Wide Bay Hospital and Health Service

Annual Report
2025-2026

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 Bailai peoples. We also declare our commitment to reducing inequity and 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 2025-2028*.

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 portal.

Wide Bay Hospital and Health Service has no Open Data to report on Charter of Victims' Rights complaints for the 2025-2026 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.



Wide Bay Hospital and Health Service is committed to providing accessible information and services to Queenslanders from all cultural and linguistic backgrounds. To talk to someone about this annual report in your preferred language call 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

31 August 2026

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 2025-2026 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 is provided at page A-6 of this annual report.

Yours sincerely,



Professor Brett Heyward
Chair
Wide Bay Hospital and Health Board

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Statement on Queensland Government objectives for the community

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

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 54 about how our performance indicators from 2025-2026 have supported our strategic objectives.

From the Chair and Chief Executive

2025-2026 year in review

The 2025-2026 year was one of progress and growth for Wide Bay Hospital and Health Service (WBHHS).

As we reflect on the year, we do so with pride in what our people have achieved in the face of sustained demand and workforce attraction pressures. Across our region, staff continued to show extraordinary commitment to delivering safe, compassionate and high-quality care for the Wide Bay community.

This year was also one of important transition and forward planning. The approval of the updated *Wide Bay Hospital and Health Service Health Services Plan 2022-2037* marked a significant milestone, providing a clear long-term direction for how we will meet the needs of our growing and changing population. Shaped through extensive consultation with staff, consumers, partners and the community, the plan positions us well for the next stage of growth, with a strong focus on equity, access, innovation, workforce sustainability and care closer to home.

We made significant progress in responding to service demand and improving patient flow across the health service. While pressures in our emergency departments and inpatient areas remained significant, targeted initiatives helped improve access to care, reduce delays and better support patients to move through the system safely and efficiently. The opening of the Bundaberg Palm Lake short-stay transition unit was a standout example of innovation in action, creating a more appropriate care setting for older people awaiting longer-term arrangements while easing pressure on hospital capacity.

We were also pleased to achieve our elective surgery waitlist target, reflecting the sustained effort of teams across the service.

Clinical improvement remained a strong theme throughout the year. Advances in stroke care, including tele-stroke capability, demonstrated the value of technology-enabled models in improving timely access to specialist care across our region. More broadly, we continued to embed new ways of working that support better outcomes for patients and a more connected, responsive health service.

This was also a year of visible progress in infrastructure. Major projects across the region continued to advance, including the new Bundaberg Hospital, the Hervey Bay Hospital expansion and planning for future facilities and services. These developments are critical to ensuring our facilities remain fit for purpose as the region grows.

At the same time, we remained focused on strengthening our foundations. We took practical steps to improve financial sustainability, reduce reliance on high-cost workforce models and make the best use of available capacity and resources. We also continued to invest in our staff, recognising that our future depends on attracting, developing and supporting skilled and compassionate people.

During the year, we welcomed new Board members who have brought valuable experience, fresh perspective and renewed energy to the organisation. Their contribution alongside the dedication of our existing Board members, has strengthened the Board's oversight and supports the continued maturity of our governance and strategic direction.

This year has shown that WBHHS is moving forward with purpose, confidence and a clear vision for the future. We thank our staff, consumers, volunteers, partners and community for their ongoing support as we continue building a health service that is ready for the next stage of growth.

Development and approval of the Health Services Plan 2022-2037

Wide Bay Hospital and Health Service Health Services Plan 2022-2037 sets the long-term direction for healthcare delivery across the region. Informed by consultation with more than 410 stakeholders, including staff, consumers, community members and subject matter experts, the plan provides a clear framework to meet current and future health needs.

Staff were particularly well engaged with the process of developing the plan, and their voices and opinions were invaluable in ensuring that the end result met the needs of clinicians and community.

The plan focuses on strengthening access, equity and sustainability through contemporary, patient-centred models of care. It outlines priorities to improve service coordination and patient flow, expand alternative and subacute care options closer to home, invest in new and upgraded infrastructure, strengthen mental health services, increase use of technology and virtual care, and support a sustainable workforce for the future.

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

The Residential Aged Care Support Service (RASS) continued to play an important role in improving care for frail older people across the region in 2025-2026. Working closely with emergency departments, inpatient teams, palliative care, general practitioners and residential aged care facilities, the multidisciplinary team supported timely clinical decision-making and more coordinated care for older residents.

A key strength of the service is its focus on providing appropriate care in the most suitable setting. Where clinically safe, residents can receive assessment, treatment and coordinated support within their residential aged care facility or community setting, avoiding unnecessary transfer to hospital. This includes conditions such as urinary tract infections, chest infections and cellulitis, where intravenous antibiotic therapy can often be provided in place.

This model of care helps reduce avoidable hospital presentations, emergency department length of stay, inpatient admissions and readmissions. It also reduces the risk of hospital-related complications such as delirium, hospital-acquired infection, functional decline and deconditioning, while allowing older people to remain in a familiar and supportive environment. Through person-centred, collaborative care, RASS is improving outcomes for older people and supporting more efficient use of hospital services.

Accountability

This year, Wide Bay Hospital and Health Service successfully completed its External Safety Management System and Occupational Violence Management Systems audits, demonstrating its commitment to accountability, transparent governance and continuous improvement.

The audits provided an independent assessment of the maturity, effectiveness and compliance of WBHHS safety systems, identifying gaps and emerging risks and confirming alignment with legislative requirements, Queensland Health standards and best practice. They also provided valuable insights into the performance of risk management processes, incident response capabilities, occupational violence prevention strategies and frontline safety culture.

In response to the findings, WBHHS developed a prioritised action plan to implement the detailed recommendations, with the recommendations formally accepted by the Executive Leadership Team. This strengthened risk controls and governance oversight, supported accreditation obligations and reinforced confidence in the organisation's ability to manage safety risks effectively.

By addressing the audit recommendations and reinforcing areas of strong performance, WBHHS demonstrated its accountability to staff, patients, the community and other stakeholders, while supporting safer and more resilient healthcare environments.

Respect

Wide Bay Hospital and Health Service demonstrated respect through the Prison Health Service rollout of prisoner self-managed medication at the Maryborough Correctional Centre.

This initiative enables prisoners assessed as low risk to manage their own medication, supporting greater autonomy in their health care and preparing them for transition back to the community.

The approach has contributed to improved skill development and management of chronic health conditions among prisoners at the Maryborough Correctional Centre.

It has also increased nursing capacity to provide services beyond medication management by reducing the time previously required to administer medication to a larger number of prisoners.

Excellence

In 2025-2026, Wide Bay Hospital and Health Service demonstrated excellence through significant improvements to stroke care at Hervey Bay Hospital. Since the opening of Medical Ward 3 as the hospital's dedicated Stroke Unit in March 2025, WBHHS has progressed the redesign and relocation of the Acute Stroke Unit, strengthened alignment with Stroke Foundation guidelines and advanced work towards Stroke Unit accreditation under the WBHHS Service Level Agreement 2025-2028. This work recognised stroke unit care as the single biggest intervention in improving patient outcomes and was supported by optimisation of existing resources, activation of new rehabilitation gym facilities, expanded Allied Health support and strengthened local clinical governance.

WBHHS became the first Queensland Health service to pilot the Queensland Telestroke Service at Hervey Bay Hospital, improving access to specialist stroke advice and supporting improvements to door-to-needle and reperfusion therapies.

Governance and performance monitoring were strengthened through AuSCR reporting, reinvigoration of the Stroke Committee and a focus on implementing a Door-to-CT protocol aligned with the 30/60/90 targets. A StrokeLink 30/60/90 workshop brought clinicians together to map the stroke patient journey and identify improvement opportunities in access to Stroke Unit care, dysphagia screening and discharge planning.

Further improvements included the publication and development of stroke protocols and procedures, delivery of staff education and community engagement activities, and co-design of a post-stroke volunteer program with a stroke survivor to enhance psychosocial support for patients and families.

WBHHS further strengthened innovation and research through approval to participate in the BUILDS (Bridging the Urban and reglonaL Divide in Stroke Care) teletrial research program and the establishment of a new CNC Stroke Coordinator BUILDS Teletrials role. The service also secured competitive certification support funding from the Australian Stroke Alliance, with WBHHS one of only 15 successful applicants from 110 submissions nationally.

These combined initiatives delivered measurable improvements in patient outcomes, with average length of stay reduced from 5 days to 3 days, increased accessibility to Stroke Unit care, increased discharge medications prescribed, and Stroke Unit admissions increasing from 31 per cent in 2024 to 51 per cent by January 2026.

Through Patients' eyes

Wide Bay Hospital and Health Service demonstrated its commitment to seeing care through patients' eyes by strengthening pregnancy pathways across the Fraser Coast to better support women during complex and sensitive experiences.

The implementation of the Termination of Pregnancy Navigator position provided women accessing services with a dedicated contact point, ensuring timely information, coordinated care and support throughout their healthcare journey. By promoting dignity, choice, privacy and cultural safety, the role improved the woman's experience, reduced barriers to care, improved care coordination, reduced delays in accessing services and established a consistent referral pathway, enhancing access and continuity of care across the Fraser Coast.

This patient-centred approach was further strengthened through the introduction of a new clinical process across the Hervey Bay Hospital and Maryborough Hospital emergency departments to support women experiencing early pregnancy loss, including miscarriages, missed miscarriages and threatened pregnancy losses.

Previously, these women were not offered Social Work support in the emergency department, leaving many without essential psychosocial or bereavement care. Under the new pathway, medical officers or registered nurses complete a paper referral, which is scanned and emailed by the ward clerk directly to the maternity and paediatrics social work team. A social worker then contacts the patient to provide targeted care by phone or through a face-to-face outpatient appointment.

By June 2026, the process was operating successfully, with referral volumes expected to increase as the process becomes embedded in daily clinical practice. Delivered within existing resourcing and in addition to usual antenatal and internal early pregnancy referrals, this pathway has extended emotional and bereavement support to a vulnerable group of women who would otherwise not have received this care.

Aboriginal and Torres Strait Islander health

In 2025-2026, Wide Bay Hospital and Health Service continued to strengthen its commitment to improving health outcomes for Aboriginal and Torres Strait Islander peoples through a strong focus on cultural safety, workforce growth, partnerships and more responsive models of care.

Throughout the year, the Aboriginal and Torres Strait Islander Health team worked closely with multidisciplinary teams, hospital departments, schools, community organisations and Aboriginal Community Controlled Health Organisations to improve coordination of care and make services more welcoming and accessible. This included renewed collaboration with Galangoor Duwalami, stronger partnerships with IWC and ongoing engagement with Aboriginal and Torres Strait Islander consumers, families and Elders to help inform service design, including artwork and design for renovations, new builds and redevelopment.

A key focus this year was building and supporting the Aboriginal and Torres Strait Islander workforce. Additional Aboriginal Health Worker Trainees and a dedicated Aboriginal and Torres Strait Islander Health Workforce Educator joined the service, while existing Aboriginal Health Practitioners continued to expand their skills and maintain professional registration. The First Nations Training Pathways program also continued to grow, creating stronger career pathways for local young people through school-based traineeships, cadetships and employment opportunities.

Important foundations were also strengthened through the launch of the *2025-2028 Aboriginal and Torres Strait Islander Workforce Plan* and the *2025-2028 Aboriginal and Torres Strait Islander Health Equity Strategy and Implementation Plan*. Together with continued progress under the previous Health Equity Strategy, these initiatives support a more culturally safe, inclusive and accountable health service.

Practical improvements in care were also seen during the year, including after-hours support to help reduce discharge against medical advice, improved antenatal attendance, increased Advance Care Planning offer rates, and ear health screening for children in North Burnett primary schools.

Across all areas, the team remained focused on building trust, listening to community and delivering care that is culturally safe, respectful and centred on the needs of Aboriginal and Torres Strait Islander patients and families.

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 245,299 people across a geographical area of approximately 37,000 square kilometres.

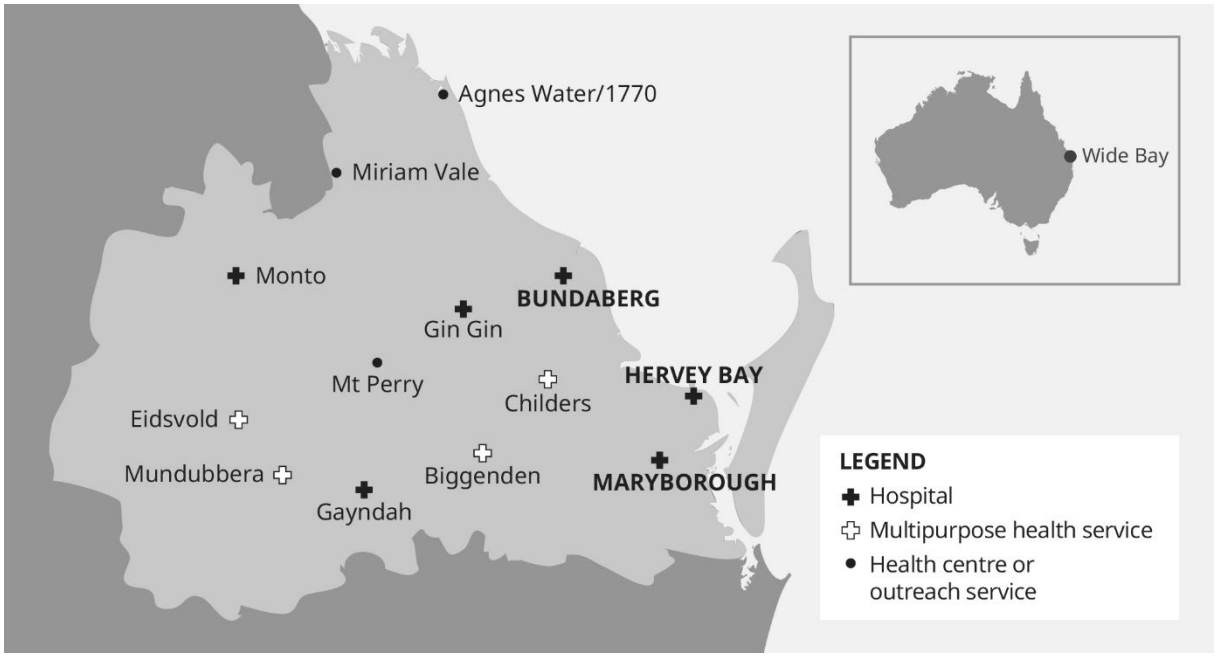
WBHHS is responsible for the direct management of the facilities and community health services based within our geographical boundaries, including:

- 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 improve performance while delivering sustainable, patient-centred, high-quality and safe healthcare services. We operate in a complex and challenging environment, balancing efficient service delivery with the achievement of optimal health outcomes to ensure healthcare investment delivers 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 growing, ageing and geographically dispersed population across the Discovery Coast, Bundaberg, Fraser Coast and North Burnett.

The Wide Bay population was approximately 245,299 in 2024-2025 and is projected to reach 269,625 by 2036-2037.

While population growth remains below the Queensland average, demand for health services is amplified by the region's age profile.

In 2024-2025, people aged 65 years and over comprise 28.7 per cent of Wide Bay residents, compared with 17.2 per cent across Queensland, while children and working-age adults represent smaller proportions of the population.

Aboriginal and Torres Strait Islander peoples comprise 5.33 per cent of the regional population, slightly above the Queensland proportion, and have a comparatively young age profile.

The WBHHS Regional Needs Assessment and WBHHS Health Service Plan identifies socioeconomic disadvantage as a key factor influencing health need in the region. Approximately 58.5 per cent of residents live in areas within the most disadvantaged socioeconomic quintiles, and 83.3 per cent of residents within the two most disadvantaged quintiles.

Educational attainment and household incomes are lower than the Queensland average, while unemployment, rental stress, homelessness and childhood developmental vulnerability are higher. These factors can compound barriers to preventive health care, primary care and timely specialist services, particularly for people living in rural communities or experiencing social vulnerability.

Wide Bay Hospital and Health Service continues to respond to the challenges of an ageing population through targeted planning and specialised models of care for older people with complex cognitive and behavioural needs.

During the reporting period, planning and procurement progressed for the Hervey Bay Hospital Acute Care of the Elderly Project, with intrastructure works scheduled to begin in the second half of 2026. The project will establish a contemporary, geriatrician-led service for patients experiencing cognitive impairment, delirium and dementia, supporting early assessment, targeted treatment and holistic, individualised care. Existing space within Medical Ward 1 will be redesigned to deliver the Acute Care of the Elderly model of care for older patients with complex needs, alongside a purpose-built six-bed Acute Cognition Unit for patients with severe Behavioural and Psychological Symptoms of Dementia.

WBHHS is also addressing increased demand for end-of-life care through its Specialist Palliative Care service based at Hervey Bay and Bundaberg, which supports people in rural and regional areas living with advanced and progressive life-limiting illness. The service provides coordinated multidisciplinary care in community settings and consultation to inpatient teams, general practitioners, residential aged care facility staff and other care providers to support comprehensive, patient-focused care planning. In partnership with Blue Care, WBHHS has strengthened palliative care services across Bundaberg, the Fraser Coast and rural communities, improving quality of life through symptom control, allied health support, equipment and assistive technologies, and care that respects the wishes, dignity and needs of patients and their families.

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)	1.95% *(CAGR 2017 -2022 1.60%)*	1.87% *(CAGR 2017 -2022 1.60%)*
Aged 65+	28.7%	17.2%
Unemployment	7.4%	5.4%
Median total family income less than $33,800	33.5%	15.2%
Aboriginal or Torres Strait Islander background	5.33%	4.75%
“In need of assistance” with a core activity as a result of a profound or severe disability	10%	6.3%
List their highest level of schooling as Year 11 or 12	45.8%	63.6%
Residents who are daily smokers	12%	9.5%
Residents who are obese	34%	27.7%
Residents who are risky drinkers	37.3%	36.4%

References:

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

ABS, Census of Population and Housing, 2021, General Community Profile - G16

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

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

The prevalence of several modifiable health risks also remains above the Queensland average.

Compared with Queensland:

- Wide Bay has higher rates of daily smoking, risky alcohol consumption, adult obesity, obesity during pregnancy and insufficient physical activity.
- Wide Bay records higher rates of potentially preventable hospitalisation and a higher prevalence of conditions including arthritis, asthma, lung disease, diabetes, heart disease, mental health conditions and stroke.
- The proportion of residents living with profound disability is also considerably higher. Together, the ageing population, socioeconomic disadvantage and elevated behavioural risk factors contribute to higher chronic disease burden, potentially preventable hospitalisations and demand for accessible, integrated and preventive health services.

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
- developing a positive organisational culture.

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

Service demand and capacity

Capital infrastructure

WBHHS continues to expand and enhance facilities across the region to meet growing community need through a range of capital infrastructure projects. Health Infrastructure Queensland is leading delivery of the larger projects in partnership with WBHHS.

