

Darling Downs Hospital and Health Service

# ANNUAL REPORT

## 2024–2025

**DELIVERING**  
FOR QUEENSLAND



**Queensland**  
Government

# Accessibility

## Open data

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

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](mailto:DDH_Comms@health.qld.gov.au).

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.



## Licence

This annual report is licensed by the State of Queensland (Darling Downs Hospital and Health Service) under a Creative Commons Attribution (CC BY) 4.0 International license.



You are free to copy, communicate and adapt this annual report, as long as you attribute the work to the State of Queensland (Darling Downs Hospital and Health Service) Annual Report 2024-2025. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>

Content from this annual report should be attributed as: The State of Queensland (Darling Downs Hospital and Health Service) Annual Report 2024-2025

© Darling Downs Hospital and Health Service 2025

ISSN 2202-445X (print)

ISSN 2202-736X (online)

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 Traditional Custodians**

Darling Downs Hospital and Health Service respectfully acknowledge the Traditional Custodians of the region we serve and pays respect to Elders past, present and emerging. Our commitment to improving health outcomes for Aboriginal people and Torres Strait Islander people 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 2025

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

Dear Minister

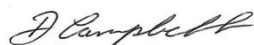
I am pleased to submit for presentation to the Parliament the Annual Report 2024-2025 and financial statements for Darling Downs Hospital and Health Service.

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 112 of this Annual Report.

Your sincerely



Dr Dennis Campbell  
Chair  
Darling Downs Hospital and Health Board

# Contents

<b>Statement on Queensland Government objectives for the community .....</b>	<b>6</b>
<b>Message from the Board Chair and Chief Executive.....</b>	<b>8</b>
<b>About us .....</b>	<b>9</b>
<i>Strategic direction .....</i>	<i>9</i>
<i>Vision, purpose, values.....</i>	<i>10</i>
<i>Priorities.....</i>	<i>11</i>
<i>Aboriginal and Torres Strait Islander Health.....</i>	<i>16</i>
<i>Our community-based and hospital-based services.....</i>	<i>18</i>
<i>Targets and challenges.....</i>	<i>19</i>
<b>Governance .....</b>	<b>22</b>
<i>Our people.....</i>	<i>22</i>
Board membership .....	22
Executive management .....	29
Organisational structure and workforce profile .....	35
Strategic workforce planning and performance .....	39
Early retirement, redundancy and retrenchment .....	42
<i>Open data.....</i>	<i>42</i>
<i>Our risk management .....</i>	<i>42</i>
Internal audit.....	42
External scrutiny .....	43
Information systems and record keeping .....	43
Queensland Public Service ethics and values .....	44
Human rights .....	45
Confidential information.....	45
<b>Performance .....</b>	<b>46</b>
<i>Service standards.....</i>	<i>59</i>
<i>Financial summary.....</i>	<i>62</i>
<b>Financial Statements .....</b>	<b>64</b>
<b>Glossary .....</b>	<b>106</b>
<b>Compliance Checklist .....</b>	<b>112</b>

# Statement on Queensland 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.

<b>Government objectives for the community</b>
<b>Health services where you need them.</b>
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.

## Darling Downs Health Strategic plan 2023-2027 priorities

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

Through our health equity implementation plan, we have delivered health promotion programs that resonate with the community, increased access to oral health services, and established chronic disease and preventative health clinics where needed.

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

We have increased the number of patients receiving alternative virtual models of care across our region to deliver equitable and timely access to healthcare services.

More patients received their surgery this year compared to the previous year.

The planning and delivery of the new infrastructure, Tara Hospital and Millmerran Multipurpose Health Service, has supported our ability to transform the way services are delivered in these communities.

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

We are redesigning and reviewing models of care to improve the delivery of care in our new hospitals.

Our GoDigital strategy is preparing our workforce for ieMR readiness.

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

As the largest health employer in the region, we play an integral role in supporting our regional and rural communities by attracting and retaining over 7000 people.

Our People First Strategy focuses on workforce stabilisation and preparing our workforce to meet the needs of our communities.

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

We champion and embed safety in everything we do, through collaboration and implementation of physical and psychosocially safe workplace improvements. We are designing a patient safety culture program to improve patient safety.

# Message from the Board Chair and Chief Executive

Darling Downs Health continues to pursue transformation and innovation across our region, as we deepen our commitment to delivering exceptional care.

The recent openings of the new Tara Hospital and Millmerran Multipurpose Health Service mark significant milestones in our infrastructure pipeline, bringing modern, purpose-built facilities to communities that deserve the very best in healthcare. These openings are more than just bricks and mortar—they represent our commitment to continue to provide care closer to home, tailored to the needs of each community.

Progress continues on the landmark new Toowoomba Hospital project, which will redefine healthcare delivery for the region. As construction advances, so too does our vision for a digitally connected health service. This year, we commenced initial planning for the future deployment of the integrated electronic Medical Record (ieMR) across our health service, laying the groundwork for a future where patient information flows seamlessly across our network, enhancing safety, efficiency, and continuity of care.

While we embrace these changes with optimism and strategic focus, our daily mission remains unchanged—to provide quality healthcare to our communities, every day. Demand for our services continues to grow, and our teams are responding with agility and innovation—developing and deploying new models of care that are both contemporary and community-focused.

Our achievements over the past year reflect the dedication of our people. From the arrival and successful use of the Da Vinci and MAKO robots at Toowoomba Hospital, to launching our rural Hospital in the Home Program, our people continue to explore new opportunities for improving access to quality care in the pursuit of better health outcomes.

As we look ahead, we remain grounded in our purpose and united by our vision: Caring for our communities – healthier together. The future is bright, and together, we are ready.

Dr Dennis Campbell  
**Board Chair**

Annette Scott PSM  
**Health Service Chief Executive**

# About us

Darling Downs Health provides exceptional patient-centred care to approximately 300,000 people living in a catchment spanning 90,000 square kilometres. The catchment extends north to Taroom and Murgon, south to Texas, east to Toowoomba, and west to Goondiwindi and Miles.

Our public hospital and healthcare services comprise 30 facilities, including a large regional referral hospital, an extended inpatient mental health service, three medium-sized regional hub hospitals, 11 rural hospitals, four multipurpose health services, a primary health care clinic, a community care unit, two general practices, and six residential aged care facilities.

As one of the largest health employers in regional Queensland, our services are delivered with the support of a workforce of over 7,300 people.

Our vision, “Caring for our communities – healthier together”, provides the framework for what we want to achieve and the choices we make in improving our community’s health and wellbeing.

Our values – compassion, integrity, dignity, innovation, and courage – define how we provide care to meet the needs of our community, which includes health issues associated with ageing, obesity, chronic disease, housing availability, and low socioeconomic status.

Aboriginal and Torres Strait Islander peoples make up 6.38 per cent of our region’s population, higher than the Queensland average of 4.7 per cent. In addition, the region is a recognised Refugee welcome zone, supporting a high number of refugee settlements and the corresponding demand for culturally responsive health care services.

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 was developed through extensive consultation with members of our community and our workforce.

We focus on the following priorities to achieve our vision.

- Our services are aligned with our priorities to ensure better health outcomes for all in our region.
- The way we deliver care is transformed to improve efficiency and accessibility for our community.
- Our resources, systems and processes are designed to support and improve the delivery of care.
- We attract the right people and support our workforce to deliver world-class care.
- Our consumers, their information, and our people are safe.

The plan describes our objectives, strategies, and key performance indicators. It helps patients and carers, staff, our community, partners and all other stakeholders understand our future direction.

# 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.

We will respect, protect and promote human rights in our decision-making and actions as per the Human Rights Act.

## 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

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

### *Rural Hospital in the Home (HITH) program*

Patients in rural areas of the Darling Downs region are receiving high level care in their own home with the Hospital in the Home (HITH) program expansion. The program has been operating in Toowoomba for several years and the expansion of the service to include Dalby and Warwick has allowed equity of access for our rural patients. The rural HITH service supports patients living within 50 kilometres of Dalby and Warwick Hospitals, with nurses visiting patients daily at home for conditions that would otherwise require admission to hospital.

### *Deadly Start school-based traineeships*

Darling Downs Health Aboriginal and Torres Strait Islander Health Service is working to establish a sustainable workforce pipeline to grow our Aboriginal and Torres Strait Islander employee representation across all disciplines of the health service.

The Aboriginal and Torres Strait Islander Health Service is supporting education and employment opportunities through the Deadly Start school-based traineeships and nursing cadetships.

Ten students will graduate with a Certificate III Health Services Assistant, Patient Services and Assistant in Nursing in 2025, and two nursing students continue their studies in the cadetship program.

### *New audiology service*

Darling Downs Health received \$171,400 funding from the Putting Queensland Kids First initiative to establish a community hearing screening program to support children with hearing, speech or language concerns. The new service commenced in February 2025, with 270 screening appointments conducted in the first five months. Impressively, 93 per cent of children were discharged after screening without requiring further diagnostic assessment, highlighting the effectiveness and value of the service model. The service continues to evolve through a proactive and flexible approach, ensuring strong foundations for ongoing success.

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

### *Southern Downs Midwifery Group Practice*

Expectant mothers in Warwick and Stanthorpe have access to another model of maternity care, with the Southern Downs Midwifery Group Practice (MGP) opened in July 2024. Darling Downs Health received funding (\$793,386) under the Rural and Regional Birthing Services budget measure to establish a midwifery continuity of care model in the Southern Downs region. The MGP model of care partners women with a known midwife who provides individual care needs and preferences during pregnancy, labour, birth and after birth care. The Southern Downs MGP will reduce the need for expectant mothers based in Warwick and Stanthorpe to travel away from home for maternity care.

The Southern Downs MGP has expanded further in 2025 with a total of 7.8 FTE midwives employed in Warwick and Stanthorpe.

### *Robotic assisted surgery*

Toowoomba Hospital now offers robotic assisted surgery, previously only accessible to private patients in the region. Robotic-assisted surgery allows doctors to perform complex procedures with more precision, flexibility and control than is possible with conventional techniques. Robotic surgery will reduce operating times and improve accuracy, allowing patients improved recovery with less pain and lower complication and reoperation rates.

In July 2024, the Da Vinci Xi robot was used in its first urology procedure. The Da Vinci robot is a specialised piece of robotic equipment enabling Toowoomba Hospital surgeons to perform minimally invasive procedures for surgeries that would have otherwise involved large incisions.

In February 2025, the MAKO robot that utilises 3D CT-based surgical planning, haptic technology and data analytics to assist with joint replacement surgery was first used. The MAKO robot assists surgeons to accurately perform hip and knee replacements by creating a personalised surgical plan.

### *Tara Hospital*

The replacement Tara Hospital and staff accommodation project is funded by the State Government's more than \$1 billion Building Rural and Remote Health program. The new single-storey hospital is situated on the existing hospital campus, providing a wide range of services to the community, including emergency care, palliative care, a 12-bed inpatient unit, and comprehensive adult mental health, clinical and outreach services.

### *Millmerran Multipurpose Health Service (MPHS)*

The replacement Millmerran MPHS was also funded by the State Government's Building Rural and Remote Health program. The single-storey building, located on the existing multipurpose health service campus, offers a wide range of services including an eight-bed inpatient unit, five-bed residential aged care space, dedicated acute and non-acute areas, and a new helipad. External works are underway to complete the front drive, drop off zone, visitor carpark and landscaping.

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

*Oral health digital imaging project*

In February 2025, the Oral Health service commenced further rollout of the Digital imaging project across the Darling Downs region.

Once fully implemented, this project will provide all oral health facilities with instant access to dental x-rays and clinical photographs, rather than having to wait for x-rays to be developed. Digitalisation will reduce storage space requirements, streamline the referral process, and boost workforce productivity.

Digitalisation is being completed in phases across the health service. Upgrades were initiated in Kingaroy, with subsequent roll out occurring in Toowoomba, followed by Western Downs and Southern Downs. The Oral Health service is currently in the post-implementation phase and is consolidating this enhanced practice.

*Central Sterile Supply Department instrument tracking digitisation*

The Infrastructure division continues to identify capital initiatives to digitise systems and uplift digital infrastructure across the health service. One such initiative is the Central Sterile Supply Department (CSSD) instrument tracking digitisation.

Darling Downs Health is seeking to implement a digital tracking solution for reusable medical devices to improve patient safety, compliance, reporting and operational efficiency, with projected time and cost savings across multiple departments. The initiative replaces outdated paper-based systems with a QR code-based digital platform, enhancing traceability across sterilisation and clinical workflows.

This aligns with Queensland Health's Digital Metro South model and will be staged and scalable, enabling integration across all Darling Downs Health facilities, supporting statewide consistency in infection prevention practices.

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

### *Darling Downs South West Medical Pathway*

The Darling Downs South West Medical Pathway (DDSWMP) is a comprehensive, end-to-end training pathway that includes the University of Southern Queensland's Bachelor of Biomedical Science (three years), the University of Queensland's Doctor of Medicine program (four years), and prevocational and vocational training within Darling Downs Health and South West Hospital and Health Service.

The partnership has created a pathway that enables regionally based students to study, train and complete their entire medical education, from the end of high school to fellowship training, within the region, paving the way for a career in rural and remote healthcare.

In 2025, the DDSWMP welcomed its second cohort of graduate-entry Doctor of Medicine students. These students completed their first year in Brisbane before transitioning to Toowoomba in 2025 to continue their studies.

In 2025, for the first time, the second year of the Doctor of Medicine program is being delivered in the region.

### *Single employer model*

Through the single employer model trials in Warwick and Kingaroy – jointly funded by the Australian Government and Queensland Government – GP registrars and rural generalist registrars are now employed in salaried positions at Darling Downs Health hospitals while also working in local GP clinics.

This innovative approach allows doctors to serve both the hospital and primary care system in their community, improving access to primary healthcare, reducing emergency department wait times, improving patient satisfaction, and strengthening continuity of care.

The single employer model is aimed at helping with regional and rural retention efforts and building stronger relationships between the public and private health providers in the community.

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

### *Information Privacy and Other Legislation Amendment Act 2023 (Qld)*

Darling Downs Health has progressed a body of work in readiness for the commencement of the *Information Privacy and Other Legislation Amendment Act 2023 (Qld)*, effective from 1 July 2025. An integral part of compliance with the legislation is the requirement for a privacy policy aligning with the new Queensland privacy principles and a data breach policy guiding the Darling Downs Health response to data breaches and complying with the new mandatory reporting scheme, which have now been completed. The legislative reforms will improve the transparency and accountability of the organisation and strengthen privacy protections for our consumers.

### *National Safety and Quality Health Service (NSQHS) accreditation*

In 2024-2025, Darling Downs Health successfully completed its first short-notice accreditation, demonstrating the organisation's readiness and commitment to continuous improvement. Darling Downs Health remains dedicated to continuous improvement and embedding the opportunities for enhancement that were identified during this process.

To better support the distinct and substantial work associated with NSQHS Standards 2 and 5, Darling Downs Health has transitioned from a combined committee structure to two dedicated committees. This change enables deeper focus and more effective governance aligned with each standard's unique requirements.

The rollout of a new NSQHS audit tool during the reporting period has strengthened the health service's ability to monitor and support the delivery of safe, high-quality healthcare. Ongoing refinements to the tool have ensured it remains responsive to emerging needs and best practices.

A significant milestone in 2024-2025 was the implementation of a digital quality improvement register, which has led to a marked increase in the number of registered quality initiatives across the organisation. This reflects Darling Downs Health growing culture of proactive improvement and workforce engagement.

### *Managing risk of psychosocial hazards at work*

To actively manage psychosocial hazards, prevent harm, promote worker wellbeing and create psychological safety throughout the organisation, Darling Downs Health's People and Culture division has worked closely with line managers.

This includes the coordination of risk assessments, consultation, and recommendations in response to the release of the Managing the risk of psychosocial hazards at work code of practice. Darling Downs Health recognises the importance of managing psychosocial hazards in the workplace, in the same way as physical hazards, ensuring a safe and healthy work environment.

# Aboriginal and Torres Strait Islander Health

Darling Downs Health is committed to placing Aboriginal and Torres Strait Islander peoples and voices at the centre of healthcare service design and delivery, as outlined in our Health equity strategy 2022-2025.

Throughout 2024-2025, Darling Downs Health has continued to build on and implement initiatives, informed by our strategy and implementation plan, to promote sustainable, accessible, culturally safe, integrated services for Aboriginal and Torres Strait Islander peoples.

To strengthen and grow our Aboriginal and Torres Strait Islander workforce, a range of initiatives were implemented, including the Darling Downs Health employee cultural champions program and targeted workforce planning, with the establishment of a workforce pipeline including ten school-based traineeships and two cadetship positions.

A number of positive health outcomes have been achieved for Aboriginal and Torres Strait Islander peoples in the region in 2024-2025. Pre-appointment connection phone calls and care coordination have seen a continued reduction by 0.4 per cent in failure to attend specialist outpatient appointments and a 0.9 per cent increase in elective surgery patients treated in time. We have also seen a reduction of 0.43 per cent in hospital separations recorded as discharged from hospital against medical advice (DAMA) for Aboriginal and Torres Strait Islander patients across the region.

The health service continues to engage with a range of community partners through formal collaborations and agreements, enabling co-designed models of care and service delivery.

## *Sit Talk and Yarn (STaY), Cherbourg*

People needing to access less-acute services for mental health and suicidal ideation were supported in 2024-2025 by the STaY team, working in partnership with the Cherbourg community, Cherbourg Regional Aboriginal and Islander Community Controlled Health Service (CRAICCHS), Uniting Care Women's Shelter, Murgon State High School youth hub, Centacare, Barambah Youth Services Hub, Youth Justice, and the Wandama Family Panel. The service uses a trauma-informed and strengths-based approach to provide holistic assessment and support for vulnerable community members, and build community capacity.

## *Community Healing Program*

The Community Healing Program continues to integrate with primary care services by holding regular clinics in partnership with Aboriginal and Torres Strait Islander Community Controlled Health Organisations (A&TSICCHOs). The multiagency, community case-management program has improved access and engagement of young people and families accessing mental health services, with a focus on reducing the need for police intervention and seclusion.

## *First 2000 Days*

The Aboriginal and Torres Strait Islander Health First 2000 Days model of care is an Aboriginal and Torres Strait Islander health worker and health practitioner-led model, to support continuity of care across the first 2000 days of life and improve health outcomes for

Aboriginal and Torres Strait Islander peoples. Darling Downs Health has continued to develop and grow the Aboriginal and Torres Strait Islander health workforce across this model of care, including shared workforce with A&TSICCHOs.

A credentialed nurse immuniser based in Cherbourg, offers immunisations for children five years and under to assist in addressing overdue immunisation rates. A Growing Deadly Families partnership with Goondir ensures women in the western cluster of Darling Downs Health region can access culturally appropriate continuity of midwifery care in the A&TSICCHO setting.

#### *Social and Emotional Wellbeing Program*

The Social and Emotional Wellbeing Program provided by Darling Downs Health Aboriginal and Torres Strait Islander health workers supports inpatients in adult mental health acute and extended inpatient units within Toowoomba. They ensure inpatients are provided with cultural support throughout their admission and that they have an active voice which is heard and respected during assessment, treatment, and discharge planning.

#### *Chronic disease*

The Aboriginal and Torres Strait Islander Health multidisciplinary care team at the Toowoomba Hospital continues to focus on early detection, treatment and management of chronic disease, and on reducing the rate of potentially preventable hospitalisations and hospital readmissions. The team holds regular clinics at Aboriginal and Torres Strait Islander Community Controlled Health Organisations, including the Aboriginal health worker-led low risk foot clinic, and a Smokerlyzer clinic to support smoking cessation plans.

