Wide Bay Hospital and Health Service

# ANNUAL REPORT
# 2024-2025

DELIVERING FOR QUEENSLAND | Queensland Government

# Acknowledgment of Traditional Owners

Wide Bay Hospital and Health Service respectfully acknowledges the Traditional Owners and Custodians, both past and present, of the area we service; the Wakka Wakka, Gurang, Kabi Kabi, Butchulla, Taribelang Bunda, Gooreng Gooreng and Byellee peoples. We also declare our commitment to reducing inequalities in health outcomes for Aboriginal and Torres Strait Islander people in line with the Australian Government's Closing the Gap initiative and the *Wide Bay Hospital and Health Service First Nations Health Equity Strategy 2022-2026*.

# Recognition of Australian South Sea Islanders

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

Information about consultancies, overseas travel, and the Queensland language services policy is available at the Queensland Government Open Data website (https://data.qld.gov.au). Wide Bay Hospital and Health Service has no Open Data to report on overseas travel for the 2024-2025 year.

An electronic copy of this report is available at www.widebay.health.qld.gov.au/about-us/publications-and-reports

Hard copies of the annual report can also be obtained by phoning the office of Wide Bay Hospital and Health Service Chief Executive on (07) 4150 2020. Alternatively, you can request a copy by emailing WBHHS-HSCE@health.qld.gov.au.


The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on 1800 512 451 and ask for an interpreter.



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If you have an enquiry regarding this Annual Report, please contact Wide Bay Hospital and Health Service on (07) 4150 2020.

# Letter of compliance

29 August 2025

The Honourable Tim Nicholls MP
Minister for Health and Ambulance Services
GPO Box 48
Brisbane QLD 4001

Dear Minister,

I am pleased to submit for presentation to the Parliament the *Annual Report 2024-2025* and financial statements for Wide Bay 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 on page A-7 of this annual report.

Yours sincerely,

**Peta Jamieson**
**Chair**
**Wide Bay Hospital and Health Board**

# Contents

# Statement on Queensland Government objectives for the community

Wide Bay Hospital and Health Service's *Strategic Plan 2022-2026, Care, connection, compassion for all*, considers and supports the Queensland Government's objective for the community, *Health services when you need them.*

This is also in alignment with the directions outlined in the *Department of Health Strategic Plan 2025-2029*; its healthcare priorities of *Workforce, Sustainability, Access, Innovation and Health Assets*; and in the Ministerial Charter Letter of November 2024.

More information about our strategic directions can be found on page 8, and there is detailed information on page 51 about how our performance indicators from 2024-2025 have supported our strategic objectives.

# From the Chair and Chief Executive

As we reflect on the 2024-2025 year, we are proud to report a period of significant progress and transformation for Wide Bay Hospital and Health Service (WBHHS). Guided by our vision of *Care, connection, compassion for all*, and in alignment with the directions outlined in the *Department of Health Strategic Plan 2025-2029*, we have advanced on multiple fronts; strengthening our services, investing in our people, expanding our facilities and ensuring that our communities continue to receive safe, high-quality healthcare closer to home.

This year, our teams have worked tirelessly to respond to increasing demand, an ageing population, natural disasters and the complex health challenges of our region. Despite these pressures, we have delivered improved performance across a range of indicators, from increased delivery of elective surgery and outpatient services to enhanced emergency department flow. These results are not just measures of efficiency, they represent real people receiving timely, appropriate care when they need it most.

We have made significant progress in addressing service demand and capacity, with initiatives such as the expansion of Hospital in the Home, the opening of Hervey Bay Hospital's new 24-bed Medical Ward 3, and the introduction of innovative allied health-led clinics to reduce wait times and improve patient flow. At the same time, the advancement of major infrastructure projects, including progress on the new Bundaberg Hospital, Hervey Bay Hospital expansion, and Queensland's first Subacute Older Persons Mental Health Unit at Maryborough, positions us to meet the future health needs of our rapidly growing community.

A key focus has been delivering care that is more equitable and accessible. The increased uptake in advance care planning amongst First Nations patients, and the development of culturally safe services such as the new residential rehabilitation and withdrawal centre in Bundaberg reflect our deep commitment to delivering health equity for our Aboriginal and Torres Strait Islander communities. The rollout of our *Wide Bay Hospital and Health Service Disability Plan 2024-2027* and *Implementation Plan* further strengthens inclusivity, ensuring our services are welcoming and responsive to the needs of people living with disability.

Innovation and technology have continued to drive transformation in the way we work. The implementation of telecare, our Telestroke partnership, and AI-enabled tools such as our tissue analytics wound care service are changing the way we deliver care. Our Digital Development Hub has also empowered frontline staff by co-designing solutions that enhance safety, streamline processes, and embed smarter, data-driven practices across the health service.

Our achievements would not have been possible without the dedication of our workforce. Through the Strategic Workforce Plan, new leadership and mentoring programs, succession planning, and targeted wellbeing initiatives, we continue to build a resilient, skilled, and compassionate workforce ready to meet future challenges. Staff engagement continues to rise, reflecting a strong culture built on our shared values of Collaboration, Accountability, Respect and Excellence - Through Patient's Eyes.

Finally, we recognise that these achievements are the result of genuine partnerships with our staff, our consumers, our communities, and our stakeholders. From co-designing new models of care to expanding collaborations with private providers and education partners, our health service is stronger because of the relationships we nurture and sustain.

Looking ahead, we remain confident that Wide Bay Hospital and Health Service is well positioned to continue its transformation. By staying true to our vision and building on the strong foundations laid this year, we will continue to deliver better health outcomes and ensure care, connection and compassion for all.

# About us

Established on 1 July 2012, Wide Bay Hospital and Health Service (WBHHS) is an independent statutory body governed by the Wide Bay Hospital and Health Board (the Board), which reports to the Minister for Health and Ambulance Services.

WBHHS's responsibilities are set out in legislation through the *Hospital and Health Boards Act 2011*, *Hospital and Health Boards Regulations 2023*, *Financial Accountability Act 2009* and subordinate legislation.

WBHHS delivers quality, patient- and family-focused health services that reflect the needs of the Wide Bay community, which includes the geographical areas of the Bundaberg, Fraser Coast and North Burnett local government areas, and the Discovery Coast/Agnes Water region that is part of the Gladstone local government area.

WBHHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, critical care, acute inpatient, outpatient, mental health, oral health and a range of specialist, community and outreach services.

These services are delivered under a service agreement with the Department of Health. This agreement identifies the minimum services to be provided, performance indicators and key targets.

# Strategic direction and priorities

WBHHS's *Strategic Plan 2022-2026, Care, connection, compassion for all*, supports the delivery of quality health care for the Wide Bay region in a way that responds to community needs; provides the right service, at the right time, in the right place; and supports people in the region to live the healthiest lives possible.

As per the WBHHS *Local Area Needs Assessment 2024-2027*, our organisation priority areas fall into three categories.

**Quality of life priorities**

Optimising chronic disease management

- Supporting a healthy start to life through maternal and childhood care
- Providing comprehensive cancer care
- Supporting disability and developmental health needs.

**Continuum of care priorities**

- Healthy ageing and complex care for older people
- Providing coordinated and appropriate acute mental health services
- Reducing potentially preventable hospitalisations and representations
- Embedding culturally safe and responsive care.

**Service and access priorities**

- Delivering high-quality care closer to home
- Strengthening trauma and acute care pathways
- Optimising patient flow and care experiences
- Supporting preventative health and population wellness.

The Wide Bay Hospital and Health Board sets our strategic priorities through WBHHS Strategic Plan, which outlines how we will meet the needs of our communities over the duration of the plan.

In this context, five strategic directions have been developed and committed:

## Optimise and transform

We will enhance and transform health services to improve patient outcomes by implementing the following:

- Establish contemporary patient flow models
- Improve wait time indicators for all elective surgery, specialist outpatients, endoscopy and emergency care
- Measure and assess indicators including Patient Off Stretcher Time, lost Queensland Ambulance Service minutes, and Emergency Length of Stay
- Enhance collaboration between facilities, resulting in best patient outcomes, and sustainable service delivery
- Implement priorities of *Strategic Asset Management Plan* and *WBHHS Master Plan*
- Improved infrastructure to meet service demand across Wide Bay
- Ensure financial sustainability.

## Equity and access

We will ensure services delivered are equitable and accessible to the community by implementing the following:

- Continue to engage with our community to improve understanding of sustainable service delivery models
- Continuous accreditation and compliance with national safety and quality standards
- Continue expansion of availability of subspecialty services
- Scale up alternative models of care, including Hospital in the Home and mental health outreach services
- Improve availability and utilisation of services for First Nations consumers
- Improve availability and utilisation of services for consumers with disabilities.

## Embed technology

We will increase access to virtual care through embedded technology by implementing the following:

- Scale up the use of technology to facilitate care closer to home
- Optimise technology to support improved performance and decision-making
- Implement information technology improvement strategies and increase access to business information systems at service delivery points
- Develop a virtual care agenda that aligns with Queensland Health strategies
- Implement contemporary virtual care strategies
- Commence the implementation of iEMR.

## Foster partnerships

We will partner with diverse stakeholders to better serve the community by implementing the following:

- Implement collaborative, co-designed, community-based services to improve patient care
- Consumer, community and stakeholder representation in health service design and improvement processes
- Pursue mutually beneficial partnerships with private, Primary Health Network and non-government sector
- Develop and implement a meaningful health literacy program for staff and consumers
- Implement health literacy strategies
- Effective collaborative partnerships that build capacity in clinical services, education, training and research.

## Nurture and future-proof workforce

We will strengthen our workforce to ensure care, connection and compassion for all by implementing the following:

- Build a workforce that is culturally safe and responsive
- Target and grow workforce capabilities, focusing on partnerships with other private and education providers
- Foster a continuous improvement and learning environment
- Expand WBHHS Wellbeing Program
- Ongoing development of Regional Medical Pathway
- Expand graduate intakes and implement targeted succession planning.

# Vision, Purpose, Values

**Our vision** is Care, connection, compassion for all.

This vision means we:

- always show kindness and compassion
- care about our patients
- connect with our community.

**Our purpose** is to compassionately care and connect with the Wide Bay community and our staff to provide excellence in regional health services.

**Our values** are supported by core behaviours, guiding what we do, how we act, and how we treat our patients and each other.

We have worked with our staff to create a shared value system we all believe in. These values form the acronym *C.A.R.E. Through patients' eyes*, and include:

- Collaboration
- Accountability
- Respect
- Excellence
- Through patients' eyes.

WBHHS endeavours to demonstrate these values in all our activities, however some of our projects and initiatives particularly illustrate our commitment to living our values in everyday practice.

## Collaboration

### Medical intern cultural placement program

A new cultural placement program was introduced through a partnership between the Medical Education Unit and the Aboriginal and Torres Strait Islander Health Services. The initiative provides medical interns with practical learning experiences that strengthen their understanding of culturally safe care.

Interns participate in activities such as yarning circles, storytelling, and visual communication, which help build respectful and effective ways to engage with Aboriginal and Torres Strait Islander patients. These experiences offer a deeper appreciation of different communication styles and cultural perspectives.

Through the program, interns gain insight into the historical and personal experiences that may influence how Aboriginal and Torres Strait Islander people interact with the healthcare system. They explore ways to reduce patient stress, recognise the importance of culturally appropriate language and interpreters, and identify how healthcare services can be improved to better meet patient needs.

Interns also develop an understanding of the diversity among Aboriginal and Torres Strait Islander communities, including the importance of country, family, and cultural identity. They learn how being away from country can impact a person's emotional and mental wellbeing, and how to respond in a supportive and culturally sensitive way.

Overall, the program offers interns valuable experience that supports more inclusive and informed patient care.

# Accountability

## Supporting healthier food environments

In December 2024, Bundaberg Hospital achieved 100% compliance in the annual *A Better Choice* audit, meeting all requirements for both retail outlets and vending machines. The audit supports the Queensland Government's *A Better Choice Food and Drink Supply Strategy 2022*, which aims to improve access to healthier food and drink options in healthcare settings.

The audit is conducted biennially at Bundaberg and Hervey Bay hospitals on a rotating schedule and measures compliance with statewide nutrition standards. Bundaberg's 2024 result places Wide Bay Hospital and Health Service among just five of 18 services across the state to reach full compliance for the year.

This achievement builds on the 100% compliance recorded across both Bundaberg and Hervey Bay hospitals in 2023. These consistent results reflect a strong focus on health promotion and demonstrate accountability in maintaining food environments that support staff, patients, and visitors to make healthier choices.

# Respect

## Supporting patients with cognitive impairment through Behaviour Response Teams

In January 2025, WBHHS established Behaviour Response Teams (BRT) to support patients experiencing significantly changed behaviours due to disability, dementia, or cognitive impairment. These specialised teams, made up of nursing and allied health staff, are designed to respond to behaviours such as agitation, aggression, unsafe wandering or exit-seeking.

Each patient is assessed with respect for their personal history, culture, preferences, and medical needs. The team then develops an individualised care plan to reduce distress and improve safety for both patients and staff.

Since their introduction, BRTs have supported more than 150 patients and contributed to reduced use of restraints and 1:1 safety 'specials'. The teams also work closely with ward staff, building knowledge in dementia and delirium care and promoting respectful, person-centred approaches.

The BRT model has supported improved patient flow by helping facilitate safe discharges for patients with complex needs. In the Fraser Coast, 17 long-stay patients were discharged to residential aged

care between January and May 2025, supported by behaviour plans. In Bundaberg, a further eight patients were safely discharged in the same period.

This work highlights the importance of respectful, coordinated care for patients with cognitive impairment across the health system.

# Excellence

## Allied health-led clinics improving access to orthopaedic care

Advanced allied health-led models are helping reduce orthopaedic wait times at Bundaberg and Hervey Bay hospitals, supporting timely access to care while easing demand on specialist services.

Musculoskeletal physiotherapy screening clinics, led by advanced musculoskeletal physiotherapists, have been implemented at both sites to assess and manage orthopaedic outpatients. Over the past six months, 425 patients were safely redirected to non-surgical pathways, with no reported adverse events. This model demonstrates clinical excellence by providing timely, evidence-based care while enabling allied health professionals to work to their full scope of practice.

At Bundaberg Hospital, a primary contact occupational therapy clinic was introduced for Category 3 upper limb orthopaedic patients. Operating at 0.4 FTE, the clinic screened 131 referrals between late 2024 and June 2025. Of these, 58 patients were seen in the clinic, resulting in 30 discharges, 18 patients returned to the waitlist (including two upgraded to Category 2), and 10 who did not attend.

Together, these initiatives demonstrate how allied health expertise can support patient flow and deliver high-quality, safe care, contributing to better outcomes for patients and improved system performance.

# Through Patients' eyes

## New mental health service supporting older adults

The Subacute Older Persons Mental Health Unit, which opened in March 2025 at Maryborough Hospital, was developed with a strong focus on understanding and responding to the unique needs of older adults experiencing mental illness. The model of care is person-centred and trauma-informed, with a focus on therapeutic engagement, shared decision-making, and partnerships with consumers, carers, families, and clinicians.

The unit was co-designed with people with lived experience and their carers, ensuring care practices and the physical environment reflect what matters most to patients. Design features such as elevated chairs with armrests and easy-to-use door handles were included to support comfort, mobility, and dignity.

By tailoring both the environment and clinical approach to the needs of older people, the unit supports recovery in a more appropriate and respectful way. It also helps meet the needs of the region's ageing population, reduces pressure on acute services, and promotes better integration back into the community.

# Aboriginal and Torres Strait Islander health

In 2024-2025, the Aboriginal and Torres Strait Islander Health Service team continued to strengthen culturally safe care across WBHHS, working in partnership with staff, patients, and communities to support inclusive and respectful healthcare.

Key initiatives focused on cultural safety, workforce development, and system improvement. Posters promoting safe reporting of racism and discrimination were placed in public and private spaces, and work began to explore the use of Kotter's change model to raise awareness of unconscious bias, engage staff and leaders, and create safer workplaces.

The team contributed to improved health outcomes, including growth in advance care planning completion from 3.6 per cent to 10.4 per cent, and elective surgery wait times for First Nations patients improving targets across all categories.

Workforce capacity was expanded with the onboarding of a second Aboriginal Health Practitioner and the appointment of a Career Pathway Officer, supporting programs such as Deadly Start and cadetships.

The NAIDOC Blak Excellence Awards were launched to recognise the achievements of First Nations staff, while the inaugural First Nations Leadership Program was delivered in June 2025 to support emerging leaders.

Other initiatives included the development of a culturally safe Mums and Bubs program, a new model of care, and a resource to guide respectful engagement with First Nations people and communities.

# Community based and hospital based services

WBHHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, acute inpatient, outpatient, mental health, oral health and a range of specialist, community and outreach services.

We serve a population of more than 241,200 people across a geographical area of approximately 37,000 square kilometres.

WBHHS is responsible for the direct management of the facilities and community health services based within our geographical boundaries, including:

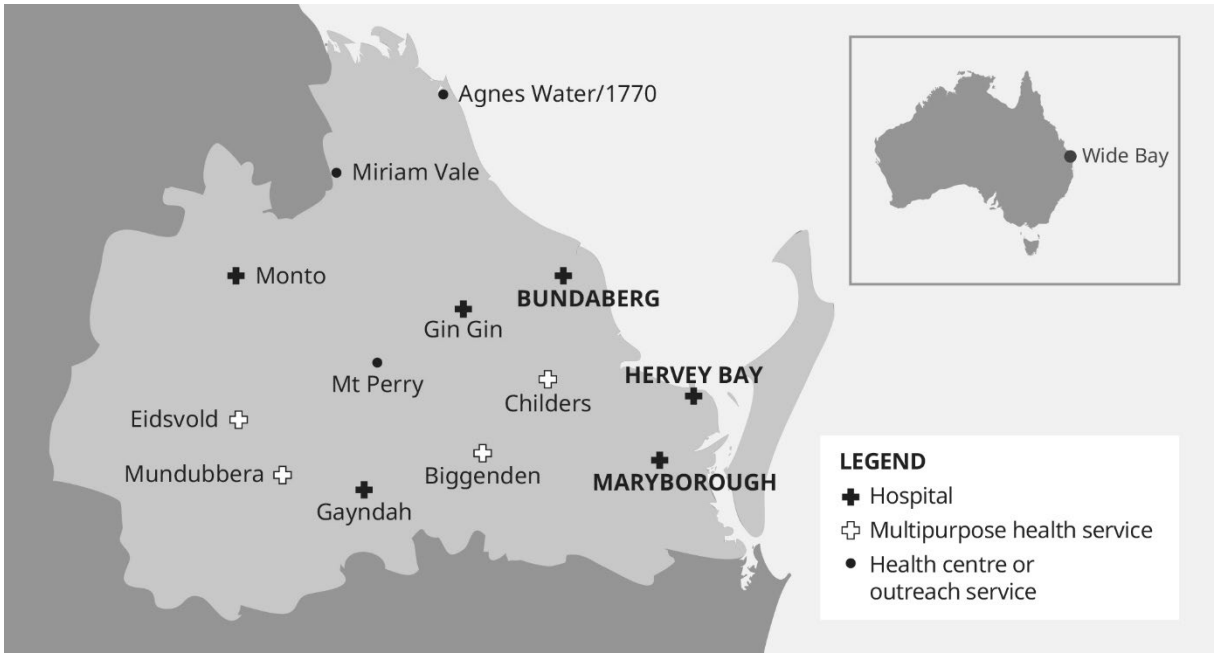
- Bundaberg Hospital
- Hervey Bay Hospital
- Maryborough Hospital
- Biggenden Multipurpose Health Service (MPHS)
- Childers MPHS
- Eidsvold MPHS
- Gayndah Hospital
- Gin Gin Hospital
- Monto Hospital
- Mundubbera MPHS
- Mt Perry Health Centre.

Despite not having WBHHS infrastructure, outreach services are provided to Agnes Water and Miriam Vale via community centres.

We also partner with various external organisations to supplement and support specialist services to the Wide Bay community. This helps our patients to be seen cost-effectively and within clinically recommended timeframes, which improve their health outcomes.

WBHHS, in conjunction with the local councils in its service region, provides free on-site and on-street parking at all its facilities.

# Wide Bay Hospital and Health Service area




# Specialty services

| | | |
|---|---|---|
| Aboriginal and Torres Strait Islander health services | ENT surgery (paediatric) | Oral health and oral surgery, including school-based program |
| Acute pain management | Gastroenterology | Orthopaedics |
| Alcohol and other drug services | General medicine | Palliative care |
| Allied health | General surgery | Paediatrics |
| Anaesthetics | Gerontology | Pathology |
| BreastScreen | Gynaecology | Pharmacy |
| Cancer care | Hospital in the Home | Public health |
| Cardiology | Integrated Care | Radiation therapy |
| Child Development | Intensive and high-dependency care | Rehabilitation |
| Child Health | Internal medicine | Renal services, including dialysis |
| Colorectal surgery | Medical imaging including Computed Tomography (CT) | Rheumatology outpatients |
| Community Health | Medical oncology | School health |
| Coronary care | Mental health services | Sexual health |
| Early Parenting Intervention | Obstetrics | Specialist Outpatients |
| Emergency medicine | Offender health | Transition Care Program |
| Endocrinology outpatients (Telehealth) | Ophthalmology | Urology |
| | | Women's health |

# Targets, challenges and opportunities

WBHHS continues to deliver performance improvements while providing sustainable patient-centred, high-quality and safe healthcare services.

We operate in a complex and challenging environment, balancing efficient service delivery with optimal health outcomes to ensure that healthcare expenditure achieves value for our communities.

Ongoing challenges in the delivery of healthcare services to our communities include:

- Service demand and capacity
- Workforce capacity constraints and sustainability
- Primary and community care service gaps
- Geographic challenges
- Financial pressures
- Operating environment
- Patient flow challenges.

## Our key demographics and health risk factors

WBHHS continues to serve a population that is ageing, increasingly diverse, and regionally dispersed.

Growth in our Aboriginal and Torres Strait Islander population has been observed (as a proportion of the total population), with a noticeable shift toward the 50+ age group.

As people age, complex health needs often arise, requiring coordinated care that addresses multiple health issues, chronic conditions and mobility challenges.

Socioeconomic disadvantage is increasing across the region, as reflected in declining SEIFA scores, and could be correlated to reduced access to early screening and preventive health care. This is evident in rising rates of smoking during pregnancy, falling antenatal attendance, and declining cancer screening participation.

Compared to the Queensland average, adults in Wide Bay also face higher risks of chronic disease and poor health outcomes, driven by elevated rates of obesity, insufficient physical activity, daily smoking, and risky levels of alcohol consumption.

Despite increased availability and utilisation of primary care services among older residents, preventable hospitalisation and chronic disease incidence remain high in this cohort, including diabetes complications, cardiovascular disease, stroke, and osteoporosis, with notable service access challenges in our rural areas.

Demographic challenges:

- a rapidly ageing population
- higher rates of smoking, risky drinking, obesity and hospital admissions due to chronic disease
- ageing health service infrastructure and technology
- ageing workforce combined with a competitive market to secure skilled professionals
- 75% of the population experiences socioeconomic disadvantage
- 1 in 3 children are developmentally vulnerable
- 1 in 174 people experience homelessness
- unemployment rate of 4.7%
- almost double the proportion of people living with severe disability than the rest of the state
- higher rates of mental and psychological distress than the rest of the state
- higher rates of potentially avoidable deaths
- higher rates of premature mortality.

## Table 1: Key demographic and health risk statistics for the Wide Bay region

| | Wide Bay | Queensland |
|---|---|---|
| Average rate of annual population increase (between 2019-2022 ERP) | 9.03% *(CAGR 2017 -2022 1.60%)* | 4.25% *(CAGR 2017 -2022 1.60%)* |
| Aged 65+ | 27.4% | 16.9% |
| Unemployment | 4.7% | 4.1% |
| Median total family income | $69,667 | $105,248 |
| Aboriginal or Torres Strait Islander background | 5.05% *(increase from 3.4% in 2019)* | 4% |
| “In need of assistance” with a core activity as a result of a profound or severe disability | 10.0% | 5.9% |
| List their highest level of schooling as Year 11 or 12 | | |
| 1 non-First Nations | 41.07% | 39 44% |
| 2 First Nations | 29.39% | 30.59% |
| Residents who are daily smokers | 17.9% | 11.5% |
| Residents who are obese | 37.1% | 26% |
| Residents who are risky drinkers | 27.5% | 22.5% |

References:

Queensland Government Statisticians Office, Queensland Treasury and Trade — Queensland Regional Profiles, Wide Bay (as at 30 June 2023).

*The Health of Queenslanders 2022 — Chief Health Officer, Queensland.*

*Wide Bay Hospital and Health Service Health Services Plan 2022-2037.*

# Addressing our challenges

Our Strategic Plan also identifies the strengths and opportunities within our health service that will mitigate these challenges and enable WBHHS to deliver on our strategic priorities including:

- the skill and experience of our workforce to drive innovation and quality outcomes
- effective engagement with staff and community partners to co-design health services and health promotion strategies
- collaborations with the education sector and health stakeholders to deliver care
- delivering health equity
- enhancing health literacy
- development and delivery of new models of care
- enhanced organisational culture.

Tangible actions, initiatives and programs that we've implemented to address key challenges include:

## Service demand and capacity

### Improving elective surgery access through Surgery Connect

Following the Queensland Government's $100 million funding boost to the Surgery Connect program in February 2025, WBHHS partnered with the Surgery Connect team and local private hospitals to improve access to elective surgery for public patients.

Key to this success was strong coordination with Hervey Bay Surgical Hospital, Mater Bundaberg, Bundaberg Private Day Hospital, and St Stephen's Private Hospital. The partnership allowed WBHHS to shift Category 1 skin lesion cases to private providers, freeing up public hospital capacity for complex general surgery.

Other benefits included fewer delays beyond recommended timeframes, reduced scheduling disruptions, and expanded access to a broader range of surgical specialists, including plastic surgeons. The program also supported local service growth, with additional staffing opportunities across participating facilities.

This work reflects WBHHS's continued commitment to improving timely, safe surgical care for the Wide Bay community through effective collaboration and use of available resources.

### Infrastructure enhancements

We are continuing to expand and enhance our facilities across our region to meet the increasing needs of our community, through a range of capital infrastructure projects. Health Infrastructure Queensland (HIQ) is leading the delivery of our larger projects in collaboration with WBHHS.

### New Bundaberg Hospital

The new Bundaberg Hospital project team had a productive year, advancing the design of the new hospital. Project user group workshops continued to occur with local staff and consumers, whose involvement is essential in ensuring the final design reflects local needs, priorities and lived experience.

Additionally, two targeted community surveys, one focused on engaging First Nations communities and another focused on Arts in Health, were undertaken to capture valuable local perspectives and help shape future direction.

In light of the release of the Queensland Government's *Hospital Rescue Plan* in April 2025, WBHHS is working with HIQ to undertake some further planning and design work to consolidate all hospital services onto one new greenfield site. WBHHS considers this solution will provide a safe, efficient hospital system that benefits our entire community well into the future.

## Hervey Bay Hospital Medical Ward 3

In March 2025, Hervey Bay Hospital's new Medical Ward 3 welcomed its first patients. The new 24-bed medical ward is a modular building that was built offsite, minimising noise and disruption to the community, hospital operations, staff, and patients, before being installed at the hospital. It has helped us quickly increase our capacity and provide more patient beds.

Staff orientation tours occurred in March 2025, attracting strong attendance from various disciplines. Reactions were overwhelmingly positive, with many impressed by the size and quality of the facility. Staff appreciated the spacious, naturally lit rooms and praised the design as a model for future healthcare, offering permanent, well-planned spaces that promote healing.

## Hervey Bay Hospital Expansion

Works are progressing well to increase capacity by fitting out a vacant level of the Hervey Bay Hospital emergency department building to include a new 25-bed medical ward and relocated 10-bed intensive care unit. The at-grade helipad is also being replaced with a rooftop helipad, enabling quicker emergency patient transfers and better access to critical care.

In June 2025, the project reached an exciting milestone with the team completing one of the largest concrete pours in the region to support the new rooftop helipad. The 400-cubic metre pour, completed over the course of about 12 hours, required two concrete pumps and 67 concrete truckloads in a continuous, carefully coordinated operation. There were several logistical challenges to overcome within the active hospital site, but the hard work, careful planning, and collaboration of our staff and the project team ensured everything went smoothly.

## Bundaberg residential rehabilitation and withdrawal centre

Construction of a new, purpose-built, 28-bed alcohol and other drug residential rehabilitation and withdrawal centre was completed in February 2025. The state-of-the-art centre includes 20 residential rehabilitation beds, an eight-bed withdrawal unit, indoor and outdoor recreational spaces, a reception area, office space, staff accommodation, parking, a treatment program area, and kitchen and laundry facilities.

The voluntary service will support clients through a multifaceted approach that includes live-in and bed-based treatment, including withdrawal management, rehabilitation programs, and other therapeutic activities.

Queensland Health appointed Lives Lived Well, a non-government organisation to deliver alcohol and other drugs treatment services, which commenced delivering services in a phased approach from March 2025, with the intake of clients to increase gradually over time.

### Childers Multipurpose Health Service

During the reporting period, we worked with HIQ to undertake preliminary planning, which involved developing a draft Concept Design Report, which WBHHS endorsed in March 2025.

### The Oasis crisis support space Maryborough

In March 2025, WBHHS opened its third crisis support space, The Oasis, at Maryborough Hospital following the success of two other crisis support spaces at Hervey Bay and Bundaberg.

The spaces operate a peer-led, recovery-oriented model of care as an alternative for people who present to the emergency department experiencing mental distress, crisis situations or thoughts of suicide.

The purpose of the spaces is to provide a home-like and therapeutic environment for people seeking urgent support, aiming to improve consumer outcomes and experiences while also easing demand on the emergency department.

The partnership of peer workers and clinicians ensures consumers can access both lived experience and clinical support as needed, as they work towards recovery, develop their self-management skills and explore alternative care options.

### Planning for Agnes Water Multipurpose Health Service

During the reporting period, we worked with HIQ to develop a preliminary business case service need analysis. We also received confirmation in January 2025 that the Commonwealth's Department of Health and Aged Care had provisionally allocated a total of 20 residential care places to provide aged care services in respect of an Agnes Water MPHS.

Securing funding to establish public health infrastructure in the Discovery Coast continues to be a high priority for us to meet patient demand and provide equitable care closer to home.

### Older Persons Mental Health Unit

As Queensland's first subacute inpatient mental health unit for older people, the 10-bed unit responds directly to a growing need for age-appropriate mental health care across Wide Bay. The unit offers short to medium-term treatment for people aged 65 and over (or 50 and over for Aboriginal and Torres Strait Islander peoples) who require support beyond what can be provided in the community.

This dedicated facility reduces pressure on acute services by providing a tailored setting for extended care needs. Its multidisciplinary model allows for early intervention and targeted support, promoting recovery and improving patient flow. The purpose-built infrastructure and specialised workforce address both current and future demand as the region's ageing population increases, helping to ensure access to the right care, in the right place, at the right time.

## Workforce capacity constraints and sustainability

WBHHS continues to nurture, strengthen and future proof our workforce to provide a truly great place to work, where staff are supported to compassionately care and connect with our community.

Central to this is fostering a continuously evolving organisational culture that reflects our values of Collaboration, Accountability, Respect and Excellence (C.A.R.E.) Through patients' eyes.

Over the last year we continued to implement our *Strategic Workforce Plan 2019-2027* based on the concept of providing a truly great place to work, in order to build a responsive and skilled workforce capable of providing world class care to the community, now and into the future.

The directorates of WBBHS have brought the strategy to life, working together in the development of detailed actions plans. Action plans have clear intent and include tailored initiatives addressing the local challenges and opportunities, ensuring that our workforce has the right skills, at the right time to deliver the short-term and long-term business objectives of WBHHS.

WBHHS aligns its Strategic Workforce Plan to the WBHHS *Strategic Plan 2022-2026, Care, connection, compassion for all*. Also referenced are the broader strategies outlined in the Public Sector Commission's *10 year human capital outlook*, Queensland Health's *Advancing health service delivery through workforce: A strategy for Queensland 2017-2026*, the *Queensland public sector Inclusion and diversity strategy 2021-2025*, the *Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026*, the Public Service Commission's *Be healthy be safe be well framework*, and the Queensland Health *Workforce Mental Health and Wellbeing Framework*.