New Bundaberg Hospital
Significant progress is being made to deliver the new Bundaberg Hospital, as part of the Hospital Rescue Plan, marking an important step towards a modern, purpose-built health facility for the region. An updated master plan released in December 2025 consolidated all services on one site and refined the overall site layout and long-term development pathway for the campus. Building on this, the project team completed schematic design for Stage 1, ensuring the proposed facilities align with contemporary models of care, operational requirements and future service demand. Piling works commenced in June, marking a significant milestone on the project's critical path. Engagement with clinicians, operational teams, community representatives and partner organisations continued throughout the year, with design workshops helping to shape the emerging design and ensure it reflects the needs and expectations of the community it will serve.

Hervey Bay Hospital Expansion
Construction is nearing completion on the Hervey Bay Hospital Expansion project, which is transforming a previously vacant level of the emergency department building into a modern clinical space. The project will deliver a new 25-bed medical ward and a relocated 10-bed intensive care unit, increasing the hospital's capacity to provide high acuity care. The project also includes replacement of the existing at-grade helipad with a purpose-built rooftop helipad, enabling faster emergency patient transfers and more direct access to critical care services for the Fraser Coast community. In preparation for operational commissioning, WBHHS progressed workforce readiness activities, including targeted training programs, familiarisation planning and walkthroughs for ICU nursing staff to support transition into the new space.

Hervey Bay Hospital car parking project
Construction of additional ground-level car parking at Hervey Bay Hospital was completed in May 2026. The new staff parking areas at the rear of the hospital have increased overall capacity and freed up more spaces for patients and visitors, improving access to the facility and supporting a better experience for the community.

Planning for Agnes Water Multipurpose Health Service
Securing funding to establish dedicated public health infrastructure in the Discovery Coast remains a high priority for WBHHS. This investment is essential to meeting growing patient demand and improving equitable access to care closer to home. WBHHS continues active advocacy with the Department of Health to progress planning and support future service delivery for the region.

Hervey Bay Hospital MRI project
Planning and design consultation progressed for the installation of a new MRI machine, the first to be delivered within the WBHHS public hospital catchment. This work has focused on ensuring the proposed service model, clinical workflows and facility design support safe, efficient and high-quality diagnostic imaging. The introduction of MRI capability will significantly improve local access to advanced imaging and reduce the need for patients to travel outside the region for essential diagnostic services.

Childers Multipurpose Health Service
WBHHS continues active advocacy with the Department of Health to progress planning and support future service delivery for the region. During the reporting period, a review of the draft Concept Design and associated needs assessment developed in the previous year was undertaken to ensure the proposed investment aligns with contemporary models of care, projected service demand and operational requirements. The updated planning documentation will support the next stages of project development as WBHHS continues to work closely with Health Infrastructure Queensland and key stakeholders to advance the redevelopment.

Short stay transition unit

To help address growing service demand and capacity pressures, WBHHS opened a dedicated 34-bed short stay transition unit at Palm Lake Care Bargara in June 2026 for older people awaiting admission to a residential aged care facility.

Established through a partnership between WBHHS and Palm Lake Care Bargara, the unit provides short-term care for older people who no longer require hospital care and are waiting for permanent residential aged care placement or transition back to their home.

The nursing and executive leadership team adopted a strategic approach to establish this innovative model of care, with medical, nursing, information management, ICT, BEMS, contracts, clinical support and operational staff working collaboratively and within a short timeframe to make the service operational.

The model supports improved patient flow, reduces pressure on hospital capacity and ensures older people receive care in a more appropriate setting while awaiting longer-term arrangements.

Key performance indicators focus on quality, safety and access, with two critical access measures established to support flow: on admission, 100 per cent have applications lodged to all residential aged care facilities within the local area and rural areas, and 70 per cent of patients are permanently placed in less than 28 days.

Workforce capacity constraints and sustainability

To address workforce capacity constraints and support long-term sustainability, WBHHS implemented a range of targeted initiatives throughout 2025–26. Recruitment and selection training continued to be delivered for panel chairs and members to support compliant, consistent and best-practice hiring processes, strengthening the organisation's ability to attract and appoint the right talent. WBHHS also promoted employment opportunities through career expos and school-based job fairs to build future talent pipelines, increase awareness of career pathways and expand reach to potential candidates. In addition, the Human Resources team supported leaders through end-to-end recruitment processes and delivered targeted recruitment campaigns to address critical workforce shortages and hard-to-fill roles.

Workplace safety and wellbeing initiatives also played an important role in supporting workforce sustainability. Despite rising service demand, workforce shortages and increasing occupational violence, staff continued to deliver safe, high-quality care, supported by a proactive incident reporting culture, strengthened leadership engagement and smarter risk controls that contributed to safer and more resilient workplaces. These efforts were guided by the *WBHHS Workforce Strategy 2023-2026*, with action plans developed to address local challenges and opportunities and to ensure the workforce has the right skills at the right time to meet both immediate and longer-term organisational needs. Together, these initiatives supported WBHHS's strategic goal of fostering a safe, inclusive and sustainable workplace where staff feel valued and empowered to deliver exceptional care to the community.

Putting Queensland Kids First

Through the Queensland Government's Putting Queensland Kids First investment, WBHHS strengthened child health and child development services to respond to growing demand and improve access for children and families across the region. On the Fraser Coast, funding supported an additional 3 FTE child health workforce and enabled the sustained home visiting program to support 20 additional families each year.

Dedicated project resources also supported the review and transformation of child development services across WBHHS, helping align services with statewide standards and address local inequities. Children can now access child development services from birth to 8 years of age across the HHS, supported by expanded outreach and a strengthened multidisciplinary workforce, including additional allied health, Aboriginal and Torres Strait Islander Health Worker and administration roles.

Service leadership was further enhanced through the appointment of a WBHHS-wide HP6 Coordinator and additional HP5 Team Leader roles across Bundaberg and the Fraser Coast, strengthening workforce planning, clinical governance and service coordination. Together, these initiatives have increased capacity, improved access and supported better outcomes for children and families.

Primary and community care service gaps

To help address primary and community care service gaps, WBHHS Mental Health and Specialised Services worked collaboratively across key departments and agencies during 2025-2026 to support a more proactive and integrated response to concerns about complex and challenging behaviours in the Maryborough Central Business District. Through the Maryborough CBD Project, established through the Department of the Premier and Cabinet, WBHHS contributed to a service-wide approach focused on improving engagement, identifying pathways into care and achieving better outcomes for people with complex needs.

A key outcome of this work has been stronger collaboration with housing services to support earlier identification of housing needs and more coordinated responses for vulnerable individuals. Mental Health and Alcohol and Drug Services have also worked alongside the Housing homeless outreach team, helping to identify where individuals requiring support may be located and facilitating access to appropriate services. This collaborative model has strengthened connections between health, housing and community services and improved the capacity to respond to people who may otherwise fall through service gaps.

Geographic challenges

To address the geographic challenges of delivering timely and accessible care across a large regional footprint, WBHHS continued to implement initiatives that improve connectivity, reduce travel burden and strengthen access to specialist support closer to home.

In 2025-2026, the Prison Health Service at the Maryborough Correctional Centre successfully rolled out the Prisoner electronic Medical Record within the facility. This was a significant achievement for a stand-alone facility within a non-ieMR health service and required extensive preparation, transition planning and staff education. The implementation has improved access to clinical information within the local service, supporting more timely, coordinated and efficient care for patients in a complex setting.

WBHHS also continued to expand the use of virtual and outreach models to improve equitable access to care for rural and remote communities, reducing the need for patients to travel to Brisbane for some specialist services. This included increased virtual clinic access through Child Development Services and continued development of outreach models to support care regardless of postcode, including progression of an outreach clinic model for Gayndah.

In addition, the podiatry case conferencing and community foot hub model with Royal Brisbane Hospital was maintained, enabling podiatrists to access multidisciplinary specialist support for patients with high-complexity care needs without requiring travel to Brisbane.

Together, these initiatives have helped WBHHS respond to the unique geographic challenges of the region by improving access, supporting clinicians and bringing more care closer to home.

Financial pressures

To address financial pressures in 2025-2026, WBHHS implemented a range of targeted initiatives focused on improving efficiency, optimising revenue and reducing reliance on high-cost service models, while maintaining access to safe, high-quality care. These actions supported a more sustainable operating position in the context of increasing demand for services and continued workforce cost pressures.

A key area of focus was reducing premium labour expenditure. During the year, nurse agency use reduced significantly, medical locum usage continued to decline and overtime costs also trended downward, reflecting a stronger focus on workforce planning, recruitment and more efficient deployment of existing staff.

WBHHS also improved use of available capacity across the system, including full utilisation of Mater private sector beds and the opening of 34 additional beds at Palm Lake Care Bargara to support older people who no longer required hospital care and were awaiting residential aged care placement or transition home. These initiatives helped improve patient flow, reduce pressure on hospital beds and support more efficient use of resources.

WBHHS also progressed revenue and efficiency measures through increased own-source revenue and implementation of DRIVE initiatives aimed at strengthening financial performance and identifying expenditure efficiencies across the service. Together, these actions demonstrate WBHHS's commitment to financial sustainability through practical measures that improve productivity, optimise available resources and support continued delivery of quality healthcare for the community.

Fraser Coast Renal Service

The Fraser Coast Renal Service has taken a deliberate approach to reducing low-value care by reviewing practices, procedures and products to ensure each intervention adds value to patient care. Initiatives such as reducing unnecessary plastic use during procedures and eliminating unnecessary pathology testing have delivered savings of more than $50,000 per year, while also reducing environmental impact.

The service has also fostered a culture where ideas from staff and patients are welcomed and acted on. This includes the introduction of a volunteer program, inspired by patient feedback, which has become an important part of the dialysis unit and strengthened community engagement. At the same time, the service continues to embed clinical research into routine renal care, expanding opportunities for regional patients with chronic kidney disease to participate in innovative clinical trials and access emerging therapies closer to home.

Ageing infrastructure

To address the challenges of ageing infrastructure, WBHHS continued to invest in essential upgrades and replacement programs that support safe, reliable and contemporary service delivery across the region.

In April 2026, an electrical resilience project at Maryborough Hospital was completed to strengthen the facility's power reliability. The works upgraded the hospital's generator system and modernised key switchboards responsible for managing and distributing electricity across the site. These improvements reduce the risk of electrical faults, support a rapid response to power interruptions and strengthen backup power capacity, helping to maintain uninterrupted patient care and a safer working environment for staff.

WBHHS also progressed the replacement of critical clinical equipment that has reached end of life. Procurement activities are underway for replacement of two CT scanners at Bundaberg Hospital and Hervey Bay Hospital, with installation planned for the next financial year. This investment will help ensure continued access to high-quality diagnostic imaging and support timely clinical decision-making for local communities.

In addition, WBHHS is progressing replacement of a BreastScreen mobile mammography van that has also reached end of life. The new vehicle will support the continued delivery of high-quality screening services across the catchment and ensure women throughout the region can continue to access essential early detection services closer to home.

Operating environment

To respond to challenges in the operating environment, WBHHS continued to implement practical initiatives that strengthen sustainability, safety and organisational resilience. Delivery of the *Environmental Strategy 2024-2026* remained a focus throughout the year, supported by multidisciplinary collaboration across the service.

Key achievements included installation of three new rooftop solar systems at Bundaberg and rural facilities, with a combined yield of more than 330 MWh and an emissions reduction of 320 tonnes of carbon dioxide equivalent. WBHHS also introduced a new fluid waste collection system in Theatres, improving staff and patient safety while reducing clinical waste, and undertook successful trials to reduce the provision of general waste bins, helping to reduce plastic liner use and support future commingled recycling programs.

Further progress was made in landfill diversion through battery recycling and 10-cent container collection, while the Second Life Scrubs and Scrubs Swap programs helped extend the life of uniforms and repurpose worn items into products that support patient care.

These efforts were reinforced through regular sustainability education for clinical staff, the creation of a mandatory online waste education module, and participation in a Queensland-wide government agency trial of voluntary emissions reporting as part of the Australian Sustainability Reporting Standards requirements. WBHHS also reviewed and reformed its Sustainable Healthcare Committee to strengthen prioritisation and accountability ahead of development of the next Sustainability Strategy to 2030.

Workplace safety and wellbeing initiatives also contributed to a safer and more supportive operating environment. By identifying hazards early, improving processes and promoting safer behaviours, the WSW team helped create safer workplaces that support both staff wellbeing and patient care. These efforts reduce disruption, support calmer and more orderly clinical environments, and enable staff to focus on delivering compassionate, high-quality care. Together, these initiatives demonstrate how WBHHS is responding to operating environment challenges by improving sustainability, strengthening safety and supporting a positive experience for patients and staff.

Patient flow challenges

To address the key challenge of patient flow, WBHHS progressed implementation of the SAFEST Patient Journey Home Framework within the Hervey Bay Hospital General Medicine Department.

A key milestone was the first WBHHS General Medicine Summit, held on 12 August 2025 in partnership with the Healthcare Improvement Unit. The summit responded to the need for a more coordinated and patient-centred approach to improving access to care, reducing delays, shortening hospital stays and supporting better patient outcomes.

Guided by six evidence-based principles, the SAFEST General Medicine Project brought together clinical leaders, frontline staff and multidisciplinary teams to redesign models of care and identify practical solutions to optimise the patient journey. As a direct outcome, 15 improvement initiatives were identified for implementation, each with dedicated leads and working groups to support co-design, delivery and evaluation.

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 $6,224.27.

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

Brett Heyward
CHAIR

First appointment: 01 April 2026
Current term: 01 April 2026 - 31 March 2030

Professor Brett Heyward comes to the role of Chair of the Wide Bay Hospital and Health Service after more than 30 years' experience in senior leadership, governance and public sector reform. He is committed to supporting the delivery of safe, high-quality and accessible healthcare for the communities of the Wide Bay region.

Brett has worked across government, higher education and consultancy, and he is known for his strong focus on improving service delivery, organisational performance and community outcomes. He is a Graduate of the Australian Institute of Company Directors (GAICD) and brings expertise in governance, risk oversight and strategic leadership in complex service environments.

In addition to his governance roles, Brett is an Industry Professor in the Business School of the University of Queensland, specialising in leadership development and organisational effectiveness. His research and teaching interests have a strong focus on regional economic and community development, reflecting his ongoing commitment to strengthening regional and rural communities.

Brett is passionate about working with clinicians, staff and the community to ensure health services are responsive, equitable and sustainable, with a strong focus on access, safety and continuous improvement.

Brett is also Chair of the Wide Bay Hospital and Health Service Board Executive Committee and a member of the Board Audit & Risk Committee, Board Finance Committee and the Board Safety & Quality Committee.

Helen Huntly OAM
DEPUTY CHAIR

First appointment: 01 April 2024
Current term:01 April 2026 - 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 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. These community-based roles consolidated her

commitment to supporting the provision of high-quality services for regional, rural and remote communities, with her focus now on equitable and inclusive health care in the Wide Bay region.

Helen is also Chair of the Wide Bay Hospital and Health Service Board Audit & Risk Committee and a member of the Board Safety & Quality Committee and the Board Executive Committee.

Fiona Baker
BOARD MEMBER

First appointment: 01 April 2026
Current term: 01 April 2026 - 31 March 2030

Dr Fiona Baker is the Clinical Director of Integrated Care and a Senior Emergency Staff Specialist in the Fraser Coast. Within the Healthcare Improvement Unit (Clinical Excellence Queensland), Fiona is the Co-Chair of the Queensland Dementia Ageing and Frailty Clinical Network (QDAF).

In addition to being a Fellow of the Australasian College of Emergency Medicine, Fiona holds fellowships in General Practice, Advanced Rural General Practice and is an Associate Fellow of the College of Medical Administrators. She is committed to advancing high-quality, consumer-centred healthcare and improving systems to better support patients and their families.

Fiona is also a member of the Wide Bay Hospital and Health Service Board Finance Committee, Board Executive Committee and the Board Safety & Quality Committee.

Peter Hawe
BOARD MEMBER

First appointment: 01 April 2026
Current term: 01 April 2026 - 31 March 2030

Peter is a highly experienced director and senior executive, with more than 25 years as a director and over a decade as a company secretary. He is a Graduate member of the AICD and a Fellow of CPA Australia, and his extensive career in the sugar industry spans more than 40 years, including roles in rural, regional, and international settings.

Peter’s expertise encompasses strong governance, board accountabilities, risk management, compliance, community engagement, and the development of collaborative partnerships. His broad knowledge ensures he brings valuable insight to every organisation he works with.

Currently, Peter acts as Director and Chair of Bridges Health and Community Care, which is a respected provider of mental health, drug and alcohol rehabilitation services for the Wide Bay and Fraser Coast communities, and as a member of the Partners in Care Together Board. Peter’s recent executive position was as Chief Executive Officer of Isis Central Sugar Milling Company, and he has also served as a Director for Bundaberg Sugar Ltd, Queensland Sugar Limited and Australian Sugar Manufacturers.

A strong advocate for inclusion and diversity, Peter is committed to using his skills to help Wide Bay Hospital and Health Service meet its strategic goals and deliver quality healthcare across the region.

Peter is also a member of the Wide Bay Hospital and Health Service Board Audit & Risk Committee and the Board Safety & Quality Committee.

Kirsti Kee
BOARD MEMBER

First appointment: 1 July 2024
Current term: 1 April 2026 - 31 March 2030

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.

Kirsti is also a member of the Wide Bay Hospital and Health Service Board Finance Committee and the Board Audit & Risk Committee.

Stevan Ober OAM
BOARD MEMBER

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

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 Board Director of the Queensland Aboriginal Islander Health Council, a member of the Aboriginal and Torres Strait Islander Community Advisory Council (Wide Bay Hospital Health Service), 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 also Chair of the Wide Bay Hospital and Health Service Board Safety & Quality Committee and a member of the Board Executive Committee and the Board Finance Committee.

Leanne Rudd
BOARD MEMBER

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

Leanne is a highly experienced Non-Executive Director and finance professional with more than 20 years of board and committee experience across the government, private and not-for-profit sectors.

She brings extensive expertise in financial oversight, governance, risk management, strategic planning, taxation, wealth management and business advisory, supported by more than 30 years in public practice.

Leanne is the Director of Frontgate Advisory, a business advisory, accounting and financial services firm she founded. Through this role, she has advised small to medium enterprises across a range of industries, with particular depth in regional and agribusiness sectors, supporting long-term sustainability, succession planning and informed strategic decision-making.

She currently serves as Chair of Impact Community Services, Board Member and Chair of the Audit and Risk Committee of Rural Solutions Queensland and a Board Member of Impact Community Academy. Her passion for community development and healthcare improvements in regional, rural, and remote areas stems from her upbringing in the region.

Leanne is a Fellow of CPA Australia, a graduate of the Australian Institute of Company Directors, and holds a Bachelor of Business and a Diploma of Financial Planning. She is recognised for her sound judgement, commercial acumen and strong commitment to effective governance, financial stewardship and improved outcomes for regional communities and organisations.

Leanne is also Chair of the Wide Bay Hospital and Health Service Board Finance Committee and a member of the Board Executive Committee and the Board Safety & Quality Committee.

