North West Hospital and Health Service

2018–2019 ANNUAL REPORT

ADVANCING Queensland

Queensland Government

Purpose of the report

This annual report details the non-financial and financial performance of the North West Hospital and Health Service during financial year 2018–2019.

It highlights the achievements, performance, outlook and financial position of the North West Hospital and Health Service, and satisfies the requirements of the *Financial Accountability Act 2019*, the *Financial and Performance Management Standard 2009* and detailed requirements set out in the *Annual Report Requirements for Queensland Government agencies*.

Warning: Aboriginal peoples and Torres Strait Islander peoples should be aware that this publication may contain the images and names of people who have passed away.

Open data

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

Public availability statement

An electronic copy of this report is available at www.health.qld.gov.au/nwhhs
Hard copies of the annual report are available by phoning the Senior Public Relations Officer on (07) 4744 4871. Alternatively, you can request a copy by emailing NWHHS_Communication@health.qld.gov.au.

Interpreter Service Statement

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on telephone (07) 4744 4871 and we will arrange an interpreter to effectively communicate the report to you.

Attribution

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ACKNOWLEDGEMENT OF TRADITIONAL CUSTODIANS

The North West Hospital and Health Service respectfully acknowledges the Elders past and present and the Traditional Owners of the land, sea and waterways which we service and declare the North West Hospital and Health Service's commitment to reducing inequalities between Indigenous and non-Indigenous health outcomes in line with the National Indigenous Reform Agreement (Closing the Gap).

Photo supplied by the Centre for Rural and Remote Health, James Cook University

FAST FACTS 2018–2019

The North West Hospital and Health Service is responsible for the delivery of public hospital and other health services to the communities of north west Queensland. We serve a population of around 32,000 people, distributed across 300,000 square kilometres, providing services across one regional hospital, two multipurpose health services, three rural/remote hospitals, four primary health clinics and five community health centres.

	During 2018–2019
Budget	• Total expenditure for the year totalled $193 million, resulting in a balanced operating position for the year.
Staffing	• The North West Hospital and Health Service employed 747 full time equivalent staff as at 30 June 2019, an increase of 28 staff on the previous year. • This included four extra doctors and nine nursing staff. • In total, 10.05 per cent of staff are Aboriginal and Torres Strait Islander people, 17.26 per cent came from non-English speaking backgrounds and 2.58 per cent of staff have a disability.
Emergency presentations	• North West Hospital and Health Service's emergency departments had 44,661 presentations – 35,479 of which were seen within the clinically recommended time upon their arrival to the emergency department (79.4 per cent). • There were also 618 emergency surgeries provided over the same period to the end of May 2019, 161 (35.23 per cent) more emergency surgeries than for the same time last year. • Despite this increase in demand, the median wait time to treatment in the emergency departments was 10 minutes.
Elective surgery	• Between 1 July 2018 and 30 June 2019, 714 patients received their elective surgery which is 65 (10 per cent) more patients compared to the same time last year, 713 patients receiving their care within clinically recommended timescales. • The median wait time for elective surgery was 28 days – an improvement of one day in comparison to the same period last year.
Specialist outpatients	• Over 4,600 patients received their first specialist outpatient appointment within their clinically recommended time, over 140 (3.2 per cent) more patients than last year. As at 1 July 2019, there were zero patients waiting longer than clinically recommended for their first specialist outpatient appointment.
Gastrointestinal Endoscopy	• As at 1 July 2019, there were zero ready for care patients waiting longer than clinically recommended for a gastrointestinal endoscopy.
Patient admissions from the emergency department	• In total, the service admitted over 450 more patients than the previous year, demonstrating both an increase in demand and increase in urgency and complexity of care.
Telehealth	• 5,360 telehealth services were provided – nearly 800 more than the previous year.
Births	• 448 babies were born at our facilities during 2018–2019. Two boys and one girl were welcomed on Christmas Day, with our first delievery of 2019 timed at 08:42, New Years Day.
Compliments and complaints	• During the reporting period, there were 201 complaints and 592 compliments. This was almost 200 more compliments than the previous financial year, with three more instances of concern and general feedback received during the same period.

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10 September 2019

The Honourable Steven Miles MP
Minister for Health and Minister for Ambulance Services
GPO Box 48
BRISBANE QLD 4001

Dear Minister

I am pleased to deliver for presentation to the Parliament the Annual Report 2018–2019 and financial statements for North West Hospital and Health Service.

I certify that this annual report complies with:

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

A checklist outlining the annual reporting requirements can be found at page 65 of this annual report.

Yours sincerely,

Paul Woodhouse

Chair

North West Hospital and Health Board

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FROM THE CHAIR AND CHIEF EXECUTIVE

CHAIR'S REPORT

The North West Hospital and Health Service continues to break new ground in the provision of health services to North West Queenslanders. Our programs continue to be built on the principles of value, inclusion, vision and trust.

We also continue to build on the partnerships necessary to reach more people and to improve their health. While the basic precept is to link more individuals and families to our skilled staff in order to improve health across the region, distance and geography remain two of our more unique challenges. We continue to work on engaging our communities and improving the health literacy of our consumers.

However, the increasing pivot towards intervention and prevention through better primary care has resulted in more people being seen, and more issues being identified earlier. To this end the North West Hospital and Health Service Board congratulates its partners, Gidgee Healing and the Western Queensland Primary Health Network, in the continuing success of joint agreements such as the award winning *Lower Gulf Strategy*. In particular I acknowledge the leadership of the North West Hospital and Health Service Chief Executive Lisa Davies Jones, former Gidgee Healing Chief Executive Officer Dallas Leon and Western Queensland Primary Health Network Chief Executive Officer Stuart Gordon for their work and ability to bring forward the best of what each organisation might offer. I also acknowledge the ongoing passion and commitment of current Gidgee Healing Chief Executive Officer Renee Blackman.

As the main referral center, Mount Isa Hospital retains its place as an increasingly important regional and remote health facility. Mount Isa Hospital also continues to be a high performer which has either met and or exceeded mandated statewide hospital targets throughout the reporting year. This remains a clear reflection on the excellence of clinical and administrative leadership, and on all staff, not only in Mount Isa but all across our very dispersed regional facilities.

Whilst much of the region continues to face the prolonged challenges of drought and industry variations, the reporting year has also witnessed a record flood event. This event was certainly unique in both savagery and scope. During this time, one of the North West Hospital and Health Service's top priorities, was the safety and wellbeing of those affected. Queensland Health teamed up with the Royal Flying Doctors Service to deploy fly-in mental health staff, to provide frontline support, prompting one of the biggest mental health responses the region has seen. While the effects of this event may continue for years to come, the close collaboration of State and Commonwealth agencies was widely appreciated across the region, and the Board continues to recognise the selfless work of our mental health people, and our regional frontline staff.

This reporting year we farewelled three Board members, Rowena McNally, Annie Clarke and Dallas Leon. With Rowena and Annie being founding members of the North West Hospital and Health Service Board in 2012 and Dallas Leon, who had been a Board member since 2016, I acknowledge and appreciate the skills and expertise all have selflessly contributed over that time in the interests of North West Queenslanders.

During May 2019 we welcomed the addition of Associate Professor Catrina Felton-Busch, Ms Susan Sewter and Ms Karen Read to the North West Hospital and Health Service Board. Catrina Felton-Busch is an Associate Professor in Remote Indigenous Health, Susan Sewter has long been a passionate advocate for the improvement of remote Indigenous health and Karen Read is an accountant with a strong finance background and extensive Board experience. For the first time, the North West Hospital and Health Service Board has a majority of women members, two of whom proudly identify as Indigenous.

While the forthcoming year will see a continued scaling up of our partnerships and connections with communities, it will also see the development of initiatives with other government agencies including the newly constituted Health and Wellbeing Queensland. In review, I thank each of my board colleagues for their commitment and the way they bring their own unique skills to the board table in such a collegiate way. I also acknowledge the commitment and leadership of Health Service Chief Executive Lisa Davies Jones, and all North West Hospital and Health Service staff. Finally, I acknowledge the keen interest and support of Steven Miles MP, Minister for Health and Minister for Ambulance Services, and the Director General, Mr Michael Walsh, and their staff.

Paul Woodhouse
Chair

CHIEF EXECUTIVE'S REPORT

The North West Hospital and Health Service has continued to focus on improving Indigenous health outcomes and lessening the burden of disease in the North West. This has included the successful implementation of the tri-partite *Lower Gulf Strategy*, a collaborative program between the North West Hospital and Health Service, Gidgee Healing and the Western Queensland Primary Health Network, to integrate culturally safe community-controlled health care across Doomadgee, Normanton and Mornington Island.

The shared service model is aimed at improving primary health care services with an emphasis on prevention of cardio vascular disease; diabetes: mental health; chronic respiratory disease and cancer. Gidgee Healing now has a presence in all three communities with an ongoing focus on prevention, early intervention and chronic disease management. Already this has resulted in significant reductions of presentations at the emergency departments of Doomadgee, Normanton and Mornington Island Hospitals, and a subsequent increase in patients being seen by Gidgee Healing Practitioners, freeing up our hardworking emergency department staff and ensuring appropriate, timely care for patients. Patient complaints have dropped by 85 per cent over the past year across Doomadgee, Normanton and Mornington Island.

The strategy has also increased the Aboriginal and Torres Strait Islander health workforce within these communities which experience very high levels of socioeconomic disadvantage, and where the recruitment and retention of the health workforce is an ongoing challenge due to remoteness. Through the *Lower Gulf Strategy*, we are growing our own Indigenous health workers and strengthening our Aboriginal and Torres Strait Islander workforce.

The *Lower Gulf Strategy* was also recognised as Winner, Regional, Rural and Remote Category at the 2018 Queensland Health Awards for Excellence.

Over the past 12 months we have invested into the development of our Statement of Action Towards Closing the Gap and the ongoing work to increase our Aboriginal and Torres Strait Islander workforce. The North West Hospital and Health Service is seeking to grow its Indigenous workforce from 10 per cent to 26 per cent to reflect the Aboriginal and Torres Strait Islander population across the region.

Following a national recruitment process and in line with North West Hospital and Health Service's commitment to maximise employment opportunities across all streams and classifications for Aboriginal peoples and Torres Strait Islander peoples, including senior executive level positions, it was announced in June 2019 that Christine Mann was the successful applicant in the new role of Executive Director Aboriginal and Torres Strait Islander Health. Christine, who previously held the role of Director of Cultural Capability and Engagement, will commence the new position in July 2019.

Earlier this year, the North West Hospital and Health Service celebrated the return of renal services from the Townsville Hospital and Health Service, allowing patients to be treated closer to home. There was limited capacity at the Mount Isa Renal Unit and patients who could not be treated in Mount Isa were sent to Townsville for dialysis treatment, often for long term and separated from families and loved ones. The Renal Unit has moved to three dialysis session per day, supporting an additional 12 patients to be treated closer to home. Because of this, patients in Townsville are now able to be brought back to Mount Isa as space permits at the Mount Isa Renal Unit.

As well as giving us responsibility for the coordination and management of the Mount Isa satellite haemodialysis unit, we also gained responsibility for the coordination and management of the renal home therapy service. We have set in train a staged

transition while we recruit and build the capacity required to treat people in their own homes and in remote community hospitals where we plan to offer health worker supported dialysis.

Another exciting achievement this year has been the build of the new Julia Creek Multipurpose Health Service. The $8.4 million facility caters for an integrated care model, accommodating primary care, hospital care and aged care all under one roof. The hospital features a modern emergency room, outpatient unit, pharmacy, pathology area and staff amenities. The new building and the model of care were both designed to best meet the needs and were co-designed with the community. It was a unique opportunity to have a new facility and the North West Hospital and Health Service acknowledges the strong support of the community, the McKinlay Shire Consumer Advisory Network and the McKinlay Shire Council.

The co-design of the new build and the new model of care at Julia Creek Multipurpose Health Service is a striking example of how we are working more closely with the communities we serve. We are guided by the Community Advisory Networks and Groups, which are working in most of our communities, along with the community-run Health Councils, in Mornington Island and Doomadgee and other informal community meetings in our smaller communities such as Dajarra and Camooweal. I meet with these community groups several times a year on my outreach visits and I am always in awe of the expertise, dedication and commitment of our community members and our consumer representatives, who give their time willingly to help us and guide us.

Our Nurse Practitioner Trial in Karumba is an excellent example of how the community has helped us improve our practice. The model of care involving a twice weekly visit to Karumba by the Normanton Hospital-based medical officer was not meeting the needs of the Karumba community for several reasons, chief of which were the numerous cancellations of doctor appointments in Karumba due to doctor fatigue or emergencies in Normanton. Through the Karumba Community Advisory Group, we learned of the community's frustrations and put in place a three-month trial of a Nurse Practitioner at the Karumba Primary Health Clinic to deal with GP-type appointments, along with increased GP visits through CheckUP. As the trial draws to a close, all indications are that it was a definite success with the community and I look forward to reporting on progress in next year's Annual Report.

Importantly, we have stayed within budget again this year, resulting in a balanced operating position for the year. This has again been achieved through the commitment and efforts of our Finance team and all our staff.

The North West Hospital and Health Service continues to use Telehealth services to bring specialist care closer to home. In total 5,360 Telehealth occasions of service were delivered, a 19 per cent increase from the previous financial year. Patient feedback from telehealth consultations has been uniformly very positive, with patients extremely appreciative that they do not have to travel long distances to access specialists. Those living in residential aged care facilities, and patients located in rural and remote communities in particular, benefit from greater use of telehealth. While telehealth is not new, the technology involved has improved significantly, enabling patients to receive quality care closer to home.

Everything we do is focused on bringing better care to our consumers, their families and their carers, by consulting with them in the communities in which they live, and by bringing their health care to them as we are able, delivering services closer to home.

To the staff of the North West Hospital and Health Service, my heartfelt thanks for your steadfast care and dedication, to enrich and sustain the quality of life for the communities in which we work and live. My sincere thanks also to Paul Woodhouse, Board Chair and to the Board for their support and guidance over the past year.

Lisa Davies Jones
Health Service Chief Executive
North West Hospital and Health Service

THE YEAR IN REVIEW, 2018–2019

The North West Hospital and Health Service strives to be Queensland's leading Hospital and Health Service, delivering excellence in remote healthcare to our patients. In addition to the range of key achievements delivered by our staff across each of our facilities, as detailed throughout the following report, a range of other significant events also occurred during 2018–2019.

JULY 2018

We held three community forums, in Mount Isa, Cloncurry and Julia Creek, to seek views and ideas from interested members of the community on our midwifery service. It was an opportunity for community members to help the North West Hospital and Health Service co-design maternity services. Speakers at the sessions included Nurse Unit Manager, Maternity, Kerry Owens, senior Midwifery Advisory for the Australian Department of Health, and the Lead on the National Strategic Approach to Maternity Services, Karen Cook; Outreach Midwife Andrea Mitchell, and Caseload Midwife, Chelsea Salisbury.

Mum Sarah Swan with toddler Roman and baby Chloe at the Mount Isa Midwifery Forum

In July, as part of her regular contact with every team, department, ward and facility in the North West Hospital and Health Service, Chief Executive Lisa Davies Jones visited the Intensive Care Unit at Mount Isa Hospital. The busy team is ably led by Acting Nurse Unit Manager, Olivia Ostrowski.

From left: Registered Nurse, Chitra Vikraman; Registered Nurse, Sarai Kalua; Acting Nurse Unit Manager, Olivia Ostrowski; Ward Clerk, Bronwyn Pirihi and Chief Executive Lisa Davies Jones

AUGUST 2018

After last year's horrific flu season which coincided with Mount Isa's Rodeo, a pop-up field clinic was staffed on site at the Mount Isa Rodeo by emergency department staff during the three main days of this year's Mount Isa Mines Rotary Rodeo, 10-12 August. The Queensland Ambulance Service clinic catered for GP-type conditions and supplied basic first aid. Staff had oxygen and IV fluids available and treated minor injuries to keep the Hospital emergency department free to deal with emergencies. It worked! The field clinic dealt with 45 presentations over the weekend, which meant 45 fewer people turning up to our emergency department which was busy enough over that weekend, averaging over 100 presentations a day, 36 per cent more presentations than on a normal weekend.

At the pop-up field clinic at Rodeo, from left Dr Marjad Page, nurse Belinda Scammell, Chief Executive Lisa Davies Jones and nurse Annalie Prinsloo.

Four bright yellow cars zoomed into Mount Isa on Friday 24 August with messages around mental health, for RUOK? Day. The RUOK? Convoy travelled through Mount Isa on 14,000-kilometre drive through the country, raising awareness of mental health issues and helping to shatter the stigma. The North West Hospital and Health Service held RUOK? Day under the healing tree outside Mount Isa Hospital on 24 August with hundreds attending.

Mental Health staff Tash Hydon and Carmen Lehtonen at the RUOK? Day event

The Menzies School of Health Research conducted B.Strong workshops in Mount Isa, Normanton and Mornington Island, for health workers to improve outcomes for Indigenous and Torres Strait Islanders. The training aims to give health workers the skills to promote health changes for their clients, focusing on three key lifestyle factors: smoking, nutrition and physical activity, to affect a positive difference.

Popular Director of Surgery, Dr Chong Leng Ong, was farewelled by theatre staff at Mount Isa Hospital with an extraordinary culinary representation of the bowel at the farewell lunch. In a dish that would only appeal to theatre staff, first year practice nurse Pati Sibanda contrived an elaborate pastry encased sausage roll that looked so much like a colon, some staff couldn't bear to taste it. Dr Ong, however, was in his element, brandishing a knife, as is appropriate for a skilled surgeon, and offering morsels, calling out the organs by name. There was even an appendix in there somewhere. After a planned two-year stint in Mount Isa, Dr Ong has returned to his private practice in Malaysia. The new Director of Surgery, Dr David Stoney commenced in September.

Dr Ong, left, prepares to carve up the bowel dish, created by First Year Practice Nurse, Pati Sibanda.

SEPTEMBER 2018

The Telehealth team introduced TeleAudiology in 2018, and the first baby to connect with Townsville Hospital and Health Service through TeleAudiology at Mount Isa Hospital was Brodie Dorries. He needed a follow-up test when his first hearing test, at the Mater Hospital in Townsville as a newborn, showed a hearing impairment. His mum, Julie Dorries thought the family would be in for a raft of follow up tests, with thousands of kilometres of travel and days off work for her husband, a cattle truck driver, based in Boulia, a 3000km round trip to Townsville. The 300km trip to Mount Isa only necessitated one night away from home, and the test had a great result, showing Brodie had no hearing impairment at all.

North West Hospital and Health Service (North West Hospital and Health Service) Telehealth Coordinator Kathy Tobin, said if the patient was suitable for a TeleAudiology appointment, the use of Telehealth technology enabled the patient to be seen locally, without the upheaval of travelling with a newborn. The appointments can last up to three hours and are supported by North West Hospital and Health Service nursing staff or the Audiology Assistant at Mount Isa, and a Senior Audiologist in either Brisbane or Townsville, who conducts the assessment.

Patient meeting with Doctor via Telehealth

Mum Julie Dorries, Senior Audiologist TeleAudiology, Children's Health, Jane Fitzgibbons on the video monitor, and NWHHS midwife Mary Lucas on the follow up teleconference for baby Brodie.

For Child Protection Week (2-8 September) Child Protection Liaison Officer Tina Ferguson organised a series of concerts in the foyer of Mount Isa Hospital, featuring local children and young people singing, dancing, and playing musical instruments at lunchtimes and after school. A positive way to highlight Child Protection Week. Tina also handed out special Child Protection Week lanyards to staff.

New corporate shirts were distributed to operational staff throughout the North West Hospital and Health Service, featuring our logo and values. Other staff were keen to purchase their own shirts.

Mount Isa Hospital Operational staff, happy with their new shirts.

OCTOBER 2018

Thanks to Gulf Bingo, the Karumba Primary Health Clinic now has a new Propulse Ear Irrigator, and patients needing their ears syringed, will no longer have to travel the 70 kilometres from Karumba to Normanton. The funds for the $500 ear irrigator were raised through the regular Saturday afternoon Bingo sessions held at the Karumba Lodge from February through to November. The Director of Nursing at Karumba, Hannah Dawes, said the electronic equipment is a real boost for the Clinic as this new model helps to control the pressure, and is much easier to use than the old syringes, and of course the patients can be treated at Karumba.

From left Karumba Director of Nursing Hannah Dawes with Gulf Bingo organisers, Bernadette Nolan and Donna Peebles with the new equipment.

The new McKinlay Shire Multi-Purpose Health Service commenced with relocation of existing services and ground works for the concrete slab underway. The 44-week project will result in a brand-new facility at Julia Creek which will include primary, secondary and aged care services under the one roof.

The digger preparing the ground for the concrete slab, with the existing facility at the left of the photo.

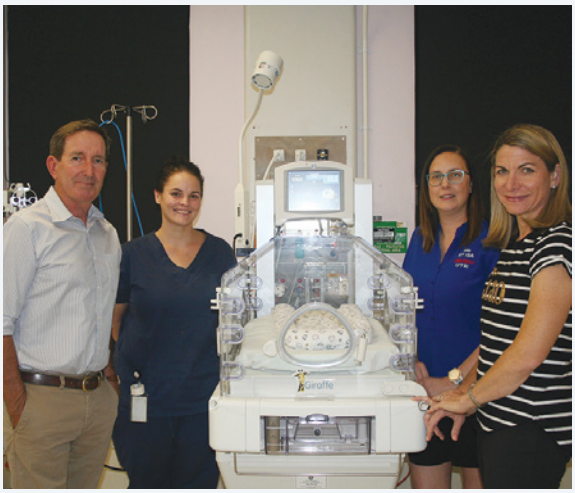
For the first time, the North West Hospital and Health Service hosted TAFE students studying the Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Practice), and the students are all Kalkadoon descendants and local to Mount Isa. Edward Connelly, Christine Rankine and Donna Ah-One are all mature-aged students, and unlike the other eight students enrolled in the course, were not currently employed. So, when it came to work placement, Lila Pigliafiori, our Indigenous Workforce Coordinator, sprang into action and negotiated full placement for the three with the North West Hospital and Health Service. Ms Rankine wants to be an Indigenous Liaison Officer in the hospital once she graduates in May 2019. Edward Connelly has done a lot of social work and community support at the likes of Topsy Harry in Mount Isa, but he is keen to get a qualification and work as an Indigenous Health Worker. Donna Ah-One, Edward's sister, graduated from high school and has done a Cert 3 which has seen her working in children's services for most of her working life, but has a real passion for the health of her people. Ms Pigliafiori said the qualification would give them the edge over others in terms of health work because they are learning how to practise clinical skills that will support the health profession across the region.

Christine Rankine, Indigenous Workforce Coordinator Lila Pigliafiori, Donna Ah-One and Edward Connelly.

The North West Hospital and Health Board travelled to Camooweal in September, as part of their routine schedule of outreach visits to local communities. The Board had a working lunch with representatives of the local community, including Police Officer in Charge, Sergeant Amit Singh, who reported on the excellent work he is doing providing fitness training for residents, which he is running in his spare time from his home. As an older facility, the Clinic is listed high on the priority infrastructure list for replacement.

Board members and the Chief Executive with staff and members of the community at Camooweal Primary Health Clinic.

The Mayor of Mount Isa's Spring Charity Event raised $15,726 for vital equipment for our Special Care Nursery.



Board Chair Paul Woodhouse, Special Care Nursery Registered Nurse Alannah Gamack, Principal of Mount Isa Isuzu Ute and top charity contributor, Karen Pye and Mayor of Mount Isa, Joyce McCulloch.

NOVEMBER 2018

In a campaign directed at staff and members of the public, in fact anyone who walked through the door on November 15, 2018, the North West Hospital and Health Service encouraged people to take the first step towards giving up smoking. The campaign aimed to encourage staff, patients and visitors to manage their smoking and eventually give up altogether, promoting the message that failure is just one step closer to quitting. The Chronic Disease Team runs smoking cessation clinics with support for those who wish to manage their smoking. A number of staff were happy to share their smoking cessation stories, which were distributed to the media team and posted on social media.

Cardiac Nurse Practitioner, Godfrey Ajgaonkar with ex-smoker Nellie Anderson, who took up smoking at the tender age of nine and quit 35 years later, with help from the NWHHS smoking cessation clinic.

Former Minister for Indigenous Affairs, Mr Nigel Scullion asked to meet with North West Hospital and Health Service staff during his visit to Mount Isa for the Northern Australia Ministerial Forum. Minister Scullion had heard of our collaboration with the National Employment Services Association to establish a North West Hospital and Health Service Indigenous Employment Strategy toward increasing our Aboriginal and Torres Strait Islander workforce and wanted to learn more about this. The meeting also enabled staff to have direct discussions about the challenges in the region and our proposed solutions.

Minister Scullion with the Chief Executive, the Director of Cultural Capability and Engagement and Aboriginal and Torres Strait Islander staff members.

DECEMBER 2018

World AIDS Day, 1 December, was acknowledged by Mount Isa's Sexual Health Service, with a stall and broadcasting by local radio station, MobFM. Key messages were for people to get tested for sexually transmitted infections (STIs), including HIV.

Community Health workers help get the message across on World AIDS Day

The Mount Isa Mines Rodeo donated $20,000 towards our Renal Unit. Mount Isa Rodeo Inc President Mr Darren Campi and General Manager Ms Natalie Flecker jointly presented a cheque to the North West Hospital and Health Service Chief Executive Ms Lisa Davies Jones and Board Chair, Paul Woodhouse. The Renal Unit was recently repatriated back to the North West Hospital and Health Service, after years of ownership and management by the Townsville Hospital and Health Service. Ms Davies Jones said the donation would help with putting in place dialysis services in the more remote hospitals, to treat more renal patients closer to home.

North West Hospital and Health Chief Executive, Lisa Davies Jones, Mount Isa Rodeo Inc President Mr Darren Campi, North West Hospital and Health Board Chair Paul Woodhouse and Mount Isa Rodeo General Manager Ms Natalie Flecker.

The Buffs Squad Colour Run held in August 2018, raised $6,000 which bought a Tom2 Paediatric bed for the Children's Ward at Mount Isa Hospital. Nurse Unit Manager for the Children's Ward, Susan Ryan, showed Buffs Club General Manager Karen Graham and Community Liaison Officer Brooke Donnelly the new bed, which is fully electronic and adjustable, so the nurses don't have to crank the bed up and down manually. It gives easier access to the child or parents and is easier to get to the patient in emergency situations.

Children's Ward Staff and Buffs Club's Karen Graham and Brook Donnelly in pink shirts with the new paediatric bed.

JANUARY 2019

Mount Isa Hospital emergency department nurse, Courtney Gittins travelled to Brisbane for a 12-week exchange as part of Queensland Health's popular nursing job exchange program. The state-wide Nursing and Midwifery Exchange Program (NMEP) allows nurses and midwives to expand their skills and experience in higher level acute services, as well as to develop their professional networks. Courtney exchanged places with Princess Alexandra Hospital emergency department nurse, Stephanie Beatty.

Caption: Mount Isa Hospital emergency department nurse Courtney Gittins, off to Brisbane on an exchange program.

Five new Resident Medical Officers (RMOs) started their orientation in Mount Isa in January. The Director of Clinical Training, Dr Uli Orda, said it was very pleasing that so many young doctors have chosen Mount Isa for their training, as it was an ideal training ground. "Their training is very much hands on, and they get more patient contact, more clinical experience and a much more varied case load than almost anywhere else in Queensland," Dr Orda said.

Resident Medical Officers, Stephanie Lee, Katherine Simpson-Gallow, Katie Marsden, Chithra Vivekananda, and Rory Rearden.

All three Buffalo clubs of Mount Isa, the Carpentaria Buffalo Club, the Royal Antediluvian Order of Buffalos Duchess 51, and the Pride of the West Lodge 817 combined to purchase and donate two special palliative care beds. These beds, at a combined cost of $15,000, will give patients more choice, and allow them to spend their last days at home, according to North West Hospital and Health Service Palliative Care Clinical Nurse Consultant, Samantha Beedham. The beds will be loaned free of charge for patients referred to the Palliative Care Service for the last few days of life.

North West Hospital and Health Board Chair Paul Woodhouse, with members of the Buffalo Clubs, and Palliative Care staff at the bed presentation at the Buffs Club.

FEBRUARY 2019

During the devastating flood event that hit North Queensland in February, impacting primary producers and their local communities, after six years of drought, the North West Hospital and Health Service was monitoring the situation daily and encouraging people to get in touch with their GPs or local Primary Health Clinic or hospital, for advice and action. Some of our staff at rural facilities in Cloncurry and Julia Creek suffered stock losses because of the floods but continued to work and advocate for their communities.

