

ANNUAL REPORT

2024-2025



Open data

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

Public availability statement

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

Hard copies of the annual report are available by phoning Communications and Engagement on 07 5202 0000. Alternatively, you can request a copy by emailing sc-communications@health.qld.gov.au.

Interpreter service statement

Sunshine Coast Health 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 5202 0000 and ask to speak with the communications team.



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Acknowledgement

Acknowledgement to Traditional Owners

Sunshine Coast Health respectfully acknowledges the Traditional Custodians, the Kabi Kabi (Gubbi Gubbi) and Jinibara people on whose land we provide our services.

We also pay our respects to the Aboriginal and Torres Strait Islander Elders, past, present, and future. We recognise the strength and resilience that Aboriginal and Torres Strait Islander peoples and their ancestors have displayed in laying solid foundations for the generations that follow.

Recognition of Australian South Sea Islanders

Sunshine Coast Health formally recognises the Australian South Sea Islanders as a distinct cultural group within our geographical boundaries.

Sunshine Coast Health 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.

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

22 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 Sunshine Coast 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 113 of this annual report.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'David Rowlands', with a long horizontal stroke extending to the right.

Dr David Rowlands OAM

Chair
Sunshine Coast Hospital and Health Board

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Statement on Queensland Government objectives for the community

With the change of government in October 2024, Sunshine Coast Health has focused its efforts on implementing the incoming Government's objectives for the community. Among other objectives, the Government is committed to delivering health services when the community needs them.

We are supporting the objectives for the community, reflected in the government's vision for Queensland:

Safety where you live: Making Queensland safer with stronger laws, better-equipped courts and more police with better tools, while restoring consequences for actions, fixing our Child Safety system, ensuring early intervention and a bigger focus on rehabilitation, giving victims more rights and better support, and taking critical action to arrest skyrocketing rates of domestic and family violence.

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

A better lifestyle through a stronger economy: Growing our economy to drive down the cost of living and give Queenslanders a better lifestyle and a place to call home, by respecting your money and reinstating the Productivity Commission, growing the economy in our regions, backing small and family business, boosting home ownership, easing pressure on rents, ensuring affordable and reliable energy and public transport, taking care of Queensland's vital existing and emerging industries, delivering more community housing and homelessness services, and boosting women's economic security.

A plan for Queensland's future: Planning for Queensland's future, by building the roads and infrastructure needed for a growing population – including a safer Bruce Highway, putting more teachers in safer schools and preparing young Queenslanders for the future, conserving our pristine environment that draws visitors from across the world, improving water security, and delivering a world-class Olympic and Paralympic Games that leaves a positive legacy for Queenslanders.

These priorities drive our commitment to co-design models of care, support and advance our workforce, health equity for Aboriginal and Torres Strait Islander people, and health reforms that support a sustainable future.

Sunshine Coast Health's priorities are:

- Our care
- Our people
- Our sustainability
- Our future.

These priorities support our delivery of the directions outlined in My health, Queensland's future: Advancing health 2026:

- Promoting wellbeing
- Delivering healthcare
- Connecting healthcare
- Pursuing innovation.

Key strategic enablers for contributing to the objectives include a positive work environment, technology and innovation, research capacity, infrastructure, key partnerships with other agencies sectors and providers, and the use of data.

This annual report details how Sunshine Coast Health has contributed to the Government's objectives.

From the Board Chair and Chief Executive

We are pleased to present the 2024–2025 Annual Report for Sunshine Coast Health. Over the past 12 months, our health service has continued to deliver high-quality, compassionate care to our community while advancing innovation, strengthening our workforce, and responding to the rising demand for services across the region.

Sunshine Coast Health has again operated in a dynamic and complex healthcare environment. Despite continued pressure and demand, we have remained focused on improving access to care, reducing wait times, and ensuring patients receive timely, safe, and effective treatment. Our teams have shown tremendous resilience and professionalism in adapting to changing needs and expectations. This includes improvements to patient flow, particularly in our busy emergency departments where all category one (our sickest patients) were seen within clinically recommended timeframes. The introduction of the STREAM model in 2024 has again this year supported efficient triage, treatment, and patient movement through our emergency departments. By working closely with key stakeholders across inpatient units, community care, and ambulance services, we have strengthened coordination and improved patient flow, and timely access to care.

A major achievement this year was our continued progress in elective surgery and specialist outpatient care. We saw improvements in elective surgery waitlists despite growing demand, which reflects both the strategic investments we have made, and the extraordinary efforts of our clinical teams. We also introduced new services and expanded others to ensure equitable and person-centred care is more accessible across our catchment.

We continued to invest in digital health transformation, including the successful rollout of clinical systems, further embedding the integrated electronic medical record (ieMR) to enhance patient care, data security, and clinical efficiency. These innovations are helping to reduce duplication, streamline communication, and support clinicians to make informed decisions at the bedside.

Virtual care was a strong focus this year, with more than one-third of all non-admitted services now delivered through virtual modalities. This approach is improving access for people in rural areas, reducing travel requirements for patients, and helping us manage resources more efficiently. The completion of our Virtual Care Strategy sets a clear direction for future growth in this area.

Our people remain at the heart of Sunshine Coast Health. This year we welcomed more than 100 new nursing and midwifery graduates, expanded training programs for junior doctors, and launched new leadership and capability-building programs across the workforce. We also celebrated our third annual Nursing and Midwifery Recognition Awards as well as an All Staff Award event, honouring those who go above and beyond across our health service.

We continued our strong focus on diversity, inclusion, and cultural safety. Our Workforce Diversity and Inclusion Strategy entered its second year, with tangible outcomes achieved through collaboration with staff networks and community partners. We also continued to embed culturally safe models of care for Aboriginal and Torres Strait Islander peoples, and to increase the representation of Aboriginal and Torres Strait Islander staff across our workforce.

Research and education were key enablers again this year. The 2025 Sunshine Coast Health Research Showcase highlighted the breadth of quality improvement and clinical research being led locally. Our partnerships with universities and research institutes continue to strengthen our capability and support innovation across the service.

The health and wellbeing of our people has remained a top priority. Initiatives such as the Leaders in Action program, the investment in occupational violence prevention training, and investments in mental health and staff support services are ensuring our workforce is supported, valued, and equipped for the future.

This year also saw us celebrate success in our accreditation assessment against National Safety and Quality Health Service Standards. Assessors recognised the strong safety culture, professionalism of staff, and a clear commitment to continuous improvement across all levels of the organisation. Meeting all assessed standards is a significant achievement and a reflection of the high-quality care provided every day.

On behalf of the Sunshine Coast Health Board and Executive, we extend our deepest thanks to every member of our workforce, our community partners, volunteers, patients, and communities. Your dedication and collaboration make our service stronger. We look forward to building on this momentum as we continue to shape a healthier future for our health service region.

We also extend our sincere thanks to our Sunshine Coast Hospital Foundation, Wishlist, for their ongoing support across research projects, patient accommodation, medical equipment, support services, and staff training and wellbeing programs.

Dr David Rowlands OAM
Chair

Dr Peter Gillies
Chief Executive

About us

Sunshine Coast Health is the primary provider of public health services, health education, and research in the Sunshine Coast, Gympie and Noosa local government areas.

Established in 2012, Sunshine Coast Health is an independent statutory body governed by the Sunshine Coast Hospital and Health Board under the *Hospital and Health Boards Act 2011*.

We operate according to a service agreement with Queensland Health which identifies the services to be provided, funding arrangements, performance indicators, and targets to ensure the expected health outcomes for our communities are achieved.

Our strategic direction

Our *Sunshine Coast Hospital and Health Service Strategic Plan 2022–2026* outlines our vision, purpose, values, objectives, and future direction as well as how we work with our community to improve people's health and wellbeing.

When determining our strategic vision and objectives, we respect, protect, and promote human rights in our decision-making and actions.

Our priorities

- Our care – we provide high-quality, equitable, accessible, person-centred care.
- Our people – we value and support our people.
- Our sustainability – we manage our financial, physical, and environmental resources responsibly.
- Our future – we improve and prepare for the future through research, education and innovation.

Our vision, purpose, values

Our vision: Health and wellbeing through person-centred care.

Our purpose: High-quality, cost-effective, innovative healthcare in collaboration with our communities and partners.

Our values:

iCAN

Integrity: we are respectful, trustworthy, equitable and honest in everything we do.

Compassion: we respect others, act with kindness, encourage and take time to listen to others.

Accountability: we take responsibility for our performance and behaviours and celebrate our achievements.

Innovation: we embrace change and strive to know more, learn more, and do better.

These values underpin the culture of Sunshine Coast Health. We have adopted the Queensland Public Service values: Customers First, Unleash Potential, Ideas into Action, Empower People and Be Courageous.

Aboriginal and Torres Strait Islander Health

Aboriginal and Torres Strait Islander peoples, make up 2.8 per cent of our health service region's population with the largest proportion residing in Caloundra (20.2 per cent) and Gympie (20 per cent) regions.

Sunshine Coast Health is committed to achieving the outcomes of the *Queensland Health First Nations First Strategy, toward closing the gap in health equity outcomes for Aboriginal and Torres Strait Islander peoples by 2032*. Overseen and monitored by its Making Tracks towards Health Equity Committee, Sunshine Coast Health is on track to meet its targets:

- Embed Aboriginal and Torres Strait Islander representation in leadership, governance and workforce
- Improve local engagement and partnerships between Sunshine Coast Health and Aboriginal and Torres Strait Islander peoples, communities and organisations
- Improve transparency, reporting and accountability in our efforts to close the gap in health outcomes for Aboriginal and Torres Strait Islander peoples by maintaining and regularly reviewing an outcome-based report of services delivered.

Our community-based and hospital-based services

Sunshine Coast Health provides healthcare services through its hospitals, a residential aged care facility, and various other health facilities including:

Sunshine Coast University Hospital

The Sunshine Coast University Hospital (SCUH) is a tertiary level teaching hospital. SCUH is co-located with the Sunshine Coast Health Institute and the Sunshine Coast University Private Hospital.

Nambour General Hospital

The Nambour General Hospital has a strong history of providing services to the Sunshine Coast community since the 1920s. Nambour General Hospital is undergoing a redevelopment to better service the growing health needs of the local community.

Caloundra Health Service

Caloundra Health Service is Sunshine Coast Health's hub for palliative care and ophthalmology. It provides a range of outpatient, ambulatory, and community-based services, including a Minor Injury and Illness Clinic, renal, oral health, and community services for residents of Caloundra and surrounds.

Gympie Hospital

Gympie Hospital has served the community for over 150 years and provides acute regional services to residents in the Gympie, Cooloola and Kilkivan areas. A range of acute, ambulatory, community and mental health services are provided, including emergency, surgical and medical services, palliative care and rehabilitation, maternity services, and renal dialysis.

Maleny Soldiers Memorial Hospital

Maleny Soldiers Memorial Hospital is a rural facility providing services to the Maleny region. It delivers emergency services, medical care, a subacute rehabilitation unit, ambulatory clinics, essential diagnostic and clinical support services, oral health, and community-based services.

Glenbrook Residential Aged Care Facility

Glenbrook Residential Aged Care Facility is a 45-bed purpose-built high-care residential aged care facility in Nambour. Glenbrook provides high-quality resident-focused care in a home-like environment, including transition care, general aged care, older persons' mental healthcare, and a secure dementia wing.

Janelle Killick Community Care Unit

The Janelle Killick Community Care Unit provides a 24-hour, seven days per week, mental health residential rehabilitation service. The service aims to promote an individual's recovery by offering opportunities to maximise their strengths and potential, peer support and supervised rehabilitation. Clinical interventions and living skills development are provided to consumers who require medium to long-term mental healthcare and rehabilitation.

Kawana Oral Health

Kawana Oral Health provides child and adult dental services in the Sunshine Coast region to people who meet the eligibility criteria for accessing public dental services in Queensland.

Maroochydore Community Hub

The Maroochydore Community Hub is a purpose-built facility consolidating 19 community-based services into one facility, increasing and improving access for our patients and the community. The hub accommodates services from Mental Health and Specialised Services, Community and Preventive Health, and Women's and Children's services.

Aboriginal and Torres Strait Islander Health Waterfall Road

The Aboriginal and Torres Strait Islander Health unit provides community based, person-centred care to assist patients to better manage their health condition. The facility houses nurses, health workers, exercise physiologists, social work and a dietitian. Services include eye health, exercise physiology and diabetes as well as outreach services by Birawan midwifery group practice and the Persistent Pain Management Service.

Child Health Waterfall Road

The Child Health facility provides parenting support for families from birth to five years of age along with child health and developmental screening and assessments. In-house and home visiting services run from this facility and include speech pathology, Early Intervention Parenting clinician support, Child Health Access booking and administration hub, child health nurse clinics and groups, healthy lifestyle support for children, occupational therapy support for families with children experiencing enuresis and encopresis. The facility is also the base for the Jabba Jabba team.

Jabba Jabba delivers childhood vaccinations and cultural support, both in the family's home and also within a clinic environment, for children identified as Aboriginal or Torres Strait Islander. This team covers the Sunshine Coast Health region.

Noosa Hospital

Noosa Hospital is operated by Ramsay Health and provides some public health services to the residents of Noosa and surrounds. The hospital provides a comprehensive range of inpatient and day services across various specialties.

Centenary Square

Centenary Square facility provides a range of Mental Health services as well Alcohol and Other Drug Services. Adult Mental Health delivers an outreach service through the Acute Care Team, Cultural Healing Program, Homeless Health Outreach Team, as well as other clinic-based functions.

Caloundra Mental Health and Specialist Services

Mental Health and Specialised Services in Caloundra enhances Sunshine Coast Health's core community Mental Health, Alcohol, and Other Drugs (MHAOD) treatment services. The location is used as a spoke of the major MHAOD site located at Dalton Drive Maroochydore to allow southern Sunshine Coast consumers access to a closer service. Visiting teams include adult continuing care, older persons, addiction services, and community diversion programs.

BreastScreen and Oral Health

The Health Service also offers breast screening and oral health services from a range of mobile and fixed facilities across the Sunshine Coast including Gympie, Noosa, Nambour, Caloundra, and Caboolture. Community sites have been chosen to improve access and visibility within the community.

The BreastScreen unit functions as part of the state BreastScreen Queensland program. The service provides free breast screening and assessment. There are 11 local services. Oral Health provides services at dental health facilities in hospitals, community health centres, mobile dental vans, and schools.

Concessional parking

Sunshine Coast Health provides paid parking for patients and carers at most of its facilities, however concessional parking is available for eligible patients and carers at Sunshine Coast University Hospital and Nambour General Hospital. In 2022-2023, Sunshine Coast Health issued 14,613 concessional parking tickets for patients and carers to the value of \$145,360.

Strategic risks, opportunities, and challenges

As demand and population continue to grow, Sunshine Coast Health has broadened the scope of its services. The *Sunshine Coast Hospital and Health Service Strategic Plan 2022-2026* highlights five strategic challenges and key opportunities to fulfill its vision of promoting health and wellbeing through person-centred care.

Targets

The *Sunshine Coast Hospital and Health Service Strategic Plan 2022-2026* identifies four focus areas, each with specific intentions, strategies, and defined success measures. The targets set in the plan are ambitious and aligned with the vision of Health and wellbeing through person-centred care, as well as with the Queensland Government's community objectives safety where you live, health services where you need them, a better lifestyle through a stronger economy, and a plan for Queensland's future.

Our measures for success include:

- Hospital acquired complications rates below 25th percentile of peer hospitals
- Aboriginal and Torres Strait Islander Health Equity Strategy is implemented meeting at least 80 per cent of the implementation milestones on time
- At least 75 per cent of patients rate overall care at Sunshine Coast Health as very good on statewide inpatient PREMS (Patient Reported Experience and Outcome Measures)
- Sunshine Coast Health leadership program is implemented with 80 per cent of managers completing the program by June 2026
- Best Practice Australia analytics employee survey results demonstrate employee engagement improved by 5%, by the next survey
- Between 2.2 per cent- 2.63 per cent of the workforce identify as Aboriginal or Torres Strait Islander by 2024
- Nambour redevelopment is complete and fully operational by planned date
- 50 per cent of non-admitted consultations are conducted virtually by June 2026
- A balanced operating position is achieved by June 2024
- Annual number of Sunshine Coast Health research projects and clinical trials increased by June 2026 by 20 per cent
- Increase number of publications that score within the highest-ranking journals (Q1 and Q2) by 20 per cent by 2026
- 75 percent of clinical departments have an identified research team and active research projects by June 2024.

Challenges

The targets and priorities of our health service respond to the identified challenges of:

Cultural capability

To build sustainable cultural capability that provides equitable and inclusive health outcomes for Aboriginal and Torres Strait Islander peoples and other culturally and linguistically diverse groups.

Workforce

To attract and retain a skilled workforce to meet service demand in an environment of industry-wide workforce shortages.

Demand

To attract and retain a skilled workforce to meet service demand in an environment of industry-wide workforce shortages.

Disaster and pandemic response

To meet the needs of our patients and the wider community in the advent of outbreak events and emerging threats.

Financial sustainability

To provide safe and cost-effective healthcare within the available funding.

Opportunities

As a health service, we have several opportunities in future service development innovative models of care, and emerging technologies.

- Use our clinical resources and infrastructure to our fullest potential and integrate our network of services.
- Develop and embed new and innovative models of care to better meet the needs of our communities.
- Enhance our organisational and governance structures to clarify responsibilities, reduce red tape and meet the requirements of the health service.
- Leverage current and emerging digital technologies to improve our processes and models of care.
- In partnership with our people, embed our consumer voice in the continuous improvement and innovation of our care and service delivery.

Our governance

Our Board

The Sunshine Coast Hospital and Health Board (the Board) is appointed by the Governor in Council on the recommendation of the Minister for Health and Ambulance Services in accordance with section 23 of the *Hospital and Health Boards Act 2011*. To strengthen local decision making, our Board members represent and oversee the health services in the region and are accountable for its performance in delivering quality health outcomes to meet the needs of our communities.

Key responsibilities

The Board has a range of functions as articulated in the Board Charter which include:

- control and accountability systems reviewing, monitoring and approving systems for risk management, internal control and legal compliance
- ensuring appropriate safety and quality systems are in place to make sure safe, high-quality healthcare is provided to the community
- providing input into and final approval of management's development of organisational strategy and performance objectives, including agreeing the terms of our Service Agreement with the Director-General of Queensland Health
- approval of, and ongoing monitoring of, the annual health service budget and financial and performance reporting.

Board membership

Dr David Rowlands MBBS (Qld), MRACGP, FAICD

Board Chair

David is a graduate of The University of Queensland (UQ). He served as a Medical Officer in the Royal Australian Army Medical Corps and worked in Accident and Emergency in the United Kingdom, before deciding on a career in General Practice. He is the co-owner of a mixed billing General Practice, where he works part-time in clinical practice, and is currently also serving as a director of a not-for-profit organisation which provides medical outreach services to rural and remote communities in Queensland.

David also has an extensive career in governing health care organisations, and in ensuring that safe and efficient care is delivered to the community they serve. He has high level skills in the areas of corporate governance, clinical governance, fiscal management, patient safety and patient experience. He is a graduate of the Australian Institute of Company Directors and has more than 25 years' experience as a company director. In 2019, he was awarded Fellowship of the Australian Institute of Company Directors. David was instrumental in establishing both the Gold Coast Medicare Local and the Gold Coast PHN and served as Chair of both organisations. He has extensive experience in community engagement and has also served as Chair of the Gold Coast Health and Wellbeing Council. In 2021, David was awarded the Medal of the Order of Australia for services to Medicine, in General Practice.

Original appointment date: 1 April 2022

Current term: 1 April 2022 to 31 March 2026

Appointed as Chair from 1 April 2024

Mr Terrance (Terry) Bell BA, Grad Cert P.S. Mgt, MBA, DoPS

Board Member

Terry is a Bundjalung man from the Southern Gold Coast and Northern New South Wales regions, Terry has been a committed resident of the Sunshine Coast since 1978. Over the past five decades, he has remained actively engaged in the local community, particularly through his long-standing involvement in rugby league and surf lifesaving as a player, coach, and administrator. His contribution to local sport reflects a broader commitment to community wellbeing and participation.

Terry holds a Bachelor of Arts, a Graduate Certificate in Public Sector Management, and a Master of Business Administration, and will submit a Professional Doctorate in August 2025, focusing on Indigenous career progression in the mining sector. He brings extensive leadership experience across the public, private, resources and tertiary sectors, including senior roles such as Head of Service at UniSC and Dean of Indigenous Engagement at Curtin University. Now working as a business consultant, Terry specialises in strategic human resource management and career progression strategies that support sustainable Indigenous workforce development.

Original appointment date: 18 May 2020

Current term: 1 April 2024 to 31 March 2026

Ms Debra (Debbie) Blumel BA, BSocWk, MSocWK, MBA, GAICD

Board Member

Debbie has extensive experience in organisational and strategic leadership in health, disability and housing organisations facing disruptive challenges and transformational change. Her roles include CEO of a Medicare Local and a Sunshine Coast regional health and NDIS provider organisation. Debbie is interested in meeting contemporary challenges, such as increasing health system demand and costs, through smarter integrated care models that span hospital, community, family and private care services. Debbie is committed to safe quality services and chairs the Board's Safety and Quality Committee.

Debbie was the inaugural Chair of Regional Development Australia Sunshine Coast and served as a Sunshine Coast Councillor where she held the Major Projects Portfolio and represented council on the Council of Mayors' Infrastructure Committee.

Debbie has worked for almost three decades in Queensland Health including as Manager Public Health Planning and Research and worked on a range of national policy, strategy and costing forums. Debbie has made a significant contribution to women's issues through a pioneering research project, "Who Pays? The Economic Cost of Violence Against Women" which was used by the Queensland Government in its Stop Violence Against Women campaign.

Original appointment date: 18 May 2019

Current term: 1 April 2022 to 31 March 2026

Emeritus Professor Birgit Lohmann BSc (Hons), PhD, GAICD

Deputy Board Chair

Emeritus Professor Lohmann has lived on the Sunshine Coast since 2011. She is currently Chair of the SCH Board Workforce Committee, SCH Board representative on the Sunshine Coast Hospital Foundation (Wishlist) Board, and Deputy Chair of the AICD Sunshine Coast Regional Forum.

Birgit's qualifications include a Bachelor of Science (Hons) (University of Adelaide), a Ph. D. in Atomic Physics (Flinders University) and Graduate of the Australian Institute of Company Directors.

Her previous leadership and management roles include: Senior Deputy Vice Chancellor, University of the Sunshine Coast; Pro Vice Chancellor (Learning and Quality), University of Adelaide; Head, School of Science, Griffith University; Director of the Centre for Quantum Dynamics, Griffith University.

Previous Board memberships include: Regional Development Australia Sunshine Coast; University of the Sunshine Coast Council; Queensland Tertiary Admissions Centre.

Original appointment date: 18 May 2019

Appointed as Deputy Chair: 26 September 2024

Current term: 1 April 2022 to 31 March 2026

Mr Rodney (Rod) Cameron BComm (Honours), FCPA, MBA, MFM, FAICD

Board Member

Mr Rod Cameron has more than 35 years' domestic and international experience with multinational ASX and NYSE listed and unlisted companies operating in sectors including: energy, resources, manufacturing, professional services, and disability services.

Rod is a Fellow of the Australian Institute of Company Directors and has been a director of sophisticated non-for-profit and for-profit companies for more than a decade. Rod is also a qualified accountant, being a Fellow of CPA Australia, he holds an Honours degree in Commerce, Master of Business Administration and Master of Financial Management.