Tanya Stevenson

BOARD MEMBER

First appointment: 01 April 2026
Current term: 01 April 2026 - 31 March 2030

With over 20 years' experience in the community sector and more than a decade in executive leadership, Tanya has driven initiatives that improve health and wellbeing outcomes through place-based, preventative approaches. Tanya is currently the Chief Executive Officer of the Hervey Bay Neighbourhood Centre, where she has led significant growth in community-based services, social innovation, and integrated support models for vulnerable populations.

Tanya holds a Bachelor of Psychology and a Master of Education, bringing a strong understanding of human behaviour, learning, and community engagement to her leadership. She is particularly passionate about addressing social isolation, strengthening social capital, and supporting community-led responses to complex health and social challenges.

A long-term Fraser Coast resident, Tanya is committed to cross-sector partnerships and collaborative approaches that enhance health equity and improve outcomes for individuals, families, and communities. Her contributions have been recognised through several awards, including Fraser Coast Young Businessperson of the Year (2012), University of Southern Queensland Young Alumni of the Year (2013), and as a finalist in the Queensland Council of Social Service Frontline Hero Award (2022).

Tanya is also a member of the Wide Bay Hospital and Health Service Board Audit & Risk Committee and the Board Safety & Quality Committee.

Jade Wellings
BOARD MEMBER

First appointment: 01 April 2026
Current term: 01 April 2026 - 31 March 2030

Jade Wellings brings experience in business leadership, governance and strategic planning across both the private and public sectors.

Jade is an executive within a family-owned group of hospitality and accommodation businesses and has held senior roles supporting business growth, property development and operations across multiple jurisdictions. Her areas of focus include human resources, organisational culture, marketing, governance, compliance, stakeholder engagement and community engagement.

Jade previously served as an elected Councillor with the Fraser Coast Regional Council, where she contributed to strategic direction, policy development and organisational oversight, including the operational and capital budget and the organisation's long-term sustainability.

Jade is a long standing active member of the committee for the annual Mother's Day Classic in Hervey Bay, which attracts around 500 participants each year and raises more than $20,000 annually for breast and ovarian cancer research. She is committed to her community and is passionate about contributing to positive outcomes across her local area and the wider region.

Jade holds a Bachelor of Business Management from the University of Queensland and is a Graduate of the Australian Institute of Company Directors, where she was awarded an Order of Merit for her efforts.

Jade is also a member of the Wide Bay Hospital and Health Service Board Audit & Risk Committee and the Board Finance Committee.

Retiring members

Peta Jamieson
First appointment: 26/06/2015
Appointed as Chair: 15/12/2016
Appointment ended: 31/03/2026

Karen Prentis
First appointment: 18/05/2017
Appointed as Deputy Chair: 21/10/2021
Appointment ended: 31/03/2026

Karla Steen
First appointment: 18/05/2021
Appointment ended: 31/03/2026

Chris Woollard
First appointment: 1/04/2022
Appointment ended: 31/03/2026

Lance Stone
First appointment: 1/7/2024
Appointment ended: 31/03/2026

The organisation remains indebted to retiring members for their contributions to the Board.

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	Major capital works progressed as part of the new Bundaberg Hospital Project and Hervey Bay Expansion. Oversaw the development and publishing of several strategic documents. Continued to prioritise staff safety and 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**	9/9 (CHAIR 9/9)	3/3 (CHAIR 3/3)	5/5	10/10	3/3	$75,000 pa	**Board Executive** $4,000 pa **Safety and Quality** $3,000 pa **Board Finance** $3,000 pa **Audit and Risk** $3,000 pa	$70,369 pa
Deputy Chair	**Karen Prentis**	8/9	1/3	-	6/10	3/3 (CHAIR 3/3)	$40,000 pa	**Board Executive** $3,000 pa **Board Finance** $3,000 pa **Audit and Risk** $4,000 pa	$38,138 pa
Board Member	**Dr Chris Woollard**	8/9	2/3	3/5	-	-	$40,000 pa	**Board Executive** $3,000 pa **Safety and Quality** $3,000 pa	$35,087 pa
Board Member	**Karla Steen**	8/9	3/3	5/5 (CHAIR 5/5)	-	2/3	$40,000 pa	**Board Executive** $3,000 pa **Safety and Quality** $4,000 pa **Audit and Risk** $3,000 pa	$38,138 pa

Board Member	**Lance Stone**	8/9	-	0/5	-	1/3	$40,000 pa	**Safety and Quality** $3,000 pa **Audit and Risk** $3,000 pa	$35,087 pa
Chair	**Brett Heyward**	3/3 (CHAIR 3/3)	1/1 (CHAIR 1/1)	1/1	3/3	1/1	$75,000 pa	**Board Executive** $4,000 pa **Safety and Quality** $3,000 pa **Board Finance** $3,000 pa **Audit and Risk** $3,000 pa	$22,599 pa
Deputy Chair	**Helen Huntly**	12/12	0/1	5/6	-	4/4 (CHAIR 1/1)	$40,000 pa	**Board Executive** $3,000 pa **Safety and Quality** $3,000 pa **Audit and Risk** $4,000 pa	$47,046 pa
Board Member	**Leanne Rudd**	11/12	4/4	5/6	13/13 (CHAIR 13/13)	-	$40,000 pa	**Board Executive** $3,000 pa **Safety and Quality** $3,000 pa **Board Finance** $4,000 pa	$53,401 pa
Board Member	**Stevan Ober**	12/12	1/1	6/6 (CHAIR 1/1)	11/13	-	$40,000 pa	**Board Executive** $3,000 pa **Safety and Quality** $4,000 pa **Board Finance** $3,000 pa	$47,046 pa
Board Member	**Kirsti Kee**	12/12	-	-	10/13	2/4	$40,000 pa	**Board Finance** $3,000 pa **Audit and Risk** $3,000 pa	$46,019 pa
Board Member	**Peter Hawe**	3/3	-	1/1	-	1/1	$40,000 pa	**Safety and Quality** $3,000 pa **Audit and Risk** $3,000 pa	$11,813 pa
Board Member	**Tanya Stevenson**	3/3	-	1/1	-	1/1	$40,000 pa	**Safety and Quality** $3,000 pa **Audit and Risk** $3,000 pa	$11,813 pa

Board Member	**Jade Wellings**	3/3	-	-	3/3	1/1	$40,000 pa	**Board Finance** $3,000 pa **Audit and Risk** $3,000 pa	$11,813 pa
Board Member	**Fiona Baker**	3/3	1/1	1/1	2/3	-	$40,000 pa	**Board Executive** $3,000 pa **Safety and Quality** $3,000 pa **Board Finance** $3,000 pa	$12,583 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 $6,224 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 health care 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 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

Allison is a specialist medical administrator 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.

Sean Keogh
ACTING EXECUTIVE DIRECTOR MEDICAL SERVICES

Appointed: 24 November 2025

Sean has worked as a front-line Emergency and Aeromedical Retrieval Physician for the last 38 years. Trained in the UK and Australasia, he gained his UK Royal College Fellowships in Medicine, Surgery and Emergency Medicine followed by Australasian Fellowships in Emergency Medicine and Medical Administration.

He gained experience in trauma surgery in Soweto, South Africa and worked for the UK Government Department for International Development and the humanitarian NGO Merlin for 13 years, leading rapid assessment teams in the immediate aftermath of natural disasters and conflict throughout North-East, South-East and South Asia, the Caribbean and the Middle East. He is a former Director of Emergency Medicine within Metro North HHS and Director at LifeFlight Queensland and has been instrumental in developing new models of care within emergency medicine in Australia and clinical governance systems within LifeFlight and Retrieval Services Queensland.

His key professional interests include the pre-hospital management of severe penetrating trauma, remote mass casualty management, safety and quality, organisational behaviour and new business development, and he is committed to enabling system-level service improvement and clinical excellence within healthcare systems.

Sean also holds an Executive MBA from London Business School and is currently Adjunct Professor at the School of Health, University of the Sunshine Coast.

Robyn Bradley

EXECUTIVE DIRECTOR OF MENTAL HEALTH AND SPECIALISED SERVICES

Over the past 20 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.

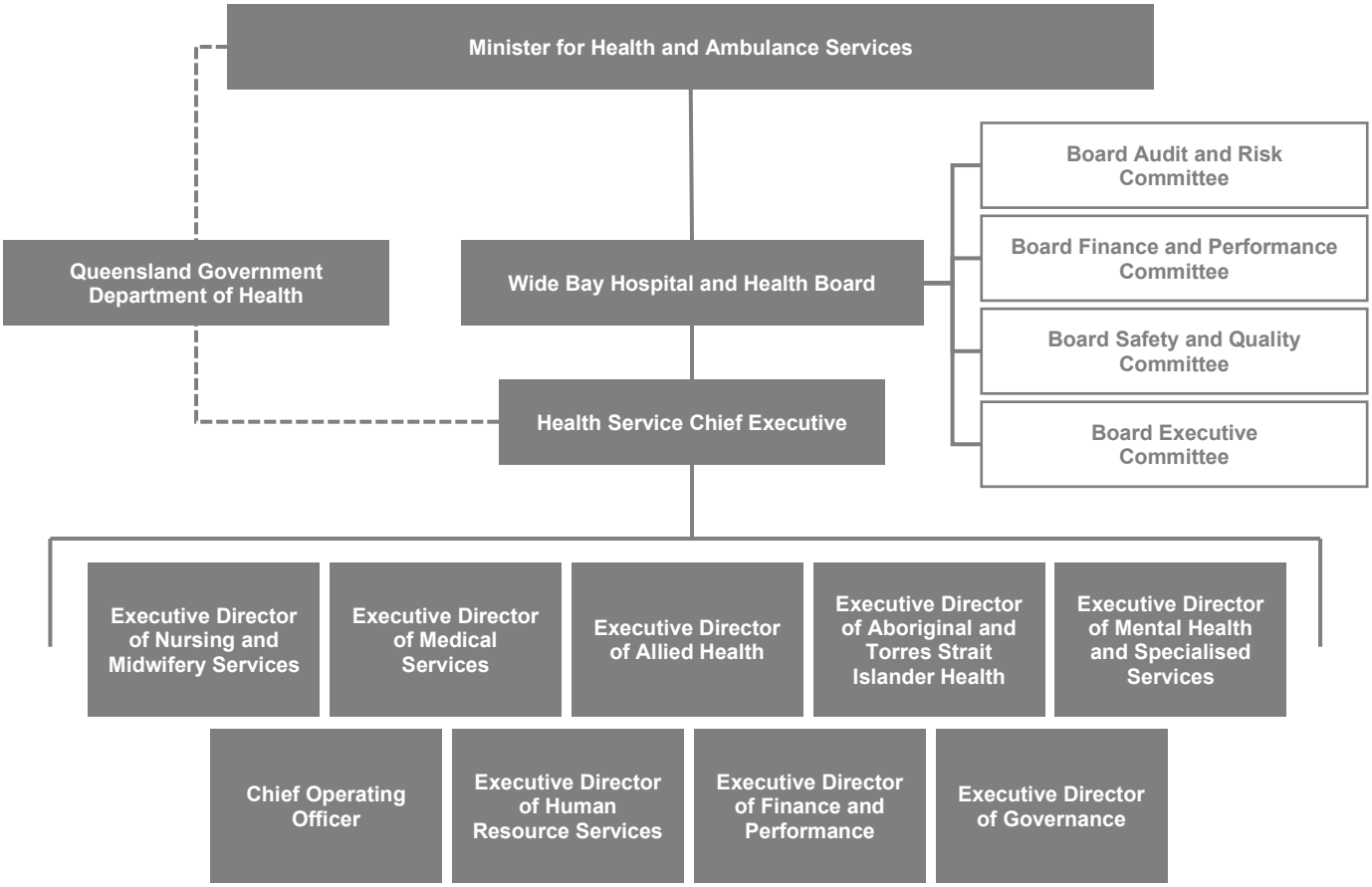
With over 30 years of experience in healthcare, Cameron began his career as a registered nurse in 1994. His professional career has taken him across Queensland, from the Gold Coast to Wide Bay, and most recently, Cairns and Hinterland.

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, 2026)

WBHHS employed a total of 4,295 (5,449 headcount) occupied full-time equivalent staff in 2025-2026, an increase of 120 (211 headcount) compared to 2024-2025. Of that figure, more than 93 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.

Since the previous reporting period, the number of employees who identify as First Nations peoples has slightly decreased to 148 employees, making up 2.72 per cent of our total workforce.

During the reporting period, 726 staff identified as CALD – 13 per cent of our total workforce; and 120 employees identified 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 (75 per cent). This gender breakdown is also reflected at the most senior levels of our organisation, with women making up just under 70 per cent of our senior executives.

Table 3: Total staffing

Group	Number
Headcount	5,449
Paid Full Time Equivalent (FTE)	4,295.15

Table 4: Occupation types by FTE

Group	Percentage of total workforce
Corporate	6.20%
Frontline and Frontline support	93.80%

Table 5: Appointment type by FTE

Group	Percentage of total workforce
Permanent	76.47%
Temporary	18.78%
Casual	4.48%
Contract	0.28%

Table 6: Employment status by headcount

Group	Percentage of total workforce
Full-time	46.89%
Part-time	44.74%
Casual	8.37%

Table 7: Gender diversity by headcount

Gender*	Number	Percentage of total workforce
Women	4,112	75.46%
Men	1,331	24.43%
Non-binary	6	0.11%
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	4,112	75.46%
Aboriginal Peoples and Torres Strait Islander Peoples	148	2.72%
People with disability	120	2.20%
Culturally and linguistically diverse - speak a language at home other than English^	726	13.32%

* 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)	9	69.23%

* 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.

* 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

The Wide Bay Hospital and Health Service (WBHHS) Workforce Strategy 2023-2026 serves as our compass, guiding us towards a future where our workforce is nurtured, strengthened, and future-proofed to meet the ever-evolving needs of our community.

The purpose of the Strategy is to effectively respond to the needs of our community and meet the workforce aspirations of WBHHS.

Care has been taken to ensure that the Strategy aligns with other key strategic documents including the *Queensland Health Workforce Strategy 2032*, and a variety of broader professional workforce strategies and policies. Development of the Strategy is an integral part of the WBHHS Planning Framework and is informed by the *WBHHS Strategic Plan 2023-2026* and *WBHHS Health Service Plan 2022-2037*.

The Strategy provides a framework for all enabling professional, directorate and operational workforce action plans. Our workforce priorities across all action plans will target three key areas to Nurture, Strengthen and Future-proof our workforce. This approach ensures we continue to work towards our strategic objective to strengthen our workforce to provide care, connection, compassion for all.

Our Executive, senior leaders and managers play a critical role in enabling the workforce of the future. Through effective leadership, they will actively engage with workforce planning activities to enable the business to prepare for the future.

The workforce action plans are revised annually over the life of the Strategy, allowing for an opportunity to refresh and refine initiatives to address workforce challenges and opportunities informed by operational planning and via performance management forums.

Early retirement, redundancy and retrenchment

No early retirement, redundancy or retrenchment packages were paid during the 2025-2026 period.

Our risk management

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

Our Risk Management Framework aligns with *ISO 31000:2018 – Risk Management: Principles and Guidelines* and *National Safety and Quality Health Service Standard 1 – Governance for Safety and Quality in Health Service Organisations*. It applies to strategic, operational, and project risks, providing a consistent approach to identifying, assessing, managing, and monitoring risks across WBHHS.

A centralised risk register is maintained and regularly reviewed to ensure risks remain current, controls are effective and treatment actions are progressing. Strategic and operational risks are reported to and monitored by executive and board committees, including the Board Audit and Risk and Board Safety and Quality Committees.

The framework is supported by an integrated compliance management system aligned with *ISO 37301:2021 – Compliance Management Systems*. This system monitors adherence to legislation and Health Service Directives, with a Compliance Management Register capturing obligations, assessments, and treatments to strengthen controls.

The Compliance management system is reported to the Executive and Board Audit and Risk Committee.

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 for 2025-2026 include:

- conducting comprehensive reviews of strategic and operational risks to enhance risk management maturity;
- revising the Risk Appetite Statement and strategic risk descriptions to align with the updated strategic plan;
- implementing regular risk deep dive reporting to provide greater insights and assurance;
- developing clinical and non-clinical risk profiles in collaboration with stakeholders; and
- undertaking fraud risk assessments to identify and mitigate potential risks.

Internal audit

The internal audit function at WBHHS provides independent, risk-based assurance to the Executive, Board, and Board Audit and Risk Committee.

Operating under the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2019*, it focuses on evaluating governance, risk management, and internal control effectiveness.

Guided by an Internal Audit Charter aligned with the *International Professional Practices Framework of the Institute of Internal Auditors*, the function ensures adherence to best practices. The charter is reviewed annually to ensure it remains relevant and reflects contemporary best practices.

In 2025-2026, internal audit services were delivered through a contracted arrangement with external provider O'Connor Marsden (OCM), enabling access to specialist expertise.

The Annual Internal Audit Plan, endorsed by the Board Audit and Risk Committee, focused on key risks. The committee oversaw the plan's delivery, monitored management's responses to findings, and ensured the implementation of recommendations.

Key achievements for 2025-2026 include:

- Completing audits on Information Security Management System (ISMS), Child Safety and Domestic Violence, Financial Sustainability and Accountability, and Occupational Violence.
- Implementing 29 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, the Coroner and desktop audits by the Office of the Information Commissioner.

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.

The *Information Privacy and Other Legislation Amendment Act 2023* (IPOLA) that made amendments to the *Information Privacy Act 2009* (IP) and *Right to Information Act 2009* (RTI) was implemented with a published Information Privacy Policy based on the *Queensland Privacy Principles, Information Data Breach Policy, Data Breach Response Plan and Data Breach Register*.

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
- Information security classification
- Privacy breach management
- Data management and reporting

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

The Information Management Framework provides a Data Custodianship Model from the executive level down to drive the strategic direction for recordkeeping with operational management responsibilities assigned to appropriately qualified and experienced staff.

The Framework was updated in 2026 to ensure alignment with Queensland Health information management policies, procedures and standards.

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

WBHHS records are retained and disposed 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.

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

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

During the 2025-2026 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).

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 2025-2026, 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.

In the 2025-2026 reporting period, WBHHS received two patient complaints with a human rights component. Both were resolved locally with nil recommendations or corrective actions.

An additional three formal complaints were received from staff. One was withdrawn by the applicant; one closed due to the applicant choosing not to refer the matter and one referred to the Queensland Human Rights Commission and remains ongoing.

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 authorised the disclosure of confidential information under Section 147 of the *Hospital and Health Board Act 2011* as defined in Section 139 during the reporting period. This was in regards to a mental health consumer to ensure safety of family members following discharge from a classified admission.

Ministerial directions

The following Ministerial Directions were made under s44 of the *Hospital and Health Boards Act 2011* in relation to:

- Ministerial Direction QH-MD-002 – Treatment of gender dysphoria in children and adolescents with hormone therapy.
  ACTION: WBHHS can confirm we do not provide any Stage 1 or 2 hormone therapies for gender services in patients under the age of 18.
- Ministerial Direction (QH-MD-003) requiring mandatory reporting to the Queensland Police Service (QPS) by specified health practitioners when they form the opinion that a person is unsuitable to possess a firearm.
  ACTION: All staff were notified of their obligations under the directive and provided with resources and information.

