: 2015-16 Queensland public hospital operating theatre efficiency**

This report considered:

- how efficiently 39 of Queensland’s 51 public hospitals were managing their 221 public operating theatres (hospitals using ORMIS)
- the effectiveness of the systems and practices HHSs and hospitals use to manage, monitor and report on their theatre efficiency.

QAO’s conclusion was that public hospitals could substantially improve their theatre efficiency, both by increasing utilisation and better managing their costs of surgery.
Risk management

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

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

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

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

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

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

The function operates under the Board approved charter consistent with International Standards for the Professional Practice of Internal Auditing. In line with the overriding requirement of independence from management and for internal auditors to be objective in performing their work, the head of Internal Audit reports directly to the Audit and Risk Committee on the effective, efficient and economical operation of the function. The Internal Audit function operates with due regard to Queensland Treasury and Trade's Audit Committee Guidelines.

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

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

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

Recordkeeping roles and responsibilities

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

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

Management of records

Across Metro South Health, each facility has a medical records department responsible for the lifecycle management of the clinical records in accordance with the relevant statutory requirements. Non-clinical records are managed through each service’s administration department. Audits are routinely undertaken within and external to the Medical Records Department to ensure that the record management system is operating appropriately.

Reliability and security

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

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

Digital Records – integrated electronic Medical Record (ieMR)

The PA Hospital commenced scanning of inpatient notes into the ieMR in June 2014. Information is scanned within 48 hours of the notes arriving in the Scanning Unit and is then available for viewing in the ieMR. Quality and auditing processes have been implemented to ensure a high-quality scanning service is provided at all times. Numerous electronic and paper resources are available for all relevant staff to ensure the information in the ieMR is accurate and available as soon as possible.

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

Retention and Disposal

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

Metro South Health recognises that investing in the skills and diversity of our people will enable the organisation to overcome challenges and continue to provide high quality care for the community.

Our workforce

<table>
<thead>
<tr>
<th>Employees by professional stream</th>
<th>MOHRI Head count 30 June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>6,470</td>
</tr>
<tr>
<td>Doctors including visiting medical officers (VMOs)</td>
<td>1,909</td>
</tr>
<tr>
<td>Health practitioners and technical officers</td>
<td>2,112</td>
</tr>
<tr>
<td>Operational officers</td>
<td>1,592</td>
</tr>
<tr>
<td>Managerial and clerical officers</td>
<td>2,450</td>
</tr>
<tr>
<td>Trades and artisans</td>
<td>70</td>
</tr>
<tr>
<td>Total</td>
<td>14,063</td>
</tr>
</tbody>
</table>

1,595 new staff
12,325 full-time equivalent staff
16.14%* non-English speaking background
1.99%* people with disabilities
0.98%* Aboriginal and/or Torres Strait Islander people

* Figures derived from survey of 65 per cent of Metro South Health employees – actual figures may be higher

69 per cent of staff said Metro South Health was a ‘truly great place to work’

Women comprise 74.31 per cent of Metro South Health’s workforce
Workforce profile

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

The Metro South Health clinical workforce is ageing, with 16 per cent of its clinical workforce aged 55 years and over. It is probable that a significant proportion of the current clinical workforce will exit the workforce in the next five to ten years. In addition, more people are working part time. This means that several people may be required to fill a single full-time position.

Workforce demographics

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

The total number of Minimum Obligatory Human Resource Information (MOHRI) full-time equivalent (FTE) staff (excluding external, casuals that did not work in the fortnight, and employees on extended unpaid leave) at the fortnight ending 19 June 2016 was 12,324.68.

Metro South Health employed 1595 new staff in the 2015-16 year to 19 June 2016.

Nursing staff represent the largest proportion of staff at 44 per cent of the workforce. Managerial and clerical officers make up 17 per cent of the workforce.

The remainder of the workforce is:

- 15 per cent - health practitioners and technical officers
- 13 per cent - doctors
- 11 per cent - operational officers
- <0.1 per cent - trades and artisans.

70.6 per cent of the current workforce is clinical, with the remaining 29.4 per cent representing administrative and supporting workforces.

The number of clinical staff in Metro South Health increased from 8327 at 30 June 2015 to 8701 at 30 June 2016 – an increase of 4.5 per cent.
Equal employment opportunity

As a total percentage, women comprise 74.31 per cent of Metro South Health’s workforce. Women represent:

- 86.81 per cent of the nursing workforce
- 37.40 per cent of the medical workforce
- 77.15 per cent of the allied health workforce
- 70.31 per cent of the non-clinical workforce.

A survey of 65 per cent of Metro South Health found:

- 0.98 per cent identify as Aboriginal and/or Torres Strait Islander people
- 1.99 per cent identify as people with disabilities
- 16.14 per cent identify as people from a non-English speaking background.

Generational diversity

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

- health-service wide, the median age is 41 years
- the highest proportion (40.81 per cent) of our staff are generation X
- baby boomers make up 26.10 per cent
- generation Y equate to 31.49 per cent
- silent generation is 0.30 per cent
- generation Z (iGen) is 1.30 per cent.

Unscheduled leave

On average, staff took 13.1 days off as unplanned leave during 2015-16 compared to 13 days in 2014-15. That represents an unscheduled leave rate of 5.04 per cent, compared with 5 per cent in the previous year.

Unscheduled leave includes sick leave, family leave and special leave. Figures are based on FTE staff numbers, and the unscheduled leave rate is calculated as a percentage of 260 days (52 weeks x 5 days per week).

Turnover and length of service

In 2015–2016, 533 Metro South Health permanent staff separated from the organisation. This equates to a turnover rate for permanent staff of 5.02 per cent. Of all Metro South Health separations, 35 per cent were permanent employees.

Early retirement, redundancy and retrenchment

During 2015–2016, two employees received redundancy packages at a total cost of $221,611. No early retirement or retrenchment packages were paid during the period.
Workforce planning, engagement and performance

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

The Metro South Health Strategic Workforce Plan 2012–2017 (2013 Supplement) is a five-year plan that provides a vision for the health service to promote systematic improvement in the health workforce and reliable information to support the addressing of immediate and future health workforce needs. It focuses on responding to changes to support the requirements in service delivery and also expanding the capacity of the workforce. The plan is strategically aligned to Metro South Health’s vision, priorities and objectives.

The Metro South Health Nursing and Midwifery Workforce Strategic Plan 2015-2019 complements the Metro South Health Strategic Workforce Plan through its commitment to the delivery of safe, quality, person-centred nursing and midwifery care.

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

- telecommuting
- working from home
- support for physical and mental wellbeing – delivered through healthy lifestyle programs for all staff
- part time and job share opportunities.

Promotion of these policies, procedures and strategies occurs through the following avenues:
- role descriptions
- consultative forums
- orientation and induction
- professional development and appraisal
- workforce services unit
- staff forums
- relevant meetings and committees
- promotion via intranet sites and communication publications.

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

Industrial and employee relations
The Metro South Health Industrial Relations Strategy 2015-2018 applies to all Metro South Health employees. It sets out the roles and responsibilities of managers within the existing industrial relations framework and industrial processes that apply to Metro South Health. The effectiveness of this strategy relies on the commitment of management, employees and industrial organisations to follow process and to communicate in an open and collaborative manner.

Metro South Health has established a number of joint management, employee and union consultative forums to ensure effective and constructive communication with employees in relation to employee associated matters. These forums include:

- Metro South Health Consultative Forum
- Metro South Health Nursing and Midwifery Consultative Forum
- Local Consultative Forums
  - Princess Alexandra Hospital
  - Logan Hospital
  - QEII Hospital
  - Oral Health
  - Redland Hospital
  - Metro South Addiction and Mental Health Services
  - Metro South Health Building and Maintenance Services.
Workforce engagement

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

Metro South Health holds an employee survey every two years to measure the overall culture and engagement levels of staff and identify potential improvements for the professional working environment.

The survey has been conducted at PA Hospital every two years since the year 2000, and was extended to all areas of Metro South Health in 2013.

Independent researchers Best Practice Australia conducted the latest survey in October 2015, incorporating additional questions on organisational values, identity and patient safety.

The survey saw improvements across all areas and facilities in Metro South Health. Key improvements included:

- 93 questions rated statistically better than the previous survey
- an 11 per cent increase in the number of staff who think Metro South Health is a ‘truly great place to work’
- the health service moved from a culture of ‘reaction’ to ‘ambition’.

Out of 138 questions measured on the 2015 survey that were benchmarked against BPA’s database of public health care providers:

- 115 questions were above average (which equates to 83 per cent
- 21 questions were average
- 2 questions were below average.

Leadership

Metro South Health is supporting its current and future leaders.

In May 2016, Metro South Health launched the Inter-Professional Leadership Pathway project. The project will deliver a health service-wide leadership development program.

During 2015-16, staff have shaped the development of the leadership program through staff feedback received via Metro South Health’s Consultation Hub and workforce engagement initiative, PAVE the way.

Metro South Health benchmarked well above average in:

- staff engagement
- leadership
- quality and innovation
- consumer outcomes.

PAVE the way

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

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

An online workforce culture portal was developed during 2015-16 and more than 150 culture champions were identified across Metro South Health including clinical and non-clinical staff.

### 2015–2016 Highlights

Four key priorities have been launched

- Metro South Health values video
- line manager toolkits to improve leadership capability
- pilot of job shadowing between work areas to help improve professional relationships and deliver person-centred care
- development of an “always” events project that will focus on aspects of care that should always occur when consumers use Metro South Health services.

### Reward and recognition program – Board Chair’s Awards

The Metro South Health reward and recognition program aims to:

- recognise outstanding performance
- boost staff morale and workplace culture
- inspire excellence.

Reward and recognition plays an important role in attracting and retaining high quality staff across Metro South Health and improving workforce culture.

The inaugural Board Chair’s Awards were held in 2015, with 62 award nominations received across Metro South Health for:

- delivering our values (representing the five Queensland public service values)
- volunteer of the year
- patient centred care team.

The awards winners were announced in July 2015, with an outstanding nominee across multiple categories presented with a special Board Chair’s Award for exceptional performance.

After the success of the inaugural event, the awards were conducted again during 2015-16, with winners to be announced in July 2016.

### Workforce performance

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

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

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

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

Metro South Health’s operational result is a deficit of $40.811 million for the year ending 30 June 2016. This represents a -1.9 per cent variance against its revenue base of $2.172 billion.

The reported deficit resulted from Metro South Health making a significant contribution from its reserves towards implementing the Digital Hospital solution at PA Hospital and with maintaining full capacity at QEII Hospital during the year.

Future fiscal challenges are likely to come from increasing service demand, population ageing, and increasing prevalence of chronic disease conditions, along with ongoing efficiency and productivity improvements required.

Revenue and expenditure

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

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

Metro South Health’s total income was $2.172 billion, which is an increase of $180.8 million (9 per cent) from 2014–2015:

- the activity based funding for hospital services was 78 per cent or $1.7 billion
- block and other Department of Health funding was 10.38 per cent or $225.4 million
- Commonwealth grants and other grants funding was 1.13 per cent or $24.5 million for health services
- own source revenue was 9.92 per cent or $215.4 million
- other revenue was 0.2 per cent or $4.4 million.

The total expenses were $2.213 billion, averaging at $6 million a day for providing public health services. This is an increase of $231.8 million (11.7 per cent) from last financial year.

The large increase in revenue (and associated expenditure) from the 2014–2015 year is due to labour and non-labour cost escalation funding in addition to increased service funding for Logan Hospital, QEII Hospital, short stay beds at Redland Hospital emergency department, Mental Health Services, Medical Aids Community initiatives, elective services, sub-acute services, and from attracting Commonwealth growth funding for additional activity. Significant increases in pharmaceutical benefit scheme claims also contributed to the increase.

Assets and liabilities

Metro South Health’s asset base amounts to $1.436 billion. 88.7 per cent or $1.273 billion of this is invested in property, plant and equipment. The remaining balance of $163 million is held in cash, receivables and inventory.

Metro South Health’s liabilities total $134 million and consist of payables and employee benefits, leaving an equity base of $1.302 billion.
6 Financial reports

The following financial reports for Metro South Health for 2015-16 have been prepared in accordance with the relevant financial acts and standards, and audited by the Queensland Audit Office.

General information

The Metro South Hospital and Health Service is a not-for-profit Queensland Government statutory body under the Hospital and Health Boards Act 2011. The Metro South Hospital and Health Service operates under its registered trading name of Metro South Health.

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

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

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

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

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

Open data

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

www.qld.gov.au/data

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

- health service expenditure on consultancies
- information relating to staff overseas travel including employee name, costs, purpose and destination
- information regarding engagement of interpreters (as per the Queensland Language Services Policy) including expenses and occasions of service.
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Metro South Health

Statement of Comprehensive Income
For the year ended 30 June 2016

The accompanying notes form part of these statements.