Midwife Lizzy Berryman

Experienced rural midwife, Lizzy Berryman took up the relieving Clinical Midwife Consultant position in Cloncurry, providing midwifery care to Julia Creek and McKinlay as well. Lizzy is no stranger to the North West, having been born and raised in North Queensland and brought up on a cattle station south of Hughenden.

Since graduating from James Cook University with a double degree in Nursing and Midwifery, she has worked in a variety of locations from Sydney to Alice Springs, Port Hedland to Mount Isa, but says there is nothing quite like being out west. Women in rural centres such as Cloncurry, Julia Creek and McKinlay need to travel to Mount Isa in preparation for their birth at around 36 or 37 weeks.

Odreh Sambamo won the Boost Leadership poster award for her plan to set up a Renal-Diabetes support group. Boost is a quality improvement leadership program for nursing staff, and the participants attend three days of lectures, and must identify a challenge in their work, and come up with a solution, which they present in poster format.

Nursing Director Professional Practice Support Unit, Dr Julie Parry, Odreh Sambamo and Assistant Director of Nursing, Tracey Wylie.

Twenty-six fresh faced nursing and midwifery graduates were welcomed onto the Mount Isa Hospital campus in February, ready for a week's orientation before setting off on the first of their four-month rotations at the North West Hospital and Health Service.

First Year Practice nurses at Mount Isa campus for orientation.

MARCH 2019

A unique Ronald McDonald House Charities program to specifically address the needs of seriously ill North West Queensland children and their families will be piloted at Mount Isa Hospital and was announced at the 10th annual Mount Isa Gala for Ronald McDonald House. The Ronald McDonald House Charities Hospital Care Cart, an Australian first, will provide practical support and comfort to the North West community in four critical ways:

- Offer boredom-busters such as books, craft activities and entertainment for patients, siblings and their parents, as well as learning activities and resources with a patient focus, to help reduce the educational impact of missing learning milestones;
- Psycho-social care by offering well-being checks to the children's wards and clinics within the hospital to help decrease feelings of isolation for families and children in hospital;

- Provide practical care items such as toiletries and comfort items including eye masks, earplugs and socks for parents sleeping bedside, and
- Provide snacks, meals and beverages

The Chief Executive of the North West Hospital and Health Service, Lisa Davies Jones, said the cart was an exciting initiative for Mount Isa Hospital. Lisa Davies Jones said "Anything that contributes to patient safety and comfort is a bonus and we are very grateful to Ronald McDonald House Charities for this innovative gift." The in-hospital Care Cart will be supported by volunteers from the Mount Isa Community, and the Charity will seek volunteers, sponsors and funders to support getting this new program up and running later this year.

In the Children's Ward at Mount Isa Hospital: Chief Executive NWHHS, Lisa Davies Jones, RMHC Program Manager Denise Lumsden, RMHC Partnerships Executive, Marnie Bricknell, Acting Director Nursing and Midwifery and Clinical Services, Lissa McLoughlin, Nurse Unit Manager Children's Ward, Susan Ryan, and Director Paediatrics, Dr Roelof Lourens.

The North West Hospital and Health Service Trauma Review Committee celebrated 10 years of action in March. The team was established in February 2009 to review care provided to trauma patients, looking at all trauma admissions to the North West Hospital and Health Service as well as some cases sent directly to Townsville from our catchment area by emergency services. The multidisciplinary committee meets every month, and last year reviewed 32 major trauma admissions and many other significant trauma cases. Over the years, the committee has chalked up some major improvements and innovations, including advocating for the helipads at Mount Isa and Cloncurry Hospitals, and the purchase of equipment for trauma patients.

The Committee is comprised of members from different services across the health sector, including Royal Flying Doctor Service and Queensland Ambulance Service.

The Trauma Review Committee with their celebratory cake.

APRIL 2019

More support is now available to Aboriginal peoples and Torres Strait Islander peoples presenting to Mount Isa Hospital, with more Indigenous Liaison Officers on board, and increased hours.

The Director of Cultural Capability and Engagement, Christine Mann, said the expansion of the Indigenous Hospital Liaison Service was thanks to a successful bid for Making Tracks Investment Funding. The new service aims to reduce discharges against medical advice, as well as cut the number of preventable hospitalisations of Indigenous patients.

The extended hours include up to 11:30pm Monday to Friday and Saturday and Sunday from 8am to 4:30pm.

The Indigenous Liaison Officer team: From left: Roxanne Chapman, Joice Reuben, Rhonda West, Regina Mullins, and Sharon Savuro.

About 20 General Practitioners and our Hospital and Health Service doctors, including interns, came together for a community breakfast, hosted by James Cook University, the Centre for Rural and Remote Health and the North West Hospital and Health Service.

Doctors at breakfast

Cardiac nurses from the North West Hospital and Health Service put their best foot forward to officially kick of National Heart Week (28 April –4 May). Cardiac nurses play a critical role in the prevention, diagnosis and treatment of heart disease and other cardiovascular conditions. Cardiac and Pulmonary Rehabilitation Coordinator Raelene Macnamara said the Heart Foundation walk was a timely opportunity to start a conversation about the risk factors for heart disease and the right steps to take, to reduce the risk.

Colin Avery is one of the many cardiac patients who took part in the Heart Foundation walk. Late last year Colin suddenly went into cardiac arrest and woke up four days later in the Intensive Care Unit in Townsville. When he got back to Mount Isa he started doing cardio with Raelene. He said he was overweight when he started, weighing 108 kilos, now he's down to 87 kilos and says, it if wasn't for Raelene and the cardiac team, he wouldn't be here.

Cardiac Team with patient Colin Avery: From left Godfrey Martis, Colin Avery and Raelene Macnamara

Official opening of the Renal Dialysis Unit

Patients and staff also celebrated the transfer of operational management of renal services from Townsville Hospital and Health Service to the North West Hospital and Health Service in April.

MAY 2019

In May, the North West Hospital and Health Service announced its Nurse and Midwife of the year awards, recognising nurses and midwives for their excellence in practice and for the significant contribution they make to their professions, their teams and the community.

Two outstanding winners were announced, Narelle Hickmott from Cloncurry was named North West Hospital and Health Service Nurse of the year 2019 and North West Hospital and Health Service Midwife of the year 2019 went to Rachel Taylor.

Executive Director of Nursing and Midwifery, Michelle Garner. with Midwife of the Year 2019, Rachel Taylor.

The North West Hospital and Health Service also celebrated National Reconciliation Week in May, recognising this year's theme, 'Grounded in Truth: Walk Together with Courage', which highlights the importance of telling the truth about Australia's history. In celebration, the staff held a free

BBQ at the Mount Isa Hospital and invited local Aboriginal and Torres Strait Islander radio station, MobFM, to broadcast live from the hospital.

Staff celebrating National Reconciliation Week

The Medical Ward celebrated the opening of its newly refurbished family lounge, re-named the 'Lighthouse Room'. The refurbished lounge area now provides patients, family and friends a space to feel at home in the hospital.

It was deliberate that this particular room refurbishment, the 'Lighthouse Room' has art adorning the walls from Saltwater people of Mornington Island, the sea being the most common place as to where you are likely to see a lighthouse – an emblem of light.

Patients and their families with staff celebrating the opening of the newly refurbished 'Lighthouse Room'.

JUNE 2019

The Cancer Care team made every cuppa count in June, at the 'Even Bigger Morning Tea' raising $4,008.65 for the Cancer Care Unit at the Mount Isa Hospital.

In the lead up to the even bigger event, staff whisked themselves into a frenzy, baking sweet and savoury treats to help those affected by cancer.

Patrons from across the North West gathered, to share a cup of tea and give back to a good cause, marking the official day of the 'Even Bigger Morning Tea' to help raise vital funds for the Cancer Care Unit.

Cancer Care Nurse, Shannon Williams with Cancer Care patient George Papadopoulos at the Even Bigger Morning Tea.

The North West Hospital and Health Service's smallest and most vulnerable patients, will now benefit from vital sight-saving treatment closer to home, after purchasing state-of-the-art equipment that can detect eyesight problems in premature babies, thanks to a generous donation from Glencore Mount Isa Mines.

In the past premature babies and families were required to travel to Townsville for regular eye examinations of the retina. Now, Mount Isa Hospital has its own Retina Camera (RetCam) that will save families a lot of heartache and risky travelling with a very small baby.

Clinical Director of Paediatrics at the Mount Isa Hospital, Dr Roelof Lourens shaking hands with Glencore Mount Isa Mines General Manager Health, Safety, Environment and Community Relations, Maryanne Wipaki, for the generous donation.

The results are starting to show

The tri-partite agreement between the North West Hospital and Health Service, Gidgee Healing and Western Queensland Primary Health Network aims to provide comprehensive primary care to the Lower Gulf communities of Mornington Island, Doomadgee and Normanton, and seamless referral pathways for specialist care.

Established in 2017 to address fragmented primary health care services in the region, and the poor health status of the general population in the Lower Gulf, the tri-partite framework turns the traditional top-down approach to health upside down and supports the Aboriginal Community Controlled Health Organisation (Gidgee Healing), to establish culturally competent and responsive services for local communities. The framework acknowledges the strengths of each party: acute care (Hospital and Health Service), culturally acceptable primary care (Gidgee Healing) and primary health care evaluation and policy principles (Western Queensland Primary Health Network).

The framework has established a model of care for each community, that integrates primary health care as the main focus, with the hospitals in each community focusing on acute care.

In the second year of implementation, the strategy is starting to show exciting results. With the main health issues in these communities: chronic disease (diabetes, heart disease, kidney disease and cancer), mental health, alcohol-related issues, sexual health issues and skin infections in children, the three organisations have shifted the focus from acute care to primary preventative care, through community engagement. This was a deliberate strategy to help Close the Gap that 17 years of planning and funding have not achieved.

The strategy focuses on addressing these main health issues, with an emphasis on prevention, working in multi-disciplinary teams and supporting the physical, social, emotional and cultural wellbeing of the communities. A holistic approach, working with the people.

The three organisations, working together, have a greater impact and reach, with better efficiencies through pooling and sharing of resources. The *Lower Gulf Strategy* has created a seamless patient journey between primary and acute care.

Aboriginal Community Controlled Health Organisation-led primary health care clinics have been established in Doomadgee, Normanton and Mornington Island, with a workforce of around 85 per cent Indigenous staff.

Normanton: Gidgee Healing commenced operations from the existing Normanton Primary Care facility in April 2017. A Diabetes Model of Care was introduced in 2017–2018, with research as to its effectiveness undertaken by Queensland University of Technology and Australia Centre for Health Services Innovation. The final research report is due in July 2019. The number of children classified as 'vulnerable' in one domain reduced from 63 per cent to 30 per cent, while the proportion of children classified as 'vulnerable' across two domains reduced from 52 per cent to 21 per cent. Normanton has seen a consistent decrease in patient travel of 11 per cent. Smoking during pregnancy figures (January 2019) reduced by 15 per cent compared to September 2018.

The **Mornington Island** transition was completed in January 2019, with partners persevering in developing an effective shared medical workforce model. Recruitment and upskilling of doctors to work across both acute and primary care settings on Mornington Island is ongoing. On Mornington Island, over 60 per cent of the population have now seen a GP. Buoyed by the *Lower Gulf Strategy*, the Mornington Island Health Council led the development of the *Mornington Island Health Action Plan*. This initiative is a tangible extension to the work of the *Lower Gulf Strategy* and is now in implementation stage with the phase one roll-out of *Child and Maternal Health Plan* and *Social and Emotional Wellbeing Action Plan*. The *Health Action Plan* is championed by Queensland Health's Aboriginal and Torres Strait Islander Branch, the Government Champion, Michael Walsh, Director General Queensland Health, and Ministerial Champion, Hon Craig Crawford, Minister for Fire and Emergency Services. A new primary care facility will be built on Mornington Island, with funding secured by Gidgee Healing.

Doomadgee transition planning has commenced with the project expected to meet the deadline within budget, by June 2020. Key to the success of this transition is Gidgee Healing's community engagement model. Infrastructure enhancements will be made to the existing community health building to enable better service flow. Already Doomadgee has seen a decrease in patient travel of eight per cent.

Over all three communities, there has been a 1,300 per cent increase in the number of Aboriginal health checks and a marked decrease in patients turning up to the emergency departments at the three hospitals.

Overall, they have almost halved, with two in five presentations diverted from the hospital to the Gidgee clinic in Normanton. There has been an increase of per cent in diabetes patients registered since September 2018, and per cent of people aged 15 to 65 have received sexual health screenings.

The strategy has also seen an increase in Indigenous employment in health in the three communities, with 28 positions created and filled by local Indigenous candidates through Gidgee Healing, and across the primary care services approximately 85 per cent of the workforce is now Indigenous.

In December 2018, The North West Hospital and Health Service won a Queensland Health Rural and Remote Award for Outstanding Achievement for the *Lower Gulf Strategy*, a reward for years of collaboration and planning. The project also received finalist status in the Indigenous Leadership category, due to the team's work on building Indigenous capability and leadership.

Next steps are to maintain the partnerships, support the Mornington Island health strategy, monitor performance, document the journey, continue the transition in Doomadgee, and progress priorities.

ABOUT US

STRATEGIC DIRECTION, TARGETS AND CHALLENGES

The North West Hospital and Health Service is committed to striving for excellence in the delivery of rural and remote health care, becoming Queensland's leading Hospital and Health Service delivering excellence in remote healthcare to our patients.

We are also committed to embracing change, forging close partnerships and working closely with our communities and partners to improve the health of people across north west Queensland and being a proud employer of choice for our staff.

Aligning the North West Hospital and Health Service strategic priorities with those outlined in Queensland Health's *Strategic Plan 2019–2023*, and the Queensland Government's 10-year strategy *My Health, Queensland's future: Advancing Health 2026*, we are working together with our partners and other stakeholders to achieve excellence in remote healthcare to our patients by supporting the following Queensland Government objectives for the community:

We will do this by continuing to strengthen our public health system and workforce, providing responsive and integrated government services, supporting disadvantaged Queenslanders, and improving health outcomes.

Fundamental to this are early intervention and prevention models of care, improved health equity and access to healthcare for the communities we serve in conjunction with a number of partners, which include:

- Gidgee Healing, the regional Aboriginal Community Controlled Health Service for North West Queensland.
- Western Queensland Primary Health Network
- The Flinders Medical Centre, Cloncurry Shire Council and the Rural Health Management Services
- Other outreach Allied Health and medical service commissioners and providers, including CheckUp, the Deadly Ears and Indigenous Respiratory Outreach Care (IROC) programs
- The Royal Flying Doctor Service, which provides emergency evacuations and other primary health care services
- Queensland Ambulance Service and the Queensland Police Service
- Centacare, Headspace and other charitable or not for profit enterprises
- Shire Councils
- Universities and other education providers, including Centre for Rural and Remote Health, hosted by James Cook University.

Our strategic direction is also underpinned by a number of national and state agreements, strategies and plans which include, but are not restricted to:

My health, Queensland's future: Advancing health 2026

Advancing Health 2026 has been produced to outline aspirations for how the entire Queensland health system can support Queenslanders to maintain and improve health and wellbeing into the future within the context of an ageing population, increases in the incidence of chronic diseases, and the need for smarter healthcare delivery.

To fast track progress against the vision that Queensland's population will be the healthiest in the world, the Minister for Health and Minister for Ambulance Services has outlined eight key priorities which include a focus on wellbeing and outcomes and delivering care in the right place and at the right time for key services - which include renal and cardiac care - and also Closing the Gap between Aboriginal peoples and Torres Strait Islander peoples and non Aboriginal peoples and Torres Strait Islander peoples.

Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Policy and Accountability Framework

Making Tracks provides a comprehensive and evidence-based policy framework for the long-term effort required across the life-span and the health service continuum to achieve sustainable health gains for Aboriginal and Torres Strait Islander Queenslanders.

Identifying initiatives specifically aimed at meeting the close the gap targets, Making Tracks focuses on effort across the following areas:

- a healthy and safe start to life through maternal and child health services and programs that aim to establish positive and sustainable patterns of health behaviour that will impact heavily on adult physical and mental health outcomes;
- reducing the modifiable risk factors that contribute to chronic disease;
- improving the living environments of Aboriginal and Torres Strait Islander Australians through environmental health and housing improvement initiatives and efforts to improve community and personal safety;
- earlier diagnosis and appropriate treatment, targeting the most prevalent disease groups;
- improving access to, and experience of, the health system by enhancing the cultural competence of the health workforce and participating in health service systems that encourage integration between programs and across all health service providers;
- working with the Aboriginal and Torres Strait Islander community controlled health sector to improve primary health care service coordination and to inform the design and delivery of funded programs and services for Aboriginal and Torres Strait Islander Queenslanders; and
- improve the quality and availability of research and data, accountability mechanisms and evaluation.

Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033

This framework outlines the core principles of cultural respect and recognition, communication, relationships and partnerships, and capacity building which underpin our approach to delivering culturally responsive health services.

Shifting minds: Queensland Mental Health Alcohol and Other Drugs Strategic Plan 2018-2023

Which sets the five-year direction for a whole-of-person, whole-of-community and whole-of-government approach to improving the mental health and wellbeing of Queenslanders.

All Abilities Queensland: opportunities for all State disability plan 2017–2020

Linking to the intent of the *National Disability Strategy 2010–2020* to create an inclusive society that enables people with disability to fulfil their potential as equal citizens, this strategy guides how Queenslanders can work in partnership with the Commonwealth and local governments, the corporate sector, non-government and community organisations, communities, and individuals, to build a more inclusive Queensland.

Health and Wellbeing Strategic Framework 2017 to 2026

Lifestyle-related chronic diseases are preventable, and an important aim of any health system is to prevent disease and reduce illness so that people live long, healthy lives. This framework sets a prevention-focused pathway for achieving improved health for all Queenslanders.

Healthy behaviours such as not smoking, maintaining a healthy weight, being physically active and healthy food and drink choices reduce the risk factors for chronic diseases such as cardiovascular disease, diabetes and some cancers.

Queensland Health Clinical Services Capability Framework

Which specifies minimum support services, staff profile, safety standards and other service requirements for both public and private sector health care providers.

Advancing rural and remote health service delivery through workforce: A strategy for Queensland 2017–2020

This strategy outlines priorities to build a sustainable workforce in rural and remote Queensland, and to improve health outcomes for Queenslanders in non-urban areas of the state and is a deliverable of the state-wide workforce strategy *Advancing health service delivery through workforce: A strategy for Queensland 2017–2026* and links closely with the *Medical practitioner workforce plan for Queensland* and *Queensland's Aboriginal and Torres Strait Islander health workforce strategic framework*.

Queensland Health Workforce Diversity and Inclusion Strategy 2017 to 2022

The purpose of the strategy is to drive greater workforce diversity and inclusion by encouraging inclusive strategies and practices in particular areas such as recruitment and career pathways. The strategy also identifies seven priority groups and three overarching focus areas underpinned by diversity and inclusion principles, which will be our focus for the duration of the strategy.

The North West Hospital and Health Service also continues to adhere to the five Queensland Public Service Values of putting customers first, being courageous, putting ideas into action, unleashing potential and empowering people.

STRATEGIC PRIORITIES

The *Financial and Performance Management Standard 2009* requires the development and periodic review of a strategic plan to identify our key objectives and actions to be implemented to achieve them. Such planning also ensures our actions align with the government's broader objectives for the community.

The *North West Hospital and Health Service Strategic Plan 2017–2021* (Revised 2019) is our core planning document outlining our vision, purpose and strategies to embrace change, forge close partnerships, and to work closely with our communities to deliver pathways to better health for our north west communities.

Our Strategic Plan ensures consistency with the Queensland Government's objectives for the community.

STRATEGIC RISKS AND OPPORTUNITIES

The North West Hospital and Health Service Models of Care allow for opportunities to design patient and family centred health care for each of our discrete communities, in partnership with those communities and other health service providers.

We also seek to harness leading innovative practices, using Information and Communication Technologies infrastructure – through Telehealth, Teledental, Telepharmacy and TeleCare (Palliative Care).

Focusing on primary health care and prevention to reduce the burden of disease in the north west, we are also seeking to increase capacity in renal, cancer care, orthopaedics and neonatal services to enable patients to access services closer to home.

A key priority for us is attracting skilled and culturally capable staff who enjoy the challenges of rural and remote health provision within a demanding and remote environment.

With these opportunities, our strategic plan also acknowledges that the ongoing effective management of the following core risk areas are central to ensuring that high quality health services continue to be delivered to the people we serve across north west Queensland:

- Difficulty to improve healthcare outcomes due to fragmented funding arrangements and insufficient organisational capacity – establish and monitor formal partnership agreements such as the *Lower Gulf Strategy*
- Risk of patient harm due to failure of clinical governance systems or human error – *Clinical Governance Framework* in place with regular review of Risk Management system
- Inability to provide services due to severe weather events – disaster management plan in place
- Failure of ICT infrastructure – regular review of maintenance schedule and formalisation of agreement with eHealth Queensland for monitoring and management of non-enterprise ICT
- Inability to sustain service delivery due to failure to recruit and retain staff – recruitment and retention strategy in place, and tracking of vacancies and recruitment processes.

Strategic Plan 2017–2021 | Revised 2019

North West Hospital and Health Service

Our principles

Safe delivery of high quality hospital and health services	Strong partnerships with other health providers to improve health care for our communities	Highly skilled and committed staff who drive quality patient care	A culture that embraces innovation, technology and research	An accountable and flexible Hospital and Health Service that leads change
Objectives				
To provide our patients with high quality health care which is well-coordinated, efficient and sustainable.	To work with our health partners and local communities to ensure our people can access the health services they need.	To support our staff and develop their skills so they can perform at their best.	To support new thinking and fresh ideas that help us achieve our vision.	To effectively meet the Government's requirements through good governance.
Strategies				
a. Continue to tailor our health systems to the specific needs of our communities b. Build on partnerships with our local communities, and other health care providers to create a seamless system of care for our patients in their communities c. Monitor, report and continuously improve the quality and safety of our health care d. Continue to meet or exceed national healthcare standards e. Work with our communities to promote healthy living and a healthy future f. Deliver health services that are culturally appropriate	a. Continue to support and partner with local and Indigenous health services b. Work with other health services and share patient information c. Continue to focus on primary health care and the region's top three priority areas to further address chronic disease and injury d. Navigate each person's health experience in a way that they and their family better understand	a. Develop, support and train our staff to ensure the North West Hospital and Health Service becomes an employer of choice and a safe place to work b. Grow and develop our own staff c. Communicate with, reward and respect our staff d. Encourage high standards of leadership and behaviours e. Support a culture of respect and care between our workforce and our community f. Promote and support effective workplace health and safety culture g. Further increase the proportion of Aboriginal and Torres Strait Islander people in our workforce	a. Develop new service models through technology and innovation b. Support and undertake appropriate research that positively works for our region c. Be a responsible partner in research activities which fit with our strategic plan d. Adopt information technology and systems that support best practice and the delivery of seamless health care e. Encourage and recognise the gaining of post-graduate qualifications	a. Make the most of the use of our resources and assets b. Maintain a sustainable financial position c. Regularly monitor performance against this plan
Measures				
• Maintain accreditation with Australian Council on Healthcare Standards • Reduce Discharge Against Medical Advice to less than 3% of patients seen • Reduce Potential Preventable Hospitalisations by 15%	• General Practitioners will receive discharge summaries for at least 80% of patients within two days of patients leaving hospital • Improved patient satisfaction will be measured through Patient Experience Survey	• Staff feeling safe, valued and supported will be measured via Annual Staff Survey • Annual Staff Survey will measure staff satisfaction with Learning and Development	• Growth in Telehealth services will be monitored monthly • Number of innovations actioned as a result of evidence-based research will be recorded	• Funding will be managed to meet the health care needs of the communities (Balanced Budget) • Buildings and infrastructure will be monitored through Condition Assessments • Survey of Community Advisory Networks and Groups, health consumer representatives and key community members to find out if our communities see us as a trusted and respected organisation

VISION, PURPOSE, VALUES

OUR VISION

To be Queensland's leading Hospital and Health Service delivering excellence in remote healthcare to our patients.

OUR PURPOSE

To embrace change, to force close partnerships, and to work closely with our communities to improve the health of people across North West Queensland.

OUR VALUES

To adhere to the five Queensland Public Service Values of putting customers first, being courageous, putting ideas into action, unleashing potential and empowering people.

PRIORITIES

The North West Hospital and Health Service has an operating budget of $185.2 million for 2018–2019 which is an increase of $12.7 million (7.3 per cent) from the published 2017–2018 operating budget of $172.5million.

During 2018–2019, North West Hospital and Health Service has continued to focus efforts on improving Indigenous health outcomes and lessen the burden of disease in the North West, including:

- **Successful implementation of the tri-partite *Lower Gulf Strategy***, a collaborative program between North West Hospital and Health Service, Gidgee Healing and the Western Queensland Primary Health Network, to integrate culturally safe community-controlled health care across Doomadgee, Normanton and Mornington Island - all of which face significant co-morbidities.
- Gidgee Healing now has a presence in all three communities as part of the ongoing shift towards prevention, early intervention and chronic disease management resulting in significant reductions of presentations by Category 4 and 5 patients at the emergency departments of Doomadgee, Normanton and Mornington Island Hospitals, and a subsequent increase in patients being seen by Gidgee Healing General Practitioners.
- The *Lower Gulf Strategy* was also recognised as Winner, Regional, Rural and Remote Category at the 2018 Queensland Health Awards for Excellence.
- Repatriation of renal services to North West Hospital and Health Service following transfer of responsibility for renal services to Mount Isa Hospital from Townsville Hospital and Health Service effective 1 January 2019.
- Initial funding of $1.47 million allocated to support transition of services, including future provision of dialysis services to Doomadgee, Normanton and Mornington Island.
- No redundancies or loss of jobs have occurred in Townsville because of the transfer, which has also resulted in increased employment of skilled nurses and ward staff in Mount Isa.
- Almost 2,000 occasions of service provided locally between 3 January and 30 June 2019. Demand since commencement has resulted in the introduction of an unprecedented third dialysis session, three days per week - a 25 per cent increase in service provision at the existing site, enabling increasing numbers of patients receiving treatment closer to home.
- **Supporting the *Mornington Island Health Action Plan and Strategy 2019–2024*** driven by the community-controlled Mornington Island Health Council comprising seven key action areas for family driven health.
- A range of strategic partnerships have been developed with North West Hospital and Health Service leading the Mental Health, Alcohol, Tobacco and Other Drugs Services, Sexual Health and Oral Health workstreams.
- North West Hospital and Health Service looks forward to continuing productive working relations with Mornington Island Health Council, and the range of key partners across the region, to deliver the Council's vision for a safe, thriving and healthy community.
- **Expanding Cancer Care services at Mount Isa Hospital** which has resulted in an increase in services from Wednesday to Friday to a full weekday service to meet an increase in demand for chemotherapy and non-oncology services. An additional registered nurse has also been appointed as part of the increase in services.