Performance

Service standards

Table 10

Wide Bay Hospital and Health Service	2025–2026 Target	2025–2026 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%	79%
• Category 3 (within 30 minutes)	75%	47%
• Category 4 (within 60 minutes)	70%	61%
• Category 5 (within 120 minutes)	70%	92%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	52%
Percentage of elective surgery patients treated within the clinically recommended times		
• Category 1 (30 days)	>98%	94%
• Category 2 (90 days)	>95%	82%
• Category 3 (365 days)	>95%	84%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[1]	≤1.0	0.8
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[2]	>65%	67.6%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[3]	<12%	5.6%
Percentage of specialist outpatients waiting within clinically recommended times[4]		
• Category 1 (30 days)	98%	47%
• Category 2 (90 days)[5]	..	43%
• Category 3 (365 days)[5]	..	71%
Percentage of specialist outpatients seen within clinically recommended times		
• Category 1 (30 days)	98%	85%
• Category 2 (90 days)[5]	..	46%
• Category 3 (365 days)[5]	..	67%
Median wait time for treatment in emergency departments (minutes)[6]	..	22
Median wait time for elective surgery treatment (days)[7]	..	28

Wide Bay Hospital and Health Service	2025–2026 Target	2025–2026 Actual
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities[8]	$6,041	$6,115
Other measures		
Number of elective surgery patients treated within clinically recommended times[9]		
• Category 1 (30 days)	2,163	1,994
• Category 2 (90 days)	1,742	1,149
• Category 3 (365 days)	766	496
Number of Telehealth outpatients service events[10]	8,940	11,895
Total weighted activity units (WAU)[11]		
• Acute Inpatients	78,011	74,177
• Outpatients	18,786	21,255
• Sub-acute	10,086	15,559
• Emergency Department	21,910	20,644
• Mental Health	13,387	13,996
• Prevention and Primary Care	2,624	3,524
Ambulatory mental health service contact duration (hours)[12]	>34,523	44,457
Staffing[13]	4,022	4,295

1 Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Actual rate is based on data reported between 1 July 2025 and 31 March 2026 as at 7 August 2026.

2 Mental Health rate of community follow up 2025-2026 Actuals are as at 19 August 2026.

3 Mental Health readmissions 2025-2026 Actuals are as at 19 August 2026.

4 Waiting within clinically recommended time is a point in time performance measure. 2025-2026 Actual is as at 1 July 2026.

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 2025-2026 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 There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.

8 All measures are reported in QWAU Phase Q28. 2025-2026 Actual is based on data as at 18 August 2026. The 2025-2026 Target does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.

9 Elective surgery performed in public hospitals.

10 The Telehealth 2025-2026 Actual is as at 20 August 2026.

11 All measures are reported in Queensland WAU Phase Q28. The 2025-2026 Actuals are as at 18 August 2026. 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. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.

12 Ambulatory Mental Health service contact duration 2025-2026 Actual is as at 19 August 2026.

13 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 for the 2025-2026 reporting period was 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 2025-2026 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

WBHHS implemented a range of measurable, evidence-based improvement strategies during 2025-2026 to optimise and transform health services and improve patient outcomes through better patient flow.

At Hervey Bay Hospital, several initiatives were also implemented to improve patient flow and support timely transitions home. These included the SAFEST Weekend Access Team, a high-impact multidisciplinary team established to accelerate senior decision-making and patient pathway processes over the weekend, with additional HP4 Pharmacists and a ConeX Clinical Nurse Consultant embedded within the physician team for take rounds.

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

Bundaberg Hospital emergency department implemented targeted changes to staffing and the model of care within the Early Treatment Zone during 2025-2026. These improvements were designed to address ambulance ramping, front-of-house pressures and delays in clinical care for patients in the waiting room, with a focus on reducing Patient Off Stretcher Time, lost Queensland Ambulance Service minutes and Emergency Length of Stay.

While Patient Off Stretcher Time remains challenging in this environment, the revised model of care has delivered measurable improvement in timely access to emergency assessment and treatment. Over the last four months of the reporting period, 80 per cent of category 2 patients were consistently seen within the recommended timeframe, representing a significant improvement on previous performance. This initiative has strengthened patient flow at the front end of the emergency department and supported more timely care for patients presenting with urgent clinical needs.

As noted above, the SAFEST Physician Home Ward Redesign, which commenced in 2026, extended the Hervey Bay Hospital Physician-ConeX model of care to the beginning of the patient journey, with the Physician of the Day based in the emergency department supported by the ConeX model. This innovative model, first established at Hervey Bay Hospital in 2022, has since been scaled and spread to six other Hospital and Health Services. Criteria Led Discharge also continued to support improved

flow, with Hervey Bay Hospital General Medicine outperforming the state benchmark of 6.7 per cent and achieving a monthly performance rate of 8 to 10 per cent. Together, these initiatives contributed to enhanced patient outcomes, reduced length of stay and more efficient patient flow across WBHHS.

At the end of June 2026, ambulance ramping was 28.2 per cent.

Reduction in >24 hour Emergency Department stays to achieve zero

During 2025-2026, WBHHS implemented a range of initiatives to reduce the number of patients remaining in the emergency department for more than 24 hours and improve patient flow across the system. At Hervey Bay Hospital, the introduction of dedicated Emergency Medicine pharmacy services strengthened the timeliness, safety and efficiency of medication-related care. Embedded pharmacists supported early medication reconciliation, optimised medication management, facilitated timely access to critical medicines and resolved medication-related issues that may otherwise delay clinical decision-making or patient disposition. The service also supported prescribing, provided medicines information to clinicians and streamlined discharge medication processes, enabling patients who were ready for discharge to leave the emergency department sooner.

These improvements were complemented by broader service redesign initiatives aimed at reducing delays and supporting timely patient movement through the hospital. This included introduction of the Rapid Response model to alleviate front-of-house pressure in the emergency department, and implementation of the SAFEST model to improve access, reduce wait times, reduce length of stay and support better patient outcomes.

Additional subacute capacity was also created through the introduction of Palm Lake beds and the Short Term Transition Unit for non-acute patients, helping to improve access to appropriate care settings outside the emergency department.

Changes to the Medical Clinical Decision Unit (MCDU) model of care to establish a medical rapid assessment unit further supported earlier assessment and more efficient patient flow.

This financial year, the Bundaberg department of emergency medicine team implemented the Fast Track and Ambulatory Care (FTAC) Model of Care, a patient-centred initiative designed to improve access to timely emergency care for ambulatory patients with lower-acuity conditions.

The need arose from increasing emergency department demand, extended waiting times, and patient feedback highlighting the importance of being assessed and treated more quickly in an appropriate care environment. The team redesigned workflows to ensure suitable patients could be rapidly assessed, investigated, treated and discharged from a dedicated Fast Track area rather than waiting for a traditional treatment cubicle.

The FTAC Model introduced a dedicated pathway for lower-acuity emergency department patients, with targeted outcomes including reductions in Did Not Wait and Left After Treatment Commenced rates to below 8 per cent. The initiative is improving patient access to timely assessment and treatment while reducing emergency department crowding.

In 2025-2026, 3,072 patients were receiving care in the emergency department for longer than 24 hours. In 2024-2025, this number was 4,344 patients.

These initiatives that WBHHS has been prioritising have resulted in a 29 per cent decrease in emergency department long stays.

Percentage of elective surgery patients treated within clinically recommended times

During 2025-2026, the Orthopaedic Physiotherapy Screening Clinics at Bundaberg and Fraser Coast supported improved access to elective surgery by enabling patients with musculoskeletal conditions to be assessed by advanced physiotherapists before referral to an orthopaedic surgeon.

Patients who could be effectively managed conservatively received timely physiotherapy intervention, while those requiring surgery were prioritised for specialist review. This model reduced unnecessary orthopaedic specialist appointments, improved referral quality and ensured surgical clinics were better focused on patients with operative needs.

As a result, the clinic helped reduce orthopaedic waitlists, improve access to specialist care and support treatment within clinically recommended timeframes.

Across the 2025-2026 year, 94 per cent of Cat 1 elective surgery patients were seen within the clinically recommended times; 82 per cent of Cat 2 patients; and 84 per cent of Cat 3 patients.

During the reporting period, 84.5 per cent of First Nations patients were treated within clinically recommended times for elective surgery across all categories.

Percentage of specialist outpatients treated within clinically recommended times:

During 2025-2026, WBHHS implemented a range of initiatives to improve access to specialist outpatient services and increase the percentage of patients treated within clinically recommended times. While specialist outpatient waiting lists remain significant and performance is currently below target, WBHHS has continued to prioritise practical service improvements to increase capacity, strengthen triage and provide earlier access to care for patients waiting for assessment and treatment.

A key initiative was the introduction of First Contact Hand Therapy models at Bundaberg Hospital and Fraser Coast, enabling patients with hand and upper limb conditions to be assessed and managed early by advanced occupational therapy clinicians. This model supported timely assessment, conservative management and appropriate triage, reducing unnecessary specialist outpatient appointments and ensuring patients requiring surgical review were identified sooner. At Fraser Coast, the allied health-led Primary Contact Hand Therapy Service, established through Rapid Response Funding, further improved access for orthopaedic waitlist patients and emergency department referrals by providing evidence-based upper limb assessment and early intervention. Since commencing in February 2026, all patients on the Category 3 orthopaedic upper limb waitlist were triaged, 348 occasions of service were delivered, and patients demonstrated clinically significant improvements in function and symptoms based on standardised outcome measures.

These service improvements were complemented by broader outpatient access strategies across WBHHS. Weekend clinics were introduced or expanded in general surgery, skin, and obstetrics and gynaecology, while Planned Care Recovery Funding supported outsourcing of long-wait orthopaedic patients to private providers.

Locum support was provided to cardiology and renal services, and Telecare consultations were used to increase access in gastroenterology, endocrinology and rheumatology. Clinical and administrative audits, together with dedicated Clinical Audit Nurse support for orthopaedic and gastroenterology long waits, strengthened waitlist management and prioritisation processes.

WBHHS also implemented the Amazon Connect phone system to improve patient access for appointment changes, reduce failure-to-attend rates and reallocate appointments more efficiently, while enhanced SMS and letter communication improved health literacy and supported timely rescheduling and cancellation. Increased use of phone consultations within surgical clinic templates further expanded appointment capacity where clinically appropriate.

Together, these initiatives improved access to timely, evidence-based specialist outpatient care and supported better patient outcomes, while also laying the groundwork for longer-term improvement in outpatient performance.

In the 2025-2026 reporting period, there were 14,627 patients on the wait list for specialist outpatients' appointments. Of those, 6,233 were waiting longer than their clinically recommended time.

In 2025-2026, 75.8 per cent of First Nations patients were seen within clinically recommended times for specialist outpatient appointments across all categories, highlighting both the progress made and the ongoing need to address demand and waiting list pressures across the service.

End of year operating results is within allocated resources

The challenge of delivering high quality and safe health care services in a regional setting drives premium labour costs associated with medical and nursing workforce. This has been a continued focus for WBHHS to actively reduce utilisation of locum and agency resources and therefore reduce these costs.

WBHHS has continued to embed the robust organisational sustainability plan with a targeted focus on areas of specific financial improvement through better monitoring and reporting.

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

NSQHS STANDARD 1 – CLINICAL GOVERNANCE

WBHHS maintained a strong focus on clinical governance in 2025-2026 to support continuous accreditation and compliance with NSQHS Standard 1.

Allied Health Services contributed through the HHS-wide Allied Health Governance Committee, which provided a central forum to review and endorse models of care, oversee clinical governance matters, consider clinical incidents and evaluate business cases for service change.

These arrangements were supported by proactive document management processes, including regular review of models of care and operational guidelines, as well as oversight through the WBHHS Quality and Safety Committee. A quality register was maintained to monitor quality improvement activities, and the risk register was regularly reviewed and updated to support effective risk management.

Open disclosure training was undertaken to strengthen safe and transparent communication practices, and a psychosocial risk assessment was completed to support staff wellbeing and organisational safety.

Consumer Advisory Group input into service governance also helped ensure governance arrangements remained responsive, inclusive and aligned with the needs of the community.

NSQHS STANDARD 2 – PARTNERING WITH CONSUMERS

Partnering with consumers remained a key focus for WBHHS in 2025-2026, supporting compliance with NSQHS Standard 2 and the delivery of equitable, person-centred care. Consumers and carers were engaged through advisory groups, surveys, co-design activities and shared decision-making to help ensure services were responsive to community needs.

In mental health services, the Consumer Advisory Group met regularly to provide lived experience input into service development and improvement. WBHHS also continued to participate in the Your Experience of Service Survey and carer experience survey, using the results to inform action plans for service improvement.

The Prison Health Service participated in the Office of Prisoner Health prisoner experience survey and received some of the strongest feedback results in the state through annual reporting.

Research Services further supported compliance with NSQHS Standard 2 through the Research Consumer Advisory Group, which includes 13 consumer members and provides input into research design, participant-facing information and research service improvement. During the year, the group contributed feedback on eight WBHHS investigator-led research projects, including one clinical trial, and progressed plain-language information sheets to improve consumer understanding of clinical trials.

Together, these activities strengthened consumer participation in service design, evaluation and improvement, and supported accessible, person-centred care across WBHHS.

NATIONAL SAFETY AND QUALITY STANDARD 3 – PREVENTING AND CONTROLLING INFECTIONS STANDARD

In 2025-2026, WBHHS continued to prioritise infection prevention and control to support compliance with NSQHS Standard 3 and maintain safe, accessible services for the community. Initiatives strengthened preparedness, reduced infection risk and supported high-quality care delivery.

At Maryborough Correctional Centre, the rollout of self-managed medication and PeMR improved the safe monitoring and management of medications. At Hervey Bay Hospital, construction commenced on four additional negative pressure rooms with anterooms on Level 2 of the emergency department building, doubling the hospital's capacity to safely isolate patients requiring airborne precautions and improving preparedness for respiratory outbreaks and seasonal surges.

WBHHS also progressed targeted quality improvements to reduce infection risk. Nursing leadership supported initiatives to improve Staphylococcus aureus bloodstream infection rates, with performance trending more consistently below the national average. Infection prevention measures were also embedded in community-based home visits and outreach services.

The Wide Bay Public Health Unit further strengthened regional preparedness through a project with Residential Aged Care Homes to improve responses to acute respiratory illness outbreaks. This included online education sessions, face-to-face site visits, targeted advice to address identified gaps, and updates to internal outbreak response documents.

NSQHS STANDARD 4 – MEDICATION SAFETY

Medication safety remained an important priority for WBHHS in 2025-2026, with a focus on improving access to safe, timely and well-coordinated care in line with NSQHS Standard 4.

A key initiative was commencement of the Collaborative Pharmacist Medication Prescribing project, which will implement an innovative model of care enabling endorsed pharmacists to prescribe medicines within an approved collaborative framework. This model is designed to improve timely access to treatment, strengthen medication safety and support continuity of care.

Medication safety was also supported through ongoing monitoring of key performance indicators across mental health services, including multimorbidity cascades of care, physical health indicators, the Zero Suicide dashboard, follow-up within one to seven days post discharge, average length of stay, readmissions, care plans and compliance with the Mental Health Act 2016. In response to identified risks, models of care were reviewed and refined, with targeted investment in a therapy-based team to provide expert advice and strengthen service delivery.

The Wide Bay Public Health Unit immunisation team also supported medication safety across WBHHS, general practice and pharmacy immunisation providers through oversight of cold chain integrity processes. During 2025-2026, the team reviewed 156 immunisation management plans and delivered a range of education sessions for immunisation providers, general practitioners and midwifery staff. An instructional video was also developed to support consistent preparation and maintenance of immunisation management plans. In addition, a medication standing order compliance risk was identified and addressed through establishment of a dedicated working group to eliminate outdated standing orders.

NSQHS STANDARD 5 – COMPREHENSIVE CARE

WBHHS continued to deliver coordinated, person-centred care in 2025-2026 through a strong focus on comprehensive assessment, multidisciplinary planning and targeted interventions in line with NSQHS Standard 5.

Comprehensive multidisciplinary assessment supported coordinated, person-centred care planning across acute and community settings, with allied health clinicians identifying clinical, functional and psychosocial risks early and implementing evidence-based interventions to support recovery, independence and safe transitions of care.

Mental health services continued to strengthen the integration of physical and mental health care through the multimorbidity quality initiative. Consumers were actively screened and linked to services and programs supporting physical activity, hepatitis C, oral health and cannabis use, alongside education to improve self-management and wellbeing.

The exercise physiologist based in the Acute Care Unit at Hervey Bay also extended services into the Community Care Unit in Bundaberg to deliver physical health programs. In addition, the Mental Health Service commenced a research project with Charles Sturt University, Bridging Mind and Body: A consumer-led trial of physical health care navigation, to further improve coordinated care for consumers.

WBHHS improved access to comprehensive care for patients with lymphoedema through participation in the REDCap pilot project. This initiative supported implementation of a statewide tracking system for prescribed compression garments funded through Queensland Health, improving access for patients with primary or secondary lymphoedema, particularly those experiencing financial disadvantage. The program, which expanded beyond cancer-related lymphoedema and went live statewide in May 2026, helped improve access to essential but cost-prohibitive garments and supported better long-term management of chronic conditions.

NSQHS STANDARD 6 – COMMUNICATING FOR SAFETY

Clear and consistent communication remained central to safe care delivery across WBHHS in 2025-2026, supporting compliance with NSQHS Standard 6. Structured handover, multidisciplinary communication and improved engagement with carers and families helped support safe transitions of care and more inclusive service delivery.

Mental health services also increased access to carer lived experience, to better engage families in consumer care and support coordination through family-based meetings. This strengthened communication between consumers, carers and clinicians and supported more inclusive, person-centred care planning.

The Wide Bay Public Health Unit communicable disease team strengthened safe communication through a weekly internal teaching round, which included a second review of every case and outbreak managed that week. This process supported comprehensive case and close contact management, strengthened decision-making and promoted ongoing staff education.

NSQHS STANDARD 7 – BLOOD MANAGEMENT

Patient blood management continued to support safe and equitable care across WBHHS in 2025-2026.

Allied health clinicians contributed through early nutritional assessment, rehabilitation and optimisation strategies that promoted recovery and reduced complications following surgery and medical treatment.

Multidisciplinary collaboration supported appropriate care planning for patients requiring blood management and helped ensure care was coordinated, evidence-based and responsive to individual patient needs.

NSQHS STANDARD 8 – RECOGNISING AND RESPONDING TO ACUTE DETERIORATION

Recognising and responding to acute deterioration remained a key patient safety priority for WBHHS in 2025-2026, supporting compliance with NSQHS Standard 8.

Allied health clinicians maintained capability through mandatory education, participation in rapid response systems and adherence to escalation protocols. Early identification of deterioration during therapy sessions supported timely medical review, coordinated intervention and safe patient management, helping ensure patients across WBHHS received responsive and equitable care.