<table>
<thead>
<tr>
<th>Note</th>
<th>Actual 2016 $'000</th>
<th>Actual 2015 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Income from continuing operations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>User charges A1-1</td>
<td>2,142,650</td>
</tr>
<tr>
<td></td>
<td>Grants and other contributions A1-2</td>
<td>24,459</td>
</tr>
<tr>
<td></td>
<td>Other revenue A1-3</td>
<td>4,429</td>
</tr>
<tr>
<td></td>
<td>Total revenue</td>
<td>2,171,538</td>
</tr>
<tr>
<td></td>
<td>Gain on disposal or re-measurement of assets</td>
<td>165</td>
</tr>
<tr>
<td></td>
<td>Total income from continuing operations</td>
<td>2,171,703</td>
</tr>
<tr>
<td></td>
<td>Expenses from continuing operations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee expenses A2-1</td>
<td>1,474,761</td>
</tr>
<tr>
<td></td>
<td>Supplies and services A2-2</td>
<td>652,773</td>
</tr>
<tr>
<td></td>
<td>Grants and subsidies A2-3</td>
<td>4,201</td>
</tr>
<tr>
<td></td>
<td>Depreciation and amortisation B5,B6</td>
<td>68,512</td>
</tr>
<tr>
<td></td>
<td>Impairment losses</td>
<td>3,418</td>
</tr>
<tr>
<td></td>
<td>Other expenses A2-4</td>
<td>8,849</td>
</tr>
<tr>
<td></td>
<td>Total expenses from continuing operations</td>
<td>2,212,514</td>
</tr>
<tr>
<td></td>
<td>Operating result for the year</td>
<td>(40,811)</td>
</tr>
<tr>
<td></td>
<td>Other comprehensive income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Items that will not be reclassified subsequently to operating result</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase in asset revaluation surplus B9</td>
<td>95,959</td>
</tr>
<tr>
<td></td>
<td>Total other comprehensive income</td>
<td>95,959</td>
</tr>
<tr>
<td></td>
<td>Total comprehensive income</td>
<td>55,148</td>
</tr>
</tbody>
</table>
Metro South Health

Statement of Financial Position
As at 30 June 2016

<table>
<thead>
<tr>
<th>Note</th>
<th>Actual 2016 ($'000)</th>
<th>Actual 2015 ($'000)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
<td>2015</td>
</tr>
</tbody>
</table>

**Current assets**

- Cash and cash equivalents B1: 92,902 132,301
- Receivables B2: 49,924 58,067
- Inventories B3: 16,693 15,175
- Other assets B4: 3,333 6,067

**Total current assets**: 162,852 211,610

**Non-current assets**

- Intangibles B5: 397 587
- Property, plant and equipment B6: 1,273,023 1,192,652

**Total non-current assets**: 1,273,420 1,193,239

**Total assets**: 1,436,272 1,404,849

**Liabilities**

**Current liabilities**

- Payables B7: 74,991 66,040
- Accrued employee benefits B8: 54,529 59,142
- Unearned revenue: 4,405 90

**Total current liabilities**: 133,925 125,272

**Total liabilities**: 133,925 125,272

**Net assets**: 1,302,347 1,279,577

**Equity**

- Contributed equity: 1,145,242 1,177,620
- Accumulated surplus/(deficit): 15,198 56,009
- Asset revaluation surplus B9: 141,907 45,948

**Total equity**: 1,302,347 1,279,577

The accompanying notes form part of these statements.
## Statement of Changes in Equity
For the year ended 30 June 2016

<table>
<thead>
<tr>
<th>Notes</th>
<th>Accumulated surplus/(deficit)</th>
<th>Asset revaluation surplus</th>
<th>Contributed equity</th>
<th>Total equity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
</tr>
</tbody>
</table>

### Balance at 1 July 2014
Correction of prior year error - asset not previously recognised

| Revised balance as at 1 July 2014 | 45,783 | 36,701 | 1,077,370 | 1,159,854 |

Operating Result from continuing operations

| | 10,226 | - | - | 10,226 |

### Other comprehensive income for the year
Increase in Asset Revaluation Surplus

| Total comprehensive income for the year | 10,226 | 9,247 | - | 19,473 |

### Transactions with owners as owners:
Equity asset transfers

| | - | - | 127,909 | 127,909 |

Equity injections

| | - | - | 39,713 | 39,713 |

Equity withdrawals

| | - | - | (67,372) | (67,372) |

### Net transactions with owners as owners

| | - | - | 100,250 | 100,250 |

### Balance at 30 June 2015

<table>
<thead>
<tr>
<th>Notes</th>
<th>Accumulated surplus/(deficit)</th>
<th>Asset revaluation surplus</th>
<th>Contributed equity</th>
<th>Total equity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
</tr>
</tbody>
</table>

| Balance at 1 July 2015 | 56,009 | 45,948 | 1,177,620 | 1,279,577 |

Operating Result from continuing operations

| | (40,811) | - | - | (40,811) |

### Other comprehensive income for the year
Increase in Asset Revaluation Surplus

| Total comprehensive income for the year | (40,811) | 95,959 | - | 55,148 |

### Transactions with owners as owners:
Equity asset transfers

| | - | - | 5,845 | 5,845 |

Equity injections

| | - | - | 30,289 | 30,289 |

Equity withdrawals

| | - | - | (68,512) | (68,512) |

### Net transactions with owners as owners

| | - | - | (32,378) | (32,378) |

### Balance at 30 June 2016

| | 15,198 | 141,907 | 1,145,242 | 1,302,347 |

The accompanying notes form part of these statements.
Metro South Health

Statement of Cash Flows
For the year ended 30 June 2016

<table>
<thead>
<tr>
<th>Note</th>
<th>2016 $'000</th>
<th>2015 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inflows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>User charges and fees</td>
<td>2,082,455</td>
<td>1,843,099</td>
</tr>
<tr>
<td>Grants and other contributions</td>
<td>24,400</td>
<td>39,336</td>
</tr>
<tr>
<td>Interest received</td>
<td>889</td>
<td>1,031</td>
</tr>
<tr>
<td>GST input tax credits</td>
<td>34,161</td>
<td>28,910</td>
</tr>
<tr>
<td>GST collected from customers</td>
<td>4,803</td>
<td>4,689</td>
</tr>
<tr>
<td>Other receipts</td>
<td>3,507</td>
<td>5,295</td>
</tr>
<tr>
<td><strong>Outflows:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee expenses</td>
<td>(1,479,375)</td>
<td>(1,276,509)</td>
</tr>
<tr>
<td>Supplies and services</td>
<td>(646,934)</td>
<td>(642,983)</td>
</tr>
<tr>
<td>Grants and subsidies</td>
<td>(4,193)</td>
<td>(3,365)</td>
</tr>
<tr>
<td>GST paid</td>
<td>(33,782)</td>
<td>(29,663)</td>
</tr>
<tr>
<td>GST remitted to ATO</td>
<td>(4,765)</td>
<td>(4,696)</td>
</tr>
<tr>
<td>Other</td>
<td>(7,601)</td>
<td>(8,750)</td>
</tr>
<tr>
<td><strong>Net cash provided by (used in) operating activities</strong></td>
<td>(26,435)</td>
<td>(43,606)</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inflows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales of property, plant and equipment</td>
<td>438</td>
<td>407</td>
</tr>
<tr>
<td><strong>Outflows:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for property, plant and equipment</td>
<td>(43,998)</td>
<td>(34,279)</td>
</tr>
<tr>
<td>Payments for intangibles</td>
<td>-</td>
<td>(337)</td>
</tr>
<tr>
<td><strong>Net cash provided by (used in) investing activities</strong></td>
<td>(43,560)</td>
<td>(34,209)</td>
</tr>
<tr>
<td><strong>Cash flows from financing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inflows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity injections</td>
<td>30,596</td>
<td>39,406</td>
</tr>
<tr>
<td><strong>Net cash provided by (used in) financing activities</strong></td>
<td>30,596</td>
<td>39,406</td>
</tr>
<tr>
<td><strong>Net increase/(decrease) in cash and cash equivalents</strong></td>
<td>(39,399)</td>
<td>(38,409)</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the financial year</td>
<td>132,301</td>
<td>170,710</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at the end of the financial year</strong></td>
<td>92,902</td>
<td>132,301</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these statements.
NOTES TO THE STATEMENT OF CASH FLOWS

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

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Operating result from continuing operations</td>
<td>(40,811)</td>
<td>10,226</td>
</tr>
<tr>
<td>Non-cash items:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation/amortisation expense</td>
<td>68,512</td>
<td>67,372</td>
</tr>
<tr>
<td>Depreciation and amortisation funding</td>
<td>(68,512)</td>
<td>(67,372)</td>
</tr>
<tr>
<td>Assets written (on)/off</td>
<td>94</td>
<td>(1,648)</td>
</tr>
<tr>
<td>Net loss on sale of property, plant and equipment</td>
<td>621</td>
<td>459</td>
</tr>
<tr>
<td>Revaluation decrement reversal to comprehensive income</td>
<td>-</td>
<td>(728)</td>
</tr>
<tr>
<td>Change in assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Increase)/decrease in trade and other receivables</td>
<td>7,835</td>
<td>(30,901)</td>
</tr>
<tr>
<td>(Increase)/decrease in inventories</td>
<td>(1,518)</td>
<td>(1,402)</td>
</tr>
<tr>
<td>(Increase)/decrease in prepayments</td>
<td>(1,124)</td>
<td>(393)</td>
</tr>
<tr>
<td>Increase/(decrease) in unearned revenue</td>
<td>4,317</td>
<td>(1,834)</td>
</tr>
<tr>
<td>Increase/(decrease) in accrued employees expenses</td>
<td>(4,613)</td>
<td>59,105</td>
</tr>
<tr>
<td>Increase/(decrease) in payables</td>
<td>8,952</td>
<td>(76,490)</td>
</tr>
<tr>
<td>Net cash provided by (used in) operating activities</td>
<td>(26,435)</td>
<td>(43,606)</td>
</tr>
</tbody>
</table>
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2016

BASIS OF FINANCIAL STATEMENT PREPARATION

Statement of compliance

Metro South Health has prepared these financial statements in compliance with section 62(1) of the Financial Accountability Act 2009 and section 43 of the Financial and Performance Management Standard 2009. These financial statements are general purpose financial statements and have been prepared on an accrual basis in accordance with Australian Accounting Standards and Interpretations applicable to not-for-profit entities as Metro South Health is a not-for-profit entity. The financial statements also comply with Queensland Treasury’s reporting requirements and authoritative pronouncements. Amounts are recorded at their historical cost, except where stated otherwise.

The reporting entity

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

Taxation

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

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

Authorisation of financial statements for issue

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

Accounting estimates and judgements

The preparation of financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions and management judgements that have the potential to cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year. Such estimates, judgements and underlying assumptions are reviewed on an ongoing basis and outlined in the relevant notes to the financial statements.

Key judgements and estimates are disclosed in the relevant notes to which they apply.

Rounding and comparatives

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

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

Accounting standards early adopted in 2015-16

Two Australian Accounting Standards have been early adopted for the 2015-16 year as required by Queensland Treasury:

BASIS OF FINANCIAL STATEMENT PREPARATION (CONTINUED)

The amendments arising from this standard seek to improve financial reporting by providing flexibility as to the ordering of notes, the identification and location of significant accounting policies and the presentation of sub-totals, and providing clarity on aggregating line items. It also emphasises only including material disclosures in the notes. Metro South Health has applied this flexibility in preparing the 2015-16 financial statements including co-locating significant accounting policies with the related breakdowns of financial figures in the notes.

- **AASB 2015-7 Amendments to Australian Accounting Standards – Fair Value Disclosures of Not-for-Profit Public Sector Entities [AASB 13]**

This standard amends **AASB 13 Fair Value Measurement** and provides relief to not-for-profit public sector entities from certain disclosures about property, plant and equipment that is primarily held for its current service potential rather than to generate future net cash inflows. The relief applies to assets under **AASB 116 Property, Plant and Equipment** that are measured at fair value and categorised within Level 3 of the fair value hierarchy. Refer Note B6.

As a result, the following disclosures are no longer required for those assets. In early adopting the amendments, the following disclosures have been removed from the 2015-16 financial statements:

- disaggregation of certain gains/losses on assets reflected in the operating result;
- quantitative information about the significant unobservable inputs used in the fair value measurement; and
- a description of the sensitivity of the fair value measurement to changes in the unobservable inputs.

**Future impact of Accounting Standards not yet effective**

At the date of authorisation of the financial report, the expected impact of new or amended Australian Accounting Standards issued but with future commencement dates are as follows:

- **AASB 124 Related Party Disclosures**

Effective from reporting periods beginning on or after 1 July 2016, a revised version of AASB 124 will apply to Metro South Health. AASB 124 requires disclosures about the remuneration of key management personnel (KMP), transactions with related parties, and relationships between parent and controlled entities.

Metro South Health already discloses detailed information about remuneration of its KMP, based on Queensland Treasury’s Financial Reporting Requirements for Queensland Government Agencies. Refer Note D. Due to the additional guidance about the KMP definition in the revised AASB 124, Metro South Health will be assessing whether the responsible Minister should be part of its KMP from 2016-17. If the responsible Minister is assessed as meeting the KMP definition, no associated remuneration figures will be disclosed by Metro South Health, as it does not provide the Minister’s remuneration. Comparative information will continue to be disclosed in respect of KMP remuneration.

The most significant implications of AASB 124 for Metro South Health are the required disclosures about transactions between Metro South Health and its related parties (as defined in AASB 124). For any such transactions, from 2016-17, disclosures will include the nature of the related party relationship, as well as information about those transactions’ terms and conditions and amounts, any guarantees given or received, outstanding receivables or payables, commitments, and any receivables where collection has been assessed as being doubtful. In respect of related party transactions with other Queensland Government controlled entities, the information disclosed will be more high level, unless a transaction is individually significant. No comparative information is required in respect of related party transactions in the 2016-17 financial statements.

- **AASB 15 Revenue from Contracts with Customers**

This standard will become effective from reporting periods beginning on or after 1 January 2018.
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2016

This standard has more detailed requirements for certain types of revenue from customers, which may result in a change of timing of the revenue recognition from current accounting treatment. The impact of this standard has not been assessed at this time.

- **AASB 9 Financial Instruments and AASB 2014-7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2014)**

This standard will become effective from reporting periods commencing on or after 1 July 2018. AASB 9 will introduce different measurement criteria for impairment and disclosure associated with financial assets. The impact of these standards has not been assessed at this time, however, given the nature and limited extent of financial instruments held, the impact is expected to be minimal.

- **AASB 16 Leases**

This standard will become effective from reporting periods commencing on or after 1 January 2019. When applied, the standard supersedes AASB 117 Leases, AASB Interpretation 4 Determining whether an Arrangement contains a Lease, AASB Interpretation 115 Operating Leases – Incentives and AASB Interpretation 127 Evaluating the Substance of Transactions Involving the Legal Form of a Lease.

**Impact for Lessees**

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

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

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

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

AASB 16 allows a 'cumulative approach' rather than full retrospective application to recognising existing operating leases. If a lessee chooses to apply the 'cumulative approach', it does not need to restate comparative information. Instead, the cumulative effect of applying the standard is recognised as an adjustment to the opening balance of accumulated surplus (or other component of equity, as appropriate) at the date of initial application. Metro South Health will await further guidance from Queensland Treasury on the transitional accounting method to be applied.

Metro South Health has not yet quantified the impact on the Statement of Comprehensive Income or the Statement of Financial Position of applying AASB 16 to its current operating leases, including the extent of additional disclosure required.