Original appointment date: 10 June 2021

Current term: 1 April 2022 to 31 March 2026

Mr Bruce Cowley BComm/LLB (Honours), FAICD

Board Member

Mr Bruce Cowley was, until 30 June 2019, Chair of Australia's largest law firm, Minter Ellison, and has practiced as a corporate lawyer for nearly 40 years. In this role he specialised in mergers and acquisitions, director's duties and corporate governance. He has authored "Directorship in Context", a practical guide to the intricacies of being a modern board director, and co-authored the book entitled "Duties of Board and Committee Members".

Bruce has been Chair and Board member of a number of not-for-profit Boards, including the Children's Hospital Foundation Queensland and CPL (formerly Cerebral Palsy League), and is currently a director of Australian Retirement Trust, South Bank Corporation, Queensland Trust for Nature, Fijian Drua and Klarna Australia Pty Ltd; a member of the Takeovers Panel; and a member of the Australian Institute of Company Directors (AICD) Not for Profit Chairs Forum.

Bruce was the recipient of the Australian Institute of Company Directors' Gold Medal in Queensland for services to governance in 2021 and the Queensland Law Society's President's Medal for services to the legal profession in 2022.

Original appointment date 18 May 2021

Current term 1 April 2022 to 31 March 2026

Ms Sandra McCullagh BSc, BA, MBA and FAICD

Board Member

Sandra is an experienced non-executive director, focussing on complex for-purpose organisations. She has a background in energy, investment banking and IT. She is a Fellow of the Australian Institute of Company Directors, has a B Science (Computer Science, Maths), a B Arts (Computer Science), and a Master of Business Administration. Sandra is a member of the Sunshine Coast Hospital and Health Board Audit and Risk Committee and the Workforce Committee.

Sandra is also a non-executive director of Workcover Queensland (chairing the People Committee), ASX listed Australian Ethical (chairing the Investment Committee), and two not-for-profits, Sydney Dance Company (member of the Audit and Risk Committee) and the Clayfield College Foundation (as Chair). She is a member of Chief Executive Women and chairs its Membership Committee. Sandra was previously a non-executive director of QSuper, The Investor Group on Climate Change, and an advisory member of the New Zealand Stock Exchange Corporate Governance Institute.

Original appointment date: 1 April 2024

Current term: 1 April 2024 to 31 March 2028

Dr Sue McAvoy PhD, MBA, B. Econ, Econometrics(Hons)

Board Member

Sue has over 28 years' experience working in both public and private sector financial management leadership roles and 13 years as a systems thinking specialist and researcher working across domains to connect UQ research to industry. Her leadership roles have included:

- Assistant to Treasurer, Intergovernmental Relations Division, Queensland Treasury
- Group Treasurer of Australia Meat Holding Pty Ltd
- Co-Treasurer, JBS Australia
- Chair and Deputy Chair of the Nudgee College Advisory Board (NC)
- Health Systems Lead, UQ's Centre for the Business and Economics of Health (CBEH)

Sue has extensive experience in project leadership, governance, regulatory and strategic oversight, policy frameworks, and financial risk management. Her 15 years' experience as a Non-Executive Board member on not-for-profit Boards has included Edmund Rice Education Australia Board (EREA), Chair of the EREA Governance Committee, member of the EREA Risk and Assurance and Remuneration Committees and Chair of the NC Finance Committee. She is a current member of the Edmund Rice Community Services (ERCS) Governance Committee; the Sunshine Coast Hospital and Health Board Finance and Performance and Safety and Quality Committees and recently completed the Oxford Healthcare Leadership Programme.

Sue brings a strong practical competency in systems thinking for policymaking and leading collaborative research projects to deliver sustainable solutions for public health and the healthcare delivery sectors. Her scholarly contributions include peer reviewed publications, policy reports and lecturing in Business Dynamics.

Appointment date: 1 April 2024

Current term: 1 April 2024 to 31 March 2028

Professor Jody Currie

Board Member

Jody has over 20 years' experience in health, housing and human service delivery, working in several Executive Positions in both the community and government sector, and is currently a Professor of Practice at the Queensland University of Technology in the Health Faculty.

Jody was most recently Chief Executive Officer of the Aboriginal and Torres Strait Islander Community Health Service (A&TSICHS) Brisbane. She established A&TSICHS Brisbane as a Nationally Registered Early Childhood Education provider, a Nationally Registered Housing provider, and a Registered National Disability Insurance Scheme provider. Jody is an appointed member to the Federal Government's National Aged Care Advisory Council and currently a Non-Executive Director on Cape York Partnership, Brisbane North Primary Health Care Network, Hearing Australia and has expertise in workforce strategy, government and stakeholder engagement.

Appointment date: 1 April 2024

Professor Currie resigned from the board effective 30 November 2024

Original term was 1 April 2024 to 31 March 2028

Committees

The Board has legislatively prescribed committees that assist the Board to fulfil its responsibilities. Each committee operates in accordance with a Charter that clearly articulates the specific purpose, role, functions, and responsibilities.

Executive Committee

The role of the Executive Committee is to support the Board in its role of controlling our organisation by working with the Sunshine Coast Health Chief Executive to progress strategic priorities and ensure accountability in the delivery of services.

Committee members:

- Emeritus Professor Birgit Lohmann (Chair)
- Dr David Rowlands
- Mr Bruce Cowley
- Mr Terry Bell

Audit and Risk Committee

The Audit and Risk Committee provides independent assurance and assistance to the Board on:

- the organisation's risk, control, and compliance frameworks
- the Board's external accountability responsibilities as prescribed in the *Financial Accountability Act 2009*, the *Hospital and Health Boards Act 2011*, the *Hospital and Health Boards Regulation 2012*, and the *Statutory Bodies Financial Arrangements Act 1982*.

Committee members:

- Mr Bruce Cowley (Chair)
- Mr Rodney Cameron
- Ms Sandra McCullagh

Finance and Performance Committee

The Finance and Performance Committee oversees the financial position, performance, and resource management strategies of Sunshine Coast Health in accordance with relevant legislation and regulations.

Committee members:

- Mr Rodney Cameron (Chair)
- Emeritus Professor Birgit Lohmann
- Dr Sue McAvoy
- Professor Jody Currie (from May, resigned 30 November 2024)

Safety and Quality Committee

The role of the Safety and Quality Committee is to ensure a comprehensive approach to governance of matters relevant to safety and quality of health services is developed and monitored.

Committee members:

- Ms Debra Blumel (Chair)
- Dr David Rowlands
- Dr Sue McAvoy
- Professor Jody Currie (from May, resigned 30 November 2024)

Workforce Committee

The Workforce Committee is responsible for assisting the Board in its oversight of Sunshine Coast Health workforce responsibilities.

Committee members:

- Emeritus Professor Birgit Lohmann (Chair)
- Ms Sandra McCullagh
- Mr Terry Bell

Table 1: Board and committee meeting attendance 2024-2025

Sunshine Coast Hospital and Health Service					
Act or instrument	<i>Hospital and Health Boards Act 2011</i>				
Functions	<i>The Sunshine Coast Hospital and Health Service’s main function is to deliver the hospital services, other health services, teaching, research and other services stated in the service agreement with the Department of Health.</i>				
Achievements	<i>Refer to ‘Our Performance’</i>				
Financial reporting	<i>Refer to Annual Financial Statements</i>				
Remuneration					
Position	Name	Meetings/sessions attendance	Approved annual fee	Approved sub-committee fees if applicable (per annum, per committee)#	Actual fees received
Member Board Chair from 1 April 2024	Dr David Rowlands OAM*	12 Board Committees 2 Audit and Risk* 2 Executive 10 Finance and Performance* 5 Safety and Quality 3 Workforce*	\$85,714	\$3,000 \$3,000	\$91,752
Member	Terry Bell	5 Board Committees 1 Executive 2 Workforce	\$44,503	\$3,000 \$3,000	\$22,455
Member	Debra Blumel	11 Board Committees 6 Safety and Quality	\$44,503	\$4,000 (Chair)	\$48,523
Member	Rodney Cameron	12 Board Committees 11 Finance and Performance 5 Audit and Risk	\$44,503	\$4,000 (Chair) \$3,000	\$51,524
Member	Bruce Cowley	11 Board Committees 5 Audit and Risk 2 Executive	\$44,503	\$4,000 (Chair) \$3,000	\$51,524
Member	Emeritus Professor Birgit Lohmann	11 Board Committees 2 Executive 11 Finance and Performance 4 Workforce	\$44,503	\$4,000 (Chair) \$3,000 \$4,000 (Chair)	\$60,844
Member	Professor Jody Currie**	4 Board Committees 3 Finance and Performance	\$44,503	\$3,000	\$21,294
Member	Dr Susan McAvoy	11 Board Committees 11 Finance and Performance 6 Safety and Quality	\$44,503	\$3,000 (Chaired once) \$3,000	\$50,524
Member	Sandra McCullagh	11 Board Committees 5 Audit and Risk 4 Workforce	\$44,503	\$3,000 \$3,000	\$50,524
Board meetings	12				

Committee meetings	
Audit and Risk	6
Executive	2
Finance and Performance	12
Safety and Quality	6
Workforce	4
Total out of pocket expenses	During the year, Sunshine Coast Hospital and Health Service has reimbursed board members a total of \$45.19 (2024: nil) for out-of-pocket expenses incurred whilst travelling on approved board business including attendance at board meetings.

* *ex-officiato*

** *Resigned from Board November 2024*

Committee fees - \$4,000 for Committee Chair and \$3,000 for Committee members

Executive Management

Dr Peter Gillies

Health Service Chief Executive

Peter was appointed as Health Service Chief Executive in October 2021. Peter is a registered medical practitioner and is a Fellow of the Royal Australasian College of Medical Administrators and has a Master of Business Administration from Otago University.

He is also a Graduate of the Australian Institute of Company Directors. He has been a medical professional for over 30 years and has worked in hospital and general practice roles in Australia, New Zealand, South Africa and the United Kingdom including over five years as a Health Service Chief Executive in Toowoomba prior to moving to the Sunshine Coast role. He also has a background in general management, previously working in the health software industry and as a regional manager for a not-for-profit private hospital group in Auckland, New Zealand.

Joanne Shaw

Chief Operating Officer

Joanne was appointed Chief Operating Officer in December 2021. She has broad experience in leadership and management roles, including an extensive knowledge of strategic and operational leadership to provide high-quality, safe, sustainable, patient and family centred care. Joanne has a varied background in different organisations which includes tertiary centre work in metropolitan Melbourne and Perth coupled with regional, rural and remote experience in Queensland. Joanne holds a Bachelor of Nursing and is a registered nurse with postgraduate qualifications including a Graduate Certificate in Critical Care Nursing, Graduate Certificate in Transfusion Practice, Graduate Certificate in Consumer and Community Engagement, and a Master of Nursing.

Other notable achievements include graduating from the Australian Institute of Company Directors and publishing in the British Journal of Haematology. Joanne is a Non-Executive Director for Allegiance Care Group, providing governance oversight for 17 aged care facilities. Joanne is passionate about health, and she uses values-based leadership to build integrated service models to ultimately improve patient and community outcomes.

Julian Tommei

Executive Director Legal and Governance

Julian joined Sunshine Coast Health in January 2022 as Executive Director, Legal and Governance. He has more than 20 years' experience in public sector corporate law and governance in both Australia and New Zealand. Julian studied a Bachelor of Arts (1985) at the University of Natal in South Africa and law at the University of the Witwatersrand (1998).

He was admitted as a Solicitor in South Africa (1992), as a Barrister and Solicitor in New Zealand (2003) and as a Solicitor in Australia (2012). Julian has interests in leadership development and culture change in the workplace.

Dr Marlene Pearce

Executive Director Medical Services

Dr Marlene Pearce joined our Executive team in 2022 as the Executive Director of Medical Services. She is an experienced Specialist General Practitioner, having worked in rural and regional Victoria and Queensland. Since joining Sunshine Coast Hospital and Health Service in 2015, Marlene's time has been marked by diverse roles including General Practice Liaison Officer, Safety & Quality Clinical Lead, Deputy EDMS (Medical Workforce), and operational leadership.

In her current role, Dr Pearce plays an important part in ensuring our organisation delivers safe, high-quality care in collaboration with our consumers and community. She oversees clinical research governance and development while providing professional leadership for medical officers within Sunshine Coast Health. Dr Pearce's qualifications include a Bachelor of Biomedical Science (UQ 2004), Bachelor of Medicine and Bachelor of Surgery (UQ 2008), Fellowship of the Royal Australian College of General Practitioners (2014), and a Master of Health Administration (Monash 2021).

Lisa Newport

Executive Director Nursing and Midwifery

Lisa brings more than three decades of nursing leadership to her role as Executive Director of Nursing and Midwifery. With a foundation in mental health and alcohol and other drugs nursing, Lisa has held senior roles across complex health services, including facility management and statewide advisory positions.

Lisa is a strategic leader committed to delivering safe, high-quality care and building a sustainable nursing and midwifery workforce. She champions interprofessional collaboration and values-driven leadership, fostering a culture where respect, accountability, and excellence underpin every aspect of care.

Under her leadership, Sunshine Coast Health has advanced nursing and midwifery workforce development initiatives focused on clinical education, leadership capability, and the adoption of evidence-based practice. Lisa is particularly passionate about supporting the next generation of nurses and midwives through innovative training models and strong academic and sector partnerships.

Recognised for her commitment to system-wide improvement, Lisa believes nursing and midwifery are not just professions, they are enduring contributions to communities. Her work continues to shape a responsive, compassionate, and future-ready workforce that reflects the values of Sunshine Coast Health and the needs of the communities it serves.

Dr Gemma Turato

Executive Director Allied Health

Gemma joined Sunshine Coast Health in 2005 and was appointed Executive Director of Allied Health in September 2017. Gemma has extensive experience in allied health management and leadership, working in dual clinical and leadership roles in both New Zealand and Australia. She completed a Diploma in Occupational Therapy in 1991, Master in Human Movement Science at the University of Wollongong in 1995 and completed her Ph.D. through the University of the Sunshine Coast in 2022 completing research on using systems theory to identify the components of an evidence-based framework for allied health leadership development. Further research interests include allied health governance and structure for optimal functioning and allied health morale and wellbeing. Gemma has published her research in peer reviewed journals including Q1 and Q2 journals.

Karen Dean

Chief Finance Officer

Karen joined Sunshine Coast Health in 2017 and was appointed Chief Finance Officer (CFO) in June 2022. Karen holds more than 18 years of experience as a finance leader, and as a management consultant. She has worked with various organisations to implement finance and business performance improvements, spanning funding model reviews, cost saving projects, benchmarking, finance shared services, and organisational redesign. Karen has worked across the public and private sector as a finance professional and worked overseas at a multi-national financial services company.

Karen is a Fellow Certified Practising Accountant (FCPA) with a Graduate Certificate in Professional Accounting and Bachelor of Commerce (Banking and Finance).

Hayley Farry

Executive Director Workforce

Hayley Farry began her career in the health sector in 2011 and was appointed Executive Director Workforce at Darling Downs Health in 2018. In this role, she oversaw learning and development, culture and engagement, workforce planning, workforce relations, recruitment, and workplace health and safety.

In 2021, Hayley transitioned to the private sector, joining the Diocese of Toowoomba Catholic Schools as Director: People and Engagement Services.

Since June 2024, when Hayley joined Sunshine Coast Health, she has led numerous enhancements in the workplace health and safety portfolio. She continues to develop initiatives that enhance leadership capabilities and enrich the workplace culture. Hayley is dedicated to fostering a diverse and inclusive workplace where all employees can thrive.

Sharon Barry

Service Director Aboriginal and Torres Strait Islander Health

Sharon is a proud Aboriginal woman and comes from a long line of strong Aboriginal women born in Queensland and is connected to the Iningai and Yiman people. Her father was born in Linaskea, Northern Ireland and arrived in Australia in 1949. Sharon has been working in Queensland Health for over 20 years, prior to this she worked in the Community Control sector. Sharon has extensive knowledge on leadership, community and health service delivery and has been integral in building strong relationships with various stakeholders and community. Sharon has worked in many roles over her career, she is a proud qualified Aboriginal Health Worker.

She is a strong advocate for Aboriginal and Torres Strait Islander people, she is a key contributor to the design and implementation of Aboriginal and Torres Strait Islander Health services across Sunshine Coast Health.

Mr Andrew Leggate

Senior Director Capital Assets and Infrastructure

Andrew has a technical background in Electrical engineering systems with further studies in asset management. Andrew started with Queensland Health in 2014 and has worked across several Hospital and Health Services. He commenced with Sunshine Coast Health in 2016 as the Director of Assets & Infrastructure after working on the Sunshine Coast University Hospital development as part of the State engineering compliance team. Andrew has worked across multiple government departments including Police, Education and Public Works in the fields of project, programs and asset management. Prior to joining the public sector Andrew worked for several multinational companies across States and Territories of Australia, in the business-to-business (B2B) sector managing commercial supply and service contracts to companies such as BHP, Comalco, and Rio Tinto.

Mr Jake Penrose

Chief Digital Officer

Jake brings 20 years of expertise in Information and Communication Technology (ICT), with a focus on the health, banking, and consulting sectors. His career includes leading significant ICT and Digital Health transformation projects for notable organisations such as Lloyds TSB, Royal Bank of Scotland, and Queensland Health.

With a strong background in ICT and Digital Health strategy, planning, transformation, and service delivery, Jake is a graduate of the Australian Institute of Company Directors and holds a bachelor's degree in computer science. Outside of his professional achievements, Jake enjoys the Sunshine Coast lifestyle and is committed to improving health outcomes through delivery of transformational technology and digital initiatives.

Katie Healy

Senior Director Strategy and Planning

Katie Healy joined Sunshine Coast Health in 2021 and was appointed Senior Director, Strategy and Planning in 2022. She has over 20 years of experience in the health industry spanning roles that include health service planning, strategic and operational planning, project management, business delivery, education and clinical leadership. She has worked in the private and public sector both overseas and within Australia. With data driven decision-making, coupled with collaborative partnerships, Katie is dedicated to designing a future health service that leverages innovative practices to improve health outcomes.

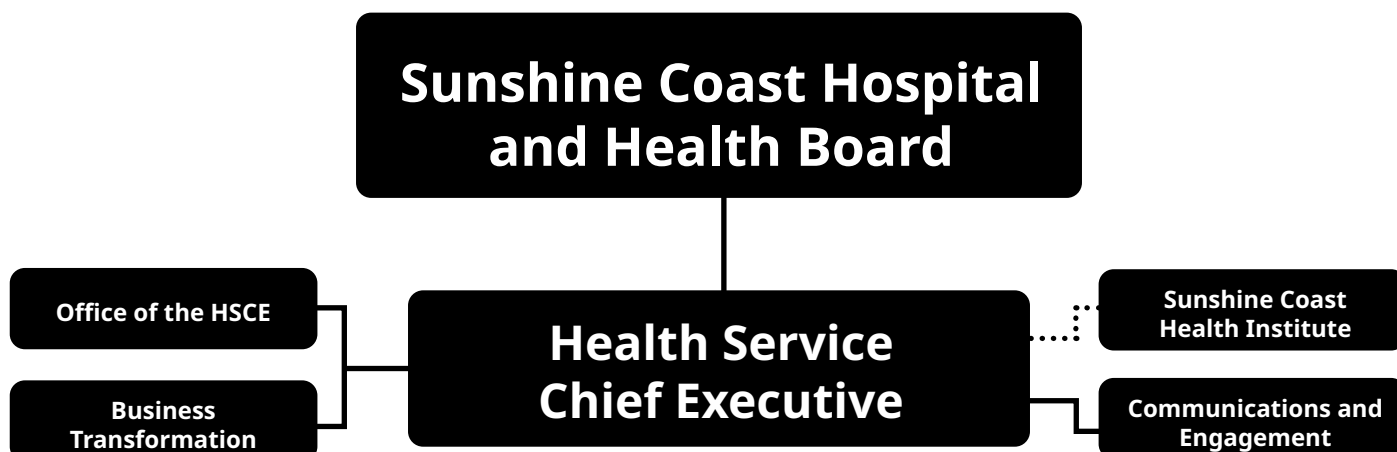
Katie holds a Bachelor degree in Speech Pathology, a Master degree in Health Service Management, and is a graduate of the Australian Institute of Company Directors.

Bekki Fisher

Senior Director Communications and Engagement

Bekki is a specialist in the communications field with a focus on digital and content marketing, media relations, crisis management, stakeholder engagement, and strategic communications planning. Known for her handling of complex communication challenges in fast-paced environments, Bekki blends strategic insight with a people-centred approach. Bekki's expertise and insight into communications innovations and her passion for current communication trends, place her at the forefront of communication design - integrating traditional media with digital platforms to lead communication strategy and ensure relevancy for the brands that she has represented. Her ability to convey complex messages that appeal to and engage the public demonstrates her strength in designing campaigns that foster community trust and relationships.

Organisational Structure



Executive Director Medical Services	<ul style="list-style-type: none"> Professional Leadership—Medical Safety, Quality and Innovation Improvement Unit Medical Education Unit Medical Workforce Unit Research Governance and Development Unit GP Liaison Unit
Executive Director Nursing and Midwifery	<ul style="list-style-type: none"> Professional Leadership—Nursing and Midwifery Nursing and Midwifery Practice Development Nursing Informatics and Workforce Clinical Document Improvement Program N&N Program Management
Executive Director Allied Health	<ul style="list-style-type: none"> Professional Leadership—Allied Health AH Workforce Development AHSOM - Operational Management
Chief Finance Officer	<ul style="list-style-type: none"> CBI (Clinical Business Intelligence) Clinical coding Finance Services CPM (Contracts and Procurement)
Chief Operating Officer	<ul style="list-style-type: none"> Medical imaging Finance and Performance Mental Health and Specialised Services General Manager Sunshine Coast University Hospital: Clinical Services Directorates, Operational Support Services General Manager Community Preventative Health and Facilities: Facility Management, Community and Preventative Health
Chief Digital Officer	<ul style="list-style-type: none"> ICT Strategy and Architecture Clinical Lead Digital Health Telecoms and ICT Business Improvement Digital Health and Clinical Information Services
Senior Director Capital Assets and Infrastructure	<ul style="list-style-type: none"> Assets Management PPP Contract Management Technical support Program Delivery Program and Planning
Executive Director Legal and Governance	<ul style="list-style-type: none"> Legal Services Internal Audit Ethics and Integrity Clinical Information Access Privacy Board Operations Risk Compliance Policy and procedures Information and Records
Senior Director Aboriginal and Torres Strait Islander Health	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander Health Services Cultural Capability Health Equity Aboriginal and Torres Strait Islander Health Workforce
Executive Director Workforce	<ul style="list-style-type: none"> Workforce Capability Workplace Safety and Wellbeing Workplace Relations Workforce Advisory Projects Diversity and inclusion Workforce Establishment Recruitment and Attraction
Senior Director Strategy and Planning	<ul style="list-style-type: none"> Health Service Planning Interprofessional Education Strategy and Operational Planning Workforce Planning

Strategic committees

Sunshine Coast Health is committed to building and strengthening an Executive leadership team that promotes a culture focused on safety and accountability.

The committee structure mirrors that of the Board, ensuring alignment in purpose, oversight, and operational clarity.

The four Executive Committees - Workforce, Audit and Risk, Safety and Quality, and Finance and Performance - assist the Health Service Chief Executive and Board in meeting their responsibilities as outlined in the *Hospital and Health Boards Act 2011*, the *Sunshine Coast Hospital and Health Service Agreement*, and other applicable legislation, plans, and policies.