#### *Tackle Flu Program*

The annual Aboriginal and Torres Strait Islander Tackle Flu Program continued at 24 locations across Darling Downs Health and South West Hospital and Health Service with over 1,800 vaccinations administered.

#### *Aged care*

A comprehensive needs analysis has been conducted to identify service gaps in aged care for Aboriginal and Torres Strait Islander peoples and make recommendations on how Darling Downs Health can ensure the health and cultural needs of elders in our community and residential aged care programs are met.

#### *Health Equity Strategy 2025-2028*

Significant consumer and stakeholder engagement has occurred throughout 2024-2025 to review and build on our Health equity strategy and implementation plan 2022-2025. A total of 11 Yarn Up sessions were conducted in ten communities across the Darling Downs, providing a safe and respectful space to yarn with over 100 community members about the current health equity strategy and assist in the collaborative development of our 2025-2028 strategy.

## Our community-based and hospital-based services

Our services comprise 30 facilities, including a large regional referral hospital, an extended inpatient mental health service, three medium-sized regional hub hospitals, 11 rural hospitals, four multipurpose health services, a primary health care clinic, a community care unit, two general practices, and six residential aged care facilities. The comprehensive range of services provided by Darling Downs Health throughout the region is set out below.

### Hospital-based specialist inpatient and outpatient services

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

### 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 2024-2025 period at the Toowoomba Hospital, 7,767 parking concession passes were issued to eligible patients and carers, at a total value of \$363,020.

# Targets 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

### **Co-designing care with our consumers**

Engaging with consumers and community members across the Darling Downs Health region continues to provide valuable insight into what is important to our communities and how we can improve the consumer experience. A range of consumer and community advisory groups are active across the health service, providing the opportunity to partner on key issues relevant to each group and the community it represents. Several internal committees and working groups also include consumer representatives, enabling consumers to influence the design of services and ensuring our workforce hear and understand the unique consumer perspective.

The consumer voice was integral in producing our *Darling Downs Health Regional Needs Assessment 2024*, a critical document outlining the major health challenges faced across our region. Information from partner organisations and the broader community also contributed heavily to this document, helping to ensure services can be tailored to the specific needs of the Darling Downs Health region.

### **Investing in and supporting our workforce**

Darling Downs Health understands the need to have a supported workforce with the skills and capability to meet emerging and future service delivery needs.

Critical to our success is the prioritisation of our employee experience and wellbeing to establish a committed and positively engaged workforce. Darling Downs Health has established an employee value proposition (EVP). The EVP forms an important cornerstone for progressing actions identified in the *People First Strategy 2023-2027*, ensuring employee experience is maximised and that we are an employer of choice for prospective employees.

Darling Downs Health is committed to growing our own workforce. A Physiotherapy First Nations cadetship position has been established for an Aboriginal and Torres Strait Islander tertiary physiotherapy student to create a workforce pipeline for First Nations students studying to become Allied Health professionals.

Students in Medicine (SiMs) employed at Toowoomba Hospital have proved effective at optimising productivity and improving patient flow, while also receiving on-the-job experience and work-ready skills. Darling Downs Health has 36 SiMs working across the health service, making great use of their skills to support clinical teams.

## **Digital environment**

Darling Downs Health is committed to building digital systems and incorporating digital advancements and innovations to redefine and improve our health care service delivery.

In 2024-2025, the Information Communication Technology (ICT) team were instrumental in delivering a modern aged care electronic medical record (Leecare) to all Darling Downs Health residential aged care facilities which now provides a fully digital medical record and medication management.

Preparatory work for Oracle Health integrated electronic medical record (ieMR) was completed for Toowoomba Hospital and Baillie Henderson Hospital. Documenting all clinical, administrative and system workflows is essential as it informs the development of the ieMR and helps the organisation plan for implementation.

The first phase of the ieMR infrastructure and device audit was also completed and provided critical information to inform an infrastructure procurement plan and design brief.

## **New Toowoomba Hospital project**

The new Toowoomba Hospital at the Baillie Henderson Hospital campus will provide the physical environment to provide contemporary care. With the new hospital, Darling Downs Health will deliver an increased volume and expanded scope of services. Collaboration has occurred with Health Infrastructure Queensland to ensure the design will be fit-for purpose and able to address the needs of our patients, employees and visitors to deliver high-quality care that our community deserves into the future. The Darling Downs Health Clinical Transition Team continues to work on mapping models of care and service delivery plans to help shape a hospital that truly works for our community.

## **Challenges**

### **Increasing demand on services**

Darling Downs Health continues to face increasing demand for our services and increasing complexity of the care required by our consumers. Adoption of innovative models of care that enable patients to be treated outside of the hospital environment is one of the approaches Darling Downs Health has implemented to manage the critical need for health services.

The Rural Community Integrated Care service in Stanthorpe is a collaboration between nursing and pharmacy staff to identify patients and consumers in hospital who may require more support accessing or managing their medications once they leave hospital to go home. Through regular home visits, Darling Downs Health nurses and pharmacists can then ensure residents are continuing to take their medications, while providing important face-to-face wellness checks, long after they've been discharged from hospital. As a result of the service's interventions, Stanthorpe Hospital has seen a reduction in hospital readmissions for people with complex discharge needs.

## **Housing shortages**

Workforce shortages in the region are further impacted by a shortage of housing for employees to live in. Providing high-quality employee accommodation is an important factor in attracting health professionals to work in rural communities. In addition to upgrades to employee accommodation in Warwick, Darling Downs Health has commenced work on new employee accommodation at Tara Hospital and Millmerran Multipurpose Health Service. The new units will enhance employee well-being, reduce travel time, and ensure quick responses in emergencies, ultimately leading to better delivery of health services to the region.

## **Cyber security challenges**

In an increasingly digital healthcare environment, cyber-attacks pose a significant and growing risk. Safeguarding the confidentiality, integrity, and availability of health information, including both patient data and critical systems, requires ongoing investment in cybersecurity infrastructure, employee training, and incident response preparedness. Darling Downs Health is committed to protecting both our patients and the continuity of care we provide. During 2024-2025, Darling Downs Health invested in a significant uplift to its Information security management system, including our ability to better detect and respond to the evolving risk of cyber incidents.

## **Climate events**

The Darling Downs region continues to see increased severe weather events. Natural disasters and weather events are expected to potentially impact one or more of our facilities or services. Darling Downs Health continues to invest in the development, maintenance and testing of resources to support disaster preparedness, as well as our ability to respond effectively to disaster and emergency incidents, and capacity to maintaining business continuity.

# Governance

## Our people

### Board membership

The Darling Downs Hospital and Health Board (the Board) is appointed by the Governor in Council, on the recommendation of the Minister, in accordance with section 23 of the *Hospital and Health Boards Act 2011*. To strengthen local decision making, our Board members represent the four regions of the health service - Southern Downs, Western Downs, South Burnett and Toowoomba. The Board is responsible for the oversight of health services in the region and is accountable for its performance in delivering quality health outcomes to meet the needs of our communities.

#### **Dr Dennis Campbell**

**PhD, MBA, FCHSM, FAIM, GAICD**

Chair, Darling Downs Hospital and Health Board

Original appointment commencement date: 29 June 2012.

Dr Dennis Campbell has been a Chief Executive Officer in both the public and private health sectors, during which he held the positions of Assistant and Acting Regional Director in the Queensland Department of Health as well as Chief Executive Officer at St Vincent's Hospital, Toowoomba for 10 years. In 2007, he was awarded an Australia Day Achievement Medallion for services to the Australian College of Health Service Executives. In 2008, he was awarded the Gold Medal for Leadership and Achievement in Health Services Management, recognising his contribution and professional achievements in shaping healthcare policy at the institutional, state, and national levels. In 2021, Dr Campbell was awarded a Queensland Museum Medal in recognition of work carried out for the benefit of the Queensland Museum Network.

#### **Dr Ross Hetherington**

**MBBS, DRANZOG, FACCRM, PGDipPaIMed, FAICD**

Deputy Chair, Darling Downs Hospital and Health Board

Original appointment commencement date: 29 June 2012.

Dr Hetherington currently holds, or previously held, the following positions:

- President, RHealth
- Chair, Rural Health Workforce Australia
- Foundation member, Regional Health Board, Longreach
- Board member, Australian General Practice Accreditation Limited
- Member, Aviation Medicine Society of Australia and New Zealand
- Director of North and West Remote Health
- Darling Downs and West Moreton Primary Health Networks nomination committee
- GP advisor, Western Queensland Primary Health Network
- Member, Independent Health and Aged Care Pricing Authority's Aged Care Network

- Chair of Joint Governance and Risk Committee of the Australian General Practice Accreditation Limited Group.

Dr Hetherington was also a foundation member of the Menopause Society of Australasia. He co-founded the Central Queensland Rural Division of General Practitioners, holds a number of aviation and medical memberships, and is a Designated Aviation Medical Examiner. Dr Hetherington has held previous directorships with Australian General Practice Network and the Australian Rural and Remote Workforce Agency Group.

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

Board Member, Toowoomba

Original appointment commencement date: 18 May 2017.

Emeritus Professor Cotter is a chartered accountant, a Fellow of CPA Australia and is a Board Director for AgriFutures Australia.

During her time with the University of Southern Queensland (UniSQ), she held several senior management roles, including head of school and research centre director, and was a member of many university management boards and committees, contributing to strategic and operational management of the university.

**Dr Stephen Harrop**  
**RIPRN, BSc, PhD**

Board Member, Southern Downs

Original appointment commencement date: 1 April 2022.

Dr Stephen Harrop has a varied professional career, including extensive emergency nursing experience in Queensland. As an educator, Dr Harrop was a senior lecturer and program convenor for the Bachelor of Nursing degree at Griffith University and coordinated Aboriginal Health Worker training for the Northern Territory's Bachelor Institute of Indigenous Tertiary Education. His doctoral research focused on molecular parasitology at QIMR and tropical health at the University of Queensland. He then undertook post-doctoral studies at the Queensland University of Technology and was appointed a scientist at the Princess Alexandra Hospital. Dr Harrop holds positions as independent Chair, Headspace Consortium Warwick; Chair, Warwick Hospital Community Advisory Group; and Darling Downs Health Regional Community Consultative Committee member.

**Terrence Kehoe**  
**RPEQ 00936 (RET), BE**

Board Member, Toowoomba

Original appointment commencement date: 1 April 2022.

Mr Terrence (Terry) Kehoe was a consulting engineer and founder of the Toowoomba-based Kehoe Myers Consulting Engineers Pty Ltd (1978). Mr Kehoe has practised in the fields of

civil, structural, and hydraulic engineering design and construction for various private and institutional clients, with experience working in various roles, including:

- Honorary Engineer for the Royal Agricultural Society Queensland (Toowoomba Showgrounds)
- Toowoomba Preparatory School Foundation President
- Board member of Toowoomba Preparatory School Board
- Engineers Australia - Toowoomba Branch President
- Urban Development Institute of Australia
- Founding and Senior Director, Kehoe Myers Consulting Engineers Pty Ltd.

Mr Kehoe has engineered and managed the design and construction delivery of infrastructure projects as a consulting engineer for various organisations, including St Vincent's Private Hospital and St Andrews Private Hospital in Toowoomba.

### **Patricia Leddington-Hill**

**BSc, LLB, GAICD**

Board Member, Western Downs

Original appointment commencement date: 9 September 2012.

Ms Patricia (Trish) Leddington-Hill worked for more than 10 years with RHealth, a primary healthcare organisation servicing the Darling Downs and South West Queensland, before being appointed to the Darling Downs Hospital and Health Board in November 2012.

In addition to her Board role, Ms Leddington-Hill re-joined RHealth as a part-time Executive Manager in January 2019 and currently works in a part-time role supporting the Western Queensland Primary Health Network.

Trish is currently co-chair of the state-wide Safety and Quality Chairs forum.

### **Marie Pietsch**

**MAICD**

Board Member, Southern Downs

Original appointment commencement date: 29 June 2012.

Ms Marie Pietsch has been a leader throughout Queensland's rural areas in advocating and obtaining better health outcomes for people of these regions.

Her previous roles include Chair of the Minister's Rural Health Advisory Council and Chair of the Southern Downs Health Community Council. Marie also holds the following positions:

- Member, Inglewood Multipurpose Health Service Management Committee
- Member, Australian Institute of Company Directors.

Ms Pietsch's leadership and networking skills were acknowledged in 2003 with a Centenary Medal for distinguished service to the community. Ms Pietsch also received an Australia Day Achievement Medallion for outstanding service to Queensland Health. In 2014, Ms Pietsch was awarded Citizen of the Year by the Goondiwindi Regional Council, for services to the community.

**Professor Maree Toombs**

**PhD, GCEF, BPED**

Board Member, Toowoomba

Original appointment commencement date: 18 May 2020.

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. Being the first Aboriginal person awarded a PhD from the University of Southern Queensland, Maree is recognised nationally and internationally for her research work around mental health outcomes for Aboriginal people with multiple comorbidities; in particular, managing chronic physical illness and mental health in a holistic way and building resilience.

Professor Toombs is employed as a Professor of Public Health at the University of Sydney, with a focus on implementing their Reconciliation Action Plan as well as ensuring the continued support of Indigenous students at the university.

Professor Toombs is a Churchill Fellowship recipient with over 20 years' experience teaching and developing curriculum relating to Indigenous education and health.

Professor Toombs has published several journal articles related to improving the way people culturally work with Indigenous Australians in regional and remote areas.

**Merrilyn Strohfeltd**

**BSpPath, EMPA**

Board Member, Toowoomba

Original appointment commencement date: 1 April 2024

Ms Merrilyn Strohfeltd has extensive experience in the health sector, having previously held the position as Chief Executive Officer of Darling Downs West Moreton Primary Health Network. Prior to this role, Ms Strohfeltd was the Deputy Director-General for the Queensland Department of Communities, Child Safety, Disability Services and Office for Women, and the Regional Executive Director of Brisbane region Queensland Department of Communities, Child Safety and Disability Services, and is currently the Board Chair of CheckUP (General Practice QLD).

Ms Strohfeltd holds an Executive Masters in Public Administration, a Bachelor of Speech Therapy, Diploma Quality Auditing (HBA), Practitioners Certificate in Mediation and is a Member of Australian Institute of Community Directors.

## Board member participation and remuneration in 2024-2025

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	<ul style="list-style-type: none"> <li>Progressing actions set out in the <i>Health Equity Implementation Plan 2022-2025</i> to work towards achieving health equity for Aboriginal and Torres Strait Islander people in the Darling Downs region. New Strategy currently being prepared.</li> <li>Works commenced on the new build for Toowoomba Hospital with the hospital to be one campus.</li> <li>New hospitals built at Millmerran and Tara.</li> </ul>				
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
Board Chair (contract commenced 1 April 2024)	Dr Dennis Campbell	11 of 11 Board Meetings  12 of 12 Executive Committee	\$75,000 pa Board Chair	\$4,000 pa Chair, Executive Committee	\$81,000
Deputy Board Chair	Dr Ross Hetherington	8 of 11 Board Meetings  10 of 12 Executive Committee  8 of 11 Finance Committee  4 of 6 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	\$54,000
Board Member	Marie Pietsch	10 of 11 Board Meetings  10 of 12 Executive Committee  4 of 4 Health Equity Committee	\$40,000 pa	\$3,000 pa Member, Executive Committee  \$4,000 pa Member, Health Equity Committee	\$52,000
Board Member	Emeritus Professor Julie Cotter	11 of 11 Board Meetings  11 of 12 Executive Committee  10 of 11	\$40,000 pa	\$3,000 pa Member, Executive Committee  \$3,000 pa Member, Finance Committee	\$50,000

		Finance Committee 4 of 4 Audit and Risk Committee		\$4,000 pa Chair, Audit and Risk Committee June 2024-May 2025  \$3,000 pa Member, Audit and Risk Committee May - June 2025	
Board Member	Patricia (Trish) Leddington-Hill	11 of 11 Board Meetings  4 of 4 Audit and Risk Committee  6 of 6 Safety and Quality Committee	\$40,000 pa	\$4,000 pa Chair, Safety and Quality Committee  \$3,000 pa Member, Audit and Risk Committee	\$50,000
Board Member	Professor Maree Toombs	10 of 11 Board Meetings  3 of 6 Safety and Quality Committee  4 of 4 Health Equity Committee	\$40,000 pa	\$3,000 pa Member, Safety and Quality Committee  \$4,000 Chair, Health Equity Committee	\$47,000
Board Member	Dr Stephen Harrop	11 of 11 Board Meetings  6 of 6 Safety and Quality Committee  4 of 4 Health Equity Committee	\$40,000 pa	\$3,000 pa Member, Safety and Quality Committee  \$3,000 Member, Health Equity Committee	\$51,000
Board Member	Terence (Terry) Kehoe	10 of 11 Board Meetings  10 of 11 Finance Committee  4 of 4 Audit and Risk Committee	\$40,000 pa	\$3,000 pa Member, Finance Committee  \$3,000 pa Member, Audit and Risk Committee	\$47,000
Board Member	Merrilyn Strohfeldt	10 of 11 Board Meetings  10 of 11 Finance Committee  4 of 4 Audit and Risk Committee  3 of 4 Health Equity Committee	\$40,000 pa	\$3,000 pa Member, Finance Committee  \$3,000 pa Member, Audit and Risk Committee June 2024 – May 2025  \$4,000 Chair, Audit and Risk Committee May - June 2025	\$52,000
No. scheduled meetings/sessions	11 Board Meetings 12 Executive Committee 11 Finance Committee				

	4 Audit and Risk Committee 6 Safety and Quality Committee 4 Health Equity Committee
Total out of pocket expenses	\$19,648 <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*

## Committees

The Board is accountable to the Minister for the management of Darling Downs Health and, as such, is responsible for the overall strategy, governance, and performance of the health service. The Board is supported by the legislatively prescribed committees to discharge its duties. Each committee operates with a charter describing the role, responsibilities, composition and operating guidelines of the committee.

### Board Executive Committee

The committee operates in accordance with section 32B *Hospital and Health Boards Act 2011*. The role of the committee is to work with the Health Service Chief Executive to progress strategic priorities identified by the Board. The committee also provides a platform for strong communication between the Board and Health Service Chief Executive, to ensure accountability in the delivery of health services and to assist in responding to critical emergent issues.

### Board Audit and Risk Committee

The committee operates in accordance with section 47 *Hospital and Health Boards Regulation 2023*.

The role of the committee is to provide independent assurance and assistance to the Board on the following matters:

- The appropriateness of the health service's financial statements, including review of the Chief Finance Officer's assurance statement, ensuring compliance with accounting practices and standards prescribed under the *Financial Accountability Act 2009* and ensuring external scrutiny of the statements.
- The Queensland Audit Office - the external auditor in relation to proposed audit strategies and the annual audit plan.
- The findings and recommendations of external audits and ensuring appropriate management response to all actions.
- Monitoring the internal audit function and endorsement of the internal audit plan.
- Monitoring compliance and risk management strategies for the health service.
- Reviewing the work health and safety risk profile for the health service and monitoring implementation of the safety and wellbeing system.

## **Board Finance Committee**

The committee operates in accordance with section 46 *Hospital and Health Boards Regulation 2023*. The committee is accountable to the Board for overseeing matters relating to the financial position, resource management strategies and performance objectives of the health service. The committee assesses the health service budget to ensure consistency with identified organisational objectives and monitors financial and operating performance monthly. The committee provides assurance and oversight to the Board regarding financial risks that may impact the service's financial performance and ensures appropriate management strategies are in place.

## **Board Safety and Quality Committee**

The committee operates in accordance with section 45 *Hospital and Health Boards Regulation 2023*.