**Impact for Lessors**

Lessor accounting under AASB 16 remains largely unchanged from AASB 117. For finance leases, the lessor recognises a receivable equal to the net investment in the lease. Lease receipts from operating leases are recognised as income either on a straight-line basis or another systematic basis where appropriate.
A1 INCOME

A1-1 USER CHARGES AND FEES

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th></th>
<th>2015</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding for the provision of public health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity based funding</td>
<td>1,701,810</td>
<td>1,536,647</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block funding</td>
<td>156,924</td>
<td>176,660</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other funding</td>
<td>68,512</td>
<td>67,372</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,927,246</td>
<td>1,780,679</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital fees</td>
<td>87,129</td>
<td>76,618</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sale of goods and services</td>
<td>41,722</td>
<td>32,663</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmaceutical benefit scheme reimbursements</td>
<td>84,165</td>
<td>51,167</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental income</td>
<td>2,388</td>
<td>1,470</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2,142,650</td>
<td>1,942,597</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

The funding from the Department of Health is provided predominantly for specific public health services purchased by the Department from Metro South Health in accordance with a service agreement between the Department of Health and Metro South Health. The Department of Health receives its revenue for funding from the Queensland Government (majority of funding) and the Commonwealth Government. Activity based funding is based on agreed number of activities as per the service agreement and a statewide price by which relevant activities are funded. Block funding is not based on levels of public health care activity. The service agreement is reviewed periodically and updated for changes in activities and prices of services delivered by Metro South Health. The funding from the Department of Health is received fortnightly in advance. At the end of the financial year, a financial adjustment may be required where the level of services provided is above or below the agreed level.

The service agreement includes a funding arrangement of non-cash revenue funding for depreciation and amortisation expense under the category other funding. The Department retains the corresponding cash to fund future major capital replacement. This transaction is shown in the Statement of Changes in Equity as a non-appropriated equity withdrawal.

Revenue recognition for hospital fees and sale of goods and services is based on either invoicing for related services or goods provided and/or the recognition of accrued revenue based on estimated volumes of goods or services delivered.
# Notes to the Financial Statements
For the year ended 30 June 2016

## A1-2 GRANTS AND OTHER CONTRIBUTIONS

<table>
<thead>
<tr>
<th></th>
<th>2016 ($'000)</th>
<th>2015 ($'000)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Australian Government grants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing home grant*</td>
<td>5,882</td>
<td>5,970</td>
</tr>
<tr>
<td>Home and community care grant*</td>
<td>1,204</td>
<td>13,016</td>
</tr>
<tr>
<td>Transition care program grant*</td>
<td>8,553</td>
<td>8,689</td>
</tr>
<tr>
<td>Organ and tissue donation for transplant</td>
<td>2,637</td>
<td>2,489</td>
</tr>
<tr>
<td>Other specific purpose recurrent grants</td>
<td>762</td>
<td>1,155</td>
</tr>
<tr>
<td>Specific purpose capital grant - radiation oncology</td>
<td>2,291</td>
<td>2,622</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>21,329</td>
<td>33,941</td>
</tr>
<tr>
<td>Other grants</td>
<td>2,612</td>
<td>4,411</td>
</tr>
<tr>
<td>Donations assets</td>
<td>60</td>
<td>920</td>
</tr>
<tr>
<td>Donations other</td>
<td>458</td>
<td>984</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24,459</td>
<td>40,256</td>
</tr>
</tbody>
</table>

* Nursing home grant is provided under the Aged Care Financial Instrument to the Redland Residential Care Services based on the appraisal of each resident’s care needs. The Home and Community Care and Transition Care Program grants fund community-based or residential setting patient care supporting basic maintenance, personal care and domestic assistance and care packages including low intensity or nursing support to patients.

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

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

Revenue recognition for other revenue is based on either invoicing for related goods or services and/or the recognition of accrued revenue based on estimated volumes of goods or services delivered.

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

## A1-3 OTHER REVENUE

<table>
<thead>
<tr>
<th></th>
<th>2016 ($'000)</th>
<th>2015 ($'000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest</td>
<td>889</td>
<td>1,031</td>
</tr>
<tr>
<td>General recoveries</td>
<td>2,968</td>
<td>4,480</td>
</tr>
<tr>
<td>Other</td>
<td>572</td>
<td>1,582</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,429</td>
<td>7,093</td>
</tr>
</tbody>
</table>
Notes to the Financial Statements
For the year ended 30 June 2016

A2 EXPENSES

A2-1 EMPLOYEE EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Employee benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages and salaries</td>
<td>1,173,542</td>
<td>1,062,575</td>
</tr>
<tr>
<td>Employer superannuation contributions</td>
<td>121,873</td>
<td>110,486</td>
</tr>
<tr>
<td>Annual leave levy/expense</td>
<td>139,069</td>
<td>125,726</td>
</tr>
<tr>
<td>Long service leave levy/expense</td>
<td>24,574</td>
<td>22,367</td>
</tr>
<tr>
<td>Termination benefits</td>
<td>1,998</td>
<td>1,550</td>
</tr>
<tr>
<td></td>
<td>1,461,056</td>
<td>1,322,704</td>
</tr>
<tr>
<td>Employee related expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workers compensation premium</td>
<td>9,228</td>
<td>7,801</td>
</tr>
<tr>
<td>Other employee related expenses*</td>
<td>4,477</td>
<td>5,108</td>
</tr>
<tr>
<td></td>
<td>1,474,761</td>
<td>1,335,613</td>
</tr>
</tbody>
</table>

Number of Employees**

<table>
<thead>
<tr>
<th></th>
<th>30 June 2016</th>
<th>30 June 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Employees**</td>
<td>12,325</td>
<td>11,838</td>
</tr>
</tbody>
</table>

*Other employee related expenses include $0.079 million (2015:$0.114 million) fringe benefit tax.

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

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

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

Employer superannuation contributions are paid to QSuper, the superannuation scheme for Queensland Government employees, at rates determined by the Treasurer on the advice of the State Actuary. The QSuper scheme has defined benefit and defined contribution categories. Contributions are expensed in the period in which they are payable and Metro South Health’s obligation is limited to its contribution to QSuper. The liability for defined benefit is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 Whole of Government and General Government Sector Financial Reporting.

Workers compensation insurance is a consequence of employing employees, but is not counted in an employee’s total remuneration package. It is not an employee benefit and is recognised separately as an employee related expense.

Key management personnel and remuneration expenses disclosures are detailed in Note D.
### A2-2 SUPPLIES AND SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Consultants and contractors</td>
<td>24,524</td>
<td>28,322</td>
</tr>
<tr>
<td>Electricity and other energy</td>
<td>13,474</td>
<td>12,065</td>
</tr>
<tr>
<td>Patient travel</td>
<td>2,700</td>
<td>1,905</td>
</tr>
<tr>
<td>Other travel</td>
<td>2,507</td>
<td>2,784</td>
</tr>
<tr>
<td>Water</td>
<td>2,700</td>
<td>2,493</td>
</tr>
<tr>
<td>Building services</td>
<td>2,029</td>
<td>1,585</td>
</tr>
<tr>
<td>Computer services</td>
<td>17,809</td>
<td>14,668</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td>853</td>
<td>990</td>
</tr>
<tr>
<td>Communications</td>
<td>22,966</td>
<td>20,536</td>
</tr>
<tr>
<td>Repairs and maintenance</td>
<td>44,175</td>
<td>40,588</td>
</tr>
<tr>
<td>Minor works including plant and equipment</td>
<td>9,927</td>
<td>6,831</td>
</tr>
<tr>
<td>Operating lease rentals</td>
<td>14,070</td>
<td>13,044</td>
</tr>
<tr>
<td>Insurance payment to the Department of Health*</td>
<td>17,139</td>
<td>15,382</td>
</tr>
<tr>
<td>Drugs</td>
<td>113,469</td>
<td>76,813</td>
</tr>
<tr>
<td>Inter entity hospital and health service supplies and services</td>
<td>11,798</td>
<td>12,225</td>
</tr>
<tr>
<td>Clinical supplies and services</td>
<td>305,068</td>
<td>267,654</td>
</tr>
<tr>
<td>Catering and domestic supplies</td>
<td>29,748</td>
<td>31,879</td>
</tr>
<tr>
<td>Other</td>
<td>17,817</td>
<td>14,795</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>652,773</td>
<td>564,469</td>
</tr>
</tbody>
</table>

*Metro South Health is covered by the Department of Health’s insurance policy with the Queensland Government Insurance Fund (QGIF) and pays a fee to the Department of Health as a fee for service arrangement. QGIF covers property and general losses above a $10,000 threshold and health litigation payments above a $20,000 threshold and associated legal fees. Premiums are calculated by QGIF on a risk assessment basis.

### A2-3 GRANTS AND SUBSIDIES

<table>
<thead>
<tr>
<th>Service</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Home and community health services</td>
<td>2,950</td>
<td>2,209</td>
</tr>
<tr>
<td>Medical research programs</td>
<td>1,251</td>
<td>1,149</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,201</td>
<td>3,358</td>
</tr>
</tbody>
</table>
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2016

A2-4 OTHER EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>External audit fees*</td>
<td>280</td>
<td>292</td>
</tr>
<tr>
<td>Other audit fees</td>
<td>116</td>
<td>126</td>
</tr>
<tr>
<td>Insurance</td>
<td>113</td>
<td>96</td>
</tr>
<tr>
<td>Inventory written off</td>
<td>385</td>
<td>257</td>
</tr>
<tr>
<td>Intangible asset written off</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td>Losses from the disposal of non-current assets</td>
<td>786</td>
<td>716</td>
</tr>
<tr>
<td>Special payments - ex-gratia payments**</td>
<td>608</td>
<td>41</td>
</tr>
<tr>
<td>Other legal costs</td>
<td>2,105</td>
<td>1,076</td>
</tr>
<tr>
<td>Journals and subscriptions</td>
<td>258</td>
<td>240</td>
</tr>
<tr>
<td>Advertising</td>
<td>330</td>
<td>201</td>
</tr>
<tr>
<td>Interpreter fees</td>
<td>4,229</td>
<td>4,043</td>
</tr>
<tr>
<td>Grants returned***</td>
<td>(771)</td>
<td>1,994</td>
</tr>
<tr>
<td>Other</td>
<td>410</td>
<td>620</td>
</tr>
<tr>
<td>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Total</td>
<td>8,849</td>
<td>9,717</td>
</tr>
</tbody>
</table>

*Total audit fees relating to Queensland Audit Office for the 2015-16 financial year are quoted to be $0.28 million (2015: $0.296 million). There are no non-audit services included in this amount.

**Metro South Health made 19 (2015: 22) special-ex-gratia payments for less than $5,000 to patients for their lost property whilst in hospital care. In 2015-16 there were 9 payments in excess of $5,000: 7 payments to a car park owner for public safety improvement work ($536,000), 1 to a staff member for settlement of a complaint ($45,000) and 1 to a patient for an adverse clinical incident ($13,000). In compliance with Financial and Performance Management Standard 2009, Metro South Health maintains a register setting out details of all special payments greater than $5,000.

***Metro South Health accrual for the Natural Disaster Relief and Recovery Arrangements (NDRRA) return of funds from previous financial year was finalised and there was no final payment required. As a result Metro South Health recorded a credit in 2015-16 financial year for grants returned.

B NOTES ABOUT FINANCIAL POSITION

B1 CASH AND CASH EQUIVALENTS

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Cash at bank and on hand</td>
<td>66,127</td>
<td>104,199</td>
</tr>
<tr>
<td>24 hour call deposits</td>
<td>26,775</td>
<td>28,102</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>92,902</td>
<td>132,301</td>
</tr>
</tbody>
</table>

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

Metro South Health’s General Trust funds are operating from Commonwealth Bank of Australia bank accounts. Cash held in these accounts earns interest at a rate of 2.25% (2015: 2.50%). In addition, General Trust funds in excess of monthly operational requirements are deposited at call with Queensland Treasury Corporation and earn interest at a rate of 2.72% (2015: 2.70%). Refer to Notes C1 and E1.

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

Notes to the Financial Statements
For the year ended 30 June 2016

**B2 RECEIVABLES**

<table>
<thead>
<tr>
<th></th>
<th>2016 $'000</th>
<th>2015 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade debtors</td>
<td>49,570</td>
<td>57,201</td>
</tr>
<tr>
<td>Less: Allowance for impairment</td>
<td>(3,084)</td>
<td>(2,988)</td>
</tr>
<tr>
<td></td>
<td><strong>46,486</strong></td>
<td><strong>54,213</strong></td>
</tr>
<tr>
<td>GST receivable</td>
<td>4,052</td>
<td>4,430</td>
</tr>
<tr>
<td>GST payable</td>
<td>(614)</td>
<td>(576)</td>
</tr>
<tr>
<td></td>
<td><strong>49,924</strong></td>
<td><strong>58,067</strong></td>
</tr>
</tbody>
</table>

Key estimate and judgement: The allowance for impairment reflects the credit risk associated with receivables balances and is assessed by taking into account the ageing of receivables, historical collection rates and review of specific debtor’s to assess debt collectability.

