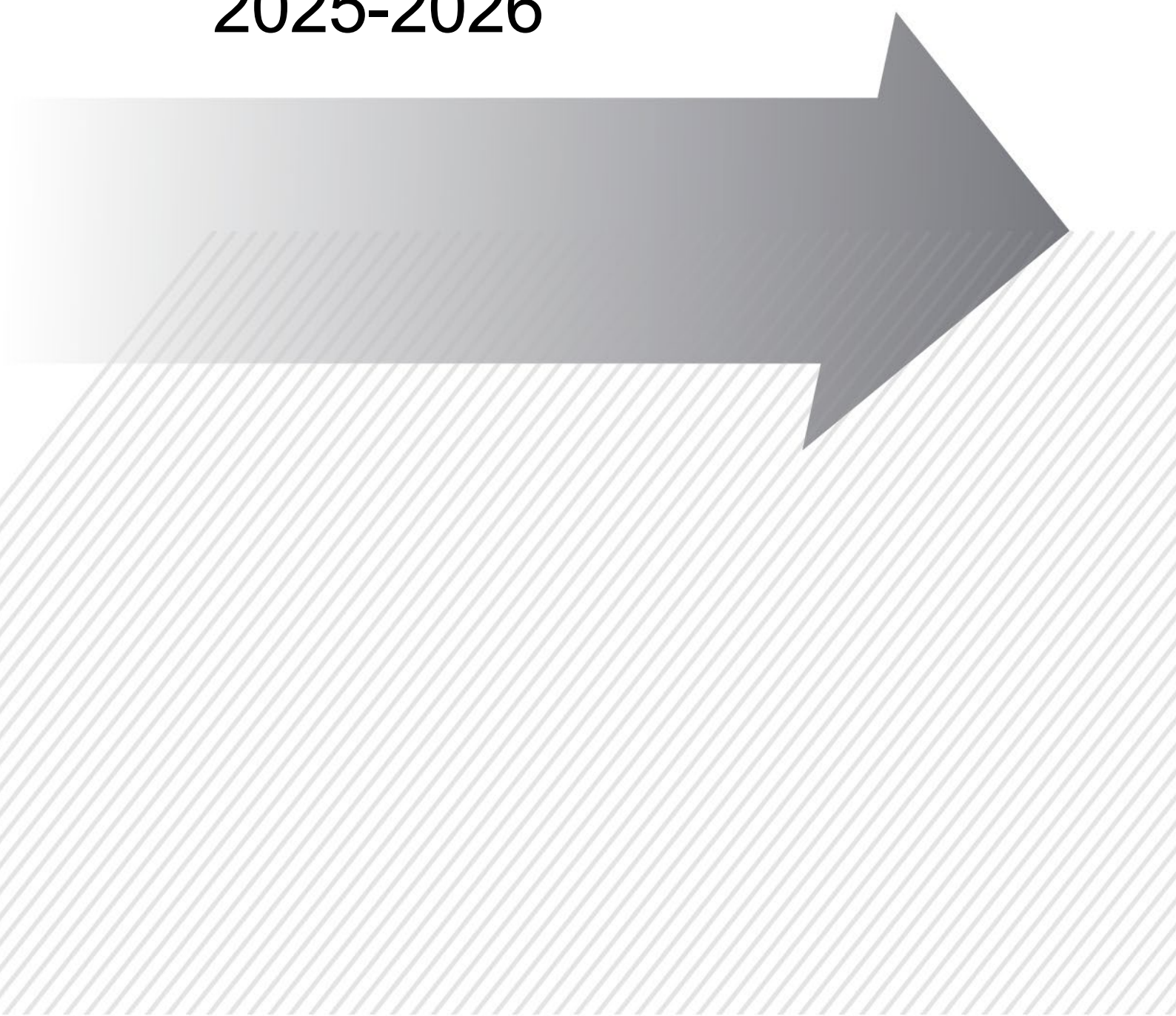


Darling Downs Hospital and Health Service

Annual Report

2025-2026



Accessibility

Open data

Information about Queensland language service policy and Charter of Victims' rights reporting is available at the Queensland Government Open Data website (<https://www.data.qld.gov.au>).

Public availability statement

An electronic copy of this report is available at <https://www.darlingdowns.health.qld.gov.au/about-us/corporate-publications-and-reporting>.

Hard copies of the annual report are available by phoning Media and Communications on (07) 4699 8025. Alternatively, you can request a copy by emailing DDH_Comms@health.qld.gov.au.

Interpreter services statement

Darling Downs Hospital and Health Service is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. To talk to someone about this annual report in your preferred language, call (07) 4616 6319 and we will arrange an interpreter.

Darling Downs Hospital and Health Service is committed to openness, transparency and accountability. We proactively publish information about our services, performance and decision-making to support public access to information and reduce the need for formal applications under right to information legislation.



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

Acknowledgement

Acknowledgement of Country

Darling Downs Hospital and Health Service respectfully acknowledge the Traditional Custodians of the region we serve and pay our respect to Elders past, present and emerging. Our commitment to improving health outcomes for Aboriginal peoples and Torres Strait Islander peoples is one we will continue to work diligently towards, creating health equity within our communities.

Recognition of Australian South Sea Islanders

Darling Downs Hospital and Health Service formally recognise the Australian South Sea Islanders as a distinct cultural group within our geographical boundaries. Darling Downs Hospital and Health Service is committed to fulfilling the Queensland Government Recognition Statement: 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.

Letter of compliance

1 September 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 Darling Downs 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 94 of this Annual Report.

Your sincerely



Marilyn Strohfeldt
Chair
Darling Downs Hospital and Health Board

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Statement on Government objectives for the community

The Darling Downs Hospital and Health Service (Darling Downs Health) Strategic Plan 2023-2027 is reviewed annually to ensure alignment with the Queensland Government's objectives for the community.

Health services when you need them.
Restoring health services when Queenslanders need them most through transparent and targeted investment with real-time data, boosting frontline health services, driving resources where they're needed most, improving our EDs, reopening regional maternity wards, fast-tracking access to elective surgeries, and helping patients to be seen faster.

Our services are aligned with our priorities to ensure better health outcomes for all in our region.

Our Boomagam Midwifery Group Practice (MGP) continues to support Aboriginal and Torres Strait Islander mothers through their pregnancy and birth journeys, in partnership with the First 2000 Days program to improve maternal and child health outcomes. Our growing Aboriginal and Torres Strait Islander health workforce continues to provide culturally appropriate care to improve health outcomes for people in our communities.

The way we deliver care is transformed to improve efficiency and accessibility for our community.

The launch of Hospital in the Home (HITH) in Warwick, Dalby and Kingaroy has seen over 200 patients receive in-home care, saving beddays and travel and accommodation costs for families. The expansion of HITH at Toowoomba Hospital is providing safe, high-quality care to a growing number of patients in the Toowoomba community.

The opening of the Millmerran Multipurpose Health Service provides a modern facility to deliver clinical services, and staff accommodation, to support the attraction and retention of health professionals to this rural area.

Our resources, systems and processes are designed to support and improve the delivery of care.

As we continue to prepare for the new Toowoomba Hospital, models of care, digital readiness and new ways of working are being progressively developed to support future service delivery. The Go! Digital program has delivered face-to-face training to frontline staff to increase digital capability. The integrated electronic Medical Record (ieMR) team has completed rural facility assessments and is now progressing planning and evaluation activities to inform implementation at the new Toowoomba Hospital.

We attract the right people and support our workforce to deliver world-class care.

As the largest employer in the region, Darling Downs Health plays a vital role in supporting regional and rural communities through a workforce of more than 7,000 employees. Our *People First Strategy 2023-*

2027 focuses on attracting, retaining and developing a skilled and sustainable workforce to meet the current and future healthcare needs of our communities. We are investing in local workforce pathways, including the Darling Downs South West Medical Pathway program, which supports the training of future doctors across the region, with 36 medical students currently enrolled.

Ensure our consumers, their information and our people are safe.

We champion and embed safety in everything we do through collaboration and continuous improvement initiatives that support physically and psychologically safe workplaces. We are strengthening our patient safety culture through targeted programs that promote learning, accountability and high-quality care. We are also enhancing cyber security and data governance capabilities to protect information assets, strengthen digital resilience and support the safe, secure and responsible use of data across the organisation.

From the Chair and Chief Executive

At Darling Downs Health, we remain committed to delivering safe, high-quality and sustainable healthcare for our communities while preparing our organisation for the future.

This year has been one of transformation, innovation and renewal. We have continued to invest in our people, with a strong focus on engagement with our frontline workforce and creating an environment where our staff are empowered to lead improvements in care delivery. Their dedication, expertise and commitment continue to shape the health service we aspire to be.

Partnerships remain central to our success. We have strengthened engagement with consumers, key stakeholders and community partners to better understand the health needs of our region so that we can deliver better outcomes. We are also reinforcing a culture of openness and a "no wrong door" approach to ensure consumers can confidently navigate our health system and have their voices heard.

To support our future direction, Darling Downs Health has undertaken an organisational realignment, including the introduction of new executive leadership roles focused on digital innovation and clinical informatics. This work supports our strategic focus on three key pillars: Access and Flow, Improving Business Processes, and Our People.

These priorities are driving the development of contemporary models of care that improve access, deliver better patient experiences and more coordinated services across our hospitals and communities. At the same time, we continue to advance digital transformation, automation and the use of data and analytics to support evidence-based decision-making and improve organisational performance.

Significant progress is also being made on the new Toowoomba Hospital, which continues to take shape on the Baillie Henderson campus and will play a critical role in meeting the future healthcare needs of our growing region. The development of the broader campus master plan will further support a long-term vision for healthcare, research, education and community wellbeing.

We also welcomed new Board members Professor Victoria Brazil, Mr Brendan Baulch and Dr Brodie Quinn, whose expertise complements the skills and experience of our existing Board and strengthens our governance for the future.

Together, we remain focused on creating a healthier future for our communities and delivering on our vision of *Caring for our communities - healthier together*.

Merrilyn Strohfeldt
Board Chair

Annette Scott PSM
Health Service Chief Executive

About us

Darling Downs Health provides high-quality, patient-centred healthcare services to approximately 300,000 people across a catchment of more than 90,000 square kilometres, extending from Taroom and Murgon in the north to Texas in the south, and from Toowoomba in the east to Goondiwindi and Miles in the west. Our health service comprises 30 facilities, including a large regional referral hospital, an extended inpatient mental health service, regional and rural hospitals, multipurpose health services, community-based services, general practices and residential aged care facilities. Supported by a workforce of more than 7,000 employees, we are one of the largest employers in regional Queensland.

Darling Downs Health is committed to delivering safe, sustainable and innovative healthcare under our vision, *Caring for our communities – healthier together*. Our values of compassion, integrity, dignity, innovation and courage guide the care we provide to communities with diverse and evolving health needs. We are also committed to advancing health equity, supporting Aboriginal peoples and Torres Strait Islander peoples, and delivering culturally responsive services to a growing and diverse multicultural community.

As a leading regional health service, Darling Downs Health has a strong focus on learning, research and innovation. Through partnerships with multiple universities and tertiary education providers, undergraduate and postgraduate clinical placements are supported across a broad range of disciplines, helping to develop the future health workforce while strengthening local clinical capability. These collaborations also support research, education and innovation initiatives that contribute to improved health outcomes and contemporary models of care for our communities.

Darling Downs Health was established as an independent statutory authority on 1 July 2012 under the *Hospital and Health Boards Act 2011*.

Strategic direction

The Darling Downs Health Strategic Plan 2023–2027 (2025 version) sets the long-term direction for our health service, reflects our communities' priorities, and outlines how we will achieve our vision, *Caring for our communities – healthier together*, while responding to the changing healthcare needs of our region.

The Strategic Plan describes our objectives, strategies and key performance indicators, and guides how we deliver healthcare services, invest in our workforce and infrastructure, strengthen partnerships, and foster innovation. The plan also helps patients, carers, staff, communities and stakeholders understand our priorities and the outcomes we aim to achieve for the Darling Downs region.

Vision, purpose, values

Our vision

Caring for our communities – healthier together.

Our purpose

Accessible and sustainable care, no matter where you live in our region.

Our values

- **Compassion** – We engage with others and demonstrate empathy, care, kindness, support and understanding.
- **Integrity** – We are open, honest, approachable, equitable and consistent in everything we do.
- **Dignity** – We treat others with respect, display reasonableness and take pride in what we do.
- **Innovation** – We embrace change and strive to know more, learn more and do better.
- **Courage** – We respectfully question for clarity and have the strength and confidence to speak up.

Priorities

The priorities for Darling Downs Health are outlined in the Strategic Plan 2023-2027 (2025 version):

- **Better health** – Our services are aligned with our priorities to ensure better health for all.
- **Accessible care** – The way we deliver care improves accessibility for our community.
- **Delivery of care** – Our resources, systems and processes are designed to support and improve the delivery of care.
- **Our people** – We attract the right people and support them to deliver world-class care.
- **Safe environments** – Ensure our communities, consumers, our people and their information are safe.

Aboriginal and Torres Strait Islander Health

Darling Downs Health renewed their commitment to achieving health equity for Aboriginal peoples and Torres Strait Islander peoples of the Darling Downs, with the *Health Equity Strategy and Implementation Plan 2025-2028* signed in September 2025.

The *Health Equity Strategy and Implementation Plan 2025-2028* shapes the new direction for achieving equitable health outcomes across the Darling Downs and ensures Aboriginal peoples and Torres Strait Islander peoples are at the centre of healthcare design and delivery. The strategy's key priorities are:

- Actively eliminating racial discrimination and institutional racism within the service.
- Increasing access to healthcare services.
- Influencing the social, cultural and economic determinants of health.
- Delivering sustainable, culturally safe and responsive healthcare services.
- Working with Aboriginal and Torres Strait Islander people, communities and organisations to design deliver, monitor and review health services.
- Increasing workforce representation of Aboriginal and Torres Strait Islander people across all levels of health professions and employment streams to levels at least commensurate with the health service area's Aboriginal and Torres Strait Islander population.

In 2025-2026, Darling Downs Health has continued to advance initiatives that improve access and strengthen delivery of culturally safe services. These included developing culturally safe health messaging campaigns, facilitating yarning opportunities on significant health issues, available services and supports, and leveraging funding and partnerships to support community-level health promotion activities such as Tackle Flu and Growing Deadly Families.

Through the Growing Deadly Families program, Welcome Baby community events were held across the region in partnership with local Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHO). These celebrations recognise the importance of culture, belonging and connection from the beginning of a child's life and were well attended and supported by local communities.

At Cherbourg, a range of clinical and public health initiatives were delivered to improve skin health and to address rheumatic heart disease (RHD) in the community:

- Education sessions for school teachers (recognising scabies and impetigo).
- 'Health Days in the Park' for skin health screening and acute rheumatic fever/ rheumatic heart disease education for community members.
- Digital displays in Cherbourg Preventative & Chronic Disease Clinic and Cherbourg Hospital waiting rooms of rheumatic heart disease prevention information.
- Completion of the Australasian College of Dermatologists Skin Disease in Aboriginal and Torres Strait Islander Peoples education course by nursing staff at Cherbourg Hospital.
- Ongoing monthly Bicillin recall and reminder program for rheumatic heart disease patients in Cherbourg to improve patient engagement with treatment, prevent worsening rheumatic heart disease and reduce acute episodes and hospitalisations.

Several initiatives strengthened the Aboriginal and Torres Strait Islander workforce, including targeted recruitment for Aboriginal Health Workers, Aboriginal Health Practitioners and Indigenous Liaison Officer positions, activities to support retention of Deadly Start trainees and establishment of a Community of Practice to provide a culturally safe place for connection and support. Further work is progressing to increase organisational understanding of the scope of Aboriginal and Torres Strait Islander workforce positions.

Our community-based and hospital-based services

Our services are delivered through a network of 30 facilities, including a large regional referral hospital, an extended inpatient mental health service, three regional hub hospitals, 11 rural hospitals, four multipurpose health services, a primary healthcare clinic, a community care unit, two general practices and six residential aged care facilities. Together, these facilities provide a comprehensive range of hospital, community, mental health, aged care, primary healthcare and specialist services to communities across the Darling Downs region. The services delivered by Darling Downs Health are outlined below.

Hospital-based specialist inpatient and outpatient services

- Allied health
- Cardiac medicine
- Regional cancer centre
- Emergency medicine

- Intensive care
- Medical imaging
- Medicine and a range of medical subspecialties
- Mental health and addiction medicine
- Obstetrics and gynaecology
- Paediatrics
- Palliative care
- Rehabilitation
- Surgery and a range of surgical subspecialties.
- Hospital in the Home

Services delivered in the community

- Aboriginal and Torres Strait Islander health programs
- Community mental health programs
- BreastScreen Queensland
- Residential aged care, aged care assessment and home care services
- Community rehabilitation
- Child and maternal health services
- School-based health services
- Infectious and communicable diseases
- Oral health
- Public health
- Sexual health
- Refugee health
- Women's health

Car parking concession

Darling Downs Health is committed to ensuring access to affordable car parking at all hospital facilities for patients, carers and visitors. During the 2025-2026 period at the Toowoomba Hospital, 8,447 parking concession passes were issued to eligible patients and carers, at a total value of \$397,330.

Opportunities and challenges

Darling Downs Health continues to address the opportunities and challenges articulated in its strategic plan, to develop and support a sustainable health system that delivers services to all local communities.

Opportunities

Improve communication with consumers to ensure consumers understand their care journey

Ongoing engagement with consumers and communities across the Darling Downs Health region provides valuable insight into local priorities and opportunities for service improvement. Through advisory groups and consumer representation on committees and working groups, consumers help to ensure community perspectives are embedded in health service decision-making.

In 2025-2026 the service progressed a number of notable projects to continue improvement of our communication with consumers:

- Improving consumer understanding of their care journey by transforming health information resources into accessible, easy-to-understand web content.
- Ensuring health information is accessible to people from culturally and linguistically diverse backgrounds by providing interpreter services and supporting communication in preferred languages.

- Creation of child and family health videos tailored to the Yazidi communities of the Darling Downs region.

Invest in and support our current workforce to prepare for the future

An extensive range of strategic workforce initiatives are progressing to prepare for future service needs, including workforce planning for the new Toowoomba Hospital, targeted attraction and retention strategies, enhanced employee engagement frameworks, ongoing leadership development, and finalisation of a health, safety and wellbeing strategy to support a capable, engaged and sustainable workforce.

In 2025-2026 the following projects were progressed:

- Implementation of the 1:1 employee conversation process and delivery of internal leadership programs.
- Delivery of the digital empowerment program to equip our staff with essential digital skills into the future.
- Delivery of foundational readiness activities for preparation of the move to new Toowoomba Hospital including targeted workshops for priority services.

Embrace employees, consumer and community willingness and capability to utilise technology for digital information and virtual care to increase and to better inform and provide care

Darling Downs Health has leveraged increasing confidence and engagement with digital technologies across our workforce, consumers and communities to strengthen access to information and virtual care.

In 2025-2026 the service implemented the following initiatives:

- Increased telehealth services and alternative models of care such as HITH in our rural communities.
- Improving access to digital information through continued transformation of health information resources into accessible, easy-to-understand web content.

Increase the volume and scope of Darling Downs Health services with the addition of the new Toowoomba Hospital

Darling Downs Health has progressed planning and preparation for the new Toowoomba Hospital, ensuring future infrastructure, workforce, digital capability and service models are designed to meet growing population demand and increasing healthcare complexity. Work continues on new and expanded clinical services, including a cardiac catheterisation laboratory and a dedicated sleep service, helping more people access specialist care closer to home.

Challenges

Higher demands for our services, and an increase in the complexity of care

Darling Downs Health is responding to increasing demand and complexity of care through service expansion, workforce planning, innovative models of care, and investment in digital health technologies. The construction of the new Toowoomba Hospital, expansion of virtual care services, and implementation of contemporary models of care will increase capacity, improve access to specialist services, and support the delivery of safe, high-quality care closer to home.

Shortage of housing (as well as other factors) impacts on workforce shortages and hospital discharges

Significant progress was made in expanding and improving staff accommodation across the region during 2025-2026. New staff accommodation facilities were delivered in Tara, Millmerran and Kingaroy. These facilities provide modern, comfortable housing options that support workforce attraction, retention and staff wellbeing in rural communities. Building on this, construction commenced on the Goondiwindi Hospital staff accommodation upgrade, which will deliver improved living facilities for staff and further strengthen the region's capacity to attract and support a skilled healthcare workforce into the future.

To address workforce shortages, Darling Downs Health is strengthening attraction, retention and development strategies, exploring flexible workforce models, and partnering with stakeholders to improve workforce sustainability across the region. The service continued its investment in growing the Darling Downs South West Medical Pathway program to enable more medical students and trainees to complete their entire training pathway in our region. Further, the new Healthy Pathways program, in partnership with TAFE and high schools across our region, is aimed at growing a local talent pipeline and creating earlier pathways into healthcare careers.

Increased possibility of cyber attacks due to increased rates of cyber-crime

Recognising the growing risk of cyber threats, Darling Downs Health continues to enhance cyber security capabilities, strengthen information governance, increase staff awareness, and invest in secure digital systems to protect patient information and maintain service continuity.

Improvement in the annual Darling Downs Health Information Security Management System audit for 2025-2026 indicates progression towards addressing ongoing cyber security challenges.

Natural disasters including extreme heat events, intense heavy rainfall and longer fire seasons may impact our ability to deliver services

Darling Downs Health is building organisational resilience to natural disasters and climate-related events through emergency preparedness planning, business continuity arrangements, and infrastructure improvements, ensuring communities can continue to access essential healthcare during periods of extreme weather events.