The committee is responsible for providing strategic leadership and promoting improvements to Darling Downs Health strategies, particularly aimed at minimising preventable harm, reducing unjustified variation in clinical care and improving the experience of those receiving health services. The committee provides assurance and assistance to the Board regarding the safety and quality governance arrangements and the service's strategies for compliance with policies, agreements and standards, as well as national and state strategies.

## **Board Health Equity Committee**

As testament to the Board's commitment to Aboriginal and Torres Strait Islander health equity, the Board has established a Health equity committee to oversee the implementation of the *Health Equity Strategy 2022-2025* (and subsequent strategies) to ensure that the specified actions are complete and performance indicators are met. The committee is responsible for identifying and driving progress of key strategic initiatives which achieve health equity and delivery of responsive, capable and culturally competent health care to First Nations peoples. This includes state-wide and regional initiatives to strengthen communication, engagement, co-design and co-production with community, consumers and the health care sector to improve the health outcomes of Aboriginal and Torres Strait Islander peoples.

## **Executive management**

### **Annette Scott PSM Health Service Chief Executive**

Ms Annette Scott has an extensive history across both the private and public health system. Ms Scott is an executive leader and board director, recognised for progressing innovative models of health practice within the Darling Downs region.

In addition to holding the role of Chief Executive, Ms Scott is the Darling Downs Health senior representative on the Advisory Board of Southern Queensland Rural Health, and Director on the Board of the Toowoomba Hospital Foundation.

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 Department of Health.

Ms Scott is a strong advocate for partnering to advance health research, digital transformation and change, health workforce pipelines and capital infrastructure programs. As a key contributor to the design and implementation of Southern Queensland Rural Health, Southern Queensland's first University Department of Rural Health (UDRH), and the only UDRH in Australia that has been developed in partnership with universities and health services, Ms Scott continues to forge strong collaborative relationships with a range of tertiary education and local and federal government partners.

**Professor Hwee Sin Chong**  
**Executive Director Queensland Rural Medical Service**

Professor Chong was appointed as the Executive Director of the Queensland Rural Medical Service (QRMS) in 2017.

Professor Chong and the QRMS division are responsible for supporting the sustainability of rural and remote medical practices and promoting excellence through integrated medical practices and training. QRMS provides a range of client-focused workforce and business services, including comprehensive rural medical and health practitioner relieving services, the Queensland Rural Generalist Program, and several medical specialist vocational training pathways.

Professor Chong first joined Darling Downs Health in 2011 as the Deputy Director of Medical Services in Toowoomba and was the Executive Director Medical Services from 2014 – 2017, and then again from 2020 – 2024. She is a Fellow of the Royal Australasian College of Medical Administrators and has a Master of Health Management and Master of International Public Health.

**Dr Liam Flynn**  
**Executive Director Medical Services**

Dr Liam Flynn was appointed as the Executive Director Medical Services in March 2024.

Dr Flynn is the professional and strategic lead for doctors across Darling Downs Health.

Dr Flynn has extensive clinical experience, having worked for the Royal Flying Doctor Service, and several public hospitals across Queensland. Dr Flynn joined Darling Downs Health in 2020 and was later appointed as the Director of Darling Downs Health's Public Health Unit.

Dr Flynn holds a Master of Public Health and Tropical Medicine, Master of Health Leadership and Management, and is a Fellow of the Australian College of Rural and Remote Medicine, Royal Australian College of General Practitioners and the Faculty of Public Health Medicine of the Royal Australasian College of Physicians.

**Alison Broadbent**  
**Executive Director Nursing and Midwifery Services**

Ms Alison (Ali) Broadbent was appointed as the Executive Director of Nursing and Midwifery in June 2025.

Ali began her career as a Graduate Nurse at Darling Downs Health gaining foundational clinical experience with rotations at Toowoomba Hospital, Oakey Hospital and Mental Health services before building a diverse career across both public and private healthcare organisations in Queensland and New South Wales.

Ali is passionate about advancing the nursing and midwifery professions as key leaders in developing sustainable, safe, and innovative healthcare systems and believes that actively involving patients, families, and communities in the design of care is essential to achieving the best possible outcomes.

With a proven track record in healthcare executive management roles spanning nursing and midwifery, operations, and clinical governance, Ali has brought extensive expertise in operational leadership, clinical governance, workforce planning, and strategic development with her on her return to Darling Downs Health.

She is committed to bold, transformative leadership that fosters innovation, collaboration, and high-performing multidisciplinary teams that prioritise clinical excellence, financial sustainability, and exceptional patient care.

**Dr Christopher Cowling**  
**Executive Director Rural**

Dr Christopher Cowling first commenced with Darling Downs Health as a member of the clinical governance unit in 2020, before transitioning to the role of Director of Medical Services – Western Cluster the same year. In this role, Dr Cowling provided medical leadership to support employees across the cluster. Dr Cowling continued in this role until his appointment to his current position of Executive Director of Rural on 2 May 2022.

Dr Cowling studied medicine at James Cook University in his hometown of Townsville and commenced his medical career as an intern at the Townsville University Hospital. He then went on to undertake training as a rural generalist with an advanced skill in anaesthetics, working across locations including Roma, Bundaberg, Innisfail and Charleville, where he also worked for many years with the Royal Flying Doctor Service.

Dr Cowling is a dual Fellow of the Australian College of Rural and Remote Medicine and the Australasian College of Medical Administrators. He has completed a Master of Health Leadership and Management from the University of New South Wales, is a Certified Health Informatician and is a recent Graduate of the Australian Institute of Company Directors.

**Andrew Day**  
**Acting Executive Director Allied Health**

Mr Andrew Day leads the division of Allied Health, ensuring a diverse workforce across Darling Downs Health is well supported to deliver high-quality care to patients, consumers, and communities.

Andrew joined Darling Downs Health in 2007 as a psychologist and has since held a range of roles as a clinician and team leader across primary care, acute, and community settings, including mental health and the Aged care assessment team. In 2021, he stepped into the role of Acting Director Allied Health Services and Support and is currently serving as Acting Executive Director Allied Health.

Health is Andrew's second career, following a decade of service with the Australian Defence Force during a period of high operational demand. His exemplary service was recognised with the Soldiers Medallion.

A consistent theme throughout Andrew's career is his commitment to relational leadership, professional connection, and collaboration. He is passionate about helping others feel valued and ensuring that their contributions truly matter.

### **Louise Van Every**

#### **Acting Executive Director Transformation Analytics and Governance**

Ms Louise Van Every is currently acting as the Executive Director Transformation, Analytics and Governance. Louise is an Occupational Therapist by background and has completed a Graduate Diploma in Rural and Remote Health.

Louise started her career working in the North Burnett as a generalist occupational therapist and then moved to West Moreton Hospital and Health Service where she worked in many roles from clinical service delivery, to program management and senior leadership positions.

Prior to moving to Darling Downs Health, Louise held divisional director roles at Children's Health Queensland. In these roles, Louise led a variety of health partnership initiatives and provided operational and strategic leadership across community and acute services, all with a focus on supporting improved outcomes for children and families.

As Acting Executive Director Transformation, Analytics and Governance, Louise holds responsibility for leading and fostering the innovative change agenda across Darling Downs Health, along with guiding the clinical and corporate governance approach of the organisation. Louise is focused on partnerships and the promotion of collaborative connection for the delivery of excellence in health care in the Darling Downs community.

### **Greg Neilson**

#### **Executive Director Mental Health, Alcohol and Other Drugs Service**

Mr Greg Neilson is responsible for the delivery of mental health, alcohol and other drugs services, in line with state and Commonwealth mental health strategies.

He commenced his health career as a mental health nurse at Baillie Henderson Hospital, before moving to undertake further studies.

Mr Neilson has extensive leadership experience and a proven track record in coordinating the delivery of specialist mental health services across inpatient and community settings in the Darling Downs. In 2009, he received a Distinguished Service Award in recognition of his leadership in regional mental health services. Mr Neilson led significant project work that resulted in the introduction of a telehealth mental health assessment process to support rural emergency departments in the Darling Downs and South West in 2013. He is a member of

the Executive leadership team delivering the Joint regional plan for mental health, suicide prevention, alcohol and drugs. Immediately prior to his current position, he was Nursing Director for Acute and Community Mental Health Services.

Mr Neilson is a Fellow of the Australian College of Mental Health Nurses and holds several specialist tertiary qualifications in mental health nursing, health management and health economics. He is a Graduate of the Australian Institute of Company Directors and the Governance Institute of Australia Effective Director course.

**Ms Rachel Phillips**  
**Executive Director Toowoomba Hospital**

Ms Rachel Phillips was appointed to Executive Director Toowoomba Hospital in July 2023 and has been working in Queensland Health since 2001.

Ms Phillips has worked as a clinician, professional leader and Executive Director in acute and ambulatory care settings, primary care and mental health.

Prior to joining Darling Downs Health, she worked at the Princess Alexandra Hospital as Executive Director Clinical Support Services, including six months as Acting Executive Director.

Ms Phillips is a clinical psychologist by training and currently the Chair of the Psychology Board of Australia. Ms Phillips has a strong interest and experience in health practitioner regulation, clinical education, implementation science, and clinical and professional ethics.

**David (Dave) Pugsley**  
**Acting Executive Director Infrastructure**

Mr Dave Pugsley is currently acting Executive Director Infrastructure and is responsible for the executive oversight of the Infrastructure division, which includes projects, planning and property, maintenance and engineering, information communication technology, and facility services at Toowoomba and Baillie Henderson campuses.

Mr Pugsley commenced his healthcare career in Pathology Queensland, prior to joining Darling Downs Health in 2018 where he has held various senior roles across finance and rural health operations.

Mr Pugsley holds a Bachelor of Commerce (Accounting) and is a Member of the Australian Institute of Company Directors.

**Jane Ranger**  
**Chief Finance Officer**

Ms Jane Ranger was appointed to the Chief Finance Officer role in August 2016.

In this role, Ms Ranger provides single-point accountability for the Finance division including financial control, commercial management, supply and procurement, health information services, and the business analysis and development areas, ensuring prudent financial management for Darling Downs Health.

Prior to being appointed to this role, Ms Ranger was the Senior Business Analyst for Darling Downs Health and the Senior Finance Manager for the Toowoomba Hospital.

Ms Ranger has extensive financial and operational experience in many industries, including banking, tourism and hospitality, building and construction, manufacturing and public transport and has held senior roles in the private healthcare sector.

Ms Ranger holds a Bachelor of Business from Griffith University, where she graduated as dux (highest grade point average) of the year. She is a Fellow Certified Practicing Accountant (FCPA), a Graduate of the Australian Institute of Company Directors (GAICD) and a Commissioner for Declarations.

**Kylie Pippos**  
**Executive Director People and Culture**

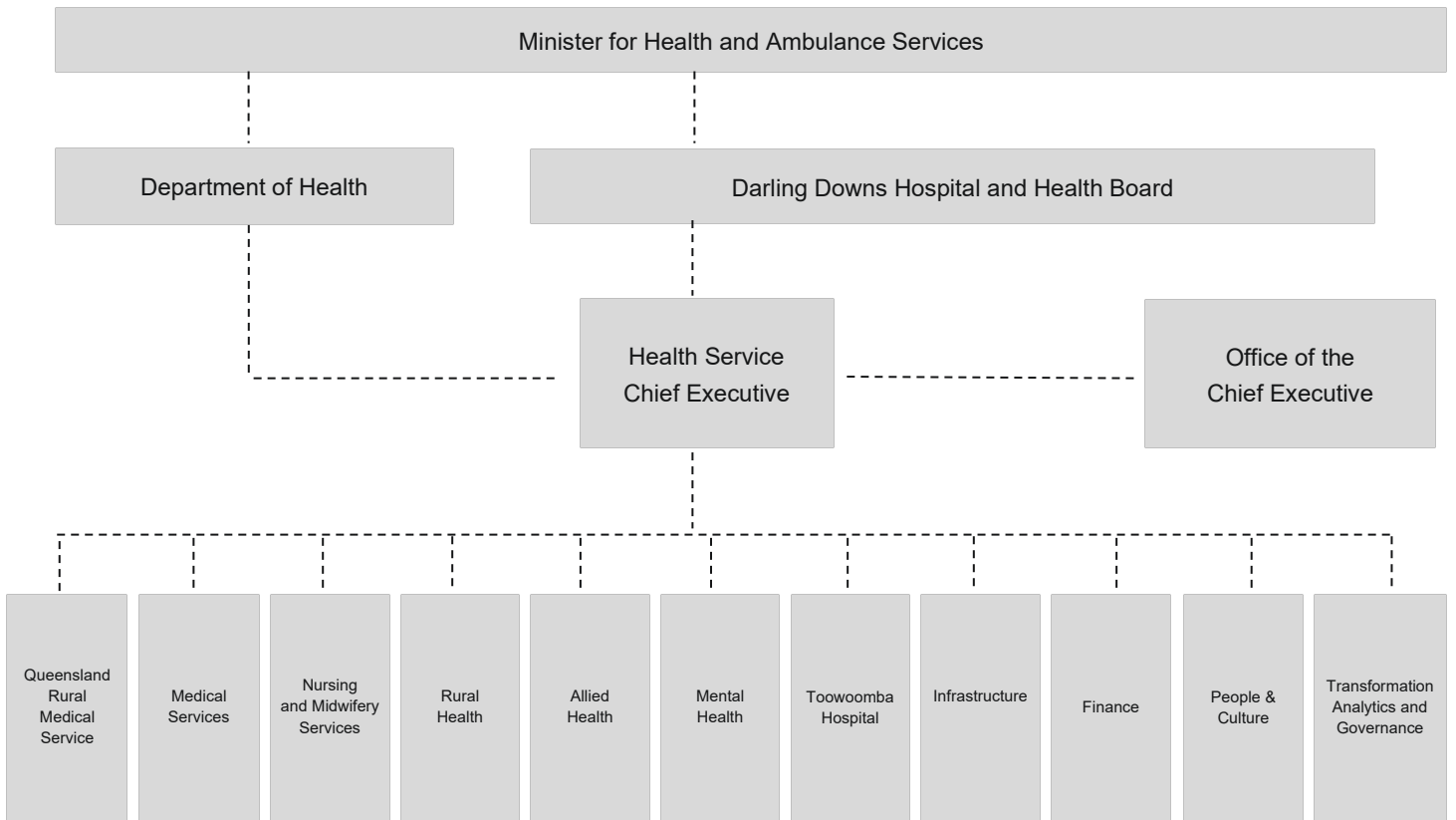
Ms Kylie Pippos joined Darling Downs Health in the role of Executive Director People and Culture in January 2023.

The Executive Director People and Culture provides strategic oversight to the workplace relations, work health and safety, occupational violence prevention and security, recruitment and attraction, workforce planning, learning and development, and workforce capability, culture and engagement teams.

Ms Pippos is a senior human resource professional with over 20 years experience across a broad range of industries, including health, aged and community care, finance, and retail. She has worked in a number of leadership roles in large complex organisations, including almost five years as General Manager of Business Partnering (People and Culture) with UnitingCare Queensland and five years in senior leadership positions with Mater Group.

Ms Pippos holds a Bachelor of Arts in Industrial Relations and Sociology, and is a Certified Practicing Human Resources professional (CPHR AHRI).

# Organisational structure and workforce profile



## Our divisions

Darling Downs Health is comprised of 11 divisions and the Office of the Chief Executive, which work in partnership to deliver health services to our communities. The divisions are grouped into clinical, professional and support roles with each division having specific responsibilities and accountabilities for the effective performance of the organisation.

### **Office of the Chief Executive**

The Office of the Chief Executive supports the health service through the functions of media, communications, and engagement, Aboriginal and Torres Strait Islander health, Board secretariat and corporate correspondence.

### **Medical Services**

This division provides professional leadership for medical staff and services across Darling Downs Health. The division leads the development and implementation of strategies and medical education that will ensure the medical workforce is aligned with identified service delivery needs, and an appropriately qualified, competent and credentialed workforce is maintained.

### **Queensland Rural Medical Service**

The Queensland Rural Medical Service division 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.

## **Nursing and Midwifery Service**

The Nursing and Midwifery Service division sets strategic direction and priorities, and provides professional leadership, education, workforce planning, and governance for the professions of nursing and midwifery across Darling Downs Health.

The division provides public health and community services to vulnerable populations, and oversees the activities delivered by the Darling Downs Public Health Unit, in addition to mobile and fixed clinic oral health services across the region.

## **Rural Health**

The Rural division operates 14 hospitals, four multipurpose health services, two community general practices and six residential aged care facilities. The division is managed via a cluster model, with three geographic clusters (southern, western and South Burnett).

## **Allied Health**

The Allied Health division provides strategic guidance and operational oversight for allied health professionals and services across the region, including workforce planning, professional development, and clinical education. This division encompasses a range of specialised services including the child development service, rural allied health teams, aged care assessment team, community aged care services, allied health education and training, and the BreastScreen Queensland Toowoomba service. Through these integrated teams, the division supports high-quality, accessible care and promotes health outcomes across diverse communities.

## **Mental Health, Alcohol and Other Drugs**

This division provides a comprehensive range of acute child and youth, adult and older persons inpatient services at the Toowoomba Hospital campus, as well as extended inpatient and rehabilitation services at the Baillie Henderson Hospital campus in Toowoomba. In addition to inpatient services, the division provides a range of outpatient and community mental health services across Toowoomba and Darling Downs rural communities. The division is also responsible for the Darling Downs Health Alcohol and Other Drugs Service and, in collaboration with the Aboriginal and Torres Strait Islander health team, co-management of the Aboriginal and Torres Strait Islander Mental Health, Alcohol and Other Drugs Service.

## **Toowoomba Hospital**

The Toowoomba Hospital division is responsible for the operation of the main regional hospital in Darling Downs Health, with 512 beds. Toowoomba Hospital serves as the regional referral hospital for the rural communities of the Darling Downs as well as the South West Hospital and Health Service. The Clinical services capability framework (CSCF) rates Toowoomba Hospital as a level five hospital, managing all but the most highly complex patients and procedures.

## **Infrastructure**

The Infrastructure division supports the organisation to plan for and deliver key capital infrastructure projects, infrastructure refurbishment projects, and routine maintenance and engineering programs across the health service. The division contributes to meeting several of the health service's strategic objectives, including optimising Darling Downs Health asset use.

This division operates with five departments or support-service portfolios:

- information and communications technology
- projects, planning and property
- maintenance and engineering
- facility services
- contracts management.

## **Finance**

This division supports the health service in ensuring resources are balanced, sustainable and efficient. Finance provides health service support functions comprising financial control, management accounting and business management, commercial management, business analysis and development, and health information services, which are designed to optimise quality healthcare through compliant and efficient business processes.

## **People and Culture**

The People and Culture division supports the health service to ensure it has the available workforce to deliver planned and future services:

- Attract the right people and provide an engaging, safe experience that nourishes their wellbeing to ensure we retain them
- Ensure a sustainable workforce by actively managing every stage of the employee lifecycle
- Promoting our organisation to others as a great place to work: safe and inclusive, with a strong focus on learning, supporting patient-centred practice and improved health outcomes for our communities.

## **Transformation, Analytics and Governance**

The Transformation, Analytics and Governance division is formed from three service units:

- governance
- planning, analytics and programs
- research.

The division provides oversight and support to the clinical, professional and support divisions of the organisation, particularly in governance, safety and quality.

# Strategic workforce planning and performance

## Strategic workforce planning

Darling Downs Health has developed a comprehensive workforce strategy, *People First Strategy 2023-2027*, which is informing our approach to planning, acquiring, enabling and retaining our workforce. Work on key activities of the strategy continued in the 2024-2025 year.

Darling Downs Health's workforce strategy is focused on a deep dive into workforce data, which is informing divisional workforce action plans.