Workplace Safety and Wellbeing (WSW) continues to be challenged by a number of key pressures including workforce growth, increasing occupational aggression, and workload pressures impacting staff physical and psychological safety. This is compounded by a rapidly changing regulatory environment.

WSW have committed to respond through the application of its *Workplace Safety and Wellbeing Strategic Plan 2024-27* addressing key risk areas. Provision of greater information and support to staff through online fatigue risk management and psychosocial risk management tools aims to improve staff hazard awareness and management.

Increased collaboration with clinical specialists such as the Behaviour Response Team aims to execute a multidisciplinary approach to managing aggression, particularly from consumers with cognitive impairment.

The 2024-2025 reporting period saw the Workplace Safety and Wellbeing Unit at WBHHS advance a number of collaborative initiatives that reflect the organisation's core value of working together. The release of the *Workplace Safety and Wellbeing Strategic Plan 2024-27* outlines key actions to improve work health and safety performance in the organisation in collaboration with stakeholders. These include development of Employee Wellbeing Groups and Psychosocial Risk Management tools and methodologies.

WSW continues to work closely with Infrastructure Management Division and relevant project teams to ensure safe and compliant execution of our capital works programs at Hervey Bay and Maryborough Hospitals.

Increasing FTE numbers increase caseload pressure on the Rehabilitation and Return to Work team to support staff. Implementation of the SolvInjury software platform aims to improve case management efficiency and reporting capability across our Rehabilitation and Return to Work team.

The consolidation of the Nursing Resource Service led by the Nursing Directors Workforce, including nurse managers and associate nurse manager across WBHHS responding to significant workforce requirements.

The team has supported Nurse Unit Manager with recruitment, relieving some of the administrative burden. A special mention goes to the Hervey Bay Workforce team who rapidly recruited staff, including 22 FTE registered nurses for the new Medical Ward 3 to ensure they were ready for go live.

## Primary and community care service gaps

The establishment of musculoskeletal physiotherapy screening clinics at Bundaberg and Hervey Bay Hospitals, has seen 425 outpatients safely redirected to non-surgical pathways, in the past six months reducing pressure on orthopaedic outpatient services. Bundaberg has also implemented a primary contact occupational therapy clinic to further reduce orthopaedic waitlists. In Hervey Bay, a senior orthopaedic physiotherapist role has halved the patient-to-staff ratio, improved outcomes and reducing length of stay for joint replacements and fractured neck of femur patients.

To support safe discharge and reduce hospital reliance, NDIS Coordinators in Bundaberg and Fraser Coast have significantly reduced average length of stay for NDIS-eligible patients through coordinated planning and earlier intervention.

Recognising rising demand in chronic disease, Bundaberg has established and implemented a diabetes dietetic service, which is the implementation of a model of care that provides a comprehensive service in the inpatient and outpatient settings across the lifespan and targets improving glycaemic control for high-risk patients. This service will deliver improved quality of life, equity and access to dietetic care, as well as ease the disease burden on the healthcare system.

We are reviewing the Wide Bay Child Development Service model to enable future growth in speech pathology, OT, physiotherapy, social work, and psychology, which will have a substantial benefit on our paediatric population.

The Putting Patients First initiative has strengthened weekend allied health services across key disciplines to expedite discharge and maintain continuity of care.

We are currently working with the PHN (Country to Coast Queensland) to support a regional plan that can clearly articulate key actions and accountabilities in mental health, alcohol and drug services and suicide prevention in the Wide Bay.

WBHHS Tissue Analytics is a Queensland-first trial utilising AI technology to enhance wound care management. Tissue Analytics has involved dozens of staff across podiatry and complex wound teams, in multiple WBHHS facilities. Across inpatients and outpatients, over 350 patients have benefitted from this model, with over 2,800 assessments in 2024-2025, accomplished with no additional workforce requirements. Tissue Analytics fosters collaboration across nursing and health practitioner streams while streamlining care, complementing assessment, addressing access challenges in the primary care sector and improving patient outcomes.

| 350+ | 600+ | 2800+ |
|---|---|---|
| **PATIENTS** | **UNIQUE WOUNDS** | **PATIENT SERVICE EVENTS** |

# Geographic challenges

## Cancer care

The WBHHS region has the highest crude all-cancer incidence in Queensland with 991.9 instances of cancer per 100,000 persons. The highest rates of cancer incidence across the Wide Bay are prostate, breast, melanoma, colorectal and lung cancer.

This resulted in many of our older population having to travel long distances to receive specialist treatment.

In 2024-2025, WBHHS Cancer Care Services successfully obtained funding to develop and expand the specialist nurse roles within the service. The Wide Bay region currently has specialist breast care nurses in the Fraser Coast, Bundaberg and rurally as well as a specialist prostate cancer nurse working across WBHHS. Through this additional further funding, Cancer Care Services have been able to establish specialist nurses for melanoma, lung and colorectal cancer patients, and a further breast care nurse in the Fraser Coast. This will allow WBHHS patients who have been diagnosed with the top five cancer streams for WBHHS access to a specialist nurse closer to home.

## Termination of pregnancy and sexual assault care

WBHHS has continued to develop a specialised social work service supporting termination of pregnancy (ToP) and sexual assault care across Bundaberg, Fraser Coast and rural hospitals. This service addresses a critical need for trauma-informed, respectful care closer to home for vulnerable patients.

ToP clinics are now operational at Bundaberg and Maryborough Hospitals, with ongoing work to benchmark and refine models of care based on statewide best practice. The initiative is also exploring outpatient telehealth options for sexual assault support, enhancing access for rural patients.

Notably, the paediatric team now provides an acute paediatric forensic sexual assault service for children <14 years old. Previously patients had to leave the region for this critical service. The establishment of this team involved coordinated effort with social work, the child advocacy team, emergency, nursing and the child protection investigation unit.

# Financial pressures

The 2024-25 financial year was a significant challenge financially and we continue to experience increasing service demand pressures that impact on the delivery of a balanced budget in a constrained funding environment.

Strategies to address these pressures include:

- Increased bed capacity through the modular ward at Hervey Bay, and utilised the private sector to create further additional capacity to treat more patients.
- Minimised the use of high-cost labour for medical locums and nurse agency resources and accessed this resource only where absolutely necessary.
- Continued focus on accurate activity data capture to maximise the opportunity to be funded correctly for services provided.

# Ageing infrastructure

Actions taken during the reporting period to address challenges around ageing infrastructure:

## Hervey Bay Hospital body protection works

Works to install electrical body protection in four inpatient units at Hervey Bay Hospital was completed in December 2024. Work in other clinical areas is expected to be completed by December 2025. Replacing the aged electrical infrastructure behind each bedhead will mitigate the risk of any future failures and faults, and unplanned disruptions to patient care. Existing bedheads and bedhead lighting were also upgraded as part of the project.

## Mundubbera Multipurpose Health Service aged care room upgrades

Works are underway to upgrade the final two aged care rooms and ensuite at Mundubbera Multipurpose Health Service after receiving additional funding under the Australian Government's Multi-Purpose Services Program Minor Capital Grant Opportunity. Both rooms will receive a fresh coat of paint and other upgrades including new vinyl and lighting. An existing store area and two ensuites will also be refurbished to create two larger ensuites, which will include a new shower, basin and toilet, grab rails, joinery, lighting and fixtures/fittings, which will be of great help to our patients, along with our staff who care for them.

## Maryborough Hospital electrical resilience

Work is underway on an electrical resilience project at Maryborough Hospital to ensure a constant and reliable power supply. The project involves upgrading the generator system and advancing key switchboards, that is, the control panels that manage and distribute electricity throughout the facility. The upgrades will help prevent electrical faults and allow the hospital to respond quickly to any power interruptions. The improvements will also enhance the hospital's backup power capabilities, supporting uninterrupted patient care patients and a safe working environment for staff.

## Bundaberg Hospital Transit Hub

Refurbishment works are underway to provide a more functional and purpose-built environment to support healthcare delivery in the Transit Hub. This includes the installation of new toilet and ensuite facilities, a dirty utility room, as well as essential medical gases and a nurse call system.

The Transit Hub caters to various patient needs, including those awaiting discharge, patients transitioning from the Emergency Department to acute wards, individuals requiring day procedures or infusions without overnight stays, and patients transferred from other facilities who do not require emergency treatment but need an inpatient bed.

## Bundaberg Hospital education room upgrades

We have recently undertaken a targeted refurbishment of several education rooms within the heritage-listed Former Nurses' Quarters at Bundaberg Hospital (Heritage Register Number 650281). This initiative addresses the natural wear and tear that accumulates over time, with updates including new paintwork, floor covering and cabinetry. These enhancements are part of our ongoing commitment to

maintaining and improving ageing infrastructure to ensure it meets the evolving needs of our staff and consumers.

### Staff dining room upgrades

In May 2025, WBHHS initiated upgrades to the staff dining areas at both Maryborough and Bundaberg Hospitals, guided by insightful staff feedback. These enhancements aim to cultivate comfortable and inviting spaces where staff can relax and rejuvenate away from their clinical duties. This initiative underscores WBHHS's ongoing commitment to staff wellbeing, recognising the importance of rest and connection during break times.

### Improving ambulance triage at Bundaberg Hospital

In 2025 we installed a demountable building at the ambulance entry to Bundaberg Hospital's emergency department to provide a new dedicated write-up space for our Queensland Ambulance Service colleagues. This change freed up the existing ambulance write-up area within the emergency department and allowed us to refurbish it into ambulance triage bays. These changes are helping us to manage patient flow and response times more effectively, and helping ambulances get back on the road faster.

### Digital health infrastructure

The service has aged digital health infrastructure that limits capacity to introduce new and advanced technologies. There are, however, upgrade projects currently underway or in the planning stages to address the most critical of these.

## Operating environment

Following the publication of its Environmental Sustainability Strategy 2024-26, WBHHS has continued to implement actions to reduce its environmental impact while maintaining the highest quality care standards.

Achievements and progress in the 2024-25 year included:

- a detailed feasibility study and subsequent installation of rooftop solar systems on the Bundaberg Oral Health and Cancer Care Centre, Biggenden Multipurpose Health Service (MPHS) and Mundubbera MPHS
- the development of a sustainability data dashboard, to monitor and report on key metrics
- the development of an intranet resource hub, for staff reference and education
- continued transition of fleet cars to electric, hybrid and low-emission vehicles, coupled with EV charging infrastructure
- introduction of landfill diversion streams including commingled recycling, PVC recycling and battery recycling
- clinical waste reduction initiative, aiming to improve waste segregation and reduce unnecessary waste going into the costly and high-impact clinical waste stream
- product changes to reduce plastics, freight, emissions and costs
- establishment of a permanent sustainability committee within the organisation’s governance structure.

Active monitoring of the clinical waste reduction initiative has demonstrated the following improvements:

- a year-on-year reduction in clinical waste of more than 26.3 tonnes (a decrease of 12.7 per cent)
- external audits showing an improvement in waste segregation compliance
- a reduction of $42,106 in clinical waste disposal costs.

### Flooding at The Village Community Health

On Sunday 9 March 2025, in the wake of ex-Tropical Cyclone Alfred, WBHHS staff were alerted to damage to the Village Community Health complex at Hervey Bay.

WBHHS owns two buildings on either side of a tidal drain at the Village complex and on inspection it was evident that approximately 800mm of water had flooded both buildings. One of the buildings had external low-level windows broken from the flood water indicating that there was significant velocity in the flood water.

Given the flood heights there was significant damage to the internal fabric of both buildings as well as all the furniture, fixtures, and equipment. Operational service and BEMS staff spent the following week disposing of damaged equipment as well as a large volume of health records from the buildings.

Due to the damage incurred, all clinics to both Community services were cancelled, and staff were redeployed to alternative locations on the Fraser Coast.

We were fortunate to receive significant support from our community partners across the region, who stepped in to provide support, information and facilities to ensure continuity of care for our community.

Once the buildings were stripped of all the damaged material and equipment, the floor coverings were removed and moisture removal was undertaken for several weeks before the rebuild commenced. Rebuilding has been ongoing since March and the first building is expected to be completed and ready for occupancy at the end of August 25. The other buildings will be complete and ready for occupancy in late 2025.

## Patient flow challenges

Demand and associated patient access block is an increasing occurrence in our major hospitals.

Infrastructure improvements to front of house in Bundaberg have resulted in the creation of three spaces. This area is staffed by a Transfer Initiative Nurse (TIN). The TIN area facilitates flow by focusing on improving the initial handover process to the emergency department for patients arriving by ambulance for semi urgent or less critical cases. It facilitates patient off stretcher time returning paramedics more quickly to the community by handing patient care over to the emergency nurse-led model. This supports greater access and equity to emergency care and helps reduce patient wait times and ramping issues.

To address service demand and capacity challenges, allied health has driven improvements in communication and patient flow.

The Patient Flow Manager (PFM) system is now the preferred handover tool across WBHHS, replacing paper-based processes. Allied health championed the daily use of PFM, and continues to lead education and cross-disciplinary collaboration with nursing and medical teams to embed its use. This has strengthened discharge planning and real-time decision-making.

Additionally, a trial Rehabilitation Coordinator role at Bundaberg Hospital built on the Allied Health Acute Rehabilitation Service (AHARS) model at Hervey Bay to improve early identification and transfer of patients needing rehabilitation. While the role was only temporary, it demonstrated value in optimising patient flow and presents a future opportunity for reinstatement.

# Governance

## Our people

### The Board

The Wide Bay Hospital and Health Board consists of nine non-executive members who are appointed by the Governor in Council, on the recommendation of the Minister for Health and Ambulance Services. The Board is responsible for the governance activities of the organisation, deriving its authority from the *Hospital and Health Boards Act 2011* and the *Hospital and Health Boards Regulation 2023*.

The Board sets the strategic direction for the health service and is accountable for its performance against key objectives and goals to ensure they meet the needs of the community. The Board also:

- Ensures safety and quality systems are in place that are focused on the patient experience, quality outcomes, evidence-based practices, education and research
- Monitors performance against plans, strategies and indicators to ensure the accountable use of public resources
- Ensures risk and compliance management systems are in place and operating effectively
- Establishes and maintains effective systems to ensure that health services meet the needs of the community.

The Chair and members provide a significant contribution to the community through their participation on the Board and its committees. Remuneration acknowledges this contribution and is detailed on page FS-31.

The Governor in Council approves the remuneration for Board Chairs, Deputy Chairs and Members. The annual fees paid by WBHHS are consistent with the Remuneration Procedures for Part-Time Chairs and Members of Queensland Government Bodies. These are as follows:

- Board Chair – $75,000
- Board Member – $40,000
- Committee Chair – $4,000
- Committee Member – $3,000.

In addition, total out-of-pocket expenses paid to the Board during the reporting period was $5,562.10.

The Board has legislatively prescribed committees that assist it to discharge its responsibilities. The Board and each committee of the Board operate in accordance with a Charter that clearly articulates the specific purpose, role, functions, responsibilities and membership.

## Executive

As set out in section 32B of the *Hospital and Health Boards Act 2011*, the Board Executive Committee supports the Board in progressing the delivery of strategic objectives for WBHHS and by strengthening the relationship between the Board and the Chief Executive to ensure accountability in the delivery of services.

## Safety and Quality

The Board Safety and Quality Committee is established in line with the requirements of the *Hospital and Health Boards Regulation 2023*. The role of the Board Safety and Quality Committee is to ensure a comprehensive approach to governance matters relevant to safety and quality of health services is developed and monitored.

The committee is also responsible for advising the Board on matters relating to safety and quality of healthcare provided by the health service including but not limited to strategies to minimise preventable harm, improving the experience of patients and carers receiving health services and promoting improvements in workplace health and safety. Monitoring the workplace culture of the Service in relation to the safety and quality of health services provided by the Service is a key function of the committee.

## Audit and Risk

The Board Audit and Risk Committee is established in line with the requirements of the *Hospital and Health Boards Regulation 2023* (the Regulation). In accordance with the Regulation, the committee provides independent assurance and assistance to the Board on:

- The Service's risk, control and compliance frameworks
- The Service's external accountability responsibilities as prescribed in the *Financial Accountability Act 2009*, *the Financial Accountability Regulation 2019*, and the *Financial and Performance Management Standard 2019*.

The committee meets quarterly and operates with due regard to the Queensland Treasury's Audit Committee Guidelines. The committee's work is supported by a number of standing invitees to the meeting, including the Executive Director of Finance and Performance, Executive Director of Governance, Internal Audit and External Audit representatives.

## Finance

The Board Finance Committee is established in line with the requirements of the *Hospital and Health Boards Regulation 2023*. The Executive Director of Finance and Performance is a standing invitee to this committee, which advises the Board on matters relating to the oversight of financial performance and the monitoring of financial systems, financial strategy and policies, capital expenditure, cash flow, revenue and budgeting to ensure alignment with key strategic priorities and performance objectives.

# Board membership

## Peta Jamieson OAM
**CHAIR**

Appointed Chair: 18 May 2017
First appointment: 26 June 2015
Current term: 01 April 2024 - 31 March 2026

Peta is an experienced non-executive director with over 30 years' experience in the private and public sector in executive leadership and operational roles.  She's worked for the Queensland Government, Brisbane City Council and the Local Government Association of Queensland (LGAQ) and has extensive knowledge in government policy and stakeholder engagement.

Returning to the Wide Bay region in 2011 with her family, Peta founded Luminous Project Services and Jamieson Agriculture and manages the family's 500 acre property in Tiaro.

Since her appointment, Peta has promoted the interests of patients in the Bundaberg and Wide Bay regions. She's also Chair of our executive committee and a member of the audit and risk, safety and quality, and finance committees.

## Karen Prentis
**DEPUTY BOARD CHAIR**

Appointed Deputy Chair: 21 October 2021
First appointment: 18 May 2017
Current term: 01 April 2024 - 31 March 2028

Karen is an experienced non-executive director and has extensive knowledge of corporate governance, risk management and strategy. She has significant financial expertise, with over 30 years in financial services and funds management.

Karen has specialised skills with managing complex issues and diverse stakeholder and negotiation management across the public and private sectors. Karen sits on several boards including funds management, public sector committees and is also Pro Chancellor at Griffith University.

As Deputy Chair, Karen is focused on innovative strategy development and strategic leadership for our hospital and health services. She's also Chair of our audit and risk committee and a member of the finance committee.

## Helen Huntly OAM
**BOARD MEMBER**

First appointment: 01 April 2024
Current term: 01 April 2024 - 31 March 2028

Emeritus Professor Helen Huntly OAM served in various university executive roles throughout her career in Tertiary Education, including Vice President (Academic), Deputy Vice Chancellor (VET) and Dean of the School of Education & the Arts at CQUniversity. In 2017 Helen was acknowledged

nationally through the award of Member of the Order of Australia (OAM), for her ‘Significant Contribution to Tertiary Education in Central Queensland’.

In 2022, Helen was appointed a Principal Fellow of internationally recognised Advance HE, after which she was invited as a member of the organisation’s Australasian Strategic Advisory Board.

Helen has undertaken leadership roles such as the Chair of the Queensland Deans of Education Forum and Deputy President of the Australian Council of Deans of Education (ACDE).

As well as a life (and founding) member of the Bundaberg YMCA, Helen was a long-term Board Director for IMPACT Community Services, and now serves on the Management Committee of Phoenix House Association Inc. These roles have consolidated her skills in areas such as corporate governance, strategy and planning, and risk management.

Helen is a member of our safety and quality, and audit and risk committees.

## Kirsti Kee
**BOARD MEMBER**

First appointment: 1 July 2024
Current term: 1 July 2024 - 31 March 2026

Kirsti brings to the Wide Bay Hospital and Health Board extensive human resource management and corporate governance experience as a senior executive working in the Education sector. Kirsti has volunteered her time to a number of community based organisations covering her areas of interest – education; community development and social support.

In her role as Regional Executive Director of Education for Wide Bay Burnett, Kirsti developed a strong interest in the provision of services in regional and rural Queensland and actively promotes this through her current voluntary endeavours. She believes keenly in the importance of listening to the experiences of the consumers of services.

Kirsti holds a Bachelor of Arts and Masters of Educational Administration and is a member of the Audit and Risk Committee and Finance Committee.

## Stevan Ober OAM
**BOARD MEMBER**

First appointment: 01 April 2024
Current term: 01 April 2024 - 31 March 2028

Stevan is a proud Torres Strait Islander (Saibai Island) and South Sea (Vanuatu) man. Stevan is the Chief Executive Officer of Galangoor Duwalami Primary Health Care Service in Fraser Coast. He has over 25 years’ experience in Aboriginal and Torres Strait Islander Health in both the Queensland Government, and in the community control sector.

Stevan is a former Board Director of the Queensland Aboriginal Islander Health Council, a member of WBHHS’s Aboriginal and Torres Strait Islander Community Advisory Council, a former member of the St Stephen’s Private Hospital Advisory Committee and a former member of the Statewide Aboriginal and Torres Strait Islander Alcohol and Drug Committee.

He is also a current serving member of Marine Rescue Queensland (Hervey Bay) and has been awarded the National Medal for Service (NM) from the Governor-General of Australia for over 15 years of continuous service.

Stevan is a member of our safety and quality, and finance committees.

## Leanne Rudd
**BOARD MEMBER**

First appointment: 01 April 2024
Current term: 01 April 2024 - 31 March 2028

Leanne is a non-executive director and financial professional with over twenty years of extensive experience at board level, spanning both the private and not-for-profit sectors. Her expertise encompasses taxation, business advisory, wealth and financial management, leadership, governance, and management consulting.

Founder of Frontgate Advisory, a reputable agribusiness, accounting, and financial advisory business based in Bundaberg, Leanne has dedicated three decades to public practice.

Leanne's passion for community development and healthcare improvement in regional, rural, and remote areas stems from her upbringing in the region. Leanne is also Chair of IMPACT Community Services.

Driven by a desire to effect positive change, her extensive experience underscores her ability to facilitate the growth and sustainability of businesses across various sectors.

Leanne is the Chair of our finance committee and member of our safety and quality, and executive committees.

## Karla Steen
**BOARD MEMBER**

First appointment: 18 May 2021
Current term: 01 April 2024 - 31 March 2026

Karla is an experienced non-executive director and has more than 20 years' professional experience in media, communications and marketing across the public, private and not-for-profit sectors.

Karla began her career as a journalist with ABC radio and Channel 10 before joining the Queensland Government with a range of portfolios such as emergency services, child safety and community and disability services.

In recent years Karla has developed and implemented community programs aimed at that supporting social inclusion, gender equality and preventative health. She currently works with the Hervey Bay Neighbourhood Centre to improve community mental health through the social connection and inclusion.

As a dedicated board member, Karla has completed research into regional government board participation and is Chair of our Board safety and quality committee and member of our audit and risk,

and executive committees. As a cancer survivor and long-term regional resident, she is passionate about regional and rural health services, and preventative health.

## Lance Stone
**BOARD MEMBER**

First appointment: 1 July 2024
Current term: 1 July 2024 - 31 March 2026

Lance has had a varied professional life but has always held a passion for community education and training. He firmly believes that through education, lives can be changed. A distinguished leader with a deep commitment to public service and community development, Lance has consistently demonstrated a dedication to improving the lives of individuals and families in the Wide Bay and indirectly throughout Queensland. His blend of experience, integrity, and vision makes him a compelling individual, aiming to drive positive change and progress.

As Managing Director of the ACE Group, he has a passion for education, recruitment and training. This role allows him to follow his passions; both professionally, through his constant strive for improvement within the vocational training sector; and personally, through his involvement in local charities, regional groups, and Chambers of Commerce.

A strong advocate for the most marginalised and vulnerable, he seeks to enable a better life through education, health and housing for all those within our communities. Lance is dedicated to creating a more inclusive, equitable, and prosperous community. He is passionate about economic development, education reform, healthcare improvement and aims to be a voice of reason to address these challenges.

His other community interests include family, sport, youth mental health, lifelong learning, homelessness, social justice and social inclusion.

## Chris Woollard
**BOARD MEMBER**

First appointment: 1 April 2022
Current term: 01 April 2022 – 31 March 2026

Chris is an experienced medical professional and educator. He has extensive experience in medical, academic, training and military roles and is a practising GP in Hervey Bay. He is the former GP Liaison Officer for the Central Queensland, Wide Bay, Sunshine Coast Primary Health Network and Chair of Wide Bay Clinical Council. Chris has also been the GP representative for the Fraser Coast Local Medical Association.

Chris was previously an army medical officer in the Australian Defence Force with experience in severe trauma management, aviation and underwater medicine and occupational health.

Chris received the Australian Service Medal and Level Three Group Commendation for his work in medical training. He remains a reservist in the ADF. Chris was also a tutor at the University of Queensland’s rural clinical school and is a supervisor for medical students and GPs in training.

Chris is a member of our safety and quality and board executive committees. Having grown up in rural areas, he's passionate about improving health care in remote and rural areas.

## Table 2: Board Committee memberships and attendance

| Name of Government body: Wide Bay Hospital and Health Board | |
|---|---|
| **Act or instrument** | *Hospital and Health Boards Act 2011* |
| **Functions** | The Board appoints the Chief Executive of the Health Service and controls the financial management of the Hospital and Health Service, including the staff, land and buildings. |
| **Achievements** | Progressed major capital works as part of the new Bundaberg Hospital Project, Hervey Bay Expansion and Mental Health build.<br>Oversaw the development and publishing of several strategic documents.<br>Continued to prioritise staff wellbeing to ensure WBHHS nurtures and future-proofs its workforce. |
| **Financial reporting** | The Board is responsible for preparing the financial report which gives a true and fair view in accordance with the *Financial Accountability Act 2009*, *the Financial and Performance Management Standard 2019* and Australian Accounting Standards and, as the Board determines is necessary, for internal control to ensure 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. |

| Remuneration | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Position** | **Name** | **Meetings/sessions attendance** | | | | | **Approved annual fee** | **Approved sub-committee fees** | **Actual fees received** |
| | | **Board** | **Board Executive** | **Safety and Quality** | **Board Finance** | **Audit and Risk** | | | |
| **Chair** | **Peta Jamieson** | 12/12 (CHAIR 12/12) | 4/4 (CHAIR 4/4) | 6/6 | 13/13 (CHAIR 3/13) | 4/4 | $75,000 pa | **Board Executive** $4,000 pa<br>**Safety and Quality** $3,000 pa<br>**Board Finance** $3,000 pa<br>**Audit and Risk** $3,000 pa | $90,947 pa |
| **Deputy Chair** | **Karen Prentis** | 12/12 | 2/4 | - | 11/13 | 4/4 (CHAIR 5/5) | $40,000 pa | **Board Executive** $3,000 pa<br>**Board Finance** $3,000 pa<br>**Audit and Risk** $4,000 pa | $50,021 pa |
| **Board Member** | **Dr Chris Woollard** | 10/12 | 3/4 | 5/6 | - | - | $40,000 pa | **Board Executive** $3,000 pa<br>**Safety and Quality** $3,000 pa | $46,019 pa |
| **Board Member** | **Karla Steen** | 12/12 | 4/4 | 6/6 (CHAIR 6/6) | - | 4/4 | $40,000 pa | **Board Executive** $3,000 pa<br>**Safety and Quality** $4,000 pa<br>**Audit and Risk** $3,000 pa | $50,021 pa |
| **Board Member** | **Helen Huntly** | 10/12 | - | 6/6 | - | 2/4 | $40,000 pa | **Safety and Quality** $3,000 pa<br>**Audit and Risk** $3,000 pa | $46,019 pa |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Board Member** | **Leanne Rudd** | 12/12 | 4/4 | 6/6 | 10/13 (CHAIR 10/13) | - | $40,000 pa | **Board Executive** $3,000 pa **Safety and Quality** $3,000 pa **Board Finance** $4,000 pa | $52,534 pa |
| **Board Member** | **Stevan Ober** | 11/12 | - | 6/6 | 12/13 | - | $40,000 pa | **Safety and Quality** $3,000 pa **Board Finance** $3,000 pa | $46,019 pa |
| **Board Member** | **Kirsti Kee** | 12/12 | - | - | 13/13 | 4/4 | $40,000 pa | **Board Finance** $3,000 pa **Audit and Risk** $3,000 pa | $46,901 pa |
| **Board Member** | **Lance Stone** | 10/12 | - | 1/6 | - | 2/4 | $40,000 pa | **Safety and Quality** $3,000 pa **Audit and Risk** $3,000 pa | $46,901 pa |

| **No. scheduled meetings/sessions** |
|---|
| 12 Board I 4 Board Executive I 6 Safety and Quality I 13 Board Finance I 4 Audit and Risk |
| **Total out of pocket expenses** |
| Include total $5,562 cost for Chair and all members. 'Out of pocket' expenses are outlined in the Remuneration Procedures for part-time Chairs and members of Queensland Government bodies. |

Note:

1. The figures reported in the above table reflect the remuneration entitlement of Board members per Remuneration Procedures for Part-Time Chairs and Members of Queensland Government Bodies. Some Board members did not serve for the whole financial year, and were either appointed after the year commenced or retired before the year concluded. As such, figures reported above and in the Financial Statements on page FS-31 reflect the actual remuneration received and may differ due to pro-rata payments received in line with terms of service.

2. The figures reported as 'Actual fees received' include remuneration entitlements for Board membership, committee attendance and service as a committee chair, and may include allowances and reimbursements such as meal, travel, accommodation or motor vehicle expenses as appropriate.

# Executive management

The Health Service Chief Executive (HSCE) is accountable to the Board for all aspects of WBHHS performance, including the overall management of human, material and financial resources and the maintenance of health service and professional performance standards. The Executive Management Team supports the HSCE and comprises executive directors with specific responsibilities and accountabilities for the effective performance of the organisation.

To guide the operation of the organisation, an executive committee structure has been designed to facilitate effective strategic governance, operational and management review, improve the transparency of decision making and management of risk. Each executive-level committee has terms of reference clearly describing their respective purpose, functions and authority. These committees provide essential integration and uniformity of approach to health service planning, service development, patient safety and quality, workplace health and safety, resource management, and performance management and reporting.

## Deborah Carroll
**CHIEF EXECUTIVE**

Debbie has over 40 years' experience in the public health sector. She's held key leadership roles across different health facilities in Queensland.

She completed her general nurse training in 1981 at Mackay Base Hospital, where she was recognised for her exceptional theoretical knowledge and nursing care.

Debbie joined us in 2006 as Executive Director of Nursing and Midwifery Services and was appointed Chief Operating Officer in 2014. She acted in the role of Chief Executive from October 2019 until her permanent appointment in May 2020.

During her time with us, she's overseen the construction of new infrastructure, approval for the new Bundaberg Hospital and new services and models of care. As Nursing Director in Rockhampton, she established the first Clinical Governance, Risk and Quality Unit in regional Queensland.

She's also managed quality improvements as part of the Short Notice Accreditation process, and the development of the Regional Medical Program. From 2020, she played a leading role in our response to the COVID-19 pandemic.

She also received an Australia Day Award in 2014 for her exceptional leadership during the 2013 floods.

Debbie has a Bachelor of Health Science (Nursing) with Distinction, a Graduate Diploma in Emergency Nursing, and became an endorsed Rural and Isolated Practice registered nurse. She also has a Master of Health Administration and Information Systems, and a Graduate Certificate in Health Service Planning.

Debbie is committed to a values-based leadership approach, focused on providing the best possible care for our communities.

## Ben Ross-Edwards
**CHIEF OPERATING OFFICER**

Ben has 20 years' experience in the hospital and health sector and has held senior and executive leadership positions for the past 13 years.

During his time with us, Ben has made improvements to surgical services access, implemented admission avoidance initiatives, and introduced model of care changes. These have resulted in better patient care and experience.

Ben has a Master of Physiotherapy, specialising in acute and rehabilitation settings, with an interest in post-stroke rehabilitation. He also has a Master of Business Administration with a focus on Business Leadership, highlighting his passion for innovation and strategic thinking.