Governance

Our people

Board membership

The Darling Downs Hospital and Health Board (the Board) is established under the *Hospital and Health Boards Act 2011* and is appointed by the Governor in Council on the recommendation of the Minister. The Board provides strategic leadership, governance and oversight of Darling Downs Health, ensuring the organisation delivers safe, high-quality and sustainable healthcare services. The Board is accountable for the health service's performance and works to ensure healthcare services meet the needs of the communities it serves.

Merrilyn Strohfeldt BSpPath, EMPA

Board Chair, Darling Downs Health

First appointed: 1 April 2024 (Board Member)

Current term: 1 April 2026 – 31 March 2030

Ms Merrilyn Strohfeldt is a highly experienced health and public sector executive with a strong background in health service leadership, community services and government administration. She previously served as Chief Executive Officer of the Darling Downs and West Moreton Primary Health Network and held senior executive roles within the Queensland Government. Ms Strohfeldt currently serves as Board Chair of CheckUP (General Practice Queensland) and holds qualifications in public administration, speech therapy, quality auditing and mediation.

Dr Ross Hetherington MBBS, DRANZOG, FACCRM, PGDipPallMed, FAICD

Deputy Chair, Darling Downs Health

First appointed: 29 June 2012 (Board Member)

Current term: 1 April 2024 – 31 March 2028

Dr Ross Hetherington is a medical practitioner and experienced board director with extensive expertise in rural and remote healthcare. He has held numerous leadership positions across national health organisations, including roles with Rural Health Workforce Australia, Australian General Practice Accreditation Limited and North and West Remote Health. Dr Hetherington has also contributed to health workforce, primary care and aged care governance through a range of advisory and board appointments.

Emeritus Professor Julie Cotter PhD, BCom (Hons), FCPA, CA, GAICD

Board Member

First appointed: 18 May 2017

Current term: 1 April 2026 – 31 March 2028

Emeritus Professor Julie Cotter is a chartered accountant, Fellow of CPA Australia and experienced company director. She currently serves as a Board Director for AgriFutures Australia and has extensive experience in governance, finance and strategic leadership. During her academic career at the University of Southern Queensland, she held a number of senior leadership positions and contributed to the strategic and operational management of the institution.

Professor Maree Toombs PhD, GCEF, BPED

Board Member

First appointed: 18 May 2020

Current term: 1 April 2024 – 31 March 2028

Professor Maree Toombs is an Aboriginal woman with cultural lineage to the Kooma people of western Queensland and Euahlayi people of north-western New South Wales. She is a nationally and internationally recognised public health researcher whose work focuses on improving health outcomes for Aboriginal people and addressing the impacts of chronic disease and mental health. Professor Toombs is a Professor of Public Health at the University of Sydney, a Churchill Fellow and a leader in Indigenous health education, research and workforce development.

Dr Brodie Quinn BSc (Neuroscience), MBBS, MClined, FACEM

Board Member

First appointed: 1 April 2026

Current term: 1 April 2026 – 31 March 2030

Dr Brodie Quinn is an emergency physician with expertise in health equity, health system performance and access to care in rural and regional communities. His clinical experience spans emergency medicine, retrieval medicine, telehealth and regional healthcare delivery. In addition to his clinical role at Toowoomba Hospital, Dr Quinn serves as Clinical Lead for the New Toowoomba Hospital Project, contributing to the planning and development of future health infrastructure for the region.

Professor Victoria Brazil MBBS, MBA, PhD, FACEM, GAICD

Board Member

First appointed: 1 April 2026

Current term: 1 April 2026 – 31 March 2030

Professor Victoria Brazil is an emergency physician, educator and academic with more than three decades of experience in healthcare delivery, medical education and health system leadership. She has held senior leadership roles within Queensland Health, including statewide director of medical education and training, and is internationally recognised for her work in translational simulation. Professor Brazil's expertise includes quality and safety improvement, workforce capability development and health service redesign.

Brendan Baulch BCom, LLB, FCA, MAICD

Board Member

First appointed: 1 April 2026

Current term: 1 April 2026 – 31 March 2030

Mr Brendan Baulch is a chartered accountant with extensive expertise in financial governance, audit, taxation and risk management. He is principal of a Toowoomba-based accounting practice and Chair of the Board Audit and Risk Committee. Mr Baulch has broad governance experience across regulated industries and currently serves as a director of People First Bank, where he also chairs the Audit Committee.

Dr Dennis Campbell PhD, MBA, FCHSM, FAIM, GAICD

Board Chair, Darling Downs Health

First appointed: 29 June 2012 (Deputy Chair)

Term completed: 31 March 2026

Dr Dennis Campbell is an experienced health executive who has held chief executive and senior leadership roles across the public and private health sectors, including St Vincent's Hospital Toowoomba and Queensland Health. He has made significant contributions to health service management, policy and governance at institutional, state and national levels. Dr Campbell has been recognised with several honours, including the Gold Medal for Leadership and Achievement in Health Services Management, an Australia Day Achievement Medallion and a Queensland Museum Medal.

Dr Stephen Harrop RIPRN, BSc, PhD

Board Member

First appointed: 1 April 2022

Term completed: 31 March 2026

Dr Stephen Harrop has extensive experience across healthcare, education and medical research. His career includes emergency nursing, tertiary education leadership, Indigenous health training and scientific research in molecular parasitology and tropical health. Dr Harrop currently contributes to community health governance through leadership and advisory roles with Headspace Warwick, Warwick Hospital and regional community consultative committees.

Terrence Kehoe RPEQ 00936 (RET), BE

Board Member

First appointed: 1 April 2022

Term completed: 31 March 2026

Mr Terrence Kehoe is a consulting engineer and founder of Kehoe Myers Consulting Engineers Pty Ltd. He has extensive experience in the planning, design and delivery of civil, structural and hydraulic engineering projects across Queensland. Mr Kehoe has held leadership positions with professional, educational and community organisations and has contributed to major health infrastructure projects, including St Vincent's Private Hospital and St Andrews Private Hospital in Toowoomba.

Patricia Leddington-Hill BSc, LLB, GAICD

Board Member

First appointed: 9 November 2012

Term completed: 31 March 2026

Ms Patricia Leddington-Hill has extensive experience in primary healthcare, governance and regional health service delivery. She worked for more than a decade with RHealth and continues to support primary health care initiatives through her work with the Western Queensland Primary Health Network. Ms Leddington-Hill has also provided leadership in safety and quality governance through her involvement with statewide health service committees and forums.

Marie Pietsch MAICD**Board Member**

First appointed: 29 June 2012

Term completed: 31 March 2026

Ms Marie Pietsch is a respected community leader and advocate for improved health outcomes in rural and regional Queensland. She has held a range of leadership roles in health advisory and community governance bodies, including Chair of the Minister's Rural Health Advisory Council and Chair of the Southern Downs Health Community Council. Ms Pietsch has received several honours recognising her longstanding contribution to healthcare and community service, including a Centenary Medal and an Australia Day Achievement Medallion.

Committees

The Board is accountable to the Minister for the governance, strategy and performance of Darling Downs Health. To support the effective discharge of its responsibilities, the Board is assisted by a number of committees established under the *Hospital and Health Boards Act 2011* and *Hospital and Health Boards Regulation 2023*. Each committee operates under an approved charter that outlines its purpose, responsibilities, membership and governance arrangements.

Board Executive Committee

The Board Executive Committee operates in accordance with section 32B of the *Hospital and Health Boards Act 2011*. The committee works closely with the Health Service Chief Executive to progress strategic priorities endorsed by the Board, support organisational performance and strengthen accountability in the delivery of health services. It also provides a mechanism for timely communication and decision-making in relation to significant emerging issues.

Board Audit and Risk Committee

The Board Audit and Risk Committee operates in accordance with section 47 of the *Hospital and Health Boards Regulation 2023*. The committee provides independent assurance and advice to the Board on financial reporting, audit activities, risk management, internal controls and compliance obligations. It oversees internal and external audit processes, monitors organisational risk and work health and safety performance, and supports the Board in ensuring effective governance and accountability arrangements are maintained.

Board Finance Committee

The Board Finance Committee operates in accordance with section 46 of the *Hospital and Health Boards Regulation 2023*. The committee provides oversight of the financial performance, sustainability and resource management of Darling Downs Health. It monitors budget performance, reviews financial risks and provides assurance to the Board that appropriate financial management strategies are in place to support the organisation's objectives and long-term viability.

Board Safety and Quality Committee

The Board Safety and Quality Committee operates in accordance with section 45 of the *Hospital and Health Boards Regulation 2023*. The committee provides strategic oversight of safety and quality performance across Darling Downs Health and promotes continuous improvement in healthcare delivery. It supports the

Board by monitoring governance arrangements, compliance with relevant standards and policies, and initiatives aimed at improving patient outcomes, experience and the delivery of safe, high-quality care.

Board Health Equity Committee

The Board Health Equity Committee reflects the Board's ongoing commitment to improving health equity for Aboriginal peoples and Torres Strait Islander peoples. The committee oversees the implementation of the *Health Equity Strategy 2025-2028* and monitors progress against key actions and performance measures. It provides strategic leadership to support the delivery of culturally safe, responsive and capable healthcare services, and promotes partnerships, engagement and co-design initiatives that contribute to improved health outcomes for Aboriginal peoples and Torres Strait Islander peoples.

Board member participation and remuneration in 2025-2026

DARLING DOWNS HOSPITAL AND HEALTH BOARD					
Act or instrument	<i>Hospital and Health Boards Act 2011</i>				
Functions	The Board provides governance of Darling Downs Hospital and Health Service and is responsible for strategic direction, oversight of financial performance, delivery of quality health outcomes and engagement with consumers and the community.				
Achievements	- Development of a new future focused and community aligned Darling Downs Health Strategic Plan 2026-2030, including implementation mapped and planned. - Delivery of the <i>Health Equity Strategy and Implementation Plan 2025-2028</i>. - Draft service profiles have been developed for Chinchilla, Jandowae and Murgon in preparation for Health Infrastructure Queensland led rural builds.				
Financial reporting	Not exempted from audit by the Auditor General. Annual financial statements are audited by the Queensland Audit Office. Transactions are accounted for in the annual financial statement.				
Remuneration					
Position	Name	Meetings/sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
1 July 2025 to 31 March 2026					
Board Chair (contract ceased 31 March 2026)	Dr Dennis Campbell	7 of 8 Board Meetings 6 of 7 Executive Committee	\$75,000 pa Board Chair	\$4,000 pa Chair, Executive Committee	\$61,000

Deputy Chair	Dr Ross Hetherington	8 of 8 Board Meetings 5 of 7 Executive Committee 8 of 8 Finance Committee 3 of 4 Safety and Quality Committee	\$40,000 pa Deputy Chair	\$3,000 pa Member, Executive Committee \$4,000 pa Chair, Finance Committee \$3,000 pa Member, Safety and Quality Committee	\$41,000
Board Member	Marie Pietsch	8 of 8 Board Meetings 7 of 7 Executive Committee 2 of 2 Health Equity Committee	\$40,000 pa	\$3,000 pa Member, Executive Committee \$3,000 pa Member, Health Equity Committee	\$41,000
Board Member	Emeritus Professor Julie Cotter	7 of 8 Board Meetings 6 of 7 Executive Committee 5 of 8 Finance Committee 2 of 2 Audit and Risk Committee	\$40,000 pa	\$3,000 pa Member, Executive Committee \$3,000 pa Member, Finance Committee \$4,000 pa Chair, Audit and Risk Committee June 2024 – May 2025 \$3,000 pa Member, Audit and Risk Committee May – June 2025	\$37,000
Board Member	Patricia (Trish) Leddington-Hill	8 of 8 Board Meetings 2 of 2 Audit and Risk Committee 4 of 4 Safety and Quality Committee	\$40,000 pa	\$4,000 pa Chair, Safety and Quality Committee \$3,000 pa Member, Audit and Risk Committee	\$40,000

Board Member	Professor Maree Toombs	5 of 8 Board Meetings 1 of 4 Safety and Quality Committee 2 of 2 Health Equity Committee	\$40,000 pa	\$3,000 pa Member, Safety and Quality Committee \$4,000 pa Chair, Health Equity Committee	\$35,000
Board Member	Dr Stephen Harrop	7 of 8 Board Meetings 4 of 4 Safety and Quality Committee 2 of 2 Health Equity Committee	\$40,000 pa	\$3,000 pa Member, Safety and Quality Committee \$3,000 pa Member, Health Equity Committee	\$38,000
Board Member	Terrence (Terry) Kehoe	6 of 8 Board Meetings 7 of 8 Finance Committee 2 of 2 Audit and Risk Committee	\$40,000 pa	\$3,000 pa Member, Finance Committee \$3,000 pa Member, Audit and Risk Committee	\$36,000
Board Member	Merrilyn Strohfeldt	7 of 8 Board Meetings 7 of 8 Finance Committee 1 of 2 Audit and Risk Committee	\$40,000 pa	\$3,000 pa Member, Finance Committee \$3,000 pa Member, Audit and Risk Committee June 2024 – May 2025 \$4,000 pa Chair, Audit and Risk Committee May - June 2025	\$37,000
1 April 2026 to 30 June 2026					
Board Chair (contract commenced 1 April 2026)	Merrilyn Strohfeldt	3 of 3 Board Meetings 3 of 3 Board Executive Committee	\$75,000 pa Board Chair	\$4,000 pa Chair, Executive Committee	\$21,000

Deputy Board Chair	Dr Ross Hetherington	3 of 3 Board Meetings 2 of 2 Safety and Quality Committee 2 of 2 Finance Committee 2 of 3 Board Executive Committee	\$40,000 pa Deputy Chair	\$4,000 pa Chair, Safety and Quality Committee \$3,000 pa Member, Finance Committee \$3,000 pa Member, Executive Committee	\$14,000
Board Member	Emeritus Professor Julie Cotter	3 of 3 Board Meetings 2 of 2 Finance Committee 1 of 1 Audit and Risk Committee	\$40,000 pa	\$4,000 pa Chair, Finance Committee \$3,000 pa Member, Audit and Risk Committee	\$12,000
Board Member	Professor Maree Toombs	3 of 3 Board Meetings 1 of 1 Health Equity Committee 1 of 2 Safety and Quality Committee	\$40,000 pa	\$4,000 pa Chair, Health Equity Committee \$3,000 pa Member, Safety and Quality Committee	\$12,000
Board Member	Dr Brodie Quinn	3 of 3 Board Meetings 1 of 1 Health Equity Committee 2 of 2 Safety and Quality Committee	\$40,000 pa	\$3,000 pa Member, Health Equity Committee \$3,000 pa Member, Safety and Quality Committee	\$12,000

Board Member	Professor Victoria Brazil	3 of 3 Board Meetings 3 of 3 Board Executive Committee 1 of 1 Audit and Risk Committee 2 of 2 Safety and Quality Committee	\$40,000 pa	\$3,000 pa Member, Executive Committee \$3,000 pa Member, Audit and Risk Committee \$3,000 pa Member, Safety and Quality Committee	\$13,000
Board Member	Brendan Baulch	2 of 3 Board Meetings 1 of 1 Audit and Risk Committee 2 of 2 Finance Committee 1 of 1 Health Equity Committee	\$40,000 pa	\$4,000 pa Chair, Audit and Risk Committee \$3,000 pa Member, Finance Committee \$3,000 pa Member, Health Equity Committee	\$13,000
No. scheduled meetings/sessions	11 Board Meetings 10 Executive Committee 10 Finance Committee 3 Audit and Risk Committee 6 Safety and Quality Committee 3 Health Equity Committee				
Total out of pocket expenses	\$4,875 <i>These include domestic travel, accommodation costs and meals. These do not include costs incurred by the government body as a whole, such as venue hire or office leasing costs. Motor vehicle allowances are not included in this total as they have been included in the individual fees received above.</i>				

Note: The Health Equity Committee is not a prescribed committee under the *Hospital and Health Boards Act 2011*

Executive management

Annette Scott PSM

Health Service Chief Executive

Ms Annette Scott is an experienced health executive and board director with extensive leadership experience across the public and private health sectors. As Health Service Chief Executive, she leads the strategic direction, performance and delivery of healthcare services across Darling Downs Health. Prior to the role of Health Service Chief Executive, Ms Scott was the Executive Director Allied Health for Darling Downs Health, and the allied health statewide representative on the Queensland Clinical Senate Executive, the peak clinical advisory body funded by Queensland Health. Ms Scott is a strong advocate for health workforce development, research, digital transformation and infrastructure investment, and has played a significant role in advancing partnerships across health, education and government sectors.

Dr Liam Flynn

Executive Director Medical Services

Dr Liam Flynn is responsible for providing strategic and professional leadership for the medical workforce across Darling Downs Health. He brings extensive experience in clinical care, public health and rural and remote medicine, including previous roles within public health and emergency response services. Dr Flynn holds postgraduate qualifications in public health and health leadership and is a Fellow of multiple specialist medical colleges.

Alison Broadbent

Executive Director Nursing and Midwifery Services

Ms Alison Broadbent is an experienced healthcare executive with expertise spanning nursing and midwifery leadership, clinical governance, workforce planning and operational management. As Executive Director Nursing and Midwifery Services, she provides strategic leadership to support the delivery of safe, sustainable and high-quality care. Ms Broadbent is committed to advancing nursing and midwifery practice and fostering innovation, collaboration and excellence across healthcare services.

Dr Christopher Cowling

Executive Director Rural Health and Aged Care

Dr Christopher Cowling leads rural health services across Darling Downs Health, supporting the delivery of healthcare to rural and regional communities. A rural generalist by background, he has extensive experience in clinical leadership, service delivery and healthcare governance. Dr Cowling is a dual Fellow of the Australian College of Rural and Remote Medicine and the Australasian College of Medical Administrators and holds postgraduate qualifications in health leadership and management.

Louise Van Every

Executive Director Allied Health

Ms Louise Van Every provides strategic and operational leadership and governance across Allied Health Services, Community Services, BreastScreen, and Oral Health throughout the Darling Downs region. An occupational therapist by background, she brings extensive experience in healthcare operations, service improvement, strategic leadership, and authentic partnership development. Ms Van Every is committed to driving innovation, strengthening governance, and improving health outcomes through collaborative and patient-centred approaches to healthcare delivery.

Greg Neilson**Executive Director Mental Health, Alcohol and Other Drugs Service**

Mr Greg Neilson is responsible for the strategic leadership and delivery of mental health, alcohol and other drugs services across Darling Downs Health. He has extensive experience in mental health service delivery, clinical leadership and service reform across inpatient and community settings. Mr Neilson is a Fellow of the Australian College of Mental Health Nurses and holds specialist qualifications in mental health nursing, health management and health economics.

Rachel Phillips**Executive Director Toowoomba Hospital**

Ms Rachel Phillips provides executive leadership for Toowoomba Hospital, the region's largest healthcare facility. A clinical psychologist by training, she has extensive experience in healthcare leadership across acute, ambulatory, primary care and mental health services. Ms Phillips also contributes to the profession nationally through her role as Chair of the Psychology Board of Australia.

David (Dave) Pugsley**Executive Director Commercial Management and Infrastructure**

Mr Dave Pugsley leads the Commercial Management and Infrastructure division, with responsibility for strategic programs, infrastructure planning and delivery, maintenance and engineering and commercial management. He has extensive experience across healthcare operations, finance and infrastructure management. Mr Pugsley holds a Bachelor of Commerce (Accounting), is a Member of the Australian Institute of Digital Health and the Australian Institute of Company Directors.

Jane Ranger**Chief Finance Officer**

Ms Jane Ranger is responsible for the financial stewardship of Darling Downs Health and has experience leading financial management, procurement, commercial services and health information functions. She brings extensive experience in finance, business management and governance across both the public and private sectors. Ms Ranger is a Fellow Certified Practising Accountant and a Graduate of the Australian Institute of Company Directors.

Kylie Pippas**Executive Director People and Culture**

Ms Kylie Pippas leads the People and Culture portfolio, providing strategic oversight of workforce planning, workplace relations, recruitment, capability development, work health and safety, and organisational culture. She is a senior human resources executive with more than 20 years experience across health, community care, finance and retail sectors. Ms Pippas holds qualifications in industrial relations and sociology and is a Certified Practising Human Resources professional.

Denise Toman**Chief Digital and Information Officer**

Ms Denise Toman was appointed Chief Digital and Information Officer in 2025 and brings more than 20 years experience in healthcare information technology across the United Kingdom, United States and Australia. She has held senior leadership roles spanning digital health, clinical information systems, enterprise

architecture, change management and organisational transformation. Ms Toman has led large-scale digital initiatives in both healthcare and higher education sectors, with a focus on improving service delivery, operational performance and patient outcomes. She is recognised for her ability to bridge healthcare and technology, driving innovation and digital transformation that supports safe, sustainable and patient-centred care.

Todd Williams

Director Aboriginal and Torres Strait Islander Health

Mr Todd Williams is a proud Koa Wakka Wakka man who was appointed Director Aboriginal and Torres Strait Islander Health in 2025. He brings extensive experience in Aboriginal and Torres Strait Islander health, health equity, strategic leadership and culturally responsive service delivery. Prior to joining Darling Downs Health, Mr Williams held senior leadership positions with Kambu Aboriginal and Torres Strait Islander Corporation for Health and the Darling Downs and West Moreton Primary Health Network. He is a strong advocate for person-centred care, community partnership and improving health outcomes for Aboriginal peoples and Torres Strait Islander peoples through culturally safe and sustainable healthcare services.

Duane Roth

Director Office of the Chief Executive

Mr Duane Roth was appointed Director Office of the Chief Executive in 2025 and brings more than 25 years experience across government, higher education and the private sector. He has extensive expertise in strategy, governance, stakeholder engagement and organisational improvement, gained through a range of senior leadership roles. Prior to joining Darling Downs Health, Mr Roth held senior positions at the University of Southern Queensland and within Queensland Government, leading complex programs and organisational change initiatives. He is committed to fostering collaboration, strengthening partnerships and supporting the delivery of strategic outcomes across the health service.