Darling Downs Health's leadership capability framework recognises the importance of leadership at all levels of the organisation and provides a shared understanding about what is required for effective, everyday leadership. The organisation continues to offer a suite of integrated leadership development programs targeting the capabilities defined in the framework, which provide opportunities for leaders at all levels to develop and improve their skills. In addition, the organisation delivers a management essentials program to support leaders when they are appointed to their first management position.

Darling Downs Health recognises that promoting diversity and creating environments that support inclusion are of paramount importance to both culture and engagement. Employees have the right to feel safe, included and supported and to feel that they can bring their whole selves to work. The organisation has a diversity, equity and inclusion plan, which highlights the priority actions through to 2026.

Darling Downs Health has continued to work on the priority actions identified in our Mental health wellbeing framework, which outlines a shared responsibility model for safeguarding the psychological wellbeing and mental health of our employees. Darling Downs Health has developed tools to support employees and leaders to resolve concerns promptly and speak up when necessary. The SAFER and Resolving workplace concerns frameworks have been welcomed supports for employees and leaders.

Darling Downs Health's commitment to occupational violence prevention and security management is consistent with the organisation's strategic direction. The organisation continues to consolidate governance, systems and processes to enable a systematic and coordinated approach to occupational violence prevention and security management.

## Medical workforce

The Darling Downs South West Medical Pathway is formed through a partnership between the University of Southern Queensland's (UniSQ) Bachelor of Biomedical Science (three years), the University of Queensland Doctor of Medicine (four years), and prevocational and vocational training with Darling Downs Health and South West Hospital and Health Services. The pathway has continued to mature throughout 2024-2025 with a third cohort of undergraduate-entry students commencing studies and the first cohort of 36 second-year students training in Toowoomba.

A total of 13 Darling Downs Health international medical graduates, across three cohorts, are progressing through our workplace-based assessment program to complete their assessment for general medical registration, removing the need to attend other health

services for this assessment. This program makes Darling Downs Health an attractive employer for international medical graduates.

## 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 900 doctors in completing basic or advanced training in adult internal medicine, paediatrics and intensive care medicine throughout 2024-2025.

The division also manages the statewide Queensland rural generalist pathway (QRGP) which supports medical officers to pursue a rural medical generalist career. In 2025, 69 medical officers are training in the Darling Downs Health footprint. More than 300 fellows have completed their qualifications since the QRGP commenced in 2007. This year, 333 trainees and fellows are providing services in Modified Monash Model in four to seven locations across Queensland.

## Darling Downs Health workforce profile

The Darling Downs Health workforce comprises 5,863 full time equivalent employees, and a headcount of 7,396 people, 77.29 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 4 percent target. Initiatives to increase representation of Aboriginal people and Torres Strait Islander people are documented on page 17.

Total Staffing	
Headcount	7,396
Paid Full time equivalent (FTE)	5,862.54

Occupational types by FTE	Percentage of total workforce (calculated on FTE)
Corporate	5.64%
Frontline and frontline support	94.36%

Appointment type by FTE	Percentage of total workforce (calculated on FTE)
Permanent	78.32%
Temporary	17.29%
Casual	4.31%
Contract	0.09%

Employment status by headcount	Percentage of total workforce (calculated on headcount)
Full-time	45.57%
Part-time	46.51%
Casual	7.92%

Gender	Number (headcount)	Percentage of total workforce (calculated on headcount)
Woman	5,716	77.29%
Man	1,660	22.44%
Non-binary	20	0.27%
Another term	0	0.00%
Not disclosed	0	0.00%

Diversity groups	Number (headcount)	Percentage of total workforce (calculated on headcount)
Women	5,716	77.29%
Aboriginal Peoples and Torres Strait Islander peoples	224	3.03%
People with a disability	177	2.39%
Culturally and linguistically diverse - speak a language at home other than English <sup>^</sup>	833	11.26%

<sup>^</sup>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)	6	42.86%
Senior Executive Service and Chief Executives (Classified and s122 equivalent combined)	4	66.67%

#### Data caveats:

- \* Workforce is measured in Minimum Obligatory Human Resource Information (MOHRI) Full-Time Equivalent (FTE). This MOHRI data supplied by the Public Sector Commission is not an exact match with data in the financial statements, which is drawn from the Decision Support System (DSS).
- \* Beginning the 2023 financial year end, the Public Sector Commission advised all workforce annual report data needs to be based on the PSC MOHRI data. This is submitted quarterly to the PSC through the HR branch.
- \* The difference between the PSC MOHRI data and QH reporting FTE (MOHRI Occupied FTE) from DSS exists due to different counting rules. The total FTE for both DSS MOHRI occupied FTE data and PSC MOHRI submission data are the same at a whole of Queensland Health level, however, minor variances can appear at an HHS level and will also be noticeable at a pay stream level. In PSC reporting, the FTE for an employee is counted against their primary role. For example, if employee works 0.5FTE in a health practitioner role and 0.3FTE in a nursing role, this employee would be reported 0.8FTE health practitioner. In 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 2024–2025.

## Open data

Darling Downs Health has open data to report on the Queensland Language Services Policy, Consultancies and Charter of Victims' Rights. The data can be found on the Queensland Government Open Data Portal.<sup>1</sup>

There is no open data to report for overseas travel.

## Our risk management

Darling Downs Health remains committed to effective, enterprise-wide risk management that supports safe and responsive healthcare. Our risk management framework enables consistent identification, assessment, and control of risks, and is supported by a compliance management framework to ensure obligations are met. Risk and compliance reports are regularly reviewed by the Executive and Board Audit and Risk committees.

Under section 40 of the Hospital and Health Boards Act 2011, all Hospital and Health Services are required to report on directions issued by the Minister and outline actions taken in response. During the 2024–2025 period, no directions were given by the Minister.

In 2024–2025, Darling Downs Health focused on:

- Strengthening our risk management framework and maintaining a current risk register.
- Promoting a positive risk culture that encourages open reporting and escalation.
- Addressing priority risks such as privacy and cyber security threats.
- Enhancing proactive and reactive risk management practices.
- Ensuring compliance with updated codes of practice and regulatory requirements.

These actions reflect our commitment to continuous improvement and risk-informed decision-making across the health service.

## Internal audit

Darling Downs Health's internal audit function continues to operate under a Board-approved Internal Audit Charter and in accordance with the *Financial and Performance Management Standard 2019* and the *International Professional Practices Framework* of the Institute of Internal Auditors. The charter also aligns with Queensland Treasury's *Audit Committee Guidelines*. Internal audit plays a key role in supporting a culture of accountability, ethical conduct, and continuous improvement by promoting self-assessment and cost-conscious practices across the organisation.

---

<sup>1</sup> <https://www.data.qld.gov.au/>

Internal audit services are delivered through a panel of independent, contracted providers appointed via a transparent procurement process. While operating independently of management and the external financial auditor, internal audit maintains strong collaboration to ensure a coordinated approach to assurance activities. The function provides independent evaluations of the effectiveness and efficiency of internal controls, systems, and processes, offering assurance and insights to the Executive and Board.

Audit activities are guided by an annual risk-based strategic audit plan, endorsed by the Executive and approved by the Board. The 2024–2025 Internal Audit Plan focused on priority areas including:

- management of psychosocial risk
- health equity strategy
- surgery outsourcing
- patient flow.

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 and passed its first short-notice accreditation audit conducted in October and November 2024.

As part of the Aged Care Accreditation Scheme, Darling Downs Health residential aged care facilities, in Miles (Milton House), Toowoomba (Mt Lofty Heights) and Warwick (The Oaks), were subject to accreditation audits in the 2024-2025 financial year and maintained full accreditation status.

Darling Downs Health's 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 Committee and Queensland Audit Office.

Darling Downs Health received six recommendations arising from an Office of the Health Ombudsman investigation. In June 2025, Office of the Health Ombudsman confirmed that two of the recommendations have been closed and progress made towards full implementation of the remaining four outstanding recommendations.

## Information systems and record keeping

Darling Downs Health has continued to research and invest in digital technologies to improve patient safety and experiences. This is evidenced by programs such as the Go! Digital program, ieMR early preparation works at Toowoomba Hospital and Baillie Henderson Campus, the introduction of further digital governance and the early implementation of health service wide systems such as the Gallagher Access Control system.

The Chief Finance Officer is responsible for health information services and the Executive Director Transformation, Analytics and Governance is responsible for governance of corporate non-clinical records.

Activity to coordinate the extensive holdings of non-clinical records is being driven by available State Archives schedules. Enterprise systems are used where available, fostering compliance with statewide parameters and frameworks and providing consistency in data collection and management. Darling Downs Health employees have access to training regarding the making and keeping of public records through orientation, local induction and health information services.

Monitoring of record compliance, data quality and confidentiality requirements is supported through a range of audit processes. Darling Downs Health complies with the Health Sector (Clinical Records) Retention and Disposal Schedule (QDAN 683 v.1), the General Retention and Disposal Schedule (QDAN 249) and the Health Sector (Corporate Records) Retention and Disposal Schedule. This compliance ensures that all public records within Darling Downs Health are maintained as legislatively required.

Audits from the Queensland Audit Office and KPMG have continued to focus on data quality, process control and security. Each of these areas is highlighted through the final reports without a need for change in practice.

Data and information security breaches are reported as part of the risk register compliance and each is managed contemporaneously by an appropriately identified team of expert staff. Cyber security breaches have additional levels of reporting in place depending on impact and severity and this is performed in conjunction with the eHealth cyber security group. Darling Downs Health is also focusing attention on mandatory breach reporting and the quality processes this will involve. Legislative compliance audits are conducted annually, tracking progress of information management.

Darling Downs Health is progressing towards the full implementation of the requirements for the refreshed *Public Records Act 2023*, in line with advice and directions from the Queensland State Archives team.

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

During the 2024-2025 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 expects the highest level of conduct from our workforce, as per the Code of Conduct for the Queensland Public Service under the *Public Sector Ethics Act 1994* which is applicable to all employees of the health service. Darling Downs Health employees are expected to act in accordance with the code of conduct and report any actions that do not meet expectations. Employees have a responsibility to disclose any suspected wrongdoing and to ensure disclosures occur in accordance with the ethics expected within the organisation. Employees are supported to make public interest disclosures. To support employees to understand the expectations of the organisation, mandatory training packages are available on the Darling Downs Learning On-Line training portal. The statewide Working

ethically training program includes key modules—code of conduct, fraud awareness, and public interest disclosure—which must be completed annually. Compliance is monitored regularly across all organisational levels, at minimum, on a fortnightly basis.

## Human rights

In 2024–25, Darling Downs Health continued to embed the *Human Rights Act 2019* into core organisational systems. Human rights considerations have been systematically incorporated into our document management and governance processes, ensuring the development and review of policies, procedures, and other governance instruments align with legislative obligations and Queensland Health requirements.

Darling Downs Health has prioritised strengthening its approach to least restrictive practices. The Safewards model, currently implemented within the Mental Health, Alcohol and Other Drugs division, has proven effective in reducing conflict and, consequently, the use of containment methods such as restraint and seclusion. A dedicated NSQHS Standard 5 Committee has been established to focus on the key elements of this standard, and a working group has been convened to explore how components of the Safewards model can be extended across the broader health service to support least restrictive practices.

The Darling Downs Health - Health equity strategy 2022-2025, developed in partnership with Aboriginal and Torres Strait Islander consumers, upholds their human rights by promoting equitable access to health services, free from discrimination. It addresses systemic barriers and the social determinants of health to ensure all individuals have a fair opportunity to achieve their best possible health outcomes.

Darling Downs Health is committed to becoming a Child Safe Organisation. Mandatory child safe training modules have been introduced for all staff, supporting the protection and empowerment of children and ensuring their rights, as outlined in the *Human Rights Act 2019*, are respected and upheld.

The health service conducts regular reviews and internal audits to measure compliance with relevant human rights obligations and to support continuous improvement in the delivery of safe, respectful, and rights-based care.

During the 2024–25 reporting period, Darling Downs Health received nil human rights complaints referred to the Queensland Human Rights Commission.

## Confidential information

Section 160 of the *Hospital and Health Boards Act 2011* requires that confidential information disclosures made in the public interest by a service are outlined in the annual report for the service.

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. During the 2024-2025 period, one disclosure was authorised in relation to specific patient information. This disclosure was to the Queensland Police Service to lessen / prevent a serious risk to public safety.

# 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 2024-2025 period is detailed below.

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

## Measure: Health Equity Strategy indicators are met

Darling Down Health performance against health equity strategy indicators is outlined in the table below.

KPI (short version)	Target	2024-2025	Outcome
KPI 1 Decreased potentially avoidable deaths	Decrease	254.3/100,000* (2021)	2024-2025 data not available
KPI 2 Increased healthy birthweights	91%	86% (Q3 2024-2025)	Not met Data not finalised for 2024-2025
KPI 3 Decreased suicide deaths	Decrease	52.7/100,000* (2017-2021)	2024-2025 data not available
KPI 4 Dental care within recommended time	≥85%	100% (Q4 2024-2025)	Met
KPI 5 Elective surgery within recommended time	≥98%	85% (Q4 2024-2025)	Not met Increasing trend from early 2025
KPI 6 Initial specialist outpatient within recommended time	≥90%	77% (Q4 2024-2025)	Not met Increasing trend from early 2025
KPI 7 Increase community mental health follow-up	≥65%	67% (Q4 2024-2025)	Met
KPI 8 Increased advanced care planning	≥9%	8% (Q4 2024-2025)	Not met
KPI 9 Increased First Nations workforce	4.54%	3% (Q4 2024-2025)	Not met Slow progression towards target.
KPI 10 Increase in cultural and spiritual needs met during healthcare	Increase	Not available	Patient reported experience data not available.

### *Health equity KPI 1: Decreased potentially avoidable deaths*

Data is currently available to 2021 and therefore Darling Downs Health is unable to quantify a positive change in the rate of avoidable deaths for 2024-2025.

Darling Downs Health Aboriginal and Torres Strait Islander Health Service has undertaken extensive work towards meeting this target, including:

- Cherbourg Community Health Clinic continues to implement preventative health initiatives, health education and promotion and health management.
- Implementation of a social and emotional wellbeing framework to ensure a trauma informed, healing approach to supporting Aboriginal and Torres Strait Islander people accessing mental health, alcohol and other drug and suicide prevention services.
- Directly contacting patients at risk of discharging against medical advice and providing cultural support/advocacy, and where needed, referral to appropriate services.
- Providing support to consumers post discharge from the emergency department or acute mental health unit to support connection with other services.
- Tackle flu clinics and chronic kidney disease screening conducted.

*Health Equity KPI 2: Increased proportion of Aboriginal and Torres Strait Islander babies born to First Nations mothers and non-Aboriginal and Torres Strait Islander mothers with healthy birthweights.*

Available data for quarter three 2024-2025 shows that Darling Downs Health did not meet this target.

The following strategies were implemented during 2024-2025 towards meeting this objective:

- Boomagam Caring Midwifery Service supports access to antenatal and postnatal care through a midwifery outreach home visiting service. During 2024-2025 the service focused on enhanced collaboration with obstetric care, child health services, the First 2000 days team, Aboriginal medical services and community organisations. Women cared for by the service are rewarded for attending at least five antenatal visits.
- Implementation of the Growing Deadly Families partnership with Goondir Medical Services has progressed with services planned for Dalby, Oakey and Chinchilla, with outreach to occur from these sites.
- The Bridging Antenatal Care Indigenous Babies and Smoking Cessation (BAIBS) program continues to support pregnant women to reduce or cease smoking.
- The First 2000 days care coordinator supports a seamless service for families who are required to relocate to Toowoomba to birth. This has improved Aboriginal and Torres Strait Islander peoples' access to, and experience in, the health system, ensuring cultural capability throughout the families' journey and across the healthcare continuum from pregnancy to five years.
- Ongoing employee education for the Healthy Pregnancies program.

*Health Equity KPI 3: Sustain a decreased rate and count of First Nations suicide deaths*

Data is currently available to 2021 and therefore Darling Downs Health is unable to quantify a positive change in the rate of suicide deaths for 2024-2025.

Darling Downs Health efforts in 2024-2025 focused on the following actions to work towards this target:

- Planning to expand the STaY (Sit, Talk and Yarn) suicide prevention and postvention program to more Darling Downs Health communities.
- SafeYarn session delivered in Cherbourg to improve community health literacy and awareness to recognise and respond to signs of suicide.
- Community healing services provided to individuals and families across Toowoomba, Dalby, Chinchilla, Miles, St George and Dirranbandi.
- Implementation of a social and emotional wellbeing framework to ensure a trauma informed, healing approach to supporting Aboriginal and Torres Strait Islander people accessing mental health, alcohol and other drug and suicide prevention services.
- Education and advocacy in emergency department, acute mental health unit and other services to deliver and monitor culturally safe practice.

*Health Equity KPI 4: Increased proportion of First Nations adult patients on the general care dental waitlist waiting for less than the clinically recommended time*

Darling Downs Health has met this health equity KPI consistently in 2024-2025 with 100 per cent of First Nations adult patients on the general care dental waitlist, waiting less than the clinically recommended time. First Nations patients are prioritised for treatment as per the Queensland Health oral health services waiting lists guideline.

*Health Equity KPI 5: Elective Surgery – Increased proportion of First Nations patients treated within clinically recommended time – Category 1, 2 and 3*

Darling Downs Health has not met the health equity target for Aboriginal and Torres Strait Islander patients receiving their elective surgery within clinically recommended time, however, there has been a positive trend from early 2025.

In 2024-2025, Darling Downs Health employed the following key initiatives to drive progress towards this target:

- The health equity service redesign team has continued to work in partnership with general practitioners, including Aboriginal and Torres Strait Islander Community Controlled Health Organisations to coordinate access to Darling Downs Health services, including elective surgery.
- The clinical care coordination service collaborates with primary health services to address access issues such as transport and accommodations for patients.
- Aboriginal and Torres Strait Islander Health Service staff establish contact and provide support to patients to improve appointment and surgery attendance.

*Health Equity KPI 6: Specialist Outpatients – Decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment*

Darling Downs Health has not met the health equity target for Aboriginal and Torres Strait Islander patients having their initial specialist outpatient appointment within clinically recommended time, however, there has been an increasing trend from early 2025.

In addition to the strategies outlined for health equity KPI 5, Aboriginal and Torres Strait Islander Health workers and practitioners are being aligned to outpatient clinic areas to play a lead role in engagement, advocacy, clinical and therapeutic interventions, as well as providing cultural support.

*Health Equity KPI 7: Increased proportion of First Nations people receiving face-to-face community follow up within 1-7 days of discharge from an acute mental health inpatient unit.*

Darling Downs Health met the health equity target for increased proportion of First Nations people receiving face-to-face community follow up within 1-7 days of discharge from an acute mental health inpatient unit, with the following actions undertaken during 2024-2025:

- STaY program follow up of emergency department presentations after discharge from Cherbourg Hospital.
- Social and emotional wellbeing Aboriginal and Torres Strait Islander health workers support mental health and alcohol and other drugs staff conduct 1-7 day follow post discharge from an acute mental health inpatient unit.

*Health Equity KPI 8: Increased proportion of First Nations people completing Advance Care Planning (ACP)*

In 2024-2025, Darling Downs Health did not meet this health equity target, however work continued towards the achievement of this target with the following strategies:

- Clinical nurse consultant inpatient rounding was commenced to raise awareness of ACP and provide patients with information to make an informed choice.
- Direct contact with identified patients to provide cultural support, advocacy and education where needed, including identification of those who require referral to other services to assist with ACP, enduring power of attorney, and preparing a will.