Ben is dedicated to fostering excellence and driving innovation in our organisation, ensuring the delivery of exceptional healthcare services to our community.

## Paul Weir
**EXECUTIVE DIRECTOR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH**

Paul is a proud Torres Strait Islander man who descends from proud Meriam and Erub families.

Paul was appointed Executive Director Aboriginal and Torres Strait Islander Health in April 2024 and oversees and leads the development and implementation of our First Nations Health Equity Strategy. Paul also provides guidance and advice on the strategic directions, priorities and policy development in relation to the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Paul began his career in NSW Health and has now returned home to Queensland. He brings his experience and knowledge of team leadership, the development, implementation, monitoring and auditing of policy and legislation, accreditation, compliance, strategic planning and project management.

Paul has a Bachelor of Applied Health Science, a Master of Healthcare Leadership and is undertaking a Master of Public Health.

He is committed to ensuring our health service provides holistic, culturally and clinically safe and respectful services, which allow for the best opportunity for improved health and social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander people.

## Stephen Bell
**EXECUTIVE DIRECTOR OF ALLIED HEALTH**

With over 30 years of experience in hospital and health services, Stephen is an experienced health executive and registered psychologist. After completing his Bachelor of Psychology degree in 1994, he worked in specialist and acute public mental health service roles across Queensland. He has since held senior leadership positions across community, hospital, and mental health settings, with a focus on operational management, professional leadership, and service improvement.

Stephen has led large-scale organisational change and efficiency initiatives, with several projects receiving recognition at the state level for their outcomes and impact. A Fellow of the Australasian College of Health Service Management and a Certified Health Executive, he brings extensive

governance experience through active participation on a range of boards and committees. Stephen holds postgraduate qualifications in health management and contributes to the broader community through his involvement in not-for-profit governance.

His career reflects a consistent commitment to improving service delivery, strengthening interdisciplinary care, and supporting the ongoing development of health services in the Wide Bay region.

## Martin Clifford

**EXECUTIVE DIRECTOR OF FINANCE AND PERFORMANCE**

Martin has worked in the health sector for over 20 years and has held senior and executive leadership roles in Victoria and Queensland. In his previous role Martin was Chief Financial Officer for Albury Wodonga Health for 12 years.

He was appointed Executive Director Finance and Performance in February 2022 and brings strategic direction in finance, health service and hospital executive skills.

Since joining Wide Bay Martin has worked extensively with the Executive and across the organisation in improving engagement with the Finance and Performance directorate whilst developing a strong leadership team. With the support of the directors, this has led to better outcomes in the budget setting process and integrity in financial and performance reporting, greater focus on digital health and more robust procurement and contract management systems and processes.

Martin holds a Bachelor of Commerce and a Graduate Diploma in Applied Finance and Investments. He is recognised as a Fellow member of the Certified Practising Accountants of Australia.

Martin is passionate about leading high performing teams including identifying and developing talent across all levels of the organisation.

## Robyn Scanlan

**EXECUTIVE DIRECTOR OF GOVERNANCE**

With over 25 years of healthcare experience, Robyn brings a wealth of knowledge to Wide Bay. Her background includes clinical and leadership positions in rural and remote nursing and midwifery, patient safety, and clinical governance.

Robyn began her career as a registered nurse at Oakey Hospital in 1995, before working in the Rural and Remote Nurse Practitioner program and gaining her midwifery qualifications.

She spent the next 14 years working across several central and western Queensland locations. As Director of Nursing at Longreach Hospital, her achievements included day surgery improvements, optimising patient flow and the introduction of a Queensland-first accommodation program for pregnant women.

After joining us in 2013 as a clinical governance facilitator, she was appointed Director of Clinical Governance in 2017, followed by Executive Director of Governance in April 2020.

During this time, Robyn has managed our first Quality of Care Report and improved safety and quality frameworks. She also led an Australian-first Short-Notice Accreditation pilot in WBHHS. This has since been adopted in multiple other locations across the country.

Robyn was recognised with an Australia Day Award in 2016 and a WBHHS Excellence Award in 2018. These were for her pioneering work in hospital accreditation and associated research. She also presented on the topic at the 2018 World Hospital Congress.

Robyn has a Master of Business Administration and Project Management. She's also a Fellow of the International Society for Quality in Health Care and Associate Fellow of the Australasian College of Health Service Managers.

Robyn is also completing her PhD focused on quality and accreditation systems and is dedicated to advancing the field of healthcare governance.

## Luci Caswell

**EXECUTIVE DIRECTOR OF HUMAN RESOURCES**

With more than 30 years working in healthcare, Luci has worked across clinical, operational management, and people and culture roles in the public, private and not-for-profit sectors.

Luci was appointed Executive Director of Human Resources in January 2023 and leads the development and implementation of our strategic human resources objectives. She directs workforce service functions to make sure they meet our business and service requirements. She also provides advice on all workforce matters.

Luci has extensive operational knowledge in values-based health organisations and understands the value of a well-developed and customer-focused human resources service.

Luci is committed to providing human resources services that improve and support the strategic direction of the organisation. She has particular interest and expertise in quality and system improvement, development of positive workplace cultures, governance and strategy.

## Allison Johns

**EXECUTIVE DIRECTOR MEDICAL SERVICES**

Dr Allison Johns is the appointed Executive Director Medical Services for WBHHS. Allison is a specialist Medical Administration with extensive experience in Medical Administration nationally across a range of services including Public, Private, Metropolitan, Regional, Specialist and General. In addition to Fellowship with the Royal Australasian College of Medical Administrators, Allison holds a Master Health Management, Master Public Health and has completed further post graduate studies with Harvard Medical School, Harvard University in Safety, Quality, Informatics and Leadership. Allison continues to work clinically alongside her administrative role in the clinical areas of Clinical Forensic Medicine and Sexual Health.

Being born and raised in rural Australia, Allison has a firsthand appreciation of the challenges that exist in Regional and Rural Australia for patients but also in the delivery of health services to our Communities. The delivery of high-quality services and excellence in care to our Community is a key priority alongside supporting our Medical Workforce for sustainable services where practitioners have high levels of workforce engagement and workplace satisfaction.

## Robyn Bradley

**EXECUTIVE DIRECTOR OF MENTAL HEALTH AND SPECIALISED SERVICES**

Over the past 30 years, Robyn has held management and leadership roles in the public health sector in Queensland and the South West and Wide Bay communities.

Robyn has been instrumental in the development of new mental health services. This includes a new lived experience peer support workforce in Wide Bay, and a crisis support space in Hervey Bay.

She's also managed the construction of a 20-bed community care unit and a 10-bed Step Up Step Down facility. These were run in partnership with non-government service providers.

Robyn began her career as an allied health professional having completed her Occupational Therapist degree in 1990. She has presented papers at national and international conferences advocating for rural models of care. This includes the Primary Health Network (PHN) conference in 2017, supporting local management for mental health planning frameworks and tools.

## Cameron Duffy

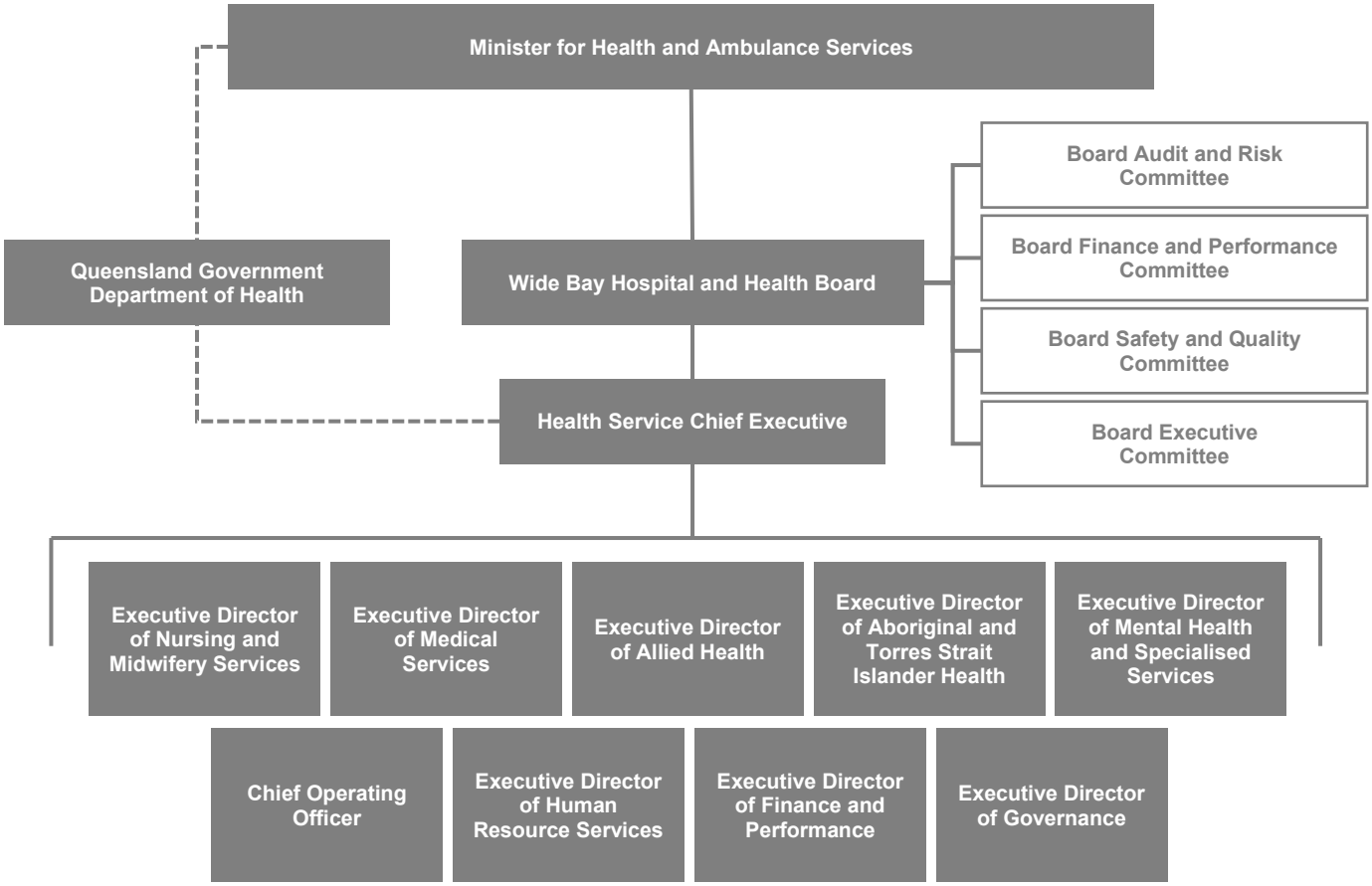
**EXECUTIVE DIRECTOR NURSING AND MIDWIFERY SERVICES**

Cameron Duffy was appointed as the Executive Director of Nursing and Midwifery Services in February 2025. With over 30 years of experience in healthcare, Cameron began his career as a registered nurse in 1994. His professional career has taken him across Queensland, from the Gold Coast to Wide Bay, and most recently, Cairns and Hinterland. Cameron is an Associate Adjunct Professor with James Cook University.

Cameron has held senior clinical leadership positions in nursing and midwifery services for over 20 years and has been in executive director roles since 2021. Cameron holds a Bachelor's degree in Nursing, and a Graduate Diploma in Health Administration and Information Systems. He also holds a Master's degree in Dementia and has collaborated with university partners on several research projects in this field. Cameron has implemented innovative approaches to dementia care from a systems perspective.

Through strategic partnerships with universities, he has contributed to initiatives aimed at enhancing workforce leadership capabilities and addressing long-term recruitment and retention challenges, particularly in regional Queensland.

# Organisational structure and workforce




## Organisational structure (as at 30 June, 2025)

WBHHS employed a total of 4,175 (5,238 headcount) occupied full-time equivalent staff in 2024-2025, an increase of 348 (422 headcount) compared to 2023-2024. Of that figure, more than 94 per cent of staff performed frontline or frontline support roles.

WBHHS values diversity in its workforce, recognising our staff bring a range of skills, experience and influences with them to our workplace. This includes First Nations employees, as well as employees who are culturally and linguistically diverse (CALD) or who have a disability.

In line with WBHHS's strategic plan to nurture and future-proof our workforce, we have continued to grow a diverse workforce that is representative of our community.

As at 30 June 2025, the number of employees who identify as First Nations peoples has increased by 21 per cent, from 134 to 162 employees. 681 staff identify as CALD (17 per cent increase on prior year) and 115 employees identify as a person with a disability. For further details on breakdowns of CALD and First Nations staff members, please see Table 8.

In line with the health sector across the state and beyond, our health service is largely staffed by women (76 per cent). This gender breakdown is also reflected at the most senior levels of our organisation, with women making up 70 per cent of our senior executives.

## Table 3: Total staffing

| Group | Number |
|---|---|
| Headcount | 5,238.00 |
| Paid Full Time Equivalent (FTE) | 4,175.37 |

## Table 4: Occupation types by FTE

| Group | Percentage of total workforce |
|---|---|
| Corporate | 5.66% |
| Frontline and Frontline support | 94.34% |

## Table 5: Appointment type by FTE

| Group | Percentage of total workforce |
|---|---|
| Permanent | 76.26% |
| Temporary | 18.53% |
| Casual | 4.99% |
| Contract | 0.22% |

## Table 6: Employment status by headcount

| Group | Percentage of total workforce |
|---|---|
| Full-time | 47.70% |
| Part-time | 43.59% |
| Casual | 8.71% |

## Table 7: Gender diversity by headcount

| Gender* | Number | Percentage of total workforce |
|---|---|---|
| Women | 3,999 | 76.35% |
| Men | 1,234 | 23.56% |
| Non-binary | 5 | 0.10% |
| Another term | 0 | 0.00% |
| Not disclosed | 0 | 0.00% |

*Where data available

## Table 8: Diversity in our workforce by headcount

| Diversity groups* | Number | Percentage of total workforce |
|---|---|---|
| Women | 3,999 | 76.35% |
| Aboriginal Peoples and Torres Strait Islander Peoples | 162 | 3.09% |
| People with disability | 115 | 2.20% |
| Culturally and linguistically diverse - speak a language at home other than English^ | 681 | 13.00% |

*To ensure privacy, in tables where there are less than 5 respondents in a category, specific numbers must be replaced by <5.
^ This includes Aboriginal and Torres Strait Islander languages or Australian South Sea Islander languages spoken at home.

## Table 9: Women in leadership roles by headcount*

| Group | Number | Percentage of total leadership cohort |
|---|---|---|
| Senior Officers (Classified, s122 and s155 combined) | 6 | 54.55% |
| Senior Executive Service, High-level senior executives and Chief Executives (Classified, s122 and s155 combined) | 7 | 70.00% |

* Women in leadership are defined as those in classified roles or on s122 or s155 contracts. This data must not include salary equivalency.

**Data Caveats:**

* Workforce is measured in Minimum Obligatory Human Resource Information (MOHRI) Full-Time Equivalent (FTE). This MOHRI data supplied by the Public Sector Commission is not an exact match with data in the Financial Statements, which is drawn from the Decision Support System (DSS).

* Beginning the 2023 financial year end, the Public Sector Commission advised all workforce annual report data needs to be based on the PSC MOHRI data. This is submitted quarterly to the PSC through the HR Branch.

* The difference between the PSC MOHRI data and QH Reporting FTE (MOHRI Occupied FTE) from DSS exists due to different counting rules. The total FTE for both DSS MOHRI occupied FTE data and PSC MOHRI submission data are the same at a whole of Queensland Health level, however, minor variances can appear at an HHS level and will also be noticeable at a pay stream level. In PSC reporting, the FTE for an employee is counted against their primary role. For example, if employee works 0.5FTE in a health practitioner role and 0.3FTE in a nursing role, this employee would be reported 0.8FTE health practitioner. In Qld health reports, FTE is split across both roles.

* Women in Leadership roles include the following Queensland Health position classifications:
  - Senior Officers: HSO, DSO and ASO (Ambulance only).
  - Senior Executive Service, High-level senior executives and Chief Executives: HES, CEO, SES, Senior Officer Public Service, and AES (Ambulance only).

* Employee status: Where appointed FTE (0-100) is equal or greater than 95, employees are reported as full-time. Where appointed FTE is less than 95, employees are reported as part-time. Employees are reported as casual, if their appointment type is identified as casual.

* Norfolk Island Taskforce is excluded from summary and sub-measures.

* Due to Machinery of Government (MOG) Office for Women being transferred from Queensland Health to Department of Women, Aboriginal and Torres Strait Islander Partnerships, and Multiculturalism from 1 November 2024, growth has been impacted by a reduction of 9.4 FTE and 10 HC from 1 January 2024 to June 2025 in the reporting system.

* In alignment with PSC reporting guidelines, only one employment record per employee is reported. For employees with concurrent employment, the arrangement with the highest percentage of work is reported. This may result in a minor variance where staff work across multiple Hospital and Health Services.

# Strategic workforce planning and performance

In partnership with the Centre for Leadership Excellence (CLE) several leadership programs have been delivered across facilities, including state-wide offerings and non-clinical development programs. The focus of these offerings were to uplift capability in a range of areas including Leading Teams, Performance Culture, Management Essentials, Project Management, and Interprofessional Teaming. In total, 450 participants attended workshops across 12 programs, and 28 individual workshops. The largest professional representation across capability programs was administration (39 per cent); followed by nursing and midwifery at 33 per cent, allied health (16 per cent) and participants from operational and professional (7 per cent), medical (4 per cent) and dental (1 per cent) streams. Furthermore, WBHHS partnered with the CLE to implementing a pilot mentoring program and focused team culture transformation initiative.

WBHHS continues to apply a multidisciplinary approach to the management of occupational violence risk through expanded delivery of Maybo to staff as the preferred occupational violence training methodology. This content was also supplemented with the delivery of Maybo 'Call Handling - Phone call aggression prevention' training in 2025. This training is designed to enhance staff ability to manage and prevent occupational violence related to phone call interactions. Since implementation in January, three certified trainers have facilitated six workshops, attended by 43 staff members.

Workplace Safety and Wellbeing continues to provide workplace safety, occupational health, rehabilitation and return to work and emergency management advisory and support services to the organisation within current resourcing and in line with aspirational targets set out within the *Workplace Safety and Wellbeing Strategic Plan 2024-27*. Increasing service delivery and organisational growth continues to offset performance improvement across a number of areas including occupational violence, ergonomic safety and rehabilitation and return to work outcomes. The absence of identified funding sources for increased workplace safety and rehabilitation resourcing and improvement projects currently will embed current performance outcomes for the foreseeable future.

## Early retirement, redundancy and retrenchment

No early retirement, redundancy or retrenchment packages were paid during the 2024-2025 period.

# Our risk management

At WBHHS, robust risk management underpins our commitment to safe, high-quality healthcare and strong governance. A positive, proactive risk culture is embedded across the organisation to support informed decision-making and the achievement of strategic and operational objectives.

Our risk management framework is aligned with the *Australian/New Zealand Standard ISO31000:2018 Risk Management — Principles and guidelines*, and the *National Safety and Quality Health Service Standard 1 — Governance for Safety and Quality in Health Service Organisations*. The framework applies to strategic, operational and project risks and outlines how risks are identified, assessed, managed, monitored and reviewed, ensuring a consistent and coordinated process throughout WBHHS.

A centralised risk register is maintained and reviewed regularly to ensure risks remain current and controls are effective. Strategic and operational risks are reported and monitored by various executive and board committees, particularly via the Audit and Risk Committee and the Safety and Quality Committee.

The Risk Management Framework is supported by an integrated compliance management system, aligned to *ISO 37301:2021 – Compliance Management Systems*, that monitors adherence to legislation and Health Service Directives through a structured approach to identifying, monitoring and responding to compliance gaps. A Compliance Management Register is maintained that captures obligations, assessment results and treatments to improve the control environment.

Key accountability bodies within the risk management framework include:

- The Board, which is responsible for setting objectives, key deliverables and identification of strategic risks. It appoints the Board Audit and Risk Committee (BARC) and sets limits of acceptable behaviour through the organisation’s values and defining and approving the Risk Appetite Statement.
- The BARC assists the Board in reviewing and overseeing systems of risk management, internal controls and legislative compliance. The BARC’s responsibilities are outlined in the BARC Charter.

Key achievements during 2024-2025 include:

- conducting comprehensive risk reviews of strategic and operational risks across the WBHHS to ensure risk mitigation remains current and assists with embedding risk management maturity within the organisation.
- regular risk deep dive reporting to the Executive and Board sub-committees to provide greater insights, oversight and assurance.
- developing additional clinical and non-clinical risk profiles across the WBHHS in consultation and collaboration with key stakeholders.
- the development of a fatigue risk management intranet site that includes fatigue risk calculators that assist management and staff in identifying and responding to fatigue.
- undertaking fraud risk assessments across the WBHHS to identify potential fraud risk areas and develop treatments to mitigate these risks.

- reviewing and maintaining the Critical Infrastructure Risk Management Program in accordance with the *Security of Critical Infrastructure Act 2018*, to ensure the WBHHS critical assets become more resilient.
- reaching 50% of total legislative obligations being assessed for compliance.
- continuing to mature the legislative assessment process through the development of tools, templates and a procedure to assist with assessing compliance in line with legislative requirements.

# Internal audit

The internal audit function at WBHHS provides independent risk-based assurance to the Executive, Board and Board Audit and Risk Committee. It operates under the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2019*, focusing on governance, risk management and internal control effectiveness.

The function operates under a Board-approved Internal Audit Charter that is consistent with the *International Professional Practices Framework* developed by the Institute of Internal Auditors. The charter is reviewed every year to ensure it remains current and aligned to better practice.

In 2024-2025, internal audit services were delivered by external provider O'Connor Marsden (OCM) under a contracted arrangement, offering access to specialist expertise. The *Annual Internal Audit Plan* was risk-focused and endorsed by the Board Audit and Risk Committee, which oversaw the delivery of the plan, management response to findings and the implementation of recommendations.

Key achievements during 2024-2025 include:

- completing internal audits on information security management system (ISMS), procure to pay, non-acute long stay patients and discharge summaries; and
- implementing 15 internal audit recommendations from previous internal audit reports.

# External scrutiny, information systems and recordkeeping

WBHHS operations are subject to regular scrutiny from external oversight bodies. These include but are not limited to the Queensland Audit Office (QAO), Crime and Corruption Commission, Office of the Health Ombudsman, Australian Council on Healthcare Standards, Queensland Ombudsman, and the Coroner.

WBHHS has mechanisms in place to monitor and report on corrective actions taken to implement recommendations made from external agencies. There have been no significant findings from external agencies that would warrant disclosure.

Information systems are managed in accordance with Queensland Health policies, standards and guidelines, covering:

- Information security
- Storage (physical and digital)
- Retention and disposal

- Information access and sharing
- Data and application custodianship
- User access management
- Data management and standards

The *WBHHS Information Management Framework* encompasses the strategic drivers, legislative environment and the policies and procedures which impact the governance of the WBHHS's information and data including recordkeeping.

This Information governance framework and operating model provides a data custodianship model from the executive level down to drive the strategic direction for recordkeeping with operational management responsibilities are assigned to appropriately qualified and experienced staff.

The *Public Records Act 2023* and *Queensland State Archives (QSA) Records Governance Policy December 2024* provide the overarching guidance for recordkeeping governance within WBHHS. These are supported by the *Queensland Health Corporate Records Management Policy* and Clinical *Records Management Policy*.

WBHHS records are retained and disposed of in accordance with the relevant QSA disposal schedule and complies with protection notices issued by QSA for certain record classes currently subject to a specific event such as commission of inquiry. Administrative record destruction and archiving practices has been a focus of 2024-2025.

Training and advice is available to all staff regarding storage, security, privacy, and records management via WBHHS's Information Management service or available on the WBHHS QHEPS page.

**CEO Attestation of IS18:2018 (ISMS) information security risk**

During the 2024-2025 financial year, WBHHS has an informed opinion that information security risks were actively managed and assessed against WBHHS's risk appetite with appropriate assurance activities undertaken in line with the requirements of *the Queensland Government Enterprise Architecture (QGEA) Information security policy (IS18:2018).*

# Charter of Victims' Rights

There were no Charter of Victims' Rights related complaints identified during 2024-25.

# Queensland Public Service ethics and values

WBHHS is committed to upholding the values and standards outlined in the *Code of Conduct for the Queensland Public Service*, which was developed in accordance with the four core principles contained in the *Public Sector Ethics Act 1994*: Integrity and impartiality, Promoting the public good, Commitment to the system of government, and Accountability and transparency.

All staff employed by WBHHS are required to undertake training in the *Code of Conduct for the Queensland Public Service* during their orientation, and refamiliarise themselves with the Code at regular intervals.

All employees are expected to uphold the code by committing to and demonstrating the intent and spirit of the ethics principles and values. WBHHS supports and encourages the reporting of Public Interest Disclosures. All employees have a responsibility to disclose suspected wrongdoing in accordance with the *WBHHS Public Interest Disclosure Policy*.

WBHHS values of Collaboration, Accountability, Respect and Excellence (C.A.R.E) Through Patients' Eyes reflect the public service values of Customers first, Ideas into action, Unleash potential, Be courageous, and Empower people, and the supporting behaviours are embedded in our Strategic Plan 2022-2026.

# Human rights

*Queensland's Human Rights Act 2019* (the Act) came into force on 1 January 2020, with the aim of protecting and promoting human rights, building a culture in the Queensland public sector that respects and promotes human rights, and promoting dialogue about the nature, meaning and scope of human rights.

Under the Act, hospitals and health services are required to disclose details of the actions taken to further its objectives; to detail any complaints received under the Act, and their outcomes; and to detail reviews of policies, programs, procedures, practices or services undertaken for their compatibility with human rights.

In 2024-2025, WBHHS continued to embed the objectives of the Act including continuation of the dedicated Human Rights Act intranet site with information and links for staff, a human rights training module being incorporated into the WBHHS mandatory training program, and mandatory assessments of all policies, procedures and complaints received against the Act.

Also key to WBHHS's implementation has been the continuing comprehensive review of our policies, programs, procedures, practices and services to ensure they are compatible with the objectives of the Act. This includes:

- Human rights considerations built into development of all new or reviewed policies and procedures.
- Ongoing review of contractual and partnership arrangements.
- Embedding human rights consideration into strategic direction.
- Maturing feedback processes to increase accessibility, including providing publicly available information, accepting feedback through a variety of mediums, offering access to an interpreter or other translating services and offering child-friendly feedback mechanisms.
- Utilisation of a risk management system to comprehensively record and report to ensure compliance with the reporting aspects of complaints and the Act.

Between July 2024 and June 2025 there were four patient complaints with relevance to the Human Rights Act. All were resolved locally.

An additional 11 complaints were received from staff; with 8 complaints resolved locally and 3 complaints not yet resolved.

The *WBHHS Consumer Feedback Management Procedure* contains clear guidance around consent, privacy and human rights. A severity assessment scale identifies issues related to denial of rights as 'major': requiring escalation to Director of Clinical Governance, Professional streams, or Human Resources. The procedure also includes avenues for referral of complaints to the Queensland Human Rights Commission.

# Confidential information

*The Hospital and Health Boards Act 2011* requires annual reports to state the nature and purpose of any confidential information disclosed in the public interest during the financial year. The Chief Executive did not authorise the disclosure of confidential information during the reporting period.

# Performance

## Service standards

### Table 10

| Wide Bay Hospital and Health Service | 2024-2025 Target | 2024-2025 Actual |
|---|---|---|
| **Effectiveness measures** | | |
| Percentage of emergency department patients seen within recommended timeframes | | |
| Category 1 (within 2 minutes) | 100% | 100% |
| Category 2 (within 10 minutes) | 80% | 82% |
| Category 3 (within 30 minutes) | 75% | 57% |
| Category 4 (within 60 minutes) | 70% | 69% |
| Category 5 (within 120 minutes) | 70% | 94% |
| Percentage of emergency department attendances who depart within 4 hours of their arrival in the department | >80% | 56% |
| Percentage of elective surgery patients treated within the clinically recommended times | | |
| Category 1 (30 days) | >98% | 94% |
| Category 2 (90 days) | >95% | 93% |
| Category 3 (365 days) | >95% | 89% |
| Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days [1] | ≤1.0 | 1.4 |
| Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit [2] | >65% | 65.4% |
| Proportion of re-admissions to acute psychiatric care within 28 days of discharge [3] | <12% | 6.9% |
| Percentage of specialist outpatients waiting within clinically recommended times [4] | | |
| Category 1 (30 days) | 98% | 63% |
| Category 2 (90 days) [5] | .. | 48% |
| Category 3 (365 days) [5] | .. | 73% |
| Percentage of specialist outpatients seen within clinically recommended times | | |
| Category 1 (30 days) | 98% | 86% |
| Category 2 (90 days) [5] | .. | 50% |
| Category 3 (365 days) [5] | .. | 66% |
| Median wait time for treatment in emergency departments (minutes) [6] | .. | 18 |
| Median wait time for elective surgery treatment (days) | .. | 31 |
| **Efficiency measure** | | |

| Wide Bay Hospital and Health Service | 2024-2025 Target | 2024-2025 Actual |
|---|---|---|
| Average cost per weighted activity unit for Activity Based Funding facilities [7] | $5,869 | $5,677 |
| **Other measures** | | |
| Number of elective surgery patients treated within clinically recommended times | | |
| Category 1 (30 days) | 2,472 | 2,062 |
| Category 2 (90 days ) | 1,702 | 1,691 |
| Category 3 (365 days) | 679 | 712 |
| Number of Telehealth outpatients service events [8] | 8,278 | 10,556 |
| Total weighted activity units (WAU )[9,10] | | |
| Acute Inpatients | 68,961 | 74,276 |
| Outpatients | 17,113 | 20,860 |
| Sub-acute | 9,209 | 10,709 |
| Emergency Department | 23,912 | 21,336 |
| Mental Health | 4,010 | 11,195 |
| Prevention and Primary Care | 3,173 | 3,644 |
| Ambulatory mental health service contact duration (hours) [11] | >34,523 | 37,294 |
| Staffing [12] | 3,905 | 4,175 |

1. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Actual rate is based on data reported between 1 July 2024 and 31 March 2025 as at 15 May 2025.
2. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Mental Health rate of community follow up 2024–2025 Actuals are as at 19 August 2025.
3. Mental Health readmissions data is as at 19 August 2025.
4. Waiting within clinically recommended time is a point in time performance measure. 2024–2025 Actual is as at 1 July 2025.
5. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–2025 Targets for category 2 and 3 patients are not applicable.
6. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
7. Cost per WAU is reported in QWAU Phase Q27 and is based on data extracted on 18 August 2025.
8. Telehealth data is as at 20 August 2025.
9. All measures are reported in QWAU Phase Q27. Data as at 18 August 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target can occur.
10. The Mental Health 2024–2025 Actual differs from the 2024–2025 Target due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–2026. Activity targets for Community Mental Health were incorporated into 2024–2025 Targets following publication of the 2024–2025 Service Delivery Statements, to support Queensland's preparations for the planned national transition in 2025–2026.
11. Ambulatory Mental Health service contact duration data is as at 19 August 2025.
12. In alignment with PSC reporting guidelines, only one employment record per employee is reported. For employees with concurrent employment, the arrangement with the highest percentage of work is reported. This may result in a minor variance where staff work across multiple Hospital and Health Services.

# Strategic objectives and performance indicators

WBHHS's guiding document is the *Strategic Plan 2022-2026, Care, connection, compassion for all*, which sets out the vision for how we work to improve the health and wellbeing of our community.