Professor Hwee Sin Chong

Executive Director Queensland Rural Medical Service

Professor Hwee Sin Chong leads the Queensland Rural Medical Service, which supports the sustainability of rural and remote medical services and workforce development across Queensland. She has extensive experience in medical administration, clinical leadership and health workforce strategy. Professor Chong is a Fellow of the Royal Australasian College of Medical Administrators and holds postgraduate qualifications in health management and public health.

Our divisions

Darling Downs Health comprises 12 divisions and the Office of the Chief Executive, which work collaboratively to deliver safe, high-quality and integrated healthcare services across the region. These divisions encompass clinical, professional and corporate functions, each with clearly defined responsibilities, accountabilities and areas of expertise. Together, they provide the leadership, governance, workforce, infrastructure and support services required to deliver effective healthcare and achieve the organisation's strategic objectives.

Office of the Chief Executive

The Office of the Chief Executive provides strategic leadership and corporate support functions that enable the effective governance and operation of Darling Downs Health. The office is responsible for strategy and planning, executive services, media and communications, legal services, risk and compliance, consumer and community engagement, and Board secretariat functions. Working closely with executive leaders across the organisation, the Office of the Chief Executive supports informed decision-making, organisational performance, stakeholder engagement and effective governance. Through these functions, the division helps drive strategic priorities and strengthens accountability, transparency and community confidence in the health service.

Aboriginal and Torres Strait Islander Health

Aboriginal and Torres Strait Islander Health Service provides strategic leadership for Aboriginal and Torres Strait Islander health across Darling Downs Health. The division delivers specialised community health programs and services, leads the implementation of the health equity strategy, and drives initiatives that improve health outcomes for Aboriginal peoples and Torres Strait Islander peoples. The service also plays a key role in strengthening organisational cultural capability through workforce education and training, the development of culturally appropriate resources and support services, and investment in meaningful partnerships with communities and stakeholders. Through these activities, the division supports culturally safe, responsive and equitable healthcare services across the region.

Allied Health and Community Services

Allied Health and Community Services Division provides strategic leadership and professional governance for allied health services across Darling Downs Health, supporting workforce planning, clinical education, professional development, rural health and service excellence. The division delivers a broad range of specialised clinical, community, and preventative health services across the continuum of care, from health promotion and early intervention through to rehabilitation, aged care, and ongoing community-based support.

The division includes a range of community care services, such as transition care, aged care, home care, hospital avoidance programs, and community-based allied health services that help prevent avoidable hospital admissions and support people to maintain their independence, health, and wellbeing closer to home. It also delivers BreastScreen services, oral health services, pastoral care, mobile women's health services, and nurse navigator services, ensuring accessible and coordinated care across the region.

Commercial Management and Infrastructure

Commercial Management and Infrastructure division provides strategic leadership for infrastructure, planning, capital delivery and commercial services across Darling Downs Health. The division is responsible for infrastructure planning and development, project management, maintenance and engineering services, and commercial management functions that support the organisation's operational and strategic objectives. It leads the local delivery of major initiatives, including the New Toowoomba Hospital Project and other significant digital health and innovation programs, while overseeing the planning, construction, maintenance and optimisation of health infrastructure across the region. The division also strengthens organisational capability through the delivery of procurement, contract management, purchasing and asset management services, ensuring resources are managed effectively to support high-quality healthcare delivery.

Finance

The Finance division provides leadership and oversight to ensure Darling Downs Health's resources are managed responsibly, sustainably and efficiently. The division delivers a range of essential corporate services, including financial control, management accounting, business management, commercial services, business analysis and intelligence services. Through responsible financial management, performance monitoring and informed decision-making, the division supports the delivery of high-quality healthcare services and the achievement of organisational priorities. Its functions are designed to strengthen governance, optimise resource utilisation and ensure business processes remain efficient, compliant and focused on delivering value for our communities.

Information and Business Intelligence

Led by the Chief Digital and Information Officer, the Digital and Information Services division comprises information and communication technology (ICT) services and clinical informatics. The division provides strategic leadership for digital innovation, system architecture, information management and ICT governance across Darling Downs Health. ICT teams ensure the organisation's technology infrastructure, systems and data are secure, reliable and aligned with the needs of a growing and increasingly digital health service. The Clinical Informatics team supports the effective use of clinical information systems and delivers data, analytics and reporting solutions that enable evidence-based decision-making, service improvement and better patient outcomes.

Medical Services

Medical Services division provides strategic and professional leadership for the medical workforce across Darling Downs Health and oversees the Public Health Unit, Clinical Governance Unit, Research Development and Engagement Unit, and Health Information Services. The division plays a central role in workforce development, medical education and clinical leadership, supporting the delivery of high-quality healthcare across the organisation. Through its public health, research and clinical governance functions, the division drives continuous improvement, innovation and evidence-based practice, while providing assurance that services are safe, effective and aligned with contemporary standards of care.

Mental Health, Alcohol and Other Drugs

This division delivers a comprehensive range of specialist mental health services for children and young people, adults and older persons across Darling Downs Health. Services include acute inpatient care at Toowoomba Hospital, extended inpatient treatment and rehabilitation services at Baillie Henderson Hospital, and a broad network of community and outpatient mental health services available across Toowoomba and rural communities throughout the region. The division also leads the Darling Downs Health Alcohol and Other Drugs Service and works in partnership with the Aboriginal and Torres Strait Islander Health team to co-deliver culturally responsive Aboriginal and Torres Strait Islander Mental Health, Alcohol and Other Drugs services. Through integrated, person-centred models of care, the division supports improved mental health, wellbeing and recovery outcomes for individuals, families and communities.

Nursing and Midwifery Service

Nursing and Midwifery Services division provides strategic leadership, professional governance and workforce oversight for the nursing and midwifery professions across Darling Downs Health. The division is responsible for advancing clinical excellence through workforce planning, education, research, professional

development and evidence-based practice, ensuring nursing and midwifery services continue to meet the evolving needs of patients and communities. It also oversees the Emergency Preparedness and Disaster Management Unit, supporting organisational resilience and coordinated responses to emergencies, disasters and major incidents.

People and Culture

People and Culture division provides strategic leadership and support to ensure Darling Downs Health has a capable, engaged and sustainable workforce to meet current and future service needs. The division is responsible for attracting, developing and retaining talented employees by fostering a safe, inclusive and supportive workplace that promotes wellbeing, professional growth and workforce capability. Through effective workforce planning and management across the employee lifecycle, the division helps ensure the organisation can continue to deliver high-quality, patient-centred care. It also plays a key role in promoting Darling Downs Health as an employer of choice, recognised for its commitment to learning, inclusion, workforce wellbeing and improved health outcomes for the communities it serves.

Queensland Rural Medical Service

Queensland Rural Medical Service is responsible for a range of medical training programs and pathways including:

- Queensland rural generalist pathway
- Queensland basic physician training (adult medicine) network
- Queensland basic paediatric training network
- Queensland neonatal and perinatal medicine advanced training network
- Queensland intensive care training pathway
- Queensland general medicine advanced training network
- Queensland general paediatric advanced training network
- Rural generalist coordination unit for Queensland
- Coordination of the John Flynn prevocational doctors' program

In addition, the division remains focused on clinical relief services, augmenting the rural workforce across Queensland by engaging and supplying relievers for medical, allied health and BreastScreen practitioners, with relief clinicians for rural areas in continued high demand.

Rural Health and Aged Care

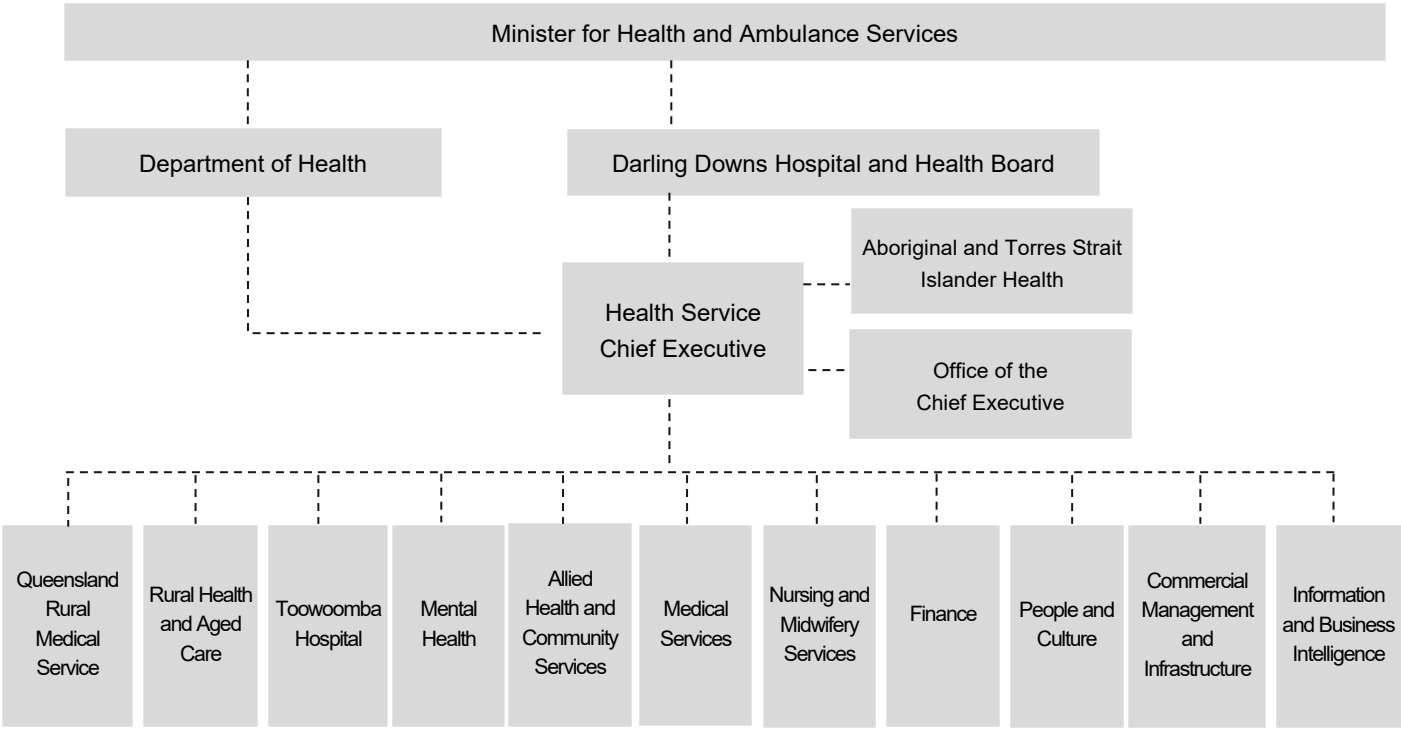
Rural Health and Aged Care division delivers healthcare services across three geographic clusters: Southern, Western and South Burnett. Operating 14 hospitals, four multipurpose health services, two community general practices and six residential aged care facilities, the division provides vital healthcare services to more than 150,000 people living across a catchment of over 90,000 square kilometres. In addition to hospital and primary healthcare services, the division cares for more than 200 residential aged care residents across the rural network. The division plays a critical role in ensuring equitable access to healthcare for regional, rural and remote communities across the Darling Downs.

Toowoomba Hospital

Toowoomba Hospital division is responsible for the operation of Darling Downs Health's principal referral hospital, a 512-bed tertiary facility providing specialist and acute healthcare services for the region. As the major referral centre for communities across the Darling Downs and South West Queensland, the hospital

delivers a broad range of medical, surgical, diagnostic and support services. Under the Clinical Services Capability Framework (CSCF), Toowoomba Hospital is designated as a Level 5 facility, reflecting its capacity to manage a wide range of complex clinical presentations and specialised procedures.

Organisational structure and workforce profile



Strategic workforce planning and performance

Strategic workforce planning

Darling Downs Health continued to implement initiatives under the *People First Strategy 2023-2027*, which guides how we attract, develop, support and retain our workforce.

A key focus during 2025-2026 was the development of a long-term workforce strategy. Informed by workforce analysis and demand modelling, the strategy will support a sustainable and adaptable workforce that can respond to changing community needs, evolving models of care and future service requirements. It will address key workforce priorities including supply and demand challenges, attraction and retention, workforce capability, organisational culture, leadership and wellbeing.

To support future workforce needs, Darling Downs Health developed a Talent Acquisition Strategy focused on strengthening our employer brand, expanding talent pipelines through partnerships and career pathways, enhancing candidate experiences, and using data and technology to improve recruitment outcomes. During the year, Darling Downs Health and TAFE Queensland piloted the Healthy Pathways Program, providing Year 10, 11 and 12 students with work experience opportunities and the ability to complete a

Certificate II in Health Support Services. The program supports local workforce development and encourages students to pursue careers in healthcare.

The organisation continues to invest in leadership capability through a range of development programs aligned with the Darling Downs Health Leadership Capability Framework. A new Line Manager Essentials program was also introduced to strengthen practical leadership and people management skills across the organisation. New performance development tools, including the 1:1 Conversations framework, were implemented to support regular feedback, wellbeing discussions, professional growth and performance planning.

As the largest employer in the region, Darling Downs Health remains committed to fostering a diverse, inclusive and culturally safe workplace. A diversity, equity and inclusion review undertaken during the year informed initiatives aimed at increasing workforce diversity, supporting career development opportunities and strengthening leadership pathways that reflect the communities we serve.

Darling Downs Health also finalised a revised Health, Safety and Wellbeing Strategy 2026-2028, reinforcing our commitment to creating safe and healthy workplaces. The strategy focuses on building safety capability, strengthening leadership accountability, improving safety systems and supporting the physical and psychological wellbeing of our workforce.

Medical workforce

The Darling Downs South West Medical Pathway is a partnership between the University of Southern Queensland, the University of Queensland, Darling Downs Health and South West Hospital and Health Service that supports medical training from university through to specialist practice. During 2025-2026, the program continued to grow, with a fourth cohort of 27 undergraduate-entry students commencing studies in 2026 and 36 Doctor of Medicine students undertaking training at each year level in Toowoomba. The pathway supports the development of a sustainable local medical workforce for regional and rural Queensland.

Darling Downs Health currently employs 27 International Medical Graduates (IMGs) as Resident Medical Officers. Through our Workplace Based Assessment program, IMGs are supported to achieve general registration with the Australian Health Practitioner Regulation Agency through a 12-month assessment process conducted in real clinical settings. The program provides an alternative pathway to the Australian Medical Council clinical examination and includes a 24-month return of service commitment on successful completion. Since its commencement, 13 candidates have completed the program, with 10 continuing to work within Darling Downs Health across a range of medical specialties, including general practice. In 2026, a further seven candidates are participating in the program as they progress towards general registration.

Queensland Rural Medical Service

Queensland Rural Medical Service manages six statewide medical specialty training networks. These provide a structured framework for the assessment, selection and training of junior doctors across metropolitan, regional and rural areas of Queensland. The networks supported a total of approximately 1,194 doctors in basic or advanced training in adult internal medicine, paediatrics and intensive care medicine throughout 2025-2026.

The division also manages the statewide Queensland Rural Generalist Pathway (QRGP) which supports medical officers to pursue a rural medical generalist career. In 2026, 71 medical officers are training in the Darling Downs Health footprint. More than 342 fellows have completed their qualifications since the QRGP commenced in 2007. This year, 377 trainees and fellows are providing services in Modified Monash Model four to seven locations across Queensland.

Darling Downs Health workforce profile

The Darling Downs Health workforce comprises 5,983 full time equivalent employees, and a headcount of 7,553 people, 76.91 per cent of which are women. At Darling Downs Health, three per cent of our workforce identifies as Aboriginal people and Torres Strait Islander people, which is below the four percent target. Initiatives to increase representation of Aboriginal people and Torres Strait Islander people are documented on page 10.

Total Staffing	
Headcount	7,553
Paid Full time equivalent (FTE)	5,982.77

Occupational types by FTE	Percentage of total workforce (calculated on FTE)
Corporate	5.93%
Frontline and frontline support	94.07%

Appointment type by FTE	Percentage of total workforce (calculated on FTE)
Permanent	79.21%
Temporary	17.08%
Casual	3.61%
Contract	0.10%

Employment status by headcount	Percentage of total workforce (calculated on headcount)
Full-time	45.21%
Part-time	47.88%
Casual	6.91%

Gender	Number (headcount)	Percentage of total workforce (calculated on headcount)
Woman	5,809	76.91%
Man	1,729	22.89%
Non-binary	15	0.20%
Another term	0	0.00%
Not disclosed	0	0.00%

Diversity groups	Number (headcount)	Percentage of total workforce (calculated on headcount)
Women	5,809	76.91%
Aboriginal Peoples and Torres Strait Islander peoples	225	2.98%
People with a disability	182	2.41%
Culturally and linguistically diverse - speak a language at home other than English [^]	879	11.64%

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

Target group data for women in leadership roles	Number (headcount)	Women as percentage of total leadership cohort (calculated on headcount)
Senior Officers (Classified and s122 equivalent combined)	5	31.25%
Senior Executive Service and Chief Executives (Classified and s122 equivalent combined)	5	71.43%

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 (PSC) 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 Queensland health reports, FTE is split across both roles.

* Women in leadership roles include the following Queensland Health position classifications:

- Senior officers: HSO, DSO and ASO (Ambulance only).
- Senior executive service, high-level senior executives and chief executives: HES, CEO, SES, senior officer public service, and AES (ambulance only).

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

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

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

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

Early retirement, redundancy and retrenchment

There were no early retirement, redundancy or retrenchment packages paid by Darling Downs Health during 2025–2026.

Open Data

Darling Downs Health has open data to report on the Queensland Language Services Policy and Charter of Victims' Rights. The data can be found on the Queensland Government Open Data Portal.

There is no open data to report for overseas travel or consultancies.

Our risk management

Darling Downs Health is dedicated to maintaining an effective, enterprise-wide risk management approach that underpins the delivery of safe, high-quality, and responsive healthcare. Our risk management framework ensures a consistent process for identifying, assessing, and controlling risks, while our compliance management framework supports the fulfilment of legislative and regulatory obligations. Risk and compliance reports are routinely reviewed by the Executive and the Board Audit and Risk Committees to ensure robust oversight and accountability.

In accordance with section 40 of the *Hospital and Health Boards Act 2011*, all Hospital and Health Services are required to report on any directions issued by the Minister and outline actions taken in response. During the 2025-2026 reporting period, there were two Ministerial Directions:

- *QH-MD-002 Treatment of gender dysphoria in children and adolescents with hormone therapy.*
Darling Downs Health does not provide gender affirming care services.

- *QH-MD-003 Mandatory reporting to the Queensland Police Service (QPS) where a person is unsuitable to possess a firearm.*
Darling Downs Health has established processes within its mental health services to notify the Queensland Police Service of identified firearm-related risks. During the reporting period, the organisation commenced development of a broader health service-wide process and undertook activities to raise awareness of the mandatory reporting requirements among relevant healthcare professionals.

Throughout 2025-2026, Darling Downs Health prioritised the following key risk management initiatives:

- Strengthening the risk management framework and maintaining an up-to-date risk register.
- Fostering a positive risk culture that encourages open reporting, escalation, and accountability.
- Addressing critical risks, including privacy and cyber security threats, to safeguard sensitive information and systems.
- Enhancing both proactive and reactive risk management practices to mitigate emerging and ongoing risks.
- Ensuring compliance with updated codes of practice, standards, and regulatory requirements.
- Responding to aged care reform, ensuring compliance with new regulatory requirements and supporting the delivery of safe, high-quality aged care services.

These initiatives reflect our ongoing commitment to continuous improvement, risk-informed decision-making, and the delivery of safe and sustainable healthcare services across the region.

Internal audit

Darling Downs Health's internal audit function operates in accordance with a Board-approved Internal Audit Charter, the *Financial and Performance Management Standard 2019*, and the *International Professional Practices Framework* of the Institute of Internal Auditors. Internal audit provides independent and objective assurance to the Board and Executive on the effectiveness of governance, risk management and internal control processes. It also supports a culture of accountability, integrity and continuous improvement across the organisation through the identification of opportunities to strengthen systems, processes and performance.

Internal audit services are delivered by independent providers engaged through a competitive procurement process. The function maintains operational independence from management and external audit while working collaboratively to ensure a coordinated and efficient assurance framework. Through a risk-based program of reviews, internal audit assesses the effectiveness, efficiency and compliance of organisational processes and provides recommendations to support informed decision-making and the achievement of strategic objectives.

Audit activities are guided by an annual risk-based strategic audit plan, endorsed by the Executive and approved by the Board. The 2025-2026 Internal Audit Plan focused on priority areas including:

- Non-acute long stay patients
- Recruitment
- Backlog maintenance
- Clinical incidents – SAC 3 and 4
- Occupational violence
- Laundry Operations
- ISI8 annual attestation

Implementation of audit recommendations is monitored regularly, ensuring findings are addressed and improvements are sustained across the health service.

External scrutiny

Darling Downs Health has maintained National Safety and Quality Health Services (NSQHS) accreditation following short notice assessments conducted in November 2024 and February 2025. Darling Downs Health NSQHS accreditation is currently valid until 23 April 2028.

Darling Downs Health residential aged care facilities all maintained full accreditation status in 2025-2026, under the Aged Care Accreditation Scheme.

Darling Downs Health operations are subject to regular scrutiny from external oversight bodies. These may include Office of the Health Ombudsman, the Queensland Coroner, the Crime and Corruption Commission and Queensland Audit Office.

Darling Downs Health received six recommendations arising from an Office of the Health Ombudsman investigation. In March 2026, Office of the Health Ombudsman confirmed that all six recommendations have been fully implemented and closed.

During 2025-2026, no significant findings or recommendations specific to Darling Downs Health were identified by Queensland Coroner, the Crime and Corruption Commission or Queensland Audit Office. The service continues to monitor and respond to sector-wide findings, recommendations and emerging issues from external oversight and assurance bodies where relevant to its operations.