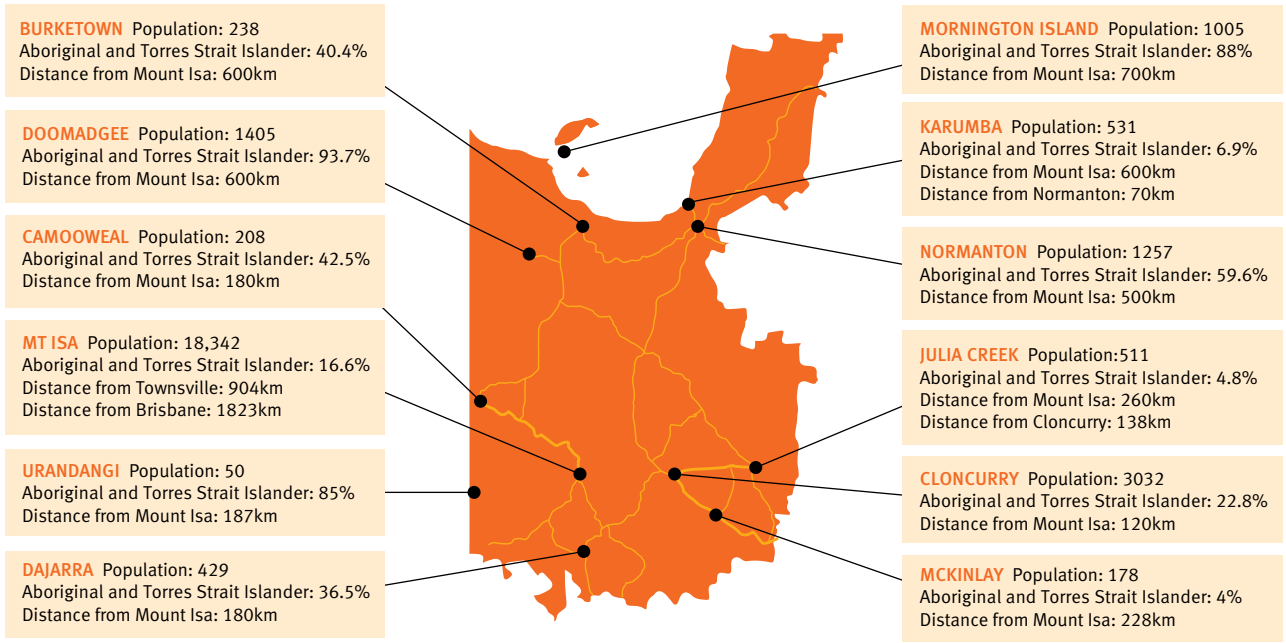
During 2019–2020, we will focus further efforts on improving Indigenous health outcomes, and lessen the burden of disease in the north west.
New initiatives to support this are:

- commencing the journey to implement a North West Hospital and Health Service Aboriginal and Torres Strait Islander Employment Strategy that aims to increase our Aboriginal and Torres Strait Islander workforce to 26 per cent of our workforce, becoming more reflective of the North West Indigenous community

- enhancing capacity for the delivery of specialist services to reduce the travel requirements for patients, with either care provided at North West Hospital and Health Service facilities or supported treatment via tele-health for a range of conditions including gastroenterology urology, orthopaedics and vascular, and outpatient and investigation support for cardiac services
- improving cardiac services by introducing a new Service Agreement with Townsville Health and Hospital Service to provide outpatient and investigation support
- greater engagement with our consumers regarding their own health and a decrease in the three top negative health statistics for the region: obesity, smoking and drinking
- further expansion of dialysis and renal services, informed by consultation with the remote communities of Doomadgee, Normanton and Mornington Island
- ongoing collaboration with Mount Isa GPs to deliver an emergency department Primary Healthcare Transition Project, building capacity and a heightened understanding of GP services amongst the community, thereby allowing the Mount Isa Hospital emergency department to focus on appropriate acute care presentations.

OUR COMMUNITY AND HOSPITAL BASED SERVICES

Our communities and services, population data derived from 2016 Census



Source: Burnand, J North West Hospital and Health Service Medical Staffing Review, 2014.

The North West Hospital and Health Service had an estimated resident population of 32,621 in 2014, reduced to 28,000 in 2016.

The population per Local Government Area is indicated in Table 1 on the following page.

Increases in population have historically trended at around one per cent per annum, but with the drought and the mining downturn it is estimated there are decreases in the Mount Isa region of 0.1 per cent and in Mount Isa itself of 17.41 per cent (Australian Bureau of Statistics Regional Population Growth, Australia, 2016).

The Queensland Government Statisticians Office estimates the average age for all residents is currently 32 years, which is lower than the Queensland median age of 37 years.

The per centage of Indigenous persons living in the north west is 23.3 per cent, compared to four per cent within all of Queensland. In particular, the two Local Government Areas of Doomadgee and Mornington Island have populations in which 86 per cent or more of the population identify themselves as Indigenous.

Table 1: Indigenous status by North West region, Local Government Area and Queensland, 2016

Custom region / Local Government Area / State	As at 30 June 2016	
	Aboriginal	%
North West region	7621	23.4
Burke (S)	133	40.3
Carpentaria (S)	808	41.2
Cloncurry (S)	692	22.8
Doomadgee (S)	1312	93.7
McKinlay (S)	39	4.9
Mornington (S)	983	86.1
Mount Isa (C)	3149	16.9
Queensland	122,896	4

Source: Australian Bureau of Statistics, Census of Population and Housing, 2016 Aboriginal and Torres Strait Islander Peoples Profile – IO2 and Queensland Treasury Concordance-based estimates

In addition to our rich Aboriginal culture, the Australian Bureau of Statistics census population data for 2016 also indicates that 11.8 per cent of the local community – or 3,845 people – were born overseas.

The most common countries included New Zealand, the Philippines, United Kingdom, India, South Africa, Papua New Guinea, Fiji and Germany. Consequently, around 6.6 per cent of the population – or around 2,136 people – stated that they commonly speak a language other than English at home.

OUR COMMUNITY'S HEALTH

In comparison to the rest of Queensland, the North West Hospital and Health region continues to have:

- a higher proportion of children
- a higher proportion of males
- a higher proportion of Aboriginal peoples and Torres Strait Islander peoples
- challenges associated with providing health care services to dispersed populations in remote locations.

Demand for health services also continues to be influenced by the mining sector and the impact of fly-in, fly-out workers, a mature pastoral industry and a developing tourism industry.

As with all other Hospital and Health Services across Queensland, and in keeping with national trends, we also continue to encounter challenges relating to an ageing population, increasing co-morbidity, limited and ageing infrastructure and higher costs associated with health care delivery.

Due in part to societal and cultural issues, distance and access to routine services, significant numbers of hospitalisations could potentially be avoided by more timely and effective provision of non-hospital or primary care, including community led prevention measures and this is an issue addressed by our *Strategic Plan 2017–2021* (Revised 2019).

Although considerable steps have been – and continue to be – taken to ensure innovative, efficient, effective and culturally appropriate health care, issues of significant impact for people living in the region remain:

- smoking
- poor nutrition
- harmful consumption of alcohol and other drugs
- obesity and weight problems
- physical inactivity
- early discharge against medical advice
- emotional and psychological and social well-being factors associated with mental health.

On the positive side, 93 per cent of pregnant women attended five or more antenatal visits in 2018–2019 and 97 per cent of five-year olds were fully immunised for 12 months, ending June 2019.

CARING FOR OUR COMMUNITIES

The North West Hospital and Health Service prides itself on providing the best clinical care and ensuring patients receive their care within the clinically recommended timeframe. During the reporting period we consistently exceeded all our targets for emergency admissions and elective surgery. We also performed strongly with our specialist outpatient services, exceeding our targets for specialist outpatients seen within the clinically recommended times.

ENGAGING WITH OUR COMMUNITIES

Developing and implementing processes to include increased consumer participation and feedback into service planning is a key priority of the North West Hospital and Health Service in accordance with the National Safety and Quality Health Service Standard, *Partnering with Consumers*. We are developing, implementing and maintaining systems to partner with consumers in every aspect of the North West Hospital and Health Service and have developed a *Consumer Engagement Strategy* to follow. In the next financial year we are focusing on three objectives within that strategy: ensuring our consumers have equal and timely access to our health services; empowering our consumers to co-design services and improve the current quality of care and developing the health literacy of our consumers so they can be the owners of their own health care.

We also continue to champion a more self-directed approach to health for each of our communities and seek to formalise that through the operational plan linked to the *North West Hospital and Health Service Strategic Plan 2017–2021* (Revised 2019). In our exhaustive consultation with communities for the strategic plan, the message from our communities was that they wanted their own health solutions tailored to their communities. One size does not fit all in the disparate communities across the north west.

A number of north west communities have established Community Advisory Groups or Networks to formally engage with local health providers, including the North West Hospital and Health Service. Our executives regularly attend the meetings in Julia Creek, Cloncurry, Burketown, Karumba and Normanton. The Health Council on Mornington Island has been running for 12 years and continues to provide valuable local advice to the Hospital and Health Service. Doomadgee Health Council, Yellagungimara, meets regularly with the Hospital and Health Service and these meetings are aligned with visits from the Chief Executive and the Board whenever possible. We have also commenced Close the Gap Advisory Groups in our discrete Aboriginal communities to help advise us on specific cultural ways and protocols.

To enable representatives from every community advisory group or network across the North West Hospital and Health Service to meet together a Community and Consumer Advisory Committee meets biannually. The Mount Isa Elders' group meets several times a year, giving valuable feedback to the Board on the design of our services and this forum will be extended in 2019 to include Elders' representation from all North West communities. A Partnering with Consumers Committee was established in the North West Hospital and Health Service in June 2018 and meets monthly. Training for consumers and staff was delivered by Health Consumers Queensland in March 2019, and several staff and consumers attended the Health Consumers Queensland Annual Forum in Cairns in June 2019.

Through a variety of meetings and formats, we continue to achieve effective two-way communication and the opportunity to meet and raise questions to the Board and Executive members present, as well as receive updates of local service initiatives and changes.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

The North West Hospital and Health Service recognises that Aboriginal peoples and Torres Strait Islander peoples share a continuing legacy of resilience, strength and determination. We also recognise that for some, there is fear, distrust and anger at the actions of previous authorities and mistrust of the health system. The North West Hospital and Health Service is committed to changing the prevalence and effect of that dynamic and over the past 12 months has invested greater engagement, particularly in the development of our Statement of Action Towards Closing the Gap and the ongoing work to increase our Aboriginal and Torres Strait Islander workforce.

Key achievements for 2018–2019 include:

Cultural Practice Program

The Cultural Practice Program is delivered monthly for employees by Mr Shaun Solomon, Head of Indigenous Health at the Centre for Rural and Remote Health. The program aims to embed the four guiding principles of the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033*. These principles are respect and recognition, communication, relationships and partnerships and capacity building. Compliance in this area for the reporting period was 88 per cent which is two per cent up on the previous reporting period. Ongoing high importance is placed on attendance at this program within the North West Hospital and Health Service to continue to develop the knowledge and skills that will enable every person to best contribute through their role to improving health outcomes for Aboriginal peoples and Torres Strait Islander peoples.

Statement of Action Towards Closing the Gap

The Queensland Health Statement of Action Towards Closing the Gap in Health Outcomes commits all areas of Queensland Health to undertake organisational, system-level changes to build sustainable cultural capability across the organisation across three actions areas, being:

1. Embed Aboriginal and Torres Strait Islander representation in leadership, governance and workforce
2. Improve local engagement and partnerships between the Hospital and Health Services and Aboriginal peoples and Torres Strait Islander peoples, communities and organisations
3. Improve transparency, reporting and accountability in our efforts to Close the Gap in health outcomes for Aboriginal and Torres Strait Islander Queenslanders

After extensive consultation, the North West Hospital and Health Service *Statement of Action Towards Closing the Gap Implementation Plan* was endorsed by the Board in October 2018.

Key examples of progress in line with the statement include:

- Queensland Health Board recruitment opportunities were widely promoted including several social media sites, with the Governor in Council appointing two Aboriginal people as Board members, effective 18 May 2019.
- commenced the journey to implement at North West Hospital and Health Service *Aboriginal and Torres Strait Islander Employment Strategy*, working with National Employment Services Association to develop a strategy to increase our Aboriginal and Torres Strait Islander workforce from its current 10 per cent to 26 per cent to be reflective or our Aboriginal and Torres Strait Islander population in the North West.

- continued marking of significant Aboriginal and Torres Strait Islander cultural events of significance – National Closing the Gap Day event in partnership with Gidgee Healing; Reconciliation Week involving MOB FM and the opening of the Lighthouse Room and NAIDOC events including North West Hospital and Health Service Healing Tree Luncheon, North West Hospital and Health Service NAIDOC Awards and Camooweal NAIDOC.
- establishment of *Protocol for Communication* with the Gangalidda, Garawa and Waanyi people (Burketown)
- full transition of primary healthcare programs to Aboriginal Community Controlled Health Organisation, Gidgee Healing, on Mornington Island with discussions commenced in Doomadgee.

Executive Director Aboriginal and Torres Strait Islander Health

Following a national recruitment process and in line with North West Hospital and Health Services commitment to maximise employment opportunities across all streams and classifications for Aboriginal peoples and Torres Strait Islander peoples, including senior executive level positions, it was announced in June 2019 that Christine Mann was the successful applicant in the new role of Executive Director Aboriginal and Torres Strait Islander Health. Christine previously held the role of Director of Cultural Capability and Engagement. Christine will commence in this position in July 2019.

Closing the Gap

North West Hospital and Health Service has several programs targeted towards closing the gap for Aboriginal and Torres Strait Islander residents. These are funded under the *Making Tracks Investment Strategy 2018–2021* and is administered by the Aboriginal and Torres Strait Islander Health Branch. These programs are listed below:

Table 2: Closing the Gap programs

Project name	Funding ($)
Discharge Against Medical Advice (DAMA) Initiative	243, 788
Chronic Disease Management and Prevention for Aboriginal and Torres Strait Islander People within North West	1,568,483
Sexual Health Outreach and Screening (Mornington Island, Mount Isa and Doomadgee)	742,998
Indigenous Alcohol, Tobacco and Other Drugs (ATODs) Youth Program	287,454
Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033	110,000
Mornington Island Community Care Initiative	550,571
Healthy Skin Indigenous Infection, Prevention and Control Program	395,000
Healthy Piccaninnies	455,771
Total (excluding GST)	**4,364,065**

North West Hospital and Health Service performed well on the following Closing the Gap indicators:

Proportion of women who attended five or more antenatal visits

Our health service consistently achieves a high level of performance in Queensland with 82.8 per cent of Aboriginal women and Torres Strait Islander women attending five or more antenatal visits in 2018–2019. Source: Health Statistical Branch, data presented as March 2019

Immunisation

Immunisation is highly effective in reducing morbidity and mortality. In 2018–2019 the health service achieved excellent levels of immunisation for Aboriginal children and Torres Strait Islander children aged five and have been working on increasing the region's Aboriginal children and Torres Strait Islander children immunisation levels for one and two year olds.

The health service continues to experience challenges associated with the following Closing the Gap indicators:

Discharge Against Medical Advice

In 2018–2019, 5.5 per cent of all our region's Aboriginal and Torres Strait Islander resident hospitalisations resulted in discharge against medical advice.

Potentially Preventable Hospitalisations

In 2018–2019 (March 2019 year to date), Indigenous residents were 1.9 times more likely than non-Indigenous residents to be hospitalised for a potentially preventable condition. Source: Queensland Hospital Admitted Patient Data Collection.

MOUNT ISA CITY

Mount Isa Hospital

887km west of Townsville
1,330km north west
of Rockhampton
1,900km north west of Brisbane

The city was established in 1923 following the discovery of one of the world's richest deposits of copper, silver, lead and zinc ore. Today Mount Isa is a progressive industrial, commercial and tourist centre with an active mining industry. Approximately 18,340 people live in Mount Isa and the surrounding areas. The Traditional Custodians of the area are the Kalkadoon people, also known as the Kalatungu, Kalkatunga or Kalkadungu people. In total, over 16 per cent of the local population identify as Aboriginal peoples and Torres Strait Islander peoples.

Mount Isa Hospital is the main referral centre within the North West Hospital and Health Service.

Patients from other facilities across the north west region who require specialist treatment and care are referred to either the Mount Isa Hospital or to other major hospitals within Queensland, including Townsville, Cairns and Brisbane. We have now transitioned from Townsville Hospital and Health Service the renal dialysis services consisting of an eight-chair renal unit based at the Mount Isa Hospital.

Specialist outreach patient services are managed from the hospital, which is the major hub for Telehealth services across the entire north-west service area, with five primary health care clinics and six hospital sites having access to 24/7 medical and nursing and midwifery support for the advice and management of lower risk emergency department presentations and other outpatient care.

Originally initiated in 2008, the phased redevelopment of the Mount Isa Hospital is close to completion and will further enhance health service access, provide an environment that supports contemporary models of care, and improve patient facilities and staff amenities.

The Mount Isa Hospital provides ambulatory, sub-ambulatory and inpatient services predominantly in the areas of:

- accident and emergency
- specialist medical and nurse and midwifery-led services – outpatients
- general medical, including chronic disease such as diabetes and respiratory care
- cardiac, including cardiac investigations
- general surgical including day surgical procedures (endoscopy, colonoscopy)
- gynaecology
- ophthalmology
- obstetrics and midwifery – regional birthing facility for low and medium risk birthing (from 34 weeks' gestation). Outlying remote facilities do not have the service provision or equipment to birth except in the circumstances of emergency / unplanned births
- critical care
- neonatal and special care nursery
- paediatrics
- telehealth (inpatient, in-reach and outpatient)
- sub-acute care (palliative, geriatric evaluation and management)
- mental health, alcohol, and other drugs service
- oncology – chemotherapy support by Townsville cancer care service
- breast care service – funded through the McGrath Foundation.
- renal dialysis
- allied health – including dietetics, occupational therapy, podiatry, social work, physiotherapy, clinical measurements and speech and hearing
- pharmacy
- oral health service.

The Mount Isa Hospital radiology diagnostic service is provided by iMED Radiology through a private outsourcing agreement. The radiology department is co-located within the Mount Isa Hospital providing:

- general computerised radiography
- magnetic resonance imaging
- echo-cardiograms
- ultrasound fluoroscopy, and mobile trauma services through a digitalised picture communication system supporting outlying facilities.

Subacute services include community rehabilitation in partnership with the Centre for Rural and Remote Health and North West Remote Health

Common episodes of care include:

- maternity services
- chemotherapy
- chest pain
- colonoscopy
- cellulitis
- dental extractions and restorations
- eye clinic
- injuries
- gastroscopy
- respiratory infections, and other health care and prevention services.

Key achievements for 2018–2019 include:

- expansion of the nurse navigator program
- introduction of a nurse-led palliative care service
- introduction of Telehealth models of care for pharmacy and oral health services based in Mount Isa to support remote sites
- transition of the Renal Dialysis Unit from Townsville to a thriving Mount Isa service with 40 clients now being treated locally
- increase in the Cancer Care Unit service to patients with an average of 120 clients seen in a month
- successful transition of Special Care Nursery to a level 4 service enabling care of neonates from 32 weeks
- Maternity Group Practice has commenced in late May with a huge interest in the new model of care from local mothers
- successful trial of a nurse-led post-acute care clinic run Monday to Friday for all Surgical patients requiring follow up including and up to 14 days post discharge
- new weekly visiting clinic to Laura Johnson Home by the Surgical team to review patients in their own home.

Looking ahead for 2019–2020, we will deliver:

- repatriation of haemodialysis services for Doomadgee, Mornington Island and Normanton, including home therapies
- increased days of access to cancer services – operating hours changing to five days for chemotherapy and non-oncology infusions
- increased nursing staff to provide special care nursery services
- the continued journey to nursing excellence through Magnet®
- introduction of mobile Telemetry monitoring in the medical ward
- increased activity and alternate services through Telehealth and Telemedicine
- introduction of the clinical prioritisation criteria for referral to services provided throughout Mount Isa Hospital
- continued growth and expansion of the access to palliative care services
- Continuation of Midwifery Group Practice module commenced in May 2019, which offers individualised, woman centred care with their own midwife throughout their pregnancy. They or their partner midwife will be on call for the labour and birth and will provide follow-up visits at home for them and their baby. This is providing continuity of care for the families of Mount Isa
- commencement of the Frail and Older persons initiative which will ensure better care and streamlined service for all patients over 75 years including geriatric inpatient initiatives, standardised assessment, education to outline the unique needs of the older person leading to an improve the patient journey.

Mount Isa Hospital Auxiliary

Over the last 12 months the Auxiliary held Christmas, Easter and Father's Day raffles together with $100 Boards which returned a profit of more than $2,000 for the Auxiliary.

Members of the Mount Isa Hospital Auxiliary with Bron Myers who championed the Cancer Care Unit as part of her Mount Isa Rodeo Queen Quest entry. In August 2019, we were delighted to learn Bron had raised over $42,000.

MORNINGTON SHIRE

Mornington Island Hospital and Aboriginal Community Health Centre

700km north of Mount Isa
125km north west of Burketown
2,270km north west of Brisbane

Mornington Island is the largest of the North Wellesley Islands located in the Gulf of Carpentaria and is currently home to a community of approximately 1,005 people. The Island achieved self-governance in 1978 and is now operated by the Mornington Shire Council. The Traditional Custodians of Mornington Island are the Lardil people. In total, 88 per cent of the population identify as Aboriginal peoples and Torres Strait Islander peoples.

Mornington Island Hospital is a remote Level 2 hospital under the *Rural and Remote Clinical Services Capability Framework*. The facility provides 24-hour acute inpatient and accident and emergency care. Staffing consists of a medical officer and registered nurses on each shift 24 hours a day, with administration support, cleaners and maintenance workers.

Following transition to community control, Gidgee Healing Aboriginal Medical Service provides primary and community health care from the community health building. Plans to expand the primary care facility are underway.

The model of care includes clinical review, health education and promotion programs. Examples of programs are Deadly Ears; Child and adult respiratory (lung health) care, provided by the Indigenous Respiratory Outreach Care Program; Women's health and child health; Allied health services; Cardiac and respiratory services; Sexual Health; Alcohol and Other Drugs counselling; Maternal Health; Mental Health; Dental; Diabetes Education and Renal Services.

Several other outreach services are also provided including alcohol and other drugs counselling, maternal health, mental health, dental, diabetic education, nurse practitioner, renal services, mobile women's health services and sexual health.

Mornington Island Hospital

Key achievements for 2018–2019 include:

- Appointment of our first Indigenous Director of Nursing
- Working with the Mornington Island Land Council to develop setting-specific cultural capability training for all North West Hospital and Health Service outreach staff
- Transition of community health to Gidgee Healing
- The tripartite agreement continues to transform existing primary health care services on Mornington Island into an integrated system
- Participation in the *Mornington Island Health Action Plan* working towards providing care for the community as identified by the community

Looking ahead for 2019–2020, we will deliver:

- Provide on-country renal services
- Provide early return to home programs
- Increased activity and alternate services through Telehealth and Telemedicine

DOOMADGEE SHIRE

Doomadgee Hospital and Community Health Centre

470km north west of Mount Isa

2,200km north west of Brisbane

Covering an area of 186,300 hectares, Doomadgee is located on the Nicholson River in the far north-western corner of Queensland, near the Gulf of Carpentaria. The Waanyi and Gangalidda people are recognised as the Traditional Custodians for the area, which is a Deed of Grant in Trust community, governed by the Doomadgee Aboriginal Shire Council. Aboriginal people and Torres Strait Islander people make up 93.7 per cent of the population of approximately 1,400 people.

Doomadgee Hospital is a Level 2 remote hospital under the *Rural and Remote Clinical Services Capability Framework*.

The facility provides 24-hour acute inpatient and accident and emergency care. Culturally appropriate care is provided by Aboriginal and Torres Strait Islander health workers, nursing, medical, administration and operational staff.

Doomadgee Community Health Centre is staffed by nurses and Aboriginal and Torres Strait Islander health workers. The team work in partnership with hospital staff and other agencies to provide health assessments, chronic disease management and coordination of visiting services. The model of care includes clinical review, health education and promotion programs. Examples of programs are Deadly Ears; Child and adult respiratory (lung health) care, provided by the Indigenous Respiratory Outreach Care Program; Women's health and child health; Allied health services; Cardiac and respiratory services; Sexual Health; Alcohol and Other Drugs counselling; Maternal Health; Mental Health; Dental; Diabetes Education, Medical physician outreach clinic, Gynae, Dermatology, Hearing screening & services, One Sight for eye review and glasses, Paediatric cardiologist, Rheumatic Heart Disease program and Renal Services.

Doomadgee Hospital staff

Key achievements during 2017–2018 include:

- art work competition for new front reception area of the hospital
- as part of transition to control, planning commenced for the transition of community health services to Gidgee Healing Aboriginal Medical Service.

Looking ahead for 2019–2020, we will deliver:

- participation in a population screen of the community for Trachoma in conjunction with the Communicable Disease Centre Brisbane. The intent of the program is to prove that there is no trachoma within Aboriginal communities of the North West Hospital and Health Service.
- continued transitioning of community health to Gidgee Healing to provide community controlled chronic disease care
- provision of on-country renal services
- provision of early return to home programs
- increased activity and alternate services through Telehealth and Telemedicine.

CARPENTARIA SHIRE

Normanton Hospital

500km north east of Mount Isa
700km west of Cairns

2,100km north-west of Brisbane, Normanton is a small community situated on the banks of the Norman River in the Gulf of Carpentaria. Primary industries are the mainstay of the area, along with tourism. Approximately 1,250 people live in Normanton and the surrounding areas. The Traditional Custodians of the Normanton area are the Gkuthaarn, Kukatj, and Kurtijar peoples. In total, close to 60 per cent of the local population identify as Aboriginal peoples and Torres Strait Islander peoples.

Normanton Hospital is a Level 2 hospital under the *Rural and Remote Clinical Services Capability Framework*, with capacity to provide respite/palliative care services and private admissions. The facility provides 24-hour acute inpatient and accident and emergency care. Outpatient services include general outpatients, nurse and medical led clinics, radiology, pathology, pharmacy and dressing clinics.

Normanton Community Health consists of Aboriginal and Torres Strait Islander health workers and a nurse. The team works in partnership with Normanton Hospital staff and other agencies to provide health assessments, chronic disease management and coordination of visiting services. The model of care includes supporting and access of clinical review, health education and programs which include: Deadly Ears; Allied health services; Cardiac and respiratory services; Sexual Health; Alcohol and Other Drugs counselling; Mental Health; Dental; Diabetes Education and Renal Services.

Normaton Hospital

Key achievements during 2018 include:

- participation and support for the Normanton Community Advisory Group
- increase in the recruitment of permanent staff
- increase in telehealth service providing patients with more access to specialist services from their community including: Holter monitors, pharmacy inpatient checks of inpatient medications
- collaboration with Gidgee Healing to provide chronic disease services.

Looking ahead for 2019–2020, we will deliver:

- provision of renal services in conjunction with Mount Isa Hospital
- continued community engagement through the Community Advisory Group and community surveys
- increased activity and alternate services through Telehealth and Telemedicine.

CARPENTARIA SHIRE

Karumba Primary Health Clinic

Gulf of Carpentaria
70km north of Normanton
570km north east of Mount Isa
2,222km north west of Brisbane

Located at the mouth of the Norman River, on the coast of the Gulf of Carpentaria, Karumba's main industries are based around tourism and fishing. Approximately 530 people reside in the Karumba region. With an estimated 100,000 visitors each year, tourism increases the population by an additional 2,000 to 3,000 people from April to September. The Yangkal and Kaiadilt people are recognised as the traditional owners and custodians of the land and waterways of the Karumba region and we respectfully acknowledge the Elders of these people both past and present. In total, close to seven per cent of the population identify as Aboriginal peoples and Torres Strait Islander peoples.

Karumba Primary Health Clinic is a Level 1 facility under the *Rural and Remote Clinical Services Capability Framework*. The service provides a low-risk ambulatory care service provided by nursing, administration and operational staff.

The facility provides a nurse-led 24-hour acute and emergency on-call service; patients requiring higher levels of care are transferred for management to a higher-level facility by Queensland Ambulance Service or the Royal Flying Doctors Service.

In May 2019 Karumba Primary Health Clinic commenced a three-month Nurse Practitioner model of care pilot with clinics conducted Tuesday to Friday.

The aim of the pilot was to increase clinical hours available to patients thereby increasing access to chronic disease care. The previous General Practitioner led model often resulted in reduced and/or cancelled clinics as doctors were required to travel between Normanton and Karumba after attending hospital emergencies. Patient satisfaction and community engagement will inform continuation of the Nurse Practitioner model of care.

Karumba Health Centre staff

In addition to services offered by the Nurse Practitioner, CheckUp and the North West Hospital and Health Service skin check clinics, women's health services and General Practitioner Telehealth services for complex patient care are also provided four days a month. This unique and innovative model of care is the first of its kind in Queensland. If successful, the model will be implemented across other remote areas.

Visiting allied health services provided by Gidgee Healing include: physiotherapy, dietetics, speech therapy, occupational therapy, podiatry, exercise physiology and social work. Other visiting outreach services include cardiology, gynaecology, respiratory, optometry, skin check clinics, mental health, complex wound care and women's health services.

Key achievements during 2018–2019 include:

- Nurse Practitioner model of care pilot
- increased Telehealth numbers/use to allow patients access to specialist care within their community
- continued partnerships with service providers including the Public Health Unit for surveillance screening and visits have commenced from the North West Hospital and Health Service Sexual Health.

Looking ahead for 2019–2020, we will deliver:

- implementation of a permanent Nurse Practitioner at Karumba working in partnership with a General Practitioner
- Increased activity and alternate services through Telehealth and Telemedicine.

CLONCURRY SHIRE

Cloncurry Multipurpose Health Service (MPHS)

120km east of Mount Isa
766km west of Townsville
1,708km west of Brisbane

Cloncurry is located on the Cloncurry River in central west Queensland and comprises approximately 3,032 residents supplemented by a fly-in-fly out workforce of approximately 3,000. The town supports major silver, gold, copper and zinc mining operations and thriving cattle and sheep industries. The Mitakoodi people are recognised as the Traditional Custodians of the lands surrounding the Cloncurry region. In total, over 22 per cent of the local population identify as Aboriginal peoples and Torres Strait Islander peoples.