Progress in 2024-2025 toward achieving the strategic directions:

## Optimise and transform

**We will enhance and transform health services to improve patient outcomes.**

### Implementation of measurable evidence-based improvement strategies for patient flow

To manage increasing pressure on emergency departments, several strategies have been implemented:

- A Patient Access Coordination Hub (PACH) has improved patient movement and reduced delays, supported by real-time data from live dashboards. These integrated solutions have improved bed availability, reduced ramping, and length of stay in emergency, and supported more timely admissions and discharges across the hospital. PACH has improved efficiencies across our hospital services, reducing lost time, through collaboration between Queensland Ambulance Service (QAS), patient flow teams, transit hub and workforce managers. Real time data is utilised from dashboards including an emergency department live view and QAS ambulance arrival screen enhancing the coordination of patient flow. This has contributed to improved coordination of patient movement within the facilities and for patients transferring out or discharging.
- Implementation of student scribes into the emergency department has facilitated earlier and faster senior decision making on the ramp and in the waiting room, enabling more care in parallel rather than as inefficient sequential steps.
- Implementation of the 'fit to sit' model. This model safely separates medically stable patients who are able to wait in a seated area prior to discharge and admission to the ward. This initiative supports patient flow and facilitates emergency department access and timely discharge.
- Provision of opportunistic flu vaccination for older inpatients to prevent prolonged hospitalisation due to transmission of flu in the ward.
- Feedback gathered during intern and RMO exit interviews and pastoral care meetings identified delays related to team handover inefficiencies. The feedback led to implementing communication and documentation sessions as part of the induction of international medical graduates. This process improved the focus on clinical documentation and handover, which in turn supported more efficient handover, ward rounds and patient discharges.

## Reduction in Patient Off Stretcher Time, lost Queensland Ambulance Service minutes, and Emergency Length of Stay

Across 2024-2025, 43,142 patients presented to WBHHS facilities via ambulance – an additional 1,173 patients compared to the previous year.

Of these patients presenting via ambulance, 70.2 per cent of them were transferred into the care of a nurse or clinician within the recommended 30 minutes, an improvement of 2.8 per cent on the previous financial year.

If a patient arrives via ambulance and is not transferred into the care of a WBHHS emergency department clinician within 30 minutes, every minute exceeding the 30-minute benchmark is considered 'lost.' Across 2024-2025, 295,156 lost QAS minutes were recorded. This represents a 14 per cent decrease from 2023-2024.

## Reduction in >24 hour Emergency Department stays to achieve zero

In 2024-2025 4,344 patients were receiving care in the emergency department for longer than 24 hours.

WBHHS has been prioritising initiatives to improve patient flow and reduce emergency department long stays. Since the opening of the 24-bed Medical Ward 3 in Hervey Bay Hospital in March 2025, WBHHS has seen over 50 per cent reduction in emergency department long stays.

Several other key strategies have been implemented to facilitate patient flow and relieve pressure on the emergency department.

For incoming patient flow the establishment and ongoing function of a dedicated Transit Hub has enabled more efficient transfers of patients out of the emergency department by providing a safe, staffed environment for patients awaiting ward beds, discharge, or transport. In parallel, the activation of flex wards and flex beds has created surge capacity during peak periods, allowing for temporary expansion of inpatient services without compromising care standards. These integrated solutions have improved bed availability, reduced ramping, and length of stay in emergency, and supported more timely admissions and discharges across the hospital.

In relation to discharges, the Transit Hub provides a safe and appropriate area for patients to wait for discharge. Dedicated fit to sit areas on the wards also facilitate flow by enabling those ready for discharge or admission to remain safely on the ward while waiting for admission or the finalisation of their discharge.

A simple intervention involved a review and change in scheduling of the medical team to see patients for discharge on morning rounding first rather than last, where practicable. This ensures that they can be discharged as efficiently as possible, making way for those waiting for admission in the emergency department.

## Percentage of elective surgery patients treated within clinically recommended times

Across the 2024-2025 year, 93.8 per cent of Cat 1 elective surgery patients were seen within the clinically recommended times; 93 per cent of Cat 2 patients; and 89 per cent of Cat 3 patients.

WBHHS treated 2,198 Cat 1 elective surgery patients, 1,819 Cat 2 patients, and 801 Cat 3 patients across the 2024-2025 year.

Between February and June 2025, more than 2,000 public cases were completed through Surgery Connect, contributing to a total of 3,186 surgeries for the 2024-25 financial year, up from 997 cases the previous year. This collaboration reduced the overall elective surgery waitlist by 23 per cent over five months.

This collaboration with our private vendors and work with the Surgery Connect team has greatly assisted our community:

- We have been able to treat a significant number of Cat 1 skin lesions in the private facilities allowing us to better manage other larger and more complex and high ASA general surgery cancer cases in-house in a more efficient manner.
- We have reduced the overall number of patients treated outside of clinically recommended timeframes.
- We have increased the diversity and skill mix of our treating surgeons by including consultants from the private facilities. This includes plastic surgeons completing skin cases.
- We have reduced disruptions to patient scheduling as treatment at a private facility is not impacted by resources shortages from running the public emergency service.
- We ensured that our regional area benefited from the additional funding through increased services provided locally with the associated additionally staffing opportunities at all facilities.

Successful recruitment allowed us to increase orthopaedic surgery lists at Maryborough Hospital, further addressing the elective surgery demand.

## Percentage of specialist outpatients treated within clinically recommended times:

In the 2024-2025 period, 86 per cent of Cat 1 specialist outpatients were seen within the clinically recommended time of 30 days; 50 per cent of Cat 2 patients were seen within 90 days; and 66 per cent of Cat 3 patients were seen within 365 days.

This year WBHHS increased occasions of service within our specialist outpatients department (SOPD) by 6 per cent compared to the 2023-2024 period.

Despite this increase in activity, the total waitlist has increased to 12,380. This reflects the significant total growth in referrals and demand across our region.

Strategies to address these waitlists include:

- initial contact with physiotherapy and occupational therapy to help patients improve mobility and manage pain
- utilising private partnerships through Surgery Connect pathways for access to surgical specialties
- utilising telehealth for specialist services such as endocrinology and rheumatology.

## End of year operating results is within allocated resources

WBHHS ended the 2024-2025 financial year with an operating deficit of $36.38 million.

The deficit is largely attributable to relative under funding per weighted activity unit (WAU) compared to the average across the state along with additional costs incurred for over-delivery of Activity Based Funding (ABF) activity for the period including premium costs associated with our medical and nursing workforce.

We have implemented a robust organisational sustainability plan which builds on the previous financial recovery plan. This has enabled a targeted focus on areas of specific financial performance through better monitoring and reporting against the financial improvement actions.

We have also improved tracking of external workforce usage for medical locums and nurse agency staff.

# Equity and access

**We will ensure services delivered are equitable and accessible to the community.**

## Maintain continuous accreditation and compliance with National Safety and Quality Standards

WBHHS contracts the Australian Council on Healthcare Standards (ACHS) for third party accreditation against the *National Safety and Quality Health Standards (NSQHS)*.

In 2024-2025, WBHHS participated in one short notice survey visit, with AHCS assessing all eight NSQHS standards in November 2024. A final assessment visit occurred in February 2025 to review action taken to address recommendations. WBHHS has received accreditation until March 2029.

Following the accreditation visit in November 2024, an implementation plan was devised to ensure WBHHS will be compliant with the National Clinical Trials Governance Framework from January 2027. This implementation plan is regularly reviewed, with progress reported to and monitored by the Research Council.

To meet our objective of 'Equity and Access' we enhanced our compliance with NSQHS Standard 2 - Partnering with Consumers through the following initiatives:

- Expansion of the centralised 'consumer stories' hub within our staff education resources is progressing, to ensure education and training includes a range of consumer voices and experiences.
- Peer to peer session for carers and people with disability in Hervey Bay presented by WBHHS NDIS and Long Stay Coordinator.
- Promotion of Advance Care Planning Week (17-23 March) included daily Facebook posts and activities, website stories, clinician education sessions, consumer information sessions at local aged care facilities.

Our clinical teams have demonstrated a strong and aggressive focus on VTE prophylaxis in relation to the NSQHS Standard, including the commencement of regular unannounced ward visits by senior staff. In response to additional written prompts within NIMC charts and stickers in progress notes on occasions that VTE prophylaxis has not been prescribed, we have noted a substantial increase in VTE prophylaxis completion on the NIMC chart. This increased compliance from a very poor level to a level exceeding requirements for accreditation. The senior rounding and reminders at morning handovers has become a permanent feature and ramp up just after new intakes of junior doctors.

Over 100 WBHHS staff completed the High Values Conversations (HVC) training across the region, with a further 30 completing the more comprehensive coaching course. The HVC program is a communication framework that seeks to provide an organisation-wide, consistent, and transparent approach for voicing concerns and seeking answers to ‘what’s right’ rather than ‘who’s right’. The program is designed to create an important cultural and transformational shift that empowers staff to have open conversations with colleagues, question unsafe behaviour and ensure patient/client and staff safety is prioritised. The HVC program primary goal is to develop and promote an organisational culture that detects and corrects error by encouraging employees to voice concerns that impact quality, safety, and efficiency. HVC contains a suite of tools to ensure all employees feel empowered to speak up and have high value conversations, regardless of position, to place safety first.

We constantly make sure our work follows national and state guideline for communicable disease control. We have initiated several promotional activities to increase/maintain the vaccination rate across population.

The Medical Education and Wellbeing Registrar contributed to the intern and RMO orientation redesign, ensuring alignment with national safety and quality standards. This included mandatory training compliance tracking and improved onboarding materials on critical areas such as VTE prophylaxis prescribing.

## Increase number of patients and carers engaged in maintaining their health

Consumers are a vital part of the WBHHS network. Diverse engagement opportunities empower consumers to be involved and share in decision making to improve healthcare experiences and outcomes, as well as enhance their understanding of navigating our services and facilities.

Our Consumer and Community Engagement Team commenced a review of our consumer engagement approach in 2024-2025, considering more flexible options for participation to meet the needs of our diverse and geographically dispersed communities. Onboarding and offboarding processes are also being reviewed to ensure that our consumers have a good understanding of their role and can operate effectively within the complex health system.

Currently consumers are engaged in eleven Community Reference Groups (CRGs). CRGs provide valuable advice to WBHHS on health needs and service improvements in local communities. They act as a bridge between the hospital and the community, ensuring two-way communication.

Diverse consumer voices are engaged in committee roles with the WBHHS. They provide consumer perspective on issues impacting patient experience and opportunities for continuous improvement in patient centred care. 27 consumers are actively engaged in committee roles, including the Literacy Review Working Group, Consumer Partnership Group, Research Advisory Group and Cancer Care Services Consumer Group.

***Art therapy brings benefits to consumers***

*Wide Bay Mental Health and Specialised Services noted the benefits received through consumers engaging in short term art projects. The service has subsequently partnered with an NGO to facilitate funding to support a longer-term project to engage consumers in an arts-related project culminating with an art exhibition during Mental Health Week to support consumers' recovery journey.*

*Through this collaborative partnership, a number of mental health consumers have been actively engaged with a six month project that helped explore and develop skills and confidence through self-expression. This leads to improved outcomes relating to engagement and support for consumers of the mental health service including increased socialisation skills and confidence towards independent engagement without mental health service specific support. 80 per cent of participants were satisfied or very satisfied with workshops indicating they helped improve/support their wellbeing and mental health, improved social and cultural community connections and had helped boost their self-confidence and sense of accomplishment.*

The Patient Reported Experience Measures (PREMs) survey asks patients and parents/carers about their recent experience with the care they/their child received at the hospital. PREMs data ceased being collected on 5 November 2024 while a new supplier was procured, hence capture is from 1 July 2024 up to and including 5 November 2024.

PREMS responses from this period in relation to patient and carer engagement include:

- When asked 'Were you involved as much as you wanted to be in decisions about your / your child's care and treatment?' 74 per cent of emergency patients responded with 'Yes, definitely' and a further 17 per cent answered 'Yes, to some extent.'
- When asked 'Were you involved as much as you wanted to be in decisions about your / your child's care and treatment?' 71 per cent of inpatients responded with 'Yes, definitely' and a further 19 per cent answered 'Yes, to some extent.'
- For outpatient and endoscopy services, 97 per cent of patients felt they 'definitely' or 'to some extent' were involved in decisions about their care.

## Increase number of services co-designed with consumers and community partners

The *Wide Bay Hospital and Health Service Health Literacy Plan 2025-2028* was developed and launched in 2024 and is being implemented by a consumer and staff working group. The plan emphasises the role of health literacy in improving patient outcomes and satisfaction. Resources are available to staff on a dedicated health literacy intranet page, including plain English patient education guides and culturally sensitive and multilingual materials. WBHHS website updates and social media help ensure consumers and community partners have access to information and resources.

The construction of the Subacute Older Persons Mental Health Unit and the Bundaberg Residential Rehabilitation and Withdrawal Centre included the voice of lived experience at all stages of development to ensure the service and the infrastructure supported their recovery. Focus groups were facilitated by WBHHS to provide an opportunity to ensure staff were engaged in pathways to improve consumer and family care through Wide Bay Mental Health and Specialised Services (WBMHSS).

Currently WBMHSS is trialling a shared care model with long term clozapine consumers. This will allow consumers to be managed with support in general practice rather than having to engage regularly in clozapine clinics for their ongoing monitoring, allowing for more consumer control in how they receive treatment and how it will be monitored.

The model focuses on establishing quick wins to improve consumer and staff outcomes. Outcomes include; purchase of more equipment for metabolic monitoring, streamlined recruitment processes to support more timely commencement of staff, clinician FTE increase to support physical health monitoring; review of ACT model of care, supporting therapy-based interventions, perinatal support specialists to support; alcohol and other drugs lived experience workers to support service delivery; CCU physical health metabolic clinics established; review of MDT meeting; improved communication of lived experienced workers at CCU.

Collaboration has been central to designing the new Bundaberg Hospital, ensuring it reflects the needs and values of our diverse community. During the reporting year, the project team continued to work closely with staff, consumers and key stakeholders to shape outcomes through inclusive and transparent engagement.

***Enabling and empowering the community to ASIST in suicide prevention***

*WBMHSS understands the importance of providing education and support to ensure more people are aware of how to respond to people experiencing mental health distress and thoughts of suicide. To support this, the service runs ongoing training to health service employees, other government agencies and non-government agencies to support increase knowledge in this area through a 2-day ASIST training course. In addition, it has provided general community education through SafeTALK educations sessions to both staff and the broader community.*

*Feedback on training has been very positive indicating that people feel more confident around managing safe conversations with individuals experiencing this distress. Over 90 people completed the ASIST training at sessions in Maryborough, Hervey Bay and Bundaberg, and an additional 90 people have attended SafeTALK training.*

## Increase in availability of subspecialty services

Applications for vocational training in orthopaedics were progressed. Through career development programs, prevocational doctors are better equipped to apply for subspecialty training.

The Geriatric Evaluation and Management/Rehabilitation Hospital in the Home (GEM/GEMR HITH) is a geriatrician-led hybrid model which was established in March 2023. The 10-bed service aims to provide an alternative to inpatient admissions thereby reducing length of stay for medically stable patients over the age of 65 years (or 50 years for Aboriginal and Torres Strait Islander patients) with needs that can be safely met at home.

GEM/GEMR HITH accepts referrals from the emergency department, inpatient teams, other areas of integrated care, general practitioners and Queensland Ambulance Service. GEM/GEMR HITH further provides bridging support to patients whilst awaiting TCP admission and weekend support to patients who may otherwise remain in an inpatient bed whilst awaiting community-based services which cannot be provided over the weekend.

From January to June 2025, the service had 95 patient separations with an overall average length of stay of 8.93 (GEMHITH) and 13.65 (GEMRHITH).

***Investment in specialist end of life care***

*The Queensland Government committed approximately $171 million for palliative care reform across 2024 and 2025. This investment of funding is driven by the Palliative and End-of-Life Care Strategy and complementary to the Queensland Health Specialist Palliative Care Workforce Plan. The funding was used to expand and strengthen palliative care services for Queenslanders. Under this funding, WBHHS has successfully employed specialist palliative care consultants, principal house officers, specialist nurses, social workers and occupational therapists and Aboriginal and Torres Strait Islander workers.*

*This new model of care provides equitable access for all individuals medically diagnosed with an incurable and progressive life-limiting illness requiring specialist palliative care.*

## Increase utilisation rates across Hospital in the Home

Our Integrated Care team operates the Hospital in the Home (HITH) service seven days a week, providing care in the patient's residence (including RACF) or clinic setting according to patient preference. This is a quality and cost-efficient alternative to inpatient hospital admitted care.

HITH activity is measure as number of separations or discharges from the service compared to the overall number of admitted separations.

Our HITH service continues to deliver excellent results, well in excess of our targets.

### Table 11: Hospital in the Home separations

| | Total Separations | Home Ward Separations | Percentage of Home Ward |
|---|---|---|---|
| **Bundaberg Hospital** | | | |
| Day/Overnight | 35,565 | 993 | 2.79% |
| Overnight only | 13,559 | 987 | 7.28% |
| **Hervey Bay Hospital** | | | |
| Day/Overnight | 38,916 | 1,291 | 3.32% |
| Overnight only | 17,205 | 1,286 | 7.47% |
| Maryborough Hospital | | | |
| Day/Overnight | 17,509 | 119 | 0.68% |
| Overnight only | 4,805 | 118 | 2.46% |

## Improve patient experience measures

We partnered with the renal unit at Hervey Bay Hospital to improve the experience of haemodialysis patients. We developed a patient survey, collaborating with key staff to review the feedback, and implemented quick but impactful 'wins' based on the results. Funding was sourced through our local Hospital Auxiliary to purchase games and activities to engage and entertain patients during the long hours of dialysis. A volunteer role has also been implemented as a trial within the renal unit, providing

additional support and engagement for patients. Feedback from patients will be sought over the coming months and if the trial is a success it will then be rolled out to Maryborough Hospital renal unit.

Bright, creative artworks have been added to the walls of the children's ward at Hervey Bay Hospital. Exciting, interactive themes such as 'space', 'under the sea' and 'enchanted woodland' were chosen in consultation with staff, children and families to distract young patients from the hospital setting and to stimulate their imagination. We worked closely with our infection control and maintenance teams to ensure that materials and surfaces comply with infection control requirements.

We purchased a washing machine and dryer for rehabilitation patients at Maryborough Hospital. Patients use the equipment, with the support of allied health staff, as part of building their independence to transition home.

PREMs data ceased being collected on 5 November 2024 hence capture is from 1 July 2024 up to and including 5 November 2024

- In 2024-2025 PREMS responses received totalled 6,707 with a response rate of 13 per cent.
- In 2024-2025, 92 per cent of emergency patients who completed a PREMs survey rated their overall care as Very Good or Good, and 93 per cent felt they were always treated with respect and dignity.
- In 2024-2025, 96 per cent of inpatients who completed a PREMs survey rated their overall care as Very Good or Good and 84 per cent felt they were always treated with respect and dignity.
- Across 2024-2025, 98 per cent of outpatient and endoscopy patients felt they were ‘sometimes’ or ‘always’ treated with respect and dignity.

WBHHS received a total of 1,973 complaints across the 2024-2025 financial year.

- 99.47 per cent of these were acknowledged within five calendar days and 70.8 per cent were closed with the 35-day KPI, falling short of the 80 per cent benchmark.
- 30 per cent of complaints were resolved at front line, requiring no further action.
- A total of 1,482 compliments were received across the 2024-2025 financial year.

## Increase in availability and utilisation of services for First Nations consumers

- Our Aboriginal and Torres Strait Islander Health staff collaborate closely with all members of WBHHS teams to foster respectful and culturally meaningful relationships. They actively engage in building strong connections within the healthcare environment and the broader community. Through their dedicated efforts, they advocate for the needs and rights of Aboriginal and Torres Strait Islander consumers and patients, ensuring that their voices are heard and valued.
- This involves not only respecting cultural practices and beliefs but also creating an environment where patients feel safe, understood, and supported.
- Additionally, our Aboriginal and Torres Strait Islander Health team plays a pivotal role in providing ongoing care beyond the hospital setting. They diligently follow up with patients once they return to the community, offering support that is sensitive to cultural and social contexts. This proactive engagement helps to reduce the likelihood of patients leaving the hospital against medical advice, as well as decreases potentially preventable hospital admissions and unplanned readmissions. Through these efforts, they contribute significantly to improving

overall health outcomes and strengthening the continuity of care for Aboriginal and Torres Strait Islander people.

- Community consultations to inform what we have done to achieve health equity in the last three years also to seek advice and input into what we could be doing better.
- As at 30 June 2025, 162 (3.1 per cent) of WBHHS employees (based on headcount) identified as Aboriginal and Torres Strait Islander.
- WBHHS has commenced a culturally safe Mums and Bubs program. To ensure availability and support of Aboriginal and Torres Strait Islander Health Workers to support First Nations patients. Promotional material has been developed to inform staff and community on roles and responsibilities of the Aboriginal and Torres Strait Islander Health Workers and Practitioners. Currently our service is developing a model of care document to embed cultural safety which is tailored to meet the cultural, social, economic and health needs of First Nations peoples, across WBHHS footprint.
- Development and implementation of the resource, *Engaging with Aboriginal and Torres Strait Islander people, families, children, young people and communities*. This resource touches on many issues that impact First Nations people and how to engage with First Nations people and communities in a culturally safe and respectful way.
- Launch of inaugural NAIDOC Blak Excellence Awards and voting in six award categories. The Blak Excellence awards are about recognising the excellence, leadership, innovation, and passion of our First Nations staff, not just during NAIDOC Week, but every day.
- The development of posters to assist staff and patients to report racism, has seen an increase in reports, enabling measures to be put in place to reduce / prevent future acts of racism. The proportion of First Nations inpatients completing the PREMs survey is commensurate with local population representation.
- To support promotion the Q Clinic as a safe, free space to access sexual health advice, screening and treatment for First Nations consumers, WBBHS confirmed a new 0.6FTE Aboriginal Health Worker within the sexual health clinic. New referral document has been developed by the Aboriginal and Torres Strait Islander team, which is now live and available on WBHHS intranet.
- The First 2,000 Days Aboriginal Health Worker has initiated a Mums and Bubs program, which aims to increase attendance at antenatal appointments.
- Current data indicates that the oral health service averages in excess of 1,500 episodes of care to First Nations patients monthly. The numbers of episodes of care have increased, with 2,039 recorded in March 2025. 2,423 elective surgery referrals Q3 24/25 - 1,832 (76 per cent) treated in time.
- The new Bundaberg Hospital project team hosted a meaningful gathering for our First Nations community at Alexandra Park in November 2024, where stories were shared, connections were made, and important insights were gathered to help shape the cultural aspects of the new Bundaberg Hospital design. The project team also received valuable input via a community survey that was conducted in October 2024.

***Enabling First Nations cultural healing***

*The new Bundaberg residential rehabilitation and withdrawal centre engaged with community through a collaborative approach with First Nations people in the development of the new facility.*

*This included round tables with the local First Nation community in regard to the layout and design of the facility, promoting open spaces and outdoor areas connected with nature.*

*The voice of First Nations consumers was also heard in the naming of the facility, and the choice of artwork by local First Nations artist, Nicole Lorrell Wone (Gooreng Gooreng/ Bundabarra Yidinji).*

*The 'Hope and Healing in Nature' theme interprets Nicole's designs and reflects how nature inspires and heals. The land and its every living creature are sacred to Indigenous peoples. They see the interconnectivity of everything and feel the energy that flows throughout.*

### Increase in availability and utilisation of services for consumers with a disability

The focus of the Consumer and Community Engagement team has been to commence implementation of the newly-endorsed *Wide Bay Hospital and Health Service Disability Plan 2024-2027* and *Implementation Plan*.

Work is underway in partnership with the Disability Action Committee to promote key initiatives:

- Julian's Key Health Passport
- "See me. Hear me. Respect me." Campaign.

***The role of mental health services in supporting people with disability***

*The Wide Bay Mental Health and Specialised Services (WBMHSS) team has actively contributed to the development of the disability plan and in addition has recognised the challenges experienced around comorbidity between intellectual impartment and mental health. The team has contributed to a statewide model of care that supports a consultation liaison model in Wide Bay, which is currently out to recruitment to support the assessment and treatment supports for this group of consumers.*

*There has been ongoing collaboration between WBMHSS to support and attend Disability Options Day, Seniors Expos and family fun days.*

## Embed technology

**We will increase access to virtual care through embedded technology.**

### Increase availability and utilisation of virtual care models

**Patient feedback** – surveys capturing supplementary patient experience, acting upon wishes from patients to have Telehealth appointments facilitated within homes instead of within Wide Bay facilities, where clinically appropriate. Patients overwhelmingly respond with positive and constructive feedback, further validating the approach and assisting us assist them, in providing fair and equitable access to healthcare.

**Telecare** – provision of virtual care in targeted specialties (endocrinology and rheumatology), to meet service demand and reduce long-wait pressure on waitlists.

**Tissue Analytics** – optimised care to complex wound patients, streamlining assessment and innovating service delivery through use of technology including AI.

**eConsult** – Avenue of advice for GPs to better inform care in the interim of specialist intervention within OPD clinics.

***Saving lives with Telestroke***

*Hervey Bay Hospital was the pilot site for Queensland's Telestroke Service (QTS) which launched in September 2024. Staff completed intensive training prior to commencement, with Bundaberg Hospital following shortly after as the second site in the state.*

*Each year, over 5,000 Queenslanders experience a stroke for the first time. Those in non-metropolitan areas are 1 per cent more likely to be affected than their metropolitan counterparts. This highlights the importance of equitable access to care and the high-quality service delivered by Wide Bay. This success has been made possible through strong internal collaboration across our medical imaging, nursing, and medical teams, as well as ongoing partnerships with our metropolitan colleagues.*

*Since going live, Hervey Bay has had 284 QTS patients, used the triage tool 247 times, identified 118 patients eligible for hyperacute care, with 198 patients receiving full CT series and 24 patients being transported to Brisbane for tertiary care.*

## Increase % of care delivered in outpatient services will be delivered by telehealth

- Over the reporting period, WBHHS delivered 10,556 outpatient consultations, treatments or services via Telehealth in 2024-2025, exceeding our KPI of 8,278 by more than 27 per cent.
- 1.8 per cent of telehealth appointments were with First Nations consumers.
- Successful partnerships with the non-government sector were maintained throughout 2024-2025, namely with Tissue Analytics, Telecare, and Nethealth in the provision of virtual care services locally.
- Telehealth services have optimised the capture and recognition of advice provided through the eConsult model. In 2024-2025, we recorded 804 occasions of advice, representing a 609 per cent increase in activity year over year.

## Increase availability and utilisation of information solutions for staff and decision-makers

- Implementation of National Surgical Quality Improvement Plan. This nationally validated risk adjusted outcome-based program means we can measure the quality of surgical care at Bundaberg, tracking surgical outcomes (both inpatient and after the patient leaves the hospital), over a 30 day period. It adjusts data to provide a fair comparison across healthcare centres, using clinical data with a focus on when things go wrong, helping us to benchmark ourselves against national standards and telling us where we are able to focus efforts on improvement.

- Strategic enablers such as the ieMR Planning Phase and ICT Demand Management uplift further illustrate readiness for statewide digital reform and improving governance through transparent, data-informed prioritisation.
- SMS messaging and digital survey platform enhance our capacity in communicable disease outbreaks including cryptosporidiosis, pertussis outbreak. Data has shown by using this, we have effectively suppressed the transmission of pertussis and this was presented at a CDIC conference.

## Digital enablement through the WBHHS Digital Development Hub

In 2024-2025, our Finance and Performance team established a purpose-built Digital Development Hub within ICT to accelerate the delivery of targeted, localised information solutions. Designed to respond quickly to frontline needs, the Hub has enabled clinical and corporate teams to digitise manual processes, improve compliance, and embed smarter, data-driven practices into day-to-day operations. This investment in agile digital capability has resulted in a suite of impactful tools developed through deep user collaboration, that are now enhancing service quality, improving safety, and streamlining care across the health service.

Highlights include the Electronic Private Patient-hospital Transfer Tool (EPPT), introduced to strengthen clinical handover following a SAC1 incident; the Digital PDP Platform, which digitised performance planning and improved accreditation readiness; and rural appointment tools that improved scheduling equity across smaller facilities.

Other key innovations include the Behaviour Response App, co-designed with frontline nurses to enable tailored behaviour support planning for patients with complex needs; Telecare enabling targeted outpatient interventions to be delivered remotely, optimising clinical resources and patient experience; telestroke, which saw WBHHS lead local deployment as part of a statewide pilot to deliver faster, specialist-led stroke interventions; the Straight to Review Emergency Avoidance Method (STREAM) tool to help redirect non-urgent emergency presentations enhancing patient-flow.

The Hub also delivered improved local risk tracking, ISMS compliance, swipe card security, and a new fleet booking system.

## Successful iEMR business case development and implementation

A pre-planning project for a future implementation of an integrated electronic medical record (ieMR) across Wide Bay commenced in 2024-25.

Through the Department of Health, eHealth Queensland funded a dedicated project team within WBHHS to develop a set of key project documents that can be utilised to expedite the implementation of the ieMR once funding for the project is allocated. This project team has been funded to continue for the first six months of the 2025-26 financial year.

# Foster partnerships

**We will partner with diverse stakeholders to better serve the community.**

## Increase consumer, community and stakeholder representation in health service design and improvement processes

Consumers are engaged with WBHHS as members of over 20 strategic and operational committees, ranging in topic, location and deliverables.

These groups include Community Reference Groups, Consumer Advisory Groups (research, mental health, First Nations priority areas), Consumer Partnership Group, Disability Action Committee, Health Literacy Committee, new Bundaberg Hospital Project User Groups and the Spiritual Care Committee.

Activities and initiatives that were delivered as a result of these networks include:

- multiple engagement sessions with consumers to seek input on design, accessibility, wayfinding and cultural aspects of the new Bundaberg Hospital.
- expanded community connections via partnerships with external programs. Staff are connecting with community services and engaging with consumers in diverse locations, at times external to our facilities.
- assisting Positive Partnerships, a federally funded initiative supporting parents, carers and grandparents of children with autism to link with local staff and relevant community networks to strengthen regional support.
- Providing Discovery Coast CRG members with an opportunity to tour the Biggenden Hospital in preparedness for their future discussions about development of a business case around multipurpose health services at Agnes Water.
- Re-establishment of the First Nations Advisory Council which had lapsed. The Aboriginal and Torres Strait Islander Health Advisory Council leads cultural change and guides WBHHS towards provision of culturally safe and respectful health care services. Several other committees have specific inclusions in their Terms of Reference to enable and encourage Aboriginal and Torres Strait Islander inclusion.
- support consumer engagement at both a service delivery level when establishing new services as well as through evaluation of services. There is a Consumer Advisory Network supported by the Consumer Engagement Officer, who is also working on establishing consumer boards in all reception areas across the mental health service.

## Promoting consumer voices via the Research Consumer Advisory Board

All WBHHS research projects are presented to the Research Consumer Advisory Group to receive a consumer perspective on the projects. Through this process, the consumers provide feedback to the researcher, particularly around obtaining consent or on the reasons a waiver of consent is being sought.

Consumers provide feedback on documents provided by sponsors of clinical trials about whether the information is easy for consumers to understand; questions participants may have; and what further information is necessary. This has resulted in amended Patient Informed Consent Forms that articulate WBHHS research projects in plain English, that can be understood by people with no clinical background.

At a state level, in November 2024 the Research Consumer Advisory Group met with the Queensland Health Executive Director of Office of Research and Innovation to provide input into research to benefit the Wide Bay community and discuss Queensland Health research priority areas, particularly teletrials.

Members of the Research Consumer Advisory Group provided input into the statewide Multicultural Health Policy and Action plan.

Nationally, WBHHS research consumers attended and participated in the National Health and Medical Research Strategy Chair Webinar, sharing their perspectives on how the National Strategy could benefit and support regional areas in Australia, particularly access to cutting edge research.

The Research Consumer Advisory Group provides input into WBHHS research projects and has suggested a few priority areas for the Wide Bay Community, for example, how homeless people access healthcare. This has included advice on how best to approach vulnerable people to participate in research, awareness of cultural differences, and ensuring participants understand what will happen with their data to ensure their privacy.

The Research Services team identified an opportunity to upskill WBHHS researchers and build partnerships with consumers by introducing a mentoring program. This involved consumers with research experience working one-on-one with a WBHHS researcher to build the researcher's ability in academic writing, research design and navigating the College system for his Fellowship from the Royal Australian and New Zealand College of Psychiatrists, as well as overcoming cultural differences. The consumers went above and beyond to ensure the manuscript tackled not only the English language intricacies and nuances, but articulated the research design, methods, and findings. The outcome of this collaboration was the manuscript was accepted by the Royal Australian and New Zealand College of Psychiatrists without changes, and the WBHHS Medical Officer received his Fellowship.