Information systems and record keeping

Darling Downs Health continued to invest in and explore digital technologies to enhance patient safety and experiences across its services. This is evidenced by initiatives such as the Go! Digital program, supporting the health service's overarching digital strategy by providing training to enable our staff to work in a digital health service. In 2025-2026, the ieMR project team successfully completed a comprehensive program of readiness activities across Toowoomba Hospital, Baillie Henderson Hospital and rural hub hospitals in Kingaroy, Dalby and Warwick.

The Executive Director Medical Services is responsible for Health Information Services and governance of clinical records. The Health Information Service is dedicated to continuous service improvement to ensure availability and timely access to critical information to support the provision of high-quality and safe patient care.

The Office of the Chief Executive is responsible for governance of corporate non-clinical records. Darling Downs Health continues to progress implementation of the requirements of the *Public Records Act 2023* and maintain records governance arrangements that support the appropriate management, reliability and security of public records. A new electronic document and records management system (Content Manager) is scheduled for rollout in 2026-2027.

Attestation of IS18:2018 (ISMS) information security risk

During the 2025-2026 financial year, Darling Downs Health has an informed opinion that information security risks were actively managed and assessed against Darling Downs Health's risk appetite, with appropriate assurance activities undertaken in line with the requirements of the Queensland Government Enterprise Architecture (QGEA) Information and cyber security policy (IS18).

Queensland public service ethics and values

Darling Downs Health is committed to maintaining the highest standards of integrity, accountability and ethical conduct across all areas of its operations. In accordance with the *Code of Conduct for the Queensland Public Service* under the *Public Sector Ethics Act 1994*, all employees are expected to uphold the principles, values and behaviours that underpin public sector service delivery.

During the reporting period, Darling Downs Health continued to promote ethical decision-making and professional conduct through established policies, procedures and leadership practices. Employees are

encouraged and supported to identify, disclose and report suspected wrongdoing, including through the organisation's public interest disclosure processes.

Education and training are key components of Darling Downs Health's ethics framework. Mandatory training is provided through the Darling Downs Learning Online platform to ensure employees understand their responsibilities under the Code of Conduct. The statewide Working Ethically training program, which includes modules on the Code of Conduct, fraud and corruption awareness, and public interest disclosures, is required to be completed annually by all employees. Training compliance is regularly monitored and reported across all levels of the organisation.

Darling Downs Health also promotes the Queensland public sector values of customers first, ideas into action, unleash potential, be courageous and empower people. These values are embedded in workforce practices and support a culture of ethical behaviour, accountability, respect and continuous improvement in the delivery of healthcare services

Human rights

During 2025-2026, Darling Downs Health continued to promote and protect human rights by embedding human rights considerations into governance and decision-making processes. Human rights were considered in the development and review of policies, procedures and other governance instruments to support compliance with the *Human Rights Act 2019* and to further the Act's objectives.

During the year, Darling Downs Health developed *Our Commitment to Diversity, Equity and Inclusion 2026-2028*, demonstrating the service's commitment to fostering an inclusive workplace culture where diversity is valued and all people are treated with dignity, respect and cultural safety.

Darling Downs Health further strengthened its focus on equity through the endorsement of the *Health Equity Strategy and Implementation Plan 2025-2028* in September 2025. The strategy reaffirms the service's commitment to improving health equity and partnering with Aboriginal and Torres Strait Islander peoples to achieve better health outcomes.

Darling Downs Health assesses all complaints for potential human rights involvement, including complaints where a contravention of human rights is not specifically alleged by the complainant. In 2025-2026, Darling Downs Health directly received 21 complaints that were assessed as having a human rights component. In addition, there were three (3) human rights complaints referred from the Queensland Human Rights Commission to the service. Of these 24 complaints:

- 23 complaints were resolved locally and closed
- 1 complaint remained open at 30 June 2026 and was undergoing finalisation and pending closure

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 Health Service Chief Executive did not authorise the disclosure of confidential information during the reporting period.

Performance

Non-financial performance

The *Darling Downs Health Strategic Plan 2023-2027* states the strategic priorities and key performance measures to be achieved over a four-year period. Progress for the 2025-2026 period is detailed below.

Better Health

Our services are aligned with our priorities to ensure better health outcomes for all

Measures of success	Outcome
Health Equity strategy indicators are met -	During 2025-2026, Darling Downs Health continued implementation of its health equity strategy, strengthening partnerships with communities, consumers, Elders and Aboriginal and Torres Strait Islander Community Controlled Health Organisations to improve culturally safe and responsive healthcare. During the year, 23 health equity deliverables were reported as on track, recruitment targets for Aboriginal and Torres Strait Islander Health positions were achieved, and Deadly Start trainee retention remained strong at 88 per cent. Performance targets were achieved for dental care provided within clinically recommended timeframes (100 per cent) and advance care planning (10 per cent against a 9 per cent target). Positive progress was also observed in healthy birth weights, reaching 90 per cent during the third quarter. Continued focus is being directed towards improving access to elective surgery, specialist outpatient appointments, mental health follow-up and increasing Aboriginal and Torres Strait Islander workforce representation.
Joint health needs assessment completed in partnership with the PHN by 2025	The <i>Joint Regional Needs Assessment 2025–2028</i> was collaboratively developed by Darling Downs Health, West Moreton Health, and the Darling Downs and West Moreton Primary Health Network. Aligned with the Joint Regional Needs Assessment Framework, it was submitted to the Department of Health in November 2024 and received formal approval from the Commonwealth Department of Health and Aged Care in January 2025.

Achievement of HHS Service Delivery targets - emergency department, specialist outpatients and elective surgeries	Darling Downs Health delivered mixed results against its 2025-2026 Service Delivery Statement targets, reflecting ongoing demand pressures across both acute and planned care services. Emergency Department performance remained strong for the most urgent patients, with 100 per cent of Category 1 patients treated within the recommended timeframe. Performance also exceeded targets for less urgent presentations, with 77 per cent of Category 4 and 95 per cent of Category 5 patients seen on time. However, treatment times for Category 2 (55 per cent) and Category 3 (59 per cent) patients fell below the 2025-2026 targets. Elective surgery performance remained strong, with 89.5 per cent of patients treated within clinically recommended timeframes reflecting continued efforts to improve access to planned surgery. Specialist outpatient services continued to experience high demand, with 68.6 per cent of patients waiting within clinically recommended timeframes. Overall, the results demonstrate progress in elective surgery access while highlighting ongoing challenges in emergency and outpatient services driven by increasing activity and service demand.
Improved patient satisfaction	Darling Downs Health maintained strong patient satisfaction outcomes through participation in the statewide Patient Reported Experience Measures (PREMs) program. Prior to the transition to a new survey provider, 71 per cent of inpatient respondents and 77 per cent of outpatient respondents rated their care as "very good" between 1 July and 15 November 2024, with outpatient results improving on the previous year. Following the implementation of the new PREMs system, 70 per cent of patients rated their inpatient care as "very good" during the 2025-2026 reporting period (10 December 2025 to 30 June 2026), reflecting continued positive patient experiences across Darling Downs Health.

Accessible care

The way we deliver care improves accessibility for our community

Measures of success	Outcome
Increase of patients receiving alternative virtual models of care	Virtual care activity continued to grow in 2025-2026, with occasions of service increasing by 11.9 per cent compared with 2024-2025, representing an additional 11,725 occasions of service overall. Toowoomba drove much of this growth, recording 10,820 additional

	occasions of service, a 13.9 per cent increase on the previous financial year. Rural Darling Downs Health locations also experienced growth, delivering an additional 905 occasions of service, representing a 4.4 per cent increase compared to the 2024-2025 financial year.
Development of detailed HHS models of care	Darling Downs Health continues to develop models of care in line with the new Toowoomba Hospital single campus schedule.
Reduction in average length of stay for maintenance patients	The average length of stay for maintenance patients in Darling Downs Health improved by 0.55 days, decreasing from 26.98 days in 2024-2025 to 26.43 days in 2025-2026.
Achievement of HHS milestones for the new Toowoomba Hospital and Building Rural Master Works Program	In 2025-2026, Darling Downs Health continued to achieve key milestones for both the new Toowoomba Hospital and the Building Rural and Remote Health Program (BRRHP). In partnership with Health Infrastructure Queensland, planning for the main hospital building and associated areas impacted by the <i>Hospital Rescue Plan</i> was completed, enabling progression to the design phase for new campus facilities. In addition, the BRRHP was expanded to include five Darling Downs Health sites including Warwick, Dalby, Murgon, Chinchilla and Jandowae. Business cases are being led by Health Infrastructure Queensland and are scheduled to commence in 2027. Together, these activities demonstrate continued progress in delivering the planning and infrastructure milestones required to support future health service capacity and access across the region.

Delivery of care

Our resources, systems and processes are designed to support and improve the delivery of care

Measures of success	Outcome
By 2027 Horizon 1 and 2 of the Darling Downs Health Digital Strategy are implemented	Work has continued in 2025-2026 on delivery of the Darling Downs Health Digital Strategy 2022-2027 across its three focus areas of infrastructure and systems, data, and people. Key initiatives include expanding digital and mobile workflows, implementing Wi-Fi and connectivity upgrades across rural facilities, enhancing cyber security and information management capabilities, and modernising clinical and corporate systems.

	Projects such as digital medication management in residential aged care, patient monitoring upgrades, virtual care enhancements, analytics and reporting tools, workflow automation, and PowerApps development will improve clinical decision-making, operational efficiency, and patient care. Workforce capability will also be strengthened through improved digital tools, collaboration platforms, and AI-enabled solutions, supporting the strategy's vision of a more connected, secure, data-driven, and digitally enabled health service.
Digital Blueprint delivered within set timeframes	Group 3 and 4 Digital systems that are in the new Toowoomba Hospital digital blueprint are on track for scheduled delivery.
Revenue growth to exceed growth in expenditure	Total revenue growth was 7.4 per cent, against total expense growth of 5 per cent.

Our people

We attract the right people and support them to deliver world-class care

Measures of success	Outcome
An increase in positive employee reported experience	Darling Downs Health is focused on creating a workplace where our people feel valued, supported and empowered to thrive. During the year, we strengthened employee experience through targeted engagement activities, including pulse surveys and focus groups, which informed actions to improve workplace culture and engagement. We also enhanced our employer brand, introduced a new 1:1 conversation framework to support meaningful manager-employee discussions, and commenced development of an integrated employee listening strategy. Together, these initiatives are helping to increase positive employee-reported experience and foster a culture where our people choose to stay and deliver exceptional care.
Employee attrition rate is stabilised and reduces (permanent employee)	For 2025-2026, the service focused on a balanced approach to achieving workforce efficiency results whilst implementing robust workforce management frameworks to support sustainable workforce stabilisation and workforce growth. Although there was no decrease in permanent attrition for 2025-2026, positive shifts were reported across several divisions and professional streams.

Sustained growth in research development and engagement unit appointments	The Darling Downs Health research unit secured a nine-month funding extension and role uplift for an Advanced Clinical Trials Coordinator through successful negotiations with the Queensland Regional Clinical Trials Coordinating Centre, sustaining growth in research workforce capacity. The position has expanded tele-trial delivery, enabled trial activation in new units, and been endorsed as a priority for ongoing investment.
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Safe environments

Ensure our communities, consumers, our people and their information are safe

Measures of success	Outcome
Reduced criticality of recommendations from the Darling Downs Health Information Security Management System audit year on year	The criticality of Information Security Management System audit recommendations continued to decrease, with findings reducing from three very high and five high-rated recommendations in the previous year to one high and four low-rated recommendations.
Facility vulnerability assessments completed, and service continuity plans developed	Business continuity and emergency preparedness planning continued to progress, with 26 Business Continuity Plans completed and a further four nearing completion. Critical service continuity plans for key Toowoomba Hospital functions and rural facilities have been completed or are in development. An online BCP management platform has also been introduced to strengthen governance and maintenance of plans. Concurrently, emergency response, mass casualty and hazard-specific subplans have been reviewed and updated, improving organisational resilience and preparedness across Darling Downs Health facilities.
Open disclosure and clinical incident management are consumer focused	Darling Downs Health is committed to consumer-focused open disclosure and clinical incident management. Staff participate in Compassionate Conversations and Clinician Disclosure training, including the STARS Compassionate Conversations Tool, which supports respectful, transparent and empathetic communication following a clinical incident. By strengthening clinicians' skills in having difficult conversations, this approach helps build trust, support patient understanding, and foster a culture of safety and accountability while promoting meaningful engagement with patients, families and carers.

Service standards

Darling Downs Health delivers services in accordance with our obligations outlined in the service agreement with the Department of Health. The service agreement identifies the health services provided by Darling Downs Health, the funding for the provision of those services and performance measures to ensure the achievement of outcomes.

Darling Downs Health's emergency departments experienced an increase in higher acuity demand, with increases in Category 1, 2 and 3 presentations during 2025-2026. Performance remained strong for Category 1 patients, with 100 per cent seen within the recommended timeframe, additionally Categories 4 and 5 exceeded performance targets, with 77 per cent and 95 per cent of patients seen within recommended timeframes respectively.

In 2025-2026, Darling Downs Health increased the number of elective surgeries performed and reduced the overall elective surgery waitlist compared with the previous year. While 89.5 per cent of patients were treated within clinically recommended timeframes, below the 98 per cent target, this represents an improvement of six percentage points on 2024-2025 performance.

Darling Downs Health experienced continued growth in demand for specialist outpatient services in 2025-2026, receiving more referrals and delivering more initial specialist outpatient appointments than the previous year. Timely access for Category 1 patients remained a priority, with 86 per cent seen within the clinically recommended 30-day timeframe. While this was below target, the average wait time for a Category 1 patient was 16 days, well within the recommended timeframe.

Service delivery statement

Darling Downs 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%	55%
Category 3 (within 30 minutes)	75%	59%
Category 4 (within 60 minutes)	70%	77%
Category 5 (within 120 minutes)	70%	95%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	71%
Percentage of elective surgery patients treated within the clinically recommended times		
Category 1 (30 days)	>98%	96%
Category 2 (90 days)	>95%	85%
Category 3 (365 days)	>95%	89%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ¹	≤1.0	0.4

Darling Downs Hospital and Health Service	2025–2026 Target	2025–2026 Actual
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ²	>65%	64.2%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ³	<12%	10.8%
Percentage of specialist outpatients waiting within clinically recommended times ⁴ Category 1 (30 days) Category 2 (90 days) ⁵ Category 3 (365 days) ⁵	98%	74% 45% 69%
Percentage of specialist outpatients seen within clinically recommended times Category 1 (30 days) Category 2 (90 days) ⁵ Category 3 (365 days) ⁵	98%	86% 51% 42%
Median wait time for treatment in emergency departments (minutes) ⁶	..	17
Median wait time for elective surgery treatment (days) ⁷	..	38
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities ⁸	\$6,075	\$6,316
Other measures		
Number of elective surgery patients treated within clinically recommended times ⁹ Category 1 (30 days) Category 2 (90 days) Category 3 (365 days)	2,408 2,595 789	2,352 2,449 802
Number of Telehealth outpatients service events ¹⁰	28,500	30,136
Total weighted activity units (WAU) ¹¹ Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care	75,108 20,420 13,644 29,157 26,918 2,406	75,033 21,223 16,174 28,470 22,419 3,067
Ambulatory mental health service contact duration (hours) ¹²	>72,612	52,203
Staffing ¹³	5,797	5983

1	Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Actual rate is based on data reported between 1 July 2025 and 31 December 2025 as at 25 March 2026.
2	Mental Health rate of community follow up 2025-2026 Actuals are for the period 1 July 2025 to 31 May 2026 as at 21 July 2026.
3	Mental Health readmissions 2025-2026 Actuals are for the period 1 July 2025 to 30 April 2026 as at 21 July 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 for the period 1 July 2025 to 31 March 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 July 2026.
11	All measures are reported in Queensland WAU Phase Q28. The 2025-2026 Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 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. Relocation of services from the Ridley Secure Mental Health Unit has contributed to variance in the Mental Health stream.
12	Ambulatory Mental Health service contact duration 2025-2026 Actual is a 12-month projection based on data for the period 1 July 2025 to 31 May 2026 as at 21 July 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.

Financial Summary

Darling Downs Health reported an unfavourable position (\$6,195,000) in 2025-2026, compared to an unfavourable position of (\$35,889,000) in 2024-2025.

Financial summary statement

Revenue and expenses	FY ending 30 Jun 26 \$(000)	FY ending 30 Jun 25 \$(000)
Revenue	1,419,566	1,322,292
Expenses		
Labour and employment	989,062	922,159
Non-labour	366,100	370,729
Depreciation and amortisation	70,599	65,293
Total Expenses	1,425,761	1,358,181

Financial outlook

In 2026-2027, Darling Downs Health will have a budget of \$1.425 billion, which is an increase of \$53 million or 3.9 per cent over the 2025-2026 operating budget.

Asset maintenance and renewal

Darling Downs Health complies with the *Queensland Government Building Policy Framework* which requires the reporting of overdue asset maintenance liabilities. Delaying maintenance is a commonly used asset management strategy which can optimise value while managing resources and asset risks.

Darling Downs Health reports 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, Darling Downs Health reported:

- \$45,650,035 in deferred maintenance, and
- \$158,567,282 in postponed capital renewal.

The *Darling Downs HHS* 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.
- Regular asset inspections are undertaken, with identified issues risk-assessed and prioritised to inform maintenance and capital works planning while minimising impacts on clinical service delivery.
- The Strategic Maintenance Plan (SMP) is reviewed annually to assess asset condition and guide the ongoing management of Darling Downs Health building assets.

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

As of 30 June 2026, Darling Downs Health expect forecast lifecycle replacements, renewals, and refurbishments of \$272,731,645 over the period 2026-2027 to 2030-2031.

Darling Downs Hospital and Health Service

ABN 64 109 516 141

Financial Statements - 30 June 2026

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Financial Statements

For the year ended 30 June 2026

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General information

The Darling Downs Hospital and Health Service (Darling Downs Health) is a Queensland Government statutory body established under the *Hospital and Health Boards Act 2011* and its registered trading name is Darling Downs Hospital and Health Service.

Darling Downs Health is controlled by the State of Queensland which is the ultimate parent entity.

The principal address of Darling Downs Health is:

Jofre
Baillie Henderson Hospital
Cnr Hogg & Tor Streets
Toowoomba QLD 4350

A description of the nature of the operations of Darling Downs Health and its principal activities is included in the notes to the financial statements.

For information in relation to the financial statements of Darling Downs Health, email DDHHS@health.qld.gov.au or visit the Darling Downs Health website at <https://www.darlingdowns.health.qld.gov.au>.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Statement of Comprehensive Income

For the year ended 30 June 2026

	Notes	2026 \$'000	2025 \$'000
OPERATING RESULT			
Income from continuing operations			
Funding for public health services	4	1,238,649	1,145,219
User charges and fees	5	100,143	98,459
Grants and other contributions	6	74,135	71,983
Interest		1,529	1,648
Other revenue		4,847	4,731
Total revenue		1,419,303	1,322,040
Gains on disposal of assets		263	252
Total income from continuing operations		1,419,566	1,322,292
Expenses from continuing operations			
Employee expenses	7	172,391	153,719
Health service employee expenses	8	816,671	768,440
Supplies and services	10	356,502	362,464
Grants and subsidies		2,596	1,888
Depreciation and amortisation	16 & 17	70,599	65,293
Impairment losses		1,969	2,042
Finance/ borrowing costs		185	199
Other expenses	11	4,848	4,136
Total expenses from continuing operations		1,425,761	1,358,181
Operating result from continuing operations		(6,195)	(35,889)
OTHER COMPREHENSIVE INCOME			
Items not reclassified to operating result			
Increase/(decrease) in asset revaluation surplus	16 & 21	75,494	63,732
Total items not reclassified to operating result		75,494	63,732
Total other comprehensive income		75,494	63,732
TOTAL COMPREHENSIVE INCOME		69,299	27,843

The accompanying notes form part of these financial statements

DARLING DOWNS HOSPITAL AND HEALTH SERVICE
Statement of Financial Position
As at 30 June 2026

	Notes	2026 \$'000	2025 \$'000
Current assets			
Cash and cash equivalents	12	69,573	56,594
Receivables	13	8,643	8,422
Inventories	14	11,074	10,677
Other current assets	15	19,285	20,793
Total current assets		108,575	96,486
Non-current assets			
Property, plant and equipment	16	780,533	742,760
Right-of-use assets	17	5,838	7,219
Total non-current assets		786,371	749,979
Total assets		894,946	846,465
Current liabilities			
Payables	18	129,596	117,282
Lease liabilities	17	3,433	3,170
Accrued employee benefits		5,920	3,697
Unearned revenue	19	2,418	1,878
Total current liabilities		141,367	126,027
Non-current liabilities			
Lease liabilities	17	2,238	3,938
Total non-current liabilities		2,238	3,938
Total liabilities		143,605	129,965
Net assets		751,341	716,500
Equity			
Contributed equity	20	299,563	334,021
Accumulated surplus/(deficit)		32,329	38,524
Asset revaluation surplus	21	419,449	343,955
Total equity		751,341	716,500

The accompanying notes form part of these financial statements

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Statement of Changes in Equity For the year ended 30 June 2026