*Health Equity KPI 9: Annual (year-on-year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local Aboriginal and Torres Strait Islander population*

Darling Downs Health has not met the target for increased First Nations workforce representation however there is a gradual progression towards the target.

A number of key actions were undertaken in 2024-2025:

- Students have been supported to complete Deadly Start school based traineeships with ten students expected to graduate with Certificate III Health Service Assistant, Patient Services and Assistant in Nursing courses in 2025.
- Two nursing students were supported in the First Nations cadetship program.
- Significant recruitment occurred for Aboriginal and Torres Strait Islander health workers and liaison officers, with vacancies promoted through a range of platforms.

*Health Equity KPI 10: Increased proportion of Aboriginal and Torres Strait Islander people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMS survey).*

Patient reported experience data is not currently available and therefore Darling Downs Health is not able to quantify a positive increase in the proportion of Aboriginal and Torres Strait Islander people who had their cultural and spiritual needs met during the delivery of a healthcare service.

All initiatives and actions undertaken by the Darling Downs Health Aboriginal and Torres Strait Islander Health service, and detailed above, are designed to ensure that Aboriginal and Torres Strait Islander peoples have their cultural and spiritual needs recognised, respected and integrated into the planning and delivery of healthcare services. The service works to provide cultural support and advocacy for consumers and foster a culturally safe environment and ensure care is respectful, inclusive and responsive to cultural needs.

### **Measure: Joint health needs assessment completed in partnership with the Primary Health Network (PHN) 2025**

The *Joint Regional Needs Assessment 2025–2028* 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.

### **Measure: Achievement of Service Delivery Statement (SDS) targets – emergency department, specialist outpatients and elective surgeries**

Darling Downs Health performance against SDS targets for emergency department, specialist outpatients and elective surgery is outlined below.

Service delivery statement target	2024–2025 target	2024–2025 actual
Percentage of emergency department patients seen within recommended timeframes		
• Category 1 (within 2 minutes)	100%	100%
• Category 2 (within 10 minutes)	80%	57%
• Category 3 (within 30 minutes)	75%	59%
• Category 4 (within 60 minutes)	70%	75%
• Category 5 (within 120 minutes)	70%	94%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	70%
Median wait time for treatment in emergency departments (minutes) <sup>6</sup>	..	18
Percentage of elective surgery patients treated within the clinically recommended times		
• Category 1 (30 days)	>98%	97%
• Category 2 (90 days)	>95%	77%
• Category 3 (365 days)	>95%	66%
Median wait time for elective surgery treatment (days)	..	42
Number of elective surgery patients treated within clinically recommended times		
• Category 1 (30 days)	2,352	2,344
• Category 2 (90 days)	2,749	2,197
• Category 3 (365 days)	663	646
Percentage of specialist outpatients waiting within clinically recommended times <sup>4</sup>		
• Category 1 (30 days)	98%	88%
• Category 2 (90 days) <sup>5</sup>	..	48%
• Category 3 (365 days) <sup>5</sup>	..	76%
Percentage of specialist outpatients seen within clinically recommended times		
• Category 1 (30 days)	98%	91%
• Category 2 (90 days) <sup>5</sup>	..	54%
• Category 3 (365 days) <sup>5</sup>	..	57%

### *Emergency Department*

Over the past year, Darling Downs Health has seen a notable increase in patient acuity with a growing number of individuals presenting with more complex and severe medical conditions. This trend has significant implications for meeting emergency department performance metrics as higher acuity patients generally require more comprehensive diagnostic investigations, greater resource allocation and often complex coordination for inpatient admission, impacting emergency department bed availability. Importantly, despite the growth in the number of category one patients, the health service maintained its performance in seeing 100 per cent of these patients within the clinically recommended timeframe. Additionally, data from 2024-2025 shows there was a 4.5 per cent increase in the

number of category two patients presenting to emergency departments across the region compared to the previous year.

Darling Downs Health did not meet the targets for category two and three patients seen within clinically recommended timeframes during this reporting period, however exceeded the targets for category four and five patients.

Although a number of the emergency department SDS targets were not met, several key initiatives are underway to address the challenges and ensure safe and quality care:

- Transfer initiative nurses facilitate timely assessment and ambulance offloading.
- Waiting room nurses commence meaningful treatment earlier and monitor for acute deterioration requiring prioritisation.
- Collaboration occurs with Queensland Ambulance Service, including providing access to real time capacity information.
- Increased bed capacity at Warwick Hospital and Kingaroy Hospital.
- Health-service wide approach to patient flow, including refined performance reporting and greater senior level leadership involvement in change initiatives.

### *Elective Surgery*

The SDS targets for elective surgery were not fully achieved by Darling Downs Health during the reporting period, however substantial progress was made and improvements seen compared to 2023-2024 across all metrics.

In 2024-2025, Darling Downs Health delivered 6,237 elective surgeries, with 83.2 per cent of patients (5,187) treated in time. This compares to 75.1 per cent of patients (4,774) being treated in time in 2023-2024. Increased investment from the Queensland Government under the Surgery Connect program enabled greater elective surgery throughput, and most importantly allowed our community to receive timely access to critical surgeries sooner and closer to home.

Notable increases were seen in the percentage of patients treated within clinically recommended timeframes compared to the prior year:

- 1 per cent increase for category one patients
- 8 per cent increase for category two patients
- 27 per cent increase for category three patients.

While not yet achieved, the targets for elective surgery continue to be a key strategic focus for Darling Downs Health with ongoing initiatives to drive progress towards this goal:

- Increased theatre sessions at rural hospitals, including Dalby, Warwick and Kingaroy.
- Sustainable workforce recruitment and retention initiatives, particularly for the specialist medical workforce roles required to support surgical activity at full capacity across all specialties.

### *Specialist Outpatients*

Darling Downs Health did not meet the SDS targets for specialist outpatients waiting or seen within clinically recommended timeframes in 2024-2025. Several factors impacted our ability to meet the performance targets during the reporting period including increased referral volume, broader system-wide pressures and resource constraints. High demand specialties such as orthopaedics, gastroenterology, general surgery and cardiology particularly impacted target achievement. This was compounded by recruitment and retention challenges within key specialties contributing to unmet outpatient demand. Lessons learned will inform future strategies to address the underlying challenges in this area.

### **Measure: Improved patient satisfaction**

During the transition to a new online survey solution, patient reported experience measure surveys were offered to patients up until the 15 November 2024. From 1 July to 15 November 2024, Darling Downs Health received the following responses to the question "overall rating of care":

- Inpatient surveys: 71 per cent rated their care as "very good" – consistent result with the previous financial year.
- Outpatient surveys: 77 per cent rated their care as "very good" – an improvement compared to the previous financial year.

Darling Downs Health continues to support and promote consumers in providing feedback through established consumer feedback channels. A total of 866 consumer feedback submissions were recorded during the reporting period. Of these, 85.5 per cent were resolved within 35 days, exceeding the state-wide KPI target of 80 per cent.

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

### **Measure: Increase of patients receiving alternative virtual models of care**

Darling Downs Health telehealth service continues to ensure more patients than ever receive their care closer to home, via telehealth service provision.

The telehealth service provides advice, education and clinical support to clients and clinicians across the Darling Downs and supports videoconference consultations through, the telehealth portal, collaboration meeting rooms, telehealth virtual clinic and Microsoft Teams.

During 2024-2025, telehealth utilisation totalled 30,791 service events. This exceeded 2024-2025 target of 24,750 and is an increase of 6,292 telehealth service events compared to 2023-2024 financial year.

## Measure: Development of detailed DDHHS models of care

In 2024-2025, Darling Downs Health developed and endorsed 36 models of care as part of the new Toowoomba Hospital program planning process. These models will grow in sophistication as planning develops further in respect to a single Toowoomba Hospital campus.

## Measure: Reduction in average length of stay for maintenance patients

While there was significant variability between individual facilities, overall, this measure was not met as Darling Downs Health saw an average 0.29 day increase in length of stay for maintenance patients. This reflects a range of complex barriers to discharge, including a lack of available supports for those requiring aged care or disability services post discharge.

Facility	2024-2025 (Average length of stay maintenance patients)	2023-2024 (Average length of stay maintenance patients)
Cherbourg Hospital	19.56	34.21
Chinchilla Hospital	12.39	11.62
Dalby Hospital	17.38	21.75
Goondiwindi Hospital	25.24	23.16
Inglewood MPHS	6.39	15.82
Jandowae MPHS	12.63	10.24
Kingaroy Hospital	8.74	8.18
Miles Hospital	16.28	9.14
Millmerran MPHS	7.10	23.15
Murgon Hospital	19.92	12.5
Nanango Hospital	25.51	18.99
Oakey Hospital	12.54	17.41
Stanthorpe Hospital	17.78	15.92
Tara Hospital	16.48	8.91
Taroom Hospital	19.83	11.84
Texas MPHS	4.22	22.77
Toowoomba Hospital	36.08	29.05
Warwick Hospital	29.46	14.36
Wondai Hospital	42.59	35.59

Darling Downs Health remains committed to ensuring patients receive high quality care in the most appropriate care setting. To assist with this, and to prevent unnecessary delays to discharge, a range of strategies are implemented across the health service.

Improved data and informatics and specialised clinical roles are being utilised to improve the coordination and planning for maintenance patients at risk of extended lengths of stay. To support this work, during 2024-2025, Darling Downs Health has utilised over \$440,000 of Long stay rapid response funding to fund the necessary supports to overcome individual barriers to patient discharge.

A specific residential aged care facility social work team was trialled in the past year to support patient flow and reduce length of stay. Increased collaboration with stakeholders via the long stay advisory work group and the patient flow subcommittee has also aimed to enhance communication and care for maintenance care-type patients.

In addition, the allied health extended hours service has continued to support the delivery of allied health services outside of the traditional work hours, facilitating increased service provision and patient flow.

### **Measure: Achievement of HHS milestones for the new Toowoomba Hospital master plan works program**

In 2024–25, Darling Downs Health achieved key milestones for the new Toowoomba Hospital program. This included development of strategic planning documents such as the operational commissioning strategy and service affordability plans, and active contribution to the integrated works master planning program.

A comprehensive audit of over 28,000 furniture, fittings and equipment items was completed, alongside extensive staff and community engagement through initiatives like the retail strategy, artwork and digital readiness surveys, and culturally safe space design. Detailed design consultations were held with over 150 employees across Darling Downs Health, contributing over 150 hours of engagement. The DD100 review is currently underway and, once finalised, will mark a significant project milestone.

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

### **Measure: By 2027, horizon one and two of the Darling Downs Health Digital Strategy are implemented.**

The Darling Downs Health Digital Strategy 2022-2027 outlines steps the health service will take, over three project delivery milestones, or horizons, to improve the digital capability of the organisation, including the development of a data warehouse, a full suite of Wi-Fi connected devices and training the workforce.

In 2024-2025 there has been progress across the three main streams of the strategy:

- infrastructure and systems
- data
- people.

Darling Downs Health completed a 'hosting upgrade' to provide improved capability to deliver clinical applications at a faster speed. Data warehousing is being utilised initially by the Activity and costing evaluation service. It is expected this work will be expanded upon in future years particularly with the announcement of a Data and business intelligence team to be created within the new Information and business intelligence division.

Data grade Wi-Fi deployments have occurred as building refurbishments or replacement projects are delivered, and further engagement is continuing with eHealth to uplift Wi-Fi

across the region and ensure every facility has connectivity. Rural facilities have had an increase in data bandwidth as well as redundant connections established.

Location services will be delivered as part of the new Toowoomba Hospital project, with asset tracking capabilities utilising the Wi-Fi grade deployment and Bluetooth beacons. Additionally, an expansion of portable devices (phones, iPads, laptops and workstations on wheels) will be a key part of new Toowoomba Hospital operationalisation, noting 25 per cent of our workstation fleet are now laptops. Further, ‘tap on - tap off’ capability in clinical areas will be available for improved access speed to clinical data as part of the delivery of the new Toowoomba Hospital.

Additional digital governance measures have been put in place with updated terms of reference for the Digital health committee in addition to greater governance and oversight on systems and information. We now have established processes for determining information classification levels and business impact levels for our information.

From a workforce perspective, a GoDigital program has commenced and has delivered digital literacy training to clinical and non-clinical workforce streams.

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

**Measure: An increase in positive staff reported experience**

Working for Queensland survey comparison			
Working for Queensland survey 2024		Working for Queensland survey 2022	
Positively engaged people	61%	Positively engaged people	63%
Neutral people	25%	Neutral people	25%
Disengaged people	14%	Disengaged people	12%

The Working for Queensland survey measures employee engagement rates against five questions that provide an assessment of how proud, inspired, motivated and attached people are to the organisation. 2024 rates are relatively consistent with previous results.

The top four drivers of engagement were very consistent across 2024 and 2022, with marginal increase in perceptions that management acts quickly to resolve issues and perceptions of being treated fairly.

Top drivers of engagement	Year	Favourable	Passive	Negative
I feel that my organisation considers the wellbeing of employees to be important.	2024	61%	20%	18%
I feel confident that if I reported unethical behaviour in my workplace, it would be appropriately managed.	2024	62%	20%	18%

In my workplace senior management acts quickly to correct problems or issues that affect employees' health, safety and wellbeing	2024	58%	22%	20%
People are treated fairly and equitably in my workplace	2024	60%	19%	22%

Darling Downs Health is working to improve employee listening to enable improved connection with the workforce and understand employee experiences in real-time, so the health service can respond more quickly and help people perform at their best. Key areas of focus will include managing the physical and emotional demands of health work, strengthening team connections, and improving collaboration. Building line managers skills remains essential.

Darling Downs Health has also been undertaking a range of work to clearly define its employee value proposition. This will help the organisation in refining our talent acquisition strategies and create safer, more engaging work environments to boost engagement and improve retention and attrition rates.

**Measure: Employee attrition rate is stabilised and reduces (permanent employee)**

Darling Downs Health reported a permanent attrition rate of 5.88% for 2024-2025 with permanent attrition measured as total permanent separations as a proportion of MOHRI occupied headcount. The 2024-2025 permanent attrition rate equates to an overall 1.24 per cent increase in permanent attrition for 2024-2025 when compared with the 2023-2024 reporting period. The increase was predominantly driven by permanent separations within the operational and Aboriginal and Torres Strait Islander Health Workforce professional streams.

In October 2024, the health service implemented a Workforce stabilisation strategy with five key performance indicator (KPI) targets with a focus on improving workforce efficiency and workforce stabilisation. The fifth workforce stabilisation strategy KPI target, reduce turnover and attrition was implemented with an overall attrition target of 8.50 per cent.

Monthly, quarterly and financial year workforce analysis and performance reporting against the five KPI targets has been implemented as part of the Darling Downs Health workforce stabilisation strategy from October 2024.

Although Darling Downs Health did not report a decrease in permanent attrition for 2024-2025, positive shifts in permanent attrition rate trends were reporting across several divisions indicating a positive shift in permanent attrition trends and improved workforce stabilisation for 2025-2026, including:

- oral health 5.37 per cent reduction
- medical services 2.34 per cent reduction
- nursing and midwifery services 1.97 per cent reduction

**Measure: At least two new staff a year enrolled in a research higher degree.**

At least two Darling Downs Health staff have enrolled in a research higher degree in 2024-2025. This was supported by initiatives including participation in Queensland Rural Health Innovation and Research Collaborative, rollout of the Research training for busy clinicians program, launch of the Ready set research campaign to build research culture, and involvement in statewide programs such as the Queensland Health Rural and remote research capacity building program and clinical research fellowships.

**Measure: Sustained growth in research development and engagement unit appointments.**

While there was no direct growth in research development and engagement appointments in 2024–2025, our collaboration with the Queensland Regional Clinical Trials Coordinating Centre led to the temporary placement of a senior tele-trials coordinator with the Darling Downs Health team. This has expanded clinical trial skills and helped activate trial activity in new clinical units.

Ensure our consumers, their information and our people are safe

**Measure: Reduced criticality of recommendations from the Darling Downs Information Security Management System (ISMS) audit year on year.**

Significant progress has been made in 2024-2025 with several key actions undertaken by the ISMS / ICT team. Of the 32 recommendations, 24 were closed out during the financial year. The latest audit of the ISMS commenced in March 2024 and is due to be completed by August 2025 for submission to eHealth.

**Measure: Climate risk profile established and mitigation options developed.**

In 2024-2025 Darling Downs Health responded to their climate risk profile by completing a health service wide heatwave sub-plan. The plan enables facilities and services to be ready to respond to heatwave events and the health service can exercise its lead agency responsibilities. Emerging climate risks, trends and their possible impacts on health service delivery are monitored closely by the emergency preparedness committee.

## 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 a four per cent increase in higher acuity presentations (category one and category two combined) compared to 2023-2024.

In 2024-2025 there was a nine per cent increase in the number of patients treated within the clinically recommended timeframe for elective surgery as compared to 2023-2024.

Darling Downs Health is working to increase opportunities to optimise resources and transform the way care is delivered.

### Service delivery statement

Darling Downs Hospital and Health Service	2024–2025 Target	2024–2025 Actual
<b>Effectiveness measures</b>		
Percentage of emergency department patients seen within recommended timeframes		
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	<p>100%</p> <p>80%</p> <p>75%</p> <p>70%</p> <p>70%</p>	<p>100%</p> <p>57%</p> <p>59%</p> <p>75%</p> <p>94%</p>
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	70%
Percentage of elective surgery patients treated within the clinically recommended times		
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)</li> <li>Category 3 (365 days)</li> </ul>	<p>&gt;98%</p> <p>&gt;95%</p> <p>&gt;95%</p>	<p>97%</p> <p>77%</p> <p>66%</p>
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>1</sup>	≤1.0	0.6
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit <sup>2</sup>	>65%	68.8%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>3</sup>	<12%	10.4%

<b>Darling Downs Hospital and Health Service</b>	<b>2024–2025 Target</b>	<b>2024–2025 Actual</b>
Percentage of specialist outpatients waiting within clinically recommended times <sup>4</sup>		
• Category 1 (30 days)	98%	88%
• Category 2 (90 days) <sup>5</sup>	..	48%
• Category 3 (365 days) <sup>5</sup>	..	76%
Percentage of specialist outpatients seen within clinically recommended times		
• Category 1 (30 days)	98%	91%
• Category 2 (90 days) <sup>5</sup>	..	54%
• Category 3 (365 days) <sup>5</sup>	..	57%
Median wait time for treatment in emergency departments (minutes) <sup>6</sup>	..	18
Median wait time for elective surgery treatment (days)	..	42
<b>Efficiency measure</b>		
Average cost per weighted activity unit for Activity Based Funding facilities <sup>7</sup>	\$5,890	\$6,453
<b>Other measures</b>		
Number of elective surgery patients treated within clinically recommended times		
• Category 1 (30 days)	2,352	2,344
• Category 2 (90 days)	2,749	2,197
• Category 3 (365 days)	663	646
Number of Telehealth outpatients service events <sup>8</sup>	24,750	30,780
Total weighted activity units (WAU) <sup>9,10</sup>		
• Acute Inpatients	70,462	71,514
• Outpatients	17,845	20,302
• Sub-acute	11,044	15,612
• Emergency Department	27,538	27,276
• Mental Health	17,286	24,459
• Prevention and Primary Care	2,722	3,031
Ambulatory mental health service contact duration (hours) <sup>11</sup>	>72,612	53,979
Staffing <sup>12</sup>	5,418	5,863

1 Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Actual rate is based on data reported between 1 July 2024 and 31 March 2025 as at 15 May 2025.

2 Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Mental Health rate of community follow up 2024–2025 Actuals are as at 19 August 2025.

3 Mental Health readmissions data is as at 19 August 2025.

4 Waiting within clinically recommended time is a point in time performance measure. 2024–2025 Actual is as at 1 July 2025.