Cloncurry Multipurpose Health Service provides rural and remote hospital services including an inpatient facility, a residential aged care facility, an emergency department and an outpatient department. A multidisciplinary model of care is implemented across the continuum with inpatient services supported by a medical superintendent.

Community health services provide an aged care assessment team, sexual health, chronic disease management, diabetes education, mental health, alcohol and drug service, school health, child and youth health, women's health, palliative care, physiotherapy, dietician, and optometry services. North and West Remote Health provides allied health services and diabetes education.

Common episodes of care include: general injuries, chest pain, cellulitis, digestive system disorders, otitis media and upper respiratory infections, abdominal pain, chronic obstructive airway disease, respiratory infections and antenatal and other obstetric care.

Cloncurry Multipurpose Health Service (taken August 2019)

Key achievements during 2018–2019 include:

- Emergency Medicine Education and Training provided to staff on a regular basis
- Cloncurry Multipurpose Health Service staff mentoring have been involved in training of administration, hotel services and nursing staff in other outlying facilities such as McKinlay Multipurpose Health Service and Mornington Island
- awarded the following North West Hospital and Health Service staff awards: Administration – Innovation Award, Cloncurry Community Health – Respect Award, Cloncurry Multipurpose Health Service Aged Care – Caring Award, Susan Hansen – Community engagement Award
- access to social worker on site Monday weekly.

Looking ahead for 2019–2020, we will deliver:

- provision of renal services in conjunction with Mount Isa Hospital
- increased Telehealth specialist and allied health services.

CLONCURRY SHIRE

Dajarra Primary Health Clinic

150km south of Mount Isa
1,950km north west of Brisbane

Dajarra Primary Health Clinic is in a remote setting challenged by geographical distances, isolation and extreme weather variances. The Dajarra population is comprised of several family groups that form a core group of long-term Dajarra residents, the population of Dajarra is approximately 190 people. The area has a rich Aboriginal heritage and the Traditional Custodians of the Dajarra area are the Yulluna people. In total, 60.3 per cent of the population identify as Aboriginal peoples and Torres Strait Islander peoples.

Dajarra Primary Health Clinic is a Level 1 facility under the *Rural and Remote Clinical Services Capability Framework*.The service provides low risk ambulatory, acute and preventative care provided by nurses, Aboriginal and Torres Strait Islander health workers, administration and operational staff. Dajarra Primary Health Clinic provides a nurse-led 24-hour acute and emergency on-call service with a hospital-based ambulance.

Dajarra Primary Health Clinic is a nurse-led facility with a nurse practitioner model of care, focusing on chronic disease management, preventative health, health promotion and health education. The clinic offers pharmacy services, sexual and women's health services, antenatal and post-natal care, child health, immunisation, school-based wellness health checks and community home visits.

Visiting services include the Royal Flying Doctor Service, endocrinology, cardiology, child health nurse, women's health nurse, dentistry, diabetes nurse practitioner and the North West Remote Health team which consists of diabetes nurse educator, podiatry, occupational therapy and exercise physiologist.

Dajarra Primary Health Clinic

Common episodes of care include: Head injuries, heart failure, oesophagitis (reflux), kidney and urinary tract infections, injuries, poisoning and toxic effect of drugs.

Key achievements during 2018–2019 include:

- successful trachoma screening in collaboration with Public Health to successfully screen 80 per cent of the population.

Looking ahead for 2019–2020, we will deliver:

- increased preventative care, including chronic disease management, point of care testing and comprehensive adult health checks
- increased activity and alternate services through Telehealth and Telemedicine.

MCKINLAY SHIRE

McKinlay Shire Multipurpose Health Service (MPHS)

260km east of Mount Isa
650km west of Townsville

McKinlay Shire, with a population of around 800 people, lies in the heart of North Outback Queensland on the land of the Wunumara Aboriginal people. Within the Shire, Julia Creek has a population of 511 with 4.8 per cent identifying as Aboriginal peoples and Torres Strait Islander peoples.

The town's main industries are farming and mining, which is mainly centred on the BHP Billiton mine at nearby Cannington. A general hospital was established in 1972 and was transformed into the McKinlay Shire Multipurpose Health Service, also known as Julia Creek Hospital. A new hospital has just been built with work completed 30 June 2019.

The health service is a Level 2 facility under the *Rural and Remote Clinical Services Capability Framework*. It provides rural and remote hospital services including an emergency department consisting of one resuscitation bay and a general practice clinic. A multidisciplinary model of care is implemented across the continuum with inpatient services supported by a Medical Superintendent. The facility is a major employer in the area with 15 full-time positions. The McKinlay Shire Multipurpose Health Service and the McKinlay Shire Council jointly fund the position of a community nurse. The facility coordinates visiting specialist services including dental, mental health, optometry, allied health, women's health and diabetes education.

Our goal is to spread the McKinlay Shire Multipurpose Health Service umbrella to assist with primary health initiatives including health promotion and monitoring of chronic disease. In partnership with McKinlay Shire we will continue to pursue opportunities to grow our aged care inpatient and outpatient services to further support ongoing community needs.

McKinlay Shire Multipurpose Health Service, known as Julia Creek Hospital

Our goal is to also attract permanent staff who can become a part of the Julia Creek community. We have made a commitment to make education a priority for our McKinlay Shire Multipurpose Health Service staff with local and sponsored training.

The McKinlay Shire Multipurpose Health Service is fortunate to have the support of such a vibrant and energetic community. Community meetings such as the Community Advisory Network and Local Management Committee ensure that we remain responsive to community needs and to Queensland Health governance.

Key achievements during 2018–2019 include:

- the development and build of the new McKinlay Shire Multipurpose Hospital Service facility
- the development of a new Integrated Model of Care
- increased promotion of visiting health specialists which has increased patient access to services
- Community Advisory Network meeting continued with a positive response from the community.

Looking ahead for 2019–2020, we will deliver:

- implementation and continued development of the Integrated Model of Care with Medical Centre
- work in cooperation with the community health network to meet community health needs developing health education and health promotion activities within the community
- increased activity and alternate services through Telehealth and Telemedicine.

MCKINLAY SHIRE

McKinlay Primary Health Clinic

228km south east of Mount Isa
864km west of Townsville
1,595km north west of Brisbane

McKinlay is a town in remote north-west Queensland, located on the Landsborough Highway. At the 2016 census, McKinlay and the surrounding pastoral area had a population of 178. In total, four per cent of the local population identify as Aboriginal peoples and Torres Strait Islander peoples.

McKinlay is a cattle and sheep grazing area established in 1888 as a staging post for the Cobb and Co. coaches and a gathering point for the graziers from surrounding properties. Today, it is known for the Walkabout Creek Hotel, featured in the movie Crocodile Dundee. BHP Cannington Mine, Australia's largest silver and lead mine is 85 km west of McKinlay.

Providing suitable nursing and health care in McKinlay dates back to 1924. From that time, residents have played a role in establishing and maintaining bush nursing centres and financially supporting their presence by donations and fundraising by way of dances, raffle tickets, markets and gymkhanas. The first Bush Nursing Association building in McKinlay opened in 1927.

McKinlay Primary Health Clinic is a Level 1 facility under the *Rural and Remote Clinical Services Capability Framework*. The service provides low-risk ambulatory, acute and preventative care provided by nursing and operational staff.

The McKinlay Primary Health Clinic provides a nurse-led 24-hour acute and emergency on-call service. The clinic focuses on chronic disease management, preventative health, health promotion and health education. The clinic also offers pharmacy services, immunisation, dressings, station and home visits, outreach to Kynuna and visiting North and West Remote Health allied health services. The Commonwealth Home Support Program is supported by the clinic.

Common episodes of care include: aged care support, influenza, hypertension and trauma care.

McKinlay Primary Health Clinic

Key achievements during 2018–2019 include:

- launch of wireless 4G router to support Telehealth Services and North West Hospital and Health Service computer applications appropriately
- the increase in occasions of services in Telehealth to enable access to specialist services from their community
- navigating specialist appointments for coordination of holistic care.

Looking ahead for 2019–2020, we will deliver:

- enhanced and strengthened partnerships with service providers ensuring continuity of care for the community
- ongoing participation and engagement with the McKinlay Shire Community Advisory Network meetings
- increased activity and alternate services through Telehealth and Telemedicine.

BURKE SHIRE

Burketown Primary Health Clinic

550km north of Mount Isa
2,180km north west of Brisbane

Burketown is in the heart of the Gulf country on the Albert River, about 25 kilometres from the Gulf of Carpentaria. Located in a remote setting, road access to Mount Isa and Cloncurry is restricted during wet season closures, although an all-weather airport provides regular scheduled services to Mount Isa and Cairns. Approximately 240 people live in Burketown and the surrounding areas. The Traditional Custodians of the area are the Waanyi people. During winter months the population can increase significantly with 'grey nomads' and holiday makers. In total, over 40 per cent of the local population identify as Aboriginal peoples and Torres Strait Islander peoples.

Burketown Primary Health Clinic is a Level 1 facility under the *Rural and Remote Clinical Services Capability Framework*. The service provides low-risk ambulatory care provided by nursing, administration and operational staff. The Burketown Primary Health Clinic encompasses a nurse-led and visiting Medical Officer model of care.

The facility provides:

- a nurse-led 24-hour acute and emergency on-call service with a hospital-based ambulance
- coordination and care for specialist services, chronic disease management and stabilisation of acute care patients prior to transfer to a higher-level facility
- pharmacy services, antenatal and postnatal care and community home visits

The Royal Flying Doctor Service provides a weekly General Practitioner clinic and fortnightly child health clinic.

Visiting services include allied health services, Mobile Women's Health, Indigenous Cardiac Outreach Program, endocrinology, diabetes nurse practitioner, ophthalmology and breast screening.

Burketown Primary Health Clinic staff

Key achievements during 2018–2019 include:

- working with the Carpentaria Land Council to develop setting-specific cultural capability training for all North West Hospital and Health Service outreach staff
- increase in provision of Telehealth services has allowed expanded specialist services review, decreasing time away from country, and increasing patient satisfaction
- 100 per cent vaccination rates for the Meningococcal A, CW and Y program.
- introduction of nurse practitioner positioner to enhance the chronic disease management of the community and coordination of visiting services.

Looking ahead for 2019–2020, we will deliver:

- strengthening community engagement by enhancing the partnerships with the community through the Burketown Closing the Gap Advisory Group and the Burketown Community Advisory Group
- enhancement and strengthening of partnerships with service providers, expanding capacity of service provision, thus ensuring continuity of care for the community
- working with a nurse practitioner led model of care to increase chronic disease management, health promotion and health literacy within the community
- increased point of care testing and comprehensive adult health checks
- increased activity and alternate services through Telehealth and Telemedicine.

MOUNT ISA CITY

Camooweal Primary Health Clinic

188km north west of Mount Isa
330km south of Burketown
2,019km north west of Brisbane

Camooweal is a country town of approximately 200 people situated 13 kilometres from the Northern Territory border. Established in 1884 as a service centre for surrounding cattle properties, Camooweal marks the furthest tip of the Mount Isa City Council catchment. The Indjalandji-Dhidhanu people are recognised as the Traditional Custodians of the area. In total, 42.5 per cent of the local population identify as Aboriginal peoples and Torres Strait Islander peoples.

Camooweal Primary Health Clinic is a level 1 facility under the *Rural and Remote Clinical Services Capability Framework*. The service provides low-risk ambulatory, acute and preventative care nursing, Aboriginal and Torres Strait Islander health workers, administration and operational staff.

The Camooweal Primary Health Clinic is a nurse-led facility, providing 24-hour acute and emergency on-call service with a hospital-based ambulance. The clinic incorporates the advanced nurse model and nurse practitioner model of care and focuses on chronic disease management, preventative health, health promotion and health education. The clinic offers pharmacy services, child health, immunisation, school-based wellness health checks and community home visits.

Health and wellbeing services provided to Camooweal include:

- Royal Flying Doctors Service primary health care clinic on a weekly basis with Child Health Nurse visiting fortnightly
- specialist clinics including Indigenous Cardiac Outreach Program endocrinology, acute mental health
- the North West Hospital and Health Service Mobile Women's Health nurse provides outreach on a six-weekly basis, with consults and follow-up via telehealth in between clinics.

Camooweal Primary Health Clinic (taken August 2019)

- dental services are delivered by both the North West Hospital and Health Service Mobile Dental Service and Royal Flying Doctors Service Dental Service
- North West Remote Health delivers allied health and community support via on-site community support worker to assist with Meals on Wheels and Community Support packages, Community Wellbeing workers with allied health support from multiple specialities

Key achievements during 2018–2019 include:

- initiation of a Tele-Holter service allowing holter monitor investigation to be conducted in Camooweal with remote support from Royal Brisbane and Women's Hospital via telehealth

Looking ahead for 2019–2020, we will deliver:

- increase primary health care service to the community by delivery of chronic disease specific education and screening programs such as the Feltman/Feltmum program
- increased activity and alternate services through Telehealth and Telemedicine

BOULIA SHIRE

Urandangi Health Clinic

187km south west of Mount Isa
295km north of Boulia
2,007km north west of Brisbane

The community of Urandangi is in the local government area of Boulia Shire. Located on the banks of the Georgina River, the community has a population of around 20 permanent residents. It was founded in 1885 by Charlie Webster and James Hutton who started a general store as it was an important centre for travellers and drovers using the Georgina and other stock routes. Urandangi is home to the Bularnu Waluwarra and Wangkayujuru people who are the Traditional Custodians of the area. In total, 85 per cent of the local population identify as Aboriginal peoples and Torres Strait Islander peoples.

The North West Remote Health and Royal Flying Doctors Service have regular clinics in Urandangi.

The North West Hospital and Health Service Community and Primary Health Care Chronic Disease Team have adjusted their program to visit twice yearly in conjunction with the Healthy Skin team, and on request as the community requires.

The Community and Primary Health Care Maternal, Child and Youth Health team perform hearing health screening at Urandangi School three times a year.

The Community and Primary Health Care Women's Health team hold clinics in Urandangi several times a year.

The Royal Flying Doctors Service visit fortnightly and advise the Community Health team of concerns that may need followed up in between visits and if there are patients that require other assistance.

Urandangi Health Clinic staff

Key achievements during 2018–2019 include:

- hearing health screening at Urandangi School: three visits to the school with referrals to Deadly Ears
- Healthy Skin visit to the school to review the children and discuss education with the teachers
- successful Trachoma population screen in collaboration with Public Health to successfully screen 100 per cent of the community tested

Looking ahead for 2019–2020 we will deliver:

- providing care in conjunction with the Royal Flying Doctors Service to meet the needs to the community

Telehealth working for palliative care in north west

"Despite advances in modern medicine, sometimes medical conditions cannot be fixed. Death and dying are inevitable parts of life and are a uniquely personal experience", says Clinical Nurse Consultant for Palliative Care in the North West Hospital and Health Service, Sam Beedham.

"No two end of life situations are the same,' she said and stresses that palliative care is not just for the very last days of life.

"Depending on their circumstances, a person may access palliative care for several years, months, weeks or days.

"Palliative care might take place in a person's own home, a residential aged care facility, a hospice, or at a hospital.

"It is available for everyone regardless of age, culture, background, beliefs or where you live," Ms Beedham said.

Mount Isa Palliative Care Service is committed to providing person-centred care to patients and their families across the North West Hospital and Health Service Region, and they have been utilising Telehealth more and more.

"Telehealth aims to make it easier for people who have difficulty getting to a specialist or who are living in rural and remote areas by using electronic and telecommunications technologies.

"It enables patients to consult with health care professionals without having to travel long distances.

"Telehealth is essential to helping patients who have complex symptoms and patients who also may be approaching the end of their life," Ms Beedham said.

Ms Beedham and the small but dedicated Palliative Care Team at Mount Isa Hospital have also managed to help Indigenous patients return to Country, thanks to the use of Telehealth.

Aboriginal and Torres Strait Islander patients may request to return to their homelands and to be close to their family and country for the final stages of their life.

"This is an understandable request; however, it may be complicated if the patient is on chronic therapy such as renal dialysis.

"The desire to return to Country may be more important to them than treatment for their disease."

Ms Beedham explains that the Palliative Care Service works in partnership with the primary health service, families and the community. She says effective communication is an essential element to ensuring the right care for the patient and their family through end of life care.

"Building rapport is therefore especially important when caring for Aboriginal and Torres Strait Islander patients. Building rapport with the patient and their family is not time consuming, as it is the quality of communication that is most valuable rather than the amount of time."

It is essential to form positive relationships with key people associated with the patient, she says.

"These relationships should be developed proactively and as early as possible. Telehealth enables us to listen to what the patient wants and engage with the patient and their family in their treatment plan."

Telehealth is crucial to the work of the Palliative Care team, Ms Beedham says, because of the distances they are dealing with, and because many of their patients are separated from their families and Country because of their health needs.

"It is vital that healthcare professionals have the conversation early and make a timely referral to the Palliative Care Service, while the patient is still well enough to make their own decisions.

This gives us the time that is needed to help get the patient back to Country."

From left to right, Indigenous liaison officer Roxanne Chapman, Advanced Health Worker Belinda Johnson and Clinical Nurse Consultant Palliative Care Sam Beedham

"We managed to get one patient back to Country to spend quality time with family before his passing, and that was wonderful for him and his family.

"We have to have those discussions and ask, 'Where would you like to be as you approach the end of your life?'"

Ms Beedham said it was important, as part of advanced care planning, that people document their wishes, and they can do that with a Statement of Choices document, which gives Health Care Workers clarity and the authority to work on behalf of the patient to see their wishes are carried out.

Ms Beedham has huge respect for the Indigenous Health Workers, who liaise between the patient, family and service providers.

"They are vital to our work; they give guidance and I appreciate them so much, and I'm grateful for their presence and ongoing support.

"When they are there with the patient, at a teleconference or videoconference, I feel very safe and supported, and I know the patient and family does too."

What is Palliative Care?

If a person has a life-limiting condition, which means that it cannot be cured and will lead to the end of their life, the focus of their care will shift from aiming to cure them, to ensuring they have the best quality of life.

This care can focus on:

- controlling their symptoms
- independence
- emotional, spiritual and cultural wellbeing
- planning for the future
- caring for their family and carers.

GOVERNANCE

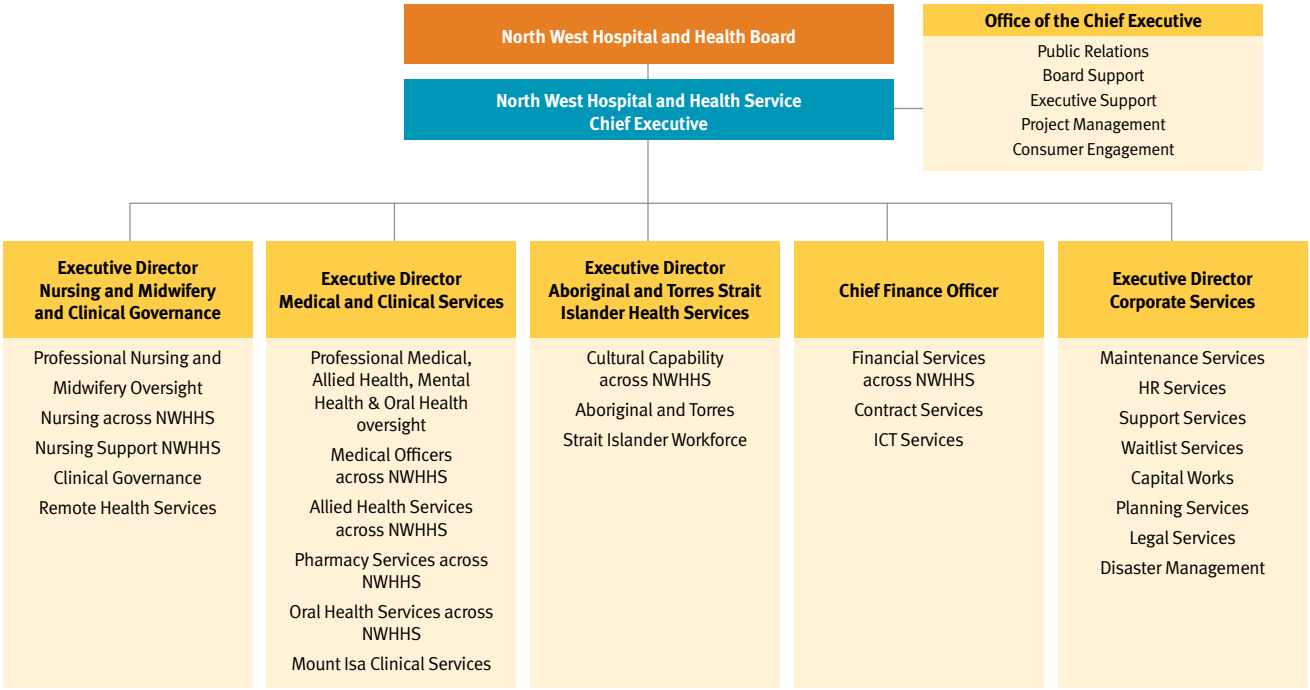
ORGANISATIONAL STRUCTURE AND WORKFORCE PROFILE

In accordance with the *Hospital and Health Boards Act 2011*, the North West Hospital and Health Board is accountable to the local community and the Minister for Health and Minister for Ambulance Services for the services provided by the North West Hospital and Health Service.

A Health Service Chief Executive is employed by and is solely accountable to the Board for ensuring patient safety through effective executive leadership and day to day operational management of all local hospital and health services, as well as the associated support functions.

Achieving the ambitions articulated through the *North West Hospital and Health Service Strategic Plan 2017–2021* (Revised 2019) requires good governance which includes robust organisational structures, clear accountabilities and a shift from acute models of care to an integrated primary health care model which focuses on preventative health care in the north west Queensland communities. It is also supporting stronger integration of clinically led acute services across Mount Isa Hospital.

The North West Hospital and Health Service organisational structure, as at 30 June 2019, was as follows:



BOARD MEMBERSHIP

Under the *Hospital and Health Boards Act 2011*, the Hospital and Health Board must consist of five or more members appointed by the Governor in Council for terms of up to four years.

Collectively, the Board serves to strengthen local decision-making and accountability by promoting local consumer, community and clinician engagement and setting the local health system planning and coordination agenda, including financial management and oversight.

The North West Hospital and Health Board met on 13 occasions during the reporting period.

As at 30 June 2019, membership comprised:

Paul Woodhouse

Board Chair
Chair, Engagement Committee
Member, Executive Committee
Member, Workforce Leaders Group

Paul is a primary producer and resident of north west Queensland. Paul also currently serves as a member of the North West Minerals Province Stakeholder Advisory Committee.

Former roles include Chair of the Queensland Hospital and Health Board Chairs, Member of CSIRO Land and Water, Chairman of Regional Development Australia for the Townsville and North West region, Mayor of McKinlay Shire, Chairman of Southern Gulf Catchments Ltd., joint Commonwealth / State Flinders and Gilbert Rivers Agricultural Resource Assessment (Governance) Committee, Health Minister's Infrastructure Advisory Panel and the Northern Australia Health Roundtable.

Originally appointed as inaugural Chair of the North West Hospital and Health Board on 18 May 2012, Paul was reappointed on 18 May 2019, until 17 May 2021.

Dr Don Bowley

Chair, Executive Committee
Member, Finance Audit and Risk Management Committee
Member, Quality Safety and Risk Committee
Member, Workforce Leaders Group
Member Engagement Committee

Don is the Senior Medical Officer at the Mount Isa Base of the Royal Flying Doctor Service (Queensland Section). He has 25 years of experience with the Royal Flying Doctor Service and has been based at Mount Isa for the past 22 years. Don has a passion for improving the quality of health care available for the people who live in remote Australia and has a special interest in addressing the inequity in remote and indigenous health outcomes.

He holds Fellowships from the Royal Australian College of General Practice and the Australian College of Rural and Remote Medicine. Don is an Adjunct Associate Professor with the Centre for Rural and Remote Health, James Cook University. He is the Chair of the Western Queensland Primary Health Network's Northern Clinical Chapter and a member of the Clinical Council.

Don was a member of the Mount Isa District Health Community Council from 1999 to 2011.

Originally appointed on 29 June 2012, Don was reappointed on 18 May 2019, until 17 May 2021.

Dr Christopher Appleby

Chair, Finance Audit and Risk Management Committee
Member, Executive Committee
Member, Quality Safety and Risk Committee

Chris has a 20-year career in the design of innovative models of rural primary health care. Chris has co-owned and operated general practice medical centres in rural communities such as Richmond and Cloncurry, in north west Queensland and Montville and Maleny, in the Sunshine Coast Hinterland.

Chris is currently the Practice Support Advisor for whole of program with General Practice Registrar Training at James Cook University, where he is also a Senior Lecturer. Chris is a Director at the Western Queensland Primary Health Network, where he Chairs the Finance and Risk Management Committee.

Chris has a Bachelor of Science (Honours), a Master of Business Administration and a Doctorate of Philosophy in Pharmacology and is a Graduate of the Australian Institute of Company Directors.

Originally appointed on 9 November 2012, Chris was reappointed on 18 May 2019, until 17 May 2021.

Karen (Kari) Arbouin

Chair, Quality Safety and Risk Committee
Chair, workforce Leaders Group
Member, Finance Audit and Risk Management Committee
Member, Executive Committee

Kari is an Associate Vice Chancellor for Central Queensland University (CQU) and based at CQU's Townsville campus. Kari has 20 years' experience in various senior roles in the tertiary education sector including acting in the role of Chief Executive Officer for James Cook University's (JCU) Singapore campus. Kari was also involved in major business development projects for JCU, including planning of the successful funding bid for the Cairns Research Institute.

Kari also has over 10 years' experience in senior leadership roles in health. She is a registered nurse and practising midwife. Whilst in the role of Director of Nursing at Julia Creek she led the hospital to becoming the first Australian Council on Healthcare Standards accredited hospital in north west Queensland. She has also held the position of Director of Nursing at The Wesley Hospital in Townsville. Kari was awarded Julia Creek Hospital, Australia Day and Queensland Health awards for her service to the hospital and community.

Kari was a founding Board member for the JCU's health practice, and Board Chair of their child care facilities. She currently holds a Board position on the inaugural North Queensland Defence Advisory Board and Townsville City Council's Smart Precinct Pty Ltd. She is a past committee member of Regional Development Australia. She holds academic qualifications in health, business, law and public health. Kari is an international reviewer for universities in the United Kingdom and United Arab Emirates. She is also a Graduate of the Australian Institute of Company Directors.

Originally appointed on 18 May 2013, Kari was reappointed on 18 May 2017 and again on 18 May 2019 for a further two years. She is the current Chair of the Quality Safety and Risk Committee and Chair of the Hospital's Workforce Leaders Group.

Dr Kathryn Panaretto

Member, Finance Audit and Risk Management Committee
Member, Quality Safety and Risk Management Committee
Member, Engagement Committee

Kathryn, a general practitioner at Queensland University of Technology Medical Centre in Brisbane, has a background in primary health care, having worked as a general practitioner at Mount Isa's Gidgee Healing and with the Remote Women's Health clinics at Julia Creek and Cloncurry.

She has spent the last 20 years working in Aboriginal Health in Queensland. She also is a Public Health Physician proving locum cover with the Darling Downs Public Health Unit and West Moreton Public Health Unit. She is an Adjunct Professor at James Cook University and the University of Queensland, and committee member of the General Practice and Primary Care Clinical Committee of the MBS Review Taskforce (2017–2020).

Originally appointed on 18 May 2016, Kathryn was reappointed on 18 May 2017, until 17 May 2020.

Susan Sewter

Member, Quality Safety and Risk Management Committee

Born in Cloncurry, Susan has lived in North West Queensland for more than 40 years. Her father is Gangalidda, and her mother is Lardil with connections to Waanyi. Susan's understanding of the primary health care system has largely been informed with more than 10 years' experience as the Chairperson for the Mornington Island Health Council, in which position she has been an active participant in the redesign and reform of the way health services are being delivered across the Lower Gulf region.

The *Lower Gulf Strategy*, currently being rolled out by Gidgee Healing, North West Hospital and Health Service and the Western Queensland Primary Health Network, in a tripartite arrangement, represents the implementation phase for a new and improved model of care for the people of the Lower Gulf, for which Susan has been advocating across all levels of government for several years.

Given the significant health issues faced by Aboriginal peoples and Torres Strait Islander peoples across the North West and Lower Gulf regions, Susan has dedicated much of the last 15 years advocating for new ways of delivering health services, to Close the Gap in health outcomes.