These opportunities have ensured Wide Bay consumers have the opportunity to influence health research services design and improvement at local, state, and national levels.

## Increase and strengthen existing partnerships with private, Primary Health Network and non- Government sector

- During the financial year we renewed several key partnerships and collaborative arrangements including with Country to Coast Queensland (the PHN), Galangoor Duwalami Primary Health Care and IWC.
- A renewed five-year MOU between the four organisations involved in the Regional Medical Pathway (RMP) - WBHHS, Central Queensland HHS, Central Queensland University (CQU) and The University of Queensland - was signed in March 2024.
- As part of the National Prevocational Framework for Medical Training, accreditation of prevocational training has occurred at several offsite facilities including Mater and Friendlies Hospitals under the Private Hospital Stream, as well as local general practices under the John Flynn program.
- Collaboration with University of Queensland and the Regional Training Hub have also enabled several local career and wellbeing events targeted towards prevocational doctors. The Medical Education and Wellbeing Registrar has also collaborated with Doctors' Health Queensland to facilitate support sessions for prevocational doctors and deliver education on self-care and professional boundaries.
- Cancer Care continues its collaboration with Genesis Care to continue to provide radiation oncology services through a public/private partnership based in Bundaberg and Hervey Bay.

This collaboration is a great success for patients requiring radiation locally and enhances care for patients and their families with patients not having to travel to tertiary centres such as Brisbane for treatment. In 2024-2025, 777 patients were referred for treatment in Bundaberg and 803 patients were referred for treatment in Hervey Bay.

***Japanese Encephalitis Virus vaccination in the North Burnett***

*Strong partnerships across the region have been vital in addressing increased detection of Japanese Encephalitis Virus (JEV). Our Public Health Unit worked with local councils and industry to relentlessly continue collecting samples of mosquito and monitoring the JEV in mosquito sample.*

*In January, Wide Bay was the first region to have positive detection of JEV in mosquitos. An immediate alert was sent to local general practices in the region to promote vaccination and mosquito prevention.*

*In February, we worked with two local general practices to send out 6,000 SMS with survey to promote vaccination to the local residents and industry workers.*

*We jointly offered two outreach vaccination sessions. In two months, we successfully increased the cumulative vaccination coverage from 50.7 per 10,000 population to 402.6 per 10,000 population.*

*During this period, mean weekly JEV vaccinations increased from 1.9 to 41.8 (21.5 fold increase) and we saw no human cases of JEV in our region.*

*Feedback from the general practices in JEV affected areas were very grateful for the support provided by Public Health, and community in the area appreciated the access to timely information and convenient vaccination clinics.*

## Increase utilisation of early detection and prevention services, including BreastScreen and smoking cessation

**BreastScreen**

BreastScreen Wide Bay delivered 14,000 screening services during 2024-2025, exceeding our target of 13,800. We collaborated with BreastScreen Australia and the Wayarang Organisation to create dignity shawls, featuring Indigenous artwork for First Nations clients to encourage First Nations clients to access the free breast screening

**Oral health**

Oral Health Wide Bay achieved its 2024-2025 target of 90 per cent status of regional population reported, and 95 per cent of smoking cessation clinical pathways completed.

During 2024-2025 we saw successful performance by oral health staff to meet phased monthly activity targets for attainment of 277,771 Weighted Occasions of Service (WOOS).

A clear, cogent, and realistic plan was implemented to ensure the internal staffing capacity was able to meet targets of performance. Regular audits schedules scanned clinician item code claiming, missed

treatments, and closed courses of care to close off any missed opportunities to record treatment provided to patients.

# Nurture and future-proof workforce

**We will strengthen our workforce to ensure care, connection, compassion for all.**

## Improve satisfaction results reflected in staff surveys

WBHHS participated in the statewide Working for Queensland (WfQ) survey in 2024 with 37 per cent of WBHHS staff responding. This was a 10 per cent increase in response rate from the previous year. This significant upturn in responses reflected a higher overall engagement rate of health service staff with the survey itself. This is the second consecutive year that WBHHS has seen a 10 per cent increase.

We saw 51 per cent of WBHHS employees who completed the WfQ survey indicate positive engagement in terms of future outlook, trust of management, and alignment with organisational purpose and values. This is a 4 per cent increase on the previous year. The key drivers of staff engagement include feelings of accomplishment, fairness and equity, and action on unethical behaviour.

After analysing the results, three priority areas for improvement emerged across the organisation:

- leadership capability
- change management
- staff wellbeing.

A wellbeing research project was conducted in 2024 to assess and improve interventions for doctors across all levels. Insights from this research informed policy changes, pastoral care strategies and education priorities. Results showed improved satisfaction with workplace culture and a lower level of burnout when compared to the statewide and national healthcare worker average.

We conducted exit interviews with prevocational doctors to identify key reasons for leaving and conduct analysis to mitigate attrition. Data-driven improvements were implemented, including rostering adjustments, enhanced pastoral care and improved leave planning. There has been a 50 per cent improvement in prevocational doctor retention compared to prior to the appointment of the Medical Education and Wellbeing Registrar.

Furthermore, Bundaberg Hospital was ranked number one in the state in the 2024 AMAQ Resident Hospital Health Check.

## Continued development of targeted succession planning

WBHHS continues to strengthen our workforce through the use of succession planning strategies to identify, develop, and support emerging talent in clinical and non-clinical roles. Through proactive leadership development, skills enhancement, and structured mentoring, we are building a pipeline of capable professionals ready to step into key positions. This targeted approach supports service

continuity, fosters staff retention, and addresses workforce challenges to enable us to meet the future health needs of our region.

In partnership with the Centre for Leadership Excellence, WBHHS has delivered a range of leadership and development programs to uplift capability in areas such as team leadership, performance culture, management, project management, and interprofessional teamwork. Initiatives have included a pilot mentoring program, a team culture transformation project, and the inaugural 2-day First Nations Leadership Program, designed to support early-career First Nations staff in balancing culture, community, and their role within the health service while preparing for future leadership opportunities.

The Executive Director of Nursing and Midwifery Services provides direct operational management of Nursing and Midwifery Education, with professional responsibility for nurses and midwives throughout WBHHS. The key legislative functions within the department include nursing and midwifery registration compliance monitoring; nurse to patient ratio compliance monitoring; nursing credentialing compliance and monitoring. Broader focus of the department supports the growth and capability of the nursing and midwifery workforce through recruitment solutions and targeted professional development.

- Expression of interest process for higher duties is commonly and frequently used for key leadership roles including executive positions, across all professions.
- A framework has been developed to identify and support prospective Principal House Officers to support medical workforce retention. There have also been efforts to support doctors with an interest in education and leadership roles to pursue mentoring and bedside clinical coaching opportunities.
- We have implemented multiple new initiatives including a wellbeing education program, structured career mentoring and practical orientation sessions for international medical graduates.
- The Bundaberg emergency department has stabilised its medical workforce by creating partnerships with Sunshine Coast University Hospital and LifeFlight to offer expanded opportunities to senior staff.
- Bundaberg emergency department has funded an emergency medicine training program for junior staff to attract and retain appropriate candidates.
- Staff have been supported to participate in Transition Support Programs, Strength with Immersion (SWIM) programs.

## Increase number of graduate intakes

WBHHS is committed to growing our future health workforce by increasing the number of graduates that we employ from both within and beyond our region. By building strong partnerships with community and education providers, we will position WBHHS as an attractive place to commence and continue a career in health.

The introduction of a streamlined recruitment process has enabled the workforce team to interview prospective graduates and offer employment promptly, thereby reducing the risk of other HHSs recruiting them.

- Planning for the *WBBHS Aboriginal and Torres Strait Islander Health Workforce Plan 2025-2028* was undertaken this year, which resulted in the onboarding of an Aboriginal and Torres Strait Islander Career Pathway Officer. This position enhances the Deadly Start and Cadetship program to work with line managers and HR. Under the program, we have recruited three new Deadly Start trainees, three nursing cadets and two allied health cadets.

- We delivered cadetship training for allied health students and supported a transition into allied health practice initiative.
- Our Public Health Unit has accepted four medical and public health students.
- We have employed a new Professional Development Officer to specifically meet the needs of allied health clinicians working in mental health and alcohol and drug services.
- WBHHS attended multiple medical conferences to deliver presentations on the unique wellbeing initiatives at Bundaberg Hospital. This led to an unprecedented number of intern applications from candidates from Australian domestic medical schools.
- In response to feedback from prevocational doctors, a formalised intern welcome interview program was implemented at Bundaberg Hospital. The program ensured every intern had a structured opportunity to raise concerns, ask questions and receive early career support in a respectful, confidential and psychologically safe environment. This feedback was collated thematically and shared with medical leadership to drive systemic improvements. In 2025, 100 per cent of interns completed a welcome interview in Term 1.
- One hundred and twenty-one nurses and midwives have been recruited to the ‘Nursing and Midwifery Talent Pool'.
- 57 undergraduate students in nursing (USINs) were employed as graduate registered nurses as part of our 'grow your own' succession planning program.
- WBHHS participated in a Queensland-first initiative that placed third year paramedic students from University of the Sunshine Coast into WBHHS facilities in Bundaberg and rural areas. This placement under medical supervision will not only better orient paramedics to emergency practice and provide a frontline educational opportunity, but will also be an opportunity to develop closer bonds between WBHHS and Queensland Ambulance Service.

## Improve staff engagement with internal and external education opportunities

By encouraging participation in training, workshops, and professional development programs, we aim to support continuous learning and skill growth. This approach helps our staff stay up to date with best practice, enhances career satisfaction, and ensures we continue delivering high-quality care to our communities.

- Rural nursing staff continue to be supported with Rural and Isolated Practice Registered Nurse (RIPRN) training to enable them to work within their scope of practice in the rural setting.
- We deliver facilitated monthly education and wellbeing sessions, with protected time for prevocational doctors. Attendance and engagement rates at the formal education program exceeded 80 per cent, with positive feedback on relevance and delivery.
- The decision to increase Grand Rounds to twice a month and open the invitation to all hospital staff has been incredibly valuable in fostering interprofessional collaboration and education opportunities.
- As part of our Australian College of Nursing membership we are supporting 24 nursing and midwifery leaders to participate in a tailored leadership development workshop aimed at building their capability to support and manage teams.
- Three Aboriginal and Torres Strait Islander Health staff attended the 2025 First Nations Strong Women National Conference.
- The Project Air Initiative supports staff in managing complex personality disorders by providing a graded approach to training and support from a senior psychologist. This HHS-wide initiative targeted all staff for general training, providing more advanced training for specialty areas. This

initiative has led to an opportunity to support a therapy-based approach to treatment which will be developed in 2025-2026.

- This year we allocated funding to a senior social worker for a Queensland-first project to ensure appropriate consideration was given to the impact of domestic and family violence within a mental health, prison health and alcohol and drug perspective. This has allowed for greater integration and safety planning to occur and a less siloed approach.
- Our Women in Leadership program continues to support staff in pursuit of excellence with their professional leadership goals and provides a platform to share the story of a leadership experience at the annual presentation forum.

# Financial summary

## 2024-2025: in review

WBHHS ended the 2024-2025 financial year with an operating deficit of $36.38 million, which equates to 3.63 per cent of its operating revenue of $1,000.14 million.

This year's result has been impacted through over delivery against the funded activity target provided by the Department of Health resulting in unfunded activity being delivered across the Wide Bay community. The operating surplus for 2023-2024 was $5.07 million.

Workforce shortages also significantly impacted WBHHS's financial position during the reporting period, due to premium labour costs associated with agency and locum staff. The focus for WBHHS remained on ensuring services were delivered for our community.

## Maintenance liability

All Queensland Health entities comply with the *Queensland Government Building Policy Framework – Growth and Renewal* and its supporting *Queensland Government Building Policy Guideline* which require the reporting of deferred maintenance. Deferring maintenance is a common building maintenance strategy used to optimise value while managing resources and asset risks.

Deferred maintenance refers to required maintenance not undertaken within the financial year, where the work is necessary to restore the building to a required condition standard or desired risk level. Based on a consideration of risk, these works are deferred to a future budget cycle. It does not include forecast maintenance – planned work that was anticipated but not required during the reporting period (e.g. forecast repainting where no deterioration occurred).

All deferred maintenance items are risk assessed to identify any potential impact on users and services and are closely managed to ensure all facilities remain safe.

As per the *Queensland Government Building Policy Guideline*, deferred maintenance expenditure may be operational or capital expenditure. Both operational and capital quantities are reported, using the terminology "deferred maintenance" (operational), and "postponed capital maintenance" (capital).

As of 30 June 2025, WBHHS reported:

- $11.002 million in deferred operational maintenance expenditure, and
- $16.736 million in postponed capital maintenance expenditure.

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

- seek assistance from Timely Investment Infrastructure Maintenance (TIIM) program
- seek assistance from the Sustaining Capital Program
- perform annual assessments each year to ensure priorities are identified and updated. Update strategic maintenance plan to reflect assessments ensuring key risks are addressed
- may defer low-risk maintenance at Bundaberg Hospital pending the new facility.
- incorporate anticipated maintenance work into expansion projects where possible.

Forecast lifecycle costs are planned future asset replacements, renewals, and refurbishments. They may be planned as capital or operational expenditure but are reported as a single figure. Forecasts are based on expected asset deterioration and required asset condition standards.

As of 30 June 2025, WBHHS had reported forecast lifecycle replacements, renewals, and refurbishments of $18.693 million. This consists of $0 forecast for the 2025-26 financial year, and $18.693 million forecast for subsequent financial years.

## 2025-2026: an outlook

Financial sustainability remains a high priority for WBHHS. Over 2025-26 we expect to see continued financial pressures including further increases in demand for clinical services and ongoing premium labour costs.

Targeting financial efficiency measures will remain an ongoing priority including the identification of revenue optimisation strategies along with focused efforts on expenditure efficiencies. This will continue to be a key strategic focus in 2025-26.

The Board and Executive remain committed to continued access to services, productivity and efficiency improvements to meet increasing demand for services while ensuring patient and staff safety, and the quality healthcare for our community.

## Wide Bay Hospital and Health Service

# Financial statements

For year ended 30 June 2025

# Wide Bay Hospital and Health Service

# Wide Bay Hospital and Health Service

## STATEMENT OF COMPREHENSIVE INCOME

### for the year ended 30 June 2025

| OPERATING RESULT | Notes | 2025 $'000 | 2024 $'000 |
|---|---|---|---|
| **Income from Continuing Operations** | | | |
| User charges and fees | A1-1 | **83,207** | 70,865 |
| Funding for public health services | A1-2 | **890,661** | 843,135 |
| Grants and other contributions | A1-3 | **13,481** | 13,988 |
| Other revenue | A1-4 | **12,790** | 10,145 |
| **Total Revenue** | | **1,000,139** | 938,133 |
| Gain on disposals | | **147** | 120 |
| **Total Income from Continuing Operations** | | **1,000,286** | 938,253 |
| **Expenses from Continuing Operations** | | | |
| Employee expenses | A2-1 | **108,320** | 96,997 |
| Health service employee expenses | A2-2 | **569,835** | 515,637 |
| Supplies and services | A2-3 | **310,142** | 276,509 |
| Interest on lease liabilities | B8-1 | **298** | 286 |
| Depreciation and amortisation | B5-1,B8-1 | **35,715** | 32,348 |
| Impairment losses / (reversals) | B2-2 | **1,368** | 892 |
| Other expenses | A2-4 | **10,988** | 10,510 |
| **Total Expenses from Continuing Operations** | | **1,036,666** | 933,179 |
| **Operating Result for the Year** | | **(36,380)** | 5,074 |
| **Other Comprehensive Income** | | | |
| *Items that will not be reclassified subsequently to profit or loss* | | | |
| Increase / (decrease) in asset revaluation surplus | B9-2 | **25,356** | 28,017 |
| **Total Other Comprehensive Income** | | **25,356** | 28,017 |
| **Total Comprehensive Income** | | **(11,024)** | 33,091 |

*The accompanying notes form part of these statements.*

# Wide Bay Hospital and Health Service

## STATEMENT OF FINANCIAL POSITION

## as at 30 June 2025

| | Notes | 2025 $'000 | 2024 $'000 |
|---|---|---|---|
| **Current Assets** | | | |
| Cash and cash equivalents | B1 | **11,418** | 23,321 |
| Receivables | B2 | **13,199** | 10,682 |
| Inventories | B3 | **7,164** | 6,055 |
| Other assets | B4 | **10,864** | 12,078 |
| **Total Current Assets** | | **42,645** | 52,136 |
| | | | |
| **Non-Current Assets** | | | |
| Property, plant and equipment | B5-1 | **424,137** | 389,547 |
| Right-of-use assets | B8-1 | **7,550** | 8,713 |
| Intangible assets | | **84** | 149 |
| **Total Non-Current Assets** | | **431,771** | 398,409 |
| | | | |
| **Total Assets** | | **474,416** | 450,545 |
| | | | |
| **Current Liabilities** | | | |
| Payables | B6 | **80,812** | 74,281 |
| Lease liabilities | B8-1 | **2,747** | 2,387 |
| Accrued employee benefits | | **2,181** | 1,701 |
| Other liabilities | B7 | **6,704** | 2,549 |
| **Total Current Liabilities** | | **92,444** | 80,918 |
| | | | |
| **Non-Current Liabilities** | | | |
| Lease liabilities | B8-1 | **5,529** | 6,993 |
| **Total Non-Current Liabilities** | | **5,529** | 6,993 |
| | | | |
| **Total Liabilities** | | **97,973** | 87,911 |
| | | | |
| **Net Assets** | | **376,443** | 362,634 |
| | | | |
| **Equity** | | | |
| Contributed equity | B9-1 | **261,215** | 237,743 |
| Accumulated surplus / (deficit) | | **(61,325)** | (26,306) |
| Asset revaluation surplus | B9-2 | **176,553** | 151,197 |
| **Total Equity** | | **376,443** | 362,634 |

*The accompanying notes form part of these statements.*

# Wide Bay Hospital and Health Service

## STATEMENT OF CHANGES IN EQUITY

## for the year ended 30 June 2025

| | Notes | Contributed equity $'000 | Asset revaluation surplus $'000 | Accumulated surplus/ (deficit) $'000 | Total equity $'000 |
|---|---|---|---|---|---|
| **Balance as at 1 July 2023** | | 239,612 | 123,181 | (31,381) | 331,412 |
| **Operating Result** | | | | | |
| Operating result from continuing operations | | - | - | 5,074 | 5,074 |
| **Other Comprehensive Income** | | | | | |
| Increase in asset revaluation surplus | B9-2 | - | 28,017 | - | 28,017 |
| **Total Comprehensive Income for the Year** | | - | 28,016 | 5,075 | 33,091 |
| **Transactions with Owners as Owners:** | | | | | |
| Non-appropriated equity asset transfers | B9-1 | 3,916 | - | - | 3,916 |
| Non-appropriated equity injections - capital works | B9-1 | 26,564 | - | - | 26,564 |
| Non-appropriated equity withdrawals - depreciation funding | B9-1 | (32,349) | - | - | (32,349) |
| **Net Transactions with Owners as Owners** | | (1,869) | - | - | (1,869) |
| **Balance at 30 June 2024** | | **237,743** | **151,197** | **(26,306)** | **362,634** |
| **Balance as at 1 July 2024** | | 237,743 | 151,197 | (26,306) | 362,634 |
| **Operating Result** | | | | | |
| Operating result from continuing operations | | - | - | (36,380) | (36,380) |
| **Other Comprehensive Income** | | | | | |
| Transfer from asset revaluation reserve to accumulated surplus/(deficit) | | - | - | 1,361 | 1,361 |
| Increase in asset revaluation surplus | B9-2 | - | 25,356 | | 25,356 |
| **Total Comprehensive Income for the Year** | | - | 25,356 | (35,019) | (9,663) |
| **Transactions with Owners as Owners:** | | | | | |
| Non-appropriated equity asset transfers | B9-1 | 23,750 | - | - | 23,750 |
| Non-appropriated equity injections - capital works | B9-1 | 18,437 | - | - | 18,437 |
| Non-appropriated equity injections - cash | B9-1 | 17,000 | - | - | 17,000 |
| Non-appropriated equity withdrawals - depreciation funding | B9-1 | (35,715) | - | - | (35,715) |
| **Net Transactions with Owners as Owners** | | 23,472 | - | - | 23,472 |
| **Balance at 30 June 2025** | | **261,215** | **176,553** | **(61,325)** | **376,443** |

*The accompanying notes form part of these statements.*

# Wide Bay Hospital and Health Service

## STATEMENT OF CASH FLOWS

### for the year ended 30 June 2025

| | Notes | 2025 $'000 | 2024 $'000 |
|---|---|---|---|
| **Cash flows from operating activities** | | | |
| ***Inflows*** | | | |
| User charges and fees | | **84,037** | 55,438 |
| Funding for public health services | | **854,946** | 810,786 |
| Grants and other contributions | | **5,990** | 6,850 |
| GST input tax credits from ATO | | **19,574** | 19,697 |
| GST collected from customers | | **977** | 794 |
| Other receipts | | **12,783** | 10,145 |
| ***Outflows*** | | | |
| Employee expenses | | **(110,731)** | (94,937) |
| Health service employee expenses | | **(548,999)** | (506,675) |
| Supplies and services | | **(320,671)** | (294,728) |
| GST paid to suppliers | | **(20,272)** | (18,849) |
| GST remitted to ATO | | **(977)** | (794) |
| Other payments | | **(2,557)** | (2,695) |
| **Net cash provided by / (used in) operating activities** | CF-1 | **(25,900)** | (14,968) |
| **Cash flows from investing activities** | | | |
| ***Inflows*** | | | |
| Sales of property, plant and equipment | | **147** | 120 |
| ***Outflows*** | | | |
| Payments for property, plant and equipment | | **(18,805)** | (24,738) |
| **Net cash provided by / (used in) investing activities** | | **(18,658)** | (24,618) |
| **Cash flows from financing activities** | | | |
| ***Inflows*** | | | |
| Equity injections | | **35,437** | 26,564 |
| ***Outflows*** | | | |
| Lease payments | CF-2 | **(2,782)** | (2,697) |
| **Net cash provided by / (used in) financing activities** | | **32,655** | 23,867 |
| **Net increase (decrease) in cash and cash equivalents** | | **(11,903)** | (15,719) |
| Cash and cash equivalents at the beginning of the financial year | | **23,321** | 39,040 |
| **Cash and cash equivalents at the end of the financial year** | B1 | **11,418** | 23,321 |

*The accompanying notes form part of these statements.*

# Wide Bay Hospital and Health Service

## NOTES TO THE STATEMENT OF CASH FLOWS

**CF-1 Reconciliation of operating result to net cash from operating activities**

| | 2025 $'000 | 2024 $'000 |
|---|---|---|
| Operating result | **(36,380)** | 5,074 |
| **Non-cash items:** | | |
| Depreciation funding | **(35,715)** | (32,348) |
| Depreciation and amortisation | **35,715** | 32,348 |
| Donations below fair value | **(7,371)** | (6,397) |
| Services below fair value | **7,371** | 6,397 |
| Donated non-cash assets | **-** | (20) |
| Net (gain)/loss on disposal of assets | **(147)** | (120) |
| Loss on disposal of non-current assets | **1,679** | 865 |
| Interest on lease liabilities | **298** | 286 |
| **Changes in assets and liabilities:** | | |
| (Increase) / Decrease in receivables | **(2,517)** | 5,164 |
| (Increase) / Decrease in inventories | **(1,109)** | (424) |
| (Increase) / Decrease in contract assets | **1,137** | (4,539) |
| (Increase) / Decrease in prepayments | **77** | (154) |
| Increase / (Decrease) in payables & contract liabilities | **8,283** | (21,105) |
| Increase / (Decrease) in unearned revenue | **2,299** | (404) |
| Increase / (Decrease) in accrued employee benefits | **480** | 409 |
| **Net cash (used in)/provided by operating activities** | **(25,900)** | (14,968) |

**CF-2 Change in liabilities arising from financing activities**

| | 2025 $'000 | 2024 $'000 |
|---|---|---|
| **Lease Liabilities** | | |
| Balance at 1 July | **9,380** | 10,107 |
| **Non-cash movements:** | | |
| New leases acquired during the year | **1,380** | 1,684 |
| Lease interest | **298** | 286 |
| **Cashflows:** | | |
| Lease repayments | **(2,782)** | (2,697) |
| | **8,276** | 9,380 |

# BASIS OF FINANCIAL STATEMENT PREPARATION

## GENERAL INFORMATION

The Wide Bay Hospital and Health Service (WBHHS) was established on 1st July 2012 as a not-for-profit statutory body under the *Hospital and Health Boards Act 2011* and is domiciled in Australia. The HHS is responsible for providing hospital services, primary health, community and health services in the area assigned under the *Hospital and Health Boards Regulation 2023.*

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

The Hospital and Health Service is controlled by the State of Queensland which is the ultimate parent. The head office and principal place of business of WBHHS is:

c/- Bundaberg Hospital
271 Bourbong Street,
Bundaberg QLD 4670

## COMPLIANCE WITH PRESCRIBED REQUIREMENTS

The financial statements:

- are general purpose financial statements and have been prepared in compliance with section 62(1) of the *Financial Accountability Act 2009* and section 39 of the *Financial and Performance Management Standard 2019;*
- have been prepared in accordance with all applicable new and amended Australian Accounting Standards and Interpretations as well as the Queensland Treasury's Financial Reporting Requirements for the year ended 30 June 2025, and other authoritative pronouncements;
- have been prepared on an accrual basis (except for the statement of cash flows which is prepared on a cash basis).

## PRESENTATION

The financial statements:

- 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;
- Assets and liabilities are classified as either 'current' or 'non-current' in the Statement of Financial Position and associated notes. Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as 'current' where they are due to be settled within 12 months of the reporting date or where WBHHS does not have the right at the end of the reporting period to defer settlement to beyond 12 months after the reporting date. All other assets and liabilities are classified as non-current.

## MEASUREMENT

The financial statements are prepared on a historical cost basis, except where stated otherwise.

- **Historical cost -** under historical cost, assets are recorded at the amount of cash or cash equivalents paid or the fair value of the consideration given to acquire assets at the time of their acquisition. Liabilities are recorded at the amount of proceeds received in exchange for the obligation or at the amounts of cash or cash equivalents expected to be paid to satisfy the liability in the normal course of business.
- **Fair value** is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date under current market conditions (i.e. an exit price) regardless of whether that price is directly derived from observable inputs or estimated using another valuation technique.
- **Net realisable value** represents the amount of cash or cash equivalents that could currently be obtained by selling an asset in an orderly disposal.
- **Present value** represents the present discounted value of the future net cash inflows that the item is expected to generate (in respect of assets) or the present discounted value of future net cash outflows expected to settle (in respect of liabilities) in the normal course of business.

## ECONOMIC DEPENDENCY

WBHHS's primary source of income is from the Department of Health for the provision of public hospital, health and other services in accordance with a service agreement with the Department of Health. The current service agreement covers the period 2022/23 to 2024/25. WBHHS's ability to continue viable operations is dependent on this funding. At the date of this report, management has no reason to believe that this financial support will not continue, which is supported by a signed service agreement covering 2025/26 to 2027/28. The Department of Health works closely with the WBHHS to monitor cash availability and liquidity. Cash advances within the funding envelope of the service level agreement are available to manage liquidity as required. In the event that cash advances under the funding envelope is insufficient to meet requirements in any given financial year, the Minister (as delegate) is able to approve cash equity injections to WBHHS (refer C1 Financial Risk Management).

## AUTHORISATION OF FINANCIAL STATEMENTS FOR ISSUE

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

## NOTES ABOUT FINANCIAL PERFORMANCE

## A1 REVENUE

**Note A1-1: User charges and fees**

| | 2025 $'000 | 2024 $'000 |
|---|---|---|
| **Revenue from contracts with customers** | | |
| Pharmaceutical Benefit Scheme | **50,964** | 45,656 |
| Sales of goods and services | **7,306** | 4,539 |
| Hospital fees | **22,906** | 18,837 |
| **Other user charges and fees** | | |
| Sales of goods and services | **2,031** | 1,833 |
| **Total** | **83,207** | 70,865 |

User charges and fees controlled by the HHS primarily comprises hospital fees (private patients), reimbursement of pharmaceutical benefits, sale of goods and services and inter-entity recoveries.

***Disclosures – Revenue from contracts with customers***

Revenue from contracts with customers is recognised when the HHS transfers control over goods or services to the customer. The following table provides information about the nature and timing of the satisfaction of performance obligations, significant payment terms, revenue recognition for user charges and revenue associated with contracts with customers.

| Type of goods or services | Nature and timing of satisfaction of performance obligations, including significant payment terms | Accounting policy |
|---|---|---|
| Hospital fees | WBHHS receives revenue for the provision of public health services to both admitted and non-admitted patients. Payments for these services are received from several sources such as private patients, compensable patients and ineligible patients at the time of discharge from hospital. | Revenue is recognised on delivery of the services to the customers under AASB 15. |
| Sales of goods and services | WBHHS receives inter-entity and other Government entity recoveries for services provided as well as small amounts of revenue from individuals for goods and services provided. Their services are generally provided to customers simultaneously receiving and consuming the benefits provided. | Revenue is recognised on delivery of goods and services to the customers under AASB 15 and AASB 1058. |
| Pharmaceutical benefit scheme (PBS) reimbursements | Public hospital patients can access medicines listed on the PBS if they are being discharged, attending outpatient day clinics, or admitted receiving chemotherapy treatment. Medicare Australia reimburse the cost of the pharmaceutical items at the agreed wholesale price. Reimbursements are claimed electronically via PBS online payments, submitted to Medicare and directly paid to WBHHS. | Revenue is recognised as drugs are distributed to patients on behalf of the customer under AASB 15. |

**Note A1-2: Funding for public health services**

| | 2025 $'000 | 2024 $'000 |
|---|---|---|
| **Revenue from contracts with customers** | | |
| Activity based funding | **681,084** | 644,041 |
| **Other funding for public health services** | | |
| Block funding | **96,989** | 93,101 |
| Department of Health funding | **112,588** | 105,993 |
| **Total** | **890,661** | 843,135 |

## A1 REVENUE *(Continued)*

***Accounting policy – Funding for public health services***

Funding is provided predominantly from the Department of Health for specific public health services purchased by the Department in accordance with a service agreement. The Commonwealth Government pays its share of National Health funding directly to the Department of Health, for on forwarding to the Hospital and Health Service. The service agreement is reviewed periodically and updated for changes in activities and prices of services delivered by WBHHS. Cash funding from the Department of Health is received fortnightly for State payments and monthly for Commonwealth payments and is recognised as revenue as the performance obligations under the service level agreement are discharged. Commonwealth funding to WBHHS in 2025 was $305 million (2024: $286 million).

At the end of the financial year, an agreed technical adjustment between the Department of Health and WBHHS may be required for the level of services performed above or below the agreed levels, which may result in a receivable or contract liability. This technical adjustment process is undertaken annually according to the provisions of the service level agreement and ensures that the revenue recognised in each financial year correctly reflects WBHHS's delivery of health services.

**Note A1-3: Grants and other contributions**

| | 2025 $'000 | 2024 $'000 |
|---|---|---|
| **Revenue from contracts with customers** | | |
| Commonwealth Government - specific purpose payments & capital grants* | **6,098** | 7,449 |
| **Other grants and contributions** | | |
| Other grants | **-** | 6 |
| Donations - other | **12** | 136 |
| Donations below fair value | **7,371** | 6,397 |
| **Total** | **13,481** | 13,988 |

**Includes $0 (2024: $1.4m) of capital revenue spent on assets, for which there is no offsetting operational expenditure.*

Grants, contributions and donations are non-reciprocal transactions where the HHS does not directly give approximately equal value to the grantor.