		Contributed Equity \$'000	Accumulated Surplus/ (Deficit) \$'000	Asset Revaluation Surplus \$'000	Total Equity \$'000
Notes					
Balance as at 1 July 2024		320,204	74,413	280,223	674,840
<i>Operating result from continuing operations</i>		-	(35,889)	-	(35,889)
<i>Other comprehensive income</i>					
Increase/(decrease) in asset revaluation surplus	21	-	-	63,732	63,732
Total comprehensive income for the year		-	(35,889)	63,732	27,843
<i>Transactions with owners as owners</i>					
Net assets received/(transferred) during year	16 & 20	47,140	-	-	47,140
Non appropriated equity injections (inc capital works)		31,970	-	-	31,970
Non appropriated equity withdrawals (depreciation funding)		(65,293)	-	-	(65,293)
Total transactions with owners as owners		13,817	-	-	13,817
Balance as at 30 June 2025		334,021	38,524	343,955	716,500
Balance as at 1 July 2025		334,021	38,524	343,955	716,500
<i>Operating result from continuing operations</i>		-	(6,195)	-	(6,195)
<i>Other comprehensive income</i>					
Increase/(decrease) in asset revaluation surplus	21	-	-	75,494	75,494
Total comprehensive income for the year		-	(6,195)	75,494	69,299
<i>Transactions with owners as owners</i>					
Net assets received/(transferred) during year	16 & 20	13,910	-	-	13,910
Non appropriated equity injections (inc capital works)		22,231	-	-	22,231
Non appropriated equity withdrawals (depreciation funding)		(70,599)	-	-	(70,599)
Total transactions with owners as owners		(34,458)	-	-	(34,458)
Balance as at 30 June 2026		299,563	32,329	419,449	751,341

The accompanying notes form part of these financial statements

DARLING DOWNS 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:			
Funding for public health services		1,169,890	1,092,750
User charges and fees		98,783	98,039
Grants and other contributions		62,706	61,385
Interest receipts		1,529	1,648
GST input tax credits from ATO		20,143	24,464
GST collected from customers		1,273	1,256
Refundable accommodation receipts		9,247	8,717
Other		4,847	4,731
Total cash provided by operating activities		1,368,418	1,292,990
Outflows:			
Employee expenses		170,169	152,867
Health service employee expenses		809,225	765,237
Supplies and services		344,705	349,417
Grants and subsidies		2,700	2,241
Finance/ borrowing costs		185	199
GST paid to suppliers		19,869	23,989
GST remitted to ATO		1,243	1,232
Refundable accommodation payments		6,091	7,047
Other		4,708	3,989
Total cash used in operating activities		1,358,895	1,306,218
Net cash provided by/(used in) operating activities¹		9,523	(13,228)
Cash flows from investing activities			
Inflows:			
Sales of property, plant and equipment		417	405
Total cash provided by investing activities		417	405
Outflows:			
Payments for property, plant and equipment		13,765	31,831
Total cash used in investing activities		13,765	31,831
Net cash provided by/(used in) investing activities		(13,348)	(31,426)
Cash flows from financing activities			
Inflows:			
Proceeds from equity injections		22,231	31,970
Total cash provided by financing activities		22,231	31,970
Outflows:			
Lease payments		5,427	4,342
Total cash used in financing activities²		5,427	4,342
Net cash provided by/(used in) financing activities		16,804	27,628
Net increase (decrease) in cash and cash equivalents		12,979	(17,026)
Cash and cash equivalents at beginning of financial year		56,594	73,620
Cash and cash equivalents at end of financial year	12	69,573	56,594

¹ Refer to the reconciliation of operating result to net cash provided by/(used in) operating activities in the *Notes to the Statement of Cash Flows*

² Refer to the changes in liabilities arising from financing activities in the *Notes to the Statement of Cash Flows*

The accompanying notes form part of these financial statements

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Statement of Cash Flows

For the year ended 30 June 2026

(a) Reconciliation of operating result to net cash provided by/(used in) operating activities

	2026	2025
	\$'000	\$'000
Operating result from continuing operations	(6,195)	(35,889)
Non-cash items included in operating result		
Depreciation and amortisation	70,599	65,293
Depreciation grant funding	(70,599)	(65,293)
Net (gain)/loss on disposal of non-current assets	(122)	(96)
Donated assets received	(127)	(11)
Asset stocktake write-on	-	(7)
Change in assets and liabilities		
(Increase)/decrease in trade receivables	(438)	671
(Increase)/decrease in GST input tax credits receivable	274	474
(Increase)/decrease in other receivables	(87)	(100)
(Increase)/decrease in inventories	(397)	(1,270)
(Increase)/decrease in contract assets	2,801	2,633
(Increase)/decrease in other current assets	(1,293)	12,504
Increase/(decrease) in trade payables	1,398	3,656
Increase/(decrease) in accrued employee benefits	2,223	852
Increase/(decrease) in other payables	10,916	4,674
Increase/(decrease) in GST input tax credits payable	30	24
Increase/(decrease) in contract liabilities and unearned revenue	540	(1,343)
Net cash provided by/(used in) operating activities	9,523	(13,228)

(b) Changes in liabilities arising from financing activities

	2026	2025
	\$'000	\$'000
Non-cash changes		
Opening balance	7,108	7,442
New leases acquired	3,990	4,008
Cash flows		
Cash repayments	(5,427)	(4,342)
Closing balance	5,671	7,108

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

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DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

1. Objectives and principal activities of the Darling Downs Hospital and Health Service

Darling Downs Hospital and Health Service (Darling Downs Health) is an independent statutory body, overseen by a local Hospital and Health Board. Darling Downs Health provides public hospital and healthcare services as defined in the service agreement with the Department of Health (DoH).

Details of the services undertaken by Darling Downs Health are included in the Annual Report.

2. Basis of financial statement preparation

(a) Statement of compliance

These financial statements are prepared in compliance with section 62(1) of the *Financial Accountability Act 2009* and section 39 of the *Financial and Performance Management Standard 2019*. The financial statements comply with Queensland Treasury's Minimum Reporting Requirements for periods beginning on or after 1 July 2025.

Darling Downs Health is a not-for-profit entity and these general purpose financial statements are prepared on an accrual basis (except for the statement of cash flows which is prepared on a cash basis) in accordance with Australian Accounting Standards and Interpretations applicable to not-for-profit entities.

The financial statements are authorised for issue by the Chair of the Board and the Chief Finance Officer at the date of signing the Management Certificate.

(b) Presentation matters

Presentation matters relevant to the financial statements include the following:

- Except where stated, the historical cost convention is used;
- Amounts included in the financial statements are in Australian dollars and have been rounded to the nearest \$1,000 or where that amount is \$500 or less, to zero, unless disclosure of the full amount is specifically required;
- Comparative information has been restated where necessary to be consistent with disclosures in the current reporting period; and
- 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' when they are due to be settled within 12 months after the reporting date, or when Darling Downs Health does not have the right to defer settlement beyond 12 months after the reporting date. All other assets and liabilities are classified as non-current.

(c) Economic dependency

Darling Downs Health has prepared these statements on a going concern basis which assumes it will be able to meet its financial obligations as and when they fall due. Darling Downs Health is economically dependent on funding received from its Service Agreement with DoH.

The current Service Agreement covers the period 1 July 2025 to 30 June 2028. The Service Agreement provides performance targets and terms and conditions in relation to the provision of funding and agreed purchased activity. The Board and management of Darling Downs Health believe that DoH will support the health service where required and that the terms and conditions of its funding arrangements under the Service Agreement Framework will provide the health service with sufficient cash resources to meet its financial obligations for at least the next financial year.

Darling Downs Health has no intention to liquidate or to cease operations. Under section 18 of the *Hospital and Health Boards Act 2011*, Darling Downs Health represents the State of Queensland and thus has all the privileges and immunities of the State in this respect.

(d) Accounting estimates and judgements

The preparation of financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions, and management judgements that have the potential to cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year. Such estimates, judgements and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods as relevant. Reference should be made to the respective notes for more information.

Estimates and assumptions with a material effect on the financial statements are outlined in the following notes:

- Revenue recognition (refer to Note 4, Note 5, and Note 6);
- Revaluation of non-current assets (refer to Note 16(d));
- Estimation of useful lives of assets (refer to Note 16(e)); and
- Fair value and hierarchy of assets and liabilities measured at fair value (refer to Note 22).

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

2. Basis of financial statement preparation (continued)

(e) Taxation

Darling Downs Health is exempt from Commonwealth taxation with the exception of Fringe Benefit Tax (FBT) and Goods and Services Tax (GST). All FBT and GST reporting to the Commonwealth is managed centrally by DoH, with payments/receipts made on behalf of Darling Downs Health reimbursed to/from DoH on a monthly basis. GST credits receivable from, and GST payable to, the Australian Tax Office (ATO) are recognised on this basis.

Darling Downs Health, other Hospital and Health Services (HHSs) and DoH satisfy section 149-25(e) of the *A New Tax System (Goods and Services) Act 1999 (Cth)* (the GST Act). Consequently these entities are part of a group for GST purposes under Division 149 of the GST Act. Any transactions between the members of the "group" do not attract GST.

3. New and revised accounting standards and policies

Darling Downs Health did not voluntarily change any accounting policies during the year. In addition, no Australian Accounting Standards have been early adopted in the current period.

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

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 the health service.

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, 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 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 health service 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.

All other Australian Accounting Standards and Interpretations applicable to the current financial year or with future commencement dates are either not applicable to Darling Downs Health's activities, or had no material impact on Darling Downs Health.

4. Funding for public health services

	2026	2025
	\$'000	\$'000
Activity based funding	780,849	694,781
Block funding	205,099	209,378
Other system manager funding	252,701	241,060
Total funding for public health services	1,238,649	1,145,219

Funding is provided predominantly from DoH for specific public health services purchased by DoH in accordance with a service agreement. The Commonwealth Government pays its share of National Health funding directly to DoH, for onforwarding to the Hospital and Health Service. The service agreement is reviewed periodically and updated for changes in activities and prices of services delivered by Darling Downs Health. Cash funding from the DoH is received fortnightly for State payments and monthly for Commonwealth payments and is recognised as revenue as the performance obligations under the service agreement are discharged. Commonwealth funding to Darling Downs Health in 2026 was \$371.2M (2025: \$347.8M). At the end of the year, an agreed technical adjustment between DoH and Darling Downs Health may be required for the level of services performed above or below the agreed levels, which may result in a contract asset or contract liability. The technical adjustment process is undertaken annually according to the provisions of the service agreement and ensures that the revenue recognised in each financial year correctly reflects Darling Downs Health's delivery of health services.

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

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

4. Funding for public health services (continued)

Revenue is recognised as follows:

(a) Activity based funding

The service agreement with DoH provides funding for patient care in activity based funded hospitals. The funding is based on an agreed target number of activities and a state-wide price.

Revenue is recognised progressively as activity is delivered each month.

Where activity delivered exceeds the target no additional revenue (or corresponding contract asset) is generally recognised, as the transaction price is unable to be reliably determined, unless agreed with DoH.

Where activity delivered is less than the target, a contract liability and corresponding reduction in revenue is recognised consistent with the service agreement with DoH.

(b) Block funding

Block funding includes funding for smaller hospitals not funded through activity based funding, specialist mental health hospitals, and teaching, training and research.

The service agreement with DoH does not include any sufficiently specific performance measures for block funding. Revenue is recognised when received.

(c) Other system manager funding

Other system manager funding is for items not covered by the National Health Reform Agreement including items such as prevention, promotion and protection, depreciation and other health services.

Where the specific funding line in the service agreement with the DoH contains sufficiently specific performance obligations, revenue is initially deferred (as a contract liability) and recognised as or when the performance obligations are satisfied.

Otherwise, revenue for the specific funding line is recognised upon receipt, except for special purpose capital funding provided for the acquisition/construction of assets to be controlled by Darling Downs Health. Special purpose capital funding is recognised as unearned revenue when received, and subsequently recognised progressively as Darling Downs Health satisfies its obligations for acquisition or construction of the asset.

5. User charges and fees

	2026	2025
	\$'000	\$'000
Hospital fees	42,292	42,742
Pharmaceutical benefits scheme reimbursement	46,374	43,674
Sales of goods and services	11,326	11,886
Other user charges - rental income	151	157
Total user charges and fees	100,143	98,459

(a) Hospital fees

Hospital fees comprise inpatient and outpatient revenue including private patients, Medicare ineligible patients, Workcover and other compensable patients.

Revenue is recognised as services are delivered (i.e. inpatient admission or outpatient occasion of service).

(b) Pharmaceutical benefits scheme reimbursement

Under the Pharmaceutical Benefits Scheme (PBS), the Australian Government subsidises the cost of a wide range of necessary prescription medicines for most medical conditions. In 2002, Queensland Health entered into an agreement with the Australian Government to allow hospital patients (who are being discharged, attending outpatient clinics or are day-admitted to receive chemotherapy treatment) access to medicines listed on the PBS at subsidised prices. Patients are invoiced at the reduced PBS rate and Darling Downs Health's pharmacies lodge monthly claims for co-payments through the PBS arrangement at which time the revenue is recognised.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

5. User charges and fees (continued)

(c) Sales of goods and services

Sales of goods and services includes recoveries of costs for goods and services provided by Darling Downs Health to DoH and other HHSs, and fees for courses and conferences.

Revenue is recognised when it is earned and can be measured reliably with a sufficient degree of certainty. This involves either invoicing for the related goods and/or the recognition of accrued revenue.

6. Grants and other contributions

	2026	2025
	\$'000	\$'000
Nursing home grants	35,496	32,612
Home support program	8,522	8,107
Other specific purpose grants	13,064	13,062
Corporate support services received from DoH	11,269	10,617
Other grants and donations	5,784	7,585
Total grants and other contributions	74,135	71,983

Where the grant agreement is enforceable and contains sufficiently specific performance obligations for Darling Downs Health 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 Darling Downs Health. Special purpose capital grants are recognised as unearned revenue when received, and subsequently recognised progressively as revenue as Darling Downs Health satisfies its obligations under the grant through construction of the asset.

Goods and services received below fair value are recognised at their fair value, however services are only recognised in the Statement of Comprehensive Income if they would have been purchased had they not been donated, and their fair value can be measured reliably. Where this is the case, an equal amount is recognised as revenue and an expense.

(a) Nursing home grants

Funding is received from the Australian Government for the provision of care in residential aged care facilities. Funding received is based on a nation wide price adjusted for the characteristics of services and individual residents care needs.

Revenue is recognised as services are provided to nursing home residents.

(b) Home support program

The Commonwealth Home Support Program provides entry level support for older people who need help to stay at home. Service providers work with them to maintain their independence. Support can include help with daily tasks, home modifications, transport, social support and nursing care.

Revenue is recognised based on the agreed transaction price as services are delivered to clients.

(c) Other specific purpose grants

Darling Downs Health has a number of grant agreements that have been identified as having sufficiently specific performance obligations under enforceable grant agreements. These include support at home, transition care, specialist training programs, and other minor grants. The revenue associated with these grants is recognised progressively as the performance obligations are satisfied under AASB 15.

The remaining grants do not contain sufficiently specific performance obligations and these grants are recognised upon receipt.

(d) Corporate support services received from DoH

Darling Downs Health receives corporate support services from DoH for no cost. Corporate services received include payroll, banking and accounts payable services (the fair value of which are listed above, with a corresponding expense recognised in Supplies and Services in the Statement of Comprehensive Income), some taxation services, and some information technology services.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

7. Employee expenses	2026	2025
	\$'000	\$'000
Wages and salaries	134,987	120,308
Annual leave levy	16,821	15,077
Employer superannuation contributions	15,036	13,482
Long service leave levy	3,716	3,316
Other employee related expenses	1,806	1,408
Redundancies and termination payments	25	128
Total employee expenses	172,391	153,719

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). Non-executive staff working in a HHS, with the exception of SMO and VMO, legally remain employees of DoH (Health service employees, refer to Note 8).

The number of full-time equivalent employees (reflecting health executives and contracted senior health service employees), and the number of full-time equivalent staff (health service employees) that legally remain employees of DoH, is disclosed in Note 9.

(a) Wages and salaries

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

Recoveries of salary and wage costs for Darling Downs Health employees working for other agencies are offset against employee expenses.

(b) Workers compensation premium

Darling Downs Health is insured via a direct policy with WorkCover Queensland. The policy covers health service executives, senior health service employees engaged under a contract, and health service employees. A portion of the premiums paid are reported under other employee related expenses and a portion of the premiums paid are reported under Other health service employee related expenses (Note 10) in accordance with the underlying employment relationships.

(c) Sick leave

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 only recognised for this leave as it is taken.

(d) Annual and long service leave levy

Under the Queensland Government's Annual Leave Central Scheme and Long Service Leave Central Scheme, levies are made on Darling Downs Health to cover the cost of employees' annual and long service leave including leave loading and on-costs.

The levies are expensed in the period in which they are payable. Amounts paid to employees for annual and long service leave are claimed from the scheme quarterly in arrears. DoH centrally manages the levy and reimbursement process on behalf of Darling Downs Health.

(e) Superannuation

Post-employment benefits for superannuation are provided through defined contribution (accumulation) plans or the Queensland Government's Australian Retirement Trust defined benefit plan as determined by the employee's conditions of employment.

i) Defined Contribution (Accumulation) Plans

Contributions are made to eligible complying superannuation funds based on the rates specified in the relevant 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, Visiting Medical Officers, and employees can choose their superannuation provider, and Darling Downs Health pays contributions into complying superannuation funds.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

7. Employee expenses (continued)

(e) Superannuation (continued)

ii) 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 Darling Downs Health to the Australian Retirement Trust at the specified rate following completion of the employee's service each pay period. Darling Downs Health's obligations are limited to those contributions paid.

8. Health service employee expenses

All non-executive staff, with the exception of SMO and VMO, are employed by DoH. Provisions in the *Hospital and Health Boards Act 2011* enable Darling Downs Health to perform functions and exercise powers to ensure the delivery of its operational plan.

Under this arrangement:

- DoH provides employees to perform work for Darling Downs Health, and acknowledges and accepts its obligations as the employer of these employees;
- Darling Downs Health is responsible for the day-to-day management of these employees; and
- Darling Downs Health reimburses DoH for the salaries and on-costs of these employees.

As a result of this arrangement, Darling Downs Health treats the reimbursements to DoH for departmental employees in these financial statements as Health service employee expenses.

Recoveries of salary and wage costs for health service employees working for other agencies are recorded as other revenue.

9. Full-time equivalent numbers

The full-time equivalent numbers as at 30 June, as calculated by reference to the Minimum Obligatory Human Resource Information (MOHRI) is disclosed below:

	2026	2025
Number of employees	316	288
Number of health service employees	5,664	5,572
Total full-time equivalent	5,980	5,860

10. Supplies and services

	2026	2025
	\$'000	\$'000
Clinical supplies and services	48,269	46,830
Pharmaceuticals	57,114	54,616
Consultants and contractors	35,001	49,728
Outsourced service delivery contracts (clinical services)	44,261	43,975
Repairs and maintenance	20,199	18,283
Pathology and laboratory supplies	29,738	27,747
Catering and domestic supplies	14,784	14,482
Corporate support services from DoH	11,269	10,617
Other health service employee related expenses	11,231	10,580
Patient travel	12,705	13,435
Computer services and communications	22,573	20,843
Inter-entity supplies (paid to DoH)	903	832
Water and utility costs	10,817	9,943
Insurance premiums (paid to DoH)	10,181	9,446
Leases - buildings (including office accommodation and employee housing)	1,642	1,419
Leases - motor vehicles	3,492	3,566
Leases - other	36	5
Minor works, including plant and equipment	3,721	5,695
Other travel	2,816	3,135
Building services	4,981	4,462
Motor vehicles	1,135	1,081
Other supplies and services	9,634	11,744
Total supplies and services	356,502	362,464

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

10. Supplies and services (continued)

(a) Insurance premiums

Darling Downs Health is insured under a DoH insurance policy with the Queensland Government Insurance Fund (QGIF) and pays a fee to DoH 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. QGIF collects an annual premium from insured agencies intended to cover the cost of claims occurring in the premium year, calculated on a risk assessment basis.

(b) Leases

Leases include lease rentals for short term leases, lease of low value assets and variable lease payments. Refer to Note 17 for a breakdown of lease expenses and other disclosures.

11. Other expenses

External audit fees of \$266,500 (2025: \$255,000) relates to the audit of the financial statements.

Special payments include ex-gratia expenditure and other expenditure that Darling Downs Health is not contractually or legally obligated to make to other parties. In compliance with the *Financial and Performance Management Standard 2019*, Darling Downs Health maintains a register setting out details of all special payments approved by Darling Downs Health's delegates. Special payments (ex-gratia payments) totalling \$53K (2025: \$20K) were made during the period.

Special payments during 2025-26 include the following payments over \$5,000:

- A compensation payment for patient personal property which was unable to be located following treatment
- A compensation payment made for out-of-pocket expenses paid to a member of the public

12. Cash and cash equivalents

	2026	2025
	\$'000	\$'000
Operating cash on hand and at bank	33,211	23,896
Refundable accommodation deposits	28,567	25,411
Internally restricted at-call deposits	7,774	7,258
Internally restricted cash at bank	21	29
Total cash and cash equivalents	69,573	56,594

Refundable accommodation deposits (RADs) represent amounts received from residents in aged care facilities for their accommodation. These amounts are permitted to be used for the purposes specified in Section 310(2) of the *Aged Care Act 2024* including investments and facilitating ongoing capital investment in aged care infrastructure. Refundable accommodation deposits are refundable to residents when they leave a residential aged care facility. These funds are retained in the Queensland Treasury Corporation Cash Fund.

Interest earned from RADs is offset against operating and capital costs of the aged care facilities concerned.

Internally restricted cash at bank and at-call deposits represents cash contributions received by Darling Downs Health, primarily from private practice clinicians and from external entities to provide for education, study and research in clinical areas. Contributions are also received from benefactors in the form of gifts, donations and bequests for stipulated purposes. These funds are retained in the Queensland Treasury Corporation Cash Fund.

Internally restricted cash at bank and at-call deposits do not form part of the Whole of Government (WoG) banking arrangement, and incur fees as well as earn interest. Interest earned from internally restricted accounts is used in accordance with the terms of the contribution. Interest is calculated on a daily basis reflecting market movements in cash funds. Annual effective interest rates (payable monthly) achieved throughout the year range between 4.10% and 5.30% (2025: 4.64% and 5.40%).