Susan Sewter *(continued)*

In addition her involvement in community health advocacy and health system reform, her capacity as Mayor of the Mornington Shire Council from 2004–2008, along with her long history working within the health and education sectors (as a qualified teacher), she has a detailed understanding of the importance of forging strong working partnerships with other sectors within the region (education, employment, economic, social and community services) to achieve real changes in the health status of the Lower Gulf communities.

Furthermore, her experience working with Mirndiyan Cultural Centre has provided her with vast experience and expertise in ensuring that Aboriginal culture is genuinely embedded within the constructs from which we deliver our health services, to ensure local communities are provided with culturally-safe and appropriate health services that they feel comfortable to access.

Most recently, Susan led the development of the *Mornington Island Health Strategy 2019–2024*, the first local health plan to ever be developed across this region, and to be signed and endorsed by all levels of Government, the Aboriginal Community Controlled Health sector, the community, and other health partners.

Susan was appointed to the North West Hospital and Health Board on 18 May 2019. Her current term expires on 31 March 2022.

Catrina Felton-Busch

Member, Finance Audit and Risk Management Committee

Catrina is a Yangkaal and Gangalidda woman from Mornington Island who currently lives and works on Kalkadoon country in Mount Isa for James Cook University.

Having grown up in north west Queensland Catrina has strong familial and cultural ties to the communities across the lower gulf, particularly Mornington Island and her husband's family in Normanton, with an extensive work history in or with these communities at both the grassroots and institutional levels. Catrina holds a Bachelor of Arts (Monash University) and a Master of Public Health (James Cook University) and is currently undertaking doctoral studies with James Cook University. Catrina is also a fellow of the Australian Rural Leadership Foundation.

As the Associate Professor, Remote Indigenous Health and Workforce at James Cook University, Catrina has an extensive academic career in Indigenous Health of over 18 years. Based in Mount Isa and working between the Centre for Rural and Remote Health and the College of Medicine and Dentistry, Catrina has oversight of workforce programs at the centre as head of education and is also the Aboriginal and Torres Strait Islander lead for General Practice Training at James Cook University.

Catrina was appointed to the North West Hospital and Health Board on 18 May 2019. Her current term expires on 31 March 2022.

Karen Read

Member, Finance Audit and Risk Management Committee

Karen currently works as a Non-Executive Director and Consultant. She has a wealth of knowledge and experience in finance and commerce having previously worked for a chartered accounting firm in Mackay followed by a 29-year career in the mining and resources sector. Karen worked for 12 years of her career in senior executive roles and has worked both in Australia and internationally including an expatriate role in South America within many operations of the now Glencore group of companies. As part of her various executive roles, Karen was also the Executive Director and Chairman of Northern Stevedoring Services Pty Ltd and Executive Director of many of Glencore Xstrata's Group companies. She was also the company nominee as a director of Mount Isa Water Board.

Karen was awarded a High Achievement Award for Women in Mining by Queensland Resources Council in 2008 and in 2009 was state winner and national finalist in Telstra Business Woman's Awards in the private and corporate sector.

From 2014 to 2017 Karen worked as the Chief Finance Officer for a boutique engineering consultancy in Townsville assisting with the restructure of their group and establishing a group services entity. Karen is currently a Non-Executive Director of Queensland Country Credit Union and Queensland Country Health Fund and members of various board committees and has been on these boards since 2004. She was the Deputy Chair of Queensland Country Credit Union from April 2006 until March 2018 and is Deputy Chair of Queensland Country Health Fund. She is also currently the Independent member and Chair of the Mount Isa Water Board Finance and Audit Committee.

	Karen Read *(continued)* Karen was previously an independent member of the Finance, Audit and Risk Committee of North West Hospital and Health Service. She has an Associate Diploma and Bachelor of Business and is a Fellow of the Australian Society of CPAs, a graduate of Australian Institute of Company Directors and a Member of the Australasian Mutual Institute. She chairs the North Queensland Branch of CPA Australia and is a member of the Regional Committee for the Australian Institute of Company Directors. Karen was appointed to the North West Hospital and Health Board on 18 May 2019. Her current term expires on 31 March 2022.

Table 8: Board & Committee Meeting Attendance

Member	Position	Board	Finance, Audit and Risk Management Committee	Quality, Safexty and Risk Committee	Engagement Committee	Executive Committee	Workforce Leaders Group
Paul Woodhouse	Board Chair and Committee Chair	9/12			2/2	2/2	1/2
Annie Clarke	Deputy Chair and Member (until 3 December 2018)			3/8	1/2		1/2
Dr Don Bowley OAM	Deputy Chair (from 29 March 2019 to 17 May 2019) and Member		3/9	4/8	2/2		1/2
Rowena McNally	Member (until 3 December 2018)	4/12	4/9	4/8			
Dallas Leon	Member (until 31 December 2018)	5/12	5/9	1/8	1/2		
Kari Arbourin	Member and Committee Chair	11/12	5/9	8/8	2/2		2/2
Dr Christopher Appleby	Member and Committee Chair	12/12	9/9	7/8			1/2
Dr Kathryn Panaretto	Member	11/12	5/9	6/8			1/2
Karen Read	Member (from 18 May 2019)		8/9		1/2		
Caterina Fulton-Busch	Member (from 18 May 2019)	2/12	1/9		1/2		
Susan Sewter	Member (from 18 May 2019)	2/12	1/9		1/2		

Out of pocket expenses for the Board members for the reporting period totalled $549.12.

OUR COMMITTEES

The *Hospital and Health Boards Act 2011*, and supporting *Hospital and Health Regulation 2012*, require Hospital and Health Boards to establish a range of prescribed committees relating to audit, safety and quality, finance and the executive management of the service.

The North West Hospital and Health Board has also established a number of non-prescribed committees, namely an Engagement Committee and a Workforce Leaders Group. During the reporting period the Board also endorsed the establishment of a new Elders Advisory Forum, which will meet for the first time in August 2019.

These committees do not replace or replicate executive management responsibilities and delegations, or the reporting lines and responsibilities of either internal audit or external audit functions.

Executive Committee

Clear lines of accountability and strong lines of communication between the Board and Chief Executive are essential.

Membership, at minimum, must comprise either the Board Chair or Deputy Chair (who will then Chair the committee) and at least two other Board members, of whom one must be a clinician. The Chief Executive is also required to attend each meeting.

Under section 32B of the Act, its function is to support the Board in its role of Hospital and Health Service oversight, by working with the Chief Executive to progress strategic issues.

The Executive Committee met once during the reporting period.

Finance, Audit and Risk Management Committee

The Finance, Audit and Risk Management Committee comprises the two prescribed committees relating to finance and audit. The role of this committee is to provide independent assurance and assistance to the North West Hospital and Health Board on a range of matters regarding:

- financial management of the North West Hospital and Health Service in accordance with its statutory and administrative obligations, including risk, control and compliance frameworks and other internal and external accountabilities
- ensuring, in conjunction with the Board's Quality Safety and Risk Committee, that accurate and complete performance data is reported to the Board, external agencies and Government departments as required by the Board's Service Agreement with the Queensland Government and as otherwise required by legislation, funding instruments or benchmarking commitments

- identification and implementation of efficiencies and innovation in the areas of finance, audit and risk management.

The Finance Audit and Risk Management Committee met on ten occasions during the reporting period, with the Chair also participating in the statewide Queensland Finance and Audit Committee, hosted by Queensland Health.

Key activities and achievements for 2018–2019 included:

- monitoring financial risks identified by the committee
- monitoring the work program and discussing recommendations made by Internal Auditors, O'Connor Marsden & Associates, including the development of the 2019–2020 schedule
- received regular updates from external auditors with regards financial audit processes, including receiving a briefing from the Senior Director Health, Queensland Audit Office, which was provided to the Board in November 2018
- expanding Executive participation at Finance Audit and Risk Management meetings, by inviting the Executive Directors of Medical Services, Nursing and Midwifery and Integrated Health Services to attend Finance Audit and Risk Management
- reviewed contractual arrangements for radiology services and monitored medical workforce numbers and expenditure
- considered a revised North West Hospital and Health Service *Risk Management Framework*, which was subsequently progressed to the Board for endorsement
- supported Board consideration of the 2019–2020 Service Agreement funding offer
- reviewed, and progressed for Board endorsement, a revised financial delegations manual, for commencement effective 1 August 2019
- received ongoing progress reports regarding North West Hospital and Health Service's preparedness towards implementation of the statewide Financial System Renewal program.

Looking ahead for 2019–2020, the Committee will:

- continue monitoring expenditure against service agreement components, ensuring the financial sustainability of the Hospital and Health Service
- ongoing review of supporting information, communication and technology systems to ensure efficiency and effectiveness of financial and other reporting and decision making
- engage with an incoming External Auditor, following a scheduled renewal of appointed auditor by the Queensland Audit Office.

Quality, Safety and Risk Committee

The Quality, Safety and Risk (QSR) Committee ensures the provision of effective governance frameworks across the North West Hospital and Health Service and promotes delivery of safe and quality clinical patient services.

The Committee also provides assurance and assistance to the Board on a range of matters regarding:

- the identification and mitigation of risks for people receiving clinical care, occupational health and safety risks for employees and others
- ensuring, in conjunction with the Board's Finance, Audit and Risk Management Committee, that accurate and complete performance data is reported to the Board, external agencies and Government departments as required by the Board's Service Agreement and as otherwise required by legislation, funding instruments or benchmarking commitments
- analysis and critique of the operational performance of our facilities with respect to quality, risk and safety indicators
- other relevant matters, as determined by the Board, to ensure a safe and efficient environment that continually fosters improvements to the wellbeing of the people who access our services, and our staff
- monitoring and making recommendations about factors and strategies affecting the health of residents within the North West, including our Indigenous, rural and remote communities
- planning with community and partner organisations to improve the reporting and monitoring of health outcomes for our Indigenous communities, with a focus on primary health care indicators and prevention strategies.

The Committee met on eight occasions during the reporting period, with the Chair also participating in statewide forums of Quality and Safety Chairs.

Key activities and achievements for 2018–2019 included:

- continuing oversight and monitoring of quality, safety and risk across the North West Hospital and Health Service, informed by a Clinical Governance Scorecard and Riskman incident reporting system, both of which were initially introduced during the previous financial year
- continued to review patient waitlists, with all Category 1 elective surgical patients receiving their care within clinically recommended times, zero long waits for first specialist outpatient appointments and no ready for care patients waiting longer than clinically recommended for a gastrointestinal endoscopy as at 30 June 2019
- monitored hand hygiene compliance and other mandatory reporting, including occupational violence
- monitored reporting and investigation of SAC 1 to three incidents, ensuring a significant improvement in the timeliness in review and response rates

- considered a revised North West Hospital and Health Service *Risk Management Framework*, which was subsequently progressed to the Board for endorsement
- received ongoing progress reports regarding North West Hospital and Health Service's preparedness towards onsite assessment against the Australian Commission on Safety and Quality in Healthcare's National Safety and Quality Health Service Standards (2nd edition) between 28 October 2019 and 1 November 2019.

Looking ahead for 2019–2020, the Committee will:

- continue to monitor quality, safety and risk performance of the North West Hospital and Health Service and making recommendations to the Board as required
- further develop governance processes for local research-related activities and clinical and health education initiatives in relation to strategic direction and priorities, including Indigenous participation in the workforce and in the services provided by the Hospital and Health Service
- further support improvements in health outcomes for Indigenous communities by way of monitoring key data and encouraging further partnership working with key stakeholders
- increase focus on staff culture, safety and wellbeing considerations
- encourage wider implementation of best practice use of appropriate tests treatments and procedures, such as those informed by the Choosing Wisely program
- review, implement and monitor progress in response to findings and recommendations relating to the scheduled assessment against National Safety and Quality Health Service Standards (2nd edition)

Workforce Leaders' Group

The aim of the Workforce Leaders' Group is to ensure that the workforce of the North West Hospital and Health Service has input into decisions that impact on health service delivery throughout the north west. Representation is across disciplines and work groups and includes Board members and the Chief Executive.

The Workforce Leaders' Group is chaired by Board member Ms Kari Arbouin and met on two occasions during the reporting period.

Key outputs of the group included the launch of a corporately branded polo shirt and staff awards night, held on 27 September 2018, which further promoted the North West Hospital and Health Service's core values of innovation, respect, engagement, accountability, caring and honesty.

Engagement Committee

The Engagement Committee promotes effective relationships and communication betweenconsumers, communities and workforce across the north west.

Membership includes Board members, the North West Hospital and Health Service's Senior Management Team and consumer representatives.

The Engagement Committee met on two occasions during the reporting period and received summaries of media and communication activities, minutes of local Community Advisory Groups and Networks and briefings regarding a range of health promotion initiatives including a smoking cessation campaign and the North West Health Expo scheduled for 30-31 August 2019.

EXECUTIVE MANAGEMENT

As at 30 June 2019, the North West Hospital and Health Service Executive Management Team comprised:

Lisa Davies Jones

Health Service Chief Executive, North West Hospital and Health Service

Lisa has had a broad ranging healthcare career within nursing, service improvement, healthcare management and clinical governance. Lisa has worked in a number of senior leadership roles within healthcare organisations in the United Kingdom and more recently in Queensland. Lisa has spent the first years of her tenure with the North West Hospital and Health Service building partnerships with Western Queensland Primary Health Network and Gidgee Healing, to establish the foundations of their shared approach to developing comprehensive primary health care through integrated services. Her strong commitments to improving health outcomes have led to a determination to see health services integrated across the North West Hospital and Health Service, for the seamless delivery of primary health care. The *Lower Gulf Strategy* has been implemented across the extremely isolated communities of the Lower Gulf of Carpentaria, with a focus on comprehensive primary health care and an integrated service delivery system. Lisa is passionate about creating an environment where staff at all levels of the organisation can flourish in their work and are able to generate new learning and continuous improvements in health care. Lisa has qualifications in registered and specialist nursing and post graduate management and leadership. Lisa is a graduate of the Australian Institute of Company Directors and holds the position of Adjunct Associate Professor, James Cook University; Mount Isa Centre for Rural and Remote Health.

Barbara Davis

Executive Director, Corporate Services

Barb has extensive executive experience across the corporate services portfolio and has worked with in North West Hospital and Health Service since 2004. She has more than 40 years' experience in nursing and administrative roles in a wide range of locations throughout Australia. Barb is a former registered nurse, neonatal intensive care nurse, and midwife. She holds a Bachelor of Health Science and a Masters in Health Management.

Barb represents the North West Hospital and Health Service on state-wide committees which include the Chief Operating Officer Forum, and various state-wide specific project groups. She remains in the north west due to her passion for progressing equity in health status for the north west communities.

Barb is responsible for the dedicated team of staff who manage most non-clinical areas within North West Hospital and Health Service with a particular emphasis on operational, human resources, administration, infrastructure, maintenance and asset management. She is also responsible for the performance reporting of the patient access areas of specialist outpatients. The portfolio includes responsibility for planning and disaster management functions. Team members are client focussed and provide high quality services that support health care delivery.

Michelle Garner

Executive Director Nursing and Midwifery and Clinical Services

Michelle has held the position of Executive Director of Nursing and Midwifery since 2008, and with the 2017 executive tier restructure, her title was changed to Executive Director Nursing and Midwifery and Clinical Services. The Executive Director Nursing and Midwifery and Clinical Services is the professional lead for nursing and midwifery services and is accountable for the nursing and midwifery workforce and governance and education within the North West Hospital and Health Service.

Michelle holds a Bachelor of Nursing, Graduate Diploma in Advanced Critical Care Nursing, and a Masters of Nurse Practitioner. Michelle is an Adjunct Associate Professor with James Cook University and the Mount Isa Centre for Rural and Remote Health. She is a member of the Queensland Executive Directors of Nursing and Midwifery Forum, Queensland Nursing and Midwifery Executive Council, Nursing and Midwifery Implementation Group and the Queensland Clinical Senate. Michelle is the state lead for current Queensland Government Election Commitment for 3,000 Nurses.

Michelle is an endorsed nurse practitioner and has a special interest in advanced practice nursing and midwifery pathways and nurse and midwifery prescribing. Michelle has prioritised support and development of nurse practitioner roles in rural, remote and specialised areas of practice.

Dr Karen Murphy

Acting Executive Director of Medical Services and Clinical Governance

Karen has been a medical leader for a number of years in a variety of healthcare settings. She has worked in clinical and non-clinical leadership roles, with her clinical experience going back to the early 1980s. She commenced in the role of Acting Executive Director of Medical and Clinical Services in January 2019, having spent nine years as an Executive Director of Medical Services in Western Australia.

Her passion has always centred around supporting medical and multi-disciplinary teams to focus on patient care as a priority, and she understands the need for a team-based approach to the patient journey in all of the sites and countries in which she has worked, within both public and private sectors. In all of her roles previously, not only has she worked as a support, advocate and senior leader for medical staff, but also for a diverse range of staff, from chaplaincy to outpatients, ambulance to administration and as a result of this, Karen has a strong belief that the team supporting patients and their families consists of every person working within healthcare – from gardener to security to the executive team.

Karen has been at the forefront of some significant change management and clinical service redesign work, especially within the Australian healthcare sector and understands well the challenges of maintaining engagement through change. Several service changes she has worked on have been recognised with awards for innovation and improvement.

Karen has a home in Western Australia but has been thoroughly enjoying her time in North West Queensland and is keen to embrace and support some of the challenges ahead for the North West Hospital and Health Service. She is looking forward to continuing to help develop services to focus on providing care closer to home for all patients and their families and continuing to improve health outcomes for Queenslanders.

Peter Scott

Chief Finance Officer

Peter was appointed to the North West Hospital and Health Service in September 2017. He has a wealth of experience in the health system in Queensland.

His most recent role was with Health Support Queensland, as Project Director overseeing the fitout of new premises for Health Support Queensland in Bowen Hills. Prior to that Peter was General Manager, Corporate Services for West Moreton-Oxley Medicare Local. Peter is a Fellow of the Certified Practising Accountants Australia (FCPA) and has a Bachelor of Business (Accountancy), Riverina-Murray Institute of Higher Education (now Charles Sturt University).

Peter is experienced in operational and financial leadership in the primary health care sector and has a broad background in the management of health services to provide the best balance point between patient needs, patient access to services and financial sustainability.

Peter is responsible for the dedicated and professional team who manage the finance, systems, contracts and ICT functions of the hospital and health service.

With a philosophy of partnering with operational and clinical departments, Peter's teams have delivered excellent outcomes in improving financial knowledge and accountability and information system proficiency.

Rosemarie Newitt

Acting Executive Director of Integrated Health Services

Dr Rosemarie Newitt has served as the North West Hospital and Health Service's Acting Executive Director of Integrated Health Services since February 2019. Responsible for oversight of ten remote facilities, Integrated Health Services also manages a broad range of services provided at both Mount Isa and also on an outreach basis including: Community and Primary Healthcare; Mental Health, Alcohol Tobacco and Other Drugs; Allied Health; Pharmacy and also Oral Health Services, and is tasked with ensuring these units all work together to collectively improve health outcomes across North West communities.

To further address challenges associated with chronic disease and deliver services that focuses on the individual needs of the widely dispersed North West population, a further key focus of the division is seeking and building on opportunities to collaborate and further improve access to primary health care. One such example includes working closely with our partners, Gidgee Healing and the Western Queensland Primary Health Network, as part of the tri-partite *Lower Gulf Strategy*.

Rose has had a successful career in both academia and allied health services. Research interests include implementation science, adapted physical activity for individuals with neurological conditions, falls prevention and rural and remote high-risk foot care. Rose has previously served as the North West Hospital and Health Service's Director of Allied Health as well as the Allied Health Lead, with the Centre for Rural and Remote Health, James Cook University. Her role with James Cook University focused on increasing the health workforce in north-west Queensland.

INTERNAL AUDIT

The *Financial Accountability Act 2009* requires each accountable officer and statutory body to establish and maintain appropriate systems of internal control and risk management.

During the reporting period the North West Hospital and Health Service worked closely with Internal Auditors, O'Connor Marsden & Associates, which undertook a range of operational reviews regarding:

- contract management, including contracted medical staff
- financial processes, including own source revenue; procurement management and general purpose Vouchers
- risk management

Following each audit, a range of practical recommendations and other observations were provided to further enhance our internal processes and procedures. These were fully implemented by 30 June 2019 or are continuing to be actioned.

We will continue to work closely with O'Connor Marsden & Associates and both the Finance Audit and Risk Management and Quality, Safety and Risk committees during the 2019–2020 financial year in relation to an ongoing work program that will further consolidate and strengthen its internal controls.

EXTERNAL AUDIT

The Queensland Auditor-General holds statutory appointment as auditor of all public sector entities and is responsible for reporting independently to Parliament on a range of matters including conducting financial audits and undertaking performance audits of important aspects of public services—examining efficiency and effectiveness, and sharing opportunities to apply best practice.

The 2018–2019 financial statements are provided from page 66 of this annual report.

STRATEGIC WORKFORCE PLANNING AND PERFORMANCE

Table 3: More doctors and nurses*

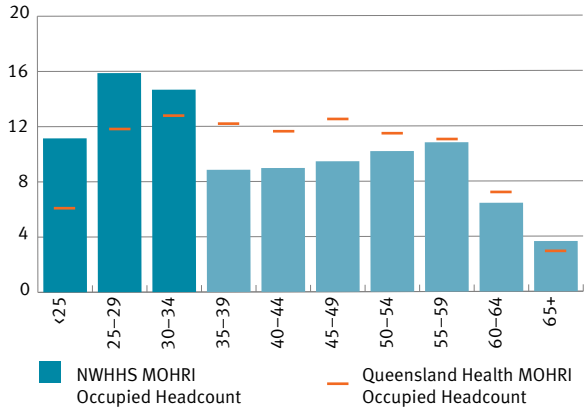
	2014-15	2015-16	2016-17	2017-18	2018-19
Medical staff	51	53	61	60	64
Nursing staff	292	289	314	327	336
Allied Health staff	43	45	54	52	48

Table 4: Greater diversity in our workforce*

	2014-15	2015-16	2016-17	2017-18	2018-19
Persons identifying as being Aboriginal and/or Torres Strait Islander	68	66	76	69	63

The North West Hospital and Health Service employed 747 full time equivalent staff as at 30 June 2019, an increase of 3.8 per cent in the prior year. Our committed and highly valued staff continue to be our focus to meet the challenges of an ageing workforce and the changing needs of our communities.

Workforce age profile (headcount)



The North West Hospital and Health Service is committed to a diverse and inclusive workplace. At the end of the financial year:

- The majority of our staff continue to be employed permanently which remains unchanged from the previous financial year. On average, across all staff disciplines, five per cent were long term temporary employees (greater than two years).
- The permanent staff separation rate for the reporting period was 13 per cent.

CODE OF CONDUCT AND PUBLIC SECTOR ETHICS

The Hospital and Health Service is committed to its values of Innovation, Respect, Engagement, Accountability, Caring and Honesty. We are committed to upholding the values and standards in the Code of Conduct for the Queensland Public Service. All staff are required to undertake training related to the Code of Conduct for the Queensland Public Service and more specifically, ethics, integrity and accountability.

Code of Conduct requirements are included in the terms of employment in all appointment letters and training is provided in the central orientation program and via online training modules. Human Resource Officers are also available to provide in-house training where requested.

WORKFORCE ENGAGEMENT

In response to the 2017 Working for Queensland survey, multiple staff forums were undertaken to consult with staff about the outcomes of the survey. Key themes for improvement resulted in an action plan targeting leadership development, reward and recognition including our first awards night scheduled for September 2018, and review of recruitment processes.

Staff Awards 2018

Our first North West Hospital and Health Service Staff Awards night was held on 27 September 2018.

Following nominations received by staff, individual and team awards were issued in recognition of each of our values of innovation, respect, engagement, accountability, caring and honesty.

The North West Hospital and Health Service Individual Awards were presented to: Carmen Lehtonen (Innovation Award), Joshua Brock (Respect Award), Dr Zafar Smith (Engagement Award), Melinda Duncan (Accountability Award), Janelle Jones (Caring Award), Sabine Orda (Honest Award), Susan Hansen (Community Award) and Lisa Davies Jones (Behaviours in Action Award).

The North West Hospital and Health Service Team Awards were presented to: Cloncurry Administration (Innovation Award), Cloncurry Community Health (Respect Award), Patient Travel (Engagement Award), Aged Care Team (Accountability Award), Paediatric Unit, Mount Isa Hospital (Caring Award), Theatre /Central Sterilising Services Department (Honesty Award).

Two further awards were also allocated:

- A Community Award, selected from nominations submitted from local Chairs of Community Advisory Groups, Community Advisory Networks and Health Councils based across North West Hospital and Health Service facilities. This was awarded to, Clinical Nurse at Cloncurry Multipurpose Health Service, Susan Hansen.
- An overall Behaviours in Action Award, presented by the Board, in recognition of a staff member who most actively demonstrates our core values in their everyday workplace behaviour. This was presented to Health Service Chief Executive, Lisa Davies Jones.

We are very proud of all our category winners, which is reflective of the commitment of all North West Hospital and Health Service staff and our partner organisations in making significant differences daily to the communities we are privileged to support.

Mount Isa winners from left to right: Carmen Lehtonen, Nell Jones and Barbara Davis

Cloncurry winners from left to right: Susan Hansen and Lesley Laffey

NAIDOC Awards 2018

We had a wonderful NAIDOC celebration under the Healing Tree at Mount Isa Hospital on Tuesday 10 July 2018 with about 200 people attending, including Elders, community members, Hospital staff, Queensland Police Service, Queensland Ambulance Service, the office of the Prime Minister and Cabinet, Centre for Rural and Remote Health, Gidgee Healing, North and West Remote Health, and other health partners. The North West Hospital and Health Service is very proud to be included in the Mount Isa community NAIDOC calendar annually with this event.

Carmel Marshall and Dr Don Bowley

Marlene Bennette and Dr Don Bowley

Emergency Department Staff and Dr Don Bowley

Louise Butler and Dr Don Bowley

WORKFORCE PLANNING

The North West Hospital and Health Service has developed a comprehensive strategic workforce plan, workforce framework and operational workforce plan to attract and retain a highly skilled workforce to service the needs of the communities we serve.

Workforce Diversity and Inclusion

In designing and providing appropriate healthcare for each of our discrete communities, North West Hospital and Health Service seeks to ensure that our workforce is reflective of the communities we serve as well as becoming a leader in promoting workforce diversity and inclusion.

Workplace Health and Wellbeing

The well-being of people is the focus of the North West Hospital and Health Service. The service is committed to protecting the people who work in the hospitals and healthcare facilities and those who access the health services and visit the sites. An external audit in February 2018 identified a number of areas for improvement which have been addressed and a detailed workplace health and safety plan has been developed.

The North West Hospital and Health Service recognises the health benefits of working and is committed to ensuring employees receive the support they need to safely return to work, and where possible, participate in a staged early return-to-work program following illness or injury. The North West Hospital and Health Service WorkCover premium remains below the industry standard.

Early retirement, redundancy and retrenchment

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

INFORMATION SYSTEMS AND RECORD KEEPING

All North West Hospital and Health Service employees have specific responsibilities regarding security, confidentiality and the management of records and other information accessible to them during the course of their work. Staff understand their responsibilities in accordance with the *Information Privacy Act 2009*.

Our skilled staff are responsible for the management of central information systems and record keeping. Medical Records is responsible for the lifecycle management of clinical records including audit. Staff are informed of audit results and are involved in continuous improvement activities.

Administration officers responsible for processing medical records complete mandatory training, and ongoing competency assessments, to ensure they comply with record keeping requirements. Individual service areas manage non-clinical records. To assist in maintaining a high level of service, written and electronic support resources are available to staff.

Medical records are currently tracked with the Hospital Based Corporate Information System (HBCIS) database. Clinical records are retained and disposed of in accordance with the Health Sector (Clinical Records) Retention and Disposal Schedule (QDAN 683) and public records in accordance with the P*ublic Records Act 2002*.

Financial System Renewal

The Financial System Renewal (FSR) project, a comprehensive state-wide change management process initiated by Queensland Health, replaced the existing Finance and Materials Management Information System (FAMMIS) with a new S4/HANA system which will ensure greater functionality and ensure Hospital and Health Services are able to fully discharge financial obligations as statutory bodies, independent of the department.

During the reporting period, North West Hospital and Health Service continued to undertake required transitional preparations and roll out of staff training, allowing users to familiarise themselves with the system before business go-live on 1 August 2019.

Confidential information

The *Hospital and Health Boards Act 2011* requires annual reports to state the nature and purpose of any confidential information disclosed in the public interest during the financial year. There were no disclosures during the reporting period.