Table 2: Executive committee meetings held in 2024-2025

Executive (Tier 2) Committees 2024-2025	
Executive Safety and Quality Committee (ESQC)	12
Executive Audit and Risk Committee (EARC)	6
Executive Finance and Performance Committee (EFPC)	12
Executive Workforce Committee (EWC)	6

Strategic workforce planning and performance

At the end of the reporting period (June 2025), the Sunshine Coast Health workforce had a paid full-time equivalent of 7703.79. This is made up 94.03 per cent frontline and frontline support staff and 5.97 per cent corporate staff.

Early retirement, retrenchment, and redundancy

The health service continued to identify efficiencies through organisational change throughout 2023-24, focussing on suitable employment placements for affected employees.

Only one voluntary redundancy package was paid during this period (approx. \$174,000).

Table 3: Total staffing

Total Staffing	
Headcount	9967
Paid FTE	7703.79

Table 4: Occupation types by FTE 2022-2023

Occupation Types by FTE	Percentage
Corporate	5.97 per cent
Frontline and Frontline Support	94.03 per cent

Table 5: Appointment type by FTE

Appointment Type by FTE	Percentage
Permanent	75.83 per cent
Temporary	21.32 per cent
Casual	2.75 per cent
Contract	0.10 per cent

Table 6: Employment status by headcount 2022-2023

Employment Status by Headcount	Percentage
Full-time	39.18 per cent
Part-time	55.46 per cent
Casual	5.36 per cent

Table 7: Gender

Gender	Headcount	Percentage
Woman	7446	74.71 per cent
Man	2499	25.07 per cent
Non-binary	22	0.22 per cent

Table 8: Diversity target group

Diversity Groups*	Headcount	Percentage
Women	7446	74.71 per cent
Aboriginal and Torres Strait Islander Peoples	217	2.18 per cent
People with a disability	223	2.24 per cent
Culturally and Linguistically Diverse – Speak a language at home other than English [^]	1008	10.11 per cent

* To ensure privacy, in tables where there are less than 5 respondents in a category, specific numbers must be replaced by <5.

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

Table 9: Target group data for Women in Leadership Roles*

Target Groups	Headcount	Percentage
Senior Officers (Classified and s122 equivalent combined)	12	80.00 per cent
Senior Executive Service and Chief Executives (Classified and s122 equivalent combined)	6	66.67 per cent

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

Workforce data provided by Public Service Commission.

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

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

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

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

- Senior Officers: HSO, DSO and ASO (Ambulance only).

- Senior Executive Service, High-level senior executives and Chief Executives: HES, CEO, SES, Senior Officer Public Service, and AES (Ambulance only).

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

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

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

* 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. 2025 in the reporting system.

Open data

Information about overseas travel, consultancies, charter of victim's rights, and the Queensland language services policy is available at the Queensland Government Open Data website (www.data.qld.gov.au).

Our risk management

Sunshine Coast Health is committed to effectively managing risk through application of better-practice principles and practices. Sunshine Coast Health has an established risk management system, underpinned by our Risk Management Framework that applies a standardised and structured approach to risk management aligned to international standards. The framework reinforces that all staff have a role to play in being risk aware and managing risk. Specific accountabilities and responsibilities rest with individual officers at Executive and Senior management levels, where an officer has the delegated authority or technical expertise to appropriately manage the risk to an acceptable level. This is reflected in our governance and supporting processes and tools.

We consider risk from an enterprise-wide perspective, encompassing strategic and operational risks to enable whole-of-organisation visibility and management level decision-making on the sources of uncertainty in pursuit of our objectives and priorities. Strategic risks are identified and managed by the health service Executive and monitored by the Board Audit and Risk Committee and the Board.

Our Risk Appetite Statement sets out the Board's expectations of managing risk. The Statement is broadly articulated for key activities, behaviours and risk exposures, linked to our strategic objectives and priorities. In February 2025, Sunshine Coast Health commenced a detailed review process of its risk appetite and associated reporting. It is expected that this review will be finalised for implementation in the next financial year.

The *Hospital and Health Boards Act 2011* requires annual reports to state each direction given by the Minister to the Hospital and Health Service during the financial year and the action taken by the Hospital and Health Service as a result of the direction. During the 2024-2025 period, no direction was given to Sunshine Coast Health.

Internal audit

For a number of years, Sunshine Coast Health has partnered with Central Queensland Hospital and Health Service to establish an effective, efficient, and economical internal audit function. The function provides independent and objective assurance and advisory services to the Board and Executive management. It enhances Sunshine Coast Health's governance environment through a systematic approach to evaluating internal controls, governance, and risk management processes.

The function has developed a strategic annual audit plan to review strategic objectives, strategic and high-level operational risks, contractual and statutory obligations, and prior audit assurance in consultation with the Audit and Risk Committee and Executive management. The annual audit plan has been executed with regular reports provided to the Audit and Risk Committee.

The audit team are members of professional bodies, including the Institute of Internal Auditors, CPA (Certified Practising Accountants) Australia and ISACA (International Systems Audit and Control Association).

External scrutiny, information systems and recordkeeping

Sunshine Coast Health underwent assessment against the National Safety and Quality Health Service Standards in February 2025 and were successful in meeting the standards and maintaining accreditation.

Sunshine Coast Health recognises the value of administrative and functional records as a source of organisational knowledge that underpins and supports the facilitation and provision of high-quality, evidence-based healthcare services.

Records are appropriately created, managed, retained, and disposed of in accordance with the Administrative and Functional Records Management Framework. Sunshine Coast Health maintains an effective and compliant administrative and functional records management system that supports business efficiency.

Our staff can access comprehensive record-keeping and information management guidance materials on Sunshine Coast Health's intranet site.

Attestation of IS18:2018 (ISMS) information security risk

During the 2024-2025 financial year, Sunshine Coast Health has an informed opinion that information security risks were actively managed and assessed against the Sunshine Coast 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

Sunshine Coast Health continues to uphold the principles of the *Public Sector Ethics Act 1994: Integrity and impartiality, Promoting the public good, Commitment to the system of government, and Accountability and Transparency*. The *Code of Conduct for the Queensland Public Service* is based on these four legislative principles and applies to all Queensland Health staff, including Sunshine Coast Health.

An online training module for the *Code of Conduct and Ethical Decision-Making* forms part of Sunshine Coast Health's mandatory training provided to all employees at the start of employment. Code of Conduct for Managers also forms part of mandatory training for managers responsible for modelling expected behaviours and ensuring ethical decision-making is understood by employees.

Fraud and corrupt conduct

The *Fraud and Corruption Control Policy* embeds our commitment to an ethical organisational culture, reinforcing our ethical expectations across all areas of Sunshine Coast Health. The *Fraud and Corruption Control Framework* and the *Fraud and Corruption Control Plan* also assist in minimising the risk of fraud and corrupt behaviour.

Human Rights

Sunshine Coast Health continues to integrate the *Human Rights Act 2019* into organisational processes. Employees have access to an online human rights training course to further support their understanding of when actions and decisions engage human rights.

In 2024-2025, one complaint was made to the Queensland Human Rights Commission (QHRC) and remains open and ongoing. One open complaint from 2023-2024 was deemed unable to be resolved by conciliation and has been referred to the Queensland Industrial Relations Commission (QIRC). In 2023-2024 Sunshine Coast Health had one employee who advised of their intent to lodge a complaint with the QHRC. No formal notification has been received from the Australian Human Rights Commission to date.

Highlights from 2024-2025 include:

- Working in partnership with Aboriginal and Torres Strait Islander Elders, staff, patients, and community members to understand their unique cultural needs and improve the delivery of health services that support their wellbeing.
- Further implementation of the Sunshine Coast Health Health Equity Strategy
- Strengthening a human rights culture throughout Sunshine Coast Health by continuously developing and reviewing policies and procedures

Confidential information

The *Hospital and Health Boards Act 2011* requires annual reports to state the nature and purpose of any confidential information disclosed in the public interest during the financial year.

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

Our performance

The following provides an overview of strategic priorities and key performance indicators (KPIs) in the *Sunshine Coast Hospital and Health Service Strategic Plan 2022–2026*. Table 10 also provides an overview of Sunshine Coast Health's performance against the service standards.

Our care

We are focused on providing high-quality, equitable, accessible, person-centred care.

Supporting new fathers through peer mentorship

A new program was introduced to support fathers transitioning into parenthood, with experienced dads stepping into mentoring roles to guide others through this important life stage. Delivered in partnership with Dad's Group, Wishlist, and Sunshine Coast Health, the initiative provided targeted support to help fathers navigate the emotional, physical, and practical challenges of early parenthood.

Six Sunshine Coast Health staff members were trained as mentors and began offering peer support during the health service's childbirth education classes. The program aimed to build confidence and equip new dads with the knowledge and skills to support their partners, newborns, and themselves throughout the early stages of family life.

In addition to their involvement in education sessions, the mentors also facilitated regular community meet-ups. These gatherings created a safe and inclusive space for fathers to connect, share experiences, and reduce the feelings of isolation that can often accompany early fatherhood.

NOURISH service keeps our littlest babies out of hospital

Launched in 2024 by the Neonatal Intensive Care Unit, the Nurturing OUR InfantS in the Home (NOURISH) service, at the Sunshine Coast University Hospital, aimed to help babies get home sooner while continuing to receive essential care. Over the first two months, 19 families benefited, saving more than 170 cot days (days a baby would have spent in the hospital). The service provides neonatal home visits seven days a week, focusing on babies needing feeding or phototherapy support.

Publicly funded home birth

Starting in July 2024, women on the Sunshine Coast have been able to choose home births as part of a new publicly funded service, with the first successful home birth marking a historic moment in Queensland. The Sunshine Coast Health team, including midwives, obstetricians, paediatricians, and neonatologists, worked in partnership with the Queensland Ambulance Service and maternity consumer representatives to ensure safe and supportive care for women and families.

This initiative ensures more choices of birth location in the Sunshine Coast Health region.

New service to benefit Sunshine Coast women's health

Sunshine Coast Health has launched a new Outpatient Hysteroscopy Clinic at Nambour General Hospital, offering women a quicker and less disruptive option for uterine investigations and treatment. The procedure, traditionally done under general anaesthesia, can now be completed under local anaesthetic in about an hour, allowing patients to return home the same day. The new clinic aims to treat up to around 80 per cent of the 300 women who previously required general anaesthetic each year for hysteroscopies.

Public health and maternity teams unite to protect newborns from Respiratory Syncytial Virus (RSV)

Sunshine Coast Health's Public Health and Maternity teams joined forces to help protect newborns from the rising threat of Respiratory Syncytial Virus (RSV), with local cases increasing by 50 per cent over the past year. In response, a newly available RSV vaccine is now offered to all Queensland newborns before they leave hospital. The vaccine reduces the risk of RSV-related hospitalisation by 80 per cent, making it a key tool in preventing serious illness in babies, whose tiny airways and developing immune systems make them especially vulnerable.

Expanding mental health services in Caloundra

This year we expanded our mental health services to improve access to care for consumers living in the southern end of the region. A new community mental health clinic opened on Mayes Avenue in Caloundra to meet the growing demand for mental health support in the area. The Mental Health and Specialised Services Continuing Care Team South, which supports around 300 people experiencing severe and enduring mental illness, welcomed the new clinic as a major step forward in local service delivery. Prior to this, services were delivered from the Maroochydore Hub, requiring a 40-kilometre round trip for Caloundra-based consumers, often with limited public transport options. This distance was linked to higher rates of missed appointments and travel time for staff.

The new facility was designed with accessibility and sustainability in mind, featuring consult and interview rooms, a waiting area, and on-site parking. Located near Caloundra Health Service and other key health providers, the clinic is expected to reduce barriers to care, increase appointment attendance, and allow clinical teams to spend more time with consumers. Services offered include adult mental health, older persons mental health, and alcohol and other drug treatment and support. The clinic was funded through the Queensland Government's Better Care Together initiative, which aims to deliver more accessible, community-based mental health care across the state.

Improving access through telehealth for cochlear implant patients

Sunshine Coast Health expanded its telehealth capabilities to better support patients with hearing impairments by enabling remote adjustments of cochlear implant devices. This innovation allowed patients to receive follow-up care from audiologists at the Royal Brisbane and Women's Hospital without the need to travel. Prior to this, patients often faced significant challenges due to the potentially long distance to access specialist care. With the support of Sunshine Coast Health's Telehealth team, audiologists are able to connect remotely, access the implant through a laptop, and make real-time adjustments, all while the patients remain in the comfort of their home or residential aged care facility.

This service significantly reduced travel-related stress for patients, particularly those with mobility or health issues. It also demonstrated the growing value of telehealth in delivering specialist care across Queensland. By enabling access to audiology services remotely, Sunshine Coast Health contributed to improved quality of life for patients and more efficient use of clinical resources. Telehealth appointments were also facilitated from Sunshine Coast University Hospital, Nambour General Hospital, and Gympie Hospital, helping to make care more accessible across the region. The program continues to expand across new specialties, supporting equitable healthcare delivery for patients who face barriers to in-person appointments.

Advanced ultrasound enhances care for complex pregnancies

This year we introduced a new GE Voluson Expert 22 ultrasound machine at our Maternal Fetal Medicine unit, significantly improving access to advanced imaging for women experiencing complex pregnancies. The equipment enabled detailed scans of developing babies, particularly the brain and heart, supporting earlier diagnosis and clearer care planning. Patients typically referred to the unit included those with abnormal findings on routine scans, multiple pregnancies, or a history of complications. The expanded service allowed patients to receive specialist consultation, ultrasound imaging, and counselling in one appointment, reducing delays and stress during an already challenging time.

The Maternal Fetal Medicine team, led by a subspecialist obstetrician, fetal medicine midwife, and support staff, provide high-quality, person-centred care that empowers families to make informed decisions and contributes to improved health outcomes for both mothers and babies.

Enhancing emergency care at Gympie Hospital

In response to increasing demand, Gympie Hospital introduced a second triage room in its emergency department to support more timely patient assessments and improve patient flow. The additional room, equipped with a bed and essential clinical equipment, enable both rapid and extended assessments during peak times, helping staff manage a growing number of presentations. The extra space allows for more comprehensive initial assessments, enhanced patient privacy, and more accurate triage decision-making.

The initiative was supported by the allocation of additional nursing staff in the waiting room, including a clinical initiatives nurse to monitor patients, perform follow-up observations, and provide comfort or pain relief as needed. Staff welcomed the change, reporting improved workflow and better patient experiences. By expanding triage capacity and focusing on compassionate, patient-centred care, Gympie Hospital continued to strengthen its emergency response and better serve the needs of its growing community.

Trauma Surgery – First rib fixation procedure

In 2024, Sunshine Coast Health completed its first rib fixation surgery, marking a significant advancement in the delivery of local trauma care. Specialist Cardiothoracic Surgeon Dr Jeffrey Macemon led the procedure, which was performed on a patient experiencing severe chest trauma. Rib fixation involves the use of rigid plates and screws to stabilise fractured ribs, improving breathing function and reducing pain for patients with complex chest injuries. This delicate procedure requires specialised training due to the constant movement of the chest during breathing, and Dr Macemon is one of only a few surgeons in Queensland qualified to perform it. The operation also included minimally invasive thoracoscopic techniques to treat other complications related to chest trauma.

This milestone was made possible by the opening of Sunshine Coast Health's thoracic unit earlier in the year. The unit enables advanced cardiothoracic procedures to be delivered locally, reducing the need for patients to travel to other facilities for specialist care. The successful introduction of rib fixation expands the range of surgical options available on the Sunshine Coast and reflects the health service's commitment to delivering high-quality, specialised treatment closer to home.

Cancer care innovation

Over the past year, Sunshine Coast Health laid important groundwork to expand cancer care services, with planning and infrastructure development to support the introduction of flow cytometry for haematology services. Flow cytometry will commence in the next financial year, improving access to diagnostic and treatment options for people with blood cancers, stem cell transplantation and related conditions, and reducing the need for travel outside the region.

The expanded haematology services on the Sunshine Coast are also improving access to specialist care for Wide Bay patients, reducing travel and supporting better continuity with local care teams.

Expanding services to support person-centred care

Several new services were introduced during the financial year to enhance the delivery of equitable, accessible, and person-centred care across Sunshine Coast Health, including:

- Opening a community mental health clinic in Caloundra on Mayes Avenue.
- Expanding telehealth services to adjust patients' cochlear implants from their home.
- Launching a new Outpatient Hysteroscopy Clinic at Nambour General Hospital
- Commencing the first-in-Queensland publicly funded home birth program.
- In collaboration with Wishlist and Dad's Group, a new Dad's Group program went live to support local families.
- Opening a second triage space to help patient flow in the Emergency Department at Gympie Hospital.

Reducing Hospital Acquired Complication rates

Hospital Acquired Complication rates are monitored regularly across Sunshine Coast University Hospital, Nambour General Hospital and Gympie Hospital. The key performance indicator outlined in the Sunshine Coast Hospital and Health Service Strategic Plan 2022–2026 of a rate below the 25th percentile of peer hospitals has been met this financial year.

Reducing pressure on busy emergency departments

Sunshine Coast Health continues to see increasing demand to its emergency departments with around 580 presentations per day. Of these patients, all category one (our sickest patients), were seen within clinically recommended timeframes. Sunshine Coast Health continues to look at innovative models of care to improve patient experience and flow through our hospitals including emergency department avoidance strategies, collaborative strategies that provide care in the home, the co-located command centre with Queensland Ambulance Services, and streamlining complementary services for efficient patient support.

Patient Reported Experience Measures (PREMs)

The Patient Report Experience Measures (PREMs) survey is a state led consumer feedback initiative. There have been no surveys sent in 2025 as the state transitions to a new PREMs provider. It is expected to commence in the next financial year in a phased rollout.

Sunshine Coast Health's overall inpatient care rating 'very good care' was 83 per cent in the last reporting period (October 2024) and trended above the statewide average throughout 2024

Our people

We value and support our people.

Leaders in Action Program

The Leaders in Action (LiA) program launched on 8 July 2024 to support leadership capability across Sunshine Coast Health. In its first year, three sessions were delivered, with 86 leaders participating. The program has been well received, with evaluations conducted after each cohort to ensure the content remains relevant, engaging, and effective.

Seven cohorts have been planned for 2025 to support the investment in our leaders. While progress has been strong, achieving the target of 80 per cent of leaders trained by 2026 may be challenging under the current delivery model. In response, a review will be undertaken later this year to explore opportunities to broaden participation and increase program reach.

2024 Staff Awards – Brighten the Night

Sunshine Coast Health proudly celebrated the achievements of its dedicated staff at the 2024 Staff Awards, recognising the people who go above and beyond each day to deliver the best possible care across the region. The event highlighted individuals and teams who embody the organisation's values and make a significant impact on the health and wellbeing of the community.

The top honour, the Sunshine Coast Health Vision Dr H H (Barney) Moy Memorial Person-Centred Care Award, was presented to Courtney Vesey, Director of Digital Health and Clinical Information Services. Other major awards included the Gallangoor Ngin Award, awarded to Clinical Nurse Joanne Millward for her work expanding the Jabba Jabba model of culturally safe care for Aboriginal and Torres Strait Islander families; Consumer Representative of the Year, awarded to Breanna Medcalfe for her advocacy for people living with disability; and Volunteer of the Year, presented to Carol Martens for her compassionate support of patients and families at Dove Palliative Care.

Awards were also presented to staff who demonstrated outstanding commitment to Sunshine Coast Health's core values:

Integrity: Dr Ashwini Amaratunga

Compassion: Scott Davy

Accountability: Michelle Juillerat and Ceri Williams

Innovation: Janine Porter

The evening was capped off with a 'Brighten the Night' themed celebration, bringing together staff from across the health service to honour their colleagues and reflect on a year of outstanding service and achievement.

Celebrating Nursing and Midwifery excellence

Sunshine Coast Health proudly hosted the 2025 Annual Nursing and Midwifery Recognition Awards, marking the third consecutive year of honouring the outstanding contributions of our nursing and midwifery workforce. More than 100 nominations were received in 2025, with several individuals nominated multiple times by colleagues across a range of disciplines. The event coincided with International Day of the Midwife and International Nurses Day, further reinforcing the vital role these professions play in delivering safe, compassionate, and high-quality care.

The awards provided an opportunity to spotlight the commitment of our nurses and midwives to clinical excellence, leadership, and our organisational values. Each nomination represented a meaningful acknowledgment from peers and colleagues, recognising the profound and lasting impact these professionals have on patients, teams, and the broader community.

Sunshine Coast Health welcomes more than 100 nursing and midwifery graduates

More than 100 newly graduated nurses and midwives have commenced their careers with Sunshine Coast Health, providing care and support to patients across the region. Among the new recruits are graduates from both local and interstate universities, with some relocating from interstate and overseas.

The first-year graduates will work across six Sunshine Coast Health facilities including Sunshine Coast University Hospital, Caloundra Health Service, Nambour General Hospital, Gympie Hospital, Glenbrook Residential Aged Care Facility, and Maleny Soldiers Memorial Hospital. Nursing graduates will gain experience in areas such as emergency, intensive care, perioperative, mental health, cardiology, medical, surgical, palliative care, cancer care, and aged care, while midwifery graduates will rotate throughout Women's and Children's Services. This is the second largest graduate intake since Sunshine Coast University Hospital opened in 2017, with 154 graduates in total, comprising 136 registered nurses and 18 midwives.

Sunshine Coast welcomes next generation of local doctors

Sunshine Coast Health welcomed 78 new medical interns at the beginning of 2025, marking the beginning of their careers as doctors after years of study and training. The interns will complete a comprehensive program designed to lead them to general registration, including rotations through specialty areas such as medicine, emergency, surgery, paediatrics, obstetrics and gynaecology. They will also have the opportunity to work across a range of facilities, from the Sunshine Coast University Hospital to rural health sites within the district, gaining broad skills and experience to prepare them for future practice.

Before commencing clinical duties, the interns participated in a one-week orientation program to familiarise themselves with the facilities, systems, colleagues and supervisors. Throughout the year, they will be supported by experienced medical leaders and educators who will guide their learning and professional development. This year's intake includes graduates from across Queensland and Australia, with Sunshine Coast Health continuing to be a sought-after training location due to its high-quality teaching, diverse clinical experiences, and supportive learning environment.

Health Equity Conference

Sunshine Coast Health proudly hosted the Nyina Budja (Live Strong) Health Equity Conference in May at the Sunshine Coast Health Institute, as part of its ongoing commitment to culturally-safe and inclusive healthcare. The conference, a key initiative of the Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy (2022–2031), featured speakers from across Australia and focused on improving health outcomes for Aboriginal and Torres Strait Islander communities.

Since launching its Health Equity Strategy in 2023, Sunshine Coast Health has implemented several impactful initiatives, including the expansion of liaison and preventable hospitalisation programs, the creation of culturally appropriate spaces and artworks across facilities, and the rollout of traineeship and cadetship programs. These efforts have led to notable achievements such as ensuring all Aboriginal and Torres Strait Islander patients on the general care waitlist are seen within clinically recommended times and establishing priority pathways for audiology and respiratory care.

Footprints Walking on Country

This year, Sunshine Coast Health took foot care and diabetes screening on the road with its 'Footprints' mobile clinic. The specially equipped bus visited towns across the Sunshine Coast and Gympie regions, offering free foot assessments to help detect early signs of diabetic foot disease and other underlying health issues, such as poor blood circulation and undiagnosed diabetes. Staffed by specialist nurses, the clinic is fitted with a podiatry chair and provides on-the-spot screenings and referrals to community or high-risk foot podiatrists if needed.