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

## Financial summary

Darling Downs Health reported an unfavourable position (\$35,889,000) in 2024-2025, compared to an unfavourable position of (\$717,000) in 2023-2024.

### Financial summary statement

Revenue and expenses	FY ending 30 Jun 25 \$(000)	FY ending 30 Jun 24 \$(000)
Revenue	1,322,292	1,258,598
Expenses		
Labour and employment	922,159	837,115
Non-labour	670,729	367,983
Depreciation and amortisation	65,293	54,217
Total Expenses	1,358,181	1,259,315

### Financial outlook

In 2025-2026, Darling Downs Health will have a budget of \$1.372 billion, which is an increase of \$129 million or 10.4 per cent over the 2024-2025 operating budget.

### Anticipated maintenance

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

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

Darling Downs Health risk assesses any deferred maintenance items to identify any potential impact on users and services and ensure they are closely managed to make sure all facilities remain safe.

As of 30 June 2025, the Darling Downs HHS reported:

- \$49,119,835 in deferred operational maintenance expenditure, and
- \$110,883,379 in postponed capital maintenance expenditure.

The Darling Downs HHS has the following strategies in place to mitigate any risks associated with these items:

- Regular asset inspections occur, and all identified items are risk assessed and prioritised to inform the development of maintenance and capital plans, and to ensure that the impact on the provision of clinical services is minimised.
- To manage all elements of building maintenance the Strategic Maintenance Plan (SMP) is reviewed annually to assess the asset condition and planning requirements for the management of Darling Downs Health building assets.
- The SMP is reviewed concurrently with the Strategic Asset Management (SAMP) that provides opportunities to prioritise building asset sustainability and renewal programs.

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

As of 30 June 2025, the Darling Downs HHS had reported forecast lifecycle replacements, renewals, and refurbishments of \$237,826,960.

# **Darling Downs Hospital and Health Service**

**ABN 64 109 516 141**

## **Financial Statements - 30 June 2025**

**DARLING DOWNS HOSPITAL AND HEALTH SERVICE**  
**Financial Statements**  
**For the year ended 30 June 2025**

**Contents**

Statement of Comprehensive Income

Statement of Financial Position

Statement of Changes in Equity

Statement of Cash Flows

Notes to the Statement of Cash Flows

Notes to the Financial Statements

Management Certificate

Independent Audit Report

**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 the Darling Downs Hospital and Health Service 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](mailto: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 2025**

	Notes	2025 \$'000	2024 \$'000
<b>OPERATING RESULT</b>			
<b>Income from continuing operations</b>			
Funding for public health services	4	1,145,219	1,095,516
User charges and fees	5	98,459	93,924
Grants and other contributions	6	71,983	63,711
Interest		1,648	1,384
Other revenue		4,731	3,686
<b>Total revenue</b>		<b>1,322,040</b>	<b>1,258,221</b>
Gains on disposal of assets		252	377
<b>Total income from continuing operations</b>		<b>1,322,292</b>	<b>1,258,598</b>
<b>Expenses from continuing operations</b>			
Employee expenses	7	153,719	137,689
Health service employee expenses	8	768,440	699,426
Supplies and services	10	362,464	358,968
Grants and subsidies		1,888	2,433
Depreciation and amortisation	16 & 17	65,293	54,217
Impairment losses		2,042	2,564
Finance/ borrowing costs		199	183
Other expenses	11	4,136	3,835
<b>Total expenses from continuing operations</b>		<b>1,358,181</b>	<b>1,259,315</b>
<b>Operating result from continuing operations</b>		<b>(35,889)</b>	<b>(717)</b>
<b>OTHER COMPREHENSIVE INCOME</b>			
<b>Items not reclassified to operating result</b>			
Increase/(decrease) in asset revaluation surplus	16 & 21	63,732	76,253
<b>Total items not reclassified to operating result</b>		<b>63,732</b>	<b>76,253</b>
<b>Total other comprehensive income</b>		<b>63,732</b>	<b>76,253</b>
<b>TOTAL COMPREHENSIVE INCOME</b>		<b>27,843</b>	<b>75,536</b>

*The accompanying notes form part of these financial statements*

**DARLING DOWNS HOSPITAL AND HEALTH SERVICE**  
**Statement of Financial Position**  
**As at 30 June 2025**

	<i>Notes</i>	2025 \$'000	2024 \$'000
<b>Current assets</b>			
Cash and cash equivalents	12	56,594	73,620
Receivables	13	8,422	9,491
Inventories	14	10,677	9,407
Other current assets	15	20,793	35,930
<b>Total current assets</b>		<b>96,486</b>	<b>128,448</b>
<b>Non-current assets</b>			
Property, plant and equipment	16	742,760	661,351
Right-of-use assets	17	7,219	7,501
<b>Total non-current assets</b>		<b>749,979</b>	<b>668,852</b>
<b>Total assets</b>		<b>846,465</b>	<b>797,300</b>
<b>Current liabilities</b>			
Payables	18	117,282	108,952
Lease liabilities	17	3,170	2,676
Accrued employee benefits		3,697	2,845
Unearned revenue	19	1,878	3,221
<b>Total current liabilities</b>		<b>126,027</b>	<b>117,694</b>
<b>Non-current liabilities</b>			
Lease liabilities	17	3,938	4,766
<b>Total non-current liabilities</b>		<b>3,938</b>	<b>4,766</b>
<b>Total liabilities</b>		<b>129,965</b>	<b>122,460</b>
<b>Net assets</b>		<b>716,500</b>	<b>674,840</b>
<b>Equity</b>			
Contributed equity	20	334,021	320,204
Accumulated surplus/(deficit)		38,524	74,413
Asset revaluation surplus	21	343,955	280,223
<b>Total equity</b>		<b>716,500</b>	<b>674,840</b>

*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 2025**

		Contributed Equity \$'000	Accumulated Surplus/ (Deficit) \$'000	Asset Revaluation Surplus \$'000	Total Equity \$'000
<b>Balance as at 1 July 2023</b>		<b>307,032</b>	<b>75,130</b>	<b>203,970</b>	<b>586,132</b>
<i>Operating result from continuing operations</i>		-	(717)	-	(717)
<i>Other comprehensive income</i>					
Increase/(decrease) in asset revaluation surplus	21	-	-	76,253	76,253
<b>Total comprehensive income for the year</b>		<b>-</b>	<b>(717)</b>	<b>76,253</b>	<b>75,536</b>
<i>Transactions with owners as owners</i>					
Net assets received/(transferred) during year	16 & 20	652	-	-	652
Non appropriated equity injections (inc capital works)		66,737	-	-	66,737
Non appropriated equity withdrawals (depreciation funding)		(54,217)	-	-	(54,217)
<b>Total transactions with owners as owners</b>		<b>13,172</b>	<b>-</b>	<b>-</b>	<b>13,172</b>
<b>Balance as at 30 June 2024</b>		<b>320,204</b>	<b>74,413</b>	<b>280,223</b>	<b>674,840</b>
<b>Balance as at 1 July 2024</b>		<b>320,204</b>	<b>74,413</b>	<b>280,223</b>	<b>674,840</b>
<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
<b>Total comprehensive income for the year</b>		<b>-</b>	<b>(35,889)</b>	<b>63,732</b>	<b>27,843</b>
<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)
<b>Total transactions with owners as owners</b>		<b>13,817</b>	<b>-</b>	<b>-</b>	<b>13,817</b>
<b>Balance as at 30 June 2025</b>		<b>334,021</b>	<b>38,524</b>	<b>343,955</b>	<b>716,500</b>

*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 2025**

	2025	2024
Notes	\$'000	\$'000
<b>Cash flows from operating activities</b>		
<b>Inflows:</b>		
Funding for public health services	1,092,750	1,061,548
User charges and fees	98,039	92,831
Grants and other contributions	61,385	53,508
Interest receipts	1,648	1,384
GST input tax credits from ATO	24,464	29,903
GST collected from customers	1,256	1,594
Refundable accommodation receipts	8,717	11,948
Other	4,731	3,686
<b>Total cash provided by operating activities</b>	<b>1,292,990</b>	<b>1,256,402</b>
<b>Outflows:</b>		
Employee expenses	152,867	144,800
Health service employee expenses	765,237	709,830
Supplies and services	349,417	344,173
Grants and subsidies	2,241	2,456
Finance/ borrowing costs	199	183
GST paid to suppliers	23,989	29,578
GST remitted to ATO	1,232	1,636
Refundable accommodation payments	7,047	6,260
Other	3,989	3,569
<b>Total cash used in operating activities</b>	<b>1,306,218</b>	<b>1,242,485</b>
<b>Net cash provided by/(used in) operating activities</b>	<b>(13,228)</b>	<b>13,917</b>
<b>Cash flows from investing activities</b>		
<b>Inflows:</b>		
Sales of property, plant and equipment	405	320
<b>Total cash provided by investing activities</b>	<b>405</b>	<b>320</b>
<b>Outflows:</b>		
Payments for property, plant and equipment	31,831	71,640
<b>Total cash used in investing activities</b>	<b>31,831</b>	<b>71,640</b>
<b>Net cash provided by/(used in) investing activities</b>	<b>(31,426)</b>	<b>(71,320)</b>
<b>Cash flows from financing activities</b>		
<b>Inflows:</b>		
Proceeds from equity injections	31,970	66,737
<b>Total cash provided by financing activities</b>	<b>31,970</b>	<b>66,737</b>
<b>Outflows:</b>		
Lease payments	4,342	2,883
<b>Total cash used in financing activities</b>	<b>4,342</b>	<b>2,883</b>
<b>Net cash provided by/(used in) financing activities</b>	<b>27,628</b>	<b>63,854</b>
<b>Net increase (decrease) in cash and cash equivalents</b>	<b>(17,026)</b>	<b>6,451</b>
Cash and cash equivalents at beginning of financial year	73,620	67,169
<b>Cash and cash equivalents at end of financial year</b>	<b>56,594</b>	<b>73,620</b>

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*

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 2025**

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

	2025	2024
	\$'000	\$'000
<b>Operating result from continuing operations</b>	(35,889)	(717)
<b>Non-cash items included in operating result</b>		
Depreciation and amortisation	65,293	54,217
Depreciation grant funding	(65,293)	(54,217)
Net (gain)/loss on disposal of non-current assets	(96)	(72)
Donated assets received	(11)	(166)
Asset stocktake write-on	(7)	(40)
<b>Change in assets and liabilities</b>		
(Increase)/decrease in trade receivables	671	(518)
(Increase)/decrease in GST input tax credits receivable	474	326
(Increase)/decrease in other receivables	(100)	(88)
(Increase)/decrease in inventories	(1,270)	(927)
(Increase)/decrease in contract assets	2,633	8,727
(Increase)/decrease in other current assets	12,504	9,731
Increase/(decrease) in trade payables	3,656	7,061
Increase/(decrease) in accrued employee benefits	852	(7,111)
Increase/(decrease) in other payables	4,674	(5,189)
Increase/(decrease) in GST input tax credits payable	24	(42)
Increase/(decrease) in contract liabilities and unearned revenue	(1,343)	2,942
<b>Net cash provided by/(used in) operating activities</b>	<b>(13,228)</b>	<b>13,917</b>

**(b) Changes in liabilities arising from financing activities**

	2025	2024
	\$'000	\$'000
<b>Non-cash changes</b>		
Opening balance	7,442	7,912
New leases acquired	4,008	2,413
<b>Cash flows</b>		
Cash repayments	(4,342)	(2,883)
<b>Closing balance</b>	<b>7,108</b>	<b>7,442</b>

**DARLING DOWNS HOSPITAL AND HEALTH SERVICE**  
**Notes to the Financial Statements**  
**For the year ended 30 June 2025**

**Index of Notes**

Note	Title
1.	Objectives and principal activities of the Darling Downs Hospital and Health Service
2.	Basis of financial statement preparation
3.	New and revised accounting standards and policies
4.	Funding for public health services
5.	User charges and fees
6.	Grants and other contributions
7.	Employee expenses
8.	Health service employee expenses
9.	Full-time equivalent numbers
10.	Supplies and services
11.	Other expenses
12.	Cash and cash equivalents
13.	Receivables
14.	Inventories
15.	Other current assets
16.	Property, plant and equipment
17.	Right-of-use assets and lease liabilities
18.	Payables
19.	Unearned revenue
20.	Contributed equity
21.	Asset revaluation surplus
22.	Fair value measurement
23.	Financial instruments
24.	Commitments for expenditure
25.	Contingencies
26.	Fiduciary trust transactions and balances
27.	Controlled entities
28.	Climate risk disclosure
29.	Budget to actual comparison
30.	Key management personnel and remuneration
31.	Related party transactions
32.	Events occurring after balance date
	Management Certificate of Darling Downs Hospital and Health Service
	INDEPENDENT AUDITOR'S REPORT

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 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 2024.

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 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 2025

### 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 and interest received and interest paid in the Statement of Cash Flows.

The AASB is aware that there are issues that need to be clarified in applying AASB 18's new requirements to not-for-profit entities. The AASB expects that modifications to AASB 18 for application by these entities could take the form of guidance, exemptions and alternative requirements.

The health service will make an assessment of the extended impacts of AASB 18 after the AASB has decided on the modifications applicable to not-for-profit public sector entities. AASB 18's changes will only affect presentation and disclosure, it will not affect the recognition or measurement of any reported amounts.

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

	2025	2024
	\$'000	\$'000
Activity based funding	694,781	669,046
Block funding	209,378	204,618
Other system manager funding	241,060	221,852
<b>Total funding for public health services</b>	<b>1,145,219</b>	<b>1,095,516</b>

Funding is provided predominately 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 2025 was \$347.8M (2024: \$341.6M). 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 2025

### 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, community mental health, 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

	2025	2024
	\$'000	\$'000
Hospital fees	42,742	38,784
Pharmaceutical benefits scheme reimbursement	43,674	41,039
Sales of goods and services	11,886	13,909
Other user charges - rental income	157	192
<b>Total user charges and fees</b>	<b>98,459</b>	<b>93,924</b>

#### (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 2025

### 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

	2025	2024
	\$'000	\$'000
Nursing home grants	32,612	28,903
Home support programme	8,107	7,218
Other specific purpose grants	13,062	11,566
Corporate support services received from DoH	10,617	10,014
Other grants and donations	7,585	6,010
<b>Total grants and other contributions</b>	<b>71,983</b>	<b>63,711</b>

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 (CHSP) 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 home care packages, 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 2025

7. Employee expenses	2025	2024
	\$'000	\$'000
Wages and salaries	120,308	106,003
Annual leave levy	15,077	14,304
Employer superannuation contributions	13,482	12,817
Long service leave levy	3,316	2,995
Other employee related expenses	1,408	1,398
Redundancies and termination payments	128	172
<b>Total employee expenses</b>	<b>153,719</b>	<b>137,689</b>

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 2025

### 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:

	2025	2024
Number of employees	288	262
Number of health service employees	5,572	5,241
<b>Total full-time equivalent</b>	<b>5,860</b>	<b>5,503</b>

### 10. Supplies and services

	2025	2024
	\$'000	\$'000
Clinical supplies and services	46,830	44,754
Pharmaceuticals	54,616	50,979
Consultants and contractors	49,728	59,079
Outsourced service delivery contracts (clinical services)	43,975	45,466
Repairs and maintenance	18,283	17,158
Pathology and laboratory supplies	27,747	26,050
Catering and domestic supplies	14,482	13,604
Corporate support services from DoH	10,617	10,014
Other health service employee related expenses	10,580	9,945
Patient travel	13,435	11,415
Computer services and communications	20,843	19,921
Inter-entity supplies (paid to DoH)	832	1,903
Water and utility costs	9,943	9,558
Insurance premiums (paid to DoH)	9,446	8,533
Leases - buildings (including office accommodation and employee housing)	1,419	927
Leases - motor vehicles	3,566	2,911
Leases - other	5	13
Minor works, including plant and equipment	5,695	8,529
Other travel	3,135	3,371
Building services	4,462	3,543
Motor vehicles	1,081	1,024
Other supplies and services	11,744	10,271
<b>Total supplies and services</b>	<b>362,464</b>	<b>358,968</b>

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 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 \$255,000 (2024: \$242,200) relates to the audit of the financial statements.

Darling Downs Health incurred no loss of public monies (2024: \$180,000).

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 \$20K (2024: \$36K) were made during the period.

There were no special payments made during 2024-25 that exceeded \$5,000.

### 12. Cash and cash equivalents

	2025	2024
	\$'000	\$'000
Operating cash on hand and at bank	23,896	43,532
Refundable accommodation deposits	25,411	23,741
Internally restricted at-call deposits	7,258	6,314
Internally restricted cash at bank	29	33
<b>Total cash and cash equivalents</b>	<b>56,594</b>	<b>73,620</b>

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 52N-1(2) of the *Aged Care Act 2011* 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 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 4.64% and 5.40% (2024: 4.49% and 5.26%).

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

13. Receivables	2025	2024
	\$'000	\$'000
Trade receivables	8,596	9,634
Less: Allowance for impairment loss	(2,521)	(2,888)
<b>Total trade receivables</b>	<b>6,075</b>	<b>6,746</b>
GST receivable	2,165	2,639
GST (payable)	(84)	(60)
<b>Total GST receivable</b>	<b>2,081</b>	<b>2,579</b>
Other	266	166
<b>Total other receivables</b>	<b>266</b>	<b>166</b>
<b>Total receivables</b>	<b>8,422</b>	<b>9,491</b>

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 2025 is \$8,424K (1 July 2024: \$9,453K).

### (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 \$2,565K or 30% (2024: \$3,119K or 33%) 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.