Official opening of the Renal Unit in Mount Isa sees Aboriginal and Torres Strait Islander patients stay closer to family

Earlier this year, the North West Hospital and Health Service took over the management of renal services from the Townsville Hospital and Health Service.

Chronic disease is one of the biggest health problems in north-west Queensland, where Aboriginal and Torres Strait Islander people are up to 30 per cent more likely than non-indigenous people to develop renal disease.

Assistant Director of Nursing Tracey Wylie and Renal Health Worker Belinda Johnson.
Photo Supplied by the ABC North West Queensland

Until recently, renal patients had to relocate and undergo dialysis in Townsville awaiting a spot until someone passed in Mount Isa, leaving people away from home for long periods.

The Mount Isa Hospital is now able to accommodate 48 patients for dialysis, three times a week, enabling Aboriginal peoples and Torres Strait Islander peoples to be closer to home, allowing them to be better connected with their family and land.

Renal Health worker Belinda Johnson has been in instrumental in the successful transition of renal services to Mount Isa, helping to bridge the cultural and communications gap between the health service and its Aboriginal and Torres Strait Islander patients.

Renal patient Erwin Pardon, receiving treatment nearer to home, supported by his wife Lorna. Photo supplied by ABC North West Queensland

Aboriginal man Erwin Pardon, receives dialysis treatment in Mount Isa, 120 kilometres away from his home and family in Cloncurry. Mr Pardon said Townsville is too far away for families to come and see patients receiving dialysis, so the closer they can get to their family, the better.

North West Hospital and Health Service Chief Executive Lisa Davies Jones says transferring renal services back to our control, gives us much more scope and funding to deliver renal services closer to home. Not just in Mount Isa, but in the North West Hospital and Health Service's remote communities with the greatest level of need, such as Mornington Island, Normanton and Doomadgee, where renal disease is a very real challenge.

DEMAND ON SERVICES

A service agreement between the Queensland Health and the North West Hospital and Health Service defines the health services, clinical teaching and research and other services that are to be provided and the associated funding for the delivery of these services. It also defines the outcomes that are to be met and how performance will be measured.

The current service agreement covers the period from 1 July 2016 to 30 June 2019. During the reporting period, changes relating to funding, activity and key performance indicators were agreed with Queensland Health in November 2017 and both May and June 2018.

Our ongoing performance is monitored against the following range of key indicators:

- **Safety and Quality Markers:** which together provide timely and transparent information on the safety and quality of services provided by the Hospital and Health Services
- **Key Performance Indicators (KPIs):** which are focused on the delivery of key strategic objectives and statewide targets and inform performance assessments
- **Outcome Indicators:** which provide information on specific activities and interventions where there is reasonable expectation, or evidence, these make a positive contribution towards improving the health status and experience of patients
- **Other Supporting Indicators:** which provide contextual information and enable an improved understanding of performance, facilitate benchmarking of performance across Hospital and Health Services and provide intelligence on potential future areas of focus.

PERFORMANCE

North West Hospital and Health Service's hospitals admitted over 450 more patients from emergency departments than the previous year. This demonstrates both an increase in demand and increase in urgency and complexity of care.

North West Hospital and Health Service's hospitals also provided more initial appointments for specialist outpatient and more elective surgery than for the same period last year, at the same time as providing more of this care within the clinically recommended times.

Table 5: Delivering more care

	2018-19	Change since last year
Babies born [a]	*448	*5
Oral health treatments [b1]	38,414	-4,957
Emergency Department presentations [c]	44,661	-1,202
Emergency Department 'Seen in time' [c]	35,479	-638
Patient admissions (from ED) [c]	6,838	453
Emergency surgeries [d2]	618	161
Outpatient occasions of service (specialist and non-specialist) [d3]	56,749	1,857
Specialist outpatient first appointments delivered in time [e4]	4,651	144
Gastrointestinal endoscopies delivered [f]	466	-127
Gastrointestinal endoscopies delivered in time [f]	466	-123
Elective surgeries, from a waiting list, delivered [g]	714	65
Elective surgeries, from a waiting list, delivered in time [g]	713	65
Number of telehealth services [h]	5,360	799

[1] *Oral Health treatments are identified as Weighted Occasions of Service*

[2] *Emergency surgeries data is preliminary.*

[3] *Only includes Activity Based Funding (ABF) facilities.*

[4] *Specialist outpatient services are a subset of outpatient services, where the clinic is led by a specialist health practitioner.*

[*] *Perinatal data collection is based on calendar year 2018.*

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

During 2018–2019, North West Hospital and Health Service continued to meet, and in most cases exceed, service targets in a number of areas, including: emergency department length of stay; elective surgery and specialist outpatients waiting times and long waits.

Our performance against 2018–2019 Service Delivery Statement targets, and targets for 2019–2020, is summarised in the following table.

Table 7: Service Standards – Performance Statement North West Hospital and Health Service 2018–2019

Service standards	Target	Actual
Effectiveness measures		
Percentage of patients attending emergency departments seen within recommended timeframes: [a]		
Category 1 (within 2 minutes)	100%	**97.4%**
Category 2 (within 10 minutes)	80%	**95.4%**
Category 3 (within 30 minutes)	75%	**85.7%**
Category 4 (within 60 minutes)	70%	**84.8%**
Category 5 (within 120 minutes)	70%	**97.3%**
Percentage of emergency department attendances who depart within four hours of their arrival in the department [a]	›80%	**88.1%**
Percentage of elective surgery patients treated within clinically recommended times: [b]		
Category 1 (30 days)	›98%	**100%**
Category 2 (90 days)	›95%	**99.6%**
Category 3 (365 days)	›95%	**100%**
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days [c]	‹2	**0.4** [1]
Percentage of specialist outpatients waiting within clinically recommended times: [d]		
Category 1 (30 days)	98%	**100%**
Category 2 (90 days)	95%	**100%**
Category 3 (365 days)	95%	**100%**
Percentage of specialist outpatients seen within clinically recommended times: [d]		
Category 1 (30 days)	98%	**97.6%**
Category 2 (90 days)	95%	**99.1%**
Category 3 (365 days)	95%	**100%**
Median wait time for treatment in emergency departments (minutes) [a]	-	**10**
Median wait time for elective surgery (days) [b]	-	**28**
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities [e,f]	$5,299	**$5,723** [2]
Other measures		
Number of elective surgery patients treated within clinically recommended times: [b]		
Category 1 (30 days)	225	**216**
Category 2 (90 days)	232	**261**
Category 3 (365 days)	165	**236**
Number of Telehealth outpatient occasions of service events [g]	5,400	**5,360**
Total weighted activity units (WAUs) [f]		
Acute Inpatient	9,425	**11,090** [3]
Outpatients	4,441	**2,642**
Sub-acute	665	**731**
Emergency Department	6,832	**5,505**
Mental Health	364	**182**
Prevention and Primary Care	350	**384**
Ambulatory mental health service contact duration (hours) [h]	›8,133	**6,458**
Staffing [i]	782	**747**

1 SAB data presented is preliminary.

2 Cost per WAU data presented as Mar-19 FYTD.

3 As extracted on 19 August 2019.

Source: *[a] Emergency Data Collection, [b] Elective Surgery Data Collection, [c] Communicable Diseases Unit, [d] Specialist Outpatient Data Collection, [e] DSS Finance, [f] GenWAU, [g] Monthly Activity Collection, [h] Mental Health Branch, [i] DSS Employee Analysis.*

Table 8: Additional measures

	2018-19	Change since last year
Childhood Immunisation [a]		
All children 1 year	92.1%	0.2 p.p.
All children 2 years	90.1%	0.8 p.p.
All children 5 years	97.1%	2.7 p.p.
Discharge against medical advice [b]	3.3%	0.5 p.p.
Non-Aboriginal and Torres Strait Islander	1.4%	0.4 p.p.
Aboriginal and Torres Strait Islander	5.5%	0.5 p.p.
Women who gave birth and attended 5 or more antenatal visits [b]	92.5%	-2.8 p.p.
Non-Aboriginal and Torres Strait Islander	99.5%	0.3 p.p.
Aboriginal and Torres Strait Islander	82.8%	-5.9 p.p.
Completed general courses of oral health care [c]	2,374	-59
Non-Aboriginal and Torres Strait Islander	1,669	-50
Aboriginal and Torres Strait Islander	705	-9
Women who were smoking after 20 weeks' gestation [d]	8.1%	N/A
Non-Aboriginal and Torres Strait Islander	14.3%	N/A
Aboriginal and Torres Strait Islander	6.3%	N/A
Mothers who had > 5 antenatal visits, with first visit in the 1st trimester [d]	61.3%	N/A
Non-Aboriginal and Torres Strait Islander	79.2%	N/A
Aboriginal and Torres Strait Islander	41.1%	N/A

4 Data presented as Mar-19 FYTD.

5 New data collection commenced in Dec-18. Preliminary data is available for the period Dec-18 to May-19.

6 New data collection commenced in Dec-18. Preliminary data is available for the period Dec-18 to May-19. Lag of data due to trimester reporting. Data is only collected after the birth of the baby and is available for reporting two to three months after this event. It is a prerequisite that HHSs must also maintain their performance with respect to the performance standards under this QIP in terms of non-Indigenous mothers.

Source: *[a] Communicable Diseases Unit, [b] Health Statistical Branch, [c] Oral Health Service, [d] Healthcare Purchasing Strategy Unit*

A summary of subsequent delivery against targets as at 30 June 2019, and building on the estimated actual performance is:

- 97.4 per cent of Category 1 patients were seen in time against a target of 100 per cent. This is a 3.7 per cent improvement compared to the same time last year.

Six patients received treatment, either by visiting specialists or as an inpatient or at another facility.

There were zero patients waiting longer than clinically recommended for their first specialist outpatient appointment as at 30 June 2019.

During the reporting period, North West Hospital and Health Service also treated 144 (or 3.2 per cent) more patients in time than the previous financial year.

216 Category 1 elective patients were treated within 30 days against a target of 225. By 30 June 2019, there were no patients waiting within clicnically recommended timeframes.

In total, 713 patients received their elective treatment within the clinically recommended timeframes. This is 65 (10 per cent) more patients compared to the 2017–2018.

The end year target of 5,400 telehealth proceedures included a stetch target of an additional 17 per cent for 2018–2019. As at 30 June 2019, a total of 5,360 procedures were provided.

Although slightly below target, North West Hospital and Health Service has continued to significantly increase telehealth utilisation year on year, having delievered a 19 per cent increase in 2018–2019, which in itself was a 30 per cent increase in comparison to the previous financial year.

North West Hospital and Health Service exceeded their Weighted Activity Target ultimately delivering an additional 207 Queensland Weighted Activity Target during the reporting period. Further effort will be directed towards achieving the revised 2019–2020 targets.

Although an additional 1,185 hours of ambulatory mental health service contact was provided in comparison to the previous financial year, further effort will also be taken towards achieving the 2019–2020 target.

Other ongoing challenges we continue to tackle include taking further steps to decrease:

- potentially preventable hospitalisations, by earlier intervention of patients, and further engagement with GP providers
- discharge against medical advice, where patients elect to leave facilities without prior completion of treatment. This is a particular issue within emergency departments which is beginning to be reduced following introduction of Indigenous Patient Liaison Officers to support patients receiving care
- complaints resolution, where significant steps have been taken during 2018–2019 to ensure that complaints are resolved within 35 days
- costs per Weighted Activity Unit which remains challenging given the unique funding model applied to Mount Isa Hospital as the only rural and remote provider funded by the ABF model, which does not take into account higher costs associated with service delivery in remote settings.

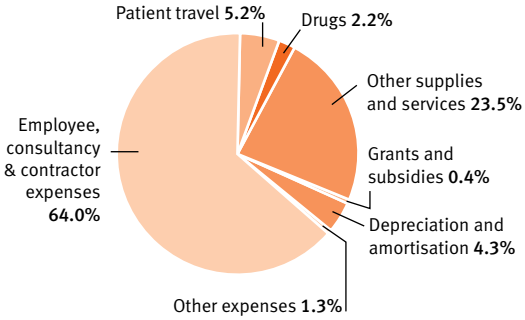
FINANCIAL PERFORMANCE SUMMARY 2018–2019

Total revenue received by North West Hospital and Health Service for 2018–2019 totalled $193.0 million, up from $177.1 million in 2017–2018.

Expenditure for the year totalled $193 million, resulting in a balanced operating position for the year.

North West Hospital and Health Service continues to contain cost where possible. Total labour cost remains proportionally high, consuming 64 per cent of our total expenditure, 1.3 per cent higher than the 2017–2018 level.

Proportion of total expenditure 2018–2019



Patient travel remains a major and integral part of our service provision, making up 5.2 per cent of total funding in 2018–2019, but also reduced from 9.4 per cent in 2017–2018 as we increase services closer to home for patients.

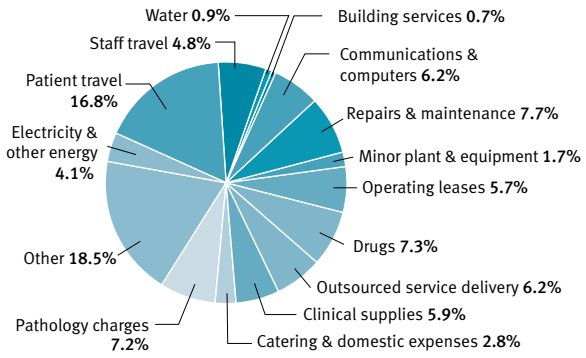
Expenditure on drugs has increased in the year but remains proportionally consistent with 2017–2018 levels.

Other expenditure areas remain proportionally consistent with activity and 2017–2018 levels.

The cost of providing health services across the North West Hospital and Health Service area continues to increase, and we will continue to seek efficiencies where possible, whilst striving to provide the best care possible.

Activity based funding increased in 2018–2019 by 4.4 per cent, in line with activity.

Breakdown of 2018–2019 supplies and services



Expenditure is further itemised in the financial statements.

OPEN DATA

Additional annual report disclosures – relating to expenditure on consultancy, overseas travel and implementation of the Queensland Language Services Policy are published on the Queensland government's open data website, available via www.data.qld.gov.au

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

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

As of 30 June 2019, the North West Hospital and Health Service had a reported anticipated of $43,698,000.

The North West Hospital and Health Service continues to negotiate with the Department to obtain Priority Capital Program funding.

GLOSSARY

Activity based funding (ABF): Funding framework for public health care services delivered across Queensland based on standardised costs of health care services, referred to as 'activities'. The ABF framework applies to those facilities which are operationally large enough to support the framework. For the North West Hospital and Health Service, this currently applies to the Mount Isa Hospital only, with all other hospital facilities receiving block funding (see definition below).

Acute care: Healthcare in which a patient is treated for an acute (immediate and severe) episode of illness; for the subsequent treatment of injuries related to an accident or other trauma; management of labour or during recovery from surgery. Acute care is usually provided in hospitals. Unlike chronic care (longer term physical conditions), acute care is often necessary only for a short time.

Ambulatory care: Care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics.

Block funding: Block funding is typically applied for small public hospitals where there is an absence of economies of scale that mean some hospitals may not be financially viable under Activity Based Funding.

Boost: The evidence-based Boost program has been developed to empower Clinical Nurse/Clinical Midwife staff across the North West Hospital and Health Service to reach their full potential and give them the skills to effectively perform in their current role whilst developing toward the next level. This program enables our Clinical Nurses and Clinical Midwives to create positive change within their workplace, improving the environment and building their confidence as a leader and director of change. The aim of the course is to develop understanding of different leadership and management theory and develop the capabilities of emerging nurse and midwifery leaders. The program provides focused training in management and leadership, ensuring that NG6 nurses and midwives are prepared to lead effectively and contribute to enhanced organisational performance. The Boost program consists of three separate workshop days and a conference style poster presentation of an evidence-based quality improvement project that they have implemented in their area of practice.

Community service: Non-admitted patient health services, excluding hospital outpatient services, typically delivered outside of hospital settings.

Deadly Ears: Queensland Health's State-wide Aboriginal and Torres Strait Islander Ear Health Program for children. Middle ear disease, medically known as otitis media, affects up to 8 out of 10 Aboriginal and Torres Strait Islander children living in remote communities and is conductive to hearing loss, which impacts upon health, child development and educational outcomes of children, their families and communities.

Emergency Department: Dedicated area of a hospital organised and administered to provide emergency care to those in the community who perceive the need for, or are in need of, acute or urgent care.

Inpatient service: A service provided under a hospital's formal admission process. Treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home or other settings.

North and West Remote Health: A not-for-profit primary health care company, recognised as a significant Commonwealth and State Government primary health care organisation, servicing 14 Local Government Areas and 39 communities across an area of over 600,000 kilometres of remote Queensland.

Nurse Navigators: An initiative of the Queensland Government to strengthen patient safety and frontline services. Nurse Navigators are experienced nurses tasked with easing a patient's journey through the health system, ensuring they are supported and receiving the best possible care in a timely manner.

Nurse Practitioners: Nurse Practitioners are the most senior clinical nurses involved in diagnosing and treating patient illnesses. They are highly qualified and work independently, while alongside other doctors and health care professionals, to assess, diagnose, treat and manage patient illnesses. Nurse Practitioners are authorised by the Nursing and Midwifery Board Australia.

Outpatient: A non-admitted, non-emergency patient provided with a service such as an examination, consultation, treatment or other service.

Performance indicator: Measures the extent to which agencies are achieving their objectives.

Primary care: First level healthcare, including health promotion, advocacy and community development, provided by general practitioners (GPs) and a range of other healthcare professionals.

Primary Health Networks (PHNs): Established by Federal Government with the key objectives of increasing the efficiency and effectiveness of medical services for patients – particularly those at risk of poor health outcomes – and improving coordination of care to ensure patients receive the right care in the right place at the right time.

Royal Flying Doctor Service (RFDS): A not-for-profit organisation, supported by the Commonwealth, State and Territory Governments but also relying heavily on fundraising and donations from the community to purchase and medically-equip its aircraft, and to finance other major capital initiatives. Today, the RFDS has a fleet of 63 aircraft operating from 21 bases located across the nation and provides medical assistance to over 290,000 people every year.

Service standard: A standard of efficiency and effectiveness to which an agency will deliver services within its budget. Standards define a level of performance that is appropriate for the service and are expected to be achieved.

Strategic plan: A short, forward-looking document to set direction and provide local objectives and strategies to ensure alignment with the government's objectives for the community.

Telehealth: The delivery of health services and information using telecommunication technology, including:

- Live interactive video and audio links for clinical consultations and education.
- Store and forward systems to enable the capture of digital images, video, audio and clinical data stored on a computer and forwarded to another location to be studied and reported on by specialists.
- Remote reporting and provision of clinical advice associated with diagnostic images.
- Other services and equipment for home monitoring of health.

COMPLIANCE CHECKLIST

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7	Page 3
Accessibility	Table of contents Glossary	ARRs – section 9.1	Pages 5 and 64
	Public availability	ARRs – section 9.2	Inside front cover
	Interpreter service statement	*Queensland Government Language Services Policy* ARRs – section 9.3	Inside front cover
	Copyright notice	*Copyright Act 1968* ARRs – section 9.4	Inside front cover
	Information Licensing	*QGEA – Information Licensing* ARRs – section 9.5	Inside front cover
General information	Introductory Information	ARRs – section 10.1	Pages 10-21
	Agency role and main functions	ARRs – section 10.2	Pages 22-26
	Machinery of Government changes	ARRs – section 31 and 32	Not applicable
	Operating environment	ARRs – section 10.3	Pages 27-44
Non-financial performance	Government's objectives for the community	ARRs – section 11.1	Page 22
	Other whole-of-government plans / specific initiatives	ARRs – section 11.2	Pages 22-24
	Agency objectives and performance indicators	ARRs – section 11.3	Pages 59-62
	Agency service areas and service standards	ARRs – section 11.4	Pages 59-62
Financial performance	Summary of financial performance	ARRs – section 12.1	Page 63
Governance – management and structure	Organisational structure	ARRs – section 13.1	Page 46
	Executive management	ARRs – section 13.2	Pages 52-54
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3	Not applicable
	Public Sector Ethics Act 1994	*Public Sector Ethics Act 1994* ARRs – section 13.4	Page 55
	Queensland public service values	ARRs – section 13.5	Page 24
Governance – risk management and accountability	Risk management	ARRs – section 14.1	Pages 51-52
	Audit committee	ARRs – section 14.2	Page 51
	Internal audit	ARRs – section 14.3	Page 54
	External scrutiny	ARRs – section 14.4	Page 55
	Information systems and recordkeeping	ARRs – section 14.5	Page 59
Governance – human resources	Strategic workforce planning and performance	ARRs – section 15.1	Pages 55-57
	Early retirement, redundancy and retrenchment	Directive No.11/12 *Early Retirement, Redundancy and Retrenchment* Directive No.16/16 *Early Retirement, Redundancy and Retrenchment* (from 20 May 2016) ARRs – section 15.2	Page 57
Open Data	Statement advising publication of information	ARRs – section 16	Inside front cover
	Consultancies	ARRs – section 33.1	https://data.qld.gov.au
	Overseas travel	ARRs – section 33.2	https://data.qld.gov.au
	Queensland Language Services Policy	ARRs – section 33.3	https://data.qld.gov.au
Financial statements	Certification of financial statements	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section 17.1	From page 67
	Independent Auditor's Report	FAA – section 62 FPMS – section 50 ARRs – section 17.2	Following Financial Statements

FAA: *Financial Accountability Act 2009* FPMS: *Financial and Performance Management Standard 2009*
ARRs: *Annual report requirements for Queensland Government agencies*

North West Hospital and Health Service

ABN 22 692 119 544

2018–2019 ANNUAL REPORT

ADVANCING Queensland

Queensland Government

North West Hospital and Health Service

For the year ended 30 June 2019

FINANCIAL STATEMENTS CONTENTS

North West Hospital and Health Service

For the year ended 30 June 2019

STATEMENT OF COMPREHENSIVE INCOME

	Notes	2019 $'000	2018 $'000
Income			
User charges and fees	A1-1	**185,837**	172,311
Grants and other contributions	A1-2	**3,698**	3,660
Other revenue	A1-3	**3,475**	1,175
Total income		**193,010**	177,146
Expenses			
Employee expenses	A2-1	**102,523**	93,312
Other supplies and services	A2-2	**79,583**	71,357
Grants and subsidies	A2-3	**720**	389
Depreciation and amortisation	B4	**8,365**	7,953
Other expenses	A2-4	**1,818**	2,636
Total expense		**193,009**	175,647
Operating result for the year		**1**	1,499
Other comprehensive income			
Items that will not be subsequently reclassified to operating result:			
Increase/(decrease) in asset revaluation surplus		**(1,146)**	(779)
Total other comprehensive income		**(1,146)**	(779)
Total comprehensive income		**(1,145)**	720

The accompanying notes form part of these statements.

North West Hospital and Health Service

For the year ended 30 June 2019

STATEMENT OF FINANCIAL POSITION

	Notes	2019 $'000	2018 $'000
Current assets			
Cash and cash equivalents	B1	**4,139**	7,651
Receivables	B2	**3,149**	3,131
Inventories	B3	**1,097**	964
Other		**195**	1,329
Total current assets		**8,580**	13,075
Non-current assets			
Property, plant and equipment	B4	**119,322**	114,625
Total non-current assets		**119,322**	114,625
Total assets		**127,902**	127,700
Current liabilities			
Payables	B5	**5,976**	9,145
Accrued employee benefits		**4,594**	4,026
Unearned revenue		**378**	148
Total current liabilities		**10,948**	13,319
Total liabilities		**10,948**	13,319
Net assets		**116,954**	114,381
Equity			
Contributed equity		**95,232**	91,514
Accumulated surplus		**(1,550)**	(1,551)
Asset revaluation surplus	B6	**23,272**	24,418
Total equity		**116,954**	114,381

The accompanying notes form part of these statements.

North West Hospital and Health Service

For the year ended 30 June 2019

STATEMENT OF CHANGES IN EQUITY

	Contributed equity $'000	Accumulated surplus $'000	Asset revaluation surplus $'000	Total equity $'000
Balance as at 1 July 2017	94,436	(3,050)	25,197	116,583
Balance as at 1 July 2017	94,436	(3,050)	25,197	116,583
Operating Result	-	1,499	-	1,499
Total other comprehensive income				
- Increase/(decrease) in asset revaluation surplus (Note B6)	-	-	(779)	(779)
Transactions with owners				
- Non-appropriated equity injections	4,883	-	-	4,883
- Non-appropriated equity withdrawals	(7,952)	-	-	(7,952)
- Non-appropriated equity asset transfers	147	-	-	147
Balance at 30 June 2018	91,514	(1,551)	24,418	114,381
Balance as at 1 July 2018	**91,514**	**(1,551)**	**24,418**	**114,381**
Operating Result	**-**	**1**	**-**	**1**
Total other comprehensive income				
- Increase/(decrease) in asset revaluation surplus (Note B6)			**(1,146)**	**(1,146)**
Transactions with owners				
- Non-appropriated equity injections	11,643			11,643
- Non-appropriated equity withdrawals	(8,368)	-	-	(8,368)
- Non-appropriated equity asset transfers	443	-	-	443
Balance at 30 June 2019	**95,232**	**(1,550)**	**23,272**	**116,954**

The accompanying notes form part of these statements.

North West Hospital and Health Service

For the year ended 30 June 2019

STATEMENT OF CASH FLOWS

	Notes	2019 $'000	2018 $'000
Cash flows from operating activities			
Inflows:			
User charges and fees		**174,612**	164,413
Grants and other contributions		**1,754**	1,655
GST collected from customers		**320**	195
GST input tax credits from ATO		**6,061**	5,018
Insurance Recoveries		**2,284**	-
Other		**2,603**	1,753
Outflows:			
Employee expenses		**(102,902)**	(93,902)
Supplies and services		**(77,282)**	(72,929)
Grants and subsidies		**(720)**	(389)
GST paid to suppliers		**(5,932)**	(4,992)
GST remitted to ATO		**(294)**	(225)
Other		**(1,900)**	(1,884)
Net cash used by operating activities		**(1,396)**	(1,287)
Cash flows from investing activities			
Inflows:			
Sales of property, plant and equipment		**82**	44
Outflows:			
Payments for property, plant and equipment		**(13,841)**	(5,173)
Net cash used in investing activities		**(13,759)**	(5,129)
Cash flows from financing activities			
Inflows:			
Equity injections		**11,643**	4,883
Net cash provided by financing activities		**11,643**	4,883
Net increase/(decrease) in cash and cash equivalents		**(3,512)**	(1,533)
Cash and cash equivalents at the beginning of the financial year		**7,651**	9,184
Cash and cash equivalents at the end of the financial year	**B1**	**4,139**	7,651

The accompanying notes form part of these statements.

STATEMENT OF CASH FLOWS

NOTES TO THE STATEMENT OF CASH FLOWS

	2019 $'000	2018 $'000
Operating result from continuing operations	**1**	1,499
Adjustments for:		
Depreciation and amortisation	**8,365**	7,953
Depreciation and amortisation funding	**(8,368)**	(7,952)
Net (gain)/loss on disposal of property, plant and equipment	**(6)**	46
Changes in assets and liabilities:		
(Increase)/decrease in receivables	**(18)**	(714)
(Increase)/decrease in inventories	**(133)**	(14)
(Increase)/decrease in prepayments	**1,134**	(1,216)
Increase/(decrease) in accrued employee benefits	**568**	160
Increase/(decrease) in unearned revenue	**230**	148
Increase/(decrease) in payable	**(3,169)**	(1,197)
Net cash from operating activities	**(1,396)**	(1,287)

BASIS OF FINANCIAL STATEMENT PREPARATION

General Information

The North West Hospital and Health Service (North West HHS) is a not-for-profit statutory body under the *Hospital and Health Boards Act 2011* and is domiciled in Australia. The North West HHS is responsible for providing public sector health services to communities within the area assigned under the Hospital and Health Boards Regulation 2012. Its principal place of business is:

30 Camooweal Street

Mount Isa QLD 4825

Funding is obtained predominately through the purchase of health services by the Department of Health (DOH) on behalf of both the State and Australian Governments. In addition, health services are provided on a fee for service basis mainly for private patient care.

The ultimate parent entity is the State of Queensland.

Controlled entities

The North West HHS does not have any controlled entities.

Investment in Western Queensland Primary Care Collaborative Limited

Western Queensland Primary Care Collaborative Limited (WQPCC) was registered in Australia as a public company limited by guarantee on 22 May 2015. North West HHS is one of three founding members with Central West HHS and South West HHS, each holding one voting right in the company. The principal place of business of WQPCC is Mount Isa, Queensland. Each founding member is entitled to appoint one Director to the Board of the company.