Where the grant agreement is enforceable and contains sufficiently specific performance obligations for the HHS to transfer goods or services to a third-party on the grantor's behalf, the transaction is accounted for under AASB 15 Revenue from Contracts with Customers. In this case, revenue is initially deferred (as a contract liability) and recognised as or when the performance obligations are satisfied. Otherwise, the grant is accounted for under AASB 1058 Income of Not-for-Profit Entities, whereby revenue is recognised upon receipt of the grant funding, except for special purpose capital grants received to construct non-financial assets to be controlled by the HHS.

Contributed assets when applicable are recognised at their fair value.

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

## A1 REVENUE *(Continued)*

***Disclosures – Grants and contributions***

The following table provides information about the nature and timing of the satisfaction of performance obligations, significant payment terms, and revenue recognition for Grants, Contributions and Donations assessed under AASB15 and AASB 1058.

| Type of good or service | Nature and timing of satisfaction of performance obligations, including significant payment terms | Revenue recognition policies |
|---|---|---|
| Transition Care Program (TCP) grant | The Commonwealth Government, in partnership with the state and territory governments, are committed to providing an enhanced quality of life for older Australians and supporting positive and healthy ageing through the provision of high quality and cost-effective services for frail older people and their carers. An enforceable contract is in place and has sufficiently specific performance obligations. | Revenue is recognised as performance obligations are met in accordance with AASB 15. |
| Capital Grants | Capital grants are received for specific purpose infrastructure and equipment purchases with revenue recognised as project related costs are incurred. | Revenue is recognised as WBHHS satisfies the obligations of the grant through construction of the asset under AASB 1058. |
| General donations (cash) | In some instances, WBHHS receives cash donations to purchase specific equipment (at the HHS's discretion) which is recognised on receipt. Donations may also be received to fund specific capital projects. | Revenue is recognised on receipt in accordance with AASB 1058, or in the case of a specific capital project donation, recognised as WBHHS satisfies the obligations of donor. |
| General donations (non-cash) | In some instances, WBHHS receives donated minor equipment under the asset recognition threshold however these are generally provided unconditionally. | Revenue is recognised on receipt in accordance with AASB 1058. |
| Donations below fair value | WBHHS receives corporate services support from the Department for no direct cost. Corporate services received would have been purchased if they were not provided by the Department and include payroll services, accounts payable and banking services. An equal amount of revenue is recognised as donations services below fair value. | Revenue is recognised on receipt in accordance with AASB 1058. |

**Note A1-4: Other revenue**

| | 2025 $'000 | 2024 $'000 |
|---|---|---|
| **Revenue from contracts with customers** | | |
| Contract staff recoveries | **8,859** | 7,736 |
| General recoveries* | **1,929** | 825 |
| **Other revenue** | | |
| General recoveries | **1,685** | 1,342 |
| Interest | **111** | 112 |
| Other revenue | **206** | 130 |
| **Total** | **12,790** | 10,145 |

*Increased recoveries for costs incurred with new project initiatives and reimbursements for specific equipment upgrades.

Other revenue primarily reflects recoveries of payments for contracted staff from third parties such as Universities and other Government agencies as well as recoveries of insurance claims from the Queensland Government Insurance Fund (QGIF). Revenue recognition for contract staff recoveries is accounted for under AASB 15 Revenue from Contracts with Customers, where revenue is initially deferred (as a contract liability) and recognised as or when the performance obligations are satisfied. Revenue recognition for the balance of 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.

## A1 REVENUE *(Continued)*

***Disclosures – Other revenue***

The following table provides information about the nature and timing of the satisfaction of performance obligations, significant payment terms, and revenue recognition for other revenue assessed under AASB15 and AASB 1058.

| Type of good or service | Nature and timing of satisfaction of performance obligations, including significant payment terms | Revenue recognition policies |
|---|---|---|
| Student placements (internal) | Contracts relating to internal staff placements through colleges such as Mercy Health, Australasian College for Emergency Medicine, and the Australian and New Zealand College of Anaesthetists. Performance obligations relate to the number of placements and locations of interns. The transaction price is based on the estimated cost of the placement at a certain level/classification. | Revenue is recognised over time as performance obligations are met in accordance with AASB 15. |
| Student placements (external) | Contracts with tertiary institutions for student clinical placements. Performance obligations are measured against an agreed price per student. | Revenue is recognised over time as performance obligations are met in accordance with AASB 15. |
| Salary recoveries | Contracts providing for health care staff (e.g. Breast Care Nurses funded by the McGrath Foundation). Specific performance obligations exist based on permanent/temporary placement of Full Time Equivalents (FTE's) for specific purposes and outcomes. The transaction price is based on the estimated cost of the placement at a certain level/classification. | Revenue is recognised as performance obligations are met in accordance with AASB 15. |

## A2 EXPENSES

### Note A2-1: Employee expenses

| | 2025 $'000 | 2024 $'000 |
|---|---|---|
| **Employee benefits** | | |
| Wages and salaries | **85,089** | 74,169 |
| Annual leave levy | **10,436** | 9,449 |
| Employer superannuation contributions | **9,189** | 10,377 |
| Long service leave levy | **2,186** | 2,030 |
| **Employee related expenses** | | |
| Workers' compensation premium | **1,420** | 972 |
| **Total** | **108,320** | 96,997 |

Under section 20 of the *Hospital and Health Boards Act 2011* a Hospital and Health Service (HHS) can employ health executives and contracted senior health service employees, including Senior Medical Officers (SMO) and Visiting Medical Officers (VMO). All other employees are considered employees of the Department (health service employees, refer note A2-2).

Employee expenses represent the cost of engaging board members and the employment of health executives, Senior Medical and Visiting Medical Officers who are employed directly by WBHHS.

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

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

**Annual and long service leave**
Under the Queensland Government's Annual Leave Central Scheme (ALCS) and Long Service Leave Central Scheme (LSLCS), levies are payable to cover the cost of employees' annual leave (including leave loading and on-costs) and long service leave. No provision for annual leave and long service leave is recognised in WBHHS's financial statements as a liability 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. 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.

**Pandemic Leave**
Special pandemic leave entitlements were introduced on 1 November 2022 allowing employees who contract COVID-19 or who are caring for a family or household member with COVID-19 to claim paid special leave until 30 June 2023. A new announcement was made in June 2023 stating that, after 30 June 2023, employees can still access up to 20 days special pandemic leave throughout 2023-24 financial year, where they have not exhausted the original entitlement, pending the outcome of a review being undertaken by the Communicable Diseases Network of Australia (CDNA). This leave entitlement is still available for 2024/25.

**Superannuation**
Superannuation benefits are provided through either defined contribution (accumulation) plans or the Queensland Government's defined benefit plan (the former QSuper defined benefit categories now administered by the Government Division of the Australian Retirement Trust) as determined by the employee's conditions of employment and employee instructions as to superannuation plans (where applicable).

**Defined Contribution plans (Accumulation):** Employer contributions are made to eligible complying superannuation funds based on the rates specified in the relevant Enterprise Bargaining Agreement (EBA) or other conditions of employment. Contributions are expensed when they are paid or become payable following completion of the employee's service each pay period. Board Members, Executives, Senior Medical Officers, Visiting Medical Officers and employees can choose their superannuation provider, and WBHHS pays contributions into complying superannuation funds.

In 2023-24, some employees received a single 'top-up' payment to bring their 2022-23 employer contributions from 10.5 percent to 12.75 percent of their 2022-23 Ordinary Time Earnings (OTE).

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

## A2 EXPENSES *(Continued)*

**Workers' compensation premium**
WBHHS pays premiums to WorkCover Queensland in respect of its obligations for employee compensation.

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

| | 2025 | 2024 |
|---|---|---|
| Number of WBHHS Employees (FTE) * | **189** | 173 |

* FTE *reflects the number of employees including both full-time employees and part-time employees, as at 30 June, measured on a full-time equivalent basis (reflecting Minimum Obligatory Human Resource Information (MOHRI)).*

**A2-2 Health Service Employees**

WBHHS is not a prescribed employer. Therefore, in accordance with the *Hospital and Health Boards Act 2011*, all staff, with the exception of executive staff, SMOs and VMOs (refer note A2-1), are employees of the Department and are referred to as Health Service employees. Under this arrangement:

- The Department provides employees to perform work for WBHHS and acknowledges and accepts its obligations as the employer of these employees;
- WBHHS is responsible for the day to day management of these Departmental employees;
- WBHHS reimburses the Department for the salaries and on-costs of these employees.

| | 2025 | 2024 |
|---|---|---|
| Number of Health Service Employees (FTE) * | **3,983** | 3,654 |

| | 2025 | 2024 |
|---|---|---|
| | $'000 | $'000 |
| Health Service employee expenses | **569,835** | 515,637 |

* FTE *reflects the number of employees including both full-time employees and part-time employees, as at 30 June, measured on a full-time equivalent basis (reflecting Minimum Obligatory Human Resource Information (MOHRI)).*

**Note A2-3: Supplies and services**

| | 2025 | 2024 |
|---|---|---|
| | $'000 | $'000 |
| Clinical supplies and services | **36,097** | 34,145 |
| Outsourced clinical services | **71,399** | 54,773 |
| Clinical contractors and consultants * | **31,597** | 31,066 |
| Other contractors and consultants | **535** | 371 |
| Drugs | **60,147** | 56,232 |
| Pathology | **20,141** | 19,012 |
| Repairs and maintenance including minor capital works | **13,626** | 12,841 |
| Catering and domestic supplies | **9,778** | 7,828 |
| Patient travel | **14,625** | 13,145 |
| Other travel | **4,696** | 4,420 |
| Electricity and other energy | **4,589** | 4,623 |
| Lease expenses | **2,346** | 1,829 |
| Motor vehicle expenses | **524** | 566 |
| Communications** | **4,873** | 5,847 |
| Computer services** | **10,998** | 7,720 |
| Services below fair value | **7,371** | 6,397 |
| Other | **16,800** | 15,694 |
| **Total** | **310,142** | 276,509 |

** Clinical contractors and consultants includes $22.6 million (2024: $23 million) for locum medical and nursing staff.*
*** New general ledger and account mapping approach introduced this year to collate inter-entity computer and communication expenses provided by DoH.*

## A2 EXPENSES *(Continued)*

**Note A2-4: Other expenses**

| | 2025 $'000 | 2024 $'000 |
|---|---|---|
| Insurance premiums QGIF * | **7,634** | 7,561 |
| Other insurance | **236** | 198 |
| Inventory written off | **184** | 234 |
| Losses from the disposal of non-current assets** | **1,495** | 769 |
| Other legal costs | **301** | 334 |
| Advertising | **614** | 711 |
| Other *** | **524** | 703 |
| **Total** | **10,988** | 10,510 |

***Insurance premiums QGIF:** WBHHS is insured under the Department's insurance policy with the Queensland Government Insurance Fund (QGIF) and pays a fee to the Department as a fee for service arrangement. QGIF covers property and general losses above a $10 thousand threshold and medical indemnity payments above a $20 thousand threshold and associated legal fees. Premiums are calculated on a risk assessment basis.

****Tropical Cyclone Alfred and Associated Rainfall and Flooding**
In March 2025, the Wide Bay area was impacted by significant rainfall resulting in flash flooding that caused damage to a number of HHS assets. The "Village" community health facility in Pialba incurred water inundation resulting in the disposal of building components and plant and equipment assets to the value of approximately $1.4m.

A natural disaster event (Tropical Cyclone Alfred and Associated Rainfall and Flooding) was declared and subsequently, WBHHS has submitted an intent to claim via QGIF (the HHS insurer). The full extent of claimable costs related to the event are still being assessed by a project officer who is collating information to support a future claim, expected to be in the vicinity of $2m.

Recovery costs will be incurred prior to the receipt of insurance recoveries, which will have a short-term impact on cash reserves. No insurance recovery income has been recognised in the 2024-25 Financial Statements. Insurance recoveries for this event will not be recognised as revenue until it is virtually certain that the claim has been approved and the amount of recovery is known. This is likely to occur at some point in the 2025-26 financial year. A contingent asset has been disclosed at note C2.

***Other:** Other includes audit fees paid or payable and special payments.
Audit fees: of $192 thousand to the Queensland Audit Office (2024: $183 thousand). There are no non-audit services included in this amount.
Special payments: of $33 thousand (2024: $11 thousand) includes ex gratia and other expenditure that WBHHS is not contractually or legally obligated to make to other parties. In compliance with the Financial and Performance Management Standard 2019, WBHHS maintains a register setting out details of all special payments greater than $5 thousand. As at 30 June there was 1 special payment greater than $5 thousand. The special payment of $12.6 thousand was made to a patient, reimbursing treatment costs due to compassionate grounds.

## NOTES ABOUT FINANCIAL POSITION

## B1 CASH AND CASH EQUIVALENTS

**Note B1: Cash and cash equivalents**

| | 2025 $'000 | 2024 $'000 |
|---|---|---|
| Cash at bank and on hand | **9,566** | 21,732 |
| General trust at call deposits* | **1,852** | 1,589 |
| **Total** | **11,418** | 23,321 |

* WBHHS receives cash contributions from external entities and other benefactors in the form of gifts, donations and bequests for specific purposes. Contributions are also received from excess earnings from private practice clinicians under Granted Private Practice arrangements to provide for education, study and research in clinical areas. At 30 June 2025, the amount of $1.9 million (2024: $1.6 million) was in general trust. Included in this was $582 thousand (2024: $546 thousand) for excess earnings from private practice clinicians.

Cash includes all cash on hand and in banks, cheques receipted but not banked at 30 June as well as all deposits at call with financial institutions and cash debit facilities.

WBHHS's bank accounts are grouped with the Whole of Government (WoG) set-off arrangement with the Commonwealth Bank of Australia. As a result, WBHHS does not earn interest on surplus funds nor is it charged interest or fees for accessing its approved cash debit facility. Interest earned on the aggregate set-off arrangement balance accrues to the Consolidated Fund.

General trust at call deposits do not form part of the WoG banking arrangement and incur fees as well as earn interest. Interest earned from general trust accounts is used in accordance with the terms of the trust. These funds are held with the Queensland Treasury Corporation.

## B2 RECEIVABLES

**Note B2-1: Trade and other receivables**

| | 2025 $'000 | 2024 $'000 |
|---|---|---|
| Trade receivables | **7,522** | 6,354 |
| Less: Loss allowance | **(1,101)** | (1,007) |
| | **6,421** | 5,347 |
| | | |
| GST receivable | **2,025** | 1,327 |
| GST payable | **(56)** | (60) |
| | **1,969** | 1,267 |
| | | |
| Accrued health service funding | **4,533** | 3,682 |
| Other DoH receivables | **276** | 386 |
| **Total** | **13,199** | 10,682 |

Receivables are measured at amortised cost which approximates their fair value at reporting date. Trade receivables are recognised at the amount due at the time of sale or service delivery i.e. the agreed purchase/contract price. Settlement of these amounts is generally required within 30 days from invoice date. The collectability of receivables is assessed periodically with allowance being made for impairment.

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

WBHHS calculates impairment based on an assessment of individual debtors within specific debtor groupings, including geographic location and service stream (e.g. Medicare ineligible patients, long stay patients etc). A provision matrix is then applied to measure lifetime expected credit losses. The allowance for impairment reflects WBHHS's assessment of the credit risk associated with receivables balances and is determined based on historical rates of bad debts (by category), forward looking adjustments (where applicable based on information such as local unemployment, industry factors etc) for any change to current conditions likely to materially change the credit risk associated with debtor groups, and management judgement. The level of allowance is assessed taking into account the ageing of receivables, historical collection rates, and specific knowledge of the individual debtor's financial position.

The individually impaired receivables as at 30 June mainly related to overseas / ineligible patients.

**Disclosure – Receivables**

The closing balance of receivables arising from contracts with customers at 30 June 2025 is $0.8 million (2024: $0.8 million).

## B2 RECEIVABLES *(Continued)*

**Note B2-2: Impairment of Receivables**

**(i) Ageing of trade receivables**

| | 2025 | | | 2024 | | |
|---|---|---|---|---|---|---|
| | Gross receivables | Loss rate | Expected credit loss | Gross receivables | Loss rate | Expected credit loss |
| | $'000 | % | $'000 | $'000 | % | $'000 |
| **Trade receivables** | | | | | | |
| Current | **1,811** | **8%** | **(148)** | 1,626 | 7% | (118) |
| 1 to 30 days overdue | **1,828** | **9%** | **(162)** | 1,486 | 10% | (141) |
| 31 to 60 days overdue | **1,498** | **12%** | **(176)** | 1,012 | 8% | (81) |
| 61 to 90 days overdue | **534** | **9%** | **(48)** | 584 | 9% | (52) |
| Greater than 90 days | **1,851** | **31%** | **(567)** | 1,646 | 37% | (615) |
| **Total** | **7,522** | | **(1,101)** | 6,354 | | (1,007) |

**(ii) Disclosure - Movement in loss allowance for trade receivables**

| | 2025 | 2024 |
|---|---|---|
| | $'000 | $'000 |
| Balance at 1 July | **(1,007)** | (1,026) |
| Amounts written off during the year | **1,274** | 911 |
| (Increase)/decrease in allowance recognised in operating result | **(1,368)** | (892) |
| **Balance at 30 June** | **(1,101)** | (1,007) |

## B3 INVENTORIES

| | 2025 | 2024 |
|---|---|---|
| | $'000 | $'000 |
| **Inventories** | | |
| Pharmaceuticals | **3,430** | 2,354 |
| Clinical supplies | **3,643** | 3,601 |
| Catering and domestic | **86** | 84 |
| Other | **5** | 16 |
| **Total** | **7,164** | 6,055 |

Inventories consist mainly of clinical supplies and pharmaceuticals held for distribution in hospital and health service facilities and are provided to public admitted patients free of charge except for pharmaceuticals which are provided at a subsidised rate.

Inventories held for distribution are measured at cost adjusted where applicable, for any loss of service potential. Cost is assigned on a weighted average cost.

## B4 OTHER ASSETS

| | 2025 | 2024 |
|---|---|---|
| | $'000 | $'000 |
| **Current** | | |
| Prepayments | **1,152** | 1,229 |
| Contract assets* | **9,712** | 10,849 |
| **Total** | **10,864** | 12,078 |

**Contract assets includes $5.5 million (2024: $7.4 million) associated with the Department of Health and $4.3 million (2024: $3.4 million) associated with contracts with other customers.*

**Disclosure – Contract assets**

Contract assets arise from contracts with customers and are transferred to receivables when the HHS's right to payment becomes unconditional. This usually occurs when the invoice is issued to the customer.

## B5 PROPERTY, PLANT AND EQUIPMENT AND RELATED DEPRECIATION

**Note B5-1: Property, Plant and Equipment - Balances and Reconciliations of Carrying Amount**

| Property, Plant and Equipment Reconciliation | Land Level 2 (at fair value) $'000 | Buildings Level 3 (at fair value) $'000 | Plant and equipment (at cost) $'000 | Heritage and cultural (at fair value) $'000 | Capital works in progress (at cost) $'000 | Total $'000 |
|---|---|---|---|---|---|---|
| **Year ended 30 June 2024** | | | | | | |
| **Opening net book value** | **19,533** | **279,305** | **33,091** | **19** | **31,594** | **363,542** |
| Acquisitions | - | 355 | 9,502 | - | 14,881 | 24,738 |
| Disposals | (22) | (102) | (722) | - | - | (846) |
| Transfers from / (to) DoH / Other HHS | - | 3,916 | - | - | - | 3,916 |
| Transfers between classes | - | 38,853 | 179 | - | (39,032) | - |
| Revaluation increments/(decrements) | 854 | 27,163 | - | - | - | 28,017 |
| Depreciation charge for the year | - | (23,449) | (6,371) | - | - | (29,820) |
| **Carrying amount at 30 June 2024** | **20,365** | **326,041** | **35,679** | **19** | **7,443** | **389,547** |
| **At 30 June 2024** | | | | | | |
| At cost/fair value | 20,365 | 818,352 | 72,311 | 20 | 7,443 | 918,491 |
| Accumulated depreciation | - | (492,311) | (36,632) | (1) | - | (528,944) |
| **Carrying amount at 30 June 2024** | **20,365** | **326,041** | **35,679** | **19** | **7,443** | **389,547** |
| **Year ended 30 June 2025** | | | | | | |
| **Opening net book value** | **20,365** | **326,041** | **35,679** | **19** | **7,443** | 389,547 |
| Acquisitions | - | - | 9,782 | - | 9,023 | 18,805 |
| Disposals | - | (1,349) | (224) | - | - | (1,573) |
| Transfers from / (to) DoH / Other HHS | 394 | 23,149 | 204 | - | - | 23,747 |
| Transfers between classes | 56 | 10,161 | 6 | - | (10,223) | - |
| Revaluation increments/(decrements) | - | 26,717 | - | - | - | 26,717 |
| Depreciation charge for the year | - | (26,464) | (6,642) | - | - | (33,106) |
| **Carrying amount at 30 June 2025** | **20,815** | **358,255** | **38,805** | **19** | **6,243** | **424,137** |
| **At 30 June 2025** | | | | | | |
| At cost/fair value | 20,815 | 902,451 | 78,943 | 20 | 6,243 | 1,008,472 |
| Accumulated depreciation | - | (544,196) | (40,138) | (1) | - | (584,335) |
| **Carrying amount at 30 June 2025** | **20,815** | **358,255** | **38,805** | **19** | **6,243** | **424,137** |

*Depreciation and amortisation total on Statement of Comprehensive Income $35,715 thousand (2024: $32,348 thousand) is made up of depreciation $33,106 thousand (2024: $29,820 thousand) per note B5-1 plus $2,543 thousand (2024: $2,462 thousand) per note B8-1 plus $66 thousand (2024: $66 thousand) amortisation of intangible assets (immaterial therefore not separately disclosed).*

**Note B5-2: Accounting Policies**

***Recognition thresholds for property, plant and equipment***

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

| Class | Threshold |
|---|---|
| Buildings | $10,000 |
| Land | $1 |
| Plant and Equipment | $5,000 |
| Heritage and Cultural | $5,000 |

WBHHS 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.

## B5 PROPERTY, PLANT AND EQUIPMENT AND RELATED DEPRECIATION (*Continued*)

***Acquisition of Assets***

Actual cost is used for the initial recording of all non-current physical 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.

***Subsequent measurement of property, plant and equipment***

Land, buildings, and heritage and cultural assets 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 assessed by management to materially represent their fair value at the end of the reporting period.

Plant and equipment is measured at historical cost net of accumulated depreciation and accumulated impairment losses in accordance with Queensland Treasury's *Non-Current Asset Policies for the Queensland Public Sector*.

***Depreciation***

Property, plant and equipment is depreciated on a straight-line basis progressively over its estimated useful life to the HHS.

Land, heritage and cultural asset are not depreciated.

Assets under construction (work-in-progress) are not depreciated until they are ready for use.

**Key Judgement**: Any expenditure that increases the originally assessed capacity or service potential of an asset is capitalised and the new depreciable amount is depreciated over the remaining useful life of the asset.

**Key Estimate**: Management estimates the useful lives 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. WBHHS has assigned nil residual values to all depreciable assets.

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

| Asset class | Depreciation rates |
|---|---|
| Buildings (including land improvements) | 0.83% - 6.67% |
| Plant and Equipment | 3.33% - 20.00% |

***Componentisation of complex assets***

WBHHS's complex assets are its buildings. 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. Components purchased specifically for particular assets are capitalised and depreciated on the same basis as the asset to which they relate.

## B5 PROPERTY, PLANT AND EQUIPMENT AND RELATED DEPRECIATION (*Continued*)

***Impairment of non-current assets***

**Key Judgement and Estimate**: All non-current physical 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 AASB13 Fair Value Measurement. Any amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss.

The asset's recoverable amount is determined as the higher of the asset's fair value less costs to sell and value in use.

As a not-for-profit entity, certain property, plant and equipment 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 Impairment of Assets, where such assets are measured at fair value under AASB 13 Fair Value Measurement, 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.

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.

***Revaluations of non-current physical assets***

The fair value of land and buildings are assessed on an annual basis by an independent professional expert or by the use of appropriate and relevant indices. For financial reporting purposes, the revaluation process for WBHHS is managed by the Financial Accounting and Compliance department with input from the Chief Financial Officer (CFO). The Building, Engineering, Maintenance Service (BEMS) unit provides assistance to the quantity surveyors. The appointment of the independent expert was undertaken through a Request for Quote process to cover a full four-year rolling revaluation program up to financial year 30 June 2025.

***Use of Specific Appraisals***

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

The fair values reported by WBHHS are based on appropriate valuation techniques that maximises the use of available and relevant observable inputs and minimise the use of unobservable inputs.

***Use of Indices***

Where assets have not been specifically appraised in the reporting period, their previous valuations are materially kept up to date via the application of relevant indices. WBHHS uses indices to provide a valid estimation of the assets' fair values at the reporting date.

The expert supplies the indices used for the various types of assets. Such indices are either publicly available or are derived from market information available to the expert. The expert provides assurance of their robustness, validity and appropriateness for application to the relevant assets. Indices used are also tested for reasonableness by applying the indices to a sample of assets, comparing the results to similar assets that have been valued by the expert, and analysing the trend of changes in values over time. Through this process, which is undertaken annually, management assesses and confirms the relevance and suitability of indices provided by the expert based on the entity's own circumstances.

***Accounting for Change in Fair Value***

Revaluation increments are credited to the asset revaluation surplus account of the appropriate class, except to the extent it reverses a revaluation decrement for the class previously recognised as an expense. In that case it is recognised as income. 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.

WBHHS has adopted the gross method of reporting revalued assets which is where for assets revalued using a cost approach, accumulated depreciation is adjusted to equal the difference between the gross amount and the carrying amount.

## B5 PROPERTY, PLANT AND EQUIPMENT AND RELATED DEPRECIATION (C*ontinued*)

**Note B5-3: Valuation of Property, Plant and Equipment including Key Estimates and Judgements**

***Land***

During the 2024-25 year, WBHHS engaged the services of McGees Property to provide an indexation report for the 2024-25 financial year. The next comprehensive valuation of land will be undertaken in 2025-26, with the last one conducted by State Valuation Services (SVS) in the 2020-21 year.

McGees Property have used the percentage growth land indexation methodology to compare recent land transactions to dated transactions, making appropriate adjustments for variations in the differing characteristics of the evidence available and commentary from real estate agents operating within the area. The results of these investigations are used to form a professional opinion of market movement.

The market indexation assessment for 2024-25 resulted in an immaterial movement and hence $0 revaluation increment to the carrying value of land (2024: $0.85 million).

***Buildings***

In 2024-25 Rural buildings and land improvement assets with a cost threshold above $500,000 were valued, reflecting 12% of the building portfolio subject to revaluation. Those buildings which were not subject to comprehensive valuation were subject to a review through the use of indices as assessed by AECOM.

Reflecting the specialised nature of health service buildings and on hospital-site residential facilities, for which there is no active market, fair value is determined using the current replacement cost methodology. Current replacement cost is a valuation technique that reflects the amount that would be required today to replace the service capacity of an asset. Current replacement cost is calculated as replacement cost less adjustments for obsolescence.

To determine the replacement cost, the lowest cost that would be incurred today, to replace the existing building with a modern equivalent, is assessed. The valuation assumes a modern equivalent building will comply with current legislation (e.g. building code) and provide the same service function and form (shape and size) as the original building but with more contemporary design, materials, safety standards and construction approaches. This value is also compared against current construction contracts for reasonableness.

The replacement cost of an asset is adjusted for obsolescence. There are three types of obsolescence factored into current replacement cost, functional, economic and physical. Functional and economic obsolescence are adjustments to the gross value of the asset. This adjustment reflects the value embodied in components of a modern equivalent building that are either not present in the existing asset or that are inefficient or inadequate relative to a modern equivalent building due to technological developments or other external factors. As was the case last year, an Environmental Sustainability in Design (ESD) factor has again been incorporated into the calculation of replacement cost for building assets that underwent comprehensive valuation. The 2% ESD on cost factor represents an estimate of increased costs likely to be incurred when replacing infrastructure with design principles targeted at reducing emissions through more efficient building construction including; using sustainable resources, reduced energy use, enabling recycling of water and waste.

Physical obsolescence is time based and is therefore reflected in the calculation of accumulated depreciation. This adjustment reflects the loss in value of the building caused by factors such as wear and tear, physical stressors and other environmental factors. Physical obsolescence is calculated as straight-line depreciation, that is, the replacement cost depreciated over the total useful life of the asset. The total useful life of the asset is a combination of expired useful life and an estimate of remaining useful life.

The independent comprehensive valuation for 2024-25 resulted in a net increment to the building portfolio of $7.4 million (2024: $2.26 million increment) and to the asset revaluation surplus account. A $21.4 million (2024: $24.9 million) adjustment was made to the remainder of buildings not subject to comprehensive valuation in line with an indexation rate of 8% (2024: 11%). Additional adjustments to the asset revaluation reserve include a reduction of $1.4 million to remove the reserve associated with the written off components of the flood damaged building (refer note A2-4).

***New Bundaberg Hospital (NBH)***

In June 2022, the 2022-23 Queensland Budget included $9.78 billion of additional funding over six years for the Queensland Health Capacity Expansion Program (CEP). This included $1.2 billion to deliver the NBH with growth of 121 overnight beds and delivery by late 2027.

The project is being managed centrally by HIQ, with CPB Contractors announced as the managing contractor for stage one of the project with preliminary earthworks commencing in May 2024.

On 23 December 2024, the Queensland Government announced the creation of an independent review of the CEP. The Queensland Government Capacity Expansion Program Independent Review Report was designed to help understand the status of the CEP projects (including NBH), investigating any cost/time pressures and capacity constraints of the construction sector in Queensland and Australia.

The findings of the review were released via a report in April 2025 and the results have triggered some significant changes to the original NBH project and the rollout period has been extended as follows.

## B5 PROPERTY, PLANT AND EQUIPMENT AND RELATED DEPRECIATION (C*ontinued*)

New Bundaberg Hospital (continued)

- Stage 1 – 75% of site infrastructure – opening 2029
- Stage 2 – 15% site infrastructure – opening 2030
- Stage 3 – 10% of site infrastructure – opening 2032

The future use of the existing buildings is still uncertain and therefore, at this point no adjustments to remaining useful lives (RULs) or written down values (WDVs) has been made to these assets in respect of the future service model.

**Accounting Treatment**

The project continues to be managed centrally by HIQ. All WBHHS costs incurred to date have been reported within the DoH Capital Program Reimbursement process, with DoH recording the total Work In Progress (WIP). At completion of the project, the assets will transfer to WBHHS via an equity adjustment.

**Note B5-4: Accounting Policies and Basis for Fair Value Measurement**

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

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

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

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

All assets and liabilities of WBHHS 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. |

None of WBHHS's valuations of assets are eligible for categorisation into level 1 of the fair value hierarchy and there was no transfer of assets between fair value hierarchy levels during the period.

## B6 PAYABLES

| | 2025 $'000 | 2024 $'000 |
|---|---|---|
| Trade payables* | **42,125** | 34,643 |
| Accrued expenses | **22,312** | 25,486 |
| Department of Health payables** | **16,375** | 14,152 |
| **Total** | **80,812** | 74,281 |

* Includes $29.7m (2024: $26.9m) payable to Department of Health for supplies and services.
** Includes accrued contract labour $11.5m (2024: $8.9m) and funding clawback of $4.9m (2024: $5.1m)

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

## B7 OTHER LIABILITIES

| | 2025 $'000 | 2024 $'000 |
|---|---|---|
| **Current** | | |
| Contract liabilities * | **4,252** | 2,396 |
| Unearned revenue | **2,452** | 153 |
| **Total** | **6,704** | 2,549 |

** Contract liabilities includes $1.8 million (2024: $1.6 million) associated with Department of Health and $2.4 million (2024: $0.6 million) associated with contracts with other customers.*

**Disclosure – Contract liabilities**

Contract liabilities arise from contracts with customers while other unearned revenue arise from transactions that are not contracts with customers.

When there is an outstanding obligation to deliver services in consideration for revenue received, it is recognised as a liability until the obligation has been delivered according to the terms of the Agreement.