Supporting the future rural GP workforce

This year, Sunshine Coast Health supported its first junior doctor to undertake a rural general practice placement as part of the John Flynn Prevocational Doctor Program (JFPDP). The placements support doctors to gain hands-on experience in primary care, including consultations, minor procedures, and care planning.

This new partnership between Sunshine Coast Health and the JFPDP, funded by the Australian Government, aimed to expose junior doctors to the rewards and realities of rural healthcare. Five junior doctors completed rotations at the clinic throughout the year. The program supported workforce development in rural areas and encouraged more general practices to participate in training the next generation of GPs.

2025 All Staff Survey

Preparations have commenced with Best Practice Australia for the 2025 All Staff Survey, scheduled to run from 16 to 30 July. A comprehensive communication strategy was developed to encourage strong participation across the organisation, with a key focus on reinforcing the message that staff feedback is valued and essential.

Following the survey, results will be shared at the work unit level by leaders. All leaders will be supported to engage with their teams in developing meaningful action plans in response to the feedback, ensuring that staff voices help shape improvements across Sunshine Coast Health.

New program to support international doctors to transition to Australian hospitals

Sunshine Coast Health launched the STEPP-IN program, a 10-week clinical observership and education initiative supporting internationally trained doctors living in Australia who were not yet working in the medical workforce. The program was designed to ease their transition into the Australian healthcare system and contribute to addressing projected workforce shortages. Six international medical graduates participated in the pilot intake, gaining structured exposure to clinical settings while building the skills and confidence needed to re-enter practice.

Throughout the program, participants observed care delivery across various specialties at Sunshine Coast University Hospital. They received education on key topics including the Queensland Mental Health Act, cultural competency, clinical communication, and Australian healthcare processes such as documentation, handover, and clinical prioritisation. The program also offered simulation-based learning and familiarisation with local workplace culture.

Interest in the program exceeded expectations, with over 40 expressions of interest received for future intakes. A second pilot is scheduled, with plans to evaluate its long-term impact and explore statewide expansion beyond 2026. STEPP-IN reflects Sunshine Coast Health's commitment to building a sustainable, inclusive workforce while supporting skilled international medical graduates already living in the community.

Increasing our identified Aboriginal and Torres Strait Islander workforce

In 2022, Sunshine Coast Health set the ambitious target of between 2.2%- 2.63% of our workforce identifying as Aboriginal or Torres Strait Islander by 2024. At the end of June 2025, we had 2.18% of our workforce identifying as Aboriginal or Torres Strait Islander. We are just two people short of the minimum target of 2.2%. Whilst we have not met this strategic goal by the delivery timeline, we will continue to work towards it by supporting culturally-appropriate care and attracting skilled Aboriginal and Torres Strait Islander staff to our health service.

Staff wellbeing

This year, the Workforce Wellbeing team undertook a comprehensive health service-wide Wellbeing Review, which has now been completed. Led by the Wellbeing team with oversight from a cross disciplinary working group of 25 staff members, the review engaged nearly 500 staff through two survey phases. The review aimed to assess the availability, equity, and effectiveness of current wellbeing supports across all facilities and to identify opportunities for improvement.

Supporting diversity and inclusion

Fostering a healthy, inclusive, and psychologically safe environment remained a key priority for Sunshine Coast Health in the 2024-2025 financial year. We continued to invest in workforce diversity through events and celebration days that encouraged staff and consumer participation and strengthened a sense of belonging across the organisation.

We recognise that a diverse and inclusive workforce drives better outcomes through increased innovation, creativity, team engagement, and effective risk management. This year marked the second year of our Workforce Diversity and Inclusion Strategy, with progress made on key actions, including regular engagement with stakeholders and support for staff network groups.

Preventing Occupational Violence

Sunshine Coast Health remains committed to preventing occupational violence and aggressive behaviour by implementing a structured and proactive approach to staff safety. A mandatory framework has been established to support early identification, prevention, and protection measures across all facilities.

Our occupational violence prevention training equips staff with skills in conflict management and physical intervention, enabling them to safely and effectively respond to clinically related challenging behaviours. This continued focus ensures a safer workplace for our people and supports the delivery of high-quality care.

Welcoming 78 new medical interns

Sunshine Coast Health this year welcomed 78 medical interns who are working in crucial roles, while continuing to expand their skills, with supervision and training from some of the service's most experienced doctors. The interns' first year of practise after graduating from university is an exciting jump forward, and the culmination of years of study.

Sunshine Coast Health has designed a comprehensive program, to ensure the interns have a positive and supportive experience, that successfully leads to them gaining their general registration.

Our sustainability

We manage our financial, physical, and environmental resources responsibly.

Gympie Nurse-Led Walk-In Clinic

Sunshine Coast Health officially opened the Gympie Nurse-Led Walk-In Clinic in 2025, providing the local community with a new, accessible option for same-day care. Located in Exhibition Road, the clinic offers assessment and treatment for minor injuries and non-life-threatening conditions, without the need for an appointment.

The clinic operates extended hours and has already been well received by the community, with positive feedback highlighting shorter wait times and professional, person-centred care. Patients can receive support for a range of common conditions, such as minor infections, cuts and wounds, sprains, and general health advice. The Gympie Nurse-Led Walk-In Clinic reflects our commitment to delivering innovative models of care that respond to community needs and improve health outcomes across the region.

Integrated electronic Medical Record (ieMR) Hub and Spoke

The integrated electronic medical record (ieMR) Hub and Spoke project has been successfully implemented at Gympie Hospital and Maleny Soldiers' Memorial Hospital. This now means that all Sunshine Coast Health hospitals and health centres (Nambour General Hospital, Gympie Hospital, Maleny Soldier's Memorial Hospital, Caloundra Health Service, and Sunshine Coast University Hospital) are all online using ieMR to support real-time patient data sharing and continuity of care.

Nambour General Hospital Emergency Department

Nambour General Hospital's newly redeveloped emergency department (ED) is now open, providing expanded and modernised emergency care for the northern Sunshine Coast community. The project added 12 extra emergency department beds, bringing the total to 44, including three dedicated resuscitation bays for critically ill patients. The upgraded facility also features acute and short-stay beds, seven fast-track beds, and a specialised zone for paediatric care, including a procedure room that separates invasive treatments from the bedside experience.

Designed to improve patient flow and comfort, the new emergency department includes a private triage area, natural lighting in the waiting room, and a dedicated ambulance zone for more private patient transfers. The expanded and modern environment enables frontline health workers to provide timely, high-quality care using the latest technology. Local leaders and health officials praised the new facility as a major investment in the region's healthcare future, ensuring residents have access to emergency care close to home as demand for services continues to rise.

Maleny Soldiers Memorial Hospital upgrades

Upgrades at Maleny Soldiers Memorial Hospital are now complete, with significant improvements made to both internal and external infrastructure as part of a \$2.8 million renovation project. The works have included IT infrastructure upgrades, installation of a new mechanical plant and systems, and roof replacement. Despite ongoing construction, the hospital's emergency department and specialist outpatient clinics remained open and fully operational, ensuring continued access to essential health services for the community.

Sunshine Coast Health worked closely with contractors and patients and families to minimise disruption throughout the renovation period.

Health service performance

Sunshine Coast Health continued to face significant and sustained demand for services throughout the 2024-2025 financial year. In response, the health service made strong progress in reducing wait times for elective surgeries and specialist outpatient appointments, while expanding services to better support growing communities across the region. Emergency department presentations rose during this period, yet all Category 1 patients (those requiring the most urgent care) were seen within clinically recommended timeframes.

More people are accessing our services than ever before, and in turn, we are delivering more care than ever before. While some patients are still waiting longer than clinically recommended, targeted efforts are underway to address this. Sunshine Coast Health is actively recruiting skilled frontline clinicians to enhance service access, drive efficiency, and continue delivering safe, high-quality care.

Virtual care and providing care as close to home as possible

Sunshine Coast Health has continued to expand its virtual care services to deliver high-quality, accessible healthcare closer to home. Virtual care is now an integral part of how we connect with patients, particularly in rural and remote communities, helping to reduce travel time, minimise disruption, and improve overall patient experience. This year, we increased the number of telehealth consultations across a wide range of specialties, supporting timely access to care and easing pressure on in-person services. We have also invested in digital infrastructure, clinician training, and service redesign to embed virtual care as a sustainable and flexible model for the future. Our focus remains on delivering the right care, in the right place, at the right time.

In 2024-2025, Sunshine Coast Health expanded its virtual service delivery platform, with 35.5 per cent of all non-admitted services delivered via a virtual modality. The Sunshine Coast Health Virtual Care Strategy was finalised and prepared for presentation to the Executive and Board in early 2025.

Throughout the year, Sunshine Coast Health also actively contributed to statewide initiatives aimed at strengthening virtual care services and developing contemporary models of care. This work supported the organisation's ongoing commitment to improving access, flexibility, and person-centred healthcare.

Queensland Virtual Early Medical Termination of Pregnancy Service

This year, Sunshine Coast Health became the hub for delivering the Queensland Virtual Early Medical Termination of Pregnancy Service. This statewide service provides access to safe, timely, and confidential medical termination of pregnancy care through virtual consultations, reducing geographical and social barriers for people seeking this healthcare option. The service supports individuals across Queensland, particularly those in rural and remote areas, by providing care from qualified clinicians without the need to travel long distances.

Accreditation confirms high standards in patient safety and quality care

This year, Sunshine Coast Health successfully completed its National Safety and Quality Health Service (NSQHS) Accreditation assessment. The independent review focused on four of the eight national standards: Preventing and Controlling Infections, Comprehensive Care, Communicating for Safety, and Blood Management. Over four days, a team of seven assessors visited multiple facilities, including wards, clinics, operating theatres, oral health sites, sterilising units, and support services such as cleaning and food services.

Throughout the assessment, hundreds of staff and patients were engaged in discussions, with assessors reporting high levels of professionalism, passion, and dedication to safe and quality care. They also observed a strong culture of continuous quality improvement across work areas. Patients provided positive feedback about their care and the health service environment.

A balanced operating position

Sunshine Coast Health reported an operating deficit of \$37.6 million in the 2024-2025 financial year. Sunshine Coast Health again worked to deliver high-quality care while meeting increasing demand. Achieving financial sustainability involves careful planning and prioritisation, with a focus on maximising value for money, enhancing service efficiency, and aligning funding with strategic health priorities. The health service continued to invest in critical areas, including workforce development, infrastructure, innovation, and patient care, while maintaining fiscal accountability.

Operating a health service in a growing region brings complex challenges, including rising healthcare costs, workforce pressures, and demand for more specialised services. Balancing available funding with the delivery of safe, person-centred care requires adaptive and innovative approaches. Sunshine Coast Health remains committed to exploring new models of care, strengthening partnerships, and using data to inform decisions that ensure the best outcomes for patients. Careful stewardship of public resources underpins all efforts to meet both the immediate and long-term needs of the communities we serve.

Our future

We improve and prepare for the future through research, education, and innovation.

Innovation in cancer care - brachytherapy

A groundbreaking mobile cone-beam computerised tomography scanner has been introduced at Sunshine Coast University Hospital's radiation oncology department, significantly enhancing brachytherapy treatment for cancer patients. As the first imaging ring of its kind in the Southern Hemisphere, the Elekta Studio Imaging Ring allows clinicians to deliver faster and more accurate treatment. Brachytherapy traditionally involves multiple patient transfers and lengthy procedures lasting up to eight hours, often requiring an overnight stay. With the new scanner, imaging can be done at the patient's bedside, reducing the procedure time to as little as 1.5 to 2.5 hours and often allowing it to be completed under a single anaesthetic.

The new equipment streamlines the process by guiding and verifying the precise placement of brachytherapy applicators, improving treatment outcomes while reducing patient stress and discomfort. It is suitable for a wide range of cancers, including skin, prostate, gynaecological, liver, and some gastrointestinal, lung, head, and neck cancers.

Study, Education, Research, Training Fund grants

Six Sunshine Coast Health professionals were awarded significant Study, Education, Research, Training Fund grants to carry out innovative research into health care issues impacting our local communities this year. The projects included inpatient rehabilitation, radiation therapy, inspiratory muscle training, neurodevelopmental outcomes in high-risk infants, antimicrobial stewardship, and antibiotic dosing.

Staff across the health service are invited to apply for the grant scheme supported by the Study, Education, Research Training Fund and Wishlist annually.

Robotic Surgery Enhancing Precision and Recovery

The \$4 million Da Vinci surgical robot was commissioned this year at the Sunshine Coast University Hospital to support the beginning of a new chapter in advanced surgical care. Designed to enhance precision medicine and patient outcomes, the robot enabled surgeons to perform complex procedures using a high-definition 3D console. From the console, surgeons controlled the robotic instruments with their hands and feet, allowing for delicate, highly accurate movements that mirrored the dexterity of a human wrist and fingers.

The Robotic Surgery Program at Sunshine Coast University Hospital commenced with urological procedures, with plans to expand into other surgical specialties over time.

2025 Sunshine Coast Health research showcase

The 2025 Sunshine Coast Health Research Showcase was successfully held in June, highlighting the innovative research and quality improvement projects led by, or in collaboration with, Sunshine Coast Health.

Research and quality improvement remain central to the delivery of safe, evidence-based care. The showcase celebrated the important role research plays in expanding our understanding of health and disease, improving prevention and treatment strategies, and refining the way we design and deliver health services. Through published research, our teams continue to contribute valuable insights to both local and global healthcare communities.

Reflecting our core value of Innovation, the event featured contributions from clinician-researchers, university partners, and research affiliates. A variety of presentation formats were included, such as oral presentations, rapid-fire talks, digital posters, and a well-attended networking event and awards ceremony.

The showcase not only celebrated the outstanding achievements of our staff but also inspired new collaborations and encouraged more clinicians to lead their own research and improvement initiatives.

World-first breast density study led by Sunshine Coast researchers

BreastScreen Queensland Sunshine Coast recruited more than 12,000 local women to participate in a world-first research study focused on breast density. The study is exploring the advantages and potential drawbacks of notifying women about their breast density following routine breast screening, along with evaluating the most effective methods of communication. Breast density is one of several known risk factors for developing breast cancer, alongside age, family history, lifestyle, and previous benign breast conditions.

With recruitment now complete, the study has moved into its next phase, where participants will be interviewed over a two-year period to assess the psychological impact of breast density notifications and how different communication methods influence responses. This research will contribute to the national Roadmap to Optimising Screening in Australia (ROSA) project. The findings aim to guide future approaches for personalised, risk-based breast screening and improve participation rates in the BreastScreen program, ultimately supporting earlier detection and better health outcomes for women across the region.

Research and clinical trials

This strategic measure has been met by June 2024 (two years in advance), with the total new approvals meeting the 20 per cent target. The research portfolio at Sunshine Coast Health continues to progressively grow in number and complexity, with 431 projects currently active (20 per cent increase from 2021). Of these, 45 per cent (194) are clinical trials or interventional studies, including 52 commercially sponsored clinical trials (20 per cent increase from 2021) and 23 Sunshine Coast Health-sponsored studies (28 per cent increase from 2021).

Q1 and Q2 journal publications

Sunshine Coast Health has been linked to 270 publications in 2024. 90 per cent (243) of these are in Q1 and Q2 journals, an increase of 29 per cent in comparison to 2021 and exceeding the proposed strategic annual target of 226 publications (20 per cent increase) by 2026.

It is important to note, however, that publication numbers can fluctuate between years. It is expected, though, that the sustained increase in research projects at Sunshine Coast Health, and the broader cohort of collaborations of researchers, will result in overall continued growth in publications of a higher impact.

Clinical department research teams

The Strategic Plan KPI of 75 per cent of clinical departments having an identified research team and active research projects has been met. Research is currently conducted in nine service groups, across 59 different clinical departments, on par with 2023 (51) and representing an increase of 40 per cent in the number of active Departments in comparison to 2022 (42) and 2021 (43).

Aboriginal and Torres Strait Islander Health

Sunshine Coast Health acknowledges and pays respect to Aboriginal and Torres Strait Islander Elders, people, consumers, and staff; past, present, and future, on whose lands we deliver healthcare. We are committed to health equity and to eliminating the systemic barriers that impact the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Through culturally safe, respectful, and responsive services, we aim to create meaningful change and improve health outcomes across our communities.

Health Equity

Since the launch of the Sunshine Coast Health Aboriginal and Torres Strait Islander Health Equity Strategy and its accompanying implementation plan in 2023, significant progress has been made in improving health outcomes and culturally safe care across our region.

As of 2025, Sunshine Coast Health has met 26 of its key performance indicators (KPIs), with nine currently in progress and 10 requiring continued focus and improvement.

Key achievements to date include:

- Expansion of the Aboriginal and Torres Strait Islander Hospital Liaison Service, including extended after-hours support in emergency departments.
- Growth of the Preventable Health Pathway, providing home-based, culturally safe support for people with chronic and acute conditions.
- Opening of a dedicated, culturally appropriate public-facing space at Sunshine Coast University Hospital to support access and engagement for Aboriginal and Torres Strait Islander peoples.
- Installation of culturally significant artworks at all five hospital sites, creating more welcoming and respectful healthcare environments.
- Successful implementation of the Deadly Start School-based Traineeship Program and ongoing support of the statewide Aboriginal and Torres Strait Islander Cadetship Program.
- Implementation of priority referral pathways for audiology and respiratory services, addressing identified gaps in access and outcomes.
- Delivery of the Cultural Practice Program (CPP) across all facilities, with a steady increase in staff completion rates.
- Enhanced workforce development initiatives, including dedicated support for identified positions, mentorship, and increased staff participation in cultural learning.
- Active participation in community events, such as NAIDOC Week, National Reconciliation Week, and the Aunty Betty Reconciliation Walk, to strengthen partnerships and visibility.
- Launch of the Health Equity Van, improving access to care, outreach, and health education in rural and regional areas.

Sunshine Coast Health remains committed to listening, learning, and working in partnership with Aboriginal and Torres Strait Islander communities to close the health gap and deliver culturally safe, equitable care.

Cultural Practice Program

In 2024-2025, Sunshine Coast Health achieved its highest recorded compliance rate (86.6%) with the mandatory Aboriginal and Torres Strait Islander Cultural Practice Program training. The program has also received accreditation from four medical colleges, reinforcing its quality and relevance in education of all Sunshine Coast Health staff.

The Sunshine Coast Health Cultural Practice Program is underpinned by four key guiding principles:

- Cultural respect and recognition
- Relationships and partnerships
- Capacity building
- Communication

A total of 2,316 staff participated in Cultural Practice Program sessions in 2024-2025, with a further 874 staff attending targeted one-hour educational yarns delivered to specific teams. The introduction of multi-modal delivery and flexible scheduling has significantly enhanced staff engagement and participation.

The program is delivered in a blended format, combining self-paced online learning with a three-hour face-to-face or virtual session. These figures reflect Sunshine Coast Health's strong organisational commitment to building cultural capability and supporting continuous learning across the workforce.

Workforce Action Plan

Sunshine Coast Health is committed to building a culturally responsive, inclusive, and educated workforce that actively works to eliminate discrimination and racism. The Workforce Action Plan 2023–2026 focuses on cultural integrity and strengthening career pathways for Aboriginal and Torres Strait Islander people.

Our goal is to create a culturally safe and supportive workplace that:

- Ensures strong representation of Aboriginal and Torres Strait Islander staff
- Provides meaningful and rewarding career development opportunities
- Positions Sunshine Coast Health as an employer of choice for Aboriginal and Torres Strait Islander peoples

As of the end of June 2025, Aboriginal and Torres Strait Islander workforce participation had reached 2.18% (217 staff), reflecting continued progress towards our employment equity goals.

Cultural celebrations

NAIDOC Week

This year, Sunshine Coast Health proudly celebrated NAIDOC Week across six locations: Maleny, Gympie, Nambour, Sunshine Coast University Hospital, Caloundra, and Glenbrook.

Each site embraced the 2025 NAIDOC theme through engaging activities including themed trivia, bingo, and meaningful community and staff engagement. Events were opened with a Welcome to Country by Traditional Custodians, creating a powerful and respectful atmosphere for all who attended.

It was a special opportunity to come together, honour culture, and celebrate the strength and resilience of Aboriginal and Torres Strait Islander peoples.

National Sorry Day

National Sorry Day was respectfully commemorated at Gympie Hospital with a special service that brought together staff and community members.

The event was well attended and created a meaningful space for reflection, healing, and shared understanding. Community feedback highlighted a strong sense of connection and unity, with many expressing that the gathering embodied the spirit of walking together on the journey towards reconciliation.

Aunty Betty Reconciliation Walk

The Aunty Betty Reconciliation Walk was once again a powerful and unifying event in 2025, led by the Sunshine Coast Reconciliation Group in partnership with Sunshine Coast Health, North Coast Aboriginal Corporation for Community Health, Suncare, Sunshine Coast Council, Refocus, and other valued stakeholders.

The walk was attended by many school students from Gympie and the Sunshine Coast, alongside community members and Traditional Owners. It served as a meaningful opportunity to walk together in the spirit of reconciliation, respect, and shared commitment.

First held in 2015, the walk was established to honour the legacy of Aunty Betty McMahon, a proud Elder and tireless advocate for truth-telling, healing, and reconciliation. Over the years, it has grown into a significant annual event, bringing people together to reflect on our shared history and walk forward in unity.

Hospital Liaison Service

Sunshine Coast Health's Aboriginal and Torres Strait Islander Hospital Liaison Service provides a vital cultural connection between patients, families, and healthcare professionals. The service supports identified Aboriginal and Torres Strait Islander patients throughout their hospital journey, ensuring culturally safe and responsive care.

To enhance this support, Hospital Liaison Officer (HLO) coverage has been extended to include after-hours presentations to the emergency departments at Nambour General Hospital and Sunshine Coast University Hospital.

The service continues to focus on improving health outcomes by actively supporting patients to stay engaged in their care; reducing rates of discharge against medical advice, non-attendance at outpatient appointments, and those who leave before treatment is provided.

Preventative health

The Preventable Health Pathway provides culturally responsive care and support to Aboriginal and Torres Strait Islander people living with chronic and acute health conditions. Delivered over a 12-week period, the program is led by a multidisciplinary team including Aboriginal and Torres Strait Islander Health Workers, clinical nurses, a dietitian, social worker, and accredited exercise physiologists.

The team offers holistic support through home visits, regular contact, and referrals to other services based on individual needs and preferences. Social, cultural, and emotional wellbeing are at the heart of the program, with a strong focus on building trust and connection.

In addition to individual support, our health workers also deliver health-related education in schools and lead wellbeing group sessions across the community, promoting healthy lifestyles and stronger community connections.

Cultural Healing

The Cultural Healing team provides a specialised mental health service for Aboriginal and Torres Strait Islander consumers, delivered by qualified mental health professionals with cultural knowledge and clinical expertise. The team offers holistic support that considers physical, social, emotional, cultural, and spiritual wellbeing. Care is grounded in cultural understanding, connection to Country, and a deep respect for individual and community healing journeys.

Jabba Jabba

The Jabba Jabba Child Health teams deliver culturally safe, family-centred care to support the health and development of Aboriginal and Torres Strait Islander children. Services include home visits, baby and child health checks, hearing assessments, and in-home vaccination programs. The team works closely with families and communities to ensure children receive the care they need in a safe and supportive environment.

Artwork unveiled across our region

During NAIDOC Week 2024, Sunshine Coast Health proudly unveiled new Aboriginal and Torres Strait Islander artworks across Gympie, Maleny, Caloundra, Nambour and Sunshine Coast University hospitals. This initiative reflects our ongoing commitment to providing culturally safe, inclusive, and welcoming healthcare environments.