Increase number of patients and carers engaged in maintaining their health

In 2025-2026, WBHHS increased patient and carer engagement in maintaining health through targeted education, community outreach and self-management support. Reflections Health Topic Talks and Community Update events held across Bundaberg, Hervey Bay and Maryborough improved health literacy and access to information on services, including outpatient care, the Patient Travel Subsidy Scheme, emergency department presentations, and men's and women's health. Developed in response to consumer feedback, these initiatives supported stronger community understanding and participation in health care.

Allied Health Services also strengthened patient participation through education, goal setting, self-management resources and shared care planning. Community programs focused on helping consumers manage chronic conditions, maintain independence and reduce avoidable hospital presentations.

In mental health services, the Multimorbidity Strategy supported consumers to better manage their physical health alongside mental health care, with a focus on physical activity, diet and chronic disease prevention.

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

In 2025-2026, WBHHS increased the number of services informed by co-design with consumers and community partners. Consumer input was incorporated into capital planning for Hervey Bay Hospital's ICU light box panels and future MRI service environments at Hervey Bay and the new Bundaberg Hospital. Consultation with patients, carers and community members captured feedback on comfort, accessibility, communication, cultural safety and environmental design, helping ensure new clinical spaces better reflect consumer needs and improve the patient experience.

Consumers also contributed to the development and evaluation of allied health services through advisory groups, consultation activities and targeted quality improvement projects. This feedback informed improvements to clinical pathways, patient information and models of care. In mental health services, lived experience representatives and the consumer advisory group were engaged early in

service planning and continued to contribute to new builds and model of care development. Mental health staff also strengthened community partnerships through participation in community events, including Mental Health Week, and delivery of ASIST and SafeTalk training to health staff and the broader community. Together, these activities supported more inclusive service design and stronger partnerships with the community.

Increase in availability of subspecialty services

Over the reporting period, WBHHS has seen the development of the Acute Care of the Elderly service in early 2026, which provides specialist-led care for patients with dementia and delirium. This service is geriatrician-led with specialist pharmacy, nursing and clinical assistant support to ensure patients with complex cognitive impairment receive specialised care.

WBHHS has also seen an expansion in gastroenterology, endocrinology and rheumatology through increased utilisation of the Telecare model, enabling more patients to be treated closer to home for these specialties.

Increase utilisation rates across Hospital in the Home

Hospital in the Home (HITH) continued to make a strong contribution to patient flow and service capacity across WBHHS in 2025-2026, with utilisation increasing across both Bundaberg and Fraser Coast.

Delivered by the Integrated Care team, HITH provides admitted care in a patient's home, residential aged care facility or clinic setting, offering a safe, effective and cost-efficient alternative to hospital-based care.

The model is particularly valuable in the Wide Bay context, where many consumers are older and have complex health needs. By supporting patients to receive care at home and remain close to their support networks, HITH helps reduce the risk of hospital-acquired infection and deconditioning associated with longer hospital stays, while also easing pressure on inpatient capacity.

In 2025-2026, Bundaberg recorded a 20 per cent increase in HITH utilisation compared with the previous year, resulting in a saving of 7,947 bed days.

In Fraser Coast, 1,191 patients used the service, saving 9,817 bed days - a 27 per cent increase in bed days saved compared with the previous financial year.

HITH separations also remained well above the Queensland state average of 1.4 per cent, with Hervey Bay achieving 4.4 per cent and Bundaberg 3.8 per cent.

These results demonstrate the continued success of HITH across WBHHS and its important role in delivering contemporary care closer to home.

Improve patient experience measures

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.

Patient feedback collected through Patient Reported Experience Measures (PREMs) throughout 2025-2026 demonstrates strong and improving experiences across the health service.

Emergency department

93 per cent of patients reported that their health care professional explained their condition and treatment in a way they could understand. Results for respect and dignity also improved throughout the year, with ‘yes, always’ increasing from 85 per cent in July 2025 to 90 per cent in June 2026. Overall experience ratings also improved, with ‘very good’, ‘good’ and ‘adequate’ responses increasing from 91 per cent in September 2025 to 95 per cent in June 2026.

Inpatient/Hospital in the Home (HITH)

Results from December 2025 to June 2026 show 86 per cent of respondents rated their overall experience as ‘very good’ or ‘good’. While monthly ‘yes, always’ responses for respect and dignity fluctuated, the combined ‘yes, always’ and ‘yes, sometimes’ responses remained consistently strong at 98 per cent positive. Communication results were similarly positive, with 97 per cent of respondents consistently indicating that healthcare professionals explained things in a way they could understand.

Outpatients

Results from February to June 2026 indicate an overall 97 per cent positive experience rating, with ‘poor/very poor’ responses decreasing from 6 per cent to 4 per cent over the five-month period. This equates to 107 responses out of 2,409 being rated ‘poor’ or ‘very poor’. Respect and dignity remained particularly strong at 99 per cent positive, despite a small decrease across the five-month comparison period. Communication also remained consistent, with 97-98 per cent positive feedback regarding explanations being provided in a way patients could understand.

Endoscopy

The Endoscopy PREMs survey became live in August 2026. As the survey has only recently commenced, there are no results to report at this stage. Results will be monitored as responses are received and incorporated into future reporting.

Overall, PREMs results across WBHHS demonstrate high levels of positive patient experience, particularly in communication, respect and dignity, and overall satisfaction with care. The improving trends seen in the emergency department, together with consistently strong results across inpatient/HITH and outpatient services, highlight the value of actively listening to patient feedback and using it to drive quality improvement.

The results provide evidence that the ongoing work undertaken across the health service to respond to feedback and strengthen patient-centred care is contributing to positive outcomes for patients and families.

In 2025-2026, WBHHS improved patient experience through service and environment enhancements designed to better meet the needs of children, women and families. At Hervey Bay Hospital, themed wall wraps were installed throughout the Children’s Ward following consultation with paediatric patients and families. Feedback informed the design of seven themed rooms, creating a more welcoming and child-friendly environment that helps reduce anxiety, supports wellbeing and improves the hospital experience for children and their families.

Patient experience was also improved through maternity service enhancements. The establishment of a dedicated assessment and outpatient room created a fit-for-purpose space for maternity assessments and appointments, increasing clinical capacity, improving patient flow and reducing competition for clinical rooms. This provided a more accessible and efficient service for women and families and supported a better care experience overall.

We focused on improving the patient experience by making it easier for outpatients to manage their appointments. Many patients were telling us they struggled to get through on the phone or didn't always understand appointment instructions, which led to missed appointments and delays.

In response, we introduced Amazon Connect to improve phone access and updated SMS and letter content to make communication clearer and easier to understand. This helped patients feel more supported and able to make timely changes to their appointments. As a result, we saw improved response rates from patients, fewer missed appointments, and better use of available clinic slots, helping more patients be seen within clinically recommended timeframes.

Compliments and complaints

WBHHS received a total of 2,170 complaints and a total of 1,054 compliments over the 2025-2026 financial year.

99.84 per cent of these were acknowledged within five calendar days and 80.3 per cent were closed within the 35-day KPI, achieving the 80 per cent benchmark.

19 per cent of complaints were resolved at front line, requiring no further action.

Increase in availability and utilisation of services for First Nations consumers

WBHHS continues to address availability and utilisation of services for First Nations consumers through stronger partnerships, culturally safe care and targeted service improvements. The Aboriginal and Torres Strait Islander Health team worked closely with patients, families, Elders, community-controlled organisations and multidisciplinary teams to build trust, strengthen cultural safety and improve confidence in accessing health services. This approach supported more welcoming, inclusive and responsive care across the health service.

In the North Burnett, partnerships with schools and community organisations, including IWC, Stepping Black, Monto Neighbourhood Centre and the Eidsvold Men's Shed, supported health promotion activities and helped reduce barriers to care. Ear health screening for Aboriginal and Torres Strait Islander children also improved access to early assessment, treatment, hearing health information and referral pathways, with support from Aboriginal and Torres Strait Islander Health Practitioners, Health Workers and audiology services.

WBHHS also strengthened access for First Nations children and families through the establishment of embedded Aboriginal and Torres Strait Islander Health Worker positions in the Child Development Service across Fraser Coast, Bundaberg and rural areas. In addition, development of the *First Nations Health Equity Strategy 2025-2028* continued to guide action on cultural safety, co-design, accountability and service access. Progress during the year included improved visibility of anti-racism reporting, improved advanced care planning offer rates, reduced oral health waiting times for First Nations consumers, and approval of an identified after-hours Health Worker position to support

reductions in discharge against medical advice. Together, these initiatives strengthened equitable access and supported increased utilisation of services by First Nations consumers.

As at 30 June 2026, 155 (2.85 per cent) of WBHHS employees (based on headcount) identified as Aboriginal and Torres Strait Islander.

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

Access and inclusion for consumers with disability remained a key focus across WBHHS during 2025-2026. An accessibility audit of Maryborough Hospital signage identified opportunities to improve wayfinding and access, including the use of Braille, tactile elements and clearer signage for restrooms and bathroom facilities. Consumer representation was also strengthened through the inclusion of four consumers with disability on the WBHHS Disability Action Committee, ensuring lived experience informed disability inclusion priorities, policy development and service design.

Service access was further supported through dedicated roles assisting people with disability to navigate care and discharge pathways. This included an NDIS long-stay coordinator and two senior social work positions within Allied Health Services that support NDIS participants through discharge planning, safety assessment and care coordination. Recruitment also progressed for an Intellectual Disability and Mental Health Specialist Team to better support consumers with complex comorbidities.

At Hervey Bay Hospital, planning and procurement continued for the expansion of Rotary House to improve short-term accommodation options for patients and families needing to stay close to hospital services. The upgrade will include two fully accessible rooms and ensuites compliant with the *Disability Discrimination Act 1992*, improving comfort, safety and inclusivity. Together, these initiatives strengthened access, inclusion and service responsiveness for consumers with disability.



Embed technology

We will increase access to virtual care through embedded technology.

Increase availability and utilisation of virtual care models

Virtual care continued to expand across WBHHS in 2025-2026, improving access to specialist services and more convenient care closer to home. Through a partnership with Telecare Australia, virtual models were delivered across three high-demand outpatient specialties, increasing access by more than 70 per cent compared with the previous year. Close collaboration between clinicians, operational teams and external partners supported flexible service design, increased appointment availability, reduced wait times and helped address barriers associated with distance and workforce availability.

WBHHS also continued the Tissue Analytics AI-supported complex wound care model, which contributed to steady growth in the use of eConsult and supported asynchronous care delivery across the region. This model improved access to specialist wound care advice without the need for face-to-face appointments in every instance, supporting more timely and efficient care for patients. The initiative was also recognised externally through presentation at the Centre for Healthcare Improvement Clinical Excellence Queensland Showcase and coverage in *The Mandarin*, reflecting its value as an innovative virtual care model.

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

Telehealth continued to play an important role in expanding access to care across WBHHS in 2025-2026. During the year, 11,895 outpatient consultations, treatments and services were delivered via telehealth, improving upon our target of 8,940 by 33 per cent. This achievement reflects continued growth in the use of virtual care models. This increase contributed to a higher proportion of outpatient care being provided through telehealth and demonstrated growing confidence among both consumers and clinicians in technology-enabled models of care.

Telehealth also supported more flexible and accessible service delivery for priority populations across the region. In 2025-2026, 3.6 per cent of telehealth services were delivered to First Nations patients, highlighting the role of virtual care in improving access for communities who may otherwise face barriers related to distance, travel and service availability.

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

Digital information solutions were strengthened across WBHHS in 2025-2026 to better support staff, service planning and decision-making.

Within the Child Development Service, the Patient Journey Tracker was developed, piloted and implemented to improve visibility of patient pathways and support more informed service coordination. The success of this initiative has led to broader adoption across Child Development Services in Queensland. The service also invested in mobile devices to support workforce uplift and future integration with ieMR and emerging technologies, while a WBHHS staff member contributed to development of the statewide Child Development Hub through a secondment with Children’s Health Queensland.

Workforce information systems were also enhanced through the successful delivery of the IWFM 4 project. This initiative improved payroll accuracy, consistency and efficiency, providing more reliable workforce information and strengthening organisational decision-making. Streamlined processes, reduced errors and updated policies and procedures supported fair and timely pay outcomes for staff, while also improving confidence in workforce systems and contributing to more contemporary, sustainable people management practices.

Digital enablement through the WBHHS Digital Development Hub

Digital enablement through the WBHHS Digital Development Hub continued to strengthen the technology foundations needed to support virtual care and contemporary service delivery. Key initiatives included rollout of the Prisoner electronic Medical Record, improving access to digital clinical information and supporting more connected care in correctional health settings. A trial of an AI ambient scribing solution was also implemented within the Bundaberg Paediatric Specialist Outpatient Department to explore opportunities to improve clinical efficiency and reduce administrative burden, with analysis of benefits and clinical efficiencies underway.

Behind these initiatives, continued optimisation of the HHS hosting environment supported the reliability, resilience and performance of critical digital systems. This included management of four Nutanix virtual server clusters across three sites, legacy VMware infrastructure, SQL Server platforms, storage, networking and other supporting infrastructure. Through proactive lifecycle management, capacity planning, system monitoring, preventative maintenance and timely remediation of infrastructure issues, the team maintained high availability for almost 100 customer-facing servers hosting critical clinical and business applications. Supporting ICT services were also enhanced, including Active Directory, telecommunications infrastructure, network services, printing, CCTV and electronic access control systems. Together, these improvements strengthened the digital environment that enables staff to securely access information and systems required for patient care, operational decision-making and future virtual care expansion.

Successful iEMR business case development and implementation

Progress toward expanded digital clinical systems remained a key enabler of virtual care across WBHHS in 2025-2026. The Bilateral ieMR Capacity Expansion Program Planning Project (BiCEPPP) continued through the first half of the year and concluded on 31 December 2025, supporting discovery, analysis and planning activities that informed a revised ieMR Business Case for implementation funding consideration. This work strengthened readiness for future ieMR expansion and supported more integrated, technology-enabled models of care.

Implementation of the Prisoner electronic Medical Record (PeMR) also marked an important step in extending digital clinical information systems across care settings. Following rollout across the Queensland Corrective Services network, PeMR went live at the WBHHS Prisoner Health Service at Maryborough Correctional Centre in November 2025, improving access to electronic clinical records and supporting safer, more connected care.



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

Consumer, community and stakeholder partnerships continued to shape service design and improvement across WBHHS in 2025-2026. The First Nations Health team strengthened engagement with Aboriginal and Torres Strait Islander communities through NAIDOC activities and local events, creating opportunities to hear directly from community members about local needs and priorities, while also strengthening links with Aboriginal and Torres Strait Islander Legal Services to better support vulnerable consumers.

Consumer input was also embedded in local service improvement through the Medical Ward 3 environmental enhancement project at Hervey Bay Hospital, where consumers and volunteers participated in a co-design workshop to help shape artwork reflecting local identity and community connection.

The Wide Bay Public Health Unit also used targeted surveys to inform prevention initiatives, including a survey of maternal attitudes towards RSV immunisation and antenatal vaccination. With 215 responses received, early findings are helping inform tailored education and communication strategies. Together, these initiatives demonstrate WBHHS's commitment to partnering with consumers, communities and stakeholders to ensure services are informed by local voices and responsive to community needs.

Promoting consumer voices in research

In 2025-2026, WBHHS strengthened consumer involvement in research through its Research Consumer Advisory Group, ensuring lived experience informed the design, review and delivery of research projects. All WBHHS research proposals were presented to the group for feedback on consent processes and participant information, helping improve clarity, accessibility and respectful engagement with potential participants. This work also led to the development of consumer-designed clinical trial information sheets.

Research Services further expanded the group through an expression of interest process, recruiting six new members and increasing diversity across age, gender, lived experience and cultural background, including Aboriginal and Torres Strait Islander representation. Together with improvements to research governance processes, including the introduction of DocuSign for executive approvals, these initiatives strengthened both consumer representation and the efficiency of research administration across WBHHS.

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

Partnerships with private providers, the Primary Health Network and the non-government sector continued to support more integrated, innovative and community-responsive care across WBHHS in 2025-2026.

In Cancer Care Services, collaboration with Genesis Care and Regeneron enabled WBHHS to participate in the C-POST clinical trial for patients with high-risk cutaneous squamous cell carcinoma. WBHHS recruited 19 patients across Hervey Bay and Bundaberg, contributing to Australia being the highest recruiting country globally for the study. Published results have shown a significant reduction in recurrence risk, highlighting the value of this partnership in providing local patients with access to contemporary, evidence-based treatment through clinical research.

Partnerships were also strengthened through joint planning and coordinated care for vulnerable consumers. The Mental Health and Alcohol and Drug Service worked with Country to Coast through Zero Fraser Coast Care Coordination to improve linkages to housing and support services across multiple agencies. This collaboration has also informed the joint regional plan for mental health, alcohol and other drugs services, with homelessness identified as a priority area for focused action.

Allied Health Services further strengthened partnerships across health, primary care, non-government and community sectors to improve referral pathways, reduce duplication and support smoother transitions between hospital and community-based care.

Existing partnerships with community-controlled, research and non-government organisations were also deepened through the Following the Smoke-Signals project on the Fraser Coast. This initiative built on collaboration between WBHHS, The University of Queensland, Galangoor Duwalami Primary Healthcare Service, the Butchulla Aboriginal Corporation and the Butchulla Men's Business Association to support Indigenous families affected by tobacco, nicotine and cannabis exposure during pregnancy. The project strengthened co-design with community partners, expanded the role of Aboriginal organisations in research delivery, and created stronger links between hospital services, primary healthcare, community organisations and academic expertise.

Across 2025-2026, WBHHS partnered with a broad range of consumers, community organisations, government agencies, education providers, health services and non-government organisations to support service design, community engagement, health promotion, care coordination and improved access to services.

Consumers and community representatives

- Consumer representatives
- Volunteers
- Carer organisations
- Health Consumers Queensland

Aboriginal and Torres Strait Islander organisations and services

- Aboriginal and Torres Strait Islander Health Services
- Aboriginal and Torres Strait Islander Legal Services
- Aboriginal Community Controlled Health Organisations
- Butchulla Native Title Aboriginal Corporation (BNTAC)
- IWC
- Port Curtis Coral Coast Trust
- Stepping Black

Community organisations and non-government organisations

- Bridges Health and Community Care
- Bush Nurses Australia
- Cancer Council Queensland
- Diabetes Australia
- Disability advocacy organisations
- Heart Foundation
- Impact
- Mental health NGOs
- Partners in Care Together
- Upbeat Arts

Local community groups and venues

- Bundaberg Regional Libraries
- Eidsvold Men's Shed
- Fraser Coast art community
- Monto Neighbourhood Centre
- Hervey Bay Neighbourhood Centre

Government and statutory agencies

- Arts Queensland
- Children's Health Queensland
- Clinical Excellence Queensland
- Department of Education
- Department of Housing
- Health Infrastructure Queensland
- Queensland Ambulance Service
- Queensland Police Service
- Regional Arts Service Network Queensland

Local government Health services

- Community Health Services
- Country to Coast (Primary Health Network)
- General practices
- LifeFlight Queensland
- NDIS providers
- Residential Aged Care Facilities

Education and training providers

- CQUniversity Australia
- TAFE Queensland
- The University of Queensland

Arts, culture and tourism partners

- Bundaberg Tourism
- Fraser Coast Regional Gallery
- Hervey Bay Regional Gallery
- Upbeat Arts

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

Early detection and prevention services were strengthened in 2025-2026 through partnerships, targeted outreach and improved clinical practice. BreastScreen Wide Bay worked with local Indigenous health workers in rural areas to promote breast screening within First Nations communities, including offering dignity shawls to all First Nations clients to support a more culturally safe and welcoming experience. Feedback on the initiative was positive and it will continue.