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

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

<table>
<thead>
<tr>
<th></th>
<th>2016 $'000</th>
<th>2015 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Movements in the allowance for impairment loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 July</td>
<td>2,988</td>
<td>5,413</td>
</tr>
<tr>
<td>Increase / (decrease) in allowance recognised in operating result</td>
<td>1,187</td>
<td>(591)</td>
</tr>
<tr>
<td>Amounts written off during the year</td>
<td>(1,091)</td>
<td>(1,834)</td>
</tr>
<tr>
<td>Balance as at 30 June</td>
<td><strong>3,084</strong></td>
<td><strong>2,988</strong></td>
</tr>
</tbody>
</table>

Financial assets

No collateral is held as security and no credit enhancements relate to financial assets held by Metro South Health. No financial assets and financial liabilities have been offset and presented in the Statement of Financial Position.
### Notes to the Financial Statements
For the year ended 30 June 2016

#### B2 RECEIVABLES (CONTINUED)

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

<table>
<thead>
<tr>
<th>Financial assets past due but not impaired 2015-16</th>
<th>Overdue $'000</th>
<th>Less than 30 days</th>
<th>30-60 days</th>
<th>61-90 days</th>
<th>More than 90 days</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receivables</td>
<td>1,581</td>
<td>313</td>
<td>102</td>
<td>937</td>
<td></td>
<td>2,933</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial assets past due but not impaired 2014-15</th>
<th>Overdue $'000</th>
<th>Less than 30 days</th>
<th>30-60 days</th>
<th>61-90 days</th>
<th>More than 90 days</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receivables</td>
<td>1,674</td>
<td>914</td>
<td>493</td>
<td>1,787</td>
<td></td>
<td>4,868</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individually impaired financial assets 2015-16</th>
<th>Overdue $'000</th>
<th>Less than 30 days</th>
<th>30-60 days</th>
<th>61-90 days</th>
<th>More than 90 days</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receivables</td>
<td>5,674</td>
<td>2,989</td>
<td>1,728</td>
<td>5,925</td>
<td></td>
<td>16,316</td>
</tr>
<tr>
<td>Allowance for impairment</td>
<td>(65)</td>
<td>(191)</td>
<td>(423)</td>
<td>(2,405)</td>
<td>(3,084)</td>
<td></td>
</tr>
<tr>
<td>Carrying amount</td>
<td>5,609</td>
<td>2,798</td>
<td>1,305</td>
<td>3,520</td>
<td></td>
<td>13,232</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individually impaired financial assets 2014-15</th>
<th>Overdue $'000</th>
<th>Less than 30 days</th>
<th>30-60 days</th>
<th>61-90 days</th>
<th>More than 90 days</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receivables</td>
<td>4,202</td>
<td>2,238</td>
<td>797</td>
<td>5,373</td>
<td></td>
<td>12,610</td>
</tr>
<tr>
<td>Allowance for impairment</td>
<td>(23)</td>
<td>(51)</td>
<td>(185)</td>
<td>(2,729)</td>
<td>(2,988)</td>
<td></td>
</tr>
<tr>
<td>Carrying amount</td>
<td>4,179</td>
<td>2,187</td>
<td>612</td>
<td>2,644</td>
<td></td>
<td>9,622</td>
</tr>
</tbody>
</table>
## Notes to the Financial Statements
For the year ended 30 June 2016

### B3 INVENTORIES

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inventories held for distribution</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical supplies</td>
<td>8,571</td>
<td>9,419</td>
</tr>
<tr>
<td>Pharmaceutical Supplies</td>
<td>7,540</td>
<td>5,142</td>
</tr>
<tr>
<td>Catering and domestic</td>
<td>319</td>
<td>318</td>
</tr>
<tr>
<td>Engineering</td>
<td>242</td>
<td>267</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
<td>29</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16,693</td>
<td>15,175</td>
</tr>
</tbody>
</table>

Inventories consist mainly of pharmaceutical and clinical supplies held for distribution in Metro South Health hospitals. Inventories are measured at weighted average cost adjusted for obsolescence. Unless material, inventories do not include supplies held ready for use in the wards and are expensed on issue from Metro South Health’s main storage facilities. Material imprest holdings are recognised as inventory at balance date through the annual stocktake process at weighted average cost.

### B4 OTHER ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepayment for plant and equipment</td>
<td>236</td>
<td>4,094</td>
</tr>
<tr>
<td>Prepayments</td>
<td>3,097</td>
<td>1,973</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,333</td>
<td>6,067</td>
</tr>
</tbody>
</table>

### B5 INTANGIBLE ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Software purchased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>5,347</td>
<td>5,538</td>
</tr>
<tr>
<td>Less: Accumulated amortisation</td>
<td>(5,138)</td>
<td>(5,243)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>209</td>
<td>295</td>
</tr>
<tr>
<td>Software internally generated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>2,226</td>
<td>2,226</td>
</tr>
<tr>
<td>Less: Accumulated amortisation</td>
<td>(2,038)</td>
<td>(1,934)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>188</td>
<td>292</td>
</tr>
</tbody>
</table>

Total intangible assets

397

587
B5 INTANGIBLE ASSETS (CONTINUED)

<table>
<thead>
<tr>
<th></th>
<th>Software purchased</th>
<th>Software internally generated</th>
<th>Software work in progress</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Balance at 1 July 2014</td>
<td>162</td>
<td>140</td>
<td>175</td>
<td>477</td>
</tr>
<tr>
<td>Acquisitions</td>
<td></td>
<td>229</td>
<td></td>
<td>321</td>
</tr>
<tr>
<td>Transfer between asset classes</td>
<td>267</td>
<td></td>
<td>(267)</td>
<td></td>
</tr>
<tr>
<td>Amortisation charge for the year</td>
<td>(134)</td>
<td>(77)</td>
<td></td>
<td>(211)</td>
</tr>
<tr>
<td>Balance at 1 July 2015</td>
<td>295</td>
<td>292</td>
<td></td>
<td>587</td>
</tr>
<tr>
<td>Amortisation charge for the year</td>
<td>(86)</td>
<td>(104)</td>
<td></td>
<td>(190)</td>
</tr>
<tr>
<td>Balance at 30 June 2016</td>
<td>209</td>
<td>188</td>
<td></td>
<td>397</td>
</tr>
</tbody>
</table>

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

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

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

Metro South Health also controls a number of significant internally generated software applications that are not recognised as assets because they fail to meet the AASB 138 Intangibles standard recognition criteria.

B6 PROPERTY, PLANT AND EQUIPMENT

<table>
<thead>
<tr>
<th></th>
<th>2016 $'000</th>
<th>2015 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At fair value</td>
<td>262,989</td>
<td>231,209</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buildings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At fair value</td>
<td>1,607,247</td>
<td>1,441,065</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(748,126)</td>
<td>(616,094)</td>
</tr>
<tr>
<td></td>
<td>859,121</td>
<td>824,971</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant and equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>299,591</td>
<td>283,058</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(164,436)</td>
<td>(151,637)</td>
</tr>
<tr>
<td></td>
<td>135,155</td>
<td>131,421</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital works in progress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>15,758</td>
<td>5,051</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total property, plant and equipment</td>
<td>1,273,023</td>
<td>1,192,652</td>
</tr>
</tbody>
</table>
Metro South Health  
Notes to the Financial Statements  
For the year ended 30 June 2016

B6 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

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

<table>
<thead>
<tr>
<th>Class</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings*</td>
<td>$10,000</td>
</tr>
<tr>
<td>Land</td>
<td>$1</td>
</tr>
<tr>
<td>Plant and Equipment</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

*Land improvements are included with buildings.

Acquisition

Actual cost is used for the initial recording of all non-current asset acquisitions. Cost is determined as consideration plus any costs directly incurred in getting the asset ready for use. Any training costs are expensed as incurred. The cost of items acquired during the financial year has been judged by management to materially represent the fair value at the end of the reporting period.

Assets under construction are at cost until they are ready for use. The construction of major health infrastructure assets is managed by the Department of Health on behalf of Metro South Health. These assets are assessed at fair value upon practical completion by an independent valuer. They are then transferred from Department of Health to Metro South Health via an equity adjustment.

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

Measurement of property, plant and equipment

Plant and equipment is measured at historical cost in accordance with Queensland Treasury’s Non-Current Asset Policies for the Queensland Public Sector. The carrying amount for such plant and equipment at cost is not materially different from their fair value.

Land and buildings are measured at fair value as required by Queensland Treasury’s Non-Current Asset Policies for the Queensland Public Sector. These assets are reported by their revalued amount, being the fair value at the date of valuation, less any subsequent accumulated depreciation and impairment losses where applicable.

Depreciation

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

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

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

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

Metro South Health’s buildings have a useful life ranging from 18 to 85 years while the useful life for plant and equipment is between 3 and 47 years.
Impairment of non-current assets

All non-current assets are assessed annually for indicators of impairment. If an indicator of impairment exists, Metro South Health determines the asset’s recoverable amount and if this amount is less than the asset’s carrying amount it is considered as an impairment loss. An impairment loss is recognised in accordance with AASB 136 Impairment of Assets accounting standard.

<table>
<thead>
<tr>
<th>Property, Plant &amp; Equipment reconciliation</th>
<th>Land* $'000</th>
<th>Buildings** $'000</th>
<th>Plant and equipment $'000</th>
<th>Work in progress $'000</th>
<th>Total $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correction of prior year error to contributed equity***</td>
<td>-</td>
<td>6,517</td>
<td></td>
<td></td>
<td>6,517</td>
</tr>
<tr>
<td>Acquisitions</td>
<td>-</td>
<td>30</td>
<td>25,259</td>
<td>7,508</td>
<td>32,797</td>
</tr>
<tr>
<td>Donations received</td>
<td>-</td>
<td>-</td>
<td>920</td>
<td></td>
<td>920</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>(851)</td>
<td></td>
<td>(851)</td>
</tr>
<tr>
<td>Donations made</td>
<td>-</td>
<td>-</td>
<td>(16)</td>
<td></td>
<td>(16)</td>
</tr>
<tr>
<td>Transfers in/(out) from other Queensland Government****</td>
<td>(2,106)</td>
<td>128,227</td>
<td>1,788</td>
<td></td>
<td>127,909</td>
</tr>
<tr>
<td>Transfers between asset classes</td>
<td>-</td>
<td>10,674</td>
<td>793</td>
<td>(11,467)</td>
<td>-</td>
</tr>
<tr>
<td>Transfer recognised in operating surplus/(deficit)</td>
<td>-</td>
<td>-</td>
<td>744</td>
<td></td>
<td>744</td>
</tr>
<tr>
<td>Revaluation increments to asset revaluation surplus*****</td>
<td>9,247</td>
<td>-</td>
<td>-</td>
<td></td>
<td>9,247</td>
</tr>
<tr>
<td>Revaluation decrements reversal to comprehensive income</td>
<td>728</td>
<td>-</td>
<td>-</td>
<td></td>
<td>728</td>
</tr>
<tr>
<td>Depreciation charge</td>
<td>-</td>
<td>(38,962)</td>
<td>(28,199)</td>
<td></td>
<td>(67,161)</td>
</tr>
<tr>
<td>Balance at 1 July 2015</td>
<td>231,209</td>
<td>824,971</td>
<td>131,421</td>
<td>5,051</td>
<td>1,192,652</td>
</tr>
<tr>
<td>Acquisitions</td>
<td>1,609</td>
<td>546</td>
<td>32,643</td>
<td>13,059</td>
<td>47,857</td>
</tr>
<tr>
<td>Donations received</td>
<td>-</td>
<td>60</td>
<td>-</td>
<td></td>
<td>(60)</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>(899)</td>
<td>-</td>
<td>(899)</td>
</tr>
<tr>
<td>Donations made</td>
<td>-</td>
<td>-</td>
<td>(96)</td>
<td>-</td>
<td>(96)</td>
</tr>
<tr>
<td>Transfers in/(out) from other Queensland Government****</td>
<td>-</td>
<td>6,097</td>
<td>(252)</td>
<td></td>
<td>5,845</td>
</tr>
<tr>
<td>Transfers between asset classes</td>
<td>-</td>
<td>1,958</td>
<td>358</td>
<td>(2,316)</td>
<td>-</td>
</tr>
<tr>
<td>Transfer recognised in operating surplus/(deficit)</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>(36)</td>
<td>(33)</td>
</tr>
<tr>
<td>Revaluation increments to asset revaluation surplus*****</td>
<td>30,171</td>
<td>65,788</td>
<td>-</td>
<td></td>
<td>95,959</td>
</tr>
<tr>
<td>Depreciation charge</td>
<td>-</td>
<td>(40,239)</td>
<td>(28,083)</td>
<td>-</td>
<td>(68,322)</td>
</tr>
<tr>
<td>Balance at 30 June 2016</td>
<td>262,989</td>
<td>859,121</td>
<td>135,155</td>
<td>15,758</td>
<td>1,273,023</td>
</tr>
</tbody>
</table>

* Land level 2 assets are land with active market.
** Building level 3 assets are special purpose built buildings with no active market.
***Correction of prior year error in 2014-15 for 9 buildings not previously recognised was recorded against equity. Refer Note B10.
****Transfers in through equity are from the Department of Health and include the Logan Hospital Emergency Department commissioning to buildings $5.31 million (2015:$119.3 million) and other net transfer of assets between the Department and other Hospital and Health Services $0.54 million (2015:8.6 million). Refer Note B10.
***** Refer Note B9.
B6 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

Fair value measurement and valuation

Key estimate and judgement: Property, plant and equipment valuation in respect of fair value measurement can be sensitive to the various valuation inputs selected. Considerable judgement is required to determine what input is significant to fair value and therefore which category within the fair value hierarchy the asset is placed. Valuation standards are used to guide any required judgements.

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

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

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

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

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

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

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

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

Land and building asset classes are measured at fair value and are assessed on an annual basis by an independent professional valuer or by the use of appropriate and relevant indices. Metro South Health has an Asset Valuation Steering Committee that oversees the revaluation processes managed by Metro South Finance. That committee undertakes an annual review of the revaluation practices and reports to Metro South Health’s Audit and Risk Committee regarding the outcomes of the valuation, indices and recommendations arising from the valuation process.

Revaluations using independent professional valuers are undertaken at least once every five years. However, if a particular asset class experiences significant and volatile changes in fair value, that class is subject to specific appraisal in the reporting period, where practicable, regardless of the timing of the last specific appraisal.

Where assets have not been specifically valued in the reporting period, their fair values are updated (if material) via the application of relevant indices.

Revaluation increments increase the asset revaluation surplus of the appropriate class, except to the extent that it reverses a revaluation decrement for the class previously recognised as an expense. A decrease in the carrying amount on revaluation is charged as an expense, to the extent it exceeds the balance, if any, in the revaluation surplus relating to that asset class.
B6 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

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

In 2015-16, Metro South Health’s land was valued by SVS using independent market valuation. The effective date of the valuation was 30 June 2016. Management, through the Asset Valuation Steering Committee, has assessed the valuation provided by SVS as appropriate for Metro South Health and endorsed the result of the independent valuation.

The fair value of land was based on physical inspection and publicly available data on sales of similar land in nearby localities. SVS surmised that they used observable inputs from market transactions data and therefore these inputs fall into level 2 within the fair value hierarchy. In determining the values, adjustments were made to the sales data to take into account the location of Metro South Health’s land, its size, street/road frontage and access, and any significant restrictions. The extent of the adjustments made varies in significance for each parcel of land.


Buildings
In 2015-16 an independent valuation was performed by quantity surveyors Davis Langdon for 90% of the value of Metro South Health’s building portfolio (70 buildings). The effective date of the valuation was 30 June 2016. Metro South Health also engaged Davis Langdon to determine an index relevant to Metro South Health building portfolio to apply to the remaining 71 buildings that are not included in the independent valuation in order to maintain fair value. These indices are either publicly available, or are derived from market information available, and Davis Langdon provides assurance of their robustness, validity and appropriateness for application.