The incorporation of Aboriginal and Torres Strait Islander art across our facilities is one of the many ways we are bringing to life the goals of the *Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy 2022–2031*. These artworks, created by local artists, celebrate the unique connection between Country, culture, and health within our region.

In addition to this, we continue to work closely with Traditional Owners to highlight significant cultural landscapes across the regions where we deliver healthcare. These cultural stories and images are displayed in high-traffic areas, such as hospital entrances, clinic walls, and other accessible spaces, to create meaningful points of connection. By embedding this cultural knowledge into our environments, we aim to honour the stories of Country, strengthen cultural understanding, and advance reconciliation across our diverse region.

Nyina Budja Health Equity Conference

Sunshine Coast Health is committed to delivering culturally safe and inclusive healthcare. In line with this commitment, we proudly hosted the *Nyina Budja* (Live Strong) Health Equity Conference in May 2024.

Held during National Reconciliation Week, the conference was a key initiative under the *Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy 2022–2031*. Bringing together speakers from across Australia, the event was well attended and centred on strengthening culturally safe care for Aboriginal and Torres Strait Islander peoples.

Due to the overwhelming success of the 2024 conference, we are excited to announce that we will host the next *Nyina Budja* Health Equity Conference in 2026.

Table 10: Service standards

Sunshine Coast Hospital and Health Service	2024-2025 Target	2024-2025 Actual
Effectiveness measures		
Percentage of emergency department patients seen within recommended timeframes <ul style="list-style-type: none"> • Category 1 (within 2 minutes) • Category 2 (within 10 minutes) • Category 3 (within 30 minutes) • Category 4 (within 60 minutes) • Category 5 (within 120 minutes) 	100% 80% 75% 70% 70%	100% 84% 75% 77% 92%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	63%
Percentage of elective surgery patients treated within the clinically recommended times <ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days) • Category 3 (365 days) 	>98% >95% >95%	76% 71% 83%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ¹	<1.0	0.3
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ²	>65%	67.2%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ³	<12%	9.2%
Percentage of specialist outpatients waiting within clinically recommended times ⁴ <ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days)⁵ • Category 3 (365 days)⁵ 	80%	76% 43% 80%
Percentage of specialist outpatients seen within clinically recommended times <ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days)⁵ • Category 3 (365 days)⁵ 	82%	83% 52% 77%
Median wait time for treatment in emergency departments (minutes) ⁶	..	14
Median wait time for elective surgery treatment (days)	..	43
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities ⁷	\$5,836	\$5,685
Other measures		
Number of elective surgery patients treated within clinically recommended times <ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days)¹ • Category 3 (365 days)¹ 	5,855 4,636 2,682	4,698 3,433 2,644
Number of Telehealth outpatients service events ⁸	17,446	17,865
Total weighted activity units (WAU) ^{9,10} <ul style="list-style-type: none"> • Acute Inpatients • Outpatients • Sub-acute • Emergency Department • Mental Health • Prevention and Primary Care 	132,964 31,126 12,722 33,559 9,712 4,245	127,004 44,899 16,344 32,639 22,431 4,238
Ambulatory mental health service contact duration (hours) ¹¹	>64,184	65,710
Staffing ¹²	7,493	7,703.79

1	Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Actual rate is based on data reported between 1 July 2024 and 31 March 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 for the period 1 July 2024 to 31 May 2025 as at 21 July 2025
3	Mental Health readmissions 2024–2025 is from 1 July 2024 to 31 May 2025 as at 21 July 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. 2024–2025 Actuals are for the period 1 July 2024 to 31 March 2025.
8	Telehealth 2024–2025 Actual is as at 21 July 2025.
9	All measures are reported in QWAU Phase Q27. The 2024–2025 Actual is a 12-month projection based on data for the period 1 July 2024 to 31 May 2025 as at 28 July 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 2025–26. 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 2025–26.
11	Ambulatory Mental Health service contact duration 2024–2025 Actual is a projection based on data from 1 July 2024 to 31 May 2025 as at 21 July 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

Sunshine Coast Health reported an operating deficit of \$37.6 million for the year ended 30 June 2025.

Table 11: Revenue and expenses— financial year ended 30 June 2025 and 2024

	2025	2024
	\$'000	\$'000
Revenue	1,924,176	1,793,467
Expenses		
Employee expenses	(1,259,266)	(1,150,716)
Supplies and services	(447,420)	(424,475)
Depreciation and amortisation	(193,076)	(163,850)
Interest and other expenses	(62,019)	(62,317)
Total expenses	(1,961,781)	(1,801,358)
Net deficit from operations	(37,605)	(7,891)

Where the money comes from

Sunshine Coast Health's income was \$1.924 billion, which is an increase of \$130.7 million (7.3 per cent) from the prior year. Of this, the Queensland Government's contribution was \$1,186.6 million and the Commonwealth contribution was \$541.1 million. Specific-purpose grants and other contributions worth \$28.4 million were received and user charges, fees and other revenue was \$168.1 million.

Where the money goes

Sunshine Coast Health's expenses for 2024-25 were \$1.962 billion, which is an increase of \$160.4 million (8.9 per cent). The largest portion of expenditure relates to employee expenses including clinicians and support staff (64.2 per cent). Supplies and services expenses such as clinical supplies, drugs, prosthetics, pathology, catering, repairs and maintenance, energy, communication and computers account for 22.8 per cent of expenditure; 9.8 per cent of expenditure was related to depreciation and amortisation of the fixed asset base; and 3.2 per cent of expenditure relates to interest and other expenses.

Financial outlook

Sunshine Coast Health is committed to providing better health outcomes for its community. Financial year 2025-26 will continue to be fiscally challenging for the Health Service as it continues to implement strategies to transition towards long term financial sustainability.

Anticipated maintenance

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

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

As of 30 June 2025, Sunshine Coast Health had reported anticipated maintenance of \$12,020,033.

Sunshine Coast Health has the following strategies in place to mitigate risks associated with these items:

- Ongoing condition assessment program covering major facilities to inform long-term maintenance plans and assist with prioritisation of works based on risk and linkage to clinical service delivery.
- Completion of the Strategic Asset Management Plan (SAMP) and the Asset Maintenance Management Plan (AMMP) to inform and support lifecycle management for current and future financial years.
- Funding applications under the Sustaining Capital Program.

Sunshine Coast Hospital and Health Service Financial Statements

For the year ended 30 June 2025

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Statement of Comprehensive Income

For the year ended 30 June 2025

	Note	2025 \$'000	2024 \$'000
Income			
Funding for public health services	B1.1	1,727,780	1,615,780
User charges and fees	B1.2	146,550	133,029
Grants and other contributions	B1.3	28,408	26,332
Rental income	B1.4	7,802	7,233
Other revenue	B1.5	13,483	10,564
Total revenue		1,924,023	1,792,938
Gains on disposal of assets		153	529
Total income from continuing operations		1,924,176	1,793,467
Expenses			
Employee expenses	B2.1	(212,083)	(198,049)
Health service employee expenses	B2.1	(1,047,183)	(952,667)
Supplies and services	B2.2	(447,420)	(424,475)
Depreciation and amortisation	C3,C4,C5	(193,076)	(163,850)
Impairment losses	C2	(2,837)	(1,211)
Interest expense	B2.3	(37,958)	(38,603)
Insurance premiums	B2.4	(15,762)	(14,965)
Other expenses	B2.5	(5,462)	(7,538)
Total expenses		(1,961,781)	(1,801,358)
Operating result for the year		(37,605)	(7,891)
Other comprehensive income			
<i>Items that will not be reclassified subsequently to operating result</i>			
Increase in the asset revaluation surplus	C10.2	145,299	489,069
Other comprehensive income for the year		145,299	489,069
Total comprehensive income for the year		107,694	481,178

The above Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

Statement of Financial Position

As at 30 June 2025

	Note	2025 \$'000	2024 \$'000
Assets			
Current assets			
Cash and cash equivalents	C1	39,276	21,530
Trade and other receivables	C2	52,247	52,402
Inventories		5,668	8,776
Other current assets		5,864	5,052
Total current assets		103,055	87,760
Non-current assets			
Property, plant and equipment	C3	2,603,476	2,610,876
Intangibles	C4	355	820
Right-of-use assets	C5	342	449
Total non-current assets		2,604,173	2,612,145
Total assets		2,707,228	2,699,905
Liabilities			
Current liabilities			
Trade payables	C6	150,961	153,975
Lease liabilities		115	135
Interest bearing liability	C7	13,667	12,610
Accrued employee benefits		5,900	4,788
Contract liabilities	C8	5,800	5,175
Total current liabilities		176,443	176,683
Non-current liabilities			
Interest bearing liability	C7	444,846	458,514
Contract liabilities	C8	62,444	65,826
Lease liabilities		287	402
Total non-current liabilities		507,577	524,742
Total liabilities		684,020	701,425
Net assets		2,023,208	1,998,480
Equity			
Contributed equity	C10.1	616,825	699,791
Asset revaluation surplus	C10.2	1,510,204	1,364,905
Accumulated deficit		(103,821)	(66,216)
Total equity		2,023,208	1,998,480

The above Statement of Financial Position should be read in conjunction with the accompanying notes.

Statement of Changes in Equity

For the year ended 30 June 2025

	Contributed equity \$'000	Asset revaluation surplus \$'000	Accumulated result \$'000	Total equity \$'000
Note				
Balance at 1 July 2023	762,350	875,836	(58,325)	1,579,861
Operating result for the year	-	-	(7,891)	(7,891)
Other comprehensive income for the year	-	489,069	-	489,069
Total comprehensive income for the year	-	489,069	(7,891)	481,178
Transactions with owners in their capacity as owners:				
Non-appropriated equity asset injections/(withdrawals)	(48)	-	-	(48)
Non appropriated equity injections - cash	38,000	-	-	38,000
Equity injections - capital works and funding swaps	63,339	-	-	63,339
Equity withdrawals - depreciation and amortisation	(163,850)	-	-	(163,850)
Net transactions with owners in their capacity as owners	(62,559)	-	-	(62,559)
Balance at 30 June 2024	699,791	1,364,905	(66,216)	1,998,480
Balance at 1 July 2024	699,791	1,364,905	(66,216)	1,998,480
Operating result for the year	-	-	(37,605)	(37,605)
Other comprehensive income for the year	-	145,299	-	145,299
Total comprehensive income for the year	-	145,299	(37,605)	107,694
Transactions with owners in their capacity as owners:				
Non-appropriated equity asset injections/(withdrawals)	5,347	-	-	5,347
Non appropriated equity injections - cash	60,000	-	-	60,000
Equity injections - capital works and funding swaps	44,763	-	-	44,763
Equity withdrawals - depreciation and amortisation	(193,076)	-	-	(193,076)
Net transactions with owners in their capacity as owners	(82,966)	-	-	(82,966)
Balance at 30 June 2025	616,825	1,510,204	(103,821)	2,023,208

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.

Statement of Cash Flows

For the year ended 30 June 2025

	Note	2025 \$'000	2024 \$'000
Cash flows from operating activities			
Inflows			
Funding for public health services		1,536,033	1,434,632
User charges and fees		141,369	131,291
Grants and other contributions		15,416	14,326
Interest received		1,236	830
GST collected from customers		8,089	6,779
GST input tax credits		31,824	31,917
Rental income received		7,802	7,233
Other revenue		12,014	9,721
Outflows			
Employee and Health service employee expenses		(1,252,648)	(1,176,298)
Supplies and services		(441,644)	(407,282)
GST paid to suppliers		(31,879)	(30,610)
GST remitted		(7,675)	(6,767)
Interest expense		(38,214)	(38,840)
Insurance premiums		(15,762)	(14,965)
Other expenses		(5,104)	(7,005)
Net cash from / (used by) operating activities	CF.1	<u>(39,143)</u>	<u>(45,038)</u>
Cash flows from investing activities			
Inflows			
Proceeds from disposal of property, plant and equipment		153	529
Outflows			
Payments for property, plant and equipment		(35,281)	(40,588)
Payments for intangibles		-	(241)
Net cash / (used by) investing activities		<u>(35,128)</u>	<u>(40,300)</u>
Cash flows from financing activities			
Inflows			
Proceeds from equity injections		104,763	101,339
Outflows			
Borrowing redemptions	CF.2	(12,611)	(11,637)
Principal payments of lease liabilities	CF.2	(135)	(426)
Net cash from / (used by) financing activities		<u>92,017</u>	<u>89,276</u>
Net increase / (decrease) in cash held		<u>17,746</u>	<u>3,938</u>
Cash and cash equivalents at the beginning of the financial year		<u>21,530</u>	<u>17,592</u>
Cash and cash equivalents at the end of the financial year	C1	<u><u>39,276</u></u>	<u><u>21,530</u></u>

The above Statement of Cash Flows should be read in conjunction with the accompanying notes.

Notes to the Financial Statements

For the year ended 30 June 2025

Notes to the Statement of Cash Flows

CF.1 Reconciliation of operating result to net cash from operating activities

	2025 \$'000	2024 \$'000
Operating result for the year	(37,605)	(7,891)
Adjustments for:		
Proceeds from disposal of property plant and equipment	(153)	(529)
Inventory written off / on	436	225
Losses on disposal of non-current assets	358	533
Depreciation and amortisation	193,076	163,850
Depreciation and amortisation funding offset from the Department	(193,076)	(163,850)
Donations / recognition of plant and equipment	(175)	(598)
Impairment losses on financial assets	2,837	1,211
Movements in assets and liabilities:		
(Increase)/decrease in trade and other receivables	(3,376)	(9,033)
(Increase)/decrease in GST input tax credits receivables	359	1,319
(Increase)/decrease in inventories	3,108	(1,006)
(Increase)/decrease in accrued revenue	3,316	2,773
(Increase)/decrease in other current assets	(812)	(618)
Increase/(decrease) in trade payables	(9,155)	(20,741)
Increase/(decrease) in salaries and wages accrued	1,024	(10,492)
Increase/(decrease) in other employee benefits payable	88	67
Increase/(decrease) in contract liabilities	607	(258)
Net cash from / (used by) operating activities	(39,143)	(45,038)

CF.2 Changes in liabilities arising from financing activities

	Opening balance \$'000	Non-cash changes New leases acquired \$'000	Cash flows Cash repayments \$'000	Closing balance \$'000
2025				
Lease liabilities	537	-	(135)	402
Interest bearing liabilities	471,124	-	(12,611)	458,513
Total	471,661	-	(12,746)	458,915

	Opening balance \$'000	Non-cash changes New leases acquired \$'000	Cash flows Cash repayments \$'000	Closing balance \$'000
2024				
Lease liabilities	963	-	(426)	537
Interest bearing liabilities	482,761	-	(11,637)	471,124
Total	483,724	-	(12,063)	471,661

CF.3 Non-cash investing and financing activities

Assets received or donated/transferred by the Department are recognised as revenue (refer Note B1.3) and property, plant and equipment (refer Note C3) as applicable.

Notes to the Financial Statements

For the year ended 30 June 2025

Section A: About the entity and this Financial Report

A1 General information

Sunshine Coast Hospital and Health Service (SCHHS) is a not-for-profit statutory body established on 1 July 2012 under the *Hospital and Health Boards Act 2011*. SCHHS is controlled by the State of Queensland (State Government) which is the ultimate parent.

The principal address of SCHHS is:
Sunshine Coast University Hospital
6 Doherty Street, Birtinya, QLD 4575

For information in relation to SCHHS's financial statements, email sc-communications@health.qld.gov.au or visit the website at: <https://www.health.qld.gov.au/sunshinecoast>.

A2 Objectives and principal activities

A description of the nature, objectives and principal activities of SCHHS is included in the Annual Report.

A3 Compliance with prescribed requirements

These general-purpose financial statements have been prepared pursuant to Section 62(1) of the *Financial Accountability Act 2009*, Section 39 of the *Financial and Performance Management Standard 2019* and other prescribed requirements. The financial statements comply with Queensland Treasury's Financial Reporting Requirements for Queensland Government Agencies for reporting periods beginning on or after 1 July 2024.

The 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.

No new accounting standards or interpretations applied to SCHHS for the first time in 2024-25. No Australian Accounting Standards have been early adopted for 2024-25.

A4 Presentation

Currency and rounding

Amounts included in the financial statements are in Australian dollars and 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.

Comparatives

Comparative information reflects the audited 2023-24 financial statements. Comparatives have been reclassified where appropriate for consistency with current year classification.

Current/non-current classification

Assets and liabilities are classified as either 'current' or 'non-current' in the Statement of Financial Position and associated notes.

Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as 'current' when they are due to be settled within 12 months after the reporting date, or the entity does not have the right at the end of the reporting period to defer settlement to beyond 12 months after the reporting date.

All other assets and liabilities are classified as non-current.

Notes to the Financial Statements

For the year ended 30 June 2025

A5 Authorisation of financial statements for issue

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

A6 Basis of measurement

Historical cost is used as the measurement basis in this financial report except for the following:

- Land and building assets which are measured at fair value;
- Right-of-use assets and lease liabilities which are measured at present value; and
- Inventories which are measured at the lower of cost and net realisable value.

Historical cost

Under historical cost, assets are recorded at the amount of cash or cash equivalents paid or the fair value of the consideration given to acquire assets at the time of their acquisition. Liabilities are recorded at the amount of proceeds received in exchange for the obligation or at the amounts of cash or cash equivalents expected to be paid to satisfy the liability in the normal course of business.

Fair value

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

- The *market approach* uses prices and other relevant information generated by market transactions involving identical or comparable (i.e. similar) assets, liabilities or a group of assets and liabilities, such as a business.
- The *cost approach* reflects the amount that would be required currently to replace the service capacity of an asset. This method includes the current replacement cost methodology.

Where fair value is used, the fair value approach is disclosed. Further information on fair value is disclosed at Note D1 Fair value measurement.

Present value

Present value represents the present discounted value of the future net cash inflows that the item is expected to generate (in respect of assets) or the present discounted value of the future net cash outflows expected to settle (in respect of liabilities) in the normal course of business.

Net realisable value

Net realisable value represents the amount of cash or cash equivalents that could currently be obtained by selling an asset in an orderly disposal.

A7 The reporting entity

The financial statements include the value of all income, expenses, assets, liabilities and equity of SCHHS.

A8 Economic dependency

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

The current Service Agreement covers the period 1 July 2025 to 30 June 2028. The Service Agreement provides performance targets and terms and conditions in relation to provision of funding commitments and agreed purchased activity for this period. The Board and management of SCHHS believe that the terms and conditions of its funding arrangements under the Service Agreement Framework, and with support as required by the Department, will provide SCHHS with sufficient cash resources to meet its financial obligations for at least the next financial year. During the year SCHHS received non appropriated cash injections from the Department of \$60 million (2024: \$38 million) to fund operating activities.

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

Notes to the Financial Statements

For the year ended 30 June 2025

Section B: Notes about our Financial Performance

B1 Revenue

B1.1 Funding for public health services

	2025 \$'000	2024 \$'000
Revenue from contracts with customers		
Activity Based Funding	1,315,416	1,249,191
Other funding for public health services		
Depreciation funding	193,076	163,850
Block funding	122,524	113,937
Other system manager funding	96,764	88,802
Total	1,727,780	1,615,780

Accounting policy – Funding for public health services

Funding for public health services primarily comprises revenue from the Department as System Manager for the public health system in Queensland.

Of the total funding for public health services received in 2025, \$1,186.637m (2024: \$1,102.126m) was received from the State Government with \$541.143m (2024: \$513.654m) received from the Commonwealth Government.

The Service Agreement between the Department and SCHHS is reviewed periodically and updated for changes in activities and prices of services delivered by SCHHS. At the end of the financial year an agreed technical adjustment between the Department and SCHHS is undertaken according to the provisions of the Service Agreement, for the level of services performed above or below the agreed levels. The technical adjustments ensure that the revenue recognised in each financial year correctly reflects SCHHS delivery of health services and may result in a recognition of accrued revenue, contract asset, deferred revenue, or contract liabilities.

Activity Based Funding (ABF)

ABF is recognised over time as activity is delivered, or as otherwise agreed, in line with AASB 15 *Revenue from Contracts with Customers*. Delivery of activity includes provision of hospital services to patients.

Depreciation funding

The Service Agreement specifies that the Department funds SCHHS's depreciation and amortisation charges via non-cash revenue. This transaction is shown in the Statement of Changes in Equity as a non-appropriated equity withdrawal.

Block funding

Block funding is received for non-ABF facilities and other services SCHHS has agreed to provide under the Service Agreement. This funding is recognised upon receipt of funds or as agreed through the Service Agreement and accords with the requirements of AASB 1058 *Income of Not-for-Profit Entities*.

Other system manager funding

Other system manager funding includes revenue provided for specific purposes, including project related costs. This funding is either recognised under AASB 15 *Revenue from Contracts with Customers* or AASB 1058 *Income of Not-for-Profit Entities*.

Notes to the Financial Statements

For the year ended 30 June 2025

B1 Revenue (continued)

B1.2 User charges and fees

	2025 \$'000	2024 \$'000
Revenue from contracts with customers		
Sale of goods and services	13,293	17,753
Hospital fees	65,993	54,950
Pharmaceutical Benefits Scheme reimbursement	67,264	60,326
Total	146,550	133,029

Accounting policy – User charges and fees

Sale of goods and services and hospital fees

Sale of goods and services and hospital fees from contracts with customers is recognised as revenue when the revenue has been earned and can be measured reliably with a sufficient degree of certainty. This involves either invoicing for related goods and services and/or the recognition of accrued revenue.

Sale of goods and services includes capital recoveries from the Department and research project revenue.

Hospital fees principally includes public patients electing to use private health insurance, self-funded private patients, bulk-billed outpatients (Medicare) and research.

Pharmaceutical Benefits Scheme (PBS) reimbursement

Revenue in relation to PBS is recognised at the point in time when service obligations are met. SCHHS invoices patients for prescription medicines at the reduced PBS rate and is entitled to reimbursement under the scheme. Where SCHHS has satisfied the performance obligations but not yet claimed through PBS arrangement, accrued revenue is raised.

B1.3 Grants and other contributions

	2025 \$'000	2024 \$'000
Revenue from contracts with customers		
State Government grants	-	-
Commonwealth Government grants	13,358	13,114
Other grants	1,081	709
	14,439	13,823
Other grants and other contributions		
Services received below fair value	12,992	11,408
Donations and other grants	977	1,101
	13,969	12,509
Total	28,408	26,332

Accounting policy – Grants and other contributions

Grants and other contributions arise from non-exchange transactions where the SCHHS does not directly give approximately equal value to the grantor.

Where the grant agreement is enforceable and contains sufficiently specific performance obligations, revenue is recognised in line with satisfaction of these obligations with reference to AASB 15 *Revenue from Contracts with Customers*. Otherwise, the grant is recognised upon receipt of funding in accordance with AASB 1058 *Income of Not-for-Profit Entities*.

Commonwealth Government grants

Commonwealth Government grants were received to support programmes such as Transition Care and Home Support Programme.

Notes to the Financial Statements

For the year ended 30 June 2025

B1 Revenue (continued)

B1.3 Grants and other contributions (continued)

Accounting policy – Grants and other contributions (continued)

Other grants

Other grants occur when the grant or other funding agreement contains sufficiently specific performance obligations for SCHHS to transfer services.

Services received below fair value

Services received below fair value represents corporate services received by SCHHS below fair value, from the Department for nil consideration. Contributions of services are recognised only if the services would have been purchased if they had not been donated and their fair value can be measured reliably. The revenue is classified under AASB 1058 *Income of Not-for-Profit Entities*.

Donations and other grants

SCHHS receives various types of donations, primarily from the Sunshine Coast Health Foundation (Wishlist) for support services and equipment. The donations are recognised upon receipt under AASB 1058 *Income of Not-for-Profit Entities*.