Community outreach was also strengthened through attendance at the Fraser Coast and Bundaberg Shows, where more than 70 women booked screening appointments in May 2026 and more than 300 additional interactions with community members were recorded.

Across the year, BreastScreen Wide Bay delivered 14,322 screening services, an increase from 14,000 in 2024-2025 and close to the annual target of 14,750.

Smoking prevention and cessation efforts were also supported through strengthened public health action and improved clinical follow-up. The Wide Bay Public Health Unit worked with environmental health officers, compliance staff, Prevention Strategy Branch, Queensland Police Service, the Therapeutic Goods Administration and legal representatives to reduce the availability of illicit tobacco and vapes and support healthier community environments.

This coordinated work included 126 inspections, 234 Penalty Infringement Notices, six long-term six-month closures, 14 interim 90-day closures or evictions under Operation Major, and two District Court injunctions.

Within clinical services, smoking status recording in Oral Health reached 83 per cent in June 2026, exceeding the 80 per cent benchmark KPI, while 89 per cent of identified smokers had a completed smoking cessation clinical pathway. Together, these initiatives supported increased utilisation of prevention and early detection services and strengthened access to timely intervention and health promotion across the region.



Nurture and future-proof workforce

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

Improve satisfaction results reflected in staff surveys

Work to strengthen workforce culture, engagement and capability remained a key focus for WBHHS in 2025-2026, supporting improved staff experience and satisfaction. In collaboration with the Centre for Leadership Excellence, WBHHS delivered a Cultural Transformation Initiative in response to findings from the 2024 Working for Queensland survey. The initiative supported three units through a structured program of facilitated team engagement, collaborative action planning and implementation coaching, enabling managers and staff to co-design practical actions tailored to their local needs. This approach strengthened leadership capability, increased staff involvement in improvement activities and fostered greater collaboration, accountability and psychological safety, laying the foundation for sustainable cultural improvement.

WBHHS also continued to use staff survey feedback to inform organisational and local action. Following release of the 2025 Working for Queensland results, analysis was provided to the Board and Executive Leadership Team to identify strengths, emerging trends and priority areas for improvement across leadership, communication, staff wellbeing, recognition and workplace culture. One-on-one sessions were also offered to Executives to support interpretation of results and development of meaningful action plans. While the 2025 survey response rate was 23 per cent, with 1,173 responses from 5,209 staff, this highlighted the importance of strengthening the feedback loop so staff can clearly see how their input informs decisions, local planning and continuous improvement.

Initiatives to recognise, support and retain staff also contributed to a more positive workplace experience. In line with the Reward and Recognition Framework 2024-2027, 182 employees were acknowledged through the Length of Service Recognition Program, while the WBHHS Mentoring

“You said, we did” – staff feedback in action

- 182 staff recognised for their length of service.
- 31 attended ‘Wellbeing and resilience’ workshop.
- Redesign of Bundaberg and Maryborough cafeterias.
- Therapy pets pilot commenced.
- teams completed the ‘Team Cultural Transformation’ initiative.
- Inaugural ‘First Nations Leadership’ program, 13 staff attended.
- 190 places offered to attend leadership workshops.
- Chief Executive has undertaken over 100 drop-ins.
- 47 Buzz pitches.
- 8 (4hr) ‘Maximising Project Outcomes’ workshops with 26 staff attended.
- Development of the PDP app tool.
- 5,156 PDP completions.
- streams completed the Psychosocial assessment tool.

Program was relaunched in 2026 to expand opportunities for professional growth, connection and leadership development. At the same time, the HR unit continued to foster respectful workplaces through fair and transparent people practices, leadership coaching, early intervention support and guidance on sensitive matters. Together, these initiatives strengthened trust, encouraged respectful workplace interactions and reinforced WBHHS's commitment to building a supportive, engaged and future-focused workforce.

Continued development of targeted succession planning

Targeted succession planning remained a key focus for WBHHS in 2025-2026, supporting workforce sustainability, leadership development and service continuity. In partnership with the Centre for Leadership Excellence, WBHHS delivered additional Building Culture workshops to strengthen leadership capability, foster positive workplace cultures and equip managers with the skills to lead high-performing teams. These activities supported the development of future leaders and contributed to a stronger pipeline of capable staff ready to step into more senior roles over time.

Succession planning was also strengthened through targeted workforce attraction and service-specific capability building. An international medical recruitment campaign in London sought to attract graduates eligible for the competent authority pathway, generating strong interest from prospective consultants, rural general practitioners, principal house officers and senior house officers. In Allied Health, the Workforce Plan continued to drive a more structured approach to succession planning, with a target of 80 per cent of senior positions having a documented succession plan. Following an audit showing 40 per cent coverage, the Allied Health leadership forum in Childers identified practical strategies to build succession depth, including creating leave relief opportunities to support higher duties experience and developing a leadership pathway with defined competencies and structured skill development.

A practical example of future-focused succession planning was the re-establishment of the Flexible Endoscopic Evaluation of Swallowing service in the Fraser Coast. After a 20-month interruption following the departure of a key clinician, Speech Pathology worked with internal stakeholders and Sunshine Coast University Hospital to restore the service in January 2026 and build a more sustainable model that is not reliant on a single practitioner. Through formal supervision, upskilling and collaboration with ICU, local capability was strengthened and 12 patients were able to access gold-standard swallowing assessment locally without the need to travel. Workforce development was also supported through partnerships with education providers, including CQUniversity Australia, where occupational therapy students contributed evidence-based design proposals for the new Bundaberg Hospital, helping build future workforce capability while strengthening links between service planning and student learning.

Increase number of graduate intakes

WBHHS continued to strengthen its future workforce pipeline in 2025-2026 by increasing graduate and early career entry pathways across nursing, medicine and allied health. Through strong partnerships with education providers, schools, community organisations and internal clinical teams, WBHHS worked to position itself as an attractive place to commence and build a career in health. During the year, 78 nursing graduates and 37 medical interns commenced with WBHHS, reflecting continued investment in graduate recruitment and development.

Growth in graduate and early career pathways was supported by targeted workforce initiatives across the organisation. WBHHS achieved significant growth in its nursing postgraduate intake, with permanency offered to all participants, providing greater workforce stability and valuable support for rural facilities. HR also coordinated recruitment for the Intern Program and Nursing Graduate Program, while supporting Allied Health and Indigenous Health cadetship pathways and school-based traineeships to create stronger entry points into the health workforce. In addition, 152 FTE nurses and midwives, representing 315 staff, were recruited to the Nursing and Midwifery Resource Support Pools, further strengthening workforce capacity and creating opportunities for transition into ongoing roles.

Targeted pathways for First Nations students and local learners also contributed to growing the future workforce. WBHHS coordinated partnerships between schools, Connect ‘n’ Grow and hospital departments to secure placements for school-based trainees and cadets, with more than 900 Aboriginal and Torres Strait Islander cadetship placement hours facilitated during the year. Three Deadly Start students are due to graduate in 2026, with a further seven students commencing, and a Social Work cadet successfully completed placement and transitioned into a full-time role. Undergraduate students in nursing were also employed as graduate registered nurses through WBHHS’s ‘grow your own’ approach, supporting local workforce development and long-term sustainability.

Improve staff engagement with internal and external education opportunities

Staff engagement with internal and external education opportunities continued to strengthen in 2025-2026, supporting workforce capability, leadership development and future service sustainability. Through its partnership with the Centre for Leadership Excellence, WBHHS improved access to statewide professional development opportunities for leaders at all levels, particularly emerging leaders, helping to strengthen talent pipelines and future-proof the workforce. This was supported by publication of a capability calendar on QHEPS as an integrated resource for internal and external learning opportunities, and development of the *My Capability Roadmap* within Learning OnLine to help staff identify and plan their professional development pathways.

Across clinical and operational services, staff participated in a broad range of learning and development activities.

Allied Health Services supported professional development through Grand Rounds, clinical education programs, simulation, research activities, journal clubs and external conferences, while also promoting lifelong learning through supervision, peer review, quality improvement projects and partnerships with universities. Education and capability development also supported expanded scope of practice and early career workforce growth. WBHHS endorsed extended scope of clinical practice for dietitian-led

gastrostomy tube management, improving timely access to specialised nutrition care while supporting staff to work to an advanced level of practice.

Wide Bay Mental Health and Specialised Services staff were supported to attend executive leadership and leadership training, and staff also attended the National Mental Health Nursing Conference, supporting both professional development and workforce attraction. The team also expanded transition-to-practice opportunities for postgraduate allied health professionals and introduced supported HP1 allied health roles for students completing their university studies.

Nursing and midwifery staff were supported to participate in the Australian College of Nursing leadership development workshop and annual conference, as well as complete specialised training including Sexual Assault Nurse Examiner, immunisation and RIPRN training.

In ICT, staff engaged in external training in information security, business analysis, C# application development and Information Technology Infrastructure Library training, with these programs commenced in 2025-2026 and continuing into 2026-2027.

Together, these initiatives strengthened staff engagement with education opportunities and reinforced WBHHS's commitment to building a capable, connected and future-focused workforce.

Financial summary

2025-2026: in review

WBHHS ended the 2025-2026 financial year with an operating deficit of $(15.57) million, which equates to 1.28 per cent of its operating revenue of $1.122 billion.

This year's result has been impacted through a funding uplift from Department of Health for acute services following unfunded over delivery against the activity target in the prior financial year and a further uplift in funding for our rural services.

The operating deficit for 2024-2025 was $(36.38) 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* which requires the reporting of overdue asset maintenance liabilities. Delaying maintenance is a common building maintenance strategy which can optimise value while managing resources and asset risks.

Queensland Health entities report overdue maintenance using the terms "*deferred maintenance*" and "*postponed capital renewal*". Deferred maintenance refers to maintenance of an operational nature (OPEX) that has been identified as required but has been delayed. Postponed capital renewal refers to capital works required to restore an asset's service potential (CAPEX) that have been delayed.

Neither deferred maintenance nor postponed capital renewal include forecast maintenance – work that was planned but found to be not required during the reporting period (e.g. planned repainting where no deterioration occurred).

All overdue asset expenditure is risk assessed to identify any potential impact on users and services and is closely managed to ensure all facilities remain safe.

Both operational and capital quantities are reported.

As of 30 June 2026, WBHHS reported:

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

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

- risk-based prioritisation within the Timely Investment Infrastructure Maintenance (TIIM) program allocation
- increase operational maintenance budgets
- seek additional funding through whole-of-government processes

- non-asset solutions such as partnerships or outsourcing
- perform annual assessments each year to ensure priorities are identified, updated, and align the strategic maintenance plan to reflect assessments ensuring key risks are addressed.

2026-2027: an outlook

Financial sustainability remains a high priority for WBHHS. Over 2026-27 we expect to see continued financial pressures including further increases in demand for clinical services and ongoing premium labour costs in a tighter fiscal environment.

Targeting financial efficiency measures will be an even higher priority including the identification of revenue optimisation strategies along with focused efforts on expenditure efficiencies given the tighter fiscal environment. This will continue to be a key strategic focus in 2026-27.

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 2026

Wide Bay Hospital and Health Service

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Wide Bay Hospital and Health Service

STATEMENT OF COMPREHENSIVE INCOME

for the year ended 30 June 2026

OPERATING RESULT	Notes	2026 $'000	2025 $'000
Income from Continuing Operations			
User charges and fees	A1-1	**87,530**	83,207
Funding for public health services	A1-2	**997,576**	890,661
Grants and other contributions	A1-3	**14,580**	13,481
Other revenue	A1-4	**22,663**	12,790
Total Revenue		**1,122,349**	1,000,139
Gain on disposals		**171**	147
Total Income from Continuing Operations		**1,122,520**	1,000,286
Expenses from Continuing Operations			
Employee expenses	A2-1	**117,323**	108,320
Health service employee expenses	A2-2	**629,817**	569,835
Supplies and services	A2-3	**339,267**	310,142
Interest on lease liabilities	B8-1	**303**	298
Depreciation and amortisation	B5-1,B8-1	**39,307**	35,715
Impairment losses / (reversals)	B2-2	**614**	1,368
Other expenses	A2-4	**11,462**	10,988
Total Expenses from Continuing Operations		**1,138,093**	1,036,666
Operating Result for the Year		**(15,573)**	(36,380)
Other Comprehensive Income			
Items that will not be reclassified subsequently to profit or loss			
Increase / (decrease) in asset revaluation surplus	B9-2	**27,503**	25,356
Total Other Comprehensive Income		**27,503**	25,356
Total Comprehensive Income		**11,930**	(11,024)

The accompanying notes form part of these statements.

Wide Bay Hospital and Health Service

STATEMENT OF FINANCIAL POSITION

as at 30 June 2026

	Notes	2026 $'000	2025 $'000
Current Assets			
Cash and cash equivalents	B1	**8,846**	11,418
Receivables	B2	**26,755**	13,199
Inventories	B3	**6,468**	7,164
Other assets	B4	**6,329**	10,864
Total Current Assets		**48,398**	42,645
Non-Current Assets			
Property, plant and equipment	B5-1	**433,188**	424,137
Right-of-use assets	B8-1	**6,389**	7,550
Intangible assets		**311**	84
Total Non-Current Assets		**439,888**	431,771
Total Assets		**488,286**	474,416
Current Liabilities			
Payables	B6	**99,823**	80,812
Lease liabilities	B8-1	**2,942**	2,747
Accrued employee benefits		**2,554**	2,181
Other liabilities	B7	**3,982**	6,704
Total Current Liabilities		**109,301**	92,444
Non-Current Liabilities			
Lease liabilities	B8-1	**4,185**	5,529
Total Non-Current Liabilities		**4,185**	5,529
Total Liabilities		**113,486**	97,973
Net Assets		**374,800**	376,443
Equity			
Contributed equity	B9-1	**243,817**	261,215
Accumulated surplus / (deficit)		**(72,903)**	(61,325)
Asset revaluation surplus	B9-2	**203,886**	176,553
Total Equity		**374,800**	376,443

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 2026

	Notes	Contributed equity $'000	Asset revaluation surplus $'000	Accumulated surplus/ (deficit) $'000	Total equity $'000
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 withdrawals - 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**
Balance as at 1 July 2025		261,215	176,553	(61,325)	376,443
Operating Result					
Operating result from continuing operations		-	-	(15,573)	(15,573)
Other Comprehensive Income					
Transfer from asset revaluation reserve to accumulated surplus/(deficit)			(170)	170	-
Increase in asset revaluation surplus	B9-2		27,503		27,503
Total Comprehensive Income for the Year		-	27,333	(15,403)	11,930
Transactions with Owners as Owners:					
Non-appropriated equity asset transfers	B9-1	3,925	-	3,825	7,750
Non-appropriated equity injections - capital works	B9-1	12,984	-	-	12,984
Non-appropriated equity injections - cash	B9-1	5,000			5,000
Non-appropriated equity withdrawals - depreciation funding	B9-1	(39,307)	-	-	(39,307)
Net Transactions with Owners as Owners		(17,398)	-	3,825	(13,573)
Balance at 30 June 2026		**243,817**	**203,886**	**(72,903)**	**374,800**

The accompanying notes form part of these statements.

Wide Bay Hospital and Health Service

STATEMENT OF CASH FLOWS

for the year ended 30 June 2026

	Notes	2026 $'000	2025 $'000
Cash flows from operating activities			
Inflows			
User charges and fees		**85,358**	84,037
Funding for public health services		**958,269**	854,946
Grants and other contributions		**6,511**	5,990
GST input tax credits from ATO		**21,672**	19,574
GST collected from customers		**1,520**	977
Other receipts		**21,406**	12,783
Outflows			
Employee expenses		**(125,110)**	(110,731)
Health service employee expenses		**(605,290)**	(548,999)
Supplies and services		**(344,758)**	(320,671)
GST paid to suppliers		**(21,607)**	(20,272)
GST remitted to ATO		**(1,520)**	(977)
Other payments		**(2,863)**	(2,557)
Net cash provided by / (used in) operating activities	CF-1	**(6,412)**	(25,900)
Cash flows from investing activities			
Inflows			
Sales of property, plant and equipment		**74**	147
Outflows			
Payments for property, plant and equipment		**(11,061)**	(18,805)
Net cash provided by / (used in) investing activities		**(10,987)**	(18,658)
Cash flows from financing activities			
Inflows			
Equity injections		**17,984**	35,437
Outflows			
Lease payments	CF-2	**(3,157)**	(2,782)
Net cash provided by / (used in) financing activities		**14,827**	32,655
Net increase / (decrease) in cash and cash equivalents		**(2,572)**	(11,903)
Cash and cash equivalents at the beginning of the financial year		**11,418**	23,321
Cash and cash equivalents at the end of the financial year	B1	**8,846**	11,418

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

	2026 $'000	2025 $'000
Operating result	**(15,573)**	(36,380)
Non-cash items:		
Depreciation funding	**(39,307)**	(35,715)
Depreciation and amortisation	**39,307**	35,715
Donations below fair value	**(7,909)**	(7,371)
Services below fair value	**7,909**	7,371
Donated non-cash assets	**(172)**	-
Net (gain)/loss on disposal of assets	**(171)**	(147)
Loss on disposal of non-current assets and inventory written off	**950**	1,679
Interest on lease liabilities	**303**	298
Changes in assets and liabilities:		
(Increase) / Decrease in receivables	**(13,556)**	(2,517)
(Increase) / Decrease in inventories	**696**	(1,109)
(Increase) / Decrease in contract assets	**4,640**	1,137
(Increase) / Decrease in prepayments	**(105)**	77
Increase / (Decrease) in payables & contract liabilities	**16,995**	8,283
Increase / (Decrease) in unearned revenue	**(792)**	2,299
Increase / (Decrease) in accrued employee benefits	**373**	480
Net cash provided by / (used in) operating activities	**(6,412)**	(25,900)

CF-2 Change in liabilities arising from financing activities

	2026 $'000	2025 $'000
Lease Liabilities		
Balance at 1 July	**8,276**	9,380
Non-cash movements:		
New leases acquired during the year	**1,705**	1,380
Lease interest	**303**	298
Cashflows:		
Lease repayments	**(3,157)**	(2,782)
	7,127	8,276

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 predominantly 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 2026, 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. 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

	2026 $'000	2025 $'000
Revenue from contracts with customers		
Pharmaceutical Benefit Scheme	**51,394**	50,964
Sales of goods and services	**5,676**	7,306
Hospital fees	**28,430**	22,906
Other user charges and fees		
Sales of goods and services	**2,030**	2,031
Total	**87,530**	83,207

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

	2026 $'000	2025 $'000
Revenue from contracts with customers		
Activity based funding	**789,867**	681,084
Other funding for public health services		
Block funding	**83,598**	96,989
Department of Health funding	**124,111**	112,588
Total	**997,576**	890,661

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 2026 was $350 million (2025: $305 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

	2026 $'000	2025 $'000
Revenue from contracts with customers		
Commonwealth Government - specific purpose payments & capital grants	**6,422**	6,098
Other grants and contributions		
Donations - other	**249**	12
Donations below fair value	**7,909**	7,371
Total	**14,580**	13,481

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

	2026 $'000	2025 $'000
Revenue from contracts with customers		
Contract staff recoveries	**11,390**	8,859
General recoveries*	**6,618**	1,929
Other revenue		
General recoveries**	**3,754**	1,685
Interest	**109**	111
Other revenue	**792**	206
Total	**22,663**	12,790

*Increased recoveries (offset in expenses) related to inter entity radiology transactions.
** $1.3m related to insurance recoveries

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

Note A2-1: Employee expenses

	2026 $'000	2025 $'000
Employee benefits		
Wages and salaries	**92,336**	85,089
Annual leave levy	**11,416**	10,436
Employer superannuation contributions	**9,930**	9,189
Long service leave levy	**2,375**	2,186
Employee related expenses		
Workers' compensation premium	**1,266**	1,420
Total	**117,323**	108,320

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.