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

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very good condition</td>
<td>Only normal maintenance required</td>
</tr>
<tr>
<td>2</td>
<td>Minor defects only</td>
<td>Minor maintenance required (up to 5% of capital replacement cost)</td>
</tr>
<tr>
<td>3</td>
<td>Maintenance required to bring to acceptable level of service</td>
<td>Significant maintenance required (up to 50% of capital replacement cost)</td>
</tr>
<tr>
<td>4</td>
<td>Requires renewal</td>
<td>Complete renewal of internal fit-out and services (up to 70% of capital replacement cost)</td>
</tr>
<tr>
<td>5</td>
<td>Asset unserviceable</td>
<td>Complete asset replacement required</td>
</tr>
</tbody>
</table>

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

The independent building valuation for 2015-16 resulted in a net increment of $65.788 million to the carrying amount of buildings. The indexation based on the movement in construction cost was less than 1.5% and no adjustment was taken up.
Metro South Health

Notes to the Financial Statements
For the year ended 30 June 2016

**B7 PAYABLES**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Trade Creditors</td>
<td>22,175</td>
<td>24,864</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>39,482</td>
<td>31,342</td>
</tr>
<tr>
<td>Department of Health payables</td>
<td>13,334</td>
<td>9,834</td>
</tr>
<tr>
<td></td>
<td>74,991</td>
<td>66,040</td>
</tr>
</tbody>
</table>

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

**B8 ACCRUED EMPLOYEE BENEFITS**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Salaries and wages accrued</td>
<td>49,796</td>
<td>55,852</td>
</tr>
<tr>
<td>Other employee entitlements payable</td>
<td>4,733</td>
<td>3,290</td>
</tr>
<tr>
<td></td>
<td>54,529</td>
<td>59,142</td>
</tr>
</tbody>
</table>

No provision for annual leave and long service leave is recognised by Metro South Health as the liability is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049.

**B9 ASSET REVALUATION SURPLUS**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td><strong>Land</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at the beginning of the financial year</td>
<td>9,247</td>
<td>-</td>
</tr>
<tr>
<td>Revaluation increment/(decrement)</td>
<td>30,171</td>
<td>9,247</td>
</tr>
<tr>
<td><strong>Balance at the end of the financial year</strong></td>
<td>39,418</td>
<td>9,247</td>
</tr>
<tr>
<td><strong>Buildings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at the beginning of the financial year</td>
<td>36,701</td>
<td>36,701</td>
</tr>
<tr>
<td>Revaluation increment/(decrement)</td>
<td>65,788</td>
<td>-</td>
</tr>
<tr>
<td><strong>Balance at the end of the financial year</strong></td>
<td>102,489</td>
<td>36,701</td>
</tr>
<tr>
<td><strong>Balance at the end of the financial year</strong></td>
<td>141,907</td>
<td>45,948</td>
</tr>
</tbody>
</table>
**Notes to the Financial Statements**
For the year ended 30 June 2016

### B10 EQUITY INJECTIONS AND EQUITY WITHDRAWALS

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at the beginning of the financial year</strong></td>
<td>1,177,620</td>
<td>1,070,853</td>
</tr>
<tr>
<td>Correction of prior year error - asset not previously recognised*</td>
<td>-</td>
<td>6,517</td>
</tr>
<tr>
<td>Cash injection for asset acquisitions</td>
<td>30,596</td>
<td>39,406</td>
</tr>
<tr>
<td>Non-cash injection for asset acquisitions</td>
<td>(307)</td>
<td>307</td>
</tr>
<tr>
<td>Equity asset transfers in/(out) from other Queensland Government entities**</td>
<td>5,845</td>
<td>127,909</td>
</tr>
<tr>
<td>Non-cash withdrawal for depreciation***</td>
<td>(68,512)</td>
<td>(67,372)</td>
</tr>
<tr>
<td><strong>Balance at the end of the financial year</strong></td>
<td>1,145,242</td>
<td>1,177,620</td>
</tr>
</tbody>
</table>

* Correction of prior year error in the 2014-15 financial year for 9 buildings not previously recognised. Refer Note B6.

**These transfers are in accordance with the Designation of Transfer Notice. Refer to Note B6.
***The non-cash equity withdrawal is for offsetting non-cash revenue funding for depreciation expense.

### C NOTES ABOUT RISK AND OTHER ACCOUNTING UNCERTAINTIES

#### C1 FINANCIAL INSTRUMENTS

**Categorisation of financial instruments**

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

<table>
<thead>
<tr>
<th></th>
<th>2016 $'000</th>
<th>2015 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>92,902</td>
<td>132,301</td>
</tr>
<tr>
<td><strong>Financial assets at amortised cost</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>49,924</td>
<td>58,067</td>
</tr>
<tr>
<td><strong>Total financial assets</strong></td>
<td>142,826</td>
<td>190,368</td>
</tr>
<tr>
<td><strong>Financial liabilities at amortised cost</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>74,991</td>
<td>66,040</td>
</tr>
</tbody>
</table>

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

**Financial risk management**

Metro South Health is exposed to a variety of financial risks – credit risk, liquidity risk, interest rate risk and market risk.

Financial risk is managed in accordance with Queensland Government and Metro South Health’s policies. Metro South Health’s policies provide written principles for overall risk management and aim to minimise potential adverse effects of risk events on the financial performance of Metro South Health.

**Credit risk**

Credit risk is the potential for financial loss arising from Metro South Health’s debtors defaulting on their obligations. Credit risk is measured by ageing analysis for cash inflows at risk. The maximum exposure to credit risk at balance date is the carrying value of receivable balances adjusted for impairment. Refer Note B2. Credit risk is considered minimal for Metro South Health.
Liquidity risk

Liquidity risk refers to the situation when Metro South Health may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or other financial assets. Liquidity risk is measured through monitoring of cash flows by active management of accrual accounts. Metro South Health liquidity risk is minimal due to an approved overdraft facility of $18 million under the whole-of-government banking arrangements to manage any short-term cash shortfalls.

Interest rate risk

Metro South Health has interest rate exposure on the Queensland Treasury Corporation deposits and there is no interest rate exposure on its cash and fixed rate deposits. Metro South Health does not undertake any hedging in relation to interest rate risk. Changes in interest rate have a minimal effect on the operating result of Metro South Health and sensitivity analysis is not required.

Fair value measurement

Cash and cash equivalents are measured at fair value. All other financial assets or liabilities are measured at cost less any allowance for impairment, which, given the short-term nature of these assets, is assumed to represent fair value.

C2 COMMITMENTS

Non-cancellable operating leases*

Commitments under operating leases at reporting date are exclusive of anticipated GST** and are payable as follows:

<table>
<thead>
<tr>
<th></th>
<th>2016 $'000</th>
<th>2015 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>11,999</td>
<td>6,564</td>
</tr>
<tr>
<td>Later than one year and not later than five years</td>
<td>33,238</td>
<td>23,273</td>
</tr>
<tr>
<td>Later than five years</td>
<td>13,803</td>
<td>1,463</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>59,040</td>
<td>31,300</td>
</tr>
</tbody>
</table>

* Metro South Health’s non-cancellable operating leases predominantly relate to office, car park and clinical services accommodation.
** All GST is recoverable and will be recouped by Metro South Health. Comparative figures have been restated exclusive of GST to align with the 2015-16 reporting requirements.

Capital expenditure commitments

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

<table>
<thead>
<tr>
<th></th>
<th>2016 $'000</th>
<th>2015 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>25,476</td>
<td>2,064</td>
</tr>
<tr>
<td>Later than one year and not later than five years</td>
<td>948</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>26,424</td>
<td>2,064</td>
</tr>
</tbody>
</table>

* All GST is recoverable and will be recouped by Metro South Health. Comparative figures have been restated exclusive of GST to align with the 2015-16 reporting requirements.
CONTINGENCIES

Litigation in progress

At 30 June 2016, Metro South Health has 9 litigation cases before the courts (2015: 5 cases). All Metro South Health indemnified claims have been managed by the Queensland Government Insurance Fund (QGIF). There are 111 claims (2015: 97 claims) managed by QGIF, some of which may never be litigated or result in payment of claims. The maximum exposure to Metro South Health under this policy is $20,000 for each insurable event. Metro South Health’s legal advisors, management advisors and management believe it would be misleading to estimate the final amount payable (if any) in respect of litigation before the courts at this time.

KEY MANAGEMENT PERSONNEL

KEY MANAGEMENT PERSONNEL AND REMUNERATION EXPENSES

Key management personnel

The following details for key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of Metro South Health during 2015-16. Further information on these positions can be found in the body of the Annual Report under the section relating to Executive Management.

<table>
<thead>
<tr>
<th>Position and name</th>
<th>Responsibilities</th>
<th>Contract classification and appointment authority</th>
<th>Appointment date*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Metro South Hospital and Health Board</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair Terry White AO</td>
<td>The Board decides the objectives, strategies and policies to be followed by Metro South Health and ensure it performs its functions in a proper, effective and efficient way.</td>
<td>Appointments are under the provisions of the Hospital and Health Boards Act 2011 by Governor in Council. Notice published in the Queensland Government Gazette.</td>
<td>18/05/2012</td>
</tr>
<tr>
<td>Deputy Chair Peter Dowling AM</td>
<td></td>
<td></td>
<td>29/06/2012</td>
</tr>
<tr>
<td><strong>Board Members</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr John Kastrissios</td>
<td></td>
<td></td>
<td>29/06/2012</td>
</tr>
<tr>
<td>Lorraine Martin AO</td>
<td></td>
<td></td>
<td>07/09/2012</td>
</tr>
<tr>
<td>Professor John Prins</td>
<td></td>
<td></td>
<td>29/06/2012</td>
</tr>
<tr>
<td>Dr Marion Tower</td>
<td></td>
<td></td>
<td>29/06/2012</td>
</tr>
<tr>
<td>Margo MacGillivray</td>
<td></td>
<td></td>
<td>14/06/2013</td>
</tr>
<tr>
<td>Ms Donisha Duff</td>
<td></td>
<td></td>
<td>18/05/2016</td>
</tr>
<tr>
<td>Adjunct Professor Janine Walker</td>
<td></td>
<td></td>
<td>18/05/2016</td>
</tr>
</tbody>
</table>
Metro South Health  
**Notes to the Financial Statements**  
For the year ended 30 June 2016

### D1 KEY MANAGEMENT PERSONNEL AND REMUNERATION EXPENSES (CONTINUED)

<table>
<thead>
<tr>
<th>Position and name</th>
<th>Responsibilities</th>
<th>Contract classification and appointment authority</th>
<th>Appointment date*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Metro South Health Executives</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Service Chief Executive</td>
<td>Delegated the operational responsibility to fulfil the Board’s objectives and strategies. The Health Service Chief Executive then sub-delegates certain functions to the Executive team.</td>
<td>Section 74, Hospital and Health Boards Act 2011</td>
<td>06/08/2012</td>
</tr>
<tr>
<td>Executive Director, PAH QEII Health Network</td>
<td>Executive leadership and operational responsibility for the health network.</td>
<td>Section 51A, Hospital and Health Boards Act 2011, Health Employment Directive No. 7/14 Senior Medical Officers - Employment Framework</td>
<td>05/05/2014</td>
</tr>
<tr>
<td>Executive Director, Logan Bayside Health Network</td>
<td>Executive leadership and operational responsibility for the health network.</td>
<td>Hospital Executive Service HES3L</td>
<td>04/04/2011</td>
</tr>
<tr>
<td>Executive Director, Addiction and Mental Health Services</td>
<td>Executive leadership and operational responsibility for addiction and mental health services</td>
<td>Section 51A, Hospital and Health Boards Act 2011, Health Employment Directive No. 7/14 Senior Medical Officers - Employment Framework</td>
<td>03/12/2007</td>
</tr>
<tr>
<td>Executive Director, Clinical Governance</td>
<td>This position provides leadership for Clinical Governance and Patient Safety in Metro South Health and ensures the appropriate performance and outcomes of the clinical governance systems across Metro South Health across the domains of compliance, performance and support.</td>
<td>Section 51A, Hospital and Health Boards Act 2011, Health Employment Directive No. 7/14 Senior Medical Officers - Employment Framework</td>
<td>29/12/2008</td>
</tr>
<tr>
<td>Chief Finance Officer</td>
<td>This position is responsible and accountable for the operation of the financial management system and control environment for Metro South Health. It provides strategic advice and leadership of the financial management functions for the Hospital and Health Service.</td>
<td>Hospital Executive Service HES3H</td>
<td>04/06/2013</td>
</tr>
</tbody>
</table>
## D1 KEY MANAGEMENT PERSONNEL AND REMUNERATION EXPENSES (CONTINUED)

<table>
<thead>
<tr>
<th>Position and name</th>
<th>Responsibilities</th>
<th>Contract classification and appointment authority</th>
<th>Appointment date*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director, Corporate Services</td>
<td>This position is the executive lead for asset management, capital planning and development, procurement management, contracts management, human resource management, operational support services, building engineering and maintenance services and other ancillary corporate support functions.</td>
<td>Hospital Executive Service HES3L</td>
<td>23/10/2009</td>
</tr>
<tr>
<td>Metro South Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Information Officer</td>
<td>This position provides strategic leadership, direction and management across Metro South Health for Clinical Informatics and Technology Services and is responsible for a diverse range of Communications Technology (ICT) services.</td>
<td>Hospital Executive Service HES2</td>
<td>13/12/2010</td>
</tr>
<tr>
<td>Executive Director, Planning, Engagement and Reform</td>
<td>This position provides strategic leadership and innovation in the development and delivery of the following critical functions across Metro South Health: health service planning, engagement, government relations, health reform, media and communication.</td>
<td>Hospital Executive Service HES 2H</td>
<td>28/5/2012</td>
</tr>
<tr>
<td>Executive Director, Nursing and Midwifery Services</td>
<td>This position provides strategic leadership in the areas of nursing and midwifery practice, standards and education, and workforce of Metro South Health.</td>
<td>Nurses and midwives Certified Agreement 2012 Nurses Grade 12</td>
<td>29/01/2007</td>
</tr>
<tr>
<td>Executive Director, Medical Services</td>
<td>This position is the principal medical officer for Metro South Health and is responsible for supporting the Health Service Chief Executive in the planning and management of the health service’s clinical services. This position provides professional leadership to all medical officers within Metro South Health.</td>
<td>Section 51A, Hospital and Health Boards Act 2011, Health Employment Directive No. 7/14 Senior Medical Officers - Employment Framework</td>
<td>12/11/2012</td>
</tr>
<tr>
<td>Executive Director, Allied Health Services</td>
<td>This position provides strategic leadership to the allied health workforce and services of Metro South Health.</td>
<td>Health Practitioners Certified Agreement 2011 HP8</td>
<td>05/12/2008</td>
</tr>
</tbody>
</table>

*The appointment dates of key management personnel are the original appointment dates to the position and do not include dates for key management personnel acting arrangements.*
Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2016

D1 KEY MANAGEMENT PERSONNEL AND REMUNERATION EXPENSES (CONTINUED)

Remuneration expenses

Key management personnel remuneration – Board

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

Remuneration arrangements for the Metro South Health Board are approved by the Governor in Council and the chair, deputy chair and members are paid an annual fee consistent with the government procedures titled ‘Remuneration procedures for part-time chairs and members of Queensland Government bodies’.