	2025			2024		
	Gross receivables	Loss rate	Expected credit losses	Gross receivables	Loss rate	Expected credit losses
Overdue	\$'000	%	\$'000	\$'000	%	\$'000
Less than 30 days	3,399	-6%	192	3,750	-4%	143
30 to 60 days	1,788	-15%	270	1,544	-13%	197
60 to 90 days	1,146	-35%	402	1,283	-22%	284
Greater than 90 days	2,263	-73%	1,657	3,057	-74%	2,264
<b>Total</b>	<b>8,596</b>	<b>-29%</b>	<b>2,521</b>	<b>9,634</b>	<b>-30%</b>	<b>2,888</b>

<i>Movements in the allowance for impairment loss</i>	2025	2024
	\$'000	\$'000
Balance at the beginning of the financial year	2,888	2,224
Amounts written off during the year in respect of bad debts	(2,257)	(1,777)
Increase/(decrease) in allowance recognised in operating result	1,890	2,441
<b>Balance at the end of the financial year</b>	<b>2,521</b>	<b>2,888</b>

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

14. Inventories	2025	2024
	\$'000	\$'000
Clinical supplies and equipment	6,438	5,922
Pharmaceuticals	3,883	3,147
Catering and domestic	313	295
Other	43	43
<b>Total inventories</b>	<b>10,677</b>	<b>9,407</b>

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	2025	2024
	\$'000	\$'000
Contract assets	14,952	17,585
Non-contract assets	4,037	16,501
Prepayments	1,804	1,844
<b>Total other current assets</b>	<b>20,793</b>	<b>35,930</b>

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:

- \$1,664K decrease for amendments to the service level agreement with DoH, predominately for above target activity offset by increases 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	61,137	1,762,583	156,180	51,192	2,031,092
Accumulated depreciation/amortisation	-	(1,209,983)	(78,349)	-	(1,288,332)
<b>Carrying amount at 30 June 2025</b>	<b>61,137</b>	<b>552,600</b>	<b>77,831</b>	<b>51,192</b>	<b>742,760</b>

*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)
<b>Carrying amount at 30 June 2025</b>	<b>61,137</b>	<b>552,600</b>	<b>77,831</b>	<b>51,192</b>	<b>742,760</b>

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 16. Property, plant and equipment (continued)

	Land at fair value \$'000	Buildings & improvements at fair value \$'000	equipment at cost \$'000	progress at cost \$'000	Total \$'000
Fair value/cost	47,056	1,547,472	143,443	80,964	1,818,935
Accumulated depreciation/amortisation	-	(1,085,875)	(71,709)	-	(1,157,584)
<b>Carrying amount at 30 June 2024</b>	<b>47,056</b>	<b>461,597</b>	<b>71,734</b>	<b>80,964</b>	<b>661,351</b>

*Represented by movements in carrying amount*

Carrying amount at 1 July 2023	42,749	392,370	63,374	65,688	564,181
Acquisitions	-	100	19,506	52,034	71,640
Stocktake write-ons	-	-	40	-	40
Transfers in from other Queensland Government entities	-	903	58	-	961
Donations received	-	-	166	-	166
Disposals	-	-	(248)	-	(248)
Transfers out to other Queensland Government entities	(275)	(9)	(25)	-	(309)
Transfer between asset classes	-	34,378	2,380	(36,758)	-
Net revaluation increments/(decrements)	4,582	71,671	-	-	76,253
Depreciation and amortisation	-	(37,816)	(13,517)	-	(51,333)
<b>Carrying amount at 30 June 2024</b>	<b>47,056</b>	<b>461,597</b>	<b>71,734</b>	<b>80,964</b>	<b>661,351</b>

#### (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 2025

### 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 2024-25 revaluation program resulted in an increment of \$14,045K (2024: increment of \$4,582K) 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 2025

### 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 \$49,687K (2024: increment of \$71,671K) 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:

<u>Class</u>	<u>Depreciation rates</u>	
	2025	2024
	%	%
Buildings and improvements	0.70 - 6.67	0.78 - 7.69
Plant and equipment	2.27 - 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 2025

### 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 \$'000	Plant & equipment \$'000	Total \$'000
Cost	16,043	194	16,237
Accumulated depreciation	(8,921)	(97)	(9,018)
<b>Carrying amount at 30 June 2025</b>	<b>7,122</b>	<b>97</b>	<b>7,219</b>
<i>Represented by movements in carrying amount</i>			
Opening balance at 1 July 2024	7,367	134	7,501
Additions	3,997	11	4,008
Depreciation	(4,242)	(48)	(4,290)
<b>Closing balance at 30 June 2025</b>	<b>7,122</b>	<b>97</b>	<b>7,219</b>
Opening balance at 1 July 2023	7,800	172	7,972
Additions	2,401	12	2,413
Depreciation	(2,834)	(50)	(2,884)
<b>Closing balance at 30 June 2024</b>	<b>7,367</b>	<b>134</b>	<b>7,501</b>

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 2025

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

(b) Lease liabilities	2025	2024
	\$'000	\$'000
<b>Current</b>		
Lease liabilities	3,170	2,676
<b>Non-current</b>		
Lease liabilities	3,938	4,766
<b>Total</b>	<u>7,108</u>	<u>7,442</u>

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	2025	2024
	\$'000	\$'000
Trade payables	53,960	50,304
Payable to Department of Health	20,069	16,344
Accrued expenses	17,423	17,819
Refundable accommodation deposits	25,411	23,741
Other	419	744
<b>Total payables</b>	<u>117,282</u>	<u>108,952</u>

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

Refundable accommodation deposits (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	2025	2024
	\$'000	\$'000
Contract liabilities	1,878	3,221
<b>Total unearned revenue</b>	<u>1,878</u>	<u>3,221</u>

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 2024, \$3,221K has been recognised as revenue in 2024-25.

Significant changes in contract liabilities during the year:

- \$1,178K decrease for the John Flynn Prevocational Doctor Program (JFPDP).

Contract liabilities at 30 June 2025 include student placement services to be delivered and revenue received to deliver the Commonwealth Home Support Program (CHSP).

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 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:

	2025	2024
	\$'000	\$'000
Transfers from DoH	47,012	961
Transfers from other Queensland Government entities	145	-
Transfers to DoH	(17)	(309)
<b>Total net assets received or transferred</b>	<b>47,140</b>	<b>652</b>

### 21. Asset revaluation surplus

	Land	Buildings & improvements	Total
	\$'000	\$'000	\$'000
Balance at 1 July 2023	4,436	199,534	203,970
Revaluation increment/(decrement)	4,582	71,671	76,253
<b>Balance at 30 June 2024</b>	<b>9,018</b>	<b>271,205</b>	<b>280,223</b>
Revaluation increment/(decrement)	14,045	49,687	63,732
<b>Balance at 30 June 2025</b>	<b>23,063</b>	<b>320,892</b>	<b>343,955</b>

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 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.

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 22. Fair value measurement (continued)

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	
	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Land	61,137	47,056	-	-	61,137	47,056
Buildings and improvements	551	552	552,049	461,045	552,600	461,597
<b>Total</b>	<b>61,688</b>	<b>47,608</b>	<b>552,049</b>	<b>461,045</b>	<b>613,737</b>	<b>508,653</b>

#### (b) Reconciliation of non-financial assets categorised as Level 3:

\$'000

<b>As at 1 July 2023</b>	391,812
Acquisitions (including upgrades)	100
Transfer between asset classes	34,378
Transfers in from other Queensland Government entities	903
Net revaluation increments/(decrements)	71,616
Depreciation and amortisation charge for the year	(37,764)
<b>As at 30 June 2024</b>	<b>461,045</b>
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)
<b>As at 30 June 2025</b>	<b>552,049</b>

### 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 policy. 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 Health measures risk exposure using a variety of methods as follows:

<b>Risk exposure</b>	<b>Measurement method</b>
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

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 23. Financial instruments (continued)

#### 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 (2024: \$11 million) under WoG banking arrangements to manage any short term cash shortfalls. This facility has not been drawn down as at 30 June 2025 (2024: 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:

	2025	2024
	\$'000	\$'000
<b>Buildings and improvements</b>		
Not later than 1 year	2,714	969
Later than 1 year but not later than 5 years	5,329	-
<b>Total capital expenditure commitments</b>	<b>8,043</b>	<b>969</b>
<b>Plant and equipment</b>		
Not later than 1 year	328	1
<b>Total capital expenditure commitments</b>	<b>328</b>	<b>1</b>

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 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.

	2025 Number of cases	2024 Number of cases
Supreme Court	1	6
District Court	2	4
	<u>3</u>	<u>10</u>

#### (b) Guarantees and undertakings

As at reporting date, Darling Downs Health held bank guarantees from third parties for capital works projects totalling \$1,253K (2024: \$2,702K). 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>	2025 \$'000	2024 \$'000
Balance at the beginning of the year	516	658
Patient fiduciary fund receipts	23,310	26,393
Patient fiduciary fund payments	(23,368)	(26,535)
<b>Balance at the end of the year</b>	<u><b>458</b></u>	<u><b>516</b></u>
<b>Closing balance represented by:</b>		
Cash at bank and on hand	458	516
<b>Patient fiduciary fund assets at the end of the year</b>	<u><b>458</b></u>	<u><b>516</b></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 2025

### 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>	2025	2024
	\$'000	\$'000
<i>Receipts</i>		
Private practice receipts	5,131	4,431
Bank interest	15	12
<b>Total receipts</b>	<b>5,146</b>	<b>4,443</b>
<i>Payments</i>		
Payments to medical officers	1,113	1,135
Payments to Darling Downs Health for recoverable costs	3,851	3,210
Payments to Darling Downs Health's General Trust	182	98
<b>Total payments</b>	<b>5,146</b>	<b>4,443</b>
<b>Increase in net private practice assets</b>	<b>-</b>	<b>-</b>
<i>Current assets</i>		
Cash - RoPP	451	426
<b>Total current assets</b>	<b>451</b>	<b>426</b>
<i>Current liabilities</i>		
Payable to medical officers	31	52
Payable to Darling Downs Health for recoverable costs	399	329
Payable to Darling Downs Health's General Trust	21	45
<b>Total current liabilities</b>	<b>451</b>	<b>426</b>

### 27. Controlled entities

As at 30 June 2025 and 30 June 2024, 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.energyandclimate.qld.gov.au/climate>) and <https://www.treasury.qld.gov.au/energy-and-climate/>

The Queensland Sustainability Report (QSR) outlines how the Queensland Government measures, monitors and manages sustainability risks and opportunities, including governance structures supporting policy oversight and implementation. To demonstrate progress, the QSR also provides time series data on key sustainability policy responses. The QSR is available via Queensland Treasury's website at <https://www.treasury.qld.gov.au/programs-and-policies/queensland-sustainability-report/>

No adjustments to the carrying value of assets 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. 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.

### 29. Budget to actual comparison

This section discloses Darling Downs Health's original published budgeted figures for 2024-25 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.

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 29. Budget to actual comparison (continued)

#### Statement of Comprehensive Income

		<i>Original</i>		
		<i>Budget</i>	<i>Actual</i>	<i>Variance*</i>
	<i>Variance</i>	<i>2025</i>	<i>2025</i>	<i>2025</i>
	<i>Note</i>	<i>\$'000</i>	<i>\$'000</i>	<i>\$'000</i>
<b>Income from continuing operations</b>				
Funding for public health services	1	1,100,340	1,145,219	44,879
User charges and fees	2	78,694	98,459	19,765
Grants and other contributions	3	60,624	71,983	11,359
Interest		1,240	1,648	408
Other revenue		2,272	4,731	2,459
<b>Total revenue</b>		<b>1,243,170</b>	<b>1,322,040</b>	<b>78,870</b>
Gains on disposal of assets		-	252	252
<b>Total income from continuing operations</b>		<b>1,243,170</b>	<b>1,322,292</b>	<b>79,122</b>
<b>Expenses from continuing operations</b>				
Employee expenses	4	144,935	153,719	(8,784)
Health service employee expenses	5	711,985	768,440	(56,455)
Supplies and services	6	313,981	362,464	(48,483)
Grants and subsidies		8,705	1,888	6,817
Depreciation and amortisation	7	58,048	65,293	(7,245)
Impairment losses		1,738	2,042	(304)
Finance/ borrowing costs		184	199	(15)
Other expenses		3,594	4,136	(542)
<b>Total expenses from continuing operations</b>		<b>1,243,170</b>	<b>1,358,181</b>	<b>(115,011)</b>
<b>Operating result from continuing operations</b>		<b>-</b>	<b>(35,889)</b>	<b>(35,889)</b>
<b>OTHER COMPREHENSIVE INCOME</b>				
<b>Items not reclassified to operating result</b>				
Increase/(decrease) in asset revaluation surplus	8	-	63,732	63,732
<b>Total items not reclassified to operating result</b>		<b>-</b>	<b>63,732</b>	<b>63,732</b>
<b>Total other comprehensive income</b>		<b>-</b>	<b>63,732</b>	<b>63,732</b>
<b>TOTAL COMPREHENSIVE INCOME</b>		<b>-</b>	<b>27,843</b>	<b>27,843</b>

\* Favourable/(Unfavourable)

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 29. Budget to actual comparison (continued)

#### Statement of Financial Position

	Variance	Original		
	Note	Budget	Actual	Variance*
		2025	2025	2025
		\$'000	\$'000	\$'000
<b>Current assets</b>				
Cash and cash equivalents	1	102,086	56,594	(45,492)
Receivables		10,044	8,422	(1,622)
Inventories		9,480	10,677	1,197
Other current assets	2	7,590	20,793	13,203
<b>Total current assets</b>		<b>129,200</b>	<b>96,486</b>	<b>(32,714)</b>
<b>Non-current assets</b>				
Property, plant and equipment	3	720,439	742,760	22,321
Right-of-use assets		4,368	7,219	2,851
<b>Total non-current assets</b>		<b>724,807</b>	<b>749,979</b>	<b>25,172</b>
<b>Total assets</b>		<b>854,007</b>	<b>846,465</b>	<b>(7,542)</b>
<b>Current liabilities</b>				
Payables	4	104,109	117,282	(13,173)
Lease liabilities		1,640	3,170	(1,530)
Accrued employee benefits		3,740	3,697	43
Unearned revenue		1,113	1,878	(765)
<b>Total current liabilities</b>		<b>110,602</b>	<b>126,027</b>	<b>(15,425)</b>
<b>Non-current liabilities</b>				
Lease liabilities		2,838	3,938	(1,100)
<b>Total non-current liabilities</b>		<b>2,838</b>	<b>3,938</b>	<b>(1,100)</b>
<b>Total liabilities</b>		<b>113,440</b>	<b>129,965</b>	<b>(16,525)</b>
<b>Net assets</b>		<b>740,567</b>	<b>716,500</b>	<b>(24,067)</b>
<b>Equity</b>				
Contributed equity	5	366,410	334,021	(32,389)
Accumulated surplus/(deficit)	6	75,129	38,524	(36,605)
Asset revaluation surplus	7	299,028	343,955	44,927
<b>Total equity</b>		<b>740,567</b>	<b>716,500</b>	<b>(24,067)</b>

\* Favourable/(Unfavourable)

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 29. Budget to actual comparison (continued)

#### Statement of Cash Flows

	Variance	Original		Variance*
	Note	Budget	Actual	2025
		2025	2025	2025
		\$'000	\$'000	\$'000
<b>Cash flows from operating activities</b>				
<b>Inflows:</b>				
Funding for public health services	1	1,042,292	1,092,750	50,458
User charges and fees	2	76,887	98,039	21,152
Grants and other contributions	3	51,112	61,385	10,273
Interest receipts		1,240	1,648	408
GST input tax credits from ATO	4	32,385	24,464	(7,921)
GST collected from customers		560	1,256	696
Refundable accommodation receipts	5	-	8,717	8,717
Other		2,269	4,731	2,462
<b>Total cash provided by operating activities</b>		<b>1,206,745</b>	<b>1,292,990</b>	<b>86,245</b>
<b>Outflows:</b>				
Employee expenses	6	144,439	152,867	(8,428)
Health service employee expenses	7	711,985	765,237	(53,252)
Supplies and services	8	300,696	349,417	(48,721)
Grants and subsidies		8,695	2,241	6,454
Finance/ borrowing costs		184	199	(15)
GST paid to suppliers	4	32,385	23,989	8,396
GST remitted to ATO		560	1,232	(672)
Refundable accommodation payments	5	-	7,047	(7,047)
Other		3,594	3,989	(395)
<b>Total cash used in operating activities</b>		<b>1,202,538</b>	<b>1,306,218</b>	<b>(103,680)</b>
<b>Net cash provided by/(used in) operating activities</b>		<b>4,207</b>	<b>(13,228)</b>	<b>(17,435)</b>
<b>Cash flows from investing activities</b>				
<b>Inflows:</b>				
Sales of property, plant and equipment		-	405	405
<b>Total cash provided by investing activities</b>		<b>-</b>	<b>405</b>	<b>405</b>
<b>Outflows:</b>				
Payments for property, plant and equipment	9	3	31,831	(31,828)
<b>Total cash used in investing activities</b>		<b>3</b>	<b>31,831</b>	<b>(31,828)</b>
<b>Net cash provided by/(used in) investing activities</b>		<b>(3)</b>	<b>(31,426)</b>	<b>(31,423)</b>
<b>Cash flows from financing activities</b>				
<b>Inflows:</b>				
Proceeds from equity injections	10	1,923	31,970	30,047
<b>Total cash provided by financing activities</b>		<b>1,923</b>	<b>31,970</b>	<b>30,047</b>
<b>Outflows:</b>				
Lease payments		1,923	4,342	(2,419)
<b>Total cash used in financing activities</b>		<b>1,923</b>	<b>4,342</b>	<b>(2,419)</b>
<b>Net cash provided by/(used in) financing activities</b>		<b>-</b>	<b>27,628</b>	<b>27,628</b>
<b>Net increase in cash and cash equivalents</b>		<b>4,204</b>	<b>(17,026)</b>	<b>(21,230)</b>
Cash and cash equivalents at beginning of financial year	11	97,882	73,620	(24,262)
<b>Cash and cash equivalents at end of financial year</b>		<b>102,086</b>	<b>56,594</b>	<b>(45,492)</b>

\* Favourable/(Unfavourable)

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 29. Budget to actual comparison (continued)

#### Statement of Comprehensive Income variance notes

- 1 Funding for public health services exceeded the original budget by \$44.9M. Darling Downs Health received these additional funds through amendments to the service agreement with DoH. These amendments included \$11.3M for employee related expenses including the Workforce Attraction and Incentive Scheme, \$11.0M for programs to manage patient flow, \$5.4M for mental health programs, \$4.5M for the transition of transport, logistics and warehousing functions from the Department of Health (DoH) and \$1.2M under the Women's and Girls strategy. Darling Downs Health provided \$6.1M to other health services consistent with the Commonwealth funding agreement for the John Flynn Prevocational Doctor Program.
- 2 User charges and fees exceeded the original budget by \$19.8M. Key variances include:
  - \$8.9M for the recovery of non-capital expenditure from the DoH. Non-capital projects funded by DoH include the new Toowoomba Hospital (\$2.5M) and planning for the introduction of electronic medical records (\$1.5M)
  - \$4.0M for the recovery of high cost pharmaceuticals under the Pharmaceutical Benefits Scheme
  - \$3.4M for inpatient revenue driven by increases in both long stay patients (\$1.4M) and Medicare ineligible overseas patients (\$1.4M).
- 3 Grants and other contributions exceeded the original budget by \$11.4M. Key variances include:
  - \$4.3M due to increases in Australian National Aged Care Classification (AN-ACC) funding and increased occupancy in Darling Downs Health's nursing homes
  - \$4.1M in donations for capital works and equipment from the Toowoomba Hospital Foundation including the donation of a MAKO robotic surgical arm and accessories (\$2.1M).
- 4 Employee expenses exceeded the original budget by \$8.8M. \$8.4M reflects growth of 15 FTE. The increased investment in senior medical officers represents recruitment to vacancies in the South Burnett region and increases at Toowoomba Hospital to meet demand for public health services.
- 5 Health service employee expenses exceeded the original budget by \$56.5M. FTE were 223 FTE or \$30.8M higher than originally budgeted. 177 FTE represent increases in frontline clinical services including additional medical officers (23 FTE), nurses (109 FTE), and allied health professionals (46 FTE). Increases were predominately at the Toowoomba, Dalby, Kingaroy and Warwick Hospitals to meet demand for public health services. To a lesser extent there were increases in aged care facilities to meet mandated staffing ratios. Other FTE increases included 20 FTE for transport, logistics and warehousing functions transferred from DoH and project officers (funded by DoH) supporting capital works projects including the new Toowoomba Hospital. \$27.7M relates to increased cost per FTE including \$8.8M for the Workforce Attraction and Incentive Scheme. The remainder of the increase in cost per FTE is due to the skill mix of additional staff attracting higher costs than budgeted. Increases in Health service employee expenses were partially offset by increased revenue (refer to notes 1, 2, and 3 above).
- 6 Supplies and services exceeded the original budget by \$48.5M. An additional \$33.6M above the original budget was incurred for the treatment of patients. Additional expenditure was incurred for drugs (\$19.6M), outsourcing clinical service delivery (\$5.3M), pathology (\$3.1M), the provision of patient meals (\$3.1M) and other clinical supplies (\$2.5M). 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 (\$4.4M) was incurred for projects funded by DoH (refer to note 2 above).
- 7 Depreciation and amortisation exceeded the original budget by \$7.2M predominately due to revaluation of buildings and site improvements in 2023-24.
- 8 The Increase/decrease in asset revaluation surplus exceeded the original budget by \$63.7M. The results were driven by the escalation of building costs consistent with current market conditions.