Since formation, 12 additional members have been added to the company membership. On 12 January 2018 the constitution of WQPCC was amended to allow the transition from a public-sector entity to a non-public sector entity to meet the requirements of the WQPCC funding agreement with the Commonwealth. At this time the Queensland Audit Office were consulted and agreed to the amendment of the Constitution to remove the Auditor-General from auditing WQPCC.

WQPCC's principal purposes is to increase the efficiency and effectiveness of health services for patients in Western Queensland, particularly those at risk of poor health outcomes; and improve co-ordination to facilitate improvement in the planning and allocation of resources enabling the providers to provide appropriate patient care in the right place at the right time. These purposes align with the strategic objective of North West HHS to integrate primary and acute care services to support patient wellbeing.

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

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

North West HHS does not have any contingent liabilities or other exposures associated with its interests in WQPCC.

Investment in Tropical Australian Academic Health Centre Limited

Tropical Australian Academic Health Centre Limited (TAAHCL) registered as a public company limited by guarantee on 3 June 2019. North West Hospital and Health Service is one of seven founding members along with Cairns and Hinterland Hospital and Health Service, Mackay Hospital and Health Service, Torres and Cape Hospital and Health Service, Townsville Hospital and Health Service, Northern Queensland Primary Health Network and James Cook University. Each founding member holds two voting rights in the company and is entitled to appoint two directors.

The principal place of business of TAAHCL is Townsville, Queensland. The company's principal purpose is the advancement of health through the promotion of the study and research topics of special importance to people living in the tropics.

As each member has the same voting entitlement (14.3%), it is considered that none of the individual members has power or significant influence over TAAHCL (as defined by AASB 10 Consolidated Financial Statements and AASB 128 Investments in Associates and Joint Ventures). Each member's liability to TAAHCL is limited to $10. TAAHCL's constitution prevents any income or property of the company being transferred directly or indirectly to or amongst the members. Each member must pay annual membership fees as determined by the board of TAAHCL.

As TAAHCL is not controlled by North West HHS and is not considered a joint operation or an associate of North West HHS, financial results of TAAHCL are not required to be disclosed in these statements.

Statement of Compliance

The financial statements:

- have been prepared in compliance with section 62(1) of the *Financial Accountability Act 2009* and section 43 of the *Financial and Performance Management Standard 2009*;
- are general purpose financial statements prepared on a historical cost basis, except where stated otherwise;
- are presented in Australian dollars;
- have been rounded to the nearest $1,000 or, where the amount is $500 or less, to zero unless the disclosure of the full amount is specifically required;

- present reclassified comparative information where required for consistency with the current year's presentation;
- have been prepared in accordance with all applicable new and amended Australian Accounting Standards and Interpretation as well as the Queensland Treasury's Minimum Reporting Requirements for the year ended 30 June 2019, and other authoritative pronouncements.

Authorisation of financial statements for issue

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

Further information

For information in relation to NWHHS's financial statements:

- Email nwhhs.finance@health.qld.gov.au or
- Visit the NWHHS website at: www.health.qld.gov.au/mt_isa

A NOTES ABOUT FINANCIAL PERFORMANCE

This section considers the income and expenses of North West Hospital and Health Service.

A1 INCOME

Note A1-1: User charges and fees

	2019 $'000	2018 $'000
Department of Health Funding		
Activity based funding	**83,446**	84,599
Block funding	**35,608**	39,963
General Purpose Funding	**51,764**	34,947
Depreciation funding	**8,368**	7,952
Total Department of Health Funding	**179,186**	167,461
Other user charges		
Sales of goods and services	**1,994**	1,294
Pharmaceutical benefits scheme	**2,981**	1,968
Hospital fees	**1,676**	1,588
Total other user charges	**6,651**	4,850
Total user charges and fees	**185,837**	172,311

Revenue is recognised when it is probable that the economic benefit will flow to North West HHS and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

Funding is provided predominantly by the Department of Health for specific public health services purchased by the Department in accordance with a service agreement. The Department of Health receives its revenue for funding from the Queensland Government (majority of funding) and the Commonwealth. Activity based funding is based on an agreed number of activities, per the service agreement and a state-wide 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 North West HHS. The funding from the Department is received fortnightly in advance. At the end of the financial year, a financial adjustment may be required where the level of service provided is above or below the agreed level.

The service agreement between the Department of Health and North West HHS specifies that the Department funds North West HHS's depreciation and amortisation charges via non-cash revenue. The Department retains the cash to fund future major capital replacements. This transaction is shown in the Statement of Changes in Equity as a non-appropriated equity withdrawal.

Cash funding from the Department of Health is received fortnightly for State payments and monthly for Commonwealth payments and is accrued based on days in the month to match expenditure recognition. Revenue from user charges and fees is recognised as activity is delivered and accrued on a monthly basis.

Revenue recognition for hospital fees and sales 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.

Note A1-2: Grants and other contributions

	2019 $'000	2018 $'000
Australian Government grants and contributions		
Specific purpose grants	**1,672**	1,851
Total Australian Government grants	**1,672**	1,851
State Government grants and contributions		
Other	**37**	176
Total State Government grants and contributions	**37**	176
Other grants and contributions		
Grants from other bodies	**623**	330
Services received below fair value	**1,276**	1,269
Other donations and contributions	**90**	34
Total other grants and contributions	**1,989**	1,633
Total grants and contributions	**3,698**	3,660

Grants, contributions, donations and gifts that are non-reciprocal in nature are recognised as revenue in the year in which North West HHS obtains control over them. Where grants are received that are reciprocal in nature, revenue is recognised over the term of the funding arrangements.

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

[1]North West HHS receives corporate services support from the Department of Health for no direct cost. Corporate services received would have been purchased if they were not provided by the Department of Health and include payroll services, accounts payable and banking services. The fair value of corporate services received in 2018-19 are estimated by the Department of Health as $0.993 million (2018: $0.989 million) for payroll services and $0.282 million (2018: $0.280 million) for accounts payable and banking services. An equal amount of expense is recognised as services below fair value, under other expenses, refer Note A2-2.

Note A1-3: Other revenue

	2019 $'000	2018 $'000
Interest	**18**	1
Insurance recoveries	**2,284**	-
Other[1]	**1,173**	1,174
Total other revenue	**3,475**	1,175

[1]Other predominantly relates to salary recoveries and student placements ($0.581M).

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

A2 EXPENSES

Note A2-1: Employee expenses

	2019 $'000	2018 $'000
Employee expenses		
Wages and salaries	**83,515**	76,305
Annual leave levy	**8,530**	7,683
Employer superannuation contributions	**7,849**	7,117
Long service leave levy	**1,736**	1,579
Redundancies	**321**	222
Workers compensation premium	**572**	406
Total employee expenses	**102,523**	93,312

North West HHS is a prescribed employer and as such employees are employed directly by North West HHS. North West HHS treats these payments as employee expenses in the financial statements.

Salaries and wages due but unpaid at reporting date are recognised in the statement of financial position at the remuneration rates expected to apply at the time of settlement.

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

Annual leave, long service leave and sick leave

Under the Queensland Government's Annual Leave Central Scheme and Long Service Leave Central Scheme, levies are payable by North West HHS to cover the cost of employees' annual leave (including leave loading and on-costs) and long service leave. No provisions for long service leave or annual leave are recognised in North West HHS financial statements as the provisions for these schemes are reported on a Whole-of-Government basis pursuant to AASB 1049 Whole of Government and General Government Sector Financial Reporting. These levies are expensed in the period in which they are paid or payable. Amounts paid to employees for annual leave and long service leave are claimed from the schemes quarterly in arrears. Non-vesting employee benefits such as sick leave is recognised as an expense when taken.

Superannuation

Superannuation schemes comprise of defined benefit and defined contribution categories. Employer superannuation contributions are paid to employee nominated superannuation funds, however payments to the defined benefit superannuation scheme for Queensland Government employees are at rates determined by the Treasurer on the advice of the State Actuary. Contributions are expensed in the period in which they are paid or payable and North West HHS's obligation is limited to the rate determined by the Treasurer on the advice of the State Actuary. The liability for defined benefits is held on a Whole-of-Government basis and reported in those financial statements pursuant to AASB 1049 Whole of Government and General Government Sector Financial Reporting.

Key management personnel and remuneration disclosures are detailed in Note D1.

Number of full time equivalent employees (FTE)*	**2019**	**2018**
	No.	**No.**
Total FTE	**747**	719

*reflecting Minimum Obligatory Human Resource Information (MOHRI)

Note A2-2: Supplies and services

	2019	**2018**
	$'000	**$'000**
Medical consultancies and contract labour	**9,825**	8,994
Other consultancies and contract labour	**12,064**	8,734
Electricity and other energy	**2,414**	2,333
Patient travel	**16,861**	16,729
Other travel	**3,630**	3,449
Water	**527**	445
Building services	**421**	551
Computer services	**558**	252
Motor vehicles	**277**	173
Communications	**3,109**	2,630
Repairs and maintenance	**4,481**	4,291
Minor plant and equipment	**554**	236
Operating lease rentals	**4,590**	4,057
Drugs	**4,322**	3,574
Outsourced service delivery[1]	**3,422**	3,322
Clinical supplies and services	**3,609**	3,373
Catering and domestic supplies	**1,715**	1,667
Pathology and blood supplies and services	**4,273**	3,484
Services received below fair value[2]	**1,276**	1,269
Other	**1,655**	1,794
Total supplies and services	**79,583**	71,357

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.

[1] Outsourced service delivery consists of externally provided radiology services and blue care fees.

[2] Services received below fair value relates to corporate services support from the Department of Health. An equal amount of revenue is recognised as donations under grants and contributions, refer Note A1-2

Note A2-3: Grants and subsidies

	2019 $'000	2018 $'000
Public hospital support services	**720**	389
Total grants and subsidies	**720**	389

[1]Public hospital support services includes grants provided to James Cook University for patient rehabilitation services and Gidgee Healing for community health services.

Note A2-4: Other expenses

	2019 $'000	2018 $'000
External audit fees	**197**	178
Other audit fees	**109**	122
Insurance	**1,212**	1,241
Inventory written off	**110**	65
Net (gain)/loss from disposal of property, plant and equipment	**(6)**	46
Other legal costs	**183**	43
Special payments[1]	**25**	2
Other	**(12)**	939
Total other expenses	**1,818**	2,636

[1]Total external audit fees paid or payable in the 2018-19 financial year were $0.197 million (2018: $0.178 million); equating to $0.185 million (2018: $0.178 million) paid or payable to Queensland Audit Office, $nil (2018: $nil) for other external audit fees and $0.012 million relating to prior year unaccrued audit fees. There are no non-audit services included in these amounts.

The HHS's non-current physical assets and other risks are insured through the Queensland Government Insurance Fund (QGIF), premiums being paid on a risk assessment basis.

Certain losses of public property are insured with the QGIF. Upon notification by QGIF of the acceptance of the claims, revenue will be recognised for the agreed settlement amount and disclosed as Other Revenues.

[1]Occasionally North West HHS makes a special (ex-gratia) payment even though it is not contractually or legally obligated to make such payments to other parties. North West HHS maintains a register of all special payments greater than $5,000. These payments relate to loss of property and personal expense reimbursement. There was one payment recorded on the register in the 2018-19 financial year of $20,000 relating to loss of income, pain and suffering.

B NOTES ABOUT OUR FINANCIAL POSITION

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

B1 CASH AND CASH EQUIVALENTS

	2019 $'000	2018 $'000
Cash at bank and on hand	**3,889**	7,412
Queensland Treasury Corporation cash fund	**250**	239
Total cash and cash equivalents	**4,139**	7,651

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

North West HHS's bank accounts are grouped with the whole of Government set-off arrangement with Commonwealth Bank of Australia. As a result, North West HHS does not earn interest on surplus funds. Interest earned on the aggregate set-off arrangement balance accrues to the Consolidated Fund.

Overdraft Facility

North West HHS has approval from Queensland Treasury to operate bank accounts in overdraft up to a limit of $1,500,000 (2018: $1,500,000).

B2 RECEIVABLES

Note B2-1: Receivables

	2019 $'000	2018 $'000
Trade receivables	**3,040**	3,057
Less: Loss allowance	**(341)**	(531)
	2,698	2,525
GST input tax credits receivable	**486**	615
GST payable	**(35)**	(9)
	451	606
Total receivables	**3,149**	3,131

Receivables are measured at their carrying amount less any impairment, which approximates their fair value at reporting date. Trade receivables are initially recognised at the amount invoiced to customers for services provided with settlement being 30 days from invoice date. Other receivables generally arise from transactions outside the usual operating activities of the HHS and are recognised at their assessed values. Receivables includes end of year funding accrual of $1.735 million (2018: $1.691 million).

The maximum exposure to credit risk at balance date for receivables is the gross carrying amount of those assets inclusive of any provisions for impairment.

The HHS assesses whether there is objective evidence that receivables are impaired or uncollectible on an ongoing basis. Objective evidence includes financial difficulties of the debtor, the class of debtor, changes in debtor credit ratings and default or delinquency in payments (more than 60 days overdue). When there is evidence that an amount will not be collected it is provided for and then written off. If receivables are subsequently recovered the amounts are credited against other expenses in the statement of comprehensive income when collected.

The individually impaired receivables mainly relate to ineligible patients without insurance.

Note B2-2: Ageing of receivables

	2019			2018		
	Gross receivables	Loss rate	Expected credit loss	Gross receivables	Loss rate	Expected credit loss
2019	**$'000**	**%**	**$'000**	**$'000**	**%**	**$'000**
Ineligible patients	**270**	**75.00%**	**203**	**220**	**75.00%**	**165**
Inpatient	**66**	**12.00%**	**8**	**71**	**4.00%**	**3**
Outpatient	**60**	**80.00%**	**48**	**133**	**75.00%**	**100**
Other	**821**	**10.00%**	**82**	**2,632**	**10.00%**	**263**
Total	**1,217**		**341**	**3,056**		**531**

2018	Gross receivables $'000	Impairment allowance $'000	Carrying amount $'000
Not overdue	**406**	**-**	**406**
Less than 30 days	**219**	**-**	**219**
30 to 60 days	**253**	**-**	**253**
60 to 90 days	**31**	**(31)**	**-**
More than 90 days	**308**	**(311)**	**(3)**
Total	**1,217**	**(342)**	**875**

B3 INVENTORIES

	2019 $'000	2018 $'000
Clinical supplies and equipment	**1,093**	960
Other	**4**	4
	1,097	964

Inventories consist mainly of clinical supplies and pharmaceuticals held for distribution to hospital and health service facilities. Inventories are measured at weighted average cost, adjusted for obsolescence. Unless material, inventories do not include supplies held for ready use in the wards throughout the hospital and health service facilities.

B4 PROPERTY, PLANT AND EQUIPMENT

Note B4-1: Balances and reconciliation of carrying amounts

	Land (at fair value) $'000	Buildings (at fair value) $'000	Plant and equipment (at cost) $'000	Capital works in progress (at cost) $'000	Total $'000
Year ended 30 June 2018					
Opening net book value	4,186	99,013	6,952	7,976	118,127
Acquisitions	-	1,083	2,359	1,685	5,127
Disposals	-	(27)	(17)	-	(44)
Revaluation increments/ (decrements)	-	(779)	-	-	(779)
Transfer of assets from Department of Health	-	-	147	-	147
Transfer of assets between asset classes	-	7,759	-	(7,759)	-
Depreciation expense	-	(6,639)	(1,314)	-	(7,953)
Carrying amount at 30 June 2018	4,186	100,410	8,127	1,902	114,625
At 30 June 2018					
At cost/fair value	4,186	244,515	15,875	1,902	266,478
Accumulated depreciation	-	(144,105)	(7,748)	-	(151,853)
	4,186	100,410	8,127	1,902	114,625
Year ended 30 June 2019					
Opening net book value	**4,186**	**100,410**	**8,127**	**1,902**	**114,625**
Acquisitions	**-**		**1,147**	**12,700**	**13,847**
Disposals	**-**	**(72)**	**(10)**	**-**	**(82)**
Revaluation increments/(decrements)[1]	**-**	**(1,146)**	**-**	**-**	**(1,146)**
Transfer of assets from Department of Health	**-**	**-**	**443**	**-**	**443**
Transfer of assets between asset classes	**-**	**7,842**	**475**	**(8,317)**	**-**
Depreciation expense	**-**	**(6,943)**	**(1,422)**	**-**	**(8,365)**
Carrying amount at 30 June 2019	**4,186**	**100,091**	**8,760**	**6,285**	**119,322**
At 30 June 2019					
At cost/fair value	**4,186**	**248,773**	**16,946**	**6,285**	**276,190**
Accumulated depreciation	**-**	**(148,682)**	**(8,186)**	**-**	**(156,868)**
	4,186	**100,091**	**8,760**	**6,285**	**119,322**

[1] Revaluation increments/(decrements) includes impairment of specific assets adjusted through asset revaluation reserve. Refer to Note B6 for details.

Note B4-2: Accounting Policies

Property, Plant and Equipment

Recognition threshold

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

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

Key Judgement:

North West HHS has a comprehensive annual maintenance program for its buildings. Expenditure is only capitalised if it increases the service potential or useful life of the existing asset. Maintenance expenditure that merely restores original service potential (arising from ordinary wear and tear) is expensed.

Acquisition

Actual cost is used for the initial recording of all non-current asset acquisitions. Cost is determined as the value given as consideration plus costs incidental to the acquisition, including all other costs incurred in getting the assets ready for use. Any training costs are expensed as incurred.

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

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

Componentisation of complex assets

Complex assets comprise separately identifiable components (or groups of components) of significant value, that require replacement at regular intervals and at different times to other components comprising the complex asset.

On initial recognition, the asset recognition thresholds outlined above apply to the complex asset as a single item. Where the complex asset qualifies for recognition, components are then separately recorded when their value is significant relative to the total cost of the complex asset.

When a separately identifiable component (or group of components) of significant value is replaced, the existing component(s) is derecognised. The replacement component(s) are capitalised when it is probable that future economic benefits from the significant component will flow to the department in conjunction with the other components comprising the complex asset and the cost exceeds the asset recognition thresholds specified above. Replacement components that do not meet the asset recognition thresholds for capitalisation are expensed.

Components are valued on the same basis as the asset class to which they relate. The accounting policy for depreciation of complex assets, and estimated useful lives of components, are disclosed below.

The HHS's complex assets are its special purpose buildings.

Subsequent measurement

Land and buildings are subsequently measured at fair value as required by Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector. These assets are reported at their revalued amounts, being the fair value at the date of valuation, less any subsequent accumulated depreciation and accumulated impairment losses where applicable. The cost of items acquired during the financial year has been judged by management to materially represent their fair value at the end of the reporting period.

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

Depreciation

Property, plant and equipment is depreciated on a straight-line basis progressively over its estimated useful life to the HHS. Land is not depreciated. Assets under construction (work-in-progress) are not depreciated until they are ready for use.

Key Estimate - Management estimates the useful lives and residual values of property, plant and equipment based on the expected period of time over which economic benefits from use of the asset will be derived. Management reviews useful life assumptions on an annual basis having given consideration to variables including historical and forecast usage rates, technological advancements and changes in legal and economic conditions. North West HHS has assigned nil residual values to all depreciable assets.

For each class of depreciable assets, the following useful lives were used:

Class	Useful Life
Buildings and Improvements	26 – 88 years
Plant and Equipment	5 – 30 years

Impairment

Key Judgement and Estimate: All property, plant and equipment assets are assessed for indicators of impairment on an annual basis or, where the asset is measured at fair value, for indicators of a change in fair value/service potential since the last valuation was completed. Where Indicators of a material change in fair value or service potential since the last valuation arise, the asset is revalued at the reporting date under AASB 13 *Fair Value Measurement*. If an indicator of possible impairment exists, the HHS determines the asset's recoverable amount under AASB 136 *Impairment of Assets*. Recoverable amount is equal to the higher of the fair value less costs of disposal and the asset's value in use subject to the following:

- As a not-for-profit entity, certain property, plant and equipment of the HHS is held for the continuing use of its service capacity and not for the generation of cash flows. Such assets are typically specialised in nature. In accordance with AASB 136, where such assets measured at fair value under AASB 13, that fair value (with no adjustment for disposal costs) is effectively deemed to be the recoverable amount. As a consequence, AASB 136 does not apply to such assets unless they are measured at cost.
- For other non-specialised property, plant and equipment measured at fair value, where indicators of impairment exist, the only difference between the asset's fair value and its fair value less costs of disposal is the incremental costs attributable to the disposal of the asset. Consequently, the fair value of the asset determined under AASB 13 will materially approximate its recoverable amount where the disposal costs attributable to the asset are negligible. After the revaluation requirements of AASB 13 are first applied to these assets, applicable disposal costs are assessed and, in the circumstances where such costs are not negligible, further adjustments to the recoverable amount are made in accordance with AASB 136.

For all other remaining assets measured at cost, recoverable amount is equal to the higher of the fair value less costs of disposal and the asset's value in use.

Value in use is equal to the present value of the future cash flows expected to be derived from the asset, or where the HHS no longer uses an asset and has made a formal decision not to reuse or replace the asset, the value in use is the present value of net disposal proceeds.

An impairment loss is recognised immediately in the Statement of Comprehensive Income, unless the asset is carried at a revalued amount. When the asset is measured at a revalued amount, the impairment loss is offset against the asset revaluation surplus of the relevant class to the extent available.

Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior years. A reversal of an impairment loss is recognised as income, unless the asset is carried at a revalued amount, in which case the reversal of the impairment loss is treated as a revaluation increase.

Note B4-3: Valuation

Non-current physical assets measured at fair value are revalued, where required, so that the carrying amount of each class of asset does not materially differ from its fair value at the reporting date. This is achieved by engaging independent, professionally qualified valuers to determine the fair value for each class of property, plant and equipment assets 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 practical, regardless of the timing of the last specific appraisal.

In the intervening years, North West HHS uses appropriate publicly available cost indices for the region and asset type to form the basis of a management valuation for relevant asset classes in addition to management's engagement of independent, professionally qualified valuers to perform a "desktop" valuation. A desktop valuation involves management providing updated information to the valuer regarding additions, deletions and changes in key assumptions. The valuer then determines suitable indices which are applied to each asset class.

North West HHS engaged McGees Property to comprehensively revalue land and buildings in the 2016/17 financial year. In determining the values reported in the accounts for North West HHS land and buildings we have relied on the information provided by the independent valuers.

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.

Any revaluation increment arising on the revaluation of an asset is credited to the asset revaluation surplus of the appropriate class, except to the extent it reverses a revaluation decrement for the class previously recognised as an expense. A decrease in the carrying amount on revaluation is charged as an expense, to the extent it exceeds the balance, if any, in the revaluation surplus relating to that asset class.

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

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

- 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 Component

Land was comprehensively revalued by McGees Property as at 30 June 2017.

Level 2 input evidence is available for North West HHS and therefore the Direct Comparison Approach has been utilised to assess the value of freehold land owned by North West HHS.

Under this approach, properties have been directly compared to recent Sales Evidence, after first making appropriate adjustments for variations in:

- shape
- location
- land area
- topography and
- planning.

Values have been applied to land in accordance with this approach, to Mt Isa, Camooweal, Dajarra, Cloncurry, Julia Creek, Normanton and Karumba.

In Burketown, McKinlay, Doomadgee and Mornington Island, where the leasehold land is held by the local Council on behalf of the Queensland Government and leased to various users, including North West HHS, no value has been attributed to land due to the absence of any interest/tenure to North West HHS.

McGees Property performed a desktop assessment for movements in fair value, as at 30 June 2019, related to land assets controlled by North West HHS. McGees Property advised a 0.9% movement in fair value since the comprehensive valuation as at 30 June 2017 which was assessed as immaterial and not applied.

Building Component

Buildings were comprehensively revalued by McGees Property as at 30 June 2017.

Reflecting the specialised nature of health service buildings and on hospital-site residential facilities, fair value is determined using an excess utility and straight-line methodology. This method makes an adjustment to the gross replacement cost of the modern substitute for any utility embodied in the modern substitute that is not present in the existing asset to give a gross replacement cost that is of comparable utility (the modern equivalent asset), and then makes a further adjustment using a straight-line formula. This method addresses each form of obsolescence referred to by AASB 13 – *Fair Value Measurement.*

The assessment of physical deterioration, functional (technical)/economic (external) obsolescence and remaining economic life of the Buildings has been assessed on an elemental basis in accordance with the schedule of Building Elements published by the Australian Institute of Quantity Surveyors.

The age of Buildings and the elements within them has been based upon site inspections, interviewing site personnel and a review of the documents that has been made available. The remaining effective lives of Buildings have been based on the valuer's professional opinion, discussions with North West HHS personnel, industry available information and schedules of effective lives published in Australian Tax Rulings.

The Gross Replacement Cost has been based on the building as it stands today and does not include any design upgrades in accordance with current building standards. An allowance for builder's preliminaries, profit and professional fees has been included. Allowances for additional costs due to remote locations has also been considered and incorporated

An assessment of relevant and appropriate indices was undertaken based on the Queensland Government Statistician's Office - Asset Revaluation Index for Non-Residential Construction for the March 2019 quarter in addition to index and locality factors provided by AECOM and benchmarked against published construction data. This assessment resulted in a index for building assets of 2.7%. On consideration of the net impact of this index in addition to other fair value movements, specifically Julia Creek Hospital decrements, the net movement was deemed not to be material and therefore no adjustments have been made to the carrying value of building assets based on these factors.

North West HHS has classified land and buildings into the three levels prescribed under the accounting standards.

	Level 2	Level 3	Total
	$'000	$'000	$'000
2018			
Land	4,186	-	4,186
Buildings	-	100,410	100,410
Fair value at 30 June 2018	4,186	100,410	104,596
2019			
Land	**4,186**	**-**	**4,186**
Buildings	**-**	**100,091**	**100,091**
Fair value at 30 June 2019	**4,186**	**100,091**	**104,277**

The following table details a reconciliation of level 3 movements:

	Buildings $'000
Fair value at 30 June 2017	99,013
Additions	1,056
Transfers between fair value hierarchy	-
Transfers in (Department of Health)	-
Transfers in (work-in-progress)	7,759
Transfers out	-
Depreciation	(6,639)
Gains recognised in other comprehensive income:	
Increase in asset revaluation reserve	(779)
Fair value at 30 June 2018	100,410

Fair value at 30 June 2018	**100,410**
Additions	**(72)**
Transfers in (Department of Health)	**-**
Transfers in (work-in-progress)	**7,842**
Transfers out	**-**
Depreciation	**(6,943)**
Gains recognised in other comprehensive income:	
Increase in asset revaluation reserve	**(1,146)**
Fair value at 30 June 2019	**100,091**

B5 PAYABLES

These amounts represent liabilities for goods and services provided to NWHHS prior to the end of financial year which are unpaid. The amounts are unsecured and are usually paid within 60 days of recognition. Trade and accruals are presented as current liabilities unless payment is not due within 12 months from the reporting date. They are recognised initially at their fair value and subsequently measured at amortised cost using the effective interest method.

	2019 $'000	2018 $'000
Trade payables	**5,976**	9,145
	5,976	9,145

B6 ASSET REVALUATION SURPLUS BY CLASS

	2019 $'000	2018 $'000
Land		
Balance at the beginning of the financial year	**1,440**	1,440
	1,440	1,440
Buildings		
Balance at the beginning of the financial year	**22,978**	23,757
Revaluation increments/(decrements)	**(725)**	54
Impairment gain/(loss) through equity	**(421)**	(833)
	21,832	22,978
Balance at the end of the financial year	**23,272**	24,418

C NOTES ABOUT RISKS AND OTHER ACCOUNTING UNCERTAINTIES

C1 FINANCIAL RISK MANAGEMENT

North West HHS is exposed to a variety of financial risks – credit risk, liquidity risk and market risk. North West HHS holds the following financial instruments by category:

	Note	2019 $'000	2018 $'000
Financial assets			
Cash and cash equivalents	B1-1	**4,139**	7,651
Financial assets at amortised cost:			
Receivables	B2-1	**3,149**	3,131
Total		**7,288**	10,782
Financial liabilities			
Financial liabilities at amortised cost - comprising:			
Payables	B5-1	**5,976**	9,145
Total		**5,976**	9,145

(a) Credit Risk

Credit risk is the potential for financial loss arising from a counterparty defaulting on its obligations. The maximum exposure to credit risk at balance date is equal to the gross carrying amount of the financial asset, inclusive of any allowance for impairment. The carrying amount of financial assets, which are disclosed in more detail in notes B1 and B2, represent the maximum exposure to credit risk at the reporting date.