Key management personnel remuneration - Executive Leadership Team (ELT)

Section 74 of the Hospital and Health Board Act 2011 provides that the contract of employment for health executive staff must state the term of employment, the person’s functions and any performance criteria as well as the person’s classification level and remuneration package.

Remuneration policy for Metro South Health key executive management personnel is set by direct engagement common law employment contracts and various award agreements. The remuneration and other terms of employment for the key executive management personnel are also addressed by these common law employment contracts and awards. The remuneration packages provide for the provision of some benefits including motor vehicles. The remuneration packages of Metro South Health key management personnel do not provide for any performance or bonus payments.

Remuneration expenses for key management personnel comprise the following components:

- Short-term employee expenses which include:
  - salaries, allowances and leave entitlements earned and expensed for the entire year or for that part of the year which the employee was a key management person
  - non-monetary benefits consisting of provision of vehicle together with fringe benefits tax applicable to the benefit.

- Long-term employee expenses which include amounts expensed in respect of long service leave entitlements earned.

- Post-employment expenses including amounts expensed in respect of employer superannuation obligations.

Termination benefits are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu of notice on termination, regardless of the reason for termination.
D1 KEY MANAGEMENT PERSONNEL AND REMUNERATION EXPENSES (CONTINUED)

The following disclosures focus on all the expenses incurred by Metro South Health which are attributable to key management positions during the respective reporting periods, regardless of the number of personnel filling the positions in either substantive or acting capacity. Therefore, the amounts disclosed reflect expenses recognised for the key management personnel position in the Statement of Comprehensive Income.

<table>
<thead>
<tr>
<th>Position title</th>
<th>Position holder</th>
<th>Monetary expenses</th>
<th>Non-monetary expenses</th>
<th>Long term employee expenses</th>
<th>Post-employment expenses</th>
<th>Termination benefits</th>
<th>Total expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Terry White AO</td>
<td>86</td>
<td></td>
<td>8</td>
<td></td>
<td></td>
<td>94</td>
</tr>
<tr>
<td>Deputy Chair</td>
<td>Peter Dowling AM</td>
<td>53</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>59</td>
</tr>
<tr>
<td>Board Member</td>
<td>Dr John Kastrissios</td>
<td>48</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>Board Member</td>
<td>Lorraine Martin AO</td>
<td>48</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>Board Member</td>
<td>Professor John Prins</td>
<td>54</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>Board Member</td>
<td>Dr Marion Tower</td>
<td>48</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>Board Member</td>
<td>Margo MacGillivray</td>
<td>51</td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td>56</td>
</tr>
<tr>
<td>Board Member</td>
<td>Donisha Duff</td>
<td>5</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Board Member</td>
<td>Janine Walker</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Health Service Chief Executive</td>
<td></td>
<td>538</td>
<td>14</td>
<td>10</td>
<td>55</td>
<td></td>
<td>617</td>
</tr>
<tr>
<td>Executive Director, PAH-QEII Health Network</td>
<td></td>
<td>482</td>
<td></td>
<td>9</td>
<td>34</td>
<td></td>
<td>525</td>
</tr>
<tr>
<td>Executive Director, Logan-Bayside Health Network</td>
<td></td>
<td>213</td>
<td></td>
<td>4</td>
<td>21</td>
<td></td>
<td>238</td>
</tr>
<tr>
<td>Position title</td>
<td>Monetary expenses $'000</td>
<td>Non-monetary expenses $'000</td>
<td>Long term employee expenses $'000</td>
<td>Post-employment expenses $'000</td>
<td>Total expenses $'000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>--------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------</td>
<td>-------------------------------</td>
<td>---------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director, Addiction and Mental Health Services</td>
<td>512</td>
<td>1</td>
<td>10</td>
<td>33</td>
<td>556</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director, Clinical Governance</td>
<td>435</td>
<td>1</td>
<td>9</td>
<td>33</td>
<td>478</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Finance Officer</td>
<td>206</td>
<td>-</td>
<td>3</td>
<td>21</td>
<td>230</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director, Corporate Services</td>
<td>227</td>
<td>-</td>
<td>4</td>
<td>20</td>
<td>251</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Information Officer</td>
<td>227</td>
<td>-</td>
<td>5</td>
<td>23</td>
<td>255</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director, Planning, Engagement and Reform</td>
<td>215</td>
<td>-</td>
<td>4</td>
<td>21</td>
<td>240</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director, Nursing and Midwifery Services</td>
<td>287</td>
<td>-</td>
<td>5</td>
<td>26</td>
<td>318</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director, Medical Services</td>
<td>434</td>
<td>-</td>
<td>9</td>
<td>33</td>
<td>476</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director of Allied Health Services</td>
<td>170</td>
<td>-</td>
<td>3</td>
<td>19</td>
<td>192</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## D1 Key Management Personnel and Remuneration Expenses (Continued)

### 2014-15

<table>
<thead>
<tr>
<th>Position title</th>
<th>Position holder</th>
<th>Monetary expenses $'000</th>
<th>Non-monetary expenses $'000</th>
<th>Long term employee expenses $'000</th>
<th>Post-employment expenses $'000</th>
<th>Termination benefits $'000</th>
<th>Total expenses $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Terry White AO</td>
<td>90</td>
<td>-</td>
<td>-</td>
<td>9</td>
<td>-</td>
<td>99</td>
</tr>
<tr>
<td>Deputy Chair</td>
<td>Peter Dowling AM</td>
<td>55</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>60</td>
</tr>
<tr>
<td>Board Member</td>
<td>Dr John Kastrissios</td>
<td>50</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>55</td>
</tr>
<tr>
<td>Board Member</td>
<td>Lorraine Martin AO</td>
<td>51</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>56</td>
</tr>
<tr>
<td>Board Member</td>
<td>Professor John Prins</td>
<td>58</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>63</td>
</tr>
<tr>
<td>Board Member</td>
<td>Dr Marion Tower</td>
<td>51</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>56</td>
</tr>
<tr>
<td>Board Member</td>
<td>Margo MacGillivray</td>
<td>53</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>58</td>
</tr>
<tr>
<td>Health Service Chief Executive</td>
<td></td>
<td>487</td>
<td>11</td>
<td>9</td>
<td>50</td>
<td>-</td>
<td>557</td>
</tr>
<tr>
<td>Executive Director, PAH-QEII Health Network</td>
<td></td>
<td>460</td>
<td>6</td>
<td>9</td>
<td>35</td>
<td>-</td>
<td>510</td>
</tr>
<tr>
<td>Executive Director, Logan-Bayside Health Network</td>
<td></td>
<td>215</td>
<td>-</td>
<td>4</td>
<td>22</td>
<td>-</td>
<td>241</td>
</tr>
<tr>
<td>Executive Director, Addiction and Mental Health Services</td>
<td></td>
<td>484</td>
<td>2</td>
<td>10</td>
<td>32</td>
<td>-</td>
<td>528</td>
</tr>
<tr>
<td>Executive Director, Clinical Governance</td>
<td></td>
<td>432</td>
<td>1</td>
<td>8</td>
<td>31</td>
<td>-</td>
<td>472</td>
</tr>
<tr>
<td>Position title</td>
<td>Short-term employee expenses</td>
<td>Long term employee expenses</td>
<td>Post-employment expenses</td>
<td>Termination benefits</td>
<td>Total expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>------------------------------</td>
<td>-----------------------------</td>
<td>--------------------------</td>
<td>----------------------</td>
<td>-----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monetary expenses $'000</td>
<td>Non-monetary expenses $'000</td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Finance Officer</td>
<td>273</td>
<td>-</td>
<td>5</td>
<td>24</td>
<td>302</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director, Corporate Services</td>
<td>232</td>
<td>-</td>
<td>4</td>
<td>24</td>
<td>260</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Information Officer</td>
<td>208</td>
<td>-</td>
<td>4</td>
<td>21</td>
<td>233</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director, Planning, Engagement and Reform</td>
<td>214</td>
<td>-</td>
<td>4</td>
<td>22</td>
<td>240</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director, Nursing and Midwifery Services</td>
<td>300</td>
<td>8</td>
<td>5</td>
<td>23</td>
<td>336</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director, Medical Services</td>
<td>422</td>
<td>-</td>
<td>9</td>
<td>31</td>
<td>462</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director of Allied Health Services</td>
<td>166</td>
<td>-</td>
<td>3</td>
<td>19</td>
<td>188</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E OTHER INFORMATION

E1 RESTRICTED ASSETS

Metro South Health receives cash contributions primarily from private practice clinicians, Pathology Queensland and from external entities to provide for education, study and research in clinical areas. Contributions are also received from benefactors in the form of gifts, donations and bequests and are held in trust for stipulated purposes.

At 30 June 2016, amounts of $27.449 million (2015:$28.689 million) in general trust and $1.855 million (2015:$1.582 million) for research projects are set aside for the specified purposes underlying the contribution.

E2 AGENCY AND FIDUCIARY TRUST TRANSACTIONS AND BALANCES

Fiduciary trust transactions

Metro South Health acts in a fiduciary trust capacity in relation to patient trust accounts. These funds are received and held on behalf of patients with Metro South Health having no discretion over these funds. Consequently, these transactions and balances are not recognised in the financial statements but are disclosed below for information purposes. Although patient funds are not controlled by Metro South Health, trust activities are included in the audit performed annually by the Auditor-General of Queensland.

<table>
<thead>
<tr>
<th>Description</th>
<th>2016 $'000</th>
<th>2015 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiduciary trust receipts and payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts</td>
<td>2,492</td>
<td>2,687</td>
</tr>
<tr>
<td>Payments</td>
<td>(2,616)</td>
<td>(2,724)</td>
</tr>
<tr>
<td>Increase/(decrease) in net patient trust assets</td>
<td>(124)</td>
<td>(37)</td>
</tr>
<tr>
<td>Decrease in net refundable deposits</td>
<td>(1)</td>
<td>(1)</td>
</tr>
<tr>
<td>Fiduciary trust assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient trust funds</td>
<td>272</td>
<td>395</td>
</tr>
<tr>
<td>Other refundable deposits</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Total current assets</td>
<td>280</td>
<td>404</td>
</tr>
</tbody>
</table>

Agency right of private practice transactions and balances

Metro South Health has a Right of Private Practice arrangement in place as follows:

Assignment model - all revenue generated by the clinician is paid to and recognised as revenue by Metro South Health. Doctors under this arrangement are employees of Metro South Health.

Retention model - the revenue generated is initially payable to the private practice doctors directly. Under this arrangement, doctors receive the generated revenue up to an established annual cap. Amounts over the cap are split one third to the doctor and two thirds to Metro South Health. The portion due to Metro South Health is receipted into a general trust account for a study, education and research fund for all staff, which is referred to as SERTA funds. Recoverable costs (e.g. administration costs, etc.) in respect of this arrangement, which Metro South Health is entitled to, are recorded as revenue in Metro South Health’s Statement of Comprehensive Income.

Metro South Health acts as an agent in respect of the transactions and balances of the private practice bank accounts. The private practice funds are not controlled by Metro South Health but the activities are included in the annual audit performed by the Auditor-General of Queensland.
E2 AGENCY AND FIDUCIARY TRUST TRANSACTIONS AND BALANCES (CONTINUED)

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td><strong>Right of private practice receipts and payments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private practice receipts</td>
<td>46,909</td>
<td>44,479</td>
</tr>
<tr>
<td>Interest</td>
<td>90</td>
<td>109</td>
</tr>
<tr>
<td>Other receipts*</td>
<td>7,312</td>
<td>8,568</td>
</tr>
<tr>
<td><strong>Total receipts</strong></td>
<td>54,311</td>
<td>53,156</td>
</tr>
<tr>
<td><strong>Payments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments to doctors</td>
<td>12,068</td>
<td>11,848</td>
</tr>
<tr>
<td>Payments to Metro South Health for recoverable costs</td>
<td>30,984</td>
<td>28,042</td>
</tr>
<tr>
<td>Payments to Metro South Health general trust for SERTA</td>
<td>3,800</td>
<td>3,832</td>
</tr>
<tr>
<td>Other payments**</td>
<td>7,358</td>
<td>8,955</td>
</tr>
<tr>
<td><strong>Total receipts</strong></td>
<td>54,210</td>
<td>52,677</td>
</tr>
<tr>
<td><strong>Increase/(decrease) in net right of private practice assets</strong></td>
<td>101</td>
<td>479</td>
</tr>
</tbody>
</table>

* Other receipts relating to dietitian, oral health, children’s health, medical imaging and outstanding deposits not yet receipted.
** Payments relating to the receipts on behalf of other Queensland Health entities such as pathology services, medical imaging, children’s services, refund to Medicare and/or private insurance.

E3 ARRANGEMENTS FOR THE PROVISION OF PUBLIC INFRASTRUCTURE BY OTHER ENTITIES

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

Metro South Health has not recognised any rights or obligations relating to these facilities other than those associated with land rental and the provision of services under the agreements. Metro South Health has the right to retain the rent in accordance with the Deed of Lease in the Transfer Notice.

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

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

The arrangement was structured to minimise risk exposure for the public health system.
E3 ARRANGEMENTS FOR THE PROVISION OF PUBLIC INFRASTRUCTURE BY OTHER ENTITIES (CONTINUED)

Public Private Partnership (PPP) arrangements operating for all or part of the financial year are as follows:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Counterparty</th>
<th>Term of Agreement</th>
<th>Commencement Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Princess Alexandra Hospital Multi-Storey Car Park</td>
<td>International Parking Group Pty Limited</td>
<td>25 years</td>
<td>February 2008</td>
</tr>
</tbody>
</table>

The Princess Alexandra Hospital Multi-Storey Car Park

The developer has constructed a 1,403 space multi-storey car park on site at the hospital. Rental of $0.295 million per annum escalated for CPI annually will be received from the car park operator up to February 2033. The developer operates and maintains the facility at its sole cost and risk. Metro South Health staff are entitled to concessional rates when using the car park.

Assets

As at 30 June 2016, Metro South Health does not have legal title to properties under its control. Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the facility has been constructed is recognised as Metro South Health’s land. The recognised value of the relevant land parcel at Princess Alexandra Hospital (PAH) is $22.1 million. The portion dedicated to the PAH multi-storey car park is 33.4% with an estimated value of $7.4 million.