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.

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.

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.

	2026	2025
Number of WBHHS Employees (FTE) *	**187**	189

* 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 EXPENSES *(Continued)*

A2-2 Health Service Employee Expenses

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.

	2026	2025
Number of Health Service Employees (FTE) *	**4,110**	3,983

	2026 $'000	2025 $'000
Health Service employee expenses	**629,817**	569,835

* 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

	2026 $'000	2025 $'000
Clinical supplies and services	**36,426**	36,097
Outsourced clinical services	**85,881**	71,399
Clinical contractors and consultants *	**35,747**	31,597
Other contractors and consultants	**253**	535
Drugs	**62,611**	60,147
Pathology	**20,200**	20,141
Repairs and maintenance including minor capital works	**14,058**	13,626
Catering and domestic supplies	**9,480**	9,778
Patient travel	**15,413**	14,625
Other travel	**4,605**	4,696
Electricity and other energy	**4,898**	4,589
Motor vehicle expenses	**3,017**	2,644
Communications	**5,147**	4,873
Computer services	**12,095**	10,998
Services below fair value	**7,909**	7,371
Other**	**21,527**	17,026
Total	**339,267**	310,142

* Clinical contractors and consultants includes $25.1million (2025: $22.6 million) for locum medical and nursing staff.
** Increased costs relate to inter entity radiology transactions offset in revenue (A1-4).

Note A2-4: Other expenses

	2026 $'000	2025 $'000
Insurance premiums QGIF *	**8,284**	7,634
Other insurance	**208**	236
Inventory written off	**370**	184
Losses from the disposal of non-current assets	**580**	1,495
Other legal costs	**442**	301
Advertising	**704**	614
Other **	**874**	524
Total	**11,462**	10,988

***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 $10,000 threshold and medical indemnity payments above a $20,000 threshold and associated legal fees. Premiums are calculated on a risk assessment basis.

A2 EXPENSES (Continued)

****Other:** Other includes audit fees paid or payable and special payments.

Audit fees: of $198,500 to the Queensland Audit Office (2025: $192,000). There are no non-audit services included in this amount.

Special payments: of $24,000 (2025: $33,000) 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 $5,000. As at 30 June there was 1 special payment greater than $5,000. The special payment of $8,000 was made to a patient for reimbursement of lost dentures.

NOTES ABOUT FINANCIAL POSITION

B1 CASH AND CASH EQUIVALENTS

Note B1: Cash and cash equivalents

	2026 $'000	2025 $'000
Cash at bank and on hand	**6,882**	9,566
General trust at call deposits*	**1,964**	1,852
Total	**8,846**	11,418

* 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 2026, the amount of $1.9 million (2025: $1.9 million) was in general trust. Included in this was $615 thousand (2025: $582 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

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 2026 is $1.2 million (2025: $0.8 million).

Note B2-1: Trade and other receivables

	2026 $'000	2025 $'000
Trade receivables	**9,117**	7,522
Less: Loss allowance	**(913)**	(1,101)
	8,204	6,421
GST receivable	**1,960**	2,025
GST payable	**(94)**	(56)
	1,866	1,969
Accrued health service funding	**16,401**	4,533
Other DoH receivables	**284**	276
Total	**26,755**	13,199

B2 RECEIVABLES *(Continued)*

Note B2-2: Impairment of Receivables

(i) Ageing of trade receivables

	2026			2025		
	Gross receivables	Loss rate	Expected credit loss	Gross receivables	Loss rate	Expected credit loss
	$'000	%	$'000	$'000	%	$'000
Trade receivables						
Current	**3,157**	**4%**	**(116)**	1,811	8%	(148)
1 to 30 days overdue	**2,237**	**7%**	**(167)**	1,828	9%	(162)
31 to 60 days overdue	**964**	**9%**	**(90)**	1,498	12%	(176)
61 to 90 days overdue	**543**	**12%**	**(67)**	534	9%	(48)
Greater than 90 days	**2,216**	**21%**	**(473)**	1,851	31%	(567)
Total	**9,117**		**(913)**	7,522		(1,101)

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

	2026	2025
	$'000	$'000
Balance at 1 July	**(1,101)**	(1,007)
Amounts written off during the year	**802**	1,274
(Increase)/decrease in allowance recognised in operating result	**(614)**	(1,368)
Balance at 30 June	**(913)**	(1,101)

B3 INVENTORIES

	2026	2025
	$'000	$'000
Inventories		
Pharmaceuticals	**2,603**	3,430
Clinical supplies	**3,760**	3,643
Catering and domestic	**84**	86
Other	**21**	5
Total	**6,468**	7,164

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

	2026	2025
	$'000	$'000
Current		
Prepayments	**1,257**	1,152
Contract assets - Department of Health	**982**	5,452
Contract assets - Other	**4,090**	4,260
Total	**6,329**	10,864

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)	Buildings Level 3 (at fair value)	Plant and equipment (at cost)	Heritage and cultural (at fair value)	Capital works in progress (at cost)	Total
	$'000	$'000	$'000	$'000	$'000	$'000
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**
Year ended 30 June 2026						
Opening net book value	**20,815**	**358,255**	**38,805**	**19**	**6,243**	424,137
Acquisitions	-	-	3,138	-	8,030	11,168
Disposals	-	(234)	(760)	-	-	(994)
Transfers from / (to) DoH / Other HHS	-	7,688	61	-	-	7,749
Transfers between classes	-	12,846	393	-	(13,239)	-
Revaluation increments/(decrements)	5,931	21,572	-	-	-	27,503
Depreciation charge for the year	-	(29,378)	(6,997)	-	-	(36,375)
Carrying amount at 30 June 2026	**26,746**	**370,749**	**34,640**	**19**	**1,034**	**433,188**
At 30 June 2026						
At cost/fair value	26,746	992,139	78,927	20	1,034	1,098,866
Accumulated depreciation	-	(621,390)	(44,287)	(1)	-	(665,678)
Carrying amount at 30 June 2026	**26,746**	**370,749**	**34,640**	**19**	**1,034**	**433,188**

Depreciation and amortisation total on Statement of Comprehensive Income $39,307 (2025: $35,715) is made up of depreciation $36,375 (2025: $33,106) per note B5-1 plus $2,866 (2025: $2,543) per note B8-1 plus $67 (2025: $66) 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, 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 assets 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. If an indicator of possible impairment exists, the assets recoverable amount is determined.

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

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 2029.

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 whereby 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 2025-26 year, WBHHS engaged the services of Herron Todd White (HTW) to conduct comprehensive valuations of all WBHHS land assets. The last comprehensive revaluation of these assets was conducted by State Valuation Services (SVS) in 2020-21, with indexation being applied in the interim.

HTW have used the market approach (direct comparison method) to compare recent land transactions, making appropriate adjustments for variations in the differing characteristics of the evidence available. The results of these investigations are used to form a professional opinion of fair value.

The revaluation assessment for 2025-26 resulted in a revaluation increment of $5.9m.

Buildings

In 2025-26 Bundaberg buildings and land improvement assets with a cost threshold above $500,000 were valued, reflecting 35% 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. Both assessments were conducted 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.

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 2025-26 resulted in a net increment to the building portfolio of $4.9 million (2025: $7.4 million increment) and to the asset revaluation surplus account. A $16.7 million (2025: $21.4 million) adjustment was made to the remainder of buildings not subject to comprehensive valuation in line with an indexation rate of 7.1% (2025: 8%).

New Bundaberg Hospital (NBH)

In April 2025, the Queensland Government released its Hospital Rescue Plan (HRP), which proposes a new design for the new Bundaberg Hospital project that transfers all services and beds to the new site, along with the following:

- More than 410 total beds and bed alternatives
- At least 139 new overnight beds
- Level 5 services including emergency and maternity
- Better planning and consultation to meet clinical needs
- Mitigation of flooding risk by moving to new site
- A multi-storey car park.

The first stage will be delivered by 2031, including more than 200 beds and bed alternatives. There will be a temporary period where services operate across both the new and existing hospitals while the remaining stages are completed, with the required overnight beds at the time, continuing to be provided at the existing hospital. Once the final build is commissioned, the hospital consolidates to a single campus with more than 410 beds and bed alternatives.

Further planning is required to determine the future use of the current site on Bourbong Street beyond all stages being completed.

Existing Bundaberg Hospital

AECOM have been engaged to conduct comprehensive revaluations on the Bundaberg building assets for FY2026. AECOM have acknowledged the future impact of the NBH and upon consideration, they have determined that there is no impact at this stage on the current revaluations and remaining useful life of the existing buildings.

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

Factors influencing this decision include:

- The timing of stage 2 and a possible stage 3 are not yet known.
- Due to increased service demand, it is more than likely that WBHHS will continue utilising the majority of the existing facility until the end of stage 2 of the NBH, with the potential to relocate or refurbish some existing buildings at the end of stage 3.
- Until the new budget and staging dates are announced for the NBH, it cannot be determined if, and when any impact will occur on the existing facility at the end of stage 3. No allowance is made for refurbishment or change of function of any buildings on the existing site within the next 5 to 10 years.
- Until a strategy is determined for the existing facility in the future, the current business-as-usual maintenance strategy will remain in place with no additional impact on the value of assets in the next few years. Once a strategy is known, valuations can be adjusted accordingly.
- No changes have been made to the current site's asset management plans or building maintenance programs.

Accounting Treatment

The project continues to be managed centrally by Health Infrastructure Queensland (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

	2026 $'000	2025 $'000
Trade payables - Other	**12,244**	12,438
Trade payables - Department of Health (supplies & services)	**31,871**	29,687
Accrued expenses	**29,453**	22,312
Payables - Department of Health (funding clawback)	**12,042**	4,868
Payables - Department of Health (contract labour)	**14,213**	11,507
Total	**99,823**	80,812

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

	2026 $'000	2025 $'000
Current		
Contract liabilities - Department of Health	**971**	1,897
Contract liabilities - Other	**1,245**	2,355
Unearned revenue	**1,766**	2,452
Total	**3,982**	6,704

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 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**
Year ended 30 June 2026			
Opening balance 1 July	7,547	3	**7,550**
Additions	1,705	**-**	**1,705**
Depreciation charge for the year	(2,863)	(3)	**(2,866)**
Closing balance at 30 June 2026	**6,389**	**-**	**6,389**

Lease liabilities

	2026 $'000	2025 $'000
Current		
Lease liabilities	**2,942**	2,747
Non-current		
Lease liabilities	**4,185**	5,529
Total	**7,127**	8,276

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 64 (2025: 58) 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 8 (2025: 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 no equipment lease (2025: 1) with an external party which has been recognised as an ROU asset and lease liability in line with AASB 16.

(v) Amounts recognised in profit or loss

	2026	**2025**
	$'000	**$'000**
Interest expense on lease liabilities	**303**	298
	303	298

(vi) Total cash outflow for leases

	2026	**2025**
	$'000	**$'000**
Lease Payments	**(3,157)**	(2,782)

B9 EQUITY

Note B9-1: Contributed Equity

	2026 $'000	2025 $'000
Opening balance at beginning of year	**261,215**	237,743
Non-appropriated equity injections		
Capital funding	**12,984**	18,437
Cash injection*	**5,000**	17,000
Non-appropriated equity withdrawals		
Non-cash depreciation funding returned to DoH as a contribution towards capital works program	**(39,307)**	(35,715)
Non-appropriated equity asset transfers	**3,925**	23,750
Balance at the end of the financial year	**243,817**	261,215

*As a result of projected insufficient cash reserves in June 2026, WBHHS received a cash/equity injection from the DoH to the value of $5.0 million (2025: $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

	2026 $'000	2025 $'000
Land		
Balance at the beginning of the financial year	**7,097**	7,097
Revaluation increments/(decrements)	**5,931**	-
Total Land	**13,028**	7,097
Buildings		
Balance at the beginning of the financial year	**169,456**	144,100
Revaluation increments/(decrements)	**21,572**	25,356
Transfer to Accumulated surplus(deficit) - Asset write-down	**(170)**	-
Total Buildings	**190,858**	169,456
Balance at the end of the financial year	**203,886**	176,553

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	2026 $'000	2025 $'000
Financial assets at amortised cost			
Cash and cash equivalents	B1	**8,846**	11,418
Receivables	B2	**26,755**	13,199
Total		**35,601**	24,617
Financial liabilities at amortised cost			
Payables	B6	**99,823**	80,812
Lease liabilities	B8-1	**7,127**	8,276
Total		**106,950**	89,088

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 2026 outside of those reported at D2 Related Party Transactions comprise $5.97 million from Health Funds (2025: $5.75 million), and $2.23 million other external debtors (2025: $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 $5 million (2025: 17.0 million).

Under the whole-of-government banking arrangements, WBHHS has an approved working debt facility of $8.5 million (2025: $8.5 million) to manage any short-term cash shortfalls. This facility has not been drawn down on during the financial year. Undrawn value as at 30 June is $8.5 million. (2025: $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 (2026: $1.9 million, 2025: $1.8 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:

	2026 Number of cases	2025 Number of cases
Supreme Court	**4**	3
District Court	**1**	1
Tribunals, commissions and boards	**1**	**-**
Total	**6**	4

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 2026, WBHHS has 6 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

WBHHS has submitted insurance claims to recover property losses incurred as a result of flooding from Ex-Cyclone Alfred in March 2025. Total of claims submitted or expected to be submitted amounts to $2.6 million. Comprehensive insurance cover is in place for WBHHS assets, and the losses incurred are expected to be substantially recovered. A receivable of $1.2 million has been raised in note B2-1 for a portion of the claims. While management considers the recovery of the remaining claims is probable, the amount recoverable and the timing of settlement remain uncertain and dependent on approval by QGIF as the HHS's insurer.

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:

	2026 $'000	2025 $'000
Plant and Equipment		
No later than 1 year	**1,854**	10,120
Total	**1,854**	10,120

At reporting date, there are no capital commitments beyond 1 year.

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 2025-26 and 2024-25. 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 Section 25 (1) (a)	Appointment 26/06/2015 Appointed as Chair: 15/12/2016 Contract ended: 31/03/2026
	Brett Heyward	Chairperson - Hospital and Health Boards Act 2011 Section 25 (1) (a)	Appointment: 1/04/2026
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 Section 25 (1) (b)	Appointment 18/05/2017 Appointed as Deputy Chair: 21/10/2021 Contract ended:31/03/2026
	Helen Huntly	Deputy Chairperson - Hospital and Health Boards Act 2011 Section 25 (1) (b)	Appointment 1/04/2024 Appointed as Deputy Chair: 1/04/2026
Non-executive Board Member - Provide strategic leadership, guidance and effective oversight of management, operations and financial performance.	Fiona Baker	Board Member - Hospital and Health Boards Act 2011 Section 23 (1) This member holds a clinician role and is appointed as a board member pursuant to legislative requirements	Appointment: 1/04/2026
	Peter Hawe	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment: 1/04/2026
	Kirsti Kee	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 1/07/2024
	Stevan Ober	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 1/04/2024
	Leanne Rudd	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 1/04/2024
	Karla Steen	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 18/05/2021 Contract ended:31/03/2026
	Tanya Stevenson	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment: 1/04/2026
	Lance Stone	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 1/07/2024 Contract ended:31/03/2026
	Jade-Lee Wellings	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment: 1/04/2026
	Chris Woollard	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 1/04/2022 Contract ended:31/03/2026

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 and Specialised Services - Reports to the Chief Executive and is responsible for the strategic and professional leadership of WBHHS's Mental Health, Alcohol and other Drug Service and Prison Health Services at the Maryborough Correctional Facility. The position ensures compliance with legislative requirements and ensures appropriate governance structures are in place to ensure the effective and safe functions of inpatient-based services, community-based services and correctional health centre services. The position works in partnership and across the sector with primary health providers and other government and non-government providers to ensure planning, partnerships and strategic directions aligns with statewide, regional and local priorities. This position also provides the Administrator functions of the Mental Health Act 2016.	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 Commenced extended leave: 24/11/2025
	Sean Keogh	MMOI2 Appointed under Medical Officers (Queensland Health) Award - State 2015	Acting: 24/11/2025
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.	Cameron Duffy	NRG13-2 Appointed under Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012	Appointment 03/02/2025
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

D1 KEY MANAGEMENT PERSONNEL DISCLOSURES (Continued)

Position	Name	Contract classification/ appointment authority	Initial appointment date
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 22/04/2024
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 Fraser Coast - Reports to the Chief Operating Officer and is directly accountable for the overall performance of the Hervey Bay and Maryborough Facilities.	Katrina Ollis	HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011	Appointment 26/05/2025
Executive Director Bundaberg and Rurals – Reports to the Chief Executive Operating Officer and is directly accountable for the overall performance of the Bundaberg and Rural facilities.	Jan Adele-Hotz	HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011	Appointment 10/02/2025

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
2025-2026				
Peta Jamieson	**71**	**-**	**8**	**79**
Brett Heyward	**23**	**-**	**3**	**26**
Karen Prentis	**38**	**-**	**5**	**43**
Helen Huntly	**47**	**-**	**6**	**53**
Fiona Baker *	13	**-**	**2**	**15**
Peter Hawe	12	**-**	**2**	**14**
Kirsti Kee	46	**-**	**6**	**52**
Stevan Ober	47	**-**	**6**	**53**
Leanne Rudd	53	**-**	**5**	**58**
Karla Steen	38	**-**	**5**	**43**
Tanya Stevenson	12	**-**	**2**	**14**
Lance Stone	35	**-**	**4**	**39**
Jade-Lee Wellings	12	**-**	**2**	**14**
Chris Woollard	34	**-**	**4**	**38**

**This member holds a clinician role and is appointed as a board member pursuant to legislative requirements. Remuneration disclosed comprises 100% for the board member role.*

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
2024-2025				
Peta Jamieson	**91**	**-**	**11**	**102**
Karen Prentis	**50**	**-**	**7**	**57**
Helen Huntly	46	**-**	**6**	**52**
Kirsti Kee	47	**-**	**6**	**53**
Stevan Ober	46	**-**	**6**	**52**
Leanne Rudd	53	**-**	**6**	**59**
Karla Steen	**50**	**-**	**6**	**56**
Lance Stone	47	**-**	**6**	**53**
Chris Woollard	**45**	**-**	**6**	**51**

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
2025-2026						
Deborah Carroll	375	1	9	43	**-**	**428**
Ben Ross-Edwards	256	**-**	6	30	**-**	**292**
Martin Clifford	256	**-**	6	29	**-**	**291**
Luci Caswell	262	**-**	6	31	**-**	**299**
Robyn Bradley	225	**-**	5	27	**-**	**257**
Allison Johns	544	2	12	57	**-**	**615**
Sean Keogh	259	1	6	25	**-**	**291**
Cameron Duffy	309	1	7	34	**-**	**351**
Robyn Scanlan	252	**-**	6	29	**-**	**287**
Stephen Bell	235	1	5	27	**-**	**268**
Paul Weir	212	**-**	5	24	**-**	**241**
Kate Lyons	242	**-**	6	28	**-**	**276**
Katrina Ollis	234	**-**	6	28	**-**	**268**
Jan Adele-Hotz	241	**-**	6	27	**-**	**274**

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						
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**
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**

D2 RELATED PARTY TRANSACTIONS

Transactions with people/entities related to Key Management Personnel
WBHHS did not have any material transactions with people or entities related to Key Management Personnel during 2025-26 (2024-25: nil). WBHHS currently employs no staff (2024-25: 1) which are a close family member of Key Management Personnel.