B1.4 Rental income

	2025 \$'000	2024 \$'000
Rental income	7,802	7,233
Total	7,802	7,233

Rental income

Rental revenue is recognised as income on a periodic straight-line basis over the lease term.

SCHHS receives rental income from the Sunshine Coast University Hospital (SCUH) car parks and from Noosa Hospital (refer to Note C9 Public Private Partnerships (PPPs)).

B1.5 Other revenue

	2025 \$'000	2024 \$'000
Recoveries	5,169	4,709
Interest income	1,249	840
Other revenue	7,065	5,015
Total	13,483	10,564

Accounting policy – Other revenue

Other revenue is recognised when the right to receive the revenue has been established. Revenue is measured at the fair value of the consideration received, or receivable.

Recoveries

Recovery income is received as reimbursement of goods, services or staff provided by SCHHS to other hospital and health services and government agencies.

Interest income

Interest income is earned from cash on deposit with Queensland Treasury Corporation.

Other revenue

Other revenue includes gain on sale of property, plant and equipment, research, and other fees.

Notes to the Financial Statements

For the year ended 30 June 2025

B2 Expenses

B2.1 Employee and Health service employee expenses

(a) Employee expenses

Employee expenses include Board members, contracted health service executives, and Senior Medical Officers (including Visiting Medical officers) directly engaged by SCHHS.

	2025 \$'000	2024 \$'000
Wages and salaries	163,652	151,945
Employer superannuation contributions	18,446	18,968
Annual leave levy	21,687	20,666
Long service leave levy	4,335	4,065
Workers' compensation	2,293	2,174
Other employee related expenses	1,670	231
Total	212,083	198,049

Wages and salaries

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

Sick leave is included in wages and salaries. As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

Employer superannuation contributions

Employer superannuation contributions are paid to employee nominated superannuation funds. Contributions are expensed in the period in which they are payable following completion of the employee's service each pay period.

Annual leave and long service leave levy

SCHHS participates in the State Government's Annual Leave and Long Service Leave Central Schemes. Levies are payable by SCHHS under these schemes quarterly in arrears to cover the cost of employees' annual leave (including leave loading and on-costs) and long service leave. These levies are expensed in the period in which they are payable. Amounts paid to employees for annual leave and long service leave are claimed from the schemes monthly in arrears which is currently facilitated by the Department.

No provision for annual leave or long service leave is recognised in the financial statements of SCHHS, as the liability for these schemes 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*.

Workers' compensation

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

Other employee related expenses

Other employees related expenses include professional development, professional memberships, recruitment costs, relocation expenses and redundancy expenses.

Notes to the Financial Statements

For the year ended 30 June 2025

B2 Expenses (continued)

B2.1 Employee and Health service employee expenses (continued)

(b) Health service employee expenses

The *Hospital and Health Boards Act 2011* (the Act) outlines the employment arrangements for SCHHS.

The Department provides employees to perform work for SCHHS. SCHHS is responsible for the day-to-day management of these employees and reimburses the Department for their salaries and related on-costs. Direct labour costs and related assets and liabilities of these employees have been classified as Health service employee expenses. Health service employee expenses include wages and salaries, employer superannuation contributions, annual and long service leave levies, workers' compensation and other employee related expenses.

	2025 \$'000	2024 \$'000
Health service employee expenses reimbursed to the Department	<u>1,047,183</u>	<u>952,667</u>

(c) Number of full-time equivalent employees

The number of employees is measured on a full-time equivalent basis reflecting Minimum Obligatory Human Resource Information (MOHRI) as at 30 June. Members of the Board are not included in the number of HHS employees.

	2025	2024
HHS employees	406	373
Health service employees	<u>7,297</u>	<u>6,997</u>
Total employees	<u><u>7,703</u></u>	<u><u>7,370</u></u>

(d) Key management personnel remuneration

Key management personnel and remuneration disclosures are detailed in Note G1 Key management personnel and remuneration expenses.

B2.2 Supplies and services

	2025 \$'000	2024 \$'000
Clinical supplies and services	105,424	103,377
Drugs	87,574	79,304
Pathology, blood and biomedical technical services	47,595	43,113
Repairs and maintenance	50,352	45,729
Services purchased from private providers	25,340	28,420
Building services and utilities	18,195	17,221
Communications and computer services	50,652	46,142
Catering and domestic supplies	17,691	16,593
Services received below fair value	12,992	11,408
Clinical consultants and contractors	11,056	10,936
Expenses relating to capital works	4,092	6,112
Other consultants, professional services and contractors	3,195	3,632
Patient travel	3,155	3,338
Lease expenses	2,629	2,324
Motor vehicles	2,496	1,965
Other supplies and services	4,982	4,861
Total	<u><u>447,420</u></u>	<u><u>424,475</u></u>

Note

B1.3

Notes to the Financial Statements

For the year ended 30 June 2025

B2 Expenses (continued)

B2.2 Supplies and services (continued)

Services purchased from private providers

Services purchased from private providers during the year amounted to \$25.340m (2024: \$28.420m). These expenses largely reflect the agreement with Noosa Privatised Hospital Pty Ltd for the provision of health services to public patients within the Noosa Hospital (refer to Note C9 Public Private Partnerships (PPPs)).

Sunshine Coast University Hospital (SCUH) Public Private Partnership (PPP) Arrangement

A total of \$40.506m (2024: \$38.402m) was expensed across various categories of supplies and services in relation to payments to Exemplar Health in relation to the facility management of SCUH. Refer to Note C9 Public Private Partnerships (PPPs).

B2.3 Interest expense

	2025 \$'000	2024 \$'000
Interest expense	<u>37,958</u>	<u>38,603</u>
Total	<u>37,958</u>	<u>38,603</u>

Interest expense

Interest expenses are incurred in connection with the borrowing of funds in relation to the Sunshine Coast University Hospital Public Private Partnership Arrangement (as outlined in Note C9 Public Private Partnerships (PPPs)) and the lease liability for the Government Wireless Networks onboarding communication lease. Interest expenses are recognised as expenses within the period in which they are incurred.

B2.4 Insurance premiums

	2025 \$'000	2024 \$'000
Insurance premiums	<u>15,762</u>	<u>14,965</u>
Total	<u>15,762</u>	<u>14,965</u>

Insurance premiums

SCHHS is insured under the Department's insurance policy with the Queensland Government Insurance Fund (QGIF) and pays a fee to the Department as a fee for service arrangement.

Certain losses including property, general liability, professional indemnity, and health litigation costs are insured with the QGIF. The total insurance premium paid to QGIF was \$13.728m (2024: \$13.172m). The maximum excess amount payable is \$20,000 for each medical indemnity claim event and \$10,000 for other claim events. Upon notification by QGIF of the acceptance of a claim, revenue will be recognised for the agreed settlement amount and disclosed in Other revenue. Other insurances relate to the Sunshine Coast Health Institute (SCHI) Joint Venture, SCUH Public Private Partnership and motor vehicles.

Notes to the Financial Statements

For the year ended 30 June 2025

B2 Expenses (continued)

B2.5 Other expenses

	2025 \$'000	2024 \$'000
Legal costs	292	502
Inventory written off	436	225
Losses from the disposal of non-current assets	358	533
Special payments	24	16
Other	4,352	6,262
Total	5,462	7,538

External audit fees

Total audit fees quoted by the Queensland Audit Office relating to the 2025 financial year, included in the Other category, were \$0.273m (2024: \$0.258m). There are no non-audit services included in this amount.

Special payments

Special payments relate to ex-gratia expenditure that is not contractually or legally obligated to be made to other parties.

In compliance with the *Financial and Performance Management Standard 2019*, SCHHS maintains a register setting out details of all special payments greater than \$5,000. During the year, a special payment was made in excess of \$5,000 to reimburse a patient for a damaged item while in care (2024: no payments in excess of \$5,000).

Notes to the Financial Statements

For the year ended 30 June 2025

Section C: Notes about our Financial Position

C1 Cash and cash equivalents

	2025 \$'000	2024 \$'000
Cash at bank and on hand	18,810	6,211
Cash on deposit	<u>20,466</u>	<u>15,319</u>
Total	<u>39,276</u>	<u>21,530</u>

For the purposes of the statement of financial position and statement of cash flows, cash assets include all cash and cheques received but not banked at 30 June as well as deposits at call with financial institutions.

Cash at bank and on hand

SCHHS's bank accounts are grouped within the Whole-of-Government set-off arrangement with Queensland Treasury Corporation (QTC). As a result, SCHHS does not earn interest on surplus funds and is not charged interest or fees for accessing its approved cash debit facility.

Cash on deposit

Cash on deposit, which is held on-call, relates to invested monies which are not grouped within the Whole-of-Government set-off arrangement and are able to be invested and earn interest. Cash on deposit with QTC earned interest at an annual effective rate of 4.63% (2024: 4.82%).

Restricted cash

SCHHS receives cash contributions primarily from private practice clinicians and external entities for the provision of education, study and research in clinical areas, and for the purchase of specific non-current assets. Contributions are also received from benefactors in the form of gifts, bequests, donations and legacies for stipulated purposes. At 30 June 2025, an amount of \$20.540m (2024: \$17.080m) is set aside for specified purposes defined by the contribution. The majority of the balance is held as cash on deposit in the General Trust.

C2 Trade and other receivables

	2025 \$'000	2024 \$'000
Trade receivables	26,941	24,903
Less: Allowance for credit losses	<u>(2,050)</u>	<u>(1,043)</u>
	<u>24,891</u>	<u>23,860</u>
GST receivable	2,133	2,078
GST payable	<u>(1,904)</u>	<u>(1,490)</u>
	<u>229</u>	<u>588</u>
Accrued revenue	10,951	14,267
Contract assets - funding for public health services	<u>16,176</u>	<u>13,687</u>
Total	<u>52,247</u>	<u>52,402</u>

Receivables are measured at amortised cost which approximates their fair value at reporting date.

Trade receivables

Trade receivables are recognised at the amounts due at the time of sale or service delivery (i.e. the agreed purchase/contract price). Settlement of these amounts is required within 30 days from invoice date unless otherwise agreed with the debtor. Patient accommodation billing for private patients makes up the majority of trade receivables.

Allowance for credit losses

The allowance for credit losses for trade receivables reflects lifetime expected credit losses and incorporates forward-looking information where applicable.

Notes to the Financial Statements

For the year ended 30 June 2025

C2 Trade and other receivables (continued)

Where SCHHS has no reasonable expectation of recovering an amount owed by a debtor, the debt is written-off by directly reducing the receivable against the loss allowance. If the amount of debt written-off exceeds the loss allowance, the excess is recognised as an impairment loss.

Accrued revenue

Accrued revenue relates to funding for public health services owing to SCHHS that does not arise from contracts with customers.

Contract assets - funding for public health services

Revenue relates to funding for public health services owing to SCHHS that arises from contracts with customers.

Credit risk exposure of trade receivables

The maximum exposure to credit risk at balance date for receivables is the carrying amount of those assets.

The loss allowance for trade and other debtors reflects lifetime expected credit losses and incorporates reasonable and supportable forward-looking information. Economic changes impacting SCHHS's debtors and relevant industry data form part of the impairment assessment. SCHHS uses a provision matrix to measure the expected credit losses on trade and other debtors. Loss rates are calculated separately for the groupings of customers with similar revenue profiles and historical loss patterns experienced. Consideration is given to reasonable and supportable forward-looking information and related business processes that may impact future recovery of those receivables and may result in an adjustment to the historical loss rates for the groupings.

Set out below is the credit risk exposure on SCHHS's trade receivables.

	2025			2024		
	Trade receivables \$'000	Loss rate %	Allowance for credit losses \$'000	Trade receivables \$'000	Loss rate %	Allowance for credit losses \$'000
Aging						
Current	11,004	1%	(154)	8,699	2%	(148)
1 - 30 days overdue	6,241	3%	(206)	6,210	2%	(139)
31 - 60 days overdue	4,254	5%	(231)	3,616	4%	(153)
61 - 90 days overdue	1,127	8%	(92)	2,475	4%	(111)
More than 90 days overdue	4,315	32%	(1,367)	3,903	13%	(492)
Total	26,941		(2,050)	24,903		(1,043)

Movements in the loss allowance for trade receivables are as follows:

	2025 \$'000	2024 \$'000
Opening balance	1,043	998
Additional provisions recognised in operating result	2,837	1,211
Receivables written off during the year as uncollectable	(1,830)	(1,166)
Closing balance	2,050	1,043

Notes to the Financial Statements

For the year ended 30 June 2025

C3 Property, plant and equipment

	2025 \$'000	2024 \$'000
Land - at fair value	111,891	111,545
Buildings - at fair value	3,069,460	2,927,078
Less: Accumulated depreciation	<u>(696,274)</u>	<u>(567,061)</u>
	2,373,186	2,360,017
Plant and equipment - at cost	241,796	238,630
Less: Accumulated depreciation	<u>(161,376)</u>	<u>(154,455)</u>
	80,420	84,175
Capital works in progress - at cost	<u>37,979</u>	<u>55,139</u>
Total	<u>2,603,476</u>	<u>2,610,876</u>

Reconciliation of carrying amount

	Land Level 2 \$'000	Buildings Level 2 \$'000	Buildings Level 3 \$'000	Plant and equipment \$'000	Capital works in progress \$'000	Total \$'000
Carrying amount at 1 July 2023	105,592	711	1,965,898	92,512	80,384	2,245,097
Additions	-	-	16	13,998	26,574	40,588
Disposals	-	-	-	(1,264)	-	(1,264)
Revaluation increments	5,953	42	483,074	-	-	489,069
Donations	-	-	-	598	-	598
Derecognition / Transfers out	-	-	-	(128)	-	(128)
Transfers between classes	-	-	48,464	3,355	(51,819)	-
Depreciation expense	-	(68)	(138,120)	(24,896)	-	(163,084)
Carrying amount at 30 June 2024	111,545	685	2,359,332	84,175	55,139	2,610,876
Carrying amount at 1 July 2024	111,545	685	2,359,332	84,175	55,139	2,610,876
Additions	-	-	339	13,077	21,865	35,281
Disposals	-	-	-	(998)	-	(998)
Revaluation increments	346	732	144,221	-	-	145,299
Equity transfers in from Queensland government entities	-	-	4,332	1,015	-	5,347
Donations	-	-	-	175	-	175
Transfers between classes	-	-	31,096	7,929	(39,025)	-
Depreciation expense	-	(74)	(167,477)	(24,953)	-	(192,504)
Carrying amount at 30 June 2025	111,891	1,343	2,371,843	80,420	37,979	2,603,476

Recognition

Items of property, plant and equipment with a cost equal to more than the following thresholds, and with a useful life of more than one year, are recognised at acquisition. Items below these thresholds are expensed on acquisition.

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

Notes to the Financial Statements

For the year ended 30 June 2025

C3 Property, plant and equipment (continued)

Expenditure on property, plant and equipment is capitalised where it is probable that the expenditure will produce future service potential for SCHHS. 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.

Componentisation of complex assets

Complex assets comprise of 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. SCHHS considers its hospital buildings as complex assets.

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

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

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

Acquisition

Property, plant and equipment are initially recorded at consideration plus any other costs directly incurred in ensuring the asset is ready for use.

Assets under construction (Capital works in progress) are initially recorded at cost until they are ready for use. The construction of major health infrastructure assets relating to SCHHS is funded by the Department and managed by SCHHS. These assets are assessed at fair value upon practical completion. They are then transferred from the Department to SCHHS via an equity adjustment.

Depreciation

Property, plant and equipment are depreciated on a straight-line basis to allocate the net cost or revalued amount of each asset progressively over its estimated useful life. It is assumed that all assets have a residual value of zero. This is based on the general practice that SCHHS uses assets until there is no longer any economic benefit to be derived.

Any expenditure that increases the originally assessed capacity or service potential of an asset is capitalised and the new depreciable amount is depreciated over the remaining useful life of the asset. Where assets have separately identifiable components that are subject to regular replacement, these components are assigned useful lives distinct from the assets to which they relate and are depreciated accordingly.

Useful lives of assets are reviewed annually and where necessary are adjusted to better reflect the pattern of future economic benefits. Depreciation is not charged against land which has an indefinite life or assets under construction (capital works in progress) until they are ready for their intended use.

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

Class	Depreciation rates used	Useful lives
Buildings (including land improvements)	1.0% - 4.3%	23 - 100 years
Plant and equipment	4.4% - 33.3%	3 - 23 years

Notes to the Financial Statements

For the year ended 30 June 2025

C3 Property, plant and equipment (continued)

Key judgement

Management estimates the useful lives and residual values of buildings and plant and equipment based on the expected period of time over which economic benefits from the use of the asset will be derived. Management reviews useful life assumptions on an annual basis having considered variables including historical and forecast usage rates, technological advancements, changes in legal and economic conditions and external valuer assessments. All depreciable assets have a nil residual value.

Impairment

A review is conducted annually to identify indicators of impairment in accordance with AASB 136 *Impairment of Assets*. If an indicator of impairment exists, SCHHS determines the asset's recoverable amount (the higher of value in use or fair value less costs of disposal). Any amount by which the asset's carrying amount exceeds the recoverable amount is considered an impairment loss and is accounted for as follows:

- for assets measured at cost, an impairment loss is recognised immediately in the Statement of Comprehensive Income.
- for assets measured at fair value, the impairment loss is treated as a revaluation decrease and 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.

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 cost, impairment losses are reversed through the Statement of Comprehensive Income. No impairment losses were recognised for the 2024-25 financial year (2024: Nil).

For assets measured at fair value, to the extent the original decrease 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 asset through revaluation surplus. No impairment losses were recognised for the 2024-25 financial year (2024: Nil).

Asset revaluation

Land and buildings are measured at fair value in accordance with AASB 116 *Property, Plant and Equipment*, AASB 13 *Fair Value Measurement* as well as Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector.

The cost of items acquired during the financial year has been judged by management of SCHHS to materially represent their fair value at the end of the reporting period.

SCHHS engage external valuers to determine fair value through comprehensive and indexed revaluations. Comprehensive revaluations are undertaken at least once every five years on a rolling program. However, if a particular asset class experiences significant 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 there is a significant change in fair value of an asset from one period to another, an analysis is undertaken by management with the external valuer. This analysis includes a verification of the major inputs applied in the latest valuation and a comparison, where applicable, with external sources of data.

Where indices are used, these 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 comprehensively valued by the valuer, and analysing the trend of changes in values over time. Management also performs an assessment of the reasonableness of the indices applied.

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

Notes to the Financial Statements

For the year ended 30 June 2025

C3 Property, plant and equipment (continued)

On revaluation, for assets valued using a cost valuation approach, accumulated depreciation is restated proportionately with the change in the carrying amount of the asset and any change in the estimate of remaining useful life. On revaluation, for assets valued using a market approach, accumulated depreciation is eliminated against the gross amount of the asset prior to restating for valuation.

Land revaluation

Land is categorised as Level 2 within the fair value hierarchies as explained further in Note D1. The fair value measurement is derived from price inputs that are observable.

Land parcels are subject to comprehensive valuation under a rolling 5-year valuation program using a market approach. Where not comprehensively valued, land values are adjusted for an annual index. Gray Robinson & Cottrell Pty Ltd (GRC) has been engaged to perform this valuation exercise for the year ended 30 June 2025.

Key inputs into the valuations include publicly available data on sales of similar land in nearby localities prior to the date of revaluation. Adjustments are made to the sales data to take into account the location, size, street/road frontage and access, and any significant restrictions for each individual parcel of land.

For 2024-25, the effective date of valuation is 30 June 2025. Five land parcels were comprehensively valued at this date, with remaining land parcels being indexed at an average rate of 0.03 percent. The net revaluation increase was \$0.346 million. (2024: Three land parcels were comprehensively valued, with remaining land parcels being indexed at an average rate of 2.00 percent. The net revaluation increase was \$5.953 million.)

Building revaluation

Buildings are categorised between Level 2 and Level 3 fair value hierarchies as explained further in Note D1. Level 2 buildings are non-specialised buildings with fair value measurement derived from price inputs that are observable. These buildings include the Gympie and District Women's Health Centre and several residencies at various locations. Level 3 buildings are specialised buildings that contain significant, unobservable price inputs.

Under a rolling 5-year valuation program, GRC performs a comprehensive valuation of buildings on a current replacement cost basis. In addition, GRC provide the annual indexation for market movement to assess the fair value of buildings not comprehensively valued. If the market movement is greater than 5 percent, building values are adjusted for the annual indexation.

Key inputs into the valuation on replacement cost basis includes internal records of the original cost of the specialised fit out and more contemporary design/construction costs published for various standard components of buildings. Significant judgement is also used to assess the remaining service potential of the buildings given local environmental conditions and the records of the current condition of the building.

For 2024-25, the effective date of valuation is 30 June 2025. Nambour General Hospital, Maleny Hospital and community mental health building assets were subject to comprehensive valuation in the year. All other buildings were indexed using a rate of 5.45 percent. The index is made up of key component Building Price Index of 5.45 percent. The net revaluation increase was \$144.953 million. (2024: 11 building assets were subject to comprehensive valuation. All other buildings were indexed using a rate of 6.57 percent. The index is made up of key component Building Price Index of 6.57 percent. The net revaluation increase was \$483.116 million.)

Revaluation movement

The revaluation movement for land and buildings is at Note C10.2 Asset revaluation surplus.

Notes to the Financial Statements

For the year ended 30 June 2025

C4 Intangibles

	2025 \$'000	2024 \$'000
Developed software	17,032	17,032
Developed software - Accumulated amortisation	<u>(16,874)</u>	<u>(16,430)</u>
	158	602
Purchased software	478	478
Purchased software - Accumulated amortisation	<u>(281)</u>	<u>(260)</u>
	197	218
Total	<u>355</u>	<u>820</u>

Reconciliation of carrying amounts

	Developed software: At Cost \$'000	Purchased software: At Cost \$'000	Software work in progress \$'000	Total \$'000
Carrying amount at 1 July 2023	1,065	4	-	1,069
Additions	-	-	241	241
Derecognitions	-	-	-	-
Transfers between classes	-	241	(241)	-
Amortisation	<u>(463)</u>	<u>(27)</u>	-	<u>(490)</u>
Carrying amount at 30 June 2024	602	218	-	820
Additions	-	-	-	-
Derecognitions	-	-	-	-
Transfers between classes	-	-	-	-
Amortisation	<u>(444)</u>	<u>(21)</u>	-	<u>(465)</u>
Carrying amount at 30 June 2025	<u>158</u>	<u>197</u>	-	<u>355</u>

Recognition

Intangible assets are measured at their historical cost as there is no active market for these assets. Intangible assets with a cost or other value equal to or greater than \$100,000 are recognised as assets in the financial statements. Items with a lesser value are expensed. Each intangible asset is amortised over its estimated useful life.

Class	Amortisation Rates Used	Useful lives
Software	20% - 50%	2 - 5 years

All intangible assets are assessed for indicators of impairment on an annual basis in accordance with AASB 136 *Impairment of Assets*.

Notes to the Financial Statements

For the year ended 30 June 2025

C5 Right-of-use assets

	2025 \$'000	2024 \$'000
Opening balance	449	725
Additions	-	-
Depreciation	(107)	(276)
Closing balance	342	449

AASB 16 *Leases* requires a lessee to recognise the right-of-use asset for leases. Right-of-use assets are recognised at the commencement date of the lease (i.e. the date the underlying asset is available for use). Right-of-use assets are initially recognised at cost comprising of the following; the amount of the initial measurement of the lease liability, adjusted by any lease payments made at or before the commencement date, less lease incentives, any initial direct costs incurred, and estimated costs of dismantling and removing the asset or restoring the site.