Revenues

Revenues recognised in relation to these arrangements:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>User charges and fees*</td>
<td>358</td>
<td>352</td>
</tr>
</tbody>
</table>

*This represents the actual rental payments for the multi-storey car park.

PPP arrangements of Metro South Health cash flows (indicative)

<table>
<thead>
<tr>
<th>The Princess Alexandra Hospital multi-storey car park</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td>$'000</td>
<td></td>
</tr>
<tr>
<td>Up to 1 year</td>
<td>366</td>
<td>374</td>
</tr>
<tr>
<td>More than 1 year but less than 5 years</td>
<td>1,578</td>
<td>1,614</td>
</tr>
<tr>
<td>More than 5 years but less than 10 years</td>
<td>2,253</td>
<td>2,305</td>
</tr>
<tr>
<td>Later than 10 years</td>
<td>3,525</td>
<td>4,218</td>
</tr>
<tr>
<td>Net indicative cash flow</td>
<td>7,722</td>
<td>8,511</td>
</tr>
</tbody>
</table>
Co-location arrangements operating for all or part of the financial year are as follows:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Counterparty</th>
<th>Term of Agreement</th>
<th>Commencement Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mater Private Hospital Redland</td>
<td>Sisters of Mercy in Queensland</td>
<td>25 years + 30 years</td>
<td>August 1999</td>
</tr>
<tr>
<td>Translational Research Institute (TRI Building)</td>
<td>Translational Research Institute Pty Ltd</td>
<td>30 years + 20 years</td>
<td>May 2013</td>
</tr>
<tr>
<td>University of Queensland Training Facility – Redland Hospital</td>
<td>University of Queensland</td>
<td>20 years</td>
<td>August 2015</td>
</tr>
<tr>
<td>University of Queensland Training Facility – Queen Elizabeth II Jubilee Hospital</td>
<td>University of Queensland</td>
<td>20 years</td>
<td>September 2015</td>
</tr>
</tbody>
</table>

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

**Co-location agreement with Mater Private Hospital Redland**
In accordance with the Co-location Agreement, in 2015-16 Metro South Health recognised $0.222 million (2015:$0.222 million) revenue. Metro South Health has not recognised any rights or obligations relating to these facilities other than those associated with land rental and the provision of services under the agreements. Metro South Health has the right to retain the rent in accordance with the Deed of Lease in the Transfer Notice.

Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the Mater Private Hospital Redland was constructed is approximately 9% of the Redland Hospital land recognised at a total value of $12 million.

**Co-location agreement with Translational Research Institute Pty Ltd**
Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the Translational Research Institute was constructed is approximately 12% of the relevant parcels of the Princess Alexandra Hospital land recognised at a total value of $13.484 million. The lease for the building is between the Department of Health and TRI Pty Ltd and Metro South Health has sublease for building areas but no revenue is recorded from this arrangement.

**Co-location agreement with University of Queensland – Redland Hospital**
Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the University of Queensland Training Facility was constructed is approximately 0.3% of the relevant parcels of the Redland Hospital land recognised at a total value of $0.04 million. The lease for the building is between the Department of Health and the University of Queensland but no revenue is recorded from this arrangement.
E4 CO-LOCATION ARRANGEMENTS (CONTINUED)

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

Metro South Health does not control the facility and therefore it is not recognised as an asset of the agency. The land where the University of Queensland Training Facility was constructed is approximately 0.3% of the relevant parcels of the Queen Elizabeth II Jubilee Hospital land recognised at a total value of $0.05 million. The lease for the building is between the Department of Health and the University of Queensland but no revenue is recorded from this arrangement.

F BUDGET VS ACTUAL COMPARISON

F1 BUDGET VS ACTUAL COMPARISON – STATEMENT OF COMPREHENSIVE INCOME

<table>
<thead>
<tr>
<th>Note</th>
<th>Actual 2016</th>
<th>Budget 2016</th>
<th>Variance to Budget</th>
<th>Variance of Budget 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
<td>%</td>
</tr>
</tbody>
</table>

Income from continuing operations

User charges

Grants and other contributions

Other revenue

Total revenue

Gain on disposal or re-measurement of assets

Total income from continuing operations

Expenses from continuing operations

Employee expenses

Supplies and services

Grants and subsidies

Depreciation and amortisation

Impairment losses

Other expenses

Total expenses from continuing operations

Operating result for the year

F1-1 EXPLANATION OF MAJOR VARIANCES – STATEMENT OF COMPREHENSIVE INCOME

V1 Of the total increase, $117 million is due to the timing of the funding agreement negotiation between the Department of Health and Metro South Health. The additional funding was provided for employee wage settlement expenses ($57 million), an additional sub-acute activity contract with a non-government organisation ($13 million), additional activity in our hospitals ($7 million), new services at Logan Hospital ($8 million), expenses of the Digital Hospital project ($18 million) and additional outpatient services ($14 million) to reduce waiting time. Patient-related revenue also increased by $55 million due to higher than budgeted activity due to increased patient identification and utilisation of private health insurance and improved chart audits and higher claims relating to the pharmaceutical benefit scheme due to the Hepatitis C vaccine is added to the schedule for high cost drugs.

V2 Decrease of $3 million is attributable to lower nursing home benefit receipts as a result of less activity at the Aged Residential Care unit at Redland Hospital.

V3 Increase of $57 million is due to settlement of employee wage bargaining negotiations funded after the 2015-16 budget was finalised.
Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2016

F1-1 EXPLANATION OF MAJOR VARIANCES—STATEMENT OF COMPREHENSIVE INCOME (CONTINUED)

The residual increase of $32 million was driven by $23 million of cost from FTE being 212 over budget (additional medical and nursing staff to meet increased inpatient and outpatient activity and additional staff required for the Digital Hospital implementation at the Princess Alexandra Hospital) plus $10 million of additional overtime costs.

V4 Increase of $43 million is due to post budget adjustments made in line with the funding increases provided with the finalisation of the Service Agreement. The subsequent increase of $55 million predominantly relates to increased activity, $13 million of variance with external labour (contractors) and Digital Hospital implementation along with increases in high cost drugs added to the pharmaceutical benefits schedule which has also increased revenue outlined in note V5.

V5 The 2015-16 deficit is primarily due to the increased Digital Hospital project expense and increased service demand funded from prior year surpluses.

F2 BUDGET VS ACTUAL COMPARISON – STATEMENT OF FINANCIAL POSITION

<table>
<thead>
<tr>
<th>Note</th>
<th>Actual 2016 $’000</th>
<th>Budget 2016 $’000</th>
<th>Variance to Budget 2016 $’000</th>
<th>Variance of Budget 2016 %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>V6</td>
<td>92,902</td>
<td>136,548</td>
<td>(43,646)</td>
</tr>
<tr>
<td>Receivables</td>
<td>V7</td>
<td>49,924</td>
<td>28,886</td>
<td>21,038</td>
</tr>
<tr>
<td>Inventories</td>
<td>V8</td>
<td>16,693</td>
<td>14,063</td>
<td>2,630</td>
</tr>
<tr>
<td>Other assets</td>
<td></td>
<td>3,333</td>
<td>1,860</td>
<td>1,473</td>
</tr>
<tr>
<td>Total current assets</td>
<td></td>
<td>162,852</td>
<td>181,357</td>
<td>(18,505)</td>
</tr>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangibles</td>
<td>397</td>
<td>376</td>
<td>21</td>
<td>5.6%</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>1,273,023</td>
<td>1,218,105</td>
<td>54,918</td>
<td>4.5%</td>
</tr>
<tr>
<td>Total non-current assets</td>
<td>1,273,420</td>
<td>1,218,481</td>
<td>54,939</td>
<td>4.5%</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td></td>
<td>1,436,272</td>
<td>1,399,838</td>
<td>36,434</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>74,991</td>
<td>77,765</td>
<td>(2,774)</td>
<td>-3.6%</td>
</tr>
<tr>
<td>Accrued employee benefits</td>
<td>V9</td>
<td>54,529</td>
<td>47,208</td>
<td>7,321</td>
</tr>
<tr>
<td>Unearned revenue</td>
<td></td>
<td>4,405</td>
<td>-</td>
<td>4,405</td>
</tr>
<tr>
<td>Total current liabilities</td>
<td></td>
<td>133,925</td>
<td>124,973</td>
<td>8,952</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td></td>
<td>133,925</td>
<td>124,973</td>
<td>8,952</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td>1,302,347</td>
<td>1,274,865</td>
<td>27,482</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributed equity</td>
<td>1,145,242</td>
<td>1,151,253</td>
<td>(6,011)</td>
<td>-0.5%</td>
</tr>
<tr>
<td>Accumulated surplus/(deficit)</td>
<td>15,198</td>
<td>36,748</td>
<td>(21,550)</td>
<td>-58.6%</td>
</tr>
<tr>
<td>Asset revaluation surplus</td>
<td>V10</td>
<td>141,907</td>
<td>86,864</td>
<td>55,043</td>
</tr>
<tr>
<td>Total equity</td>
<td>1,302,347</td>
<td>1,274,865</td>
<td>27,482</td>
<td>2.2%</td>
</tr>
</tbody>
</table>
Notes to the Financial Statements
For the year ended 30 June 2016

F2-1 EXPLANATION OF MAJOR VARIANCES–STATEMENT OF FINANCIAL POSITION

V6 The reduction primarily attributable to higher than planned operational deficit as outlined in note V5.

V7 The increase is primarily due to $29 million higher than budgeted opening balance for higher levels of departmental funding accrued for additional activity funding.

V8 The increase is due to higher level of pharmaceuticals for Hepatitis C vaccine drug.

V9 The increase is due to higher staffing levels in line with funding increases and increased service activity.

V10 The actual increase resulting from the independent property revaluation in the 2015-16 year were higher than the index assumed in the budget.
Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2016

F3 BUDGET VS ACTUAL COMPARISON – STATEMENT OF CASH FLOWS

<table>
<thead>
<tr>
<th>Note</th>
<th>Actual 2016 $'000</th>
<th>Budget 2016 $'000</th>
<th>Variance to Budget 2016 $'000</th>
<th>Variance of Budget 2016 %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inflows:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>User charges and fees</td>
<td>V11</td>
<td>2,082,455</td>
<td>1,902,522</td>
</tr>
<tr>
<td></td>
<td>Grants and other contributions</td>
<td>V12</td>
<td>24,400</td>
<td>27,700</td>
</tr>
<tr>
<td></td>
<td>Interest received</td>
<td></td>
<td>889</td>
<td>1,054</td>
</tr>
<tr>
<td></td>
<td>GST input tax credits</td>
<td></td>
<td>34,161</td>
<td>32,912</td>
</tr>
<tr>
<td></td>
<td>GST collected from customers</td>
<td></td>
<td>4,803</td>
<td>.</td>
</tr>
<tr>
<td></td>
<td>Other receipts</td>
<td></td>
<td>3,507</td>
<td>1,289</td>
</tr>
<tr>
<td></td>
<td>Outflows:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee expenses</td>
<td>V13</td>
<td>(1,479,375)</td>
<td>(1,375,564)</td>
</tr>
<tr>
<td></td>
<td>Supplies and services</td>
<td>V14</td>
<td>(646,934)</td>
<td>(541,488)</td>
</tr>
<tr>
<td></td>
<td>Grants and subsidies</td>
<td></td>
<td>(4,193)</td>
<td>(3,808)</td>
</tr>
<tr>
<td></td>
<td>GST paid</td>
<td></td>
<td>(33,782)</td>
<td>(32,934)</td>
</tr>
<tr>
<td></td>
<td>GST remitted to ATO</td>
<td></td>
<td>(4,765)</td>
<td>.</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td>(7,601)</td>
<td>(6,294)</td>
</tr>
<tr>
<td></td>
<td>Net cash provided by (used in) operating activities</td>
<td></td>
<td>(26,435)</td>
<td>5,389</td>
</tr>
</tbody>
</table>

Cash flows from investing activities

Inflows:
Sales of property, plant and equipment | 438 | . | 438 | n/a

Outflows:
Payments for property, plant and equipment | V15 | (43,998) | (39,742) | (4,256) | 10.7%

Net cash provided by (used in) investing activities | (43,560) | (39,742) | (3,818) | 9.6%

Cash flows from financing activities

Inflows:
Equity injections | V16 | 30,596 | 39,742 | (9,146) | -23%

Net cash provided by (used in) financing activities | 30,596 | 39,742 | (9,146) | -23%

Net increase/(decrease) in cash and cash equivalents | (39,399) | 5,389 | (44,788) | -831.1%

Cash and cash equivalents at the beginning of the financial year | 132,301 | 131,159 | 1,142 | 0.9%

Cash and cash equivalents at the end of the financial year | 92,902 | 136,548 | (43,646) | -32%
Notes to the Financial Statements
For the year ended 30 June 2016

F3-1 Explanation of major variances–Statement of Cash Flows

V11 The increase is the cash impact of the funding adjustments outlined in note V1.

V12 The decrease is the cash impact of the actual grants received outlined in note V2.

V13 The increase is due to higher than budgeted employee expenses outlined in note V3 and the impact of the prior year accrued employee benefits paid in 2015-16.

V14 The increase is mainly due to higher than budgeted supplies and services expense outlined in Note V4.

V15 The increase in payments is due to minor capital acquisitions deferred from prior years, general trust funded asset acquisitions offset by lower than planned equity funded asset acquisitions.

V16 The decrease is due to less equity funded asset acquisitions.
CERTIFICATE OF METRO SOUTH HEALTH

These general purpose financial statements have been prepared pursuant to section 62(1) of the Financial Accountability Act 2009 (the Act), section 43 of the Financial and Performance Management Standard 2009 and other prescribed requirements. In accordance with section 62(1)(b) of the Act we certify that in our opinion:

a) The prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and

b) The statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of Metro South Health for the financial year ended 30 June 2016 and of the financial position of Metro South Health at the end of that year; and

c) These assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material respects, with respect to financial reporting throughout the reporting period.

Terry White AO
BA DIPPharm FAIM
Chair
Metro South Hospital and Health Board
23/8/116

Dr Richard Ashby AM
MBBS BHA FRACGP
FACEM FIFEM FRACMA
Chief Executive Officer
Metro South Health
23/8/1216

Robert Mackway-Jones
BCom MBA ACA
Chief Finance Officer
Metro South Health
23/8/1216
INDEPENDENT AUDITOR’S REPORT

To the Board of Metro South Hospital and Health Service


I have audited the accompanying financial report of Metro South Hospital and Health Service, which comprises the statement of financial position as at 30 June 2016, 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 significant accounting policies and other explanatory information, and certificates given by the Chair, Chief Executive Officer and Chief Finance Officer.