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

13. Receivables

	2026	2025
	\$'000	\$'000
Trade receivables	8,466	8,596
Less: Allowance for impairment loss	(1,953)	(2,521)
Total trade receivables	6,513	6,075
GST receivable	1,891	2,165
GST (payable)	(114)	(84)
Total GST receivable	1,777	2,081
Other	353	266
Total other receivables	353	266
Total receivables	8,643	8,422

Settlement of receivables is generally required within 30 days from invoice date. The collectability of receivables is assessed periodically with allowance being made for impairment.

The closing balance of receivables arising from contracts with customers at 30 June 2026 is \$8,053K (1 July 2025: \$8,424K).

(a) Credit risk exposure of receivables

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. Credit risk on receivables is considered minimal given that \$2,372K or 27% (2025: \$2,565K or 30%) of total receivables is due from Government, including GST receivable and amounts owing from DoH and other Hospital and Health Services.

(b) Impairment of receivables

Darling Downs Health calculates impairment based on an assessment of individual debtors within specific debtor groupings, including geographic location and service stream (e.g. Aged Care, Home Care, Pharmaceutical Services). A provision matrix is then applied to measure expected credit losses. The allowance for impairment reflects Darling Downs Health's assessment of the credit risk associated with receivables balances and is determined based on historical rates of bad debts (by category) 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.

A significant portion of debts owing to Darling Downs Health are considered to be low risk of default including amounts owing from Government, amounts owing from private health insurers, and amounts owing for long stay residents at nursing homes. Darling Downs Health already considers some debtor categories such as Medicare Ineligible overseas patients as a higher risk of default and recognises a sufficient allowance for impairment for these categories.

When a trade receivable is considered uncollectable, it is written-off against the allowance account. Subsequent recoveries of amounts previously written-off are credited to other revenue. Changes in the carrying amount of the allowance account are recognised in the Statement of Comprehensive Income.

	2026			2025		
	Gross receivables	Loss rate	Expected credit losses	Gross receivables	Loss rate	Expected credit losses
	\$'000	%	\$'000	\$'000	%	\$'000
Impaired receivables						
Overdue						
Less than 30 days	4,450	-4%	186	3,399	-6%	192
30 to 60 days	1,334	-15%	202	1,788	-15%	270
60 to 90 days	852	-29%	250	1,146	-35%	402
Greater than 90 days	1,830	-72%	1,315	2,263	-73%	1,657
Total	8,466	-23%	1,953	8,596	-29%	2,521

	2026	2025
	\$'000	\$'000
Movements in the allowance for impairment loss		
Balance at the beginning of the financial year	2,521	2,888
Amounts written off during the year in respect of bad debts	(2,244)	(2,257)
Increase/(decrease) in allowance recognised in operating result	1,676	1,890
Balance at the end of the financial year	1,953	2,521

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

14. Inventories

	2026	2025
	\$'000	\$'000
Clinical supplies and equipment	7,071	6,438
Pharmaceuticals	3,648	3,883
Catering and domestic	308	313
Other	47	43
Total inventories	11,074	10,677

Inventories are measured at weighted average cost, adjusted for obsolescence.

Inventories consist mainly of clinical supplies and pharmaceuticals held for distribution to hospitals or residential aged care facilities within Darling Downs Health and other HHSs. These inventories are provided to the facilities at cost. Darling Downs Health provides a central store enabling the distribution of supplies to other HHSs.

Unless material, inventories do not include supplies held ready for use in the wards throughout hospital facilities. These are expensed on issue from Darling Downs Health's central store.

15. Other current assets

	2026	2025
	\$'000	\$'000
Contract assets	12,151	14,952
Non-contract assets	4,733	4,037
Prepayments	2,401	1,804
Total other current assets	19,285	20,793

Contract assets arise from contracts with customers, and are transferred to receivables when Darling Downs Health's right to payment becomes unconditional, this usually occurs when the invoice is issued to the customer.

Significant changes in contract asset balances during the year include:

- \$2,801K decrease for amendments to the service level agreement with DoH, predominantly for decreases in workforce attraction and incentive initiatives and other enterprise bargaining agreements.

Non-contract assets primarily comprise recoveries from DoH, including reimbursements for capital projects.

16. Property, plant and equipment

	Land at fair value \$'000	Buildings & improvements at fair value \$'000	Plant & equipment at cost \$'000	Work in progress at cost \$'000	Total \$'000
Fair value/cost	74,717	1,845,692	161,059	39,352	2,120,820
Accumulated depreciation/amortisation	-	(1,253,759)	(86,528)	-	(1,340,287)
Carrying amount at 30 June 2026	74,717	591,933	74,531	39,352	780,533

Represented by movements in carrying amount

Carrying amount at 1 July 2025	61,137	552,600	77,831	51,192	742,760
Acquisitions	-	-	6,495	7,270	13,765
Transfers in from other Queensland Government entities	-	11,508	2,403	-	13,911
Donations received	-	-	127	-	127
Disposals	-	-	(295)	-	(295)
Transfers out to other Queensland Government entities	-	-	(1)	-	(1)
Transfer between asset classes	-	16,514	2,596	(19,110)	-
Net revaluation increments/(decrements)	13,580	61,914	-	-	75,494
Depreciation and amortisation	-	(50,603)	(14,625)	-	(65,228)
Carrying amount at 30 June 2026	74,717	591,933	74,531	39,352	780,533

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

16. Property, plant and equipment (continued)

	Land at fair value \$'000	Buildings & improvements at fair value \$'000	Plant & equipment at cost \$'000	Work in progress at cost \$'000	Total \$'000
Fair value/cost	61,137	1,762,583	156,180	51,192	2,031,092
Accumulated depreciation/amortisation	-	(1,209,983)	(78,349)	-	(1,288,332)
Carrying amount at 30 June 2025	61,137	552,600	77,831	51,192	742,760

Represented by movements in carrying amount

Carrying amount at 1 July 2024	47,056	461,597	71,734	80,964	661,351
Acquisitions	-	21	14,302	17,508	31,831
Stocktake write-ons	-	-	7	-	7
Transfers in from other Queensland Government entities	36	47,022	99	-	47,157
Donations received	-	-	11	-	11
Disposals	-	-	(309)	-	(309)
Transfers out to other Queensland Government entities	-	-	(17)	-	(17)
Transfer between asset classes	-	40,981	6,299	(47,280)	-
Net revaluation increments/(decrements)	14,045	49,687	-	-	63,732
Depreciation and amortisation	-	(46,708)	(14,295)	-	(61,003)
Carrying amount at 30 June 2025	61,137	552,600	77,831	51,192	742,760

(a) Recognition of property, plant and equipment

Items of property, plant and equipment with a cost or other value equal to or in excess of the following thresholds and with a useful life of more than one year are reported as Non-Current Assets in the following classes. Items below these values are expensed in the year of acquisition.

Class	Threshold
Buildings (including improvements)	\$10,000
Land	\$1
Plant and equipment	\$5,000

Expenditure on property, plant and equipment is capitalised where it is probable that the expenditure will produce future service potential for Darling Downs Health. Subsequent expenditure is only added to an asset's carrying amount if it increases the service potential or useful life of that asset. Maintenance expenditure that merely restores original service potential (lost through ordinary wear and tear) is expensed.

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. The accounting policy for depreciation of complex assets, and estimated useful lives of components, are disclosed in Note 16(e).

(b) Cost of acquisition of assets

Cost is used for the initial recording of all non-current property, plant and equipment acquisitions. Cost is determined as the fair value given as consideration plus costs incidental to the acquisition, including all other costs incurred in getting the assets ready for use, including architects' fees and engineering design fees. However, 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 (MoG) change or other involuntary transfer), the acquisition cost is recognised as the carrying amount in the books of the transferor immediately prior to the transfer.

(c) Measurement of non-current assets

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

Land, buildings and improvements are measured at their fair value in accordance with AASB 116 *Property, Plant and Equipment*, AASB 13 *Fair Value Measurement* and Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector. These assets are reported at their revalued amounts, being the fair value at the date of valuation.

In respect of the above mentioned asset classes, the cost of items acquired during the financial year has been judged by management to materially represent their fair value at the end of the reporting period. Assets under construction are not revalued until they are ready for use.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

16. Property, plant and equipment (continued)

(d) Revaluation of non-current assets

Land, buildings and improvements classes measured at fair value are revalued on an annual basis by comprehensive or desktop valuations, or by the use of appropriate and relevant indices provided by independent experts. Comprehensive valuations 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.

Where assets have not been comprehensively valued in the reporting period, their previous valuations are materially kept up to date via a desktop valuation, or the application of relevant indices. Darling Downs Health ensures that the application of such indices results in a valid estimation of the assets' fair values at reporting date. The external valuer supplies the indices used. Such indices are either publicly available, or are derived from market information available to the valuer. The valuer 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 an independent professional valuer, 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 valuer based on Darling Downs Health's own particular circumstances.

Fair value measurement - land

Darling Downs Health has engaged the State Valuation Service (SVS) to provide a market based valuation in accordance with a four year rolling revaluation program (with indices applied in the intervening periods). Desktop valuations were undertaken for high-value land parcels outside the geographic area being comprehensively valued, based on their unique and complex nature.

The revaluation program excludes properties under Deed of Grant (recorded at a nominal value of \$1).

The fair value of land was based on publicly available data on sales of similar land in nearby localities prior to the date of the revaluation. In determining the values, adjustments were made to the sales data to take into account the location of the land, its size, street/road frontage and access, and any significant restrictions. The extent of the adjustments made varies in significance for each parcel of land.

The 2025-26 revaluation program resulted in an increment of \$13,580K (2025: increment of \$14,045K) to the carrying amount of land, which is recognised as an asset revaluation surplus.

Fair value measurement - buildings and improvements

Darling Downs Health engaged independent experts, AECOM Pty Ltd to undertake building revaluations in accordance with a four year rolling revaluation program (with indices applied in the intervening periods).

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.

In determining the revalued amount the measurement of key quantities of certain elements includes:

- Building footprint (roof area);
- Girth of the building;
- Height of the building;
- Number of staircases; and
- Number of lift 'stops'.

Key quantities are measured from drawings provided and verified on site during inspections. These measured quantities are assigned unit rates to determine a base replacement cost for each element. The unit rates are derived from recent similar projects analysed at an elemental level. 'On-costs' have been incorporated to provide for:

- Contractors preliminary items (establishment, supervision, scaffolding, tower cranes, etc.);
- Project contingencies;
- Professional and statutory fees; and
- Client costs (management of the project etc).

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

16. Property, plant and equipment (continued)

(d) Revaluation of non-current assets (continued)

Fair value measurement - buildings and improvements (continued)

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 obsolescence. 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.

Significant judgement is also used to assess the remaining service potential of the facility, given local climatic and environmental conditions and records of the current condition assessment of the facility.

The revaluation program resulted in an increment of \$61,194K (2025: increment of \$49,687K) to the carrying amount of buildings.

(e) Depreciation and amortisation

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

Property, plant and equipment is depreciated on a straight-line basis so as to allocate the net cost or revalued amount of each asset progressively over its estimated useful life to Darling Downs Health.

Assets under construction (work-in-progress) are not depreciated until the earlier of construction being complete or the asset is ready for its intended use. These assets are then reclassified to the relevant class within property, plant and equipment.

Any expenditure that increases the originally assessed capacity or service potential of an asset is capitalised and depreciated over the remaining useful life of the asset.

Major components purchased specifically for particular assets are capitalised and depreciated on the same basis as the asset to which they relate. Where components are not separately accounted for, a review is undertaken annually to confirm there is no material effect on reported depreciation expense.

The depreciable amount of improvements to or on leasehold land is allocated progressively over the shorter of the estimated useful lives of the improvements or the unexpired period of the lease.

All asset useful lives are reviewed annually to ensure that the remaining service potential of the assets is reflected in the financial statements. Darling Downs Health determines the estimated useful lives for its property, plant and equipment based on the expected period of time over which economic benefits arising from the use of the asset will be derived. Significant judgement is required to determine useful lives which could change significantly as a result of technical innovations or other circumstances and events. The depreciation charge will increase where the useful lives are less than previously estimated, or the asset becomes technically obsolete or non-strategic assets that have been abandoned or sold are written-off or written-down. For Darling Downs Health's depreciable assets, the estimated amount to be received on disposal at the end of their useful life (residual value) is determined to be zero.

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

Class	Depreciation rates	
	2026	2025
	%	%
Buildings and improvements	0.70 - 6.67	0.70 - 6.67
Plant and equipment	2.22 - 20.00	2.27 - 20.00

(f) Impairment of non-current assets

All property, plant and equipment is 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. If an indicator of possible impairment exists, Darling Downs Health determines the asset's recoverable amount under AASB 136 *Impairment of Assets*. Recoverable amount is determined as the higher of the asset's fair value less costs to sell and value in use.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

16. Property, plant and equipment (continued)

(f) Impairment of non-current assets (continued)

As a not-for-profit entity, certain property, plant, and equipment is held for the continuing use of its service capacity, and not for the generation of cash flows. Such assets are typically specialised in nature. In accordance with AASB 136 *Impairment of Assets*, where such assets are measured at fair value under AASB 13 *Fair Value Measurement*, that fair value (with no adjustment for disposal costs) is effectively deemed to be the recoverable amount. As a consequence, AASB 136 does not apply to such assets unless they are measured at cost.

For other non-specialised property, plant and equipment measured at fair value, where indicators of impairment exist, the only difference between the assets fair value and its fair value less costs of disposal is the incremental costs attributable to disposal of the asset. Consequently, the fair value of the asset determined under AASB 13 will materially approximate its recoverable amount where the disposal costs attributable to the asset are negligible. After the revaluation requirements of AASB 13 are first applied to these assets, applicable disposal costs are assessed and, in the circumstances where such costs are not negligible, further adjustments to the recoverable amount are made in accordance with AASB 136.

For assets measured at fair value, the impairment loss is treated as a revaluation decrease and is offset against the asset revaluation surplus of the relevant class to the extent available. Where no asset revaluation surplus is available, in respect of the class of asset, the loss is expensed in the Statement of Comprehensive Income as a revaluation decrement.

For assets measured at cost, an impairment loss is recognised immediately in the Statement of Comprehensive Income.

Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior years.

For assets measured at fair value, to the extent the original decrement was expensed through the Statement of Comprehensive Income, the reversal is recognised in income, otherwise the reversal is treated as a revaluation increase for the class of the asset through the asset revaluation surplus.

For assets measured at cost, impairment losses are reversed through income.

17. Right-of-use assets and lease liabilities

(a) Right-of-use assets

	Buildings & improvements	Plant & equipment	Total
	\$'000	\$'000	\$'000
Cost	16,801	183	16,984
Accumulated depreciation	(11,024)	(122)	(11,146)
Carrying amount at 30 June 2026	5,777	61	5,838
<i>Represented by movements in carrying amount</i>			
Opening balance at 1 July 2025	7,122	97	7,219
Additions	3,978	12	3,990
Depreciation	(5,323)	(48)	(5,371)
Closing balance at 30 June 2026	5,777	61	5,838
Opening balance at 1 July 2024	7,367	134	7,501
Additions	3,997	11	4,008
Depreciation	(4,242)	(48)	(4,290)
Closing balance at 30 June 2025	7,122	97	7,219

Darling Downs Health 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.

Darling Downs Health has elected not to recognise right-of-use assets and lease liabilities arising from short-term leases and leases of low value assets. The 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.

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

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

17. Right-of-use assets and lease liabilities (continued)

(b) Lease liabilities	2026	2025
	\$'000	\$'000
Current		
Lease liabilities	3,433	3,170
Non-current		
Lease liabilities	2,238	3,938
Total	5,671	7,108

When measuring the lease liability, Darling Downs Health 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 Darling Downs Health's leases. To determine the incremental borrowing rate, Darling Downs Health uses loan rates provided by Queensland Treasury Corporation that correspond to the commencement date and term of the lease.

(c) Details of leasing arrangements as lessee

Specialist medical facilities	Darling Downs Health leases commercial premises from which it provides various health services. Lease payments are adjusted annually based on market rent reviews. If an option to renew a lease is exercised, then the lease payments will reflect the market rate at that point.
Employee housing	Darling Downs Health routinely enters into residential leases at market rates to facilitate the provision of employee accommodation across the health service. The requirement for these leases are regularly assessed, and rental agreements are ordinarily renewed prior to finalisation of the current lease term.
Equipment	Darling Downs Health's equipment leases are generally on a short-term basis, or leases of low value assets. Lease terms for plant and equipment recognised on balance-sheet can range from 1 to 5 years.

(d) Office accommodation, employee housing and motor vehicles

The Department of Housing and Public Works (DHPW) provides Darling Downs Health with access to office accommodation, employee housing and motor vehicles 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 in Note 10.

18. Payables	2026	2025
	\$'000	\$'000
Trade payables	55,358	53,960
Payable to Department of Health	27,481	20,069
Accrued expenses	17,835	17,423
Refundable accommodation deposits	28,567	25,411
Other	355	419
Total payables	129,596	117,282

Payables are unsecured and generally settled in accordance with the vendor's terms and conditions but within 60 days.

RADs are recognised upon receipt of RADs from residential aged care facility residents. RADs are refundable to residents within 14 days of their leaving a residential aged care facility. Amounts are unsecured. Darling Downs Health has a liquidity management standard to ensure that it is able to repay RADs that may be due within the following 12 months.

19. Unearned revenue	2026	2025
	\$'000	\$'000
Contract liabilities	2,418	1,878
Total unearned revenue	2,418	1,878

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

Of the amount included in the contract liability balance at 1 July 2025, \$1,878K has been recognised as revenue in 2025-26.

There were no significant changes in contract liabilities during the year.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

19. Unearned revenue (continued)

Contract liabilities at 30 June 2026 include the John Flynn / Australian Primary Care Prevocational Program and revenue received to deliver the Commonwealth Home Support Program (CHSP).

20. Contributed equity

Non-reciprocal transfers of assets and liabilities between wholly-owned Queensland Government 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.

Transactions with owners as owners include equity injections for non-current asset acquisitions. Assets received or transferred by Darling Downs Health are accounted for in line with the accounting policy outlined in Note 16(b). Transactions with owners as owners also includes non-cash equity withdrawals to offset non-cash depreciation funding received under the service agreement with DoH.

Construction of major health infrastructure continues to be funded by DoH. For projects that are managed by DoH, assets are transferred from DoH to Darling Downs Health, upon practical completion, by the Minister for Health and Ambulance Services as a contribution by the State through equity.

The value of assets received or transferred are outlined in the table below:

	2026 \$'000	2025 \$'000
Transfers from DoH	13,860	47,012
Transfers from other Queensland Government entities	51	145
Transfers to DoH	-	(17)
Transfers to other Queensland Government entities	(1)	-
Total net assets received or transferred	13,910	47,140

21. Asset revaluation surplus

	Land \$'000	Buildings & improvements \$'000	Total \$'000
Balance at 1 July 2024	9,018	271,205	280,223
Revaluation increment/(decrement)	14,045	49,687	63,732
Balance at 30 June 2025	23,063	320,892	343,955
Revaluation increment/(decrement)	13,580	61,914	75,494
Balance at 30 June 2026	36,643	382,806	419,449

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

22. Fair value measurement

Fair value is the price that would be received upon sale of 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. Fair value measurement can be sensitive to various valuation inputs selected. Considerable judgement is required to determine what is significant to fair value.

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

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 Darling Downs Health 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 benefits by using the asset in its highest and best use, which is its current use unless the asset is classified as held-for-sale under AASB 5 or it becomes highly probable that the asset will be used for an alternative purpose.

Details of the valuation approach as well as the observable and unobservable inputs used in deriving the fair value of non-financial assets are disclosed in Note 16(d).

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

22. Fair value measurement (continued)

Darling Downs Health does not recognise any financial assets or liabilities at fair value, except for cash and cash equivalents. The fair value of trade receivables and payables is assumed to approximate the value of the original transaction, less any allowance for impairment.

All assets and liabilities of Darling Downs Health 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 valuations:

- 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 Darling Downs Health's valuations of assets or liabilities are eligible for categorisation into Level 1 of the fair value hierarchy.

There were no transfers of assets between fair value hierarchy levels during the period.

(a) Categorisation of fair value of assets and liabilities measured at fair value

	Level 2		Level 3		Total	
	2026	2025	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Land	74,717	61,137	-	-	74,717	61,137
Buildings and improvements	527	551	591,406	552,049	591,933	552,600
Total	75,244	61,688	591,406	552,049	666,650	613,737

(b) Reconciliation of non-financial assets categorised as Level 3: \$'000

As at 1 July 2024	461,045
Acquisitions (including upgrades)	21
Transfer between asset classes	40,981
Transfers in from other Queensland Government entities	47,022
Net revaluation increments/(decrements)	49,643
Depreciation and amortisation charge for the year	(46,663)
As at 30 June 2025	552,049
Transfer between asset classes	16,514
Transfers in from other Queensland Government entities	11,508
Net revaluation increments/(decrements)	61,888
Depreciation and amortisation charge for the year	(50,553)
As at 30 June 2026	591,406

23. Financial instruments

Financial instruments are classified and measured as follows:

- Cash and cash equivalents - held at amortised cost (Note 12);
- Receivables - held at amortised cost (Note 13); and
- Payables - held at amortised cost (Note 18).

Darling Downs Health does not enter into transactions for speculative purposes, nor for hedging.

Financial risk management objectives

Financial risk is managed in accordance with Queensland Government and Darling Downs Health policies. These policies provide written principles for overall risk management, as well as policies covering specific areas, and aim to minimise potential adverse effects of risk events on the financial performance of Darling Downs Health.