No financial assets have had their terms renegotiated so as to prevent them from being past due or impaired and are stated at the carrying amounts as indicated.

There are no significant concentrations of credit risk.

Overall credit risk is considered minimal.

(b) Liquidity risk

Liquidity risk is the risk that North West HHS will not have the resources required at a particular time to meet its obligations to settle its financial liabilities.

North West HHS is exposed to liquidity risk through its trading in the normal course of business. North West HHS aims to reduce the exposure to liquidity risk by ensuring that sufficient funds are available to meet employee and supplier obligations at all times.

Under the whole-of-government banking arrangements, North West HHS has an approved working debt facility of $1.500 million (2018: $1.500 million) to manage any short-term cash shortfalls. This facility has nil drawn down as at 30 June 2019, (2018: nil)

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

(c) Interest rate risk

North West HHS is exposed to interest rate risk on its cash deposited in interest bearing accounts with Queensland Treasury Corporation.

North West HHS does not undertake any hedging in relation to interest rate risk.

Changes in interest rate have a minimal effect on the operating result of North West HHS.

(d) 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 CONTINGENCIES

Litigation

As at 30 June 2019, there is one case filed in the courts naming the State of Queensland acting through the North West Hospital and Health Service as defendant (2018: no cases). North West HHS management believe it would be misleading to estimate the final amount payable (if any) in respect of the litigation before the courts at this time.

Health litigation is underwritten by the Queensland Government Insurance Fund (QGIF). North West HHS liability in this area is limited to an excess per insurance event. As at 30 June 2019, North West HHS has 8 claims currently managed by QGIF (some of which may never be litigated or result in payments to claimants). At year end, the maximum exposure to North West HHS associated with these claims is $160,000 ($20,000 for each insurable event).

C3 COMMITMENTS

NWHHS has non-cancellable operating leases relating predominantly to residential accommodation. Lease payments are generally fixed, but with escalation clauses on which contingent rentals are determined. No lease arrangements contain restrictions on financing or other leasing activities.

Commitments for minimum lease payments in relation to non-cancellable operating leases are payable as follows:

	2019 $'000	2018 $'000
No later than 1 year	**3,231**	2,915
Later than 1 year but no later than 5 years	**66**	162
Total	**3,297**	3,077

Operating lease commitments includes contracted amounts for various residential properties under non-cancellable operating leases expiring within 1 and 5 years with, in some cases, options to extend. The leases have various escalation clauses. On renewal, the terms of the leases are renegotiated.

D KEY MANAGEMENT PERSONNEL

D1 KEY MANAGEMENT PERSONNEL

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of North West HHS, directly or indirectly, including the Minister and Board members of North West HHS.

Minister for Health and Minister for Ambulance Services, Hon Steven Miles along with the following persons were considered key management personnel of North West HHS during the current financial year:

Position	Name	Current contract classification and appointment authority	Initial Appointment Date
Non-executive Director – Board Chair	Paul Woodhouse	*Hospital and Health Boards Act 2011*	1 July 2012
Non-executive Director – Deputy Board Chair	Annie Clarke	*Hospital and Health Boards Act 2011*	9 November 2012 to 3 December 2018
	Don Bowley OAM	*Hospital and Health Boards Act 2011*	29 March 2019[1]
Non-executive Director – Board Member	Christopher Appleby	*Hospital and Health Boards Act 2011*	9 November 2012
	Karen Arbouin	*Hospital and Health Boards Act 2011*	17 May 2013
	Dr Kathryn Panaretto	*Hospital and Health Boards Act 2011*	18 May 2016
	Susan Sewter	*Hospital and Health Boards Act 2011*	18 May 2019
	Karen Read	*Hospital and Health Boards Act 2011*	18 May 2019
	Catrina Felton-Busch	*Hospital and Health Boards Act 2011*	18 May 2019
	Dallas Leon	*Hospital and Health Boards Act 2011*	18 May 2016 to 31 December 2018
	Rowena McNally	*Hospital and Health Boards Act 2011*	1 July 2012 to 3 December 2019
Chief Executive - Responsible for the overall management of North West Hospital and Health Service through functional areas to ensure the delivery of hospital and health service objectives.	Lisa Davies-Jones	S24/S70 Hospital and Health Boards Act 2011	18 May 2016
Chief Finance Officer - Responsible for the overall financial management of North West Hospital and Health Service, including budgeting, activity based funding measurement and departmental relationship management.	Peter Scott	HES-2 *Hospital and Health Boards Act 2011*	18 September 2017
Executive Director Corporate Services - Responsible for the delivery of non-clinical support services, including building, engineering and maintenance services, capital infrastructure and contract management.	Barbara Davis	DSO1-2 *Hospital and Health Boards Act 2011*	1 July 2012
Executive Director Clinical and Medical Services - Responsible for the overall management and coordination of clinical operational and medical services for the health service.	Associate Professor Alan Sandford OAM	MMOI-3 *Medical Officers (Queensland Health) Award*	5 May 2014 to 27 March 2019
	Dr John Currie	MMOI-3 *Medical Officers (Queensland Health) Award*	9 November 2018 to 25 February 2019

[1] Don Bowley OAM was appointed to the NWHHS Board on 1 July 2012 and subsequently appointed as Deputy Chair for the period 29 March 2019 to 17 May 2019.

Position	Name	Current contract classification and appointment authority	Initial Appointment Date
	Dr Marjad Page Dr Karen Murphy	MMOI-3 *Medical Officers (Queensland Health) Award* MMOI-3 *Medical Officers (Queensland Health) Award*	29 August 2018 to 9 November 2019 7 January 2019
Executive Director Nursing Midwifery and Clinical Governance - Responsible for the professional leadership of nursing services for the Mount Isa Hospital and clinical governance for the health service.	Michelle Garner	NRG11 *Queensland Health Nurses and Midwives Award 2012*	1 July 2012
Executive Director, Integrated Health Services – Responsible for the operational management of allied health, community and primary health, mental health and remote hospitals.	Ruth Heather Rosemarie Newitt	HES-2 *Hospital and Health Boards Act 2011* HES-2 *Hospital and Health Boards Act 2011*	24 July 2017 to 25 August 2018 26 February 2019

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

The Governor in Council approves the remuneration arrangements for Hospital and Health Board Chair, Deputy Chair and Members. The Chair, Deputy Chair and Members are paid an annual salary consistent with the Government policy titled: *Remuneration of Part-time Chairs and Members of Government Boards, Committees and Statutory Authorities.*

Remuneration of other Key Management Personnel comprises the following components:

- Short-term employee benefits which include:
  - ***Base*** – consisting of base salary, allowances and leave entitlements paid and provided for the entire year or for that part of the year during which the employee occupied the specified position. Amounts disclosed equal the amount expensed in the statement of comprehensive income
  - ***Non-monetary benefits*** – consisting of provision of housing and vehicle together with fringe benefits tax applicable to the benefit
- Long-term employee benefits include long service leave accrued
- Post-employment benefits include superannuation contributions
- Termination payments are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu on termination, regardless of the reason for termination.
- There were nil performance bonuses paid in the 2018-19 financial year (2018: $nil).

2019

Name	Short-term benefits		Long term benefits	Post employee benefits	Termination benefits	Total remuneration
	Base	Non-monetary benefits				
	$'000	$'000	$'000	$'000	$'000	$'000
Paul Woodhouse	65	13	-	6	-	**84**
Annie Clarke	18	-	-	2	-	**20**
Rowena McNally	20	-	-	2	-	**22**
Richard Stevens OAM	2	-	-	-	-	**2**
Christopher Appleby	36	-	-	3	-	**39**
Karen Arbouin	38	-	-	4	-	**42**
Dr Kathryn Panaretto	38	-	-	4	-	**42**

Dallas Leon	21	-	-	2	-	**23**
Don Bowley OAM	37	-	-	4	-	**41**
Lisa Davies-Jones	303	39	6	26	-	**374**
Barbara Davis	149	31	3	20	-	**203**
Assoc. Prof Alan Sandford OAM	473	23	9	39	148	**692**
Dr Marjad Page	113	11	2	6	-	**132**
Dr John Currie	154	5	3	10	-	**172**
Dr Karen Murphy	156	-	-	-	-	**156**
Michelle Garner	222	44	4	20	-	**290**
Ruth Heather	120	10	2	12	-	**144**
Rosemarie Newitt	60	8	1	6		**75**
Peter Scott	180	12	3	14	-	**209**

2018

Name	**Short-term benefits**		**Long term benefits**	**Post employee benefits**	**Termination benefits**	**Total remuneration**
	Base	**Non-monetary benefits**				
	$'000	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Paul Woodhouse	71	26	-	7	-	**104**
Annie Clarke	37	-	-	4	-	**41**
Rowena McNally	41	-	-	4	-	**45**
Richard Stevens OAM	39	-	-	4	-	**43**
Christopher Appleby	39	-	-	4	-	**43**
Karen Arbouin	37	-	-	4	-	**41**
Dr Kathryn Panaretto	37	-	-	4	-	**41**
Dallas Leon	37	-	-	4	-	**41**
Don Bowley OAM	39	-	-	4	-	**43**
Lisa Davies-Jones	278	26	5	24	-	**333**
Barbara Davis	162	35	3	17	-	**217**
Assoc. Prof Alan Sandford	658	35	13	46	-	**752**
Michelle Garner	228	45	4	19	-	**296**
Ruth Heather	172	26	3	17	-	**218**
Peter Scott	152	26	3	15	-	**196**
Kerry Phillips	55	-	-	-	-	**55**

D2 RELATED PARTY TRANSACTIONS

Transactions with Queensland Government controlled entities

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

Department of Health

North West HHS receives funding in accordance with a service agreement with the Department of Health.

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

The signed service agreements are published on the Queensland Government website and publicly available. The 2018-19 service agreement was for $186 million.

In addition to the provision of corporate services support (refer Note A2-2), the Department of Health provides a number of services including, pathology testing, pharmaceutical drugs, clinical supplies, patient transport, telecommunications and technology services. These services are provided on a cost recovery basis. In 2018-19, these services totalled $20.204 million (2018: $18.312 million).

Queensland Treasury Corporation

Under the whole-of-government banking arrangements, North West HHS has an approved working debt facility with Queensland Treasury Corporation of $1.500 million. North West HHS have accounts with the Queensland Treasury Corporation for general trust monies.

Department of Housing and Public Works

North West HHS pays rent to the Department of Housing and Public Works for a number of properties. In addition, North West HHS provides property maintenance for Department of Housing and Public works on a fee for service arrangement.

Inter HHS

Payments to and receipts from other HHSs occur to facilitate the transfer of patients, drugs, staff and other incidentals.

Western Queensland Primary Care Collaborative

North West HHS received $0.50 million for the Emergency Department Primary Care Transition project. $0.39 million of the contract amount was unspent at 30 June 2019 and recognised as unearned grant funding. All funding is expected to be spent by 30 June 2020.

Transactions with other related parties

The following entities have been disclosed as relevant interests for key management personnel:

Western QLD PHN;

North and West Remote Health;

Gidgee Healing;

Royal Flying Doctor Service;

James Cook University;

University of Queensland;

Central Queensland University;

Connor Medical Services Pty Ltd.

All transactions in the year ended 30 June 2019 between North West HHS and key management personnel, including their related parties were on normal commercial terms and conditions and were immaterial in nature.

E OTHER INFORMATION

E1 PATIENT TRUST FUNDS

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

	2019 $'000	2018 $'000
Patient trust funds		
Opening balance	**11**	9
Patient fund receipts	**8**	9
Patient fund related payments	**(13)**	(7)
Closing balance (represented by cash)	**6**	11

E2 TAXATION

NWHHS 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 NWHHS.

Both NWHHS 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.

E3 FIRST YEAR APPLICATION OF NEW ACCOUNTING STANDARDS OR CHANGE IN ACCOUNTING POLICY

Changes in accounting policy

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

Accounting Standards early adopted for 2018-19

No Australian Accounting Standards have been early adopted for the 2018-19 financial year.

Accounting Standards Applied for the first time in 2018-19

North West HHS applied *AASB 9 Financial Instruments* for the first time in 2018-19. Comparative information for 2017-18 has not been restated and will continue to be reported under *AASB 139 Financial Instruments: Recognition and Measurement*. The nature and effect of the changes as a result of adoption of this new accounting standard are described below.

Classification and measurement

Under AASB 9, debt instruments are categorised into one of three measurement bases – amortised cost, fair value through other comprehensive income (FVOCI) or fair value through profit or loss (FVTPL). The classification is based on two criteria:

- whether the financial asset's contractual cash flows represent 'solely payments of principal and interest', and
- North West HHS's business model for managing the assets.

North West HHS's debt instruments comprise of receivables disclosed in Note C1. They were classified as Loans and Receivables as at 30 June 2018 (under AASB 139) and were measured at amortised cost. These receivables are held for collection of contractual cash flows that are solely payments of principal and interest. As such, they continue to be measured at amortised cost beginning 1 July 2018.

Equity instruments within the scope of AASB 9 are measured at FVTPL, with the exception that an equity instrument that's not held for trading can be irrevocably designated at FVOCI. Investments in subsidiaries, associates and joint ventures fall outside of the scope of AASB 9. North West HHS has no equity investments to report.

Impairment

AASB 9 requires the loss allowance to be measured using a forward-looking expected credit loss approach, replacing AASB 139's incurred loss approach. AASB 9 also requires a loss allowance to be recognised for all debt instruments other than those held at fair value through profit or loss.

On adoption of AASB 9's new impairment model, North West HHS recognised additional impairment losses of $nil on its trade receivables. This resulted in a decrease in opening accumulated surplus of $nil. Below is a reconciliation of the ending impairment allowance under AASB 139 to the opening loss allowance under AASB 9.

		AASB 9 measurement category		
AASB 139 measurement category	**Balances at 30 June 2018 $'000**	**Amortised cost $'000**	**Fair value through OCI $'000**	**Fair value through profit or loss $'000**
Loans and receivables				
Trade and other receivables	**3,661**	**3,661**	**-**	**-**
	3,661	**3,661**	**-**	**-**

AASB 139 measurement category	**AASB 9 measurement category**	**Impairment allowance 30 June 2018 $'000**	**Re-measurement $'000**	**Loss allowance 1 July 2018 $'000**
Loans and receivables				
Trade and other receivables	**Amortised cost**	**530**	**-**	**530**
		530	**-**	**530**

E4 FUTURE IMPACT OF ACCOUNTING STANDARDS NOT YET EFFECTIVE

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

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

These standards will first apply to North West HHS's financial statements for 2019-20. AASB 15 will replace AASB 118 *Revenue*, AASB 111 *Construction Contracts* and a number of interpretations. AASB 1058 will replace AASB 1004 *Contributions*. Together they contain a comprehensive and robust framework for the recognition, measurement and disclosure of income including revenue from contracts with customers.

While the HHS has not yet completed its assessment of the impact of these changes, the potential impacts include the following:

- Under the new standards, other grants presently recognised as revenue upfront may be eligible to be recognised as revenue progressively as the associated performance obligations are satisfied, but only if the associated performance obligations are enforceable and sufficiently specific. The HHS is yet to finalise its evaluation on existing arrangements to determine whether revenue from those grants could be deferred under the new requirements;
- Grants that are not enforceable and/or not sufficiently specific will not qualify for deferral and continue to be recognised as revenue as soon as they are controlled. The HHS receives several grants for which there are no sufficiently specific performance obligations, so these grants will continue to be recognised as revenue upfront, assuming no change to the current grant arrangements;
- Depending on the respective contractual terms, the new requirements may potentially result in a change to the timing of HHS revenue such that some revenue may need to be deferred to a latter reporting period to the extent the HHS has received cash but has not met its associated obligations (such amounts would be reported as a liability in the meantime). The HHS is yet to complete its analysis of existing arrangements but at this stage does not expect a significant impact on its present accounting practices; and
- A range of new disclosures will also be required by the new standards in respect of HHS revenue in the 2019-20 financial statements.

AASB 16 Leases

This Standard will first apply to North West HHS's financial statements for 2019-20 with a 1 July 2019 date of transition. 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 *AASB 117 Leases*, AASB 16 introduces a single lease accounting model for lessees. Lessees will be required to recognise a right-of-use asset (representing rights to use the underlying leased asset) and a liability (representing the obligation to make lease payments) for all leases with a term of more than 12 months, unless the underlying assets are of low value.

In effect, most of the operating leases, as defined by the current AASB 117 and reported in Note C3 *Commitments* will be reported on the statement of financial position under AASB 16.

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. In accordance with Queensland Treasury's policy, North West HHS will apply the 'cumulative approach' and will 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.

The HHS has not yet quantified the exact 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. The exact impact will not be known until the year of transition and a number of factors such as appropriate discount rates and reviewing the terms of leases for options to extend or terminate are reasonably certain. However, assuming the HHS's current operating lease commitments (see Note C3) were recognised 'on-balance sheet' at transition, the expected increase in liabilities (with a corresponding right of use asset) is estimated to be $5.75M. The reclassification between supplies and services expense and depreciation/interest has not yet been estimated.

North West HHS has 52% ($1.716M) of its leases with internal-to-Government lessors and 48% ($1.581M) with external-to-Government lessors.

Internal-to-Government leases

As at 30 June 2019, North West HHS has operating lease commitments of $1.716 million and annual lease payment of $1.716 million primarily for employee housing under the Government Employee Housing program. Considering their operation and impact across the whole-of-Government, Queensland Treasury has advised these arrangements will not be accounted for on-balance sheet under AASB 16.

North West HHS also has a number of cancellable motor vehicle leases with QFleet that are not presently included as part of the operating lease commitments note as they do not constitute a lease under AASB 117 and Accounting Interpretation 4. Queensland Treasury has advised that QFleet arrangements are not required to be accounted for on-balance sheet under AASB 16.

External-to-Government leases

North West HHS also has operating lease commitments of $1.581 million and annual lease payment of $1.515 million with external-to-Government lessors predominantly for employee housing. North West HHS will ascertain the right-of-use asset (and corresponding lease liabilities) in the balance sheet on transition.

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.

All other Australian accounting standards and interpretations with future commencement dates are either not applicable to the North West HHS's activities or have no material impact on the HHS.

E5 SUBSEQUENT EVENTS

Up to the date of signing there are no matters or circumstances that have arisen since 30 June 2019 that have significantly affected, or may significantly affect North West HHS's operations, the results of those operations, or the HHS's state of affairs in future financial years.

F BUDGETARY REPORTING DISCLOSURES

NB: A budget versus actual comparison and explanation of major variances has not been included for the statement of changes in equity, as major variances relating to that statement have been addressed in explanation of major variances in the other statements.

a) Statement of comprehensive income

	Note	Actual 2019 $'000	Budget 2019 $'000	Variance $'000	Variance %
Income					
User charges and fees		**185,837**	**178,827**	7,010	4%
Grants and other contributions	a	**3,698**	**2,277**	1,421	38%
Other revenue	b	**3,475**	**884**	2,591	75%
Total income		**193,010**	**181,988**	11,022	
Expenses					
Employee expenses		**102,523**	**98,453**	4,070	4%
Other supplies and services	c	**79,583**	**72,016**	7,567	10%
Grants and subsidies		**720**	**413**	307	43%
Depreciation and amortisation	d	**8,365**	**9,894**	(1,529)	(18%)
Impairment losses		**-**	**333**	(333)	0%
Other expenses	e	**1,818**	**879**	939	52%
Total expenses		**193,009**	**181,988**	11,021	
Operating result		**1**	**-**	1	
Other comprehensive income					
Items that will not be subsequently reclassified to operating result					
Increase/(decrease) in asset revaluation surplus	f	**(1,146)**	**-**	(1,146)	100%
Total other comprehensive income		**(1,146)**	**-**	(1,146)	
Total comprehensive income		**(1,145)**	**-**	(1,145)	

b) Statement of financial position

	Note	Actual 2019 $'000	Budget 2019 $'000	Variance $'000	Variance %
Current assets					
Cash and cash equivalents	g	**4,139**	**5,087**	(948)	(23%)
Receivables		**3,149**	**3,231**	(82)	(3%)
Inventories		**1,097**	**1,052**	45	4%
Other		**195**	**111**	84	43%
Total current assets		**8,580**	**9,481**	(901)	
Non-current assets					
Property, plant and equipment	h	**119,322**	**144,415**	(25,093)	(21%)
Total non-current assets		**119,322**	**144,415**	(25,093)	
Total assets		**127,902**	**153,896**	(25,994)	
Current Liabilities					
Payables	i	**5,976**	**7,015**	(1,039)	(17%)
Accrued employees benefits	j	**4,594**	**4,065**	529	12%
Unearned revenue		**378**	**-**	378	100%
Total current liabilities		**10,948**	**11,080**	(132)	
Total liabilities		**10,948**	**11,080**	(132)	
Net assets		**116,954**	**142,816**	(25,862)	
Equity					
Contributed equity		**95,232**	**99,539**	(4,307)	(5%)
Accumulated deficit		**(1,550)**	**(3,048)**	1,498	(97%)
Asset revaluation surplus		**23,272**	**46,325**	(23,053)	(99%)
Total equity	**k**	**116,954**	**142,816**	(25,862)	

c) Statement of cash flows

	Note	Actual 2019 $'000	Budget 2019 $'000	Variance $'000	Variance %
Cash flows from operating activities					
Inflows:					
User charges and fees		**174,612**	**178,940**	(4,328)	(2%)
Grants and other contributions	l	**1,754**	**2,277**	(523)	(30%)
GST collected from customers		**320**	**-**	320	100%
GST input tax credits from ATO		**6,061**	**4,231**	1,830	30%
Insurance Recoveries	m	**2,284**	**-**	2,284	100%
Other	n	**2,603**	**884**	1,719	66%
Outflows:					
Employee expenses		**(102,902)**	**(98,254)**	(4,648)	5%
Supplies and services		**(77,282)**	**(73,096)**	(4,186)	5%
Grants and subsidies		**(720)**	**(413)**	(307)	43%
GST paid to suppliers		**(5,932)**	**(4,233)**	(1,699)	29%
GST remitted to ATO		**(294)**	**-**	(294)	100%
Other	o	**(1,900)**	**(879)**	(1,021)	54%
Net cash from/(provided by) operating activities		**(1,396)**	**9,457**	(10,853)	
Cash flows from investing activities					
Inflows:					
Sales of property, plant and equipment		**82**	**-**	82	100%
Outflows:					
Payments for property, plant and equipment	p	**(13,841)**	**(1,393)**	(12,448)	90%
Net cash from/(used by) investing activities		**(13,759)**	**(1,393)**	(12,366)	
Cash flows from financing activities					
Inflows:					
Equity injections	q	**11,643**	**1,393**	10,250	88%
Outflows:					
Equity withdrawals	r	**-**	**(9,930)**	9,930	0%
Net cash from/(used by) financing activities		**11,643**	**(8,537)**	20,180	
Net increase/(decrease) in cash and cash equivalents		**(3,512)**	**(473)**	(3,039)	
Cash and cash equivalents at the beginning of the financial year		**7,651**	**7,651**	-	0%
Cash and cash equivalents at the end of the financial year		**4,139**	**7,178**	(3,039)	

Explanation of major variances:

Major variances are considered to be variances that are material within the 'Total' line item that the item falls within.

(a) The movement in Grants and Contributions relates to corporate services received from the Department of Health below fair value. A corresponding expense is recorded in other supplies and services

(b) The movement in Other Revenue relates to the recovery of insurance monies ($2.279 million).

(c) The movement in Other Supplies and Services predominately relates to increases in travel, drugs expense, consultancies, and external labour costs reflective of the increased activity and growth in demand for healthcare services.

(d) The movement in Depreciation expense primarily relates to the delay in commissioning of the McKinlay Shire Multipurpose Health Centre.

(e) The movement in Other Expenses relates primarily to unbudgeted expense. Other expenses are made up of audit fees, asset write downs and legal expenses. Legal fees increased significantly in the financial year due to unexpected human resource issues.

(f) The movement in the Asset Revaluation Surplus relates to the correction of valuations recorded in 2017 and the impairment recorded on Mornington Island staff accommodation.

(g) The decrease in Cash and Cash Equivalents predominantly relates to corresponding decrease in payable balance.

(h) The variance relates to a budgeted valuation increment in 2018-19, however there were no comprehensive valuations performed and the indexation assessment did not result in a material change therefore no adjustments were completed. There were $1.15M in other valuation movements resulting from the write down of assets at Mornington Island and corrections to asset discrepancies.

(i) The decrease in payables relates to the timing of payments to suppliers.

(j) The increase is due to unbudgeted additional end of year accrual days for salaries and wages.

(k) Refer to commentary in (h) above relating to budgeted increased revaluation reserve balance which implied a valuation increment in 2018-19 which did not occur. The variance is also attributable to higher than budgeted locally managed capital projects reimbursed by the Department of Health.

(l) The movement in Grants and Contributions inflows relates to the transfer of primary health services to Gidgee Healing resulting in a decrease in Remote Medicare Benefit Scheme payments.

(m) The movement in Insurance recoveries relates to the receipt of insurance funding relating to storm damage to the hospital building in 2018.

(n) The movement in Other Inflows relates to increase in non capital recoveries from the Department of Health relating to projects funded by the Capital Infrastructure branch.

(o) The movement in Other outflows relates to insurance payments and increase legal expenses paid by the HHS.

(p) The movement in payments for property, plant and equipment relates to higher than budgeted locally managed projects paid by the HHS and reimbursed by the Department of Health

(q) The increase in Equity Injections related to higher than budgeted locally managed capital projects reimbursed by the Department of Health.

(r) The variance in Equity Withdrawals relates to depreciation and amortisation funding provided as a non-cash item in actuals, whilst being treated as a cash item in the budget.

MANAGEMENT CERTIFICATE

These general purpose financial statements have been prepared pursuant to Section 62(1) of the *Financial Accountability Act 2009* (the Act), Section 42 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;

(b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of North West Hospital and Health Service for the financial year ended 30 June 2019 and of the financial position of the Service at the end of the year; and

We acknowledge responsibility under s.8 and s.15 of the *Financial and Performance Management Standard 2009* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting through the reporting period.

Mr Paul Woodhouse
Chair
29 August 2019

Ms Barbara Davis
Acting Chief Executive
29 August 2019

Queensland Audit Office
Better public services

INDEPENDENT AUDITOR'S REPORT

To the Board of North West Hospital and Health Service

Report on the audit of the financial report

Opinion

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

In my opinion, the financial report:

a) gives a true and fair view of the entity's financial position as at 30 June 2019, and its financial performance and cash flows for the year then ended

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

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

Basis for opinion

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

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

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

Key audit matter

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

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Valuation of specialised buildings ($100.1 million)

Refer to Note B4 in the financial report.

Key audit matter	How my audit addressed the key audit matter
Buildings were material to North West Hospital and Health Service at balance date, and were measured at fair value using the current replacement cost method. North West Hospital and Health Service performed a comprehensive revaluation of its buildings in 2017 with relevant and appropriate indices being assessed in 2018 and 2019. The current replacement cost method comprises: • Gross replacement cost, less • Accumulated depreciation North West Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for: • identifying the components of buildings with separately identifiable replacement costs; and • developing a unit rate for each of these components, including: o estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. $/square metre). o identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating the adjustment to the unit rate required to reflect this difference. The measurement of accumulated depreciation involved significant judgements for forecasting the remaining useful lives of building components. The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense.	My procedures included, but were not limited to: • Assessing the adequacy of management's review of the valuation process. • Assessing the competence, capabilities and objectivity of the experts used to develop the models. • Reviewing the scope and instructions provided to the valuer, and obtaining an understanding of the methodology used and assessing its appropriateness with reference to common industry practices. • Assessing the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices. • For unit rates associated with specialised buildings that were indexed: o Evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices. o Recalculating the application of the indices to asset balances. • Evaluating useful life estimates for reasonableness by: o Reviewing management's annual assessment of useful lives. o Testing that no asset still in use has reached or exceeded its useful life. o Enquiring of management about their plans for assets that are nearing the end of their useful life. o Reviewing assets with an inconsistent relationship between condition and remaining useful life. • Where changes in useful lives were identified, evaluating whether they were supported by appropriate evidence. • Reconciling the fair value of the buildings as determined by management to the underlying accounting records and disclosures in the financial statements.

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Responsibilities of the entity for the financial report

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

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

Auditor's responsibilities for the audit of the financial report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the entity.
- Conclude on the appropriateness of the entity's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.

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

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

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

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

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

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

C. G. Strickland.

30 August 2019

C G Strickland
as delegate of the Auditor-General

Queensland Audit Office
Brisbane