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

C6 Trade payables

	2025 \$'000	2024 \$'000
Trade payables	107,165	113,634
Funding for public health services repayable	11,443	13,238
Health service employee expenses payable to the Department	23,035	17,529
Other payables	9,318	9,574
Total	150,961	153,975

Payables are recognised for amounts to be paid in the future for goods and services received. Payables are measured at the agreed purchase or contract price, gross of applicable trade and other discounts. The amounts owing are unsecured and generally settled within the creditors' normal payment terms.

Refer Note C9 Public Private Partnerships (PPPs) for details of Trade payables relating to PPP arrangements.

C7 Interest bearing liability

	2025 \$'000	2024 \$'000
Current		
Interest bearing liability - PPP arrangement	13,667	12,610
Total	13,667	12,610
Non-current		
Interest bearing liability - PPP arrangement	444,846	458,514
Total	444,846	458,514
Total	458,513	471,124

Refer to Note C9 Public Private Partnerships (PPPs) for details of the PPP arrangement at Sunshine Coast University Hospital to which this interest-bearing liability relates.

Notes to the Financial Statements

For the year ended 30 June 2025

C8 Contract liabilities

	2025 \$'000	2024 \$'000
Current		
SCUH car park revenue	3,738	3,738
Funding for public health services	638	255
Grants funding	1,421	1,176
Other	3	6
Total	5,800	5,175
Non-current		
SCUH car park revenue	57,479	61,219
Grants funding	4,965	4,206
Other	-	401
Total	62,444	65,826
Total	68,244	71,001

Sunshine Coast University Hospital (SCUH) car park revenue

The majority of contract liabilities relates to two car parks constructed by Exemplar Health in return for a licence to operate the car parks over 25 years. Refer Note C9 Public Private Partnerships (PPPs) for details of the arrangement. The associated revenue will be unwound over the 25-year term of the agreement.

C9 Public Private Partnerships (PPPs)

SCHHS has PPP arrangements for the operation of health facilities. These arrangements are located on land recognised as assets of SCHHS. The PPP arrangements that were operating during 2025 and 2024 are as follows:

Facility	Commencement Date	Termination Date	Counterparty and Operator
Noosa Hospital	1 July 2020	30 June 2030	Noosa Privatised Hospital Pty Limited
Sunshine Coast University Hospital	16 November 2016	15 November 2041	Exemplar Health
Sunshine Coast University Hospital Car Parks	16 November 2016	15 November 2041	Exemplar Health

SCHHS does not have any current agreements which are service concession arrangements within the scope of AASB 1059 *Service Concession Arrangements: Grantors*.

Notes to the Financial Statements

For the year ended 30 June 2025

C9 Public Private Partnerships (PPPs) (continued)

C9.1 Public Private Partnerships (PPPs) outside AASB 1059

The PPPs held by SCHHS are not within the scope of AASB 1059 as not all requirements of a service concession arrangement are met. Other accounting standards and policies apply to these arrangements and are described for each arrangement below.

	Note	2025 \$'000	2024 \$'000
Assets			
Land and Buildings carrying amount	C3		
SCUH		1,663,748	1,666,565
SCUH Car Parks		167,632	166,689
Noosa Hospital		51,639	42,753
Capital works in progress carrying amount	C3		
SCUH		2,201	-
		<u>1,885,220</u>	<u>1,876,007</u>
Liabilities			
Trade payables	C6		
Noosa Hospital payable for service provisions		2,200	9,333
Interest bearing liability	C7		
PPP arrangement for SCUH		458,513	471,124
Contract liabilities	C8		
Deferred SCUH car park revenue		61,217	64,957
		<u>521,930</u>	<u>545,414</u>

Sunshine Coast University Hospital (SCUH) (Year 9 of 25)

In 2012 the State, represented by the Department, entered into a PPP with Exemplar Health (EH) to finance, design, build and operate SCUH. During 2016-17 the Department novated all rights and obligations to SCHHS as the State representative and legal counterparty to the PPP arrangement. The 25 year operating phase of the PPP commenced on 16 November 2016, this being the date of commercial acceptance. For an agreed fee EH provides specialist building and amenity services to SCUH. As part of the arrangement, EH manages all SCUH building and plant infrastructure including refurbishment and renewal, repairs and maintenance and replacement of certain equipment. EH is obligated to ensure all infrastructure and assets (including car parks) are kept in a fit for use condition throughout the operating term.

This arrangement is not a service concession arrangement under AASB 1059 because the specialist building, and amenity services provided by EH are not assessed as contributing significantly to the public services provided by SCUH. SCHHS operates the facility, employs or contracts the vast majority of clinical and administrative staff, and manages all health care provided at SCUH.

For accounting purposes, SCUH is recognised as a complex asset as part of property, plant and equipment, carried at fair value. At the end of the 25-year term, the assets will remain under the control of SCHHS. Correspondingly, an interest-bearing liability representing the fair value of the payable to EH for the construction of SCUH is included in Note C7 Interest bearing liability.

Service payments are recognised as supplies and services expenses each period when incurred, and interest payments recognised each period when incurred. The amounts are disclosed in Note C9.2 Operating statement impact.

The licence to occupy SCUH incorporates the commitment of EH to occupy and operate, or sublease, dedicated commercial areas to provide defined retail services at SCUH. SCHHS is entitled to receive a minimum entitlement for the designated commercial areas which is disclosed in Note C9.2 Operating statement impact. This is considered to be an operating lease and is included in the disclosed balance of lessor revenue commitments at Note D4 Commitments.

Accounting policy for PPP lifecycle payments

Lifecycle payments are made to Exemplar Health periodically to fund maintenance and asset replacement activities. Lifecycle payments attributable to capital replacements are capitalised as property, plant and equipment when works are performed. Payments relating to material capital replacement payments, made in advance of the replacement occurring, are recognised as part of capital work-in-progress and transferred to an asset when the replacement occurs. Lifecycle payments attributable to operating and maintenance activities are expensed as incurred. Capital work-in-progress is reviewed annually for impairment and written off if no future economic benefit is expected.

Notes to the Financial Statements

For the year ended 30 June 2025

C9 Public Private Partnerships (PPPs) (continued)

C9.1 Public Private Partnerships (PPPs) outside AASB 1059 (continued)

SCUH car parks (Year 9 of 25)

As part of the SCUH PPP, EH constructed two car parks on the SCUH site. The State has granted EH a licence to undertake car parking operations for the duration of the 25 year operating term which entitles EH to generate revenue from the operations themselves.

This arrangement is not a service concession arrangement under AASB 1059 because the services provided by EH are not assessed as contributing significantly to the public services provided by SCUH. As part of the PPP, SCHHS may be contractually obligated to reimburse EH if a number of independent contractual tests are not met. One such test relates to ensuring SCHHS employs a minimum number of staff physically based at SCUH from 1 July 2017 onwards. As at 30 June 2025, SCHHS has exceeded the minimum staff threshold.

As part of the agreement staff and public car parking rates are reviewed annually and subject to Consumer Price Index (CPI) adjustments.

SCHHS has deferred revenue from the carpark licence to operate the carpark granted to EH. Refer to Note C8 Contract liabilities. The revenue will be unwound over the 25-year term of the agreement. This is considered to be an operating lease and future revenue to be recognised from the agreement is included in Lessor revenue commitments disclosed in Note D4 Commitments.

Noosa Hospital (Year 5 of 10)

Under this arrangement, SCHHS funds the Operator for the provision of combined services which includes public patient services and ambulatory services.

This arrangement is not a service concession arrangement under AASB 1059 because the Operator employs the clinical and administrative staff, and manages all health care provided at Noosa Hospital, including separate operation as a private hospital.

The Operator is required to provide certain minimum licensed services and make available certain minimum public patient service categories and minimum outpatient service categories. Public patients will be allocated sufficient beds and outpatients allocated outpatient sessions in the private hospital to meet the projected demand for each contract year. The provision of public patient services and outpatient services is managed according to demand throughout each contract year. The Operator is not permitted to charge any fees to public patients other than those normally charged for a service in a public hospital.

Notes to the Financial Statements

For the year ended 30 June 2025

C9 Public Private Partnerships (PPPs) (continued)

C9.2 Operating statement impact

	Note	SCUH \$'000	SCUH car parks \$'000	Noosa Hospital \$'000	Total \$'000
2024-25					
Revenue					
Rental income	B1.4	-	3,738	4,051	7,789
Other revenue		134	-	-	134
Expenses					
Supplies and services	B2.2	(40,506)	-	(25,204)	(65,710)
Depreciation	C3	(89,470)	(7,720)	(3,268)	(100,458)
Interest expense	B2.3	(37,701)	-	-	(37,701)
Net impact on operating result		(167,543)	(3,982)	(24,421)	(195,946)
2023-24					
Revenue					
Rental income	B1.4	-	3,738	3,485	7,223
Expenses					
Supplies and services	B2.2	(38,402)	-	(25,204)	(63,606)
Depreciation	C3	(88,844)	(6,219)	(4,114)	(99,177)
Interest expense	B2.3	(38,489)	-	-	(38,489)
Net impact on operating result		(165,735)	(2,481)	(25,833)	(194,049)

Notes to the Financial Statements

For the year ended 30 June 2025

C9 Public Private Partnerships (PPPs) (continued)

C9.3 Estimated future cash flows

The estimated future cash flows on an undiscounted basis for the SCHHS PPPs are as follows.

	SCUH \$'000	Noosa Hospital \$'000	Total \$'000
As at June 30 2025			
Cash inflows			
No later than 1 year	2,880	3,831	6,711
Later than 1 year but not later than 5 years	10,155	15,322	25,477
Later than 5 years but not later than 10 years	8,986	-	8,986
Later than 10 years	3,333	-	3,333
	<u>25,354</u>	<u>19,153</u>	<u>44,507</u>
Cash outflows			
No later than 1 year	(89,602)	(22,600)	(112,202)
Later than 1 year but not later than 5 years	(363,675)	(90,400)	(454,075)
Later than 5 years but not later than 10 years	(512,948)	-	(512,948)
Later than 10 years	(651,715)	-	(651,715)
	<u>(1,617,940)</u>	<u>(113,000)</u>	<u>(1,730,940)</u>
As at June 30 2024			
Cash inflows			
No later than 1 year	-	3,485	3,485
Later than 1 year but not later than 5 years	-	13,940	13,940
Later than 5 years but not later than 10 years	-	3,485	3,485
Later than 10 years	-	-	-
	<u>-</u>	<u>20,910</u>	<u>20,910</u>
Cash outflows			
No later than 1 year	(88,855)	(24,200)	(113,055)
Later than 1 year but not later than 5 years	(363,296)	(90,400)	(453,696)
Later than 5 years but not later than 10 years	(499,158)	(22,600)	(521,758)
Later than 10 years	(740,875)	-	(740,875)
	<u>(1,692,184)</u>	<u>(137,200)</u>	<u>(1,829,384)</u>

There are no future cash flows relating to the SCUH car parks.

Estimated future cash inflows from the SCUH PPP interest bearing liability arise when the actual interest rate is lower than the base case interest rate, outlined in the Project Deed with Exemplar Health. Refer to C9.1 for more information on the SCUH PPP arrangement. As at 30 June 2025, there are estimated future cash inflows relating to the interest bearing liability due to the interest rate being lower than base case interest rate.

Notes to the Financial Statements

For the year ended 30 June 2025

C10 Equity

C10.1 Contributed equity

Contributed equity represents equity provided by the State of Queensland to SCHHS. Non-reciprocal transfers of assets and liabilities between wholly owned Queensland State Public Sector entities are adjusted to contributed equity in accordance with AASB 1004 *Contributions* and AASB Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities*. Appropriations for equity adjustments are similarly designated.

SCHHS receives funding from the Department to cover depreciation and amortisation costs. However, as depreciation and amortisation are non-cash expenditure items, the Minister for Health and Ambulance Services has approved a withdrawal of equity by the State for the same amount on an annual basis, resulting in non-cash revenue and non-cash equity withdrawal.

	2025 \$'000	2024 \$'000
Balance at 1 July	699,791	762,350
Transactions with owners in their capacity as owners:		
Non-appropriated equity asset injections/(withdrawals)	5,347	(48)
Non-appropriated equity injections - cash	60,000	38,000
Equity injections - capital works and funding swaps	44,763	63,339
Equity withdrawals - depreciation and amortisation	<u>(193,076)</u>	<u>(163,850)</u>
Balance at 30 June	<u>616,825</u>	<u>699,791</u>

C10.2 Asset revaluation surplus

Movements in the asset revaluation surplus during the current year are set out below:

	Land \$'000	Building \$'000	Total \$'000
Balance at 1 July 2023	46,163	829,673	875,836
Revaluation increment for the year	5,953	483,116	489,069
Balance at 30 June 2024	52,116	1,312,789	1,364,905
Revaluation increment for the year	346	144,953	145,299
Balance at 30 June 2025	<u>52,462</u>	<u>1,457,742</u>	<u>1,510,204</u>

Notes to the Financial Statements

For the year ended 30 June 2025

Section D: Notes about risks and other accounting uncertainties

D1 Fair value measurement

Fair value definition

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

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

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

A fair value measurement of a non-financial asset takes into account a market participant's ability to generate economic benefit by using the asset in its highest and best use, which is its current use unless the asset is classified as held-for-sale under AASB 5 *Non-current Assets Held for Sale and Discontinued Operations* or it becomes highly probable that the asset will be used for an alternative purpose.

Fair value measurement hierarchy

Only land and building assets are measured at fair value and are set out in the tables at Note C3 which also includes further disclosure regarding the key judgements underpinning fair value measurement.

SCHHS does not recognise any financial assets or financial liabilities at fair value.

Land and building assets are categorised within the following fair value hierarchy, based on the data and assumptions used in the most recent specific appraisals:

- Level 1: Represents fair value measurements that reflect unadjusted quoted market prices in active markets for identical assets and liabilities;
- Level 2: Represents fair value measurements that are substantially derived from inputs (other than quoted prices included in level 1) that are observable, either directly or indirectly; and
- Level 3: Represents fair value measurements that are substantially derived from unobservable inputs.

None of SCHHS's valuations of assets are eligible for categorisation into level 1 of the fair value hierarchy.

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

D2 Financial instruments

Recognition

Financial assets and financial liabilities are recognised in the Statement of Financial Position when SCHHS becomes party to the contractual provisions of the financial instrument. SCHHS holds financial instruments in the form of cash, receivables, payables, lease liabilities and interest bearing liability (borrowings).

SCHHS does not enter into derivative and other financial instrument transactions for speculative purposes nor for hedging.

The effective interest rate on the interest-bearing liability as at 30 June 2025 is 6.3% (2024: 7.2%). No interest has been capitalised during the current period.

Notes to the Financial Statements

For the year ended 30 June 2025

D2 Financial instruments (continued)

Categorisation of financial instruments

SCHHS has the following categories of financial assets and financial liabilities.

	2025 \$'000	2024 \$'000
Financial assets		
Cash and cash equivalents	39,276	21,530
Trade and other receivables	52,247	52,402
Total	91,523	73,932
Financial liabilities		
Trade payables	150,961	153,975
Lease liabilities	402	537
Interest bearing liability	458,513	471,124
Total	609,876	625,636

Financial risk management

SCHHS has exposure to a variety of financial risks arising from financial instruments - credit risk, liquidity risk and market risk.

Financial risk management is implemented pursuant to Queensland Government and SCHHS policies. The policies provide principles for overall risk management and aim to minimise potential adverse effects of risk events on the financial performance of SCHHS.

Credit risk

Credit risk is the potential for financial loss arising from SCHHS's debtors defaulting on their obligations. Credit risk is measured by conducting an ageing analysis for cash inflows at risk. The maximum exposure to credit risk at balance date is the carrying value of receivable balances adjusted for impairment. Refer to Note C2 Trade and other receivables. Credit risk is considered minimal for SCHHS.

Liquidity risk

Liquidity risk refers to the situation when SCHHS may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or other financial assets. Liquidity risk is measured through monitoring of cash flows by active management of accrual accounts. An approved debt facility of \$16 million under Whole-of-Government banking arrangements to manage any short-term cash shortfalls has been established. \$Nil funds had been withdrawn against this debt facility as at 30 June 2025 (2024: \$nil). During the 2024-25 year the overdraft facility was utilised in the normal course of business.

The following table sets out the liquidity risk of financial liabilities held by SCHHS. They represent the contractual maturity of financial liabilities, calculated based on cash flows relating to the liabilities at reporting date. Per the funding arrangements as per Note A8 Economic dependency, the Department will provide SCHHS with sufficient cash resources to meet its financial obligations.

	2025				2024			
	Total \$'000	Contractual maturity			Total \$'000	Contractual maturity		
		<1 Yr \$'000	1-5 Yrs \$'000	>5Yrs \$'000		<1 Yr \$'000	1-5 Yrs \$'000	>5Yrs \$'000
Trade payables	150,961	150,961	-	-	153,975	153,975	-	-
Lease liabilities	402	115	287	-	537	135	402	-
Interest bearing liability	458,513	13,667	67,128	377,718	471,124	12,610	61,938	396,576
Total	609,876	164,743	67,415	377,718	625,636	166,720	62,340	396,576

Notes to the Financial Statements

For the year ended 30 June 2025

D2 Financial instruments (continued)

Market risk - Interest rate risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. Market risk comprises interest rate risk.

SCHHS has interest rate exposure on the cash on deposits with Queensland Treasury Corporation. Changes in interest rates have a minimal effect on the operating result of SCHHS.

In relation to the interest-bearing liability, interest rate change impacts the floating rate component of this liability however any change is fully offset by an adjustment in funding for public health services. As a consequence, there is no impact on operating surplus or equity as a result of interest rate changes, with all other variables held constant.

D3 Contingencies

Contingent liabilities - litigation in progress

As at 30 June 2025, the following cases were filed in the courts naming the State of Queensland acting through the SCHHS as defendant:

	2025			2024
	No. of cases	New Cases	Completed/ Closed Cases	No. of cases
Health litigation	12	8	5	9
General liability	1	-	1	2
Property	-	-	-	-
	13	8	6	11

Litigation is underwritten by the Queensland Government Insurance Fund (QGIF) and SCHHS's liability in this area is limited to an excess per insurance event. The maximum exposure to SCHHS under this policy is up to \$20,000 for each medical indemnity insurable event and \$10,000 for other insurable events.

All SCHHS indemnified claims are managed by QGIF. As at 30 June 2025, there were 78 (73 at 30 June 2024) claims being managed by QGIF, some of which may never be litigated or result in claim payments.

Notes to the Financial Statements

For the year ended 30 June 2025

D4 Commitments

Commitments at reporting date (exclusive of GST) are as follows:

	2025	2024
	\$'000	\$'000
<i>Capital expenditure commitments</i>		
Committed at reporting date but not recognised as liabilities, payable:		
within one year	1,658	17,177
one year to five years	-	-
Total	1,658	17,177

Lessor revenue commitments

Committed at reporting date but not recognised as assets, receivable:

within one year	8,671	8,299
one to two years	8,657	8,300
two to three years	8,650	8,286
three to four years	8,650	8,279
four to five years	8,650	8,279
more than five years	54,956	62,943
Total	98,234	104,386

Lessor revenue commitments

SCHHS is the beneficiary of rental income arising from Noosa Hospital, and the lease of commercial retail space and commercial car parks at SCUH. The lease receipts from Noosa Hospital and the SCUH commercial retail space comprise of fixed components which include inflation. The SCUH commercial car park lease receipts are fixed. The revenue from the commercial car parks will be unwound over the 25-year term of the agreement. Refer to Note C8 Contract liabilities.

D5 Events after the reporting period

No matter or circumstance has arisen since 30 June 2025 that has significantly affected, or may significantly affect the operations of SCHHS, the results of those operations, or the state of affairs of SCHHS in future financial years.

Notes to the Financial Statements

For the year ended 30 June 2025

Section E: Notes on our performance compared to budget

This section contains explanations of major variances between SCHHS's actual 2024-25 financial results and the Queensland Government State Budget 2024-25. Note, the budget figures have been recast to reflect the annual financial statement classifications.

E1 Original budget to actual comparison – Statement of Comprehensive Income

Statement of comprehensive income

	Variance Notes	Budget 2025 \$'000	Actual 2025 \$'000	Variance 2025 \$'000	Variance %
Income					
Funding for public health services	E1.1	1,637,773	1,727,780	90,007	5%
User charges and fees	E1.2	114,656	146,550	31,894	28%
Grants and other contributions	E1.3	24,180	28,408	4,228	17%
Rental income		7,311	7,802	491	7%
Other revenue		11,448	13,483	2,035	18%
Total revenue		1,795,368	1,924,023	128,655	7%
Gains on disposal of assets		15	153	138	920%
Total income from continuing operations		1,795,383	1,924,176	128,793	7%
Expenses					
Employee expenses	E1.4	(193,781)	(212,083)	(18,302)	9%
Health service employee expenses	E1.4	(975,090)	(1,047,183)	(72,093)	7%
Supplies and services	E1.5	(402,397)	(447,420)	(45,023)	11%
Depreciation and amortisation	E1.6	(161,944)	(193,076)	(31,132)	19%
Impairment losses		(987)	(2,837)	(1,850)	187%
Interest expense		(38,663)	(37,958)	705	(2%)
Insurance premiums		(16,448)	(15,762)	686	(4%)
Other expenses		(6,073)	(5,462)	611	(10%)
Total expenses		(1,795,383)	(1,961,781)	(166,398)	9%
Operating result for the year		-	(37,605)	(37,605)	-%
Other comprehensive income					
<i>Items that will not be reclassified subsequently to operating result</i>					
Increase in the asset revaluation surplus	E1.7	108,791	145,299	36,508	34%
Other comprehensive income for the year		108,791	145,299	36,508	34%
Total comprehensive income for the year		108,791	107,694	(1,097)	(1%)

Notes to the Financial Statements

For the year ended 30 June 2025

E2 Original budget to actual comparison – Statement of Financial Position

Statement of financial position

	Variance Notes	Budget 2025 \$'000	Actual 2025 \$'000	Variance 2025 \$'000	Variance %
Assets					
Current assets					
Cash and cash equivalents	E2.1	17,366	39,276	21,910	126%
Trade and other receivables	E2.2	25,899	52,247	26,348	102%
Contract assets		-	-	-	-%
Inventories	E2.3	8,053	5,668	(2,385)	(30%)
Other current assets		4,551	5,864	1,313	29%
Total current assets		55,869	103,055	47,186	84%
Non-current assets					
Property, plant and equipment	E2.4	2,218,734	2,603,476	384,742	17%
Intangibles		577	355	(222)	(38%)
Right-of-use assets		115	342	227	197%
Total non-current assets		2,219,426	2,604,173	384,747	17%
Total assets		2,275,295	2,707,228	431,933	19%
Liabilities					
Current liabilities					
Trade payables	E2.5	172,930	150,961	(21,969)	(13%)
Lease liabilities		206	115	(91)	(44%)
Interest bearing liability		13,668	13,667	(1)	(0%)
Accrued employee benefits		4,969	5,900	931	19%
Contract liabilities		4,536	5,800	1,264	28%
Total current liabilities		196,309	176,443	(19,866)	(10%)
Non-current liabilities					
Interest bearing liability		444,847	444,846	(1)	(0%)
Contract liabilities		62,099	62,444	345	1%
Lease liabilities		748	287	(461)	(62%)
Total non-current liabilities		507,694	507,577	(117)	(0%)
Total liabilities		704,003	684,020	(19,983)	(3%)
Net assets		1,571,292	2,023,208	451,916	29%
Equity					
Contributed equity	E2.6	541,377	616,825	75,448	14%
Asset revaluation surplus	E2.4	1,088,238	1,510,204	421,966	39%
Accumulated deficit	E2.7	(58,323)	(103,821)	(45,498)	78%
Total equity		1,571,292	2,023,208	451,916	29%

Notes to the Financial Statements

For the year ended 30 June 2025

E3 Original budget to actual comparison – Statement of Cash Flows

Statement of cash flows

	Variance Notes	Budget 2025 \$'000	Actual 2025 \$'000	Variance 2025 \$'000	Variance %
Cash flows from operating activities					
Funding for public health services	E1.1	1,475,830	1,536,033	60,203	4%
User charges and fees	E1.2	113,093	141,369	28,276	25%
Grants and other contributions	E1.3	12,716	15,416	2,700	21%
Interest received		459	1,236	777	169%
GST collected from customers		6,414	8,089	1,675	26%
GST input tax credits		28,691	31,824	3,133	11%
Rental income received		7,311	7,802	491	7%
Other revenue		7,192	12,014	4,822	67%
Employee and Health service employee expenses	E1.4	(1,167,919)	(1,252,648)	(84,729)	7%
Supplies and services	E1.5	(382,701)	(441,644)	(58,943)	15%
Grants and subsidies		-	-	-	-%
GST paid to suppliers		(28,691)	(31,879)	(3,188)	11%
GST remitted		(6,413)	(7,675)	(1,262)	20%
Interest expense		(38,918)	(38,214)	704	(2%)
Insurance premiums		(16,448)	(15,762)	686	(4%)
Other expenses		(5,765)	(5,104)	661	(11%)
Net cash from/(used by) operating activities		4,851	(39,143)	(43,994)	(907%)
Cash flows from investing activities					
Proceeds from disposal of property, plant and equipment		-	153	153	-%
Payments for property, plant and equipment	E3.1	(3,362)	(35,281)	(31,919)	949%
Payments for intangibles		-	-	-	-%
Net cash / (used by) investing activities		(3,362)	(35,128)	(31,766)	945%
Cash flows from financing activities					
Proceeds from equity injections	E2.6	11,488	104,763	93,275	812%
Borrowing redemptions		(12,611)	(12,611)	-	-%
Principal payments of lease liabilities		-	(135)	(135)	-%
Net cash from / (used by) financing activities		(1,123)	92,017	93,140	(8294%)
Net (decrease) in cash held		366	17,746	17,380	4749%
Cash and cash equivalents at the beginning of the financial year	E2.1	17,000	21,530	4,530	27%
Cash and cash equivalents at the end of the financial year		17,366	39,276	21,910	126%

Notes to the Financial Statements

For the year ended 30 June 2025

E4 Explanation of material variances

Statement of Comprehensive Income

E1.1 Funding for public health services

The variance to budget mainly relates to additional funding provided through amendments to the Service Agreement with the Department of Health (the Department). This included funding for the additional costs associated with depreciation expenses, initiatives for patient care and enterprise bargaining agreements during the year.