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 2025-26 is $997.6 million (2024-25: $890.7 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 2025-26 is $629.8 million (2024-25: $569.9 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 2026		As at 30 June 2026	
Revenue Received $'000	Expenses incurred $'000	Assets $'000	Liabilities $'000
$1,003,910	$396,013	$20,846	$64,242
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

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.

	2026 $'000	2025 $'000
Receipts		
Billings from SMOs and VMOs	**6,096**	4,234
Interest	**27**	26
Total receipts	**6,123**	4,260
Payments		
Payments to SMOs and VMOs	**(317)**	(310)
Payments to HHS under assignment model*	**(5,243)**	(3,822)
Hospital and Health Service recoverable administrative costs	**(168)**	(167)
Total payments	**(5,728)**	(4,299)
Increase/(decrease) in net granted private practice assets	**395**	(39)
Granted private practice assets opening balance	**383**	422
Granted private practice closing balance	**778**	383
Granted private practice assets		
Current assets		
Granted private practice cash at bank	**778**	383
Total	**778**	383

*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.

	2026 $'000	2025 $'000
Patient Trust receipts and payments		
Receipts		
Receipts from patients	**75**	45
Total receipts	**75**	45
Payments		
Payments to patients	**(63)**	(45)
Total payments	**(63)**	(45)
Increase/(decrease) in net patient trust assets	**12**	-
Patient trust assets opening balance	**30**	30
Patient trust assets closing balance	**42**	30
Patient trust assets		
Current assets		
Patient Trust cash at bank	**42**	30
Total	**42**	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.

	2026 $'000	2025 $'000
Restricted assets		
Opening balance	**1,637**	1,585
Income	**483**	494
Expenditure	**(469)**	(442)
Closing balance	**1,651**	1,637

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

Whole-of-Government climate-related reporting

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.treasury.qld.gov.au/policies-and-programs/climate/

The Queensland Sustainability Report (QSR) outlines the Queensland Government's approach to managing key Environmental, Social and Governance (ESG) risks and opportunities, including governance structures, major commitments and policies, and how these risks and opportunities are measured, monitored and managed across government. The QSR is supported by comprehensive datasets and data dictionaries. The QSR is available via Queensland Treasury's website at https://www.treasury.qld.gov.au/programs-and-policies/queensland-sustainability-report

Accounting estimates and judgements – climate-related risks

The WBHHS considers climate-related risks when assessing material accounting judgements and estimates used in preparing its financial report. Key estimates and judgements identified include the potential for changes in asset useful lives, changes in the fair value of assets, impairment of assets, the recognition of provisions or the possibility of contingent liabilities.

The WBHHS continues to monitor the emergence of material climate-related risks that may impact the financial statements of the health service, including directives from Government or Queensland Treasury.

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 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 2025-26.

Accounting Standards early adopted for 2025-26

No Australian Accounting Standards have been early adopted for the 2025-26 financial year.

Accounting Standards Applied for the First Time in 2025-26

No new Accounting Standards with material impact were applied for the first time in 2025-26.

E7 FUTURE IMPACT OF ACCOUNTING STANDARDS NOT YET EFFECTIVE

AASB 18 Presentation and Disclosure in Financial Statements

AASB 18 applies to not-for-profit public sector entities for annual reporting periods beginning on or after 1 January 2028, which will be the 2028-29 financial year for WBHHS.

This standard sets out new requirements for the presentation of the Statement of Comprehensive Income, requires new disclosures about management-defined performance measures and removes existing options in the classification of dividends and interest received and interest paid in the Statement of Cash Flows. AASB 18 will only affect presentation and disclosure, it will not affect the recognition or measurement of any reported amounts.

In October 2025, the AASB released Exposure Draft ED 338 which proposed several amendments that, if legislated, would permit relief from the majority of the presentation and disclosure requirements by not-for-profit public sector entities via an explicit accounting policy choice.

The WBHHS will further assess the expected impacts of AASB 18 in subsequent reporting periods once the AASB issues a final amending standard and Queensland Treasury has communicated its policy intentions in respect of accounting policy choices permitted by the standard.

E8 EVENTS AFTER THE BALANCE DATE

There are no matters or circumstances that have arisen since 30 June 2026 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 2025-26 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 2026 $'000	Actual Result 2026 $'000	Variance $'000
OPERATING RESULT				
Income				
User charges and fees	1	76,352	**87,530**	11,178
Funding for public health services	2	955,076	**997,576**	42,500
Grants and other contributions	3	12,250	**14,580**	2,330
Other revenue	4	9,870	**22,663**	12,793
Total Revenue		1,053,548	**1,122,349**	68,801
Gain on disposals		50	**171**	121
Total Income from Continuing Operations		1,053,598	**1,122,520**	68,922
Expenses				
Employee expenses		117,417	**117,323**	(94)
Health service employee expenses	5	607,139	**629,817**	22,678
Supplies and services	6	262,465	**339,267**	76,802
Interest on lease liabilities		270	**303**	33
Depreciation and amortisation	7	38,478	**39,307**	829
Impairment losses / (reversals)	8	230	**614**	384
Other expenses	9	27,599	**11,462**	(16,137)
Total Expenses from Continuing Operations		1,053,598	**1,138,093**	84,495
Operating Results for the year		-	**(15,573)**	(15,573)
Other Comprehensive Income				
Items that will not be reclassified subsequently to profit or loss				
Increase / (decrease) in asset revaluation surplus		-	**27,503**	27,503
Total Other comprehensive income		-	**27,503**	27,503
Total Comprehensive Income		-	**11,930**	11,930

1. Favourable budget variance in private bed fees $3.8m, long stay patients $0.9m, private practice fees $1.6m and a further $4.7m is attributed to inter entity expense reimbursements related to capital projects.

2. Variance explained by $42m uplift in funding through in year budget amendments for agreed government initiatives including but not limited to, Better Care Together Mental Health, Rapid Response Recovery Plan and Putting Queensland Kids First. Funding was also increased to offset cost escalation in labour related to Supply Chain branch staff transition and enterprise bargaining increases.

3. Favourable budget variance related to higher than budgeted Transition Care Program (TCP) revenue and goods provided below fair value (DoH services, offset in expenses).

4. Salary recoveries favourable to budget $2.6m, insurance cost recoveries $1.3m and inter entity sales $6.2m mostly related to radiology services. Inter entity revenue is offset in supplies and service expenses (note 6).

5. Service demand underpinning the majority of the $23m overspend in labour with vacancies contributing to unbudgeted rate variances in overtime and penalties. Additional funding received in year (note 2) mitigated enterprise bargaining increases and other agreed labour costs External labour costs used to cover internal shortfalls are included in note 6.

6. Budget overspend of $14m for outsourced specialist services, $29m related to external medical labour, agency nursing and health practitioners. A further $24m relates to budget overspend and cost escalation in repairs and maintenance, clinical, catering and pharmacy supplies with budget held centrally that offsets as identified in note 9.

F2 BUDGET TO ACTUAL COMPARISON – STATEMENT OF COMPREHENSIVE INCOME (Continued)

7. Depreciation uplift is related to assets acquired during the year, capital work in progress transfers and revaluation amendments. Depreciation is fully funded via equity adjustments throughout the year and reconciled at year end.

8. Bad and doubtful debts realised were higher than budgeted, notably medicare ineligible and long stay fees have high non-recovery rate.

9. Budget held centrally for specific funded initiatives contingent on activity or progress against delivery targets. As 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 2026 $'000	Actual Result 2026 $'000	Variance $'000
Current Assets				
Cash and cash equivalents	10	6,765	**8,846**	2,081
Receivables	11	21,870	**26,755**	4,885
Inventories		6,123	**6,468**	345
Other assets	12	1,302	**6,329**	5,027
Total Current Assets		36,060	**48,398**	12,338
Non-Current Assets				
Property, plant and equipment		437,208	**433,188**	(4,020)
Right-of-use assets		4,951	**6,389**	1,438
Intangibles		18	**311**	293
Total Non-Current Assets		442,177	**439,888**	(2,289)
Total Assets		478,237	**488,286**	10,049
Current Liabilities				
Payables		99,312	**99,823**	511
Lease liabilities		4,293	**2,942**	(1,351)
Accrued employee benefits	13	1,727	**2,554**	827
Other liabilities	14	2,395	**3,982**	1,587
Total Current Liabilities		107,727	**109,301**	1,574
Non-Current Liabilities				
Lease liabilities		843	**4,185**	3,342
Total Non-Current Liabilities		843	**4,185**	3,342
Total Liabilities		108,570	**113,486**	4,916
Net Assets		369,667	**374,800**	5,133
Equity				
Contributed equity		369,667	**243,817**	
Accumulated surplus / (deficit)			**(72,903)**	
Asset revaluation surplus			**203,886**	
Total Equity		369,667	**374,800**	

10. Operating cash was bolstered by an unbudgeted $5m cash injection in June to ensure sufficient funds were available to meet operating needs.

11. Increased receivables balance is related to higher than budgeted end of financial year technical adjustments with the DoH.

12. Budget is conservative, $4m relates to contracts with customers that were not budgeted.

13. Accrued Health Service salary and wages at year end higher than budgeted.

14. Actuals include unearned revenue of $1.8m and contract liabilities of $1m associated with DoH funding deferrals under AASB15. Variance relates to $1.2m unbudgeted unearned revenue associated with other customers and inter entity arrangements.

F4 BUDGET TO ACTUAL COMPARISON – STATEMENT OF CASH FLOWS

	Variance Notes	Original Budget 2026 $'000	Actual Result 2026 $'000	Variance $'000
Cash flows from operating activities				
Inflows				
User charges and fees	15	76,218	**85,358**	9,140
Funding for public health services		955,076	**958,269**	3,193
Grants and other contributions		5,853	**6,511**	658
GST input tax credits from ATO		13,991	**21,672**	7,681
GST collected from customers		-	**1,520**	1,520
Other receipts	16	9,870	**21,406**	11,536
Outflows				
Employee expenses		(117,417)	**(125,110)**	(7,693)
Health service employee expenses		(607,139)	**(605,290)**	1,849
Supplies and services	17	(272,195)	**(344,758)**	(72,563)
GST paid to suppliers		-	**(21,607)**	(21,607)
GST remitted to ATO		-	**(1,520)**	(1,520)
Other payments	18	(21,472)	**(2,863)**	18,609
Net cash provided by / (used in) operating activities		42,785	**(6,412)**	(49,197)
Cash flows from investing activities				
Inflows				
Sales of property, plant and equipment		50	**74**	24
Outflows				
Payments for property, plant and equipment	19	-	**(11,061)**	(11,061)
Net cash provided by / (used in) investing activities		50	**(10,987)**	(11,037)
Cash flows from financing activities				
Inflows				
Equity injections	20	3,605	**17,984**	14,379
Outflows				
Lease payments		(3,605)	**(3,157)**	448
Equity withdrawals	21	(38,478)	**-**	38,478
Net cash provided by / (used in) financing activities		(38,478)	**14,827**	53,305
Net increase / (decrease) in cash and cash equivalents		4,357	**(2,572)**	(6,929)
Cash and cash equivalents at the beginning of the financial year		2,408	**11,418**	9,010
Cash and cash equivalents at the end of the financial year		6,765	**8,846**	2,081

15. Increased cash receipts in line with note 1.

16. Increased cash receipts in line with note 4.

17. Increased operating expenses resulting in higher than budgeted cash outflows. (note 6 & note 9).

18. Budget provision includes items that were subsequently transacted as supplies and services payments (note 6 & note 9).

19. 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 23.

20. Variance relates primarily to capital projects/assets paid for by the HHS and reimbursed by the DoH which were not included in the original budget. Also includes an unbudgeted $5m cash injection to manage liquidity.

21. 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; and

(b) these financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of Wide Bay Hospital and Health Service for the financial year ended 30 June 2026 and of the financial position of Wide Bay Hospital and Health Service at the end of that year.

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.



Brett Heyward
Board Chair
26 August 2026



~~Debbie Carroll~~ Ben Ross-Edwards
~~Chief Executive~~ A/Chief Executive
26 August 2026



Martin Clifford
Chief Financial Officer
26 August 2026

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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 2026, 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.

The financial report comprises the statement of financial position as at 30 June 2026, 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 accordance with s. 40 of the *Auditor-General Act 2009*, for the year ended 30 June 2026:

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.

c) In my opinion, the financial report:

   i. gives a true and fair view of the entity's financial position as at 30 June 2026, and its financial performance and cash flows for the year then ended

   ii. 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.

Fair value of buildings ($370.7 million)

Refer to note B5 in the financial report.

Key audit matter	How my audit addressed the key audit matter
Buildings were material to the Wide Bay Hospital and Health Service at balance date and were measured at fair value using the current replacement cost method. Wide Bay Hospital and Health Service performed a comprehensive revaluation of Bundaberg buildings and land improvement assets with a carrying value exceeding $500,000 as part of a rolling revaluation program during this year. All other buildings were assessed using relevant indices. The current replacement cost method comprises: • gross replacement cost, less • accumulated depreciation. 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: • identifying the components of buildings with separately identifiable replacement costs • developing a unit rate for each of these components, including: o estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. $/square metre) o identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so, estimating the adjustment to the unit rate required to reflect this difference. The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components. The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense. Using indexation required: • significant judgement in determining changes in cost and design factors for each asset type since the previous revaluation • reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used.	My procedures included, but were not limited to: • assessing the adequacy of management's review of the valuation process and results • reviewing the scope of the instructions provided to the valuer • assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices • assessing the appropriateness of the components of buildings used for measuring gross replacement costs with reference to common industry practices • assessing the competence, capabilities and objectivity of the experts used to develop the models • for unit rates, on a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: o modern substitute (including locality factors and oncosts) o adjustment for excess quality or obsolescence. • evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices • evaluating useful life estimates for reasonableness by: o reviewing management's annual assessment of useful lives o at an aggregate level, reviewing asset management plans for consistency between renewal budgets and the gross replacement of assets o testing that no building asset still in use has reached or exceeded its useful life o enquiring of management about their plans for assets that are nearing the end of their useful life o reviewing assets with an inconsistent relationship between condition and remaining useful life • where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.

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 2026, but does not include the financial report and our auditor's report thereon.

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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 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 Board 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 such internal control as they determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error
- the establishment and keeping of accounts in accordance with prescribed requirements
- 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

A further description of my responsibilities under the *Auditor-General Act 2009* and *Auditor-General Auditing Standards* is located at the Queensland Audit Office website at:
www.qao.qld.gov.au/audit-program/audit-standards

These descriptions form part of my auditor's report.



31 August 2026

Dominika Ryan
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: capturing consistent and detailed information on hospital sector activity and accurately measuring the costs of delivery creating an explicit relationship between funds allocated and services provided strengthening management's focus on outputs, outcomes and quality 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 providing mechanisms to reward good practice and support quality initiatives.
Acute Care	Care in which the clinical intent or treatment goal is to: manage labour (obstetric) cure illness or provide definitive treatment of injury perform surgery relieve symptoms of illness or injury (excluding palliative care) reduce severity of an illness or injury protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function 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: is permanent, leaves residual disability is caused by non-reversible pathological alteration 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: increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes improving coordination of care to ensure patients receive the right care in the right place at the right time. 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: live, audio and/or video inter-active links for clinical consultations and educational purposes 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 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 Glossary	ARRs – section 9.1	4 A-1
	Public availability	ARRs – section 9.2	2
	Interpreter service statement	*Queensland Government Language Services Policy* ARRs – section 9.3	2
	Copyright notice	*Copyright Act 1968* ARRs – section 9.4	2
	Information Licensing	*QGEA – Information Licensing* ARRs – section 9.5	2
General information	Introductory Information	ARRs – section 10	6
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	54
	Agency service areas and service standards	ARRs – section 11.3	52
Financial performance	Summary of financial performance	ARRs – section 12.1	76
Governance – management and structure	Organisational structure	ARRs – section 13.1	43
	Executive management	ARRs – section 13.2	37
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3	34
	Public Sector Ethics	*Public Sector Ethics Act 1994* ARRs – section 13.4	49
	Human Rights	*Human Rights Act 2019* ARRs – section 13.5	50
	Queensland public service ethics and values	ARRs – section 13.6	49
	Risk management	ARRs – section 14.1	47

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	Audit committee	ARRs – section 14.2	47
	Internal audit	ARRs – section 14.3	48
	External scrutiny	ARRs – section 14.4	48
	Information systems and recordkeeping	ARRs – section 14.5	48
	Information Security attestation	ARRs – section 14.6	49
Governance – human resources	Strategic workforce planning and performance	ARRs – section 15.1	46
	Early retirement, redundancy and retrenchment	Directive No.04/18 *Early Retirement, Redundancy and Retrenchment* ARRs – section 15.2	46
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 FPMS – sections 38, 39 and 46 ARRs – section 17.1	FS-42
	Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	FS-43

FAA Financial Accountability Act 2009

FPMS Financial and Performance Management Standard 2019

ARRs Annual report requirements for Queensland Government agencies

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