#### Statement of Financial Position variance notes

- 1 Cash and cash equivalents were \$45.5M below original budget levels. Cash and cash equivalents at the beginning of the year were \$24.3M below the original budget predominately due to Other current assets being above budget in 2023-24. This was the result of end of financial year amendments to the service agreement with DoH (\$22.4M) and reimbursements for capital works projects undertaken on behalf of DoH (\$4.6M). \$17.4M reflects the net increase in cash used in operating activities during 2024-25.

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 29. Budget to actual comparison (continued)

#### Statement of Financial Position variance notes (continued)

- 2 Other current assets exceeded the original budget by \$13.2M. Key variances include:
- \$1.7M for non-capital works projects to be reimbursed by DoH including the Rush House refurbishment at Baillie Henderson Hospital, the new Toowoomba Hospital project and planning for the introduction of electronic medical records
  - \$11.1M for end of financial year amendments to the service agreement with DoH including \$5.3M for reimbursement of expenditure for the Workforce Attraction and Incentive Scheme and \$2.8M for other employment related payments including reproductive health leave and superannuation on unpaid parental leave.
- 3 Property plant and equipment exceeded the original budget by \$22.3M driven by the revaluation of land and building assets (\$44.9M). Revaluations were higher than budgeted reflecting current market conditions within the construction industry. This was offset by additional depreciation expense of \$7.2M.
- 4 Payables exceeded the original budget by \$13.2M. Key variances include:
- \$4.6M payable to DoH for end of year amendments to the service agreement including \$3.5M for enterprise bargaining agreements that are still under negotiation
  - \$3.7M payable to DoH for payroll related expenditure (\$2.0M for FTE increases & \$1.7M for increased costs per FTE)
  - \$7.4M increase in payables to vendors primarily for capital works and asset acquisition.
- 5 Contributed equity exceeds the original budget by \$32.4M consistent with asset acquisitions funded by DoH. Key projects include:
- \$13.3M under the Priority Capital Works program for various projects including replacement of the main electrical switchboard at Goondiwindi, the Rush House refurbishment at Baillie Henderson Hospital and the Dalby kitchen upgrade
  - \$8.0M for the replacement of clinical equipment under the Health Technology Equipment Replacement program
  - \$6.0M for asset acquisitions funded under the Capital Maintenance and Renewal program
  - \$2.1M for additional leased assets
  - \$1.9M for the Toowoomba Day Surgery project.
- 6 Accumulated surplus/(deficit) was \$36.6M below budget levels consistent with both the prior and current financial year operating deficits.
- 7 The Asset revaluation surplus exceeded the original budget by \$44.9M 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 movement in GST input tax credits from ATO is offset by the movement in GST paid to suppliers.
- 5 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.
- 6 The movement in Employee expenses is consistent with the movement in Employee expenses in the Statement of Comprehensive Income.
- 7 The movement in Health service employee expenses is consistent with the movement in Health service employee expenses in the Statement of Comprehensive Income.
- 8 The movement in Supplies and services is consistent with the movement in Supplies and services in the Statement of Comprehensive Income.

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 29. Budget to actual comparison (continued)

#### Statement of Cash Flows variance notes (continued)

- 9 Payments for Property, plant and equipment is consistent with the movement in Contributed equity identified 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 \$24.3M below the original budget predominately due to Other current assets being above budget in 2023-24. This was the result of end of financial year amendments to the service agreement with DoH.

### 30. 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. 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 4% in July 2024 (July 2023: 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 2024-25 or 2023-24 financial year.

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 30. Key management personnel and remuneration (continued)

#### (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 2024-25. Further information on these positions can be found in the body of the Annual Report under the section relating to Governing our Organisation.

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
<b>Mike Horan AM</b> 18 May 2012 to 31 March 2024	2025	-	-	-	-
	2024	61	-	6	67
<b>Dr Dennis Campbell</b> 29 June 2012	2025	81	-	10	91
	2024	58	-	8	66
<b>Professor Julie Cotter</b> 18 May 2017	2025	50	-	6	56
	2024	47	-	7	54
<b>Cheryl Dalton</b> 29 June 2012 to 31 March 2024	2025	-	-	-	-
	2024	37	-	5	42
<b>Dr Stephen Harrop</b> 1 April 2022	2025	51	-	6	57
	2024	48	-	6	54
<b>Dr Ross Hetherington</b> 29 June 2012	2025	54	-	6	60
	2024	51	-	7	58
<b>Terrence Kehoe</b> 1 April 2022	2025	47	-	6	53
	2024	44	-	6	50
<b>Patricia Leddington-Hill</b> 9 November 2012	2025	50	-	6	56
	2024	50	-	7	57
<b>Marie Pietsch</b> 29 June 2012	2025	52	-	6	58
	2024	55	-	7	62
<b>Merrilyn Strohfeldt</b> 31 March 2024	2025	52	-	6	58
	2024	13	-	1	14
<b>Associate Professor Maree Toombs</b> 18 May 2020	2025	47	-	6	53
	2024	46	-	7	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	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.

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 30. Key management personnel and remuneration (continued)

#### (c) Executive (continued)

##### i) Details of key management personnel (continued)

Position	Position Responsibility
Executive Director Infrastructure	Provides single point accountability for the Infrastructure Division and coordinates Darling Downs Health's infrastructure projects to support high quality health care within Darling Downs Health.
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 People & Culture	Provides executive leadership for workforce services of Darling Downs Health. The position leads Human Resources, People and Culture, Work Health and Safety and Emergency preparedness functions to support employee engagement, safety and productivity to meet service delivery needs.
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.
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 Nursing and 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
<b>Annette Scott</b> Health Service Chief Executive 4 October 2021	2025	378	9	9	44	-	440
	2024	405	15	9	52	-	481
<b>Rachel Phillips</b> Executive Director Toowoomba Hospital 26 July 2023	2025	242	-	5	28	-	275
	2024	221	-	5	26	-	252
<b>Shirley-Anne Gardiner</b> Executive Director Toowoomba Hospital 1 August 2016 to 28 July 2023	2025	-	-	-	-	-	-
	2024	28	-	1	11	-	40
<b>Dr Christopher Cowling</b> Executive Director Rural 25 April 2022	2025	540	-	12	58	-	610
	2024	517	-	12	68	-	597

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 30. 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
<b>Malcolm Neilson</b> Executive Director Mental Health 27 June 2016	2025	257	-	6	29	-	292
	2024	238	-	5	32	-	275
<b>Jane Ranger</b> Chief Finance Officer 22 August 2016	2025	253	-	6	29	-	288
	2024	253	-	5	33	-	291
<b>David Pugsley</b> Acting Executive Director Infrastructure 3 June 2024	2025	227	-	5	26	-	258
	2024	-	-	-	-	-	-
<b>Paul Clayton</b> Executive Director Infrastructure 14 October 2016 to 24 June 2024	2025	-	-	-	-	-	-
	2024	242	-	4	26	114	386
<b>Dr Lynnette Knowles</b> Executive Director Transformation Analytics and Governance 11 January 2023 to 18 August 2024	2025	61	-	1	5	117	184
	2024	473	-	11	64	-	548
<b>Kylie Pippos</b> Executive Director People and Culture 3 January 2023	2025	245	-	6	28	-	279
	2024	212	-	5	27	-	244
<b>Dr Hwee Sin Chong</b> Executive Director Queensland Rural Medical Service 24 July 2017 Acting Executive Director Medical Services 24 February 2020 to 4 March 2024	2025	602	-	14	62	-	678
	2024	607	1	14	77	-	699
<b>Dr Dilip Dhupelia</b> Acting Executive Director Queensland Rural Medical Service 4 March 2024 to 9 June 2024	2025	-	-	-	-	-	-
	2024	124	-	3	14	-	141

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 30. 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
<b>Dr Liam Flynn</b> Executive Director Medical Services 25 March 2024	2025	500	-	11	52	-	563
	2024	122	-	3	14	-	139

##### 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
<b>Andrea Nagle</b> Executive Director Nursing and Midwifery Services 24 July 2017 to 30 May 2025	2025	275	-	6	32	-	313
	2024	283	-	6	36	-	325
<b>Alison Broadbent</b> Executive Director Nursing and Midwifery Services 26 May 2025	2025	25	-	1	3	-	29
	2024	-	-	-	-	-	-
<b>Louise Van Every</b> Executive Director Allied Health 16 January 2023 Acting Executive Director Transformation Analytics and Governance 25 September 2024	2025	291	-	7	31	-	329
	2024	271	-	6	34	-	311
<b>Andrew Day</b> Acting Executive Director Allied Health 5 August 2024	2025	217	-	5	24	-	246
	2024	-	-	-	-	-	-

# DARLING DOWNS HOSPITAL AND HEALTH SERVICE

## Notes to the Financial Statements

For the year ended 30 June 2025

### 31. Related party transactions

#### (a) Transactions with joint control entities

As at 30 June 2025 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 2025 between Darling Downs Health and key management personnel including their related parties were on standard commercial terms and conditions or were immaterial in nature.

#### (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 2025		As at 30 June 2025	
	Revenue Received \$'000	Expenditure Incurred \$'000	Asset \$'000	Liability \$'000
Department of Health	1,211,895	1,092,525	13,369	69,238
Queensland Treasury Corporation	1,585	38	33,212	3

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.

### 32. Events occurring after balance date

No other matter or circumstance has arisen since 30 June 2025 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 2025

### 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 2025 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.



Dr Dennis Campbell PhD MBA FCHSM FAIM GAICD

**Chair**

Darling Downs Hospital and Health Board

26 / 08 / 2025



Jane Ranger FCPA GAICD BBus CDec

**Chief Finance Officer**

Darling Downs Hospital and Health Service

26 / 08 / 2025

## 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 2025, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including material accounting policy information, and the management certificate.

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2025, and its financial performance and cash flows for the year then ended; and
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

#### Basis for opinion

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

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

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

#### Key audit matters

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

**Valuation of specialised buildings \$552.6 million**

Refer to Note 16 in the financial report

Key audit matter	How my audit addressed the key audit matter
<p>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.</p> <p>Darling Downs Hospital and Health Service performed a comprehensive revaluation of buildings in the Southern Downs region this year as part of a rolling revaluation program. All other buildings were assessed using relevant indices.</p> <p>The current replacement cost method comprises:</p> <ul style="list-style-type: none"> <li>• gross replacement cost, less</li> <li>• accumulated depreciation.</li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>• identifying the components of buildings with separately identifiable replacement costs</li> <li>• developing a unit rate for each of these components, including: <ul style="list-style-type: none"> <li>- estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre)</li> <li>- 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.</li> </ul> </li> </ul> <p>The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components.</p> <p>The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense.</p> <p>Using indexation required:</p> <ul style="list-style-type: none"> <li>• significant judgement in determining changes in cost and design factors for each asset type since the previous revaluation</li> <li>• reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used.</li> </ul>	<p>My procedures included, but were not limited to:</p> <ul style="list-style-type: none"> <li>• assessing the adequacy of management’s review of the valuation process and results</li> <li>• reviewing the scope of the instructions provided to the valuer</li> <li>• assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices</li> <li>• assessing the appropriateness of the components of buildings used for measuring gross replacement costs with reference to common industry practices</li> <li>• assessing the competence, capabilities and objectivity of the experts used to develop the models</li> <li>• for unit rates, on a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: <ul style="list-style-type: none"> <li>- modern substitute (including locality factors and oncosts)</li> <li>- adjustment for excess quality or obsolescence.</li> </ul> </li> <li>• evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices</li> <li>• evaluating useful life estimates for reasonableness by: <ul style="list-style-type: none"> <li>- reviewing management’s annual assessment of useful lives</li> <li>- at an aggregate level, reviewing asset management plans for consistency between renewal budgets and the gross replacement of assets</li> <li>- testing that no building asset still in use has reached or exceeded its useful life</li> <li>- enquiring of management about their plans for assets that are nearing the end of their useful life</li> <li>- reviewing assets with an inconsistent relationship between condition and remaining useful life</li> </ul> </li> <li>• where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.</li> </ul>

## **Responsibilities of the entity for the financial report**

The Board is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards, and for such internal control as the Board determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

## **Auditor's responsibilities for the audit of the financial report**

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

A further description of my responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at:  
[https://www.auasb.gov.au/auditors\\_responsibilities/ar6.pdf](https://www.auasb.gov.au/auditors_responsibilities/ar6.pdf)

This description forms part of my auditor's report.

## **Report on other legal and regulatory requirements**

### **Statement**

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2025:

- a) I received all the information and explanations I required.
- b) I consider that, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.

### **Prescribed requirements scope**

The prescribed requirements for the establishment and keeping of accounts are contained in the *Financial Accountability Act 2009*, any other Act and the Financial and Performance Management Standard 2019. The applicable requirements include those for keeping financial records that correctly record and explain the entity's transactions and account balances to enable the preparation of a true and fair financial report.



D J Toma  
as delegate of the Auditor-General

28 August 2025  
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
Accreditation	Accreditation is independent recognition of an organisation, service, program, or activity.
Activity Based Funding (ABF)	<p>A management tool with the potential to enhance public accountability and drive technical efficiency in the delivery of health services by:</p> <ul style="list-style-type: none"> <li>• Capturing consistent and detailed information on hospital sector activity and accurately measuring the costs of delivery.</li> <li>• Creating an explicit relationship between funds allocated and services provided.</li> <li>• Strengthening management’s focus on outputs, outcomes and quality.</li> <li>• 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.</li> <li>• Providing mechanisms to reward good practice and support quality initiatives.</li> </ul>
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, tobacco and other drugs service (ATODs)	Alcohol, tobacco and other drugs services provide people with a range of interventions that influence and support the decision to reduce or cease harmful substance use.
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.

<b>Term</b>	<b>Meaning</b>
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: <ul style="list-style-type: none"> <li>• is permanent, leaves residual disability</li> <li>• is caused by non-reversible pathological alteration</li> <li>• requires special training of the individual for rehabilitation, and/or may be expected to require a long period of supervision, observation or care.</li> </ul>
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.

<b>Term</b>	<b>Meaning</b>
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	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.
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.
Interventional cardiology	Interventional cardiology is a branch of cardiology that deals specifically with the catheter-based treatment of structural heart diseases.
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.

<b>Term</b>	<b>Meaning</b>
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.
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	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	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.

<b>Term</b>	<b>Meaning</b>
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.
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	<p>Primary Health Networks (PHNs) replaced Medicare Locals from 1 July 2015. PHNs are established with the key objectives of:</p> <ul style="list-style-type: none"> <li>• Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes.</li> <li>• Improving coordination of care to ensure patients receive the right care in the right place at the right time.</li> </ul> <p>PHNs work directly with general practitioners, other primary healthcare providers, secondary care providers and hospitals to ensure improved outcomes for patients.</p>
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.

<b>Term</b>	<b>Meaning</b>
RISE	<p>The RISE framework drives reform to encapsulate Indigenous ways of seeing, knowing and doing. The RISE framework has four pillars to drive reform:</p> <ul style="list-style-type: none"> <li>• redesign the health service</li> <li>• invest in the workforce</li> <li>• strengthen families</li> <li>• embed Aboriginal and/or Torres Strait Islander community governance and control.</li> </ul>
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.
Telehealth	<p>Delivery of health-related services and information via telecommunication technologies, including:</p> <ul style="list-style-type: none"> <li>• Live, audio and/or video inter-active links for clinical consultations and educational purposes.</li> <li>• 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.</li> <li>• Telehealth services and equipment to monitor people's health in their home.</li> </ul>
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	<ul style="list-style-type: none"> <li>A letter of compliance from the accountable officer or statutory body to the relevant Minister/s</li> </ul>	ARRs – section 7	4
Accessibility	<ul style="list-style-type: none"> <li>Table of contents</li> <li>Glossary</li> </ul>	ARRs – section 9.1	5
	<ul style="list-style-type: none"> <li>Public availability</li> </ul>	ARRs – section 9.2	2
	<ul style="list-style-type: none"> <li>Interpreter service statement</li> </ul>	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	2
	<ul style="list-style-type: none"> <li>Copyright notice</li> </ul>	<i>Copyright Act 1968</i> ARRs – section 9.4	2
	<ul style="list-style-type: none"> <li>Information licensing</li> </ul>	<i>QGEA – Information Licensing</i> ARRs – section 9.5	2
General information	<ul style="list-style-type: none"> <li>Introductory information</li> </ul>	ARRs – section 10	9
Non-financial performance	<ul style="list-style-type: none"> <li>Government’s objectives for the community and whole-of-government plans/specific initiatives</li> </ul>	ARRs – section 11.1	6
	<ul style="list-style-type: none"> <li>Agency objectives and performance indicators</li> </ul>	ARRs – section 11.2	46
	<ul style="list-style-type: none"> <li>Agency service areas and service standards</li> </ul>	ARRs – section 11.3	59
Financial performance	<ul style="list-style-type: none"> <li>Summary of financial performance</li> </ul>	ARRs – section 12.1	62
Governance – management and structure	<ul style="list-style-type: none"> <li>Organisational structure</li> </ul>	ARRs – section 13.1	35
	<ul style="list-style-type: none"> <li>Executive management</li> </ul>	ARRs – section 13.2	29
	<ul style="list-style-type: none"> <li>Government bodies (statutory bodies and other entities)</li> </ul>	ARRs – section 13.3	26
	<ul style="list-style-type: none"> <li>Public sector ethics</li> </ul>	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	44
	<ul style="list-style-type: none"> <li>Human rights</li> </ul>	<i>Human Rights Act 2019</i> ARRs – section 13.5	45
	<ul style="list-style-type: none"> <li>Queensland public service values</li> </ul>	ARRs – section 13.6	44
Governance – risk management and accountability	<ul style="list-style-type: none"> <li>Risk management</li> </ul>	ARRs – section 14.1	42
	<ul style="list-style-type: none"> <li>Audit committee</li> </ul>	ARRs – section 14.2	28
	<ul style="list-style-type: none"> <li>Internal audit</li> </ul>	ARRs – section 14.3	42
	<ul style="list-style-type: none"> <li>External scrutiny</li> </ul>	ARRs – section 14.4	43

	<ul style="list-style-type: none"> <li>• <b>Information systems and recordkeeping</b></li> </ul>	ARRs – section 14.5	43
	<ul style="list-style-type: none"> <li>• <b>Information security attestation</b></li> </ul>	ARRs – section 14.6	44
<b>Governance – human resources</b>	<ul style="list-style-type: none"> <li>• <b>Strategic workforce planning and performance</b></li> </ul>	ARRs – section 15.1	39
	<ul style="list-style-type: none"> <li>• <b>Early retirement, redundancy and retrenchment</b></li> </ul>	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	42
<b>Open Data</b>	<ul style="list-style-type: none"> <li>• <b>Statement advising publication of information</b></li> </ul>	ARRs – section 16	2
	<ul style="list-style-type: none"> <li>• <b>Consultancies</b></li> </ul>	ARRs – section 31.1	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	<ul style="list-style-type: none"> <li>• <b>Overseas travel</b></li> </ul>	ARRs – section 31.2	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	<ul style="list-style-type: none"> <li>• <b>Queensland Language Services Policy</b></li> </ul>	ARRs – section 31.3	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	<ul style="list-style-type: none"> <li>• <b>Charter of Victims' Rights</b></li> </ul>	VCSVRB Act 2024 ARRs – section 31.4	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
<b>Financial statements</b>	<ul style="list-style-type: none"> <li>• <b>Certification of financial statements</b></li> </ul>	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	102
	<ul style="list-style-type: none"> <li>• <b>Independent Auditor's Report</b></li> </ul>	FAA – section 62 FPMS – section 46 ARRs – section 17.2	103

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2019*

ARRs *Annual report requirements for Queensland Government agencies*