## B8 RIGHT OF USE ASSETS AND LEASE LIABILITIES

**Note B8-1: Leases as a lessee**

**Right-of-use assets**

| | Buildings $'000 | Plant and equipment $'000 | Total $'000 |
|---|---|---|---|
| **Year ended 30 June 2024** | | | |
| **Opening balance 1 July** | **9,468** | **23** | **9,491** |
| Additions | 1,684 | **-** | 1,684 |
| Depreciation charge for the year | (2,452) | (10) | (2,462) |
| **Closing balance at 30 June 2024** | **8,700** | **13** | **8,713** |
| **Year ended 30 June 2025** | | | |
| **Opening balance 1 July** | 8,700 | 13 | **8,713** |
| Additions | 1,380 | **-** | **1,380** |
| Depreciation charge for the year | (2,533) | (10) | **(2,543)** |
| **Closing balance at 30 June 2025** | **7,547** | **3** | **7,550** |

**Lease liabilities**

| | 2025 $'000 | 2024 $'000 |
|---|---|---|
| **Current** | | |
| Lease liabilities | **2,747** | 2,387 |
| **Non-current** | | |
| Lease liabilities | **5,529** | 6,993 |
| **Total** | **8,276** | 9,380 |

**Accounting policies – Leases as lessee**

***Right-of-use assets***

Right-of-use assets are initially recognised at cost comprising the following:

- the amount of the initial measurement of the lease liability
- lease payments made at or before the commencement date, less any lease incentives received
- initial direct costs incurred, and
- the initial estimate of restoration costs

Right-of-use assets are subsequently depreciated over the lease term and subject to impairment testing on an annual basis.

The carrying amount of right-of-use assets are adjusted for any remeasurement of the lease liability in the financial year following a change in discount rate, a reduction in lease payments payable, or changes in variable lease payments that depend upon variable indexes/rates or a change in lease term.

WBHHS measures right-of-use assets from concessionary leases at cost on initial recognition, and measures all right-of-use assets at cost subsequent to initial recognition. WBHHS has elected not to recognise right-of-use assets and lease liabilities arising from short-term leases and leases of low value assets. These lease payments are recognised as expenses on a straight-line basis over the lease term. An asset is considered low value where it is expected to cost less than $10,000 when new.

## B8 RIGHT OF USE ASSETS AND LEASE LIABILITIES *(Continued)*

***Lease liabilities***

Lease liabilities are initially recognised at the present value of lease payments over the lease term that are not yet paid. The lease term includes any extension or renewal options that the HHS is reasonably certain to exercise. The future lease payments included in the calculation of the lease liability comprise the following:

- fixed payments (including in-substance fixed payments), less any lease incentives receivable
- variable lease payments that depend on an index or rate, initially measured using the index or rate as at the commencement date
- amounts expected to be payable by the HHS under residual value guarantees
- the exercise price of a purchase option that the HHS is reasonably certain to exercise
- payments for termination penalties, if the lease term reflects the early termination

Where a contract contains both a lease and non-lease components such as asset maintenance services WBHHS allocates the contractual payments to each component on the basis of their stand-alone prices. However, for leases of plant and equipment WBHHS has elected not to separate lease and non-lease components and instead accounts for them as a single lease component.

When measuring the lease liability, the HHS uses its incremental borrowing rate as the discount rate where the interest rate implicit in the lease cannot be readily determined, which is the case for all of the HHS's leases. To determine the incremental borrowing rate, WBHHS uses loan rates provided by Queensland Treasury Corporation that correspond to the commencement date and term of the lease.

Subsequent to initial recognition, the lease liabilities are increased by the interest charge and reduced by the amount of lease payments. Lease liabilities are also remeasured in certain situations such as a change in variable lease payments that depend on an index or rate (e.g. a market rent review), or a change in the lease term.

**Disclosures – Leases as lessee**

The WBHHS leases facilities and equipment for use in its operations as outlined below. The lease terms vary among categories and the lease rent payable is typically escalated each year by reference to Queensland Consumer Price Index (CPI) changes.

At the conclusion of the lease term, the agreements often provide for a right of renewal following a market rent review. The WBHHS has included the optional period in the lease term as it is reasonably certain to exercise the option.

*(i) Residential Accommodation Leases*

WBHHS has 58 (2024: 54) residential accommodation leases with external parties. All of these have been classified as ROU assets and lease liabilities in line with AASB 16. WBHHS does not have any residential leases recognised as lease expenses under A2-3 due to being short term or low value.

*(ii) Commercial Accommodation Leases*

WBHHS has 6 (2024: 6) commercial office accommodation leases with external parties which have been recognised as ROU assets and lease liabilities in line with AASB 16.

*(iii) Office accommodation, employee housing and motor vehicles*

The Department of Housing and Public Works (DHPW) provides the HHS with access to office accommodation and employee housing, with motor vehicles provided via QFleet under government-wide frameworks. These arrangements are categorised as procurement of services rather than as leases because DHPW has substantive substitution rights over the assets. The related service expenses are included under note A2-3.

*(iv) Office equipment*

WBHHS has 1 (2024: 1) equipment lease with an external party which has been recognised as an ROU asset and lease liability in line with AASB 16.

| | 2025<br>$'000 | 2024<br>$'000 |
|---|---|---|
| Interest expense on lease liabilities | **298** | 286 |
| Breakdown of 'Lease expenses' included in Note A2-3 | | |
| - Expenses relating to short-term leases | **68** | 72 |
| - Expenses relating to internal-to-government arrangements that are no longer leases | **2,277** | 1,757 |
| | **2,643** | 2,115 |

*(vi) Total cash outflow for leases*

| | 2025<br>$'000 | 2024<br>$'000 |
|---|---|---|
| Lease Payments | **(2,782)** | (2,697) |

## B9 EQUITY

**Note B9-1: Contributed Equity**

| | 2025 $'000 | 2024 $'000 |
|---|---|---|
| **Opening balance at beginning of year** | **237,743** | 239,612 |
| *Non-appropriated equity injections* | | |
| Capital funding | **18,437** | 26,564 |
| Cash injection* | **17,000** | - |
| *Non-appropriated equity withdrawals* | | |
| Non-cash depreciation funding returned to DoH as a contribution towards capital works program | **(35,715)** | (32,348) |
| Non-appropriated equity asset transfers | **23,750** | 3,916 |
| **Balance at the end of the financial year** | **261,215** | 237,743 |

*As a result of projected insufficient cash reserves in June 2025, WBHHS received a cash/equity injection from the DoH to the value of $17.0 million. This amount is not repayable to the DoH (refer Economic Dependency FS-8).

Non-reciprocal transfers of assets and liabilities between wholly owned Queensland State Public Sector entities as a result of Machinery-of-Government changes are adjusted to contributed equity in accordance with Interpretation 1038 *Contributions by Owners Made to Wholly Owned Public Sector Entities*. Appropriations for equity adjustments are similarly designated.

WBHHS receives funding from the Department of Health to cover depreciation costs. However, as depreciation is a non-cash expenditure item, the Minister of Health has approved a withdrawal of equity by the State for the same amount, resulting in non-cash revenue and non-cash equity withdrawal.

**Note B9-2: Asset revaluation surplus**

| | 2025 $'000 | 2024 $'000 |
|---|---|---|
| **Land** | | |
| Balance at the beginning of the financial year | **7,097** | 6,243 |
| Revaluation increments/(decrements) | **-** | 854 |
| **Total Land** | **7,097** | 7,097 |
| **Buildings** | | |
| Balance at the beginning of the financial year | **144,100** | 116,938 |
| Revaluation increments/(decrements) | **25,356** | 27,163 |
| **Total Buildings** | **169,456** | 144,100 |
| **Balance at the end of the financial year** | **176,553** | 151,197 |

The revaluation surplus represents the net effect of upwards and downwards revaluations of assets to the fair value.

## NOTES ABOUT RISK AND OTHER ACCOUNTING UNCERTAINTIES

## C1 FINANCIAL RISK MANAGEMENT

**Note C1: Financial instrument categories**

| Category | Note | 2025 $'000 | 2024 $'000 |
|---|---|---|---|
| **Financial assets at amortised cost** | | | |
| Cash and cash equivalents | B1 | **11,418** | 23,321 |
| Receivables | B2 | **13,199** | 10,682 |
| **Total** | | **24,617** | 34,003 |
| | | | |
| **Financial liabilities at amortised cost** | | | |
| Payables | B6 | **80,812** | 74,281 |
| Lease liabilities | B8-1 | **8,276** | 9,380 |
| **Total** | | **89,088** | 83,661 |

Financial assets and financial liabilities are recognised in the statement of financial position when WBHHS becomes a party to the contractual provisions of the financial instrument.

WBHHS measures risk exposure using a variety of methods as follows:

**(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 note 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.

Major receivables at 30 June 2025 outside of those reported at D2 Related Party Transactions comprise $5.75 million from Health Funds (2024: $4.7 million), and $0.66 million other external debtors (2024: $0.66 million).

Overall credit risk for the HHS is considered minimal.

**(b) Liquidity risk**

Liquidity risk is the risk that WBHHS will not have the resources required at a particular time to meet its obligations to settle its financial liabilities. WBHHS is exposed to liquidity risk through its trading in the normal course of business. WBHHS aims to reduce the exposure to liquidity risk by ensuring that sufficient funds are available to meet employee and supplier obligations at all times.

WBHHS is a State Government Statutory Body delivering critical public health services. As evidenced by the Service Level Agreement (SLA), and the advice received from the Department of Health (DoH) with respect to support available, there is very low risk of government removing or reducing its support for WBHHS. Testament to this is the continued investment in large infrastructure projects throughout Wide Bay such as the New Bundaberg Hospital. The DoH works closely with WBHHS to monitor cash availability and liquidity issues which is a key element around going concern. In the event that cash is insufficient under the SLA to meet requirements in any given financial year, the Minister (as delegate) is able to approve cash equity injections to WBHHS. This is a mechanism that is executed by the DoH working closely with WBHHS finance department. This support, is available when required, ensures that a HHS with a structural deficit has available cash to meet its liabilities while it executes its recovery plan to get back to a balanced position (refer Economic Dependency FS-8).

Per note B9-1, WBHHS received a cash/equity injection from the DoH to the value of $17.0 million.

Under the whole-of-government banking arrangements, WBHHS has an approved working debt facility of $8.5 million (2024: $8.5 million) to manage any short-term cash shortfalls. This facility has been drawn down on 4 occasions during the financial year. Undrawn value as at 30 June is $8.5 million. (2024: $8.5 million).

**(c) Interest rate risk**

WBHHS is exposed to interest rate risk on its cash deposited in interest bearing accounts with Queensland Treasury Corporation (2025: $1.8 million, 2024: $1.58 million)

WBHHS does not undertake any hedging in relation to interest rate risk.

Changes in interest rate have a minimal effect on the operating result of WBHHS.

**(d) Market risk**

WBHHS does not trade in foreign currency and is not materially exposed to commodity price changes.

## C2 CONTINGENCIES

**Litigation in progress**

As at 30 June, the following cases were filed in the courts naming the State of Queensland acting through the WBHHS as defendant:

| | 2025 Number of cases | 2024 Number of cases |
|---|---|---|
| Supreme Court | **3** | 5 |
| District Court | **1** | 1 |
| **Total** | **4** | 6 |

Medical Indemnity is underwritten by the Queensland Government Insurance Fund (QGIF). WBHHS's liability in this area is limited to an excess per insurance event of twenty thousand dollars. As at 30 June 2025, WBHHS has 4 claims currently managed by QGIF, some of which may never be litigated or result in payments to claims (excluding initial notices under the Personal Injuries Proceedings Act). It is not possible to make a reliable estimate for the final amount payable, if any, in respect of the litigation before the courts at this time.

From time to time the HHS is engaged in legal matters which may give rise to potential liabilities. The outcome of such matters and any financial impacts are not known and cannot be reliably estimated at the date of certification of the financial statements.

**Contingent Asset - Insurance Recoveries**

As disclosed in note A2, WBHHS is collating information to support an insurance claim to recover costs incurred as a result of flooding from Ex-Cyclone Alfred. Whilst the final amount of the claim is yet to be determined, it is estimated to be in vicinity of $2.0 million. Comprehensive insurance cover is in place for WBHHS assets, and it is expected that an insurance claim to recover all costs will be submitted in 2025-26. No recovery revenue has been recognised in the financial statements at this point and will not be brought to account until WBHHS is virtually certain that the claim will be approved.

## C3 COMMITMENTS

**Capital expenditure commitments**

Commitments for capital expenditure contracted for at reporting date but not recognised in the financial statements are payable as follows:

| | 2025 $'000 | Restated 2024 $'000 |
|---|---|---|
| **Plant and Equipment** | | |
| No later than 1 year | **10,120** | 11,376 |
| Later than 1 year but no later than 5 years* | **-** | 1,955 |
| **Total** | **10,120** | 13,331 |

*Prior year (2024) re-stated to remove $6.5m commitment of contingency funds that were not required.

## KEY MANAGEMENT PERSONNEL

### D1 KEY MANAGEMENT PERSONNEL DISCLOSURES

**Key Management Personnel (KMP)**

The Minister for Health is identified as part of WBHHS KMP, consistent with guidance included in *AASB 124 Related Party Disclosures*. The responsible Minister is Hon Timothy Nicholls, Minister for Health and Ambulance Services.

The following details for key executive management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of WBHHS during 2024-25 and 2023-24. Further information on these positions can be found in the body of the Annual Report under the section relating to Executive Management.

| Position | Name | Contract classification/ appointment authority | Initial appointment date |
|---|---|---|---|
| **Wide Bay Hospital and Health Service Board** | | | |
| **Non-executive Board Chair -** Provides strategic leadership, guidance and effective oversight of management, operations and financial performance. | Peta Jamieson | Chairperson - Hospital and Health Boards Act 2011<br>Section 25 (1) (a) | Appointment 26/06/2015<br>Appointed as Chair: 15/12/2016 |
| **Deputy Board Chair -** Provide strategic leadership, guidance and effective oversight of management, operations and financial performance. | Karen Prentis | Deputy Chairperson - Hospital and Health Boards Act 2011<br>Section 25 (1) (b) | Appointment 18/05/2017<br>Appointed as Deputy Chair: 21/10/2021 |
| **Non-executive Board Member -** Provide strategic leadership, guidance and effective oversight of management, operations and financial performance. | Chris Woollard | Board Member - Hospital and Health Boards Act 2011<br>Section 23 (1) | Appointment 1/04/2022 |
| | Karla Steen | Board Member - Hospital and Health Boards Act 2011<br>Section 23 (1) | Appointment 18/05/2021 |
| | Helen Huntly | Board Member - Hospital and Health Boards Act 2011<br>Section 23 (1) | Appointment 1/04/2024 |
| | Stevan Ober | Board Member - Hospital and Health Boards Act 2011<br>Section 23 (1) | Appointment 1/04/2024 |
| | Leanne Rudd | Board Member - Hospital and Health Boards Act 2011<br>Section 23 (1) | Appointment 1/04/2024 |
| | Kirsti Kee | Board Member - Hospital and Health Boards Act 2011<br>Section 23 (1) | Appointment 1/07/2024 |
| | Lance Stone | Board Member - Hospital and Health Boards Act 2011<br>Section 23 (1) | Appointment 1/07/2024 |
| | Trevor Dixon | Board Member - Hospital and Health Boards Act 2011<br>Section 23 (1) | Appointment 18/05/2017<br>Contract ended 31/03/2024 |
| | Simone Xouris | Board Member - Hospital and Health Boards Act 2011<br>Section 23 (1) | Appointment 18/05/2017<br>Contract ended 31/03/2024 |
| | Leon Nehow | Board Member - Hospital and Health Boards Act 2011<br>Section 23 (1) | Appointment 18/05/2020<br>Contract ended 20/10/2023 |
| | Gail Jukes | Board Member - Hospital and Health Boards Act 2011<br>Section 23 (1) | Appointment 1/04/2024<br>Contract ended 30/06/2024 |
| | Craig Hodges | Board Member - Hospital and Health Boards Act 2011<br>Section 23 (1) | Appointment 18/05/2021<br>Contract ended 31/03/2024 |

## D1 KEY MANAGEMENT PERSONNEL DISCLOSURES (C*ontinued*)

| Position | Name | Contract classification/ appointment authority | Initial appointment date |
|---|---|---|---|
| **Wide Bay Hospital and Health Service Executives** | | | |
| **Chief Executive** – Responsible for the overall leadership and management of the WBHHS to ensure that it meets its strategic and operational objectives. The Chief Executive is the single point of accountability for ensuring patient safety through the effective executive leadership and management of all hospital and health services. This position is accountable to the Hospital and Health Service Board for ensuring the HHS achieves a balance between efficient service delivery and high-quality health outcomes. | Deborah Carroll | s24 & s70 Appointed by Board under Hospital and Health Board Act 2011 (Section 7 (3)) | Appointment 27/04/2020 |
| **Chief Operating Officer -** Reports to the Chief Executive and provides strategic leadership, direction, and day to day management of the WBHHS to optimise quality health care and business outcomes. | Ben Ross Edwards | HES3 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011 | Appointment 19/09/2022 |
| **Executive Director Finance and Performance** - Reports to the Chief Executive and provides single-point accountability for the Finance and Performance Division. Co-ordinates WBHHS's financial management, consistent with the relevant legislation and policy directions to support high-quality healthcare within WBHHS. | Martin Clifford | HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011 | Appointment 7/02/2022 |
| **Executive Director Human Resources** - Reports to the Chief Executive and is responsible for the strategic and professional leadership of all WBHHS's Human Resource services. Liaises with local and state-wide stakeholders to ensure compliance with all legislative requirements, awards and directions of the government as they apply to the HHS. | Luci Caswell | HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011 | Appointment 30/01/2023 |
| **Executive Director Mental Health, Alcohol and Other Drug Services** - Reports to the Chief Executive and is responsible for the strategic and professional leadership of WBHHS's Mental Health, Alcohol and Other Drugs Service. Ensures compliance with legislative requirements in providing high-quality inpatient, outpatient and community care. Works in partnership with external service providers and primary health organisations to provide targeted service delivery that reflects community need. | Robyn Bradley | HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011 | Appointment 23/11/2015 |
| **Executive Director Medical Services** - Reports to the Chief Executive and is responsible for strategic, professional and quality leadership of the WBHHS medical workforce, including oversight of medical recruitment and credentialing. Liaises with state-wide stakeholders to ensure compliance with legislative requirements. | Allison Johns | MMOI2 Appointed under Medical Officers (Queensland Health) Award - State 2015 | Appointment 19/08/2024 |
| | Dr Alan Sandford | MMOI2 Appointed under Medical Officers (Queensland Health) Award - State 2015 | Appointment 22/01/2024 Contract ended 18/08/2024 |
| | Scott Kitchener | MMOI2 Appointed under Medical Officers (Queensland Health) Award - State 2015 | Appointment 25/01/2021 Contract ended 7/01/2024 |
| **Executive Director of Nursing and Midwifery Services -** Reports to the Chief Executive and is responsible for strategic, professional and quality leadership of the WBHHS nursing workforce, including rural, offsite, community nursing services and education and training. Liaises with state-wide stakeholders to ensure compliance with legislative requirements. | Fiona Sewell | NRG13-2 Appointed under Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012 | Appointment 6/07/2015<br><br>Contract ended 27/04/2025 |
| | Cameron Duffy | NRG13-2 Appointed under Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012 | Appointment 03/02/2025 |
| | James Jenkins | NRG13-2 Appointed under Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012 | Acting 12/06/2023 – 16/06/2024 |
| **Executive Director Governance -** Reports to the Chief Executive and is responsible for integrated governance, including clinical governance functions such as patient safety, consumer feedback, quality and accreditation, and corporate governance functions such as risk management, policy, compliance, strategic and operational planning. | Robyn Scanlan | HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011 | Appointment 30/08/2021 |
| **Executive Director Allied Health** - Reports to the Chief Executive and is responsible for the professional leadership for all allied health practitioners including processional governance, credentialing, education and research. | Stephen Bell | HP7 Health Practitioners and Dental Officers (Queensland Health) Award - State 2015 | Appointment 1/08/2019 |
| **Executive Director Bundaberg and Rurals** - Reports to the Chief Operating Officer and is directly accountable for the overall performance of the Bundaberg and Rural Facilities. | Katrina Ollis | HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011 | Appointment 28/11/2022 Contract ended 09/02/2025 |

## D1 KEY MANAGEMENT PERSONNEL DISCLOSURES (Continued)

| Position | Name | Contract classification/ appointment authority | Initial appointment date |
|---|---|---|---|
| **Executive Director Bundaberg and Rurals** - continued | Jan Adele-Hotz | HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011 | Acting 10/2/2025 - current |
| **Executive Director Aboriginal and Torres Strait Islander Health** - Reports to the Chief Executive and is responsible for strategic leadership and authoritative guidance and advice on strategic directions, priorities and policy development in relation to the health and wellbeing of Aboriginal and Torres Strait Islander peoples. | Paul Weir | HWF8 - Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011 | Appointment 22/4/2024 |
| **Executive Director Clinical and Support Services** - Reports to the Chief Operating Officer and is directly accountable for the overall performance of designated Clinical and Support services. | Kate Lyons | HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011 | Appointment 27/03/2023 |
| **Executive Director Hervey Bay and Maryborough** - Reports to the Chief Operating Officer and is directly accountable for the overall performance of the Hervey Bay and Maryborough Facilities. | Ciaran McSherry | HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011 | Appointment 28/08/2023 Contract ended 17/03/2025 |
| | Katrina Ollis | HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011 | Acting 10/02/2025 - 11/05/2025 Appointment 26/05/2025 |

**KMP remuneration policies**

***Minister remuneration***

Ministerial remuneration entitlements are outlined in the Legislative Assembly of Queensland's Members' Remuneration Handbook. WBHHS 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 are disclosed in the Queensland General Government and Whole of Government Consolidated Financial Statements, which are published as part of Queensland Treasury's Report on State Finances.

***Key management personnel remuneration – Board***

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

Remuneration arrangements for the WBHHS are approved by the Governor in Council and the chair, deputy chair and members are paid an annual fee consistent with the government procedures titled '*Remuneration procedures for part-time chairs and members of Queensland Government bodies.*'

Remuneration paid or owing to board members was as follows:

| Name | Short Term Employee Expenses | | Post employment benefits | Total remuneration |
|---|---|---|---|---|
| | Monetary benefits | Non-monetary benefits | | |
| | $'000 | $'000 | $'000 | $'000 |
| **2024-2025** | | | | |
| Peta Jamieson | 91 | - | 11 | 102 |
| Karen Prentis | 50 | - | 7 | 57 |
| Chris Woollard | 45 | - | 6 | 51 |
| Karla Steen | 50 | - | 6 | 56 |
| Helen Huntly | 46 | - | 6 | 52 |
| Stevan Ober | 46 | - | 6 | 52 |
| Leanne Rudd | 53 | - | 6 | 59 |
| Kirsti Kee | 47 | - | 6 | 53 |
| Lance Stone | 47 | - | 6 | 53 |

## D1 KEY MANAGEMENT PERSONNEL DISCLOSURES (C*ontinued*)

| Name | Short Term Employee Expenses | | Post employment benefits | Total remuneration |
|---|---|---|---|---|
| | Monetary benefits | Non-monetary benefits | | |
| | $'000 | $'000 | $'000 | $'000 |
| **2023-2024** | | | | |
| Peta Jamieson | 93 | - | 13 | 106 |
| Karen Prentis | 50 | - | 7 | 57 |
| Trevor Dixon | 39 | - | 6 | 45 |
| Simone Xouris | 38 | - | 6 | 44 |
| Chris Woollard | 45 | - | 7 | 52 |
| Leon Nehow | 15 | - | 4 | 19 |
| Craig Hodges | 35 | - | 6 | 41 |
| Karla Steen | 47 | - | 7 | 54 |
| Helen Huntly | 11 | - | 1 | 12 |
| Stevan Ober | 11 | - | 1 | 12 |
| Leanne Rudd | 12 | - | 2 | 14 |
| Gail Jukes | 10 | - | 1 | 11 |

***Key management personnel remuneration – Executive Team***

The remuneration policy for WBHHS executives is set by the Director-General, Department of Health, as provided under the *Hospital and Health Boards Act 2011.*

The remuneration and other key terms of employment for the executive management personnel are specified in the contract of employment.

Section 74 of the *Hospital and Health Boards Act 2011* provides the contract of employment for health executive staff must state the term of employment, the person's functions and any performance criteria as well as the person's classification level and remuneration package.

Remuneration packages for key executive management personnel comprise 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 vehicle, accommodation and expense payments together with fringe benefits tax applicable to the benefit.
- Long term employee benefits include long service leave accrued.
- Post-employment benefits include superannuation contributions.
- Redundancy payments are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu on termination, regardless of the reason for termination.
- Performance bonuses are not paid under the contracts in place.

Remuneration paid or owing to executives was as follows:

| Name | Short Term Employee Expenses | | Long term benefits | Post-employment benefits | Termination benefits | Total remuneration |
|---|---|---|---|---|---|---|
| | Monetary benefits | Non-monetary benefits | | | | |
| | $'000 | $'000 | $'000 | $'000 | $'000 | $'000 |
| **2024-2025** | | | | | | |
| Deborah Carroll | 377 | - | 9 | 45 | - | 431 |
| Ben Ross-Edwards | 245 | - | 6 | 28 | - | 279 |
| Martin Clifford | 226 | - | 5 | 26 | - | 257 |
| Luci Caswell | 250 | - | 6 | 29 | - | 285 |
| Robyn Bradley | 253 | - | 6 | 29 | - | 288 |
| Allison Johns | 482 | 27 | 11 | 50 | - | 570 |
| Alan Sanford | 77 | - | 1 | 6 | - | 84 |
| Fiona Sewell | 172 | - | 2 | 9 | 2 | 185 |
| Cameron Duffy | 127 | - | 3 | 14 | - | 144 |
| Robyn Scanlan | 241 | - | 6 | 27 | - | 274 |
| Stephen Bell | 201 | - | 5 | 24 | - | 230 |
| Katrina Ollis | 211 | 8 | 5 | 25 | - | 249 |

## D1 KEY MANAGEMENT PERSONNEL DISCLOSURES (C*ontinued*)

| Name | Short Term Employee Expenses | | Long term benefits | Post-employment benefits | Termination benefits | Total remuneration |
|---|---|---|---|---|---|---|
| | Monetary benefits | Non-monetary benefits | | | | |
| | $'000 | $'000 | $'000 | $'000 | $'000 | $'000 |
| **2024-2025** | | | | | | |
| Paul Weir | 200 | - | 5 | 23 | - | 228 |
| Kate Lyons | 231 | - | 5 | 27 | - | 263 |
| Ciaran McSherry | 132 | - | 3 | 14 | 4 | 153 |
| Jan Adele-Hotz | 144 | - | 3 | 14 | - | 161 |

| Name | Short Term Employee Expenses | | Long term benefits | Post-employment benefits | Termination benefits | Total remuneration |
|---|---|---|---|---|---|---|
| | Monetary benefits | Non-monetary benefits | | | | |
| | $'000 | $'000 | $'000 | $'000 | $'000 | $'000 |
| **2023-2024** | | | | | | |
| Deborah Carroll | 385 | - | 8 | 45 | - | 438 |
| Ben Ross-Edwards | 243 | - | 6 | 35 | - | 284 |
| Martin Clifford | 228 | - | 5 | 34 | - | 267 |
| Luci Caswell | 244 | - | 6 | 29 | - | 279 |
| Robyn Bradley | 240 | - | 6 | 32 | - | 278 |
| Scott Kitchener | 258 | - | 5 | 35 | 1 | 299 |
| Alan Sanford | 297 | - | 7 | 30 | - | 334 |
| James Jenkins | 273 | 14 | 6 | 33 | - | 326 |
| Robyn Scanlan | 225 | - | 5 | 29 | - | 259 |
| Stephen Bell | 245 | 1 | 6 | 31 | - | 283 |
| Katrina Ollis | 198 | - | 5 | 27 | - | 230 |
| Paul Weir | 38 | - | 1 | 4 | - | 43 |
| Kate Lyons | 218 | - | 5 | 26 | - | 249 |
| Ciaran McSherry | 181 | - | 4 | 21 | - | 206 |

## D2 RELATED PARTY TRANSACTIONS

**Transactions with people/entitles related to Key Management Personnel**
WBHHS did not have any material transactions with people or entities related to Key Management Personnel during 2024-25 (2023-24: nil). WBHHS currently employs 1 staff member (2023-24: 1) which is a close family member of Key Management Personnel and is employed by WBHHS through an arm's length process. They are paid in accordance with the Award for the job they perform.

**Transactions with Queensland Government controlled entities**
WBHHS 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*
WBHHS receives funding in accordance with a service agreement with the Department (refer note A1-2). The Department receives its revenue from the Queensland Government (majority of funding) and the Commonwealth.

The signed service agreements are published on the Queensland Government website and publicly available. The total funding recognised in 2024-25 is $890.7 million (2023-24: $843.1 million), (refer Note A1-2).

As outlined in Note A2-2, WBHHS is not a prescribed employer and WBHHS health service employees are employed by the Department of Health and contracted to work for WBHHS. The cost of contracted wages for 2024-25 is $569.9 million (2023-24: $515.6 million).

In addition to the provision of corporate services support (refer Note A2-3), the Department provides other services including procurement services, communication and information technology infrastructure and support, ambulance services, drug supplies, pathology services, linen supply and medical equipment repairs and maintenance. Any expenses paid by the Department on behalf of WBHHS for these services are recouped by the Department.

The value of these transactions during the year, and amounts owed and owing with the Department during the financial year are disclosed below.

## D2 RELATED PARTY TRANSACTIONS (C*ontinued*)

| For the year ending 30 June 2025 | | As at 30 June 2025 | |
|---|---|---|---|
| **Revenue Received $'000** | **Expenses incurred $'000** | **Assets $'000** | **Liabilities $'000** |
| **$898,540** | **$351,455** | **$15,925** | **$50,609** |
| **For the year ending 30 June 2024** | | **As at 30 June 2024** | |
| **Revenue Received $'000** | **Expenses incurred $'000** | **Assets $'000** | **Liabilities $'000** |
| $847,099 | $321,253 | $14,874 | $42,278 |

*Inter HHS*
Payments to and receipts from other Hospital and Health Services occur to facilitate the transfer of patients, staff, drugs and other incidentals.

*Other*
There are a number of other transactions which occur between WBHHS and other Queensland State Government related entities. These transactions include, but are not limited to, rent paid to the Department of Housing and Public Works for a number of properties and insurance premiums paid to the Queensland Government Insurance Fund. These transactions are made in the ordinary course of WBHHS business and are on standard commercial terms and conditions.

There are no other individually significant or collectively significant transactions with related parties.

## OTHER INFORMATION

### E1 GRANTED PRIVATE PRACTICE

Granted private practice (GPP) permits Senior Medical Officers (SMOs) and Visiting Medical Officers (VMOs) employed in the public health system to treat individuals who elect to be treated as private patients.

GPP provides the option for SMOs and VMOs to either assign all of their private practice revenue to the HHS (assignment arrangement) and in return receive an allowance, or to share in the revenue generated from billing patients and pay a service fee to the HHS (retention arrangement). The service fee is used to cover the use of facilities and administrative support provided to the medical practitioner.