Darling Downs Health's activities expose it to a variety of financial risks: credit risk, liquidity risk, and market risk.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

23. Financial instruments (continued)

Financial risk management objectives (continued)

Darling Downs Health measures risk exposure using a variety of methods as follows:

Risk exposure	Measurement method
Credit risk	Ageing analysis, earnings at risk
Liquidity risk	Monitoring of cash flows by management of accrual accounts, sensitivity analysis
Market risk	Interest rate sensitivity analysis

i) Credit risk exposure

Credit risk exposure refers to the situation where Darling Downs Health may incur financial loss as a result of another party to a financial instrument failing to discharge their obligation.

Credit risk on cash and cash equivalents is considered minimal given all Darling Downs Health's deposits are held through the Commonwealth Bank of Australia and by the State through Queensland Treasury Corporation. The maximum exposure to credit risk is limited to the balance of cash and cash equivalents shown in Note 12.

Credit risk on receivables is disclosed in Note 13(a).

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

ii) Liquidity risk

Liquidity risk refers to the situation where Darling Downs Health may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

Darling Downs Health has an approved debt facility of \$11 million (2025: \$11 million) under WoG banking arrangements to manage any short term cash shortfalls. This facility has not been drawn down as at 30 June 2026 (2025: nil). The liquidity risk of financial liabilities held by Darling Downs Health is limited to the payables balance as shown in Note 18.

iii) Market risk

Market risk refers to the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.

Darling Downs Health is exposed to interest rate changes on 24 hour at-call deposits but there is no interest rate exposure on its cash and fixed rate deposits.

Darling Downs Health does not undertake any hedging in relation to interest rate risk and manages its risk as per Darling Downs Health liquidity risk management strategy articulated in Darling Downs Health's Financial Management Practice Manual. Changes in interest rates have a minimal effect on the operating result of Darling Downs Health.

24. Commitments for expenditure

Capital expenditure commitments

Commitments for capital expenditure at the reporting date (inclusive of non-recoverable GST input tax credits) are payable:

	2026	2025
	\$'000	\$'000
Buildings and improvements		
Not later than 1 year	2,429	2,714
Later than 1 year but not later than 5 years	2,485	5,329
Total capital expenditure commitments	4,914	8,043
Plant and equipment		
Not later than 1 year	5,359	328
Total capital expenditure commitments	5,359	328

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

25. Contingencies

(a) Litigation in progress

Medical indemnity is underwritten by the Queensland Government Insurance Fund (QGIF). Darling Downs Health's liability in this area is limited to an excess of \$20,000 per insurance event (refer Note 10(a) Insurance premiums). Darling Downs Health's legal advisers and management believe it is not possible to make a reliable estimate of the final amounts payable (if any) in respect of the litigation before the courts at this time.

At balance date, the following number of cases were filed in the courts naming the State of Queensland acting through Darling Downs Health as defendant.

	2026 Number of cases	2025 Number of cases
Supreme Court	2	1
District Court	2	2
	<u>4</u>	<u>3</u>

(b) Guarantees and undertakings

As at reporting date, Darling Downs Health held bank guarantees from third parties for capital works projects totalling \$641K (2025: \$1,253K). These amounts have not been recognised as assets in the financial statements.

26. Fiduciary trust transactions and balances

(a) Patient fiduciary funds

Darling Downs Health acts in a fiduciary trust capacity in relation to patient fiduciary funds and Right of Private Practice trust accounts. Consequently, these transactions and balances are not recognised in the financial statements. Although patients funds are not controlled by Darling Downs Health, trust activities are included in the audit performed annually by the Auditor-General of Queensland.

<i>Patient fiduciary funds</i>	2026 \$'000	2025 \$'000
Balance at the beginning of the year	458	516
Patient fiduciary fund receipts	23,400	23,310
Patient fiduciary fund payments	(23,462)	(23,368)
Balance at the end of the year	<u>396</u>	<u>458</u>
<i>Closing balance represented by:</i>		
Cash at bank and on hand	396	458
Patient fiduciary fund assets at the end of the year	<u>396</u>	<u>458</u>

(b) Right of private practice (RoPP) scheme

A Right of Private Practice (RoPP) arrangement is where clinicians are able to use Darling Downs Health's facilities to provide professional services to private patients. Darling Downs Health acts as a billing agency in respect of services provided under a RoPP arrangement. Under the arrangement, Darling Downs Health deducts from private patient fees received, a service fee (where applicable) to cover costs associated with the use of Darling Downs Health's facilities and administrative support provided to the medical officer. In addition, where applicable under the agreement, some funds are paid to the General Trust. These funds are used to provide staff with grants for study, research, or educational purposes. Transactions and balances relating to the RoPP arrangement are outlined in the following table.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

26. Fiduciary trust transactions and balances (continued)

(b) Right of private practice (RoPP) scheme (continued)

<i>Right of Private Practice (ROPP) receipts and payments</i>	2026 \$'000	2025 \$'000
<i>Receipts</i>		
Private practice receipts	5,091	5,131
Bank interest	11	15
Total receipts	5,102	5,146
<i>Payments</i>		
Payments to medical officers	1,151	1,113
Payments to Darling Downs Health for recoverable costs	3,951	3,851
Payments to Darling Downs Health's General Trust	-	182
Total payments	5,102	5,146
Increase in net private practice assets	-	-
<i>Current assets</i>		
Cash - RoPP	425	451
Total current assets	425	451
<i>Current liabilities</i>		
Payable to medical officers	61	31
Payable to Darling Downs Health for recoverable costs	304	399
Payable to Darling Downs Health's General Trust	60	21
Total current liabilities	425	451

27. Controlled entities

As at 30 June 2026 and 30 June 2025, Darling Downs Health did not have a controlling interest in any entity.

28. Climate risk disclosure

The State of Queensland, as the ultimate parent entity of Darling Downs Health, 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 measured 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/>

The health service considers climate related risks when assessing material accounting judgments and estimates used in preparing its financial report. Key estimates and judgments 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.

Darling Downs Health 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 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.

29. Key management personnel and remuneration

(a) KMP remuneration policy

Ministerial remuneration entitlements are outlined in the Legislative Assembly of Queensland's Members' Remuneration Handbook. Darling Downs Health does not bear the cost of remunerating Ministers. 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.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

29. Key management personnel and remuneration (continued)

(a) KMP remuneration policy (continued)

As all Ministers are reported as KMP of the Queensland Government, aggregate remuneration expenses for all Ministers is disclosed in the Queensland General Government Whole of Government Consolidated Financial Statements, which are published as part of Queensland Treasury's Report on State Finances.

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

The Minister for Health and Ambulance Services is identified as part of Darling Downs Health's KMP, consistent with additional guidance included in *AASB 124 Related Party Disclosures*.

The remuneration policy for Darling Downs Health's Executive personnel is set by the Director-General, Department of Health, as provided for under the *Hospital and Health Boards Act 2011*. The remuneration and other terms of employment for the executive management personnel are specified in employment contracts. In the current reporting period, the remuneration of executive management personnel increased by 3% in July 2025 (July 2024: 4%), in accordance with Government policy.

Remuneration expenses for executive management personnel comprise the following components:

- Short-term employee expenses which include:
 - (i) Base – consisting of base salary, allowances and leave entitlements earned and expensed for the entire year or for that part of the year during which the employee was key management personnel. Amounts disclosed equal the amount expensed in the Statement of Comprehensive Income; and
 - (ii) Non-monetary benefits – consisting of provision of vehicle and expense payments together with fringe benefits tax applicable to the benefit. Amounts disclosed equal the taxable value of motor vehicles provided to key management personnel including any fringe benefit tax payable;
- Long term employee expenses include long service leave entitlements earned;
- Post employment benefits include amounts expensed in respect of employer superannuation obligations;
- 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;
- There were no performance bonuses paid in either the 2025-26 or 2024-25 financial year.

(b) Board members

The following details for Board members include those positions that had authority and responsibility for planning, directing and controlling the activities of Darling Downs Health during 2025-26. Further information on these positions can be found in the body of the Annual Report under the section relating to Governing our Organisation.

The *Health Legislation Amendment Act 2025*, requires that Hospital and Health Boards include at least one registered health practitioner who is currently employed or engaged by the health service. Remuneration expenses for Board Members include only those expenses paid in respect to their position as Board Member. All remuneration paid in respect of employment, is paid in accordance with the terms and conditions prescribed by the relevant enterprise bargaining agreement.

The date of appointment shown for Board members is the original date of appointment. From time to time, Board members are re-appointed in accordance with the *Hospital and Health Boards Act 2011*.

Name (date appointed and date resigned if applicable)	Year	Short-Term Employee Expenses		Post-Employment Expenses	Total Remuneration
		Base \$'000	Non-Monetary Benefits \$'000	\$'000	\$'000
Merrilyn Strohfeldt 31 March 2024	2026	58	-	7	65
	2025	52	-	6	58
Dr Dennis Campbell 29 June 2012 to 31 March 2026	2026	61	-	7	68
	2025	81	-	10	91
Brendan Baulch 1 April 2026	2026	13	-	2	15
	2025	-	-	-	-
Professor Victoria Brazil 1 April 2026	2026	13	-	2	15
	2025	-	-	-	-
Professor Julie Cotter 18 May 2017	2026	49	-	6	55
	2025	50	-	6	56

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

29. Key management personnel and remuneration (continued)

(b) Board members (continued)

Name (date appointed and date resigned if applicable)	Year	Short-Term Employee Expenses		Post-Employment Expenses	Total Remuneration
		Base \$'000	Non-Monetary Benefits \$'000	\$'000	\$'000
Dr Stephen Harrop 1 April 2022 to 31 March 2026	2026	38	-	4	42
	2025	51	-	6	57
Dr Ross Hetherington 29 June 2012	2026	55	-	6	61
	2025	54	-	6	60
Terrence Kehoe 1 April 2022 to 31 March 2026	2026	36	-	4	40
	2025	47	-	6	53
Patricia Leddington-Hill 9 November 2012 to 31 March 2026	2026	40	-	4	44
	2025	50	-	6	56
Marie Pietsch 29 June 2012 to 31 March 2026	2026	41	-	4	45
	2025	52	-	6	58
Dr Brodie Quinn 1 April 2026	2026	12	-	2	14
	2025	-	-	-	-
Associate Professor Maree Toombs 18 May 2020	2026	47	-	6	53
	2025	47	-	6	53

(c) Executive

i) Details of key management personnel

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

Position	Position Responsibility
Health Service Chief Executive	Responsible for the overall management of Darling Downs Health through major functional areas to ensure the delivery of key government objectives in improving the health and well-being of all Darling Downs residents.
Executive Director Toowoomba Hospital	Provides single point accountability and leadership for Toowoomba Hospital.
Executive Director Rural and Aged Care	Provides single point accountability and leadership for the Rural Division within Darling Downs Health. This Division includes twenty hospital and health care services, including co-located residential aged care services, and Mt Lofty Heights Residential Aged Care Facility.
Executive Director Mental Health	Provides single point accountability and leadership for Darling Downs Health's Mental Health, Alcohol and Other Drugs services, including acute in-patient services at Toowoomba Hospital, extended in-patient services at Baillie Henderson Hospital and ambulatory care services located throughout Darling Downs Health.
Chief Finance Officer	Provides single point accountability for the Finance Division and coordinates Darling Downs Health's financial management consistent with the relevant legislation and policy directions to support high quality health care within Darling Downs Health.
Executive Director Commercial Management & Infrastructure	Provides single point accountability for the Commercial Management and Infrastructure Division. This position is the senior point of responsibility for major capital infrastructure, asset management and maintenance projects across Darling Downs Health.
Executive Director People & Culture	Provides executive leadership for workforce services of Darling Downs Health. The position provides strategic oversight of workplace relations, health safety and wellbeing, recruitment and attraction, workforce planning, learning and development, and workforce capability, culture, and engagement.
Chief Digital & Information Officer	Provides leadership for the ICT and business intelligence and analytics functions across Darling Downs Health. This position provides strategic and technical insight to drive the digital transformation, business intelligence and innovation agenda.
Executive Director Queensland Rural Medical Service	Provides executive leadership for Queensland Country Practice (QCP), including Relieving Services, Service and Workforce Design and Medical Education Pathways which are all delivered on a State-wide basis. Provides leadership for the promotion of clinical service improvement, consumer satisfaction, clinician engagement, clinical governance, professional and clinical standards as well as clinical workforce education.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

29. Key management personnel and remuneration (continued)

(c) Executive (continued)

i) Details of key management personnel (continued)

Position	Position Responsibility
Executive Director Medical Services	Provides professional leadership for the medical services of Darling Downs Health. Leads the development and implementation of strategies that will ensure the medical workforce is aligned with identified service delivery needs, and an appropriately qualified, competent and credentialed workforce is maintained.
Executive Director Transformation Analytics & Governance	Provides leadership, direction, and management of corporate governance and legal activities, and provides assurance to the Board, Health Service Chief Executive and senior management that compliance with legal, financial, corporate or statutory obligations is being maintained.
Executive Director Nursing & Midwifery Services	Provides professional leadership for the nursing services of Darling Downs Health. The position leads the development of strategies that will ensure the nursing and midwifery workforce is aligned with service delivery needs.
Executive Director Allied Health	Provides single point accountability and leadership, strategic planning, delivery and evaluation of the Allied Health Professional functions, and Commonwealth Programs, within Darling Downs Health, to optimise quality health care and business outcomes.

ii) Darling Downs Health Executives (Employed by Darling Downs Health)

Name and position (date appointed and date resigned if applicable)	Year	Short-Term Employee Expenses		Long-Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Remuneration
		Base \$'000	Non-Monetary Benefits \$'000	\$'000	\$'000	\$'000	\$'000
Annette Scott Health Service Chief Executive 4 October 2021	2026	466	12	11	53	-	542
	2025	378	9	9	44	-	440
Rachel Phillips Executive Director Toowoomba Hospital 26 July 2023	2026	241	-	6	27	-	274
	2025	242	-	5	28	-	275
Karen Gordon Acting Executive Director Toowoomba Hospital 7 October 2025 to 8 December 2025 and 4 May 2026 to 31 May 2026	2026	131	1	2	11	-	145
	2025	-	-	-	-	-	-
Dr Christopher Cowling Executive Director Rural and Aged Care 25 April 2022	2026	598	-	14	62	-	674
	2025	540	-	12	58	-	610
Malcolm (Greg) Neilson Executive Director Mental Health 27 June 2016	2026	250	-	6	29	-	285
	2025	257	-	6	29	-	292

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

29. Key management personnel and remuneration (continued)

(c) Executive (continued)

ii) Darling Downs Health Executives (Employed by Darling Downs Health) (continued)

Name and position (date appointed and date resigned if applicable)	Year	Short-Term Employee Expenses		Long-Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Remuneration
		Base \$'000	Non-Monetary Benefits \$'000	\$'000	\$'000	\$'000	\$'000
Jane Ranger Chief Finance Officer 22 August 2016	2026	268	-	6	31	-	305
	2025	253	-	6	29	-	288
David Pugsley Executive Director Commercial Management & Infrastructure 3 June 2024	2026	233	-	6	27	-	266
	2025	227	-	5	26	-	258
Kylie Pippas Executive Director People & Culture 3 January 2023	2026	265	-	6	31	-	302
	2025	245	-	6	28	-	279
Denise Toman Chief Digital & Information Officer 3 November 2025	2026	156	-	4	18	-	178
	2025	-	-	-	-	-	-
Dr Hwee Sin Chong Executive Director Queensland Rural Medical Service 24 July 2017	2026	609	1	14	62	-	686
	2025	602	-	14	62	-	678
Dr Liam Flynn Executive Director Medical Services 25 March 2024	2026	530	-	12	55	-	597
	2025	500	-	11	52	-	563
Dr Lynnette Knowles Executive Director Transformation Analytics & Governance 11 January 2023 to 18 August 2024	2026	-	-	-	-	-	-
	2025	61	-	1	5	117	184

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

29. Key management personnel and remuneration (continued)

(c) Executive (continued)

iii) Darling Downs Health Executives employed by the Department of Health under Award

Name and position (date appointed and date resigned if applicable)	Year	Short-Term Employee Expenses		Long-Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Remuneration
		Base \$'000	Non-Monetary Benefits \$'000	\$'000	\$'000	\$'000	\$'000
Alison Broadbent Executive Director Nursing & Midwifery Services 26 May 2025	2026	317	-	7	36	-	360
	2025	25	-	1	3	-	29
Christopher Hombsch Acting Executive Director Nursing & Midwifery Services 8 February 2026 to 24 May 2026	2026	107	-	2	11	-	120
	2025	-	-	-	-	-	-
Andrea Nagle Executive Director Nursing & Midwifery Services 24 July 2017 to 30 May 2025	2026	-	-	-	-	-	-
	2025	275	-	6	32	-	313
Louise Van Every Executive Director Allied Health 16 January 2023 Acting Executive Director Transformation Analytics and Governance 25 September 2024 to 28 July 2025	2026	298	-	7	34	-	339
	2025	291	-	7	31	-	329
Andrew Day Acting Executive Director Allied Health 1 July 2025 to 2 November 2026 and 5 August 2024 to 19 October 2025	2026	55	-	1	6	-	62
	2025	217	-	5	24	-	246

30. Related party transactions

(a) Transactions with joint control entities

As at 30 June 2026 Darling Downs Health does not have a controlling interest in any entity. Darling Downs Health has joint operational control of Southern Queensland Rural Health (SQRH), in collaboration with University of Queensland (UQ), University of Southern Queensland (USQ), and South West Hospital and Health Service (SWHHS). Darling Downs Health provides a building at the Baillie Henderson Hospital campus for the exclusive use of SQRH.

(b) Transactions with KMP or persons and entities related to KMP

All transactions in the year ended 30 June 2026 between Darling Downs Health and key management personnel including their related parties were on standard commercial terms and conditions or were immaterial in nature.

In accordance with the *Health Legislation Amendment Act 2025*, there is a Board Member who is a registered health practitioner currently employed by the health service. All remuneration paid in respect of employment is paid in accordance with the terms and conditions prescribed by the relevant enterprise bargaining agreement.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

30. Related party transactions (continued)

(c) Transactions with other Queensland Government controlled entities

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

The following table summarises significant transactions with Queensland Government controlled entities:

Entity	For the year ending 30 June 2026		As at 30 June 2026	
	Revenue Received	Expenditure Incurred	Asset	Liability
	\$'000	\$'000	\$'000	\$'000
Department of Health	1,296,653	1,171,337	11,790	79,679
Queensland Treasury Corporation	1,482	41	36,769	4

Darling Downs Health receives funding in accordance with a service agreement with the DoH. DoH receives the majority of its revenue from the State Government and the Commonwealth.

Darling Downs Health purchases a number of supplies and services from the DoH including pharmaceuticals, pathology and laboratory services, Information and Communication Technology, aeromedical transport services, and insurance services.

Darling Downs Health has bank accounts with the Queensland Treasury Corporation for internally restricted and patient fiduciary trust monies and receives interest and incurs bank fees on these bank accounts.

There are a number of other transactions which occur between Darling Downs Health and other government related entities. These transactions include, but are not limited to, superannuation contributions made to Australian Retirement Trust, rent paid to the Department of Housing and Public Works, audit fees paid to the Queensland Audit Office, payments to and receipts from other Hospital and Health Services to facilitate the treatment of patients, pharmaceuticals, staff, training and other incidentals. These transactions are made in the ordinary course of Darling Downs Health's business and are on standard commercial terms and conditions.

(d) Other

There are no other individually significant transactions with related parties.

31. Events occurring after balance date

No other matter or circumstance has arisen since 30 June 2026 that has significantly affected, or may significantly affect, Darling Downs Health's operations, the results of those operations, or Darling Downs Health's state of affairs in future financial years.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

32. Budget to actual comparison

This section discloses Darling Downs Health's original published budgeted figures for 2025-26 compared to actual results, with explanations of major variances, in respect of Darling Downs Health's Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows.

The original budget has been reclassified to be consistent with the presentation and classification adopted in the financial statements.