The Board’s Responsibility for the Financial Report

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

Auditor’s Responsibility

My responsibility is to express an opinion on the financial report based on the audit. The audit was conducted in accordance with the Auditor-General of Queensland Auditing Standards, which incorporate the Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit is planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control, other than in expressing an opinion on compliance with prescribed requirements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report including any mandatory financial reporting requirements approved by the Treasurer for application in Queensland.

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

The Auditor-General Act 2009 promotes the independence of the Auditor-General and all authorised auditors. The Auditor-General is the auditor of all Queensland public sector entities and can be removed only by Parliament.

The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General’s opinion are significant.

Opinion

In accordance with s.40 of the Auditor-General Act 2009 –

(a) I have received all the information and explanations which I have required; and

(b) in my opinion –

(i) the prescribed requirements in relation to the establishment and keeping of accounts have been complied with in all material respects; and

(ii) the financial report presents a true and fair view, in accordance with the prescribed accounting standards, of the transactions of the Metro South Hospital and Health Service for the financial year 1 July 2015 to 30 June 2016 and of the financial position as at the end of that year.

Other Matters - Electronic Presentation of the Audited Financial Report

Those viewing an electronic presentation of these financial statements should note that audit does not provide assurance on the integrity of the information presented electronically and does not provide an opinion on any information which may be hyperlinked to or from the financial statements. If users of the financial statements are concerned with the inherent risks arising from electronic presentation of information, they are advised to refer to the printed copy of the audited financial statements to confirm the accuracy of this electronically presented information.

D J OLIVE FCPA
(as Delegate of the Auditor-General of Queensland)

Queensland Audit Office
Brisbane
## Glossary of acronyms and abbreviations

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>3D</td>
<td>Three dimensional</td>
</tr>
<tr>
<td>AIB</td>
<td>Activity Based Funding</td>
</tr>
<tr>
<td>AIBI</td>
<td>Acquired brain injury</td>
</tr>
<tr>
<td>AM</td>
<td>Member of the Order of Australia</td>
</tr>
<tr>
<td>ANCC</td>
<td>American Nursing Credentialing Center</td>
</tr>
<tr>
<td>AO</td>
<td>Order of Australia</td>
</tr>
<tr>
<td>AR-DRG</td>
<td>Australian Refined Diagnosis Related Groups</td>
</tr>
<tr>
<td>BIRU</td>
<td>Brain Injury Rehabilitation Unit</td>
</tr>
<tr>
<td>Board</td>
<td>Metro South Hospital and Health Board</td>
</tr>
<tr>
<td>BPA</td>
<td>Best Practice Australia</td>
</tr>
<tr>
<td>BSPHN</td>
<td>Brisbane South PHN (primary health network)</td>
</tr>
<tr>
<td>CARE-PACT</td>
<td>Comprehensive Aged Residential Emergency and Partners in Assessment, Care and Treatment</td>
</tr>
<tr>
<td>cc</td>
<td>Complication or comorbidity</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CHIP</td>
<td>Community Hospital Interface Program</td>
</tr>
<tr>
<td>CNE</td>
<td>Centre for Nursing Excellence</td>
</tr>
<tr>
<td>COH</td>
<td>Centre for Online Health</td>
</tr>
<tr>
<td>CSIRO</td>
<td>Commonwealth Scientific and Industrial Research Organisation</td>
</tr>
<tr>
<td>DABIT</td>
<td>Drug and Alcohol Brief Intervention Team</td>
</tr>
<tr>
<td>DIBH</td>
<td>Deep Inspiration Breath-hold</td>
</tr>
<tr>
<td>ECG</td>
<td>Electrocardiograph</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>ENT</td>
<td>Ear, Nose and Throat</td>
</tr>
<tr>
<td>EOP</td>
<td>Element of Performance</td>
</tr>
<tr>
<td>EPIC</td>
<td>Executive Planning and Innovation Committee</td>
</tr>
<tr>
<td>ES</td>
<td>Elective surgery</td>
</tr>
<tr>
<td>F1tter</td>
<td>Formula 1 Theatre Transformation Engagement and Rollout</td>
</tr>
<tr>
<td>FBT</td>
<td>Fringe Benefits Tax</td>
</tr>
<tr>
<td>FTE</td>
<td>Full time equivalent</td>
</tr>
<tr>
<td>GP</td>
<td>General practitioner</td>
</tr>
<tr>
<td>GST</td>
<td>Goods and Services Tax</td>
</tr>
<tr>
<td>HBCIS</td>
<td>Hospital-Based Corporation Information System</td>
</tr>
<tr>
<td>HHS</td>
<td>Hospital and Health Service</td>
</tr>
<tr>
<td>HITH</td>
<td>Hospital in the Home</td>
</tr>
<tr>
<td>HREC</td>
<td>Metro South Health Human Research Ethics Committee</td>
</tr>
<tr>
<td>HSCE</td>
<td>Health Service Chief Executive</td>
</tr>
<tr>
<td>HTER</td>
<td>Health Technology Equipment Replacement</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and communication technology</td>
</tr>
<tr>
<td>ieMR</td>
<td>Integrated Electronic Medical Record</td>
</tr>
<tr>
<td>ISO</td>
<td>International Organization for Standardisation</td>
</tr>
<tr>
<td>IT</td>
<td>Information technology</td>
</tr>
<tr>
<td>KPIs</td>
<td>Key Performance Indicators</td>
</tr>
<tr>
<td>LEAPOnline</td>
<td>Learning Education and Professional development Online</td>
</tr>
<tr>
<td>LMS</td>
<td>Learning Management System</td>
</tr>
<tr>
<td>MASS</td>
<td>Medical Aids Subsidy Scheme</td>
</tr>
<tr>
<td>Metro South Health</td>
<td>Metro South Hospital and Health Service</td>
</tr>
<tr>
<td>MOHRI</td>
<td>Minimum Obligatory Human Resource Information</td>
</tr>
<tr>
<td>MRI</td>
<td>Magnetic Resonance Imaging</td>
</tr>
<tr>
<td>MRSA</td>
<td>Methicillin Resistant <em>Staphylococcus aureus</em></td>
</tr>
<tr>
<td>MSAMHS</td>
<td>Metro South Addiction and Mental Health Services</td>
</tr>
<tr>
<td>MSH</td>
<td>Metro South Hospital and Health Service</td>
</tr>
<tr>
<td>MSHCF</td>
<td>Metro South Health Consultative Forum</td>
</tr>
<tr>
<td>MSHCLAG</td>
<td>Metro South Health Clinical Leadership Advisory Group</td>
</tr>
<tr>
<td>MSHHB</td>
<td>Metro South Hospital and Health Board</td>
</tr>
<tr>
<td>NEAT</td>
<td>National Emergency Access Target</td>
</tr>
<tr>
<td>NESB</td>
<td>Non-English speaking background</td>
</tr>
<tr>
<td>NEST</td>
<td>National Elective Surgery Target</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-government organisation</td>
</tr>
<tr>
<td>OAM</td>
<td>Medal of the Order of Australia</td>
</tr>
<tr>
<td>ORMIS</td>
<td>Operating Room Management Information System</td>
</tr>
<tr>
<td>OSR</td>
<td>Own Source Revenue</td>
</tr>
<tr>
<td>PAH</td>
<td>Princess Alexandra Hospital</td>
</tr>
<tr>
<td>PA Hospital</td>
<td>Princess Alexandra Hospital</td>
</tr>
<tr>
<td>PAVE</td>
<td>People Actions Values Empowerment</td>
</tr>
<tr>
<td>PET</td>
<td>Positron Emission Tomography</td>
</tr>
<tr>
<td>PHU</td>
<td>Public Health Unit</td>
</tr>
<tr>
<td>PIMS</td>
<td>Property Information Management System</td>
</tr>
<tr>
<td>QAO</td>
<td>Queensland Audit Office</td>
</tr>
<tr>
<td>QAS</td>
<td>Queensland Ambulance Service</td>
</tr>
<tr>
<td>QEII</td>
<td>Queen Elizabeth II Jubilee Hospital or QEII Jubilee Hospital</td>
</tr>
<tr>
<td>QUT</td>
<td>Queensland University of Technology</td>
</tr>
<tr>
<td>QWAU</td>
<td>Queensland Weighted Activity Unit</td>
</tr>
<tr>
<td>RACFs</td>
<td>Residential Aged Care Facilities</td>
</tr>
<tr>
<td>SAB</td>
<td><em>Staphylococcus aureus</em> bloodstream</td>
</tr>
<tr>
<td>SHIP</td>
<td>State Health Infrastructure Plan</td>
</tr>
<tr>
<td>SMS</td>
<td>Short message service</td>
</tr>
</tbody>
</table>
Activity Based Funding
The funding framework used to fund public health care services delivered across Queensland.

Advance Care Planning
A process to help a person plan their health care in advance. An advance care plan is used if a person becomes too unwell to make decisions for themselves or communicate their health decisions.

Ambulatory care
The care provided to hospital patients who are not admitted to hospital, such as patients of emergency departments and outpatient clinics.

Apps
A small specialised software program, designed for a specific purpose or application, usually downloaded to a mobile device.

Avatar
Something that embodies something else. In computing, a graphical representation of a particular person.

Bariatric
A branch of medicine dealing with the study and treatment of obesity.

Biomedical research
The broad area of science that looks for ways to prevent and treat diseases that cause illness and death.

Burden of disease
The impact of a health problem as measured by financial cost, mortality, morbidity and other indicators.

Clinical streams
Health specialty areas.

Cyclotron
An apparatus in which charged atomic and subatomic particles are accelerated by an alternating electric field while following an outward spiral or circular path in a magnetic field.

Digital hospital
A hospital where all patient medical information is electronically recorded and accessed through computers instead of paper files.

Gamma Knife®
A non-invasive alternative to neurosurgery that uses radioactive sources to treat brain tumours.

Iatrogenic
Relating to illness caused by medical examination or treatment.

Isotope
An atom that has a different number of neutrons (a greater or lesser atomic mass) that is standard for that particular chemical element.

Magnet®
An international program providing recognition for excellence in nursing care.

Nurse navigator
A role in Queensland’s public health sector in which highly experienced nurses provide support to patients with complex health conditions.

Pathway to Excellence®
An international nursing excellence credential.

PAVE the way
Metro South Health’s workforce engagement strategy.

Planetary
A person-centred and holistic approach to health care, which means caring for each person as an individual; and recognising their mental, social, emotional, spiritual and physical care needs.

Telehealth
The delivery of health services and information using telecommunication technology such as live video and audio links, tele-radiology, storing of clinical data and images on a computer for forwarding to another location.

Translational research
Translates findings in fundamental research into medical practice and meaningful health outcomes.
## Compliance checklist

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<th>Basis for requirement</th>
<th>Annual report page reference</th>
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</thead>
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<td>A letter of compliance from the accountable officer or statutory body to the relevant Minister/s</td>
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<td><strong>Accessibility</strong></td>
<td>Table of contents</td>
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<td>Interpreter service statement</td>
<td><em>Queensland Government Language Services Policy</em> ARRs – section 10.3</td>
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<td></td>
<td>Copyright notice</td>
<td><em>Copyright Act 1968</em> ARRs section 10.4</td>
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<td></td>
<td>Information licensing</td>
<td><em>QGEA – Information Licensing</em> ARRs – section 10.5</td>
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<td><strong>General information</strong></td>
<td>Introductory information</td>
<td>ARRs – section 11.1</td>
</tr>
<tr>
<td></td>
<td>Agency role and main functions</td>
<td>ARRs – section 11.2</td>
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<td>Operating environment</td>
<td>ARRs – section 11.3</td>
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<tr>
<td><strong>Non-financial performance</strong></td>
<td>Government’s objectives for the community</td>
<td>ARRs – section 12.1</td>
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<td>Other whole-of-government plans/ specific initiatives</td>
<td>ARRs – section 12.2</td>
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<tr>
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<td>Agency objectives and performance indicators</td>
<td>ARRs – section 12.3</td>
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<td>Agency service areas and service standards</td>
<td>ARRs – section 12.4</td>
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<tr>
<td><strong>Financial performance</strong></td>
<td>Summary of financial performance</td>
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<td><strong>Governance – management and structure</strong></td>
<td>Organisational structure</td>
<td>ARRs – section 14.1</td>
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<td>Executive management</td>
<td>ARRs – section 14.2</td>
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<td></td>
<td>Government bodies (statutory bodies and other entities)</td>
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<td><em>Public Sector Ethics Act 1994</em></td>
<td><em>Public Sector Ethics Act 1994</em> ARRs – section 14.4</td>
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<td>Queensland public service values</td>
<td>ARRs – section 14.5</td>
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<tr>
<td>Summary of requirement</td>
<td>Basis for requirement</td>
<td>Annual report page reference</td>
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<td>------------------------------------------------------------</td>
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<td>Governance – risk management and accountability</td>
<td>Risk management</td>
<td>ARRs – section 15.1</td>
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<td>Audit committee</td>
<td>ARRs – section 15.2</td>
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<td>Internal audit</td>
<td>ARRs – section 15.3</td>
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<td>External scrutiny</td>
<td>ARRs – section 15.4</td>
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<td>Information systems and recordkeeping</td>
<td>ARRs – section 15.5</td>
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<td>Governance – human resources</td>
<td>Workforce planning and performance</td>
<td>ARRs – section 16.1</td>
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<td>Early retirement, redundancy and retrenchment</td>
<td>Directive No. 11/12 Early Retirement, Redundancy and Retrenchment Directive No. 16/16 Early Retirement, Redundancy and Retrenchment (from 20 May 2016) ARRs – section 16.2</td>
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<td>Open Data</td>
<td>Consultancies</td>
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<td>ARRs – section 34.1</td>
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<td>Overseas travel</td>
<td>ARRs – section 17</td>
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<td>ARRs – section 34.2</td>
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<td>Queensland Language Services Policy</td>
<td>ARRs – section 17</td>
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<td>ARRs – section 34.3</td>
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<td>Certification of financial statements</td>
<td>FAA – section 62</td>
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<td>FPMS – sections 42, 43 and 50</td>
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<td>ARRs – section 18.1</td>
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<td>Independent Auditor’s Report</td>
<td>FAA – section 62</td>
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<tr>
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<td>FPMS – section 50</td>
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<td></td>
<td></td>
<td>ARRs – section 18.2</td>
</tr>
</tbody>
</table>

**FAA**  
Financial Accountability Act 2009  
**FPMS**  
Financial and Performance Management Standard 2009  
**ARRs**  
Annual report requirements for Queensland Government agencies