All monies received for GPP are deposited into separate bank accounts which are administered by the HHS on behalf of the GPP SMOs and VMOs. All assignment option receipts, and retention option service fees are included as income in the accounts of WBHHS.

| | 2025<br>$'000 | 2024<br>$'000 |
|---|---|---|
| **Receipts** | | |
| Billings from SMOs and VMOs | **4,234** | 3,739 |
| Interest | **26** | 29 |
| **Total receipts** | **4,260** | 3,768 |
| | | |
| **Payments** | | |
| Payments to SMOs and VMOs | **(310)** | (282) |
| Payments to HHS under assignment model* | **(3,822)** | (3,368) |
| Hospital and Health Service recoverable administrative costs | **(167)** | (154) |
| **Total payments** | **(4,299)** | (3,804) |
| | | |
| Increase/(decrease) in net granted private practice assets | **(39)** | (36) |
| Granted private practice assets opening balance | **422** | 458 |
| **Granted private practice closing balance** | **383** | 422 |
| | | |
| **Granted private practice assets** | | |
| **Current assets** | | |
| Granted private practice cash at bank | **383** | 422 |
| **Total** | **383** | 422 |

*Including transfer of excess earnings to general trust – refer to note B-1

### E2 FIDUCIARY TRUST TRANSACTIONS AND BALANCES

WBHHS 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 WBHHS, trust activities are included in the audit performed annually by the Auditor-General of Queensland.

| | 2025<br>$'000 | 2024<br>$'000 |
|---|---|---|
| **Patient Trust receipts and payments** | | |
| **Receipts** | | |
| Receipts from patients | **45** | 30 |
| **Total receipts** | **45** | 30 |
| | | |
| **Payments** | | |
| Payments to patients | **(45)** | (24) |
| **Total payments** | **(45)** | (24) |
| | | |
| Increase/(decrease) in net patient trust assets | **-** | 6 |
| Patient trust assets opening balance | **30** | 24 |
| **Patient trust assets closing balance** | **30** | 30 |
| | | |
| **Patient trust assets** | | |
| **Current assets** | | |
| Patient Trust cash at bank | **30** | 30 |
| **Total** | **30** | 30 |

## E3 RESTRICTED ASSETS

WBHHS holds a number of General Trust accounts which meet the definitions of restricted assets. These accounts require that the associated income is only utilised for the purposes specified by the issuing body.

WBHHS receives cash contributions from benefactors in the form of gifts, donations and bequests for specific purposes. Contributions are also received from private practice clinicians and from external entities to provide for education, study and research in clinical areas.

| | 2025<br>$'000 | 2024<br>$'000 |
|---|---|---|
| **Restricted assets** | | |
| Opening balance | **1,585** | 1,618 |
| Income | **494** | 688 |
| Expenditure | **(442)** | (721) |
| **Closing balance** | **1,637** | 1,585 |

## E4 TAXATION

WBHHS 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).

Both WBHHS and the Department 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.

## E5 CLIMATE RISK DISCLOSURE

The State of Queensland, as the ultimate parent of the WBHHS, provides information and resources on climate related strategies and actions accessible at https://www.energyandclimate.qld.gov.au/climate and https://www.treasury.qld.gov.au/energy-and-climate and https://www.treasury.qld.gov.au/energy-and-climate/.

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

No adjustments to the carrying value of assets held by the WBHHS were recognised during the financial year as a result of climate-related risks impacting current accounting estimates and judgements. No other transactions have been recognised during the financial year specifically due to climate-related risks impacting the WBHHS.

## E6 FIRST YEAR APPLICATION OF NEW STANDARDS OR CHANGE IN POLICY

**Changes in accounting policy**

WBHHS did not voluntarily change any of its accounting policies during 2024-25.

**Accounting standards early adopted for 2024-25**

No Australian Accounting Standards have been early adopted for the 2024-25 financial year.

**Accounting Standards Applied for the First Time in 2024-25**

No new accounting standards with material impact were applied for the first time in 2024-25.

## E7 FUTURE IMPACT OF ACCOUNTING STANDARDS NOT YET EFFECTIVE

At the date of authorisation of the financial report, there are no Australian accounting standards and interpretations with future effective dates that have a material impact on the HHS.

## E8 EVENTS AFTER THE BALANCE DATE

There are no matters or circumstances that have arisen since 30 June 2025 that have significantly affected, or may significantly affect WBHHS's operations, the results of those operations, or the HHS's state of affairs in future financial years.

## BUDGETARY REPORTING DISCLOSURE

### F1 BUDGETARY REPORTING DISCLOSURES

This section discloses WBHHS's original published budgeted figures for 2024-25 compared to actual results, with explanations of major variances, in respect of WBHHS's Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows.

### F2 BUDGET TO ACTUAL COMPARISON – STATEMENT OF COMPREHENSIVE INCOME

| | Variance Notes | Original Budget 2025 $'000 | Actual Result 2025 $'000 | Variance $'000 |
|---|---|---|---|---|
| **OPERATING RESULT** | | | | |
| **Income** | | | | |
| User charges and fees | 1 | 63,829 | **83,207** | 19,378 |
| Funding for public health services | 2 | 865,669 | **890,661** | 24,992 |
| Grants and other contributions | 3 | 14,517 | **13,481** | (1,036) |
| Other revenue | 4 | 7,843 | **12,790** | 4,947 |
| **Total Revenue** | | 951,858 | **1,000,139** | 48,281 |
| Gain on disposals | | 10 | **147** | 137 |
| **Total Income** | | 951,868 | **1,000,286** | 48,418 |
| **Expenses** | | | | |
| Employee expenses | 5 | 116,577 | **108,320** | (8,257) |
| Health service employee expenses | | 569,209 | **569,835** | 626 |
| Supplies and services | 6 | 199,794 | **310,142** | 110,348 |
| Interest on lease liabilities | | 259 | **298** | 39 |
| Depreciation and amortisation | 7 | 32,940 | **35,715** | 2,775 |
| Impairment losses | 8 | - | **1,368** | 1,368 |
| Other expenses | 9 | 33,089 | **10,988** | (22,101) |
| **Total Expenses** | | 951,868 | **1,036,666** | 84,798 |
| **Operating Results for the year** | | - | **(36,380)** | (36,380) |
| **Other Comprehensive Income** | | | | |
| *Items that will not be reclassified subsequently to profit or loss* | | | | |
| Increase / (decrease) in asset revaluation surplus | | - | **25,356** | 25,356 |
| **Other comprehensive income for the year** | | - | **25,356** | 25,356 |
| **Total comprehensive income for the year** | | - | **(11,024)** | (11,024) |

1. Uplift in funding through in year budget amendments contribute $8m of the variance. $3m relates to additional Pharmaceutical Benefits Scheme (PBS) revenue related to increased disbursement of high value drugs and a further $7m is attributed to inter entity recoveries not budgeted for.

2. Variance explained by a $25m uplift in funding through in year budget amendments. Funding included agreed government initiatives in mental health, patient flow, cancer care and health in the home.

3. Budget was decreased via in year amendments by $1.4m to remove non-recurrent funding.

4. Increased recoveries for costs associated with new project initiatives and reimbursements for specific equipment upgrades not budgeted.

5. Underspend driven by level of vacancies, both short and long term. Where supplemented by external labour, the cost of such is reported under supplies and services category.

## F2 BUDGET TO ACTUAL COMPARISON – STATEMENT OF COMPREHENSIVE INCOME (Continued)

6. Revised budget through in year amendments of $77m for specific projects and cost escalation. Significant overspend in locum and agency nursing to offset vacancies in internal labour ($12m net cost increase). Other factors include, overspend in outsourced services, diagnostics (imaging/pathology etc) related to patient volume, that also drove variances in inpatient care costs (bloods, clinical supplies, prosthetics, food and patient travel etc.). General cost increases in communication/ computer costs, repairs and maintenance and other costs unable to be absorbed within funding. Also impacted by factors listed in notes 5 and 9.

7. The uplift in depreciation is due to newly acquired assets and increases resulting from comprehensive revaluation amendments. Depreciation is fully funded via equity adjustments throughout the year and fully reconciled at year end.

8. Impairment losses and write offs for receivables were not budgeted.

9. Budget held centrally for specific funded initiatives to manage clawback and deferral risk. When these costs were incurred, they were categorised in “supplies and services” expense, not “other expenses” (note 6).

## F3 BUDGET TO ACTUAL COMPARISON – STATEMENT OF FINANCIAL POSITION

| | Variance Notes | Original Budget 2025 $'000 | Actual Result 2025 $'000 | Variance $'000 |
|---|---|---|---|---|
| **Current Assets** | | | | |
| Cash and cash equivalents | 10 | 42,357 | **11,418** | (30,939) |
| Receivables | 11 | 22,516 | **13,199** | (9,317) |
| Inventories | | 5,699 | **7,164** | 1,465 |
| Other assets | 12 | 1,117 | **10,864** | 9,747 |
| **Total Current Assets** | | 71,689 | **42,645** | (29,044) |
| **Non-Current Assets** | | | | |
| Property, plant and equipment | 13 | 401,964 | **424,137** | 22,173 |
| Right-of-use assets | 15 | 5,030 | **7,550** | 2,520 |
| Intangibles | | 82 | **84** | 2 |
| **Total Non-Current Assets** | | 407,076 | **431,771** | 24,695 |
| **Total Assets** | | 478,765 | **474,416** | (4,349) |
| **Current Liabilities** | | | | |
| Payables | 14 | 90,789 | **80,812** | (9,977) |
| Lease liabilities | 15 | 3,526 | **2,747** | (779) |
| Accrued employee benefits | 16 | 6,738 | **2,181** | (4,557) |
| Other liabilities | 17 | 4,664 | **6,704** | 2,040 |
| **Total Current Liabilities** | | 105,717 | **92,444** | (13,273) |
| **Non-Current Liabilities** | | | | |
| Lease liabilities | 15 | 4,326 | **5,529** | 1,203 |
| **Total Non-Current Liabilities** | | 4,326 | **5,529** | 1,203 |
| **Total Liabilities** | | 110,043 | **97,973** | (12,070) |
| **Net Assets** | | 368,722 | **376,443** | 7,721 |
| **Equity** | | | | |
| **Total Equity** | | 368,722 | **376,443** | 7,721 |

10. Operating cash declined in line with increased expenses leading to increased cash outflows (offset partly by increased revenue & subsequent cash inflows).

11. Budget assumption included increased receivables related to end of financial year technical adjustments with the DoH.

12. Budget is conservative, and actuals were higher than anticipated. DoH accounts for $5.5m contract assets as assessed under AASB15. A further $4.3m relates to contracts with customers that were not previously budgeted.

13. During the year three DoH managed projects were completed and transferred to WBHHS. These were greater than budgeted and include a new Alcohol & Other Drugs (AODS) facility in Bundaberg ($9m), a new medical ward at Hervey Bay ($10m) and a further $6m of refurbishments at Maryborough mental health building.

14. Salary and wages along with other expense accruals at year end were less than forecast.

15. New leases under AASB16 entered during the period resulted in a higher than budgeted value of Right-of-Use (ROU) assets and lease liabilities.

16. Budget assumption based on FTE profile that subsequently was not fulfilled (note 5).

17. Unearned revenue of $1.8m and contract liabilities of $2.5m associated with DoH funding deferrals under AASB15. A further $2.3m more than budgeted relates to unearned revenue associated with other customers and inter entity arrangements.

## F4 BUDGET TO ACTUAL COMPARISON – STATEMENT OF CASH FLOWS

| | Variance Notes | Original Budget 2025 $'000 | Actual Result 2025 $'000 | Variance $'000 |
|---|---|---|---|---|
| **Cash flows from operating activities** | | | | |
| *Inflows* | | | | |
| User charges and fees | 18 | 63,882 | **84,037** | 20,155 |
| Funding for public health services | 19 | 865,639 | **854,946** | (10,693) |
| Grants and other contributions | | 8,095 | **5,990** | (2,105) |
| GST input tax credits from ATO | | 13,991 | **19,574** | 5,583 |
| GST collected from customers | | - | **977** | 977 |
| Other receipts | 20 | 7,843 | **12,783** | 4,940 |
| *Outflows* | | | | |
| Employee expenses | | (116,577) | **(110,731)** | 5,846 |
| Health service employee expenses | 21 | (569,209) | **(548,999)** | 20,210 |
| Supplies and services | 22 | (212,837) | **(320,671)** | (107,834) |
| GST paid to suppliers | | - | **(20,272)** | (20,272) |
| GST remitted to ATO | | - | **(977)** | (977) |
| Other payments | 23 | (26,853) | **(2,557)** | 24,296 |
| **Net cash from / (used by) operating activities** | | 33,974 | **(25,900)** | (59,874) |
| **Cash flows from investing activities** | | | | |
| *Inflows* | | | | |
| Sales of property, plant and equipment | | 10 | **147** | 137 |
| *Outflows* | | | | |
| Payments for property, plant and equipment | 24 | - | **(18,805)** | (18,805) |
| **Net cash from / (used by) investing activities** | | 10 | **(18,658)** | (18,668) |
| **Cash flows from financing activities** | | | | |
| *Inflows* | | | | |
| Equity injections | 25 | 1,653 | **35,437** | 33,784 |
| *Outflows* | | | | |
| Lease payments | 26 | (1,080) | **(2,782)** | (1,702) |
| Equity withdrawals | 27 | (32,940) | **-** | 32,940 |
| **Net cash from / (used by) financing activities** | | (32,367) | **32,655** | 65,022 |
| **Net increase / (decrease) in cash and cash equivalents** | | 1,617 | **(11,903)** | (13,520) |
| Cash and cash equivalents at the beginning of the financial year | | 40,740 | **23,321** | (17,419) |
| **Cash and cash equivalents at the end of the financial year** | | 42,357 | **11,418** | (30,939) |

18. Uplift in funding Statement of Comprehensive Income (note 1).

19. Uplift in funding Statement of Comprehensive Income (note 2).

20. Increased cash receipts in line with note 4.

21. Accrued salary and wages at June 30 was $13.7m reflecting timing difference between expense and cash outflow.

22. Increased operating expenses resulting in higher than budgeted cash outflows. (note 6).

23. Budget provision includes items that were subsequently transacted as supplies and services payments (note 9).

24. No budget provision for property, plant and equipment purchases. Includes payments for project work and assets, some of which is reimbursed by DoH per note 25.

25. Variance relates primarily to capital project costs paid for by the HHS and reimbursed by the DoH which were not included in the original budget. Also includes an unbudgeted $17m cash injection to manage liquidity.

26. Budget didn't factor increase in lease payments or new lease arrangements.

27. Original budget represents non-cash depreciation funding returned to the DoH as a contribution towards capital works program.

## MANAGEMENT CERTIFICATE

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

(a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects;

(b) these financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of Wide Bay Hospital and Health Service for the financial year ended 30 June 2025 and of the financial position of Wide Bay Hospital and Health Service at the end of that year; and

We acknowledge responsibility under Section 7 and Section 11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.

| | | |
|---|---|---|
| Peta Jamieson | Ben Ross-Edwards | Martin Clifford |
| Board Chair | Chief Executive (Acting) | Chief Financial Officer |
| 27 August 2025 | 27 August 2025 | 27 August 2025 |

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# INDEPENDENT AUDITOR'S REPORT

To the Board of Wide Bay Hospital and Health Service

## Report on the audit of the financial report

### Opinion

I have audited the accompanying financial report of Wide Bay Hospital and Health Service.

The financial report comprises the statement of financial position as at 30 June 2025, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including material accounting policy information, and the management certificate.

In my opinion, the financial report:

a) gives a true and fair view of the entity's financial position as at 30 June 2025, and its financial performance and cash flows for the year then ended; and

b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

### Basis for opinion

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

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

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

### Key audit matters

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

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### *Fair value of buildings ($358.255 million)*

Refer to note B5 in the financial report.

| Key audit matter | How my audit addressed the key audit matter |
|---|---|
| Buildings were material to Wide Bay Hospital and Health Service at balance date and were measured at fair value using the current replacement cost method.<br>Wide Bay Hospital and Health Service performed a comprehensive revaluation of rural buildings this year as part of the rolling revaluation program. All other buildings were assessed using relevant indices.<br>The current replacement cost method comprises:<br>• gross replacement cost, less<br>• accumulated depreciation.<br>Wide Bay Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for:<br>• identifying the components of buildings with separately identifiable replacement costs<br>• developing a unit rate for each of these components, including:<br>– estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. $/square metre)<br>– 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.<br>The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components.<br>The significant judgements required for gross replacement cost and useful lives are also significant judgements for calculating annual depreciation expense.<br>Using indexation required:<br>• significant judgement in determining changes in cost and design factors for each asset type since the previous revaluation<br>• reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used. | My procedures included, but were not limited to:<br>• assessing the adequacy of management's review of the valuation process and results<br>• reviewing the scope and instructions provided to the valuer<br>• assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices.<br>• assessing the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices<br>• assessing the competence, capabilities and objectivity of the experts used to develop the models<br>• for unit rates, on a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the:<br>– modern substitute (including locality factors and oncosts)<br>– adjustment for excess quality or obsolescence.<br>• evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices<br>• evaluating useful life estimates for reasonableness by:<br>– reviewing management's annual assessment of useful lives<br>– at an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement cost of assets<br>– testing that no building asset still in use has reached or exceeded its useful life<br>– enquiring of management about their plans for assets that are nearing the end of their useful life<br>– reviewing assets with an inconsistent relationship between condition and remaining useful life<br>• where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence. |

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**Other information**

Those charged with governance are responsible for the other information.

The other information comprises the information included in the entity's annual report for the year ended 30 June 2025 but does not include the financial report and our auditor's report thereon.

My opinion on the financial report does not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial report, my responsibility is to read the other information when it becomes available and, in doing so, consider whether the other information is materially inconsistent with the financial report or my knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

**Responsibilities of the entity for the financial report**

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

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

**Auditor's responsibilities for the audit of the financial report**

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

A further description of my responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at:
https://www.auasb.gov.au/auditors_responsibilities/ar6.pdf

This description forms part of my auditor's report.

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## Report on other legal and regulatory requirements

### Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2025:

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

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

### Prescribed requirements scope

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

29 August 2025

Michael Claydon
as delegate of the Auditor-General

Queensland Audit Office
Brisbane

# Glossary

| Term | Meaning |
|---|---|
| **Activity Based Funding (ABF)** | A management tool with the potential to enhance public accountability and drive technical efficiency in the delivery of health services by:<br>capturing consistent and detailed information on hospital sector activity and accurately measuring the costs of delivery<br>creating an explicit relationship between funds allocated and services provided<br>strengthening management's focus on outputs, outcomes and quality<br>encouraging clinicians and managers to identify variations in costs and practices so they can be managed at a local level in the context of improving efficiency and effectiveness<br>providing mechanisms to reward good practice and support quality initiatives. |
| **Acute Care** | Care in which the clinical intent or treatment goal is to:<br>manage labour (obstetric)<br>cure illness or provide definitive treatment of injury<br>perform surgery<br>relieve symptoms of illness or injury (excluding palliative care)<br>reduce severity of an illness or injury<br>protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function<br>perform diagnostic or therapeutic procedures. |
| **Admission** | The process whereby a hospital accepts responsibility for a patient's care and/or treatment. It follows a clinical decision, based on specified criteria, that a patient requires same-day or overnight care or treatment, which can occur in hospital and/or in the patient's home (for hospital-in-the-home patients). |
| **Admitted Patient** | A patient who undergoes a hospital's formal admission process as an overnight-stay patient or a same-day patient. Also may be referred to as 'inpatient'. |
| **Allied Health professionals (Health Practitioners)** | Professional staff who meet mandatory qualifications and regulatory requirements in the following areas: audiology, clinical measurement sciences, dietetics and nutrition, exercise physiology, medical imaging, nuclear medicine technology, occupational therapy, orthoptics, pharmacy, physiotherapy, podiatry, prosthetics and orthotics, psychology, radiation therapy, sonography, speech pathology and social work. |
| **Breast screen** | An x-ray of the breast that can detect small changes in breast tissue before they can be felt by a woman or her doctor. A breast screen is for women who do not have any signs or symptoms of breast cancer. It is usually done every two years. |
| **BreastScreen** | The Queensland Government unit that provides free breast screening and assessment services. |
| **Cardiology** | Management, assessment and treatment of cardiac (heart related) conditions. Includes monitoring of long-term patients with cardiac conditions, maintenance of pacemakers and investigative treatments. |
| **Chemotherapy** | The use of drugs to destroy cancer cells. Chemotherapy medications are also known as cytotoxic or anti-cancer medications. |
| **Chronic disease** | Diseases which have one or more of the following characteristics:<br>is permanent, leaves residual disability<br>is caused by non-reversible pathological alteration<br>requires special training of the individual for rehabilitation, and/or may be expected to require a long period of supervision, observation or care. |

| | |
|---|---|
| **Clinical Governance** | A framework by which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. |
| **Clinical workforce** | Staff who are or who support health professionals working in clinical practice, have healthcare specific knowledge/experience, and provide clinical services to health consumers, either directly and/or indirectly, through services that have a direct impact on clinical outcomes. |
| **Community Health** | Provides a range of services to people closer to their home. Some of these services include children's therapy services, pregnancy and postnatal care, rehabilitation and intervention services, and programs that focus on the long-term management of chronic disease. |
| **Cultural Capability** | Refers to an organisation's skills, knowledge, behaviours and systems that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner. |
| **Demand** | The health service activity that a catchment population can generate. Where the current and projected incidence and prevalence of diseases and conditions are known (using evidence from epidemiological studies), this data can be used to estimate demand in the catchment population. However, in most institutional planning, demand is measured by analysing expressed need or the amount of healthcare that the catchment population actually utilises. Because utilisation is influenced by other factors (such as existing service availability, access, cost and so-called 'supplier-induced demand'), the resultant estimates of demand inherently incorporate elements of supply. |
| **Department of Health** | Responsible for the overall management of the public sector health system, and works in partnership with Hospital and Health Services to ensure the public health system delivers high quality hospital and other health services. |
| **Elective Surgery (elective procedure)** | Surgery that is scheduled in advance because it does not involve a medical emergency. |
| **Emergency Department (ED) Waiting Time** | Time elapsed for each patient from presentation to the emergency department to start of services by the treating clinician. It is calculated by deducting the date and time the patient presents from the date and time of the service event. |
| **Emergency Length of Stay (ELOS)** | Measured from a patient's arrival in an emergency department until their departure, either to be admitted to hospital, transferred to another hospital or discharged home. The Queensland benchmark is for at least 80 per cent of patients to have an ELOS of no more than four hours. |
| **Endoscopy** | Internal examination of either the upper or lower gastro intestinal tract. |
| **Full-time equivalent (FTE)** | Refers to full-time equivalent staff currently working in a position. |
| **Gastroenterology** | The branch of medicine focused on the digestive system and its disorders. |
| **Gerontology** | Multidisciplinary care for the elderly and is concerned with physical, mental, and social aspects and implications of ageing. |
| **Governance** | Aimed at achieving organisational goals and objectives, and can be described as the set of responsibilities and practices, policies and procedures used to provide strategic direction, ensure objectives are achieved, manage risks, and use resources responsibly and with accountability. |
| **Gynaecology** | The branch of medical science that studies the diseases of women, especially of the reproductive organs. |
| **Health outcome** | Change in the health of an individual, group of people or population attributable to an intervention or series of interventions. |
| **Health Worker** | An Aboriginal and/or Torres Strait Islander person who works to improve health outcomes for Aboriginal and/or Torres Strait Islander people. |

| | |
|---|---|
| **Hospital** | Healthcare facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day-procedure unit and authorised to provide treatment and/or care to patients. |
| **Hospital and Health Board** | A board made up of a mix of members with expert skills and knowledge relevant to managing a complex healthcare organisation. |
| **Hospital and Health Service (HHS)** | A separate legal entity established by Queensland Government to deliver public hospital services. |
| **Hospital in the Home (HITH)** | Provision of care to hospital admitted patients in their place of residence, as a substitute for hospital accommodation. |
| **Inpatient** | A patient who is admitted to a hospital or health service for treatment that requires at least one overnight stay. |
| **Integrated Care** | Focuses on the transition between the hospital and the community enhancing a safe continuum of care for the client. |
| **Internal Audit** | An independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes. |
| **Life expectancy** | An indication of how long a person can expect to live. Technically it is the number of years of life remaining to a person at a particular age if death rates do not change. |
| **Long wait** | A 'long wait' elective surgery patient is one who has waited longer than the clinically recommended time for their surgery, according to the clinical urgency category assigned. That is, more than 30 days for an urgent (Category 1) operation, more than 90 days for a semi-urgent (Category 2) operation and more than 365 days for a routine (Category 3) operation. |
| **Medical practitioner** | A person who is registered with the Medical Board of Australia to practice medicine in Australia, including general and specialist practitioners. |
| **Memorandum of Understanding (MOU)** | A documented agreement that sets out how a partnership arrangement will operate. |
| **Midwifery Group Practice (MGP)** | A continuity-of-care maternity care model in which prospective mothers are given care and support by a single midwife (or small team of known midwives) who is primarily responsible for all pregnancy, labour, birth and postnatal care. |
| **Multipurpose Health Service (MPHS)** | Provide a flexible and integrated approach to health and aged care service delivery for small rural communities. They are funded through pooling of funds from Hospital and Health Services (HHS) and the Australian Government Department of Health and Ageing. |
| **National Safety and Quality Health Service Standards (NSQHSS)** | The Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in consultation and collaboration with jurisdictions, technical experts and a wide range of other organisations and individuals, including health professionals and patients. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of care provided by health service organisations. |
| **Non-admitted patient** | A patient who does not undergo a hospital's formal admission process. |
| **Nurse Navigators** | Specialised registered nurses providing a service for patients who have complex health conditions and require a high degree of comprehensive, clinical care. Nurse Navigators' roles aim to improve patient outcomes through coordinating care between various clinical areas, facilitating system improvements and building care partnerships. |
| **Obstetrics** | The branch of medicine and surgery concerned with childbirth and midwifery. |
| **Occasion of service (OOS)** | A service provided to a patient, including an examination, consultation, treatment or other service. |

| | |
|---|---|
| **Offender Health** | Delivery of health services to prisoners in a Correctional Services Facility. |
| **Oncology** | The study and treatment of cancer and tumors. |
| **Ophthalmology** | Consultation, assessment, review, treatment and management of conditions relating to eye disorders and vision, and services associated with surgery to the eye. |
| **Orthopaedics** | Consultation, diagnosis, treatment and follow-up of patients suffering diseases and disorders of the musculoskeletal system and connective tissue. |
| **Outpatient** | Non-admitted health service provided or accessed by an individual at a hospital or health service facility. |
| **Outpatient Clinic** | Provides examination, consultation, treatment or other service to non-admitted non-emergency patients in a speciality unit or under an organisational arrangement administered by a hospital. |
| **Palliative Care** | An approach that improves quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention of suffering by means of early identification and assessment and treatment of pain and other problems, physical, psychological and spiritual. |
| **Patient Travel Subsidy Scheme (PTSS)** | Provides assistance to patients, and in some cases their carers, to enable them to access specialist medical services that are not available locally. |
| **Performance Indicator** | A measure that provides an 'indication' of progress towards achieving the organisation's objectives. Usually has targets that define the level of performance expected against the performance indicator. |
| **Primary Health Care** | Services include health promotion and disease prevention, acute episodic care not requiring hospitalisation, continuing care of chronic diseases, education and advocacy. |
| **Primary Health Network (PHN)** | Replaced Medicare Locals from July 1 2015. PHNs are established with the key objectives of:<br>increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes<br>improving coordination of care to ensure patients receive the right care in the right place at the right time.<br>PHNs work directly with general practitioners, other primary healthcare providers, secondary care providers and hospitals to ensure improved outcomes for patients. |
| **Private hospital** | A private hospital or free-standing day hospital, and either a hospital owned by a for-profit company or a non-profit organisation and privately funded through payment for medical services by patients or insurers. Patients admitted to private hospitals are treated by a doctor of their choice. |
| **Prosthetics** | An artificial substitute or replacement of a part of the body such as a tooth, eye, a facial bone, the palate, a hip, a knee or another joint, the leg, an arm, etc. |
| **Public Health** | Public health units focus on protecting health, preventing disease, illness and injury, promoting health and wellbeing at a population or whole of community level. |
| **Public hospital** | A hospital that offers free diagnostic services, treatment, care and accommodation to eligible patients. |
| **Public patient** | A patient who elects to be treated as a public patient, so cannot choose the doctor who treats them, or is receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority. |
| **QAS** | Queensland Ambulance Service |
| **Radiation Oncology** | A medical speciality that involves the controlled use of radiation to treat cancer either for cure, or to reduce pain and other symptoms caused by cancer. |

| | |
|---|---|
| | Radiation therapy (also called radiotherapy) is the term used to describe the actual treatment delivered by the radiation oncology team. |
| **Risk Management** | A process of systematically identifying hazards, assessing and controlling risks, and monitoring and reviewing activities to make sure that risks are effectively managed. |
| **Separation** | An episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). A separation also includes the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care. |
| **Statutory bodies / authorities** | A non-departmental government body, established under an Act of Parliament. Statutory bodies can include corporations, regulatory authorities and advisory committees / councils. |
| **Step Up Step Down** | A Step Up Step Down Unit is a service to offer short-term residential treatment in purpose-built facilities delivered by mental health specialists in partnership with non-government organisations. |
| **Sub-acute** | Care that focuses on continuation of care and optimisation of health and functionality. |
| **Sustainable care** | A health system that provides infrastructure, such as workforce, facilities and equipment, and is innovative and responsive to emerging needs, for example, research and monitoring within available resources. |
| **Telehealth** | Delivery of health-related services and information via telecommunication technologies, including:<br>live, audio and/or video inter-active links for clinical consultations and educational purposes<br>store-and-forward Telehealth, including digital images, video, audio and clinical (stored) on a client computer, then transmitted securely (forwarded) to a clinic at another location where they are studied by relevant specialists<br>Telehealth services and equipment to monitor people's health in their home. |
| **Tertiary hospitals** | Hospitals that provide care that requires highly specialised equipment and expertise. |
| **Triage category** | Urgency of a patient's need for medical and nursing care. |
| **Urology** | Consultation, diagnosis, treatment and follow-up of patients suffering from diseases patients suffering from diseases and disorders of the kidney and urinary tract. |
| **Weighted Activity Unit (WAU)** | A single standard unit used to measure all activity consistently. |

# Annual Report 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 | 3 |
| **Accessibility** | Table of contents<br>Glossary | ARRs – section 9.1 | 4<br>76 |
| | Public availability | ARRs – section 9.2 | 2 |
| | Interpreter service statement | *Queensland Government Language Services Policy*<br>ARRs – section 9.3 | 2 |
| | Copyright notice | *Copyright Act 1968*<br>ARRs – section 9.4 | 2 |
| | Information Licensing | *QGEA – Information Licensing*<br>ARRs – section 9.5 | 2 |
| **General information** | Introductory Information | ARRs – section 10 | 8 |
| **Non-financial performance** | Government's objectives for the community whole-of-government plans / specific initiatives | ARRs – section 11.1 | 5 |
| | Agency objectives and performance indicators | ARRs – section 11.2 | 51 |
| | Agency service areas and service standards | ARRs – section 11.3 | 53 |
| **Financial performance** | Summary of financial performance | ARRs – section 12.1 | 73 |
| **Governance – management and structure** | Organisational structure | ARRs – section 13.1 | 42 |
| | Executive management | ARRs – section 13.2 | 37 |
| | Government bodies (statutory bodies and other entities) | ARRs – section 13.3 | 35 |
| | Public Sector Ethics | *Public Sector Ethics Act 1994*<br>ARRs – section 13.4 | 48 |
| | Human Rights | *Human Rights Act 2019*<br>ARRs – section 13.5 | 49 |
| | Queensland public service ethics and values | ARRs – section 13.6 | 48 |
| | Risk management | ARRs – section 14.1 | 46 |

| Summary of requirement | | Basis for requirement | Annual report reference |
|---|---|---|---|
| **Governance – risk management and accountability** | Audit committee | ARRs – section 14.2 | 30 |
| | Internal audit | ARRs – section 14.3 | 47 |
| | External scrutiny | ARRs – section 14.4 | 47 |
| | Information systems and recordkeeping | ARRs – section 14.5 | 47 |
| | Information Security attestation | ARRs – section 14.6 | 48 |
| **Governance – human resources** | Strategic workforce planning and performance | ARRs – section 15.1 | 45 |
| | Early retirement, redundancy and retrenchment | Directive No.04/18 *Early Retirement, Redundancy and Retrenchment*<br>ARRs – section 15.2 | 5 |
| **Open Data** | Statement advising publication of information | ARRs – section 16 | 2 |
| | 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<br>FPMS – sections 38, 39 and 46<br>ARRs – section 17.1 | FS-41 |
| | Independent Auditor's Report | FAA – section 62<br>FPMS – section 46<br>ARRs – section 17.2 | FS-42 |

FAA Financial Accountability Act 2009

FPMS Financial and Performance Management Standard 2019

ARRs Annual report requirements for Queensland Government agencies

ANNUAL REPORT 2024-2025

**Wide Bay Hospital and Health Service**

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