Statement of Comprehensive Income

		<i>Original Budget</i>	<i>Actual</i>	<i>Variance*</i>
	<i>Variance Note</i>	<i>2026 \$'000</i>	<i>2026 \$'000</i>	<i>2026 \$'000</i>
Income from continuing operations				
Funding for public health services	1	1,214,689	1,238,649	23,960
User charges and fees	2	86,445	100,143	13,698
Grants and other contributions	3	66,833	74,135	7,302
Interest		1,630	1,529	(101)
Other revenue		2,596	4,847	2,251
Total revenue		1,372,193	1,419,303	47,110
Gains on disposal of assets		-	263	263
Total income from continuing operations		1,372,193	1,419,566	47,373
Expenses from continuing operations				
Employee expenses	4	159,872	172,391	(12,519)
Health service employee expenses	5	785,411	816,671	(31,260)
Supplies and services	6	342,324	356,502	(14,178)
Grants and subsidies	7	8,570	2,596	5,974
Depreciation and amortisation		70,236	70,599	(363)
Impairment losses		1,738	1,969	(231)
Finance/ borrowing costs		203	185	18
Other expenses		3,839	4,848	(1,009)
Total expenses from continuing operations		1,372,193	1,425,761	(53,568)
Operating result from continuing operations		-	(6,195)	(6,195)
OTHER COMPREHENSIVE INCOME				
Items not reclassified to operating result				
Increase/(decrease) in asset revaluation surplus	8	-	75,494	75,494
Total items not reclassified to operating result		-	75,494	75,494
Total other comprehensive income		-	75,494	75,494
TOTAL COMPREHENSIVE INCOME		-	69,299	69,299

* Favourable/(Unfavourable)

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

32. Budget to actual comparison (continued)

Statement of Financial Position

		<i>Original</i>		
	<i>Variance</i>	<i>Budget</i>	<i>Actual</i>	<i>Variance*</i>
	<i>Note</i>	<i>2026</i>	<i>2026</i>	<i>2026</i>
		<i>\$'000</i>	<i>\$'000</i>	<i>\$'000</i>
Current assets				
Cash and cash equivalents	1	68,171	69,573	1,402
Receivables		10,703	8,643	(2,060)
Inventories		10,848	11,074	226
Other current assets		6,952	19,285	12,333
Total current assets		96,674	108,575	11,901
Non-current assets				
Property, plant and equipment	2	733,406	780,533	47,127
Right-of-use assets		3,131	5,838	2,707
Total non-current assets		736,537	786,371	49,834
Total assets		833,211	894,946	61,735
Current liabilities				
Payables	3	117,869	129,596	(11,727)
Lease liabilities		1,642	3,433	(1,791)
Accrued employee benefits		4,672	5,920	(1,248)
Unearned revenue		272	2,418	(2,146)
Total current liabilities		124,455	141,367	(16,912)
Non-current liabilities				
Lease liabilities		1,561	2,238	(677)
Total non-current liabilities		1,561	2,238	(677)
Total liabilities		126,016	143,605	(17,589)
Net assets		707,195	751,341	44,146
Equity				
Contributed equity	4	321,723	299,563	(22,160)
Accumulated surplus/(deficit)		34,852	32,329	(2,523)
Asset revaluation surplus	5	350,620	419,449	68,829
Total equity		707,195	751,341	44,146

* Favourable/(Unfavourable)

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

32. Budget to actual comparison (continued)

Statement of Cash Flows

		<i>Original</i>		
	<i>Variance</i>	<i>Budget</i>	<i>Actual</i>	<i>Variance*</i>
	<i>Note</i>	<i>2026</i>	<i>2026</i>	<i>2026</i>
		<i>\$'000</i>	<i>\$'000</i>	<i>\$'000</i>
Cash flows from operating activities				
Inflows:				
Funding for public health services	1	1,144,453	1,169,890	25,437
User charges and fees	2	84,610	98,783	14,173
Grants and other contributions	3	56,262	62,706	6,444
Interest receipts		1,630	1,529	(101)
GST input tax credits from ATO		23,817	20,143	(3,674)
GST collected from customers		1,853	1,273	(580)
Refundable accommodation receipts	4	-	9,247	9,247
Other		2,591	4,847	2,256
Total cash provided by operating activities		1,315,216	1,368,418	53,202
Outflows:				
Employee expenses	5	159,250	170,169	(10,919)
Health service employee expenses	6	785,411	809,225	(23,814)
Supplies and services	7	327,167	344,705	(17,538)
Grants and subsidies	8	8,564	2,700	5,864
Finance/ borrowing costs		203	185	18
GST paid to suppliers		23,817	19,869	3,948
GST remitted to ATO		1,853	1,243	610
Refundable accommodation payments	4	-	6,091	(6,091)
Other		3,839	4,708	(869)
Total cash used in operating activities		1,310,104	1,358,895	(48,791)
Net cash provided by/(used in) operating activities		5,112	9,523	4,411
Cash flows from investing activities				
Inflows:				
Sales of property, plant and equipment		-	417	417
Total cash provided by investing activities		-	417	417
Outflows:				
Payments for property, plant and equipment	9	3	13,765	(13,762)
Total cash used in investing activities		3	13,765	(13,762)
Net cash provided by/(used in) investing activities		(3)	(13,348)	(13,345)
Cash flows from financing activities				
Inflows:				
Proceeds from equity injections	10	2,318	22,231	19,913
Total cash provided by financing activities		2,318	22,231	19,913
Outflows:				
Lease payments		2,318	5,427	(3,109)
Total cash used in financing activities		2,318	5,427	(3,109)
Net cash provided by/(used in) financing activities		-	16,804	16,804
Net increase in cash and cash equivalents		5,109	12,979	7,870
Cash and cash equivalents at beginning of financial year	11	63,062	56,594	(6,468)
Cash and cash equivalents at end of financial year		68,171	69,573	1,402

* Favourable/(Unfavourable)

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

32. Budget to actual comparison (continued)

Statement of Comprehensive Income variance notes

- 1 Funding for public health services exceeded the original budget by \$24M. Darling Downs Health received these additional funds through amendments to the service agreement with DoH. These amendments included \$20.8M for employee related expenses including a CPI uplift allowance consistent with enterprise bargaining agreements and the Workforce Attraction and Incentive Scheme, \$4.1M for aged care assessment services, \$1.9M for the provision of oral health services, \$0.8M under the long stay rapid response initiative to assist with patient flow, \$0.8M to fund premium increases under the Queensland Government Insurance Fund (QGIF) and \$2.5M for other specific programs. Darling Downs Health provided \$7.8M to other health services consistent with the Commonwealth funding agreement for the John Flynn/Australian Primary Care Prevocational Program.
- 2 User charges and fees exceeded the original budget by \$13.7M. Key variances include:
 - \$8.4M for the recovery of non-capital expenditure from the DoH. Non-capital projects funded by DoH include the new Toowoomba Hospital (\$5.3M), planning for the introduction of electronic medical records (\$0.6M), and upgraded staff accommodation at Goondiwindi (\$0.8M)
 - \$2.5M for the recovery of high cost pharmaceuticals under the Pharmaceutical Benefits Scheme
 - \$1.7M for hospital fees including from motor vehicle accidents (\$1.1M) and long term inpatients at nursing homes and hospitals (\$0.9M)
- 3 Grants and other contributions exceeded the original budget by \$7.3M. Key variances include:
 - \$4.0M due to increases in Australian National Aged Care Classification (AN-ACC) funding and increased occupancy in Darling Downs Health's nursing homes
 - \$1.7M in donations for capital works and equipment from the Toowoomba Hospital Foundation
- 4 Employee expenses exceeded the original budget by \$12.5M predominantly due to FTE exceeding the original budget (28 FTE). The increase represents recruitment to frontline clinical services (senior medical officers).
- 5 Health service employee expenses exceeded the original budget by \$31.3M predominantly due to FTE exceeding the original budget (250 FTE). 193 FTE represent recruitment to frontline clinical services including additional medical officers (38 FTE), nurses (102 FTE), and allied health professionals (54 FTE). These increases were partially offset by reduced reliance on contractors. Other FTE increases included 23 project officers (funded by DoH) supporting capital works projects including the new Toowoomba Hospital.
- 6 Supplies and services exceeded the original budget by \$14.2M. An additional \$14.8M above the original budget was incurred for the treatment of patients including outsourcing clinical service delivery (\$6.7M), drugs (\$3.4M), pathology (\$2.5M) and other clinical supplies (\$2.1M). Increased costs for the treatment of patients was partially funded by increased revenue (refer to notes 1, 2 and 3 above). Additional non-capital expenditure (\$2.1M) was incurred for projects funded by DoH (refer to note 2 above). Additional costs were incurred for repairs and maintenance of medical equipment (\$2.4M) and leases for staff accommodation (\$1.5M). Offsetting these increases was a reduction in expenditure for contractors due to recruitment of frontline clinical staff (\$9.9M) (refer to notes 4 and 5).
- 7 Grants and subsidies were \$6.0M below budgeted levels primarily due to the timing of training provided under the Commonwealth funded John Flynn/Australian Primary Care Prevocational Program.
- 8 The Increase/decrease in asset revaluation surplus exceeded the original budget by \$75.5M. The results were driven by the escalation of building costs consistent with current market conditions.

Statement of Financial Position variance notes

- 1 Other current assets exceeded the original budget by \$12.3M. Key variances include:
 - \$1.4M for non-capital works projects to be reimbursed by DoH including the new Toowoomba Hospital project and Goondiwindi staff accommodation
 - \$9.9M for end of financial year amendments to the service agreement with DoH including \$2.5M for reimbursement of expenditure for the Workforce Attraction and Incentive Scheme and \$3.0M for other employment related payments including reproductive health leave and superannuation on unpaid parental leave.
- 2 Property plant and equipment exceeded the original budget by \$47.1M driven by the revaluation of land and building assets (\$56.6M). Revaluations were higher than budgeted reflecting current market conditions within the construction industry.
- 3 Payables exceeded the original budget by \$11.7M. Key variances include:
 - \$5.8M payable to DoH for end of year amendments to the service agreement including \$3.0M for enterprise bargaining agreements that are still under negotiation
 - \$4.2M payable to DoH for payroll related expenditure consistent with enterprise bargaining agreements.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

32. Budget to actual comparison (continued)

Statement of Financial Position variance notes (continued)

- 4 Contributed equity exceeded the original budget by \$22.2M consistent with asset acquisitions funded by DoH (\$16.5M), and additional leases for staff accommodation (\$3.1M). Key asset acquisition projects include:
- \$4.8M under the Priority Capital Works program for various projects including Goondiwindi staff accommodation upgrade and the Kingaroy Hospital helipad project
 - \$6.3M for asset acquisitions funded under the Timely Infrastructure Investment Management program
 - \$3.8M for asset acquisitions funded under the Capital Maintenance and Renewal program
 - \$1.9M for the replacement of clinical equipment under the Health Technology Equipment Replacement program
- 5 The Asset revaluation surplus exceeded the original budget by \$68.8M reflecting current conditions within the construction industry.

Statement of Cash Flows variance notes

- 1 The movement in Funding for public health services is consistent with the movement in Funding for public health services in the Statement of Comprehensive Income.
- 2 The movement in User charges and fees is consistent with the movement in User charges and fees in the Statement of Comprehensive Income.
- 3 The movement in Grants and contributions is consistent with the movement in Grants and contributions in the Statement of Comprehensive Income.
- 4 The net movement in Refundable accommodation receipts and Refundable accommodation payments reflects the overall increase in Refundable accommodation deposits consistent with the increased residential aged care occupancy rates and increased room rates across the Health Service. Refundable accommodation receipts reflect amounts received from residents as they enter residential aged care facilities whilst Refundable accommodation payments reflect amounts refunded to residents upon leaving.
- 5 The movement in Employee expenses is consistent with the movement in Employee expenses in the Statement of Comprehensive Income.
- 6 The movement in Health service employee expenses is consistent with the movement in Health service employee expenses in the Statement of Comprehensive Income.
- 7 The movement in Supplies and services is consistent with the movement in Supplies and services in the Statement of Comprehensive Income.
- 8 The movement in Grants and subsidies is consistent with the movement in Grants and subsidies in the Statement of Comprehensive Income.
- 9 Payments for Property, plant and equipment is consistent with capital works and asset acquisitions identified in Contributed equity in the Statement of Financial Position.
- 10 Proceeds from equity injections is consistent with the Contributed equity movement identified in the Statement of Financial Position.
- 11 Cash and cash equivalents at the beginning of the year were \$6.5M above the original budget predominantly due to Payables being above budget in 2025-26. This was the result of end of financial year amendments to the service agreement with DoH and increases in payables for payroll related expenses and capital works.

DARLING DOWNS HOSPITAL AND HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30 June 2026

Management Certificate of Darling Downs Hospital and Health Service

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

We acknowledge responsibility under section 7 and section 11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.



Merrilyn Strohfeldt EMPA BSpeechPath

Chair

Darling Downs Hospital and Health Board
25 / 08 / 2026



Jane Ranger FCPA GAICD BBus CDec

Chief Finance Officer

Darling Downs Hospital and Health Service
25 / 08 / 2026

INDEPENDENT AUDITOR'S REPORT

To the Board of Darling Downs Hospital and Health Service

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of Darling Downs 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.

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.

Valuation of specialised buildings \$591.9 million

Refer to Note 16 in the financial report

Key audit matter	How my audit addressed the key audit matter
Buildings were material to Darling Downs Hospital and Health Service at balance date and were measured at fair value using the current replacement cost method. Darling Downs Hospital and Health Service performed a comprehensive revaluation of buildings in the Toowoomba region this year as part of a rolling revaluation program. All other buildings were assessed using relevant indices. The current replacement cost method comprises: - gross replacement cost, less - accumulated depreciation. Darling Downs 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: - estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre) - identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so, estimating the adjustment to the unit rate required to reflect this difference. 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 and instructions provided to the valuer - assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices - assessing the appropriateness of the components of buildings used for measuring gross replacement 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: - modern substitute (including locality factors and oncosts) - adjustment for excess quality or obsolescence - evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices - evaluating useful life estimates for reasonableness by: - reviewing management's annual assessment of useful lives - at an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement of assets - testing that no building asset still in use has reached or exceeded its useful life - enquiring of management about their plans for assets that are nearing the end of their useful life - reviewing assets with an inconsistent relationship between condition and remaining useful life - where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.

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.

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 identified above 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:

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.



David Toma
as delegate of the Auditor-General

28 August 2026

Queensland Audit Office
Brisbane

Glossary

Term	Meaning
Accessible	Accessible healthcare is characterised by the ability of people to obtain appropriate healthcare at the right place and right time, irrespective of income, cultural background, or geography
Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHO)	Community-governed primary health care organisations that provide culturally safe, holistic health and wellbeing services for Aboriginal and Torres Strait Islander peoples.
Accreditation	Accreditation is independent recognition of an organisation, service, program, or activity.
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 intent is to perform surgery, diagnostic or therapeutic procedures in the treatment of illness or injury. Management of childbirth is also included.
Acute hospital	Is generally a recognised hospital that provides acute care and excludes dental and psychiatric hospitals.
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).
Alcohol and other drugs service (AODs)	Alcohol and other drugs services provide people with a range of interventions that influence and support the decision to reduce or cease harmful substance use.

Term	Meaning
Allied health staff (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.
Ambulatory	Care provided to patients who are not admitted to the hospital, such as patients of emergency departments, outpatient clinics and community based (non-hospital) healthcare services.
Antenatal	Antenatal care constitutes screening for health, psychosocial and socioeconomic conditions likely to increase the possibility of specific adverse pregnancy outcomes, providing therapeutic interventions known to be effective; and educating pregnant women about planning for safe birth, emergencies during pregnancy and how to deal with them (WHO, 2011).
Block funding	Block funding is typically applied for small public hospitals where there is an absence of economies of scale that mean some hospitals would not be financially viable under Activity Based Funding (ABF), and for community-based services not within the scope of Activity Based Funding.
Breast screen	A breast screen is 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 abnormalities.
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 Services Capability Framework (CSCF)	The Clinical Services Capability Framework for public and licensed private health facilities outlines the minimum support services, staffing, safety standards and other requirements required in both public and private health facilities to ensure safe and appropriately supported clinical services.
Closing the Gap	A government strategy that aims to reduce disadvantage among Aboriginal peoples and Torres Strait Islanders with respect to life expectancy, child mortality, access to early childhood education, educational achievement, and employment outcomes.
Department of Health	The Department of Health is responsible for the overall management of the public sector health system in Queensland and works in partnership with Hospital and Health Services to ensure the public health system delivers high quality hospital and other health services.

Term	Meaning
Emergency department 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.
Endoscopy	Internal examination of either the upper or lower gastrointestinal tract.
Full-time equivalent (FTE)	Refers to full-time equivalent staff currently working in a position.
Governance	Governance is 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.
General practitioner (GP)	A general practitioner is a registered medical practitioner who is qualified and competent for general practice in Australia. General practitioners operate predominantly through private medical practices.
Hospital in the Home (HITH)	A service that delivers hospital-level care in a patient's home or other approved setting as a safe alternative to treatment in a hospital bed.
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	The Hospital and Health Boards are made up of a mix of members with expert skills and knowledge relevant to managing a complex healthcare organisation.
Hospital and Health Service	Hospital and Health Service (HHS) is a separate legal entity established by the Queensland Government to deliver public hospital services.
Information and Communication Technology (ICT)	The digital technologies, systems and networks used to manage, store, process and communicate information
Integrated electronic medical record (ieMR)	The integrated electronic Medical Record solution allows healthcare professionals to simultaneously access and update patient information.
Inpatient	A patient who is admitted to a hospital or health service for treatment that requires at least one overnight stay.
Internal audit	Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.
Interns	A medical practitioner in the first postgraduate year, learning further medical practice under supervision.
Key performance indicators	Key performance indicators are metrics used to help a business define and measure progress towards achieving its objectives or critical success factors.

Term	Meaning
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 one) operation, more than 90 days for a semi-urgent (category two) operation and more than 365 days for a routine (category three) operation.
Medical practitioner	A person who is registered with the Medical Board of Australia to practice medicine in Australia, including general and specialist practitioners.
Midwifery Group Practice (MGP)	A maternity care model where a woman receives ongoing care from a primary midwife and a small team of known midwives throughout pregnancy, birth and the early postnatal period.
Minimum Obligatory Human Resource Information (MOHRI)	MOHRI is a whole of Government methodology for producing an Occupied Full Time Equivalent (FTE) and headcount value sourced from the Queensland Health payroll system data for reporting and monitoring.
Modified Monash Model (MMM)	Modified Monash Model defines whether a location is metropolitan, rural, remote or very remote. The model measures remoteness and population size on a scale of Modified Monash (MM) categories MM1 to MM7. MM1 is a major city and MM 7 is very remote.
Multidisciplinary team (MDT)	Health professionals employed by a public health service who work together to provide treatment and care for patients. They include nurses, doctors, allied health, and other health professionals.
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 and the Australian Government Department of Health and Ageing.
National Disability Insurance Scheme (NDIS)	The National Disability Insurance Scheme (NDIS) is a scheme of the Australian Government that funds costs associated with disability. The scheme was legislated in 2013 and went into full operation in 2020.
National Safety and Quality Health Service Standards (NSQHS)	The NSQHS Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations.
Occasion of service	Any examination, consultation, treatment, or other service provided to a patient.
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 nonemergency patients in a specialty unit or under an organisational arrangement administered by a hospital.
Outreach	Services delivered to sites outside of the service's base to meet or complement local service needs.
Palliative care	Palliative care is 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.

Term	Meaning
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.
Patient reported experience measures (PREMs)	A patient reported experience survey asks patients and parents/carers about their recent experience with the care they/their child received at the hospital. Queensland Health Patient reported experience measures provide the ability to capture real-time patient experience to support clinicians in partnering with patients to achieve safe, high-quality care.
Primary healthcare	Primary healthcare services include health promotion and disease prevention, acute episodic care not requiring hospitalisations, continuing care of chronic diseases, education, and advocacy.
Primary Health Network (PHN)	Primary Health Networks (PHNs) replaced Medicare Locals from 1 July 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.
Public Health Unit	Public Health Unit (PHU) focus on protecting health; preventing disease, illness and injury; and promoting health and wellbeing at a population or whole of community level. This is distinct from the role of the rest of the health system which is primarily focused on providing healthcare services to individuals and families.
Public hospital	Public hospitals offer free diagnostic services, treatment, care and inpatient accommodation to Medicare eligible patients. Patients who elect to be treated as a private patient in a public hospital, and patients who are not Medicare eligible are charged for the cost of treatment.
Public patient	A public patient is one 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.
Queensland Rural Generalist Pathway (QRGP)	A Queensland Health training and career pathway that prepares doctors to deliver comprehensive medical care and advanced specialist services in rural and remote communities.
Risk	The effect of uncertainty on the achievement of an organisation's objectives.
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.
Service delivery statement (SDS)	Service delivery statements provide budgeted financial and non-financial information for the budget year.
Statutory bodies / authorities	A non-departmental government body, established under an Act of Parliament.

Term	Meaning
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.
Triage category	Urgency of a patient's need for medical and nursing care.
Weighted activity unit (WAU)	A single standard unit used to measure all activity consistently.
Working for Queensland (WfQ)	Queensland Health Working for Queensland employee opinion survey. WfQ is an annual survey which measures Queensland public sector employee perceptions of their work, manager, team, and organisation.

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 88
	Public availability	ARRs – section 9.2	1
	Interpreter service statement	Queensland Government Language Services Policy ARRs – section 9.3	1
	Copyright notice	Copyright Act 1968 ARRs – section 9.4	1
	Information Licensing	QGEA – Information Licensing ARRs – section 9.5	1
General information	Introductory Information	ARRs – section 10	8
Non-financial performance	Government's objectives for the community and whole-of-government plans/specific initiatives	ARRs – section 11.1	5
	Agency objectives and performance indicators	ARRs – section 11.2	37
	Agency service areas and service standards	ARRs – section 11.3	42
Financial performance	Summary of financial performance	ARRs – section 12.1	44
Governance – management and structure	Organisational structure	ARRs – section 13.1	29
	Executive management	ARRs – section 13.2	23
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3	18
	Public Sector Ethics	Public Sector Ethics Act 1994 ARRs – section 13.4	35
	Human Rights	Human Rights Act 2019 ARRs – section 13.5	36
	Queensland public service values	ARRs – section 13.6	35
Governance – risk management and accountability	Risk management	ARRs – section 14.1	33
	Audit committee	ARRs – section 14.2	17
	Internal audit	ARRs – section 14.3	34
	External scrutiny	ARRs – section 14.4	34
	Information systems and recordkeeping	ARRs – section 14.5	35
	Information Security attestation	ARRs – section 14.6	35

Summary of requirement		Basis for requirement	Annual report reference
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	29
	• Early retirement, redundancy and retrenchment	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	32
Open Data	• Statement advising publication of information	ARRs – section 16	33
	• Consultancies	ARRs – section 31.1	https://data.qld.gov.au
	• Overseas travel	ARRs – section 31.2	https://data.qld.gov.au
	• Queensland Language Services Policy	ARRs – section 31.3	https://data.qld.gov.au
	• Charter of Victims' Rights	VCSVRB Act 2024 ARRs – section 31.4	https://data.qld.gov.au
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	84
	• Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	85

FAA

Financial Accountability Act 2009

FPMS

Financial and Performance Management Standard 2019

ARRs

Annual report requirements for Queensland Government agencies

QGEA

Queensland Government Enterprise Architecture

VCSVRB

Victims' Commissioner and Sexual Violence Review Board Act 2024