E1.2 User fees and charges

The variance in user charges is principally due to recoveries of the expensed component of capital projects (\$9.3m), revenue received for purchases of pharmaceuticals subsidised by the Commonwealth Government under the Pharmaceutical Benefits Scheme (\$8.1m), private practice threshold contributions by clinicians (\$5.2m) and higher activity for private inpatients (\$3.4m).

E1.3 Grants and other contributions

The variance is principally due to increases associated with the Glenbrook Aged Care Facility, services received below fair value from the Department and donations, including for non-current assets.

E1.4 Employee expenses and Health service employee expenses

The additional employee expenses are associated with growth in service delivery activity and wage increases from the enterprise bargaining agreements. Additional income was provided by the Department to fund the majority of these additional costs.

E1.5 Supplies and services

The variance is primarily due to higher levels of service delivery activity. Additional expenditure was incurred on information and communications technology, repairs and maintenance, pharmaceuticals, pathology services, clinical supplies and prosthetics, and minor works and equipment.

E1.6 Depreciation and amortisation

The variance in depreciation and amortisation is associated with the prior year building revaluation increment and additional transfers from work-in-progress to buildings for the Nambour Hospital redevelopment.

E1.7 Increase in the asset revaluation surplus

At the time the budget was set revaluation movements could not be reliably determined. The revaluation of SCHHS's land and building assets resulted in an increase to the assets revaluation surplus.

Statement of Financial Position

E2.1 Cash and cash equivalents

The variance in cash is due to an injection of equity during June 2025.

E2.2 Trade and other receivables

The variance mainly relates to receivables from the Department at year end as part of the year end technical adjustments.

E2.3 Inventories

The variance relates to adjustments made to the clinical supplies inventory value to materially reflect the stock on hand at year end in line with AASB 102 *Inventories*.

E2.4 Property, plant and equipment and Asset revaluation surplus

The variance to budget relates to the revaluation of land and building assets. At the time the budget was set revaluation movements could not be reliably determined.

E2.5 Trade payables

The variance is due to an overestimate of trade payables at the time the budget was set.

Notes to the Financial Statements

For the year ended 30 June 2025

E4 Explanations of material variances (continued)

E2.6 Contributed equity

The variance is due to injections of cash including for capital projects.

E2.7 Accumulated deficit

The higher accumulated deficit is driven by the operating result for the year.

Statement of Cash Flows

E3.1 Payments of property, plant and equipment

The budget recognises only cash outflows for projects funded by SCHHS. SCHHS pays for all capital purchases and is reimbursed through equity injections from the Department monthly in arrears. Projects funded on behalf of SCHHS include the refurbishment of the Maroochydore dental facility, information and communications technology projects such as the patient access and coordination hub, Nambour Hospital upgrades and redevelopment, and purchases of equipment under the PPP with Exemplar Health.

Notes to the Financial Statements

For the year ended 30 June 2025

Section F: What we look after on behalf of third parties

F1 Agency and patient fiduciary transactions and balances

(a) Granted private practice

SCHHS acts as a billing agency for medical practitioners who use SCHHS facilities for the purpose of seeing patients under their Grant of Private Practice Agreements.

Granted private practice permits Senior Medical Officers (SMOs) and non-contractor Visiting Medical Officers (VMOs) employed in the public health system to treat individuals who elect to be treated as private patients. Granted private practice provides the option for SMOs and VMOs to either assign all of their private practice revenue to the HHS (assignment arrangement) and in return receive an allowance, or for SMOs and VMOs to share in the revenue generated from billing patients and to pay service fees to SCHHS (retention arrangement) to cover the use of the facilities and administrative support provided to the medical officer.

Assigned arrangement revenue and retention arrangement fees are included as revenue in the Statement of Comprehensive Income of SCHHS on an accrual basis.

All monies received for granted private practice are deposited into a separate bank account that is administered by SCHHS on behalf of the granted medical officers. The funds are then subsequently transferred from the granted private practice bank accounts to retention doctors and SCHHS's operating and General Trust bank account.

	2025 \$'000	2024 \$'000
Granted Private Practice Revenues and Expenses		
Revenue		
Billing revenue - assigned arrangement	13,205	11,913
Billing revenue - retention arrangement	16,570	12,858
Interest revenue	78	65
Expenses		
Payments to SCHHS relating to the assignment arrangement and interest	(13,283)	(11,978)
Payments to retention doctors	(5,513)	(4,740)
Payments to SCHHS for recoverable costs relating to the retention arrangement	(8,365)	(6,052)
Payments to SCHHS's Study, education and research trust account fund	(2,692)	(2,066)
	<u>-</u>	<u>-</u>
Closing balance of bank account not yet disbursed	<u>2,707</u>	<u>2,226</u>

(b) Patient fiduciary

SCHHS acts in a custodial capacity in relation to patient fiduciary accounts. These transactions and balances are not recognised in the financial statements. Fiduciary activities are included in the audit performed annually by the Queensland Audit Office.

	2025 \$'000	2024 \$'000
Patient Trust receipts and payments		
Opening balance	75	90
Amounts received on behalf of patients	2,812	2,515
Amounts paid to or on behalf of patients	(2,796)	(2,530)
Closing balance	<u>91</u>	<u>75</u>

Notes to the Financial Statements

For the year ended 30 June 2025

F1 Agency and patient fiduciary transactions and balances (continued)

(c) Refundable accommodation deposits

Refundable accommodation deposits (RADs) represent amounts received from residents in aged care facilities for their accommodation. Refundable accommodation deposits are refundable to residents within 14 days of when they leave a residential aged care facility. These funds are retained in the Queensland Treasury Corporation Cash Fund. These transactions and balances are not recognised in the financial statements. Interest earned from RADs is offset against operating and capital costs of the aged care facilities concerned.

	2025	2024
	\$'000	\$'000
Refundable accommodation deposits		
Opening balance	1,616	924
Amounts receipted on behalf of patients	1,411	1,050
Amounts paid to or on behalf of patients	(610)	(358)
Closing balance	<u>2,417</u>	<u>1,616</u>

Notes to the Financial Statements

For the year ended 30 June 2025

Section G: Other information

G1 Key management personnel and remuneration expenses

G1.1 Key management personnel

The following details for key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of SCHHS during the 2023-24 and 2024-25 financial year.

(a) Minister for Health and Ambulance Services

The Minister for Health and Ambulance Services is identified as part of SCHHS's key management personnel, consistent with AASB 124 *Related Party Disclosures*.

(b) The Board

The following Board members were considered key management personnel of SCHHS during the 2024-25 and 2023-24 financial years. The Board sub-committees are listed below, and the memberships outlined in the table are at 30 June 2025.

Board sub-committees:

- Executive Committee
- Finance and Performance Committee
- Safety and Quality Committee
- Audit and Risk Committee
- Workforce Committee

Position and Name	Responsibilities, Appointment Authority and Memberships	Date of Initial Appointment	Date of Resignation or Cessation
Board Chair – Dr David Rowlands OAM	Perform duties of Chair as prescribed in the <i>Hospital and Health Boards Act 2011</i> Member – Executive Committee Member – Safety and Quality Committee	1 April 2024 (Appointed as Board member 1 April 2022)	
Acting Board Chair - Brian Anker	Perform duties of Chair as prescribed in the <i>Hospital and Health Boards Act 2011</i>	23 July 2023 (Appointed as Board member from 18 May 2013)	31 March 2024
Deputy Chair - Emeritus Professor Birgit Lohmann	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> Chair – Executive Committee Member – Finance and Performance Committee Chair – Workforce Committee	26 September 2024 (Appointed as Board member from 18 May 2019)	
Board Chair – Sabrina Walsh	Perform duties of Chair as prescribed in the <i>Hospital and Health Boards Act 2011</i>	11 June 2021 (Appointed as Board Member 18 May 2020)	21 December 2023
Board Member - Debra Blumel	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> Chair – Safety and Quality Committee	18 May 2019	
Board Member - Bruce Cowley	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> Member – Executive Committee Chair – Audit and Risk Committee	18 May 2021	
Board Member - Rod Cameron	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> Chair – Finance and Performance Committee Member – Audit and Risk Committee	11 June 2021	
Board Member - Terry Bell	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> Member – Executive Committee Member – Workforce Committee	18 May 2020	
Board Member - Professor Jody Currie	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i>	1 April 2024	30 November 2024
Board Member - Sandra McCullagh	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> Member – Audit and Risk Committee Member – Workforce Committee	1 April 2024	
Board Member - Dr Sue McAvoy	Perform duties of Board Member as prescribed in the <i>Hospital and Health Boards Act 2011</i> Member – Finance and Performance Committee Member – Safety and Quality Committee	1 April 2024	

Notes to the Financial Statements

For the year ended 30 June 2025

G1 Key management personnel and remuneration expenses (continued)

G1.1 Key management personnel (continued)

(c) Executives

The following Executive were considered key management personnel of SCHHS during the 2024-25 and 2023-24 financial years. The below only includes interim arrangements while a position is vacant.

Health Service Chief Executive

Responsibilities

Accountable to the Sunshine Coast Hospital and Health Board for all aspects of the performance of the HHS. Responsible for ensuring the HHS provides safe and quality services and meets the key performance and financial management requirements and targets as outlined in the Service Agreement the HHS has with the System Manager. This includes compliance with all relevant legislation.

Name	Incumbent status	Contract Classification and Appointment Authority	Date of Initial Appointment	Date of Resignation or Cessation
Dr Peter Gillies	Current	S24S70 <i>Hospital and Health Boards Act 2011 Section 33</i>	4 October 2021	

Chief Operating Officer

Responsibilities

Responsible for providing operational leadership, direction and day to day management, to optimise quality health care and business outcomes.

Name	Incumbent status	Contract Classification and Appointment Authority	Date of Initial Appointment	Date of Resignation or Cessation
Joanne Shaw	Current	HES3-4 (reclassified from HES3-1) <i>Hospital and Health Boards Act 2011 Section 74</i>	6 December 2021	

Chief Finance Officer

Responsibilities

Responsible for development and execution of strategy and full accountability with respect to the financial stewardship, commercial matters and procurement.

Name	Incumbent status	Contract Classification and Appointment Authority	Date of Initial Appointment	Date of Resignation or Cessation
Karen Dean	Current	HES3-1 (HES3-2 from 7 March 2025) <i>Hospital and Health Boards Act 2011 Section 74</i>	14 June 2022	

Notes to the Financial Statements

For the year ended 30 June 2025

G1 Key management personnel and remuneration expenses (continued)

G1.1 Key management personnel (continued)

(c) Executives (continued)

Senior Director Capital Assets and Infrastructure

Responsibilities

Responsible for providing strategic leadership in the development and delivery of capital and lifecycle management for assets and infrastructure across SCHHS.

Name	Incumbent status	Contract Classification and Appointment Authority	Date of Initial Appointment	Date of Resignation or Cessation
Andrew Leggate	Current	HSO3 <i>Hospital and Health Boards Act 2011 Section 74</i>	2 September 2024	
	Former	DSO1 <i>Hospital and Health Boards Act 2011 Section 74</i>	12 April 2022	1 September 2024

Executive Director Workforce

Responsibilities

Responsible for providing leadership and guidance regarding culture, human resources, workforce services, diversity and inclusion.

Name	Incumbent status	Contract Classification and Appointment Authority	Date of Initial Appointment	Date of Resignation or Cessation
Hayley Farry	Current	HES2-5 <i>Hospital and Health Boards Act 2011 Section 74</i>	17 June 2024	
Warren Campbell	Former (Interim)	HES2-5 <i>Hospital and Health Boards Act 2011 Section 74</i>	15 April 2024	16 June 2024
Silven Simmons	Former	HES2-5 <i>Hospital and Health Boards Act 2011 Section 74</i>	1 July 2022	26 April 2024

Executive Director Medical Services

Responsibilities

Responsible for providing professional leadership for the SCHHS medical workforce and is the single point of accountability to the Health Service Chief Executive for the organisation's clinical governance, quality of care, clinical and consumer engagement, professional standards of clinical practice and research.

Name	Incumbent status	Contract Classification and Appointment Authority	Date of Initial Appointment	Date of Resignation or Cessation
Dr Marlene Pearce	Current	MMOI1 <i>Hospital and Health Boards Act 2011 Section 74</i>	7 March 2022	

Notes to the Financial Statements

For the year ended 30 June 2025

G1 Key management personnel and remuneration expenses (continued)

G1.1 Key management personnel (continued)

(c) Executives (continued)

Executive Director Nursing and Midwifery

Responsibilities

Responsible for providing professional, operation and advisory support ensuring that Nursing and Midwifery Services provided by SCHHS are delivered to the highest professional, safety and ethical standards.

Name	Incumbent status	Contract Classification and Appointment Authority	Date of Initial Appointment	Date of Resignation or Cessation
Lisa Newport	Current	NRG13-2 <i>Queensland Health Nurses and Midwives Award - State 2015</i>	2 January 2023	
	Former (Interim)	NRG13-2 <i>Queensland Health Nurses and Midwives Award - State 2015</i>	1 January 2022	1 January 2023

Chief Digital Officer⁽¹⁾

Responsibilities

Responsible for providing strategic and technical leadership and direction to define and direct the use of Information Communication Technology across SCHHS.

Name	Incumbent status	Contract Classification and Appointment Authority	Date of Initial Appointment	Date of Resignation or Cessation
Jake Penrose	Current	HES2-3 <i>Hospital and Health Boards Act 2011 Section 74</i>	14 August 2023	
	Former	DSO1 <i>Hospital and Health Boards Act 2011 Section 74</i>	12 April 2022	13 August 2023

⁽¹⁾ On the 13 August 2023 the Senior Director Digital Health and Technology was changed to Chief Digital Officer.

Executive Director Allied Health

Responsibilities

Responsible for providing proactive professional, operational and strategic leadership, ensuring that Allied Health services provided by SCHHS are delivered to the highest professional safety and ethical standards.

Name	Incumbent status	Contract Classification and Appointment Authority	Date of Initial Appointment	Date of Resignation or Cessation
Dr Gemma Turato	Current	HP8 <i>Health Practitioners and Dental Officers (Queensland Health) Award – State 2015</i>	1 September 2017	

Notes to the Financial Statements

For the year ended 30 June 2025

G1 Key management personnel and remuneration expenses (continued)

G1.1 Key management personnel (continued)

(c) Executives (continued)

Executive Director Legal and Governance

Responsibilities

Responsible for providing leadership and guidance to the organisation on corporate governance and legal matters including risk management, legislative compliance, records management, fraud and corruption and internal audit.

Name	Incumbent status	Contract Classification and Appointment Authority	Date of Initial Appointment	Date of Resignation or Cessation
Julian Tommei	Current	HES2-1 <i>Hospital and Health Boards Act 2011 Section 74</i>	31 January 2022	

Senior Director Aboriginal and Torres Strait Islander Health

Responsibilities

Responsible for providing professional, operational and advisory support to ensure the organisations safety and quality priorities address the specific health equity needs of Aboriginal and Torres Strait Islander peoples. Responsible to lead, provide oversight of strategies to improve the cultural awareness and competency of the workforce to meet the needs of Aboriginal and Torres Strait Islander peoples.

Name	Incumbent status	Contract Classification and Appointment Authority	Date of Initial Appointment	Date of Resignation or Cessation
Sharon Barry	Current	HWF8 <i>Aboriginal and Torres Strait Islander Health Workforce (Queensland Health) Certified Agreement (No. 1) 2019</i>	29 October 2023	
	Former	DSO1 <i>Hospital and Health Boards Act 2011 Section 74</i>	7 July 2023	28 October 2023
	Former	AO8 <i>Hospital and Health Service General Employees (Queensland Health) Award – State 2015</i>	10 January 2022	6 July 2023

G1.2 Remuneration expense

Key management personnel remuneration – Minister

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

Key management personnel remuneration – Board

The remuneration of members of the Board is approved by Governor-in-Council as part of the terms of appointment. Each member is entitled to receive a fee, with the exception of appointed public service employees unless otherwise approved by the Government. Members may also be eligible for post-employment benefits.

Notes to the Financial Statements

For the year ended 30 June 2025

G1 Key management personnel and remuneration expenses (continued)

G1.2 Remuneration expense (continued)

Key management personnel remuneration – Executive

In accordance with section 67 of the *Hospital and Health Boards Act 2011*, the Director-General of the Department determines the remuneration for SCHHS's key executive management employees. The remuneration and other terms of employment are specified in employment contracts or in the relevant Enterprise Agreements and Awards.

Remuneration expenses for key executive management personnel comprise the following components:

- Short term employee expenses which includes salary, allowances, salary sacrifice component and leave entitlements expensed for the entire year or for that part of the year during which the employee occupied the specified position. Performance bonuses are not paid under the contracts in place.
- Short term non-monetary benefits consisting of provision of vehicle and other non-monetary benefits including Fringe Benefits Tax exemptions on benefits.
- Post-employment expenses include amounts expensed in respect of employer superannuation obligations.
- Long term employee expenses include amounts expensed in respect of long service leave.
- Termination benefits include payments in lieu of notice on termination and other lump sum separation entitlements (excluding annual and long service leave entitlements) payable on termination of employment.

For Executive positions, all expenses incurred by SCHHS that are attributable to that position are included for the respective reporting period, regardless of the number of personnel filling the position in either substantive or interim capacity.

(a) Board

Position Title	Short term monetary benefits		Post employment benefits		Total	
	2025	2024	2025	2024	2025	2024
Position Holder						
	\$'000					
Board Chair						
Dr David Rowlands OAM	92	61	12	7	104	68
Sabrina Walsh	-	5	-	3	-	8
Brian Anker	-	69	-	10	-	79
Board Member						
Emeritus Professor Birgit Lohmann	61	52	8	7	69	59
Debra Blumel	49	51	6	7	55	58
Bruce Cowley	52	54	7	7	59	61
Rod Cameron	52	51	7	7	59	58
Terry Bell	22	50	3	7	25	57
Professor Jody Currie	21	12	3	1	24	13
Sandra McCullagh	51	12	6	1	57	13
Dr Sue McAvoy	51	12	6	1	57	13
Total	451	429	58	58	509	487

During the year, SCHHS has reimbursed board members a total of \$45.19 (2024: nil) for out-of-pocket expenses incurred whilst travelling on approved board business including attendance at board meetings.

Notes to the Financial Statements

For the year ended 30 June 2025

G1 Key management personnel and remuneration expenses (continued)

G1.2 Remuneration expense (continued)

(b) Executives

Position Title	Short term benefits		Post employment benefits		Long term benefits		Termination benefits		Total			
	Monetary		Non-monetary									
	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024		
	\$'000											
Health Service Chief Executive	541	532	-	121	66	71	13	12	-	-	620	736
Chief Operating Officer	302	259	-	-	34	35	7	6	-	-	343	300
Chief Finance Officer	248	233	-	-	29	31	6	5	-	-	283	269
Senior Director Capital Assets and Infrastructure	183	174	-	-	21	20	4	4	-	-	208	198
Executive Director Workforce (to 26 April 2024)	-	185	-	-	-	25	-	4	-	-	-	214
Executive Director Workforce (to 15 April to 16 June 2024)	-	40	-	-	-	4	-	1	-	-	-	45
Executive Director Workforce (from 17 June 2024)	241	7	80	-	28	1	6	-	-	-	355	8
Executive Director Medical Services	381	375	-	-	39	48	9	8	-	-	429	431
Chief Digital Officer	234	229	-	-	27	26	5	5	-	-	266	260
Executive Director Nursing and Midwifery	299	298	-	-	34	42	7	7	-	-	340	347
Executive Director Allied Health	235	237	-	-	27	28	5	5	-	-	267	270
Executive Director Legal and Governance	226	218	-	-	26	32	5	5	-	-	257	255
Senior Director Aboriginal and Torres Strait Islander Health	205	187	-	-	23	22	5	4	-	-	233	213
Total	3,095	2,974	80	121	354	385	72	66	-	-	3,601	3,546

During the financial year, Executive positions may be occupied by a person acting in the role while the substantive occupant is on leave or may be an interim appointment while the position is vacant. The table only includes interim arrangements while a position is vacant.

Notes to the Financial Statements

For the year ended 30 June 2025

G2 Related party transactions

Related parties of SCHHS include:

- the Minister
- each key management personnel (KMP) of the State (all Ministers responsible for Whole-of-Government)
- all non-ministerial KMP
- any close family members of the above three groups
- any entity controlled or jointly controlled by a person from any of the above four groups.

Transactions with Queensland Government controlled entities

SCHHS 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	Note	Revenue	Expenses	Assets	Liabilities
		\$'000	\$'000	\$'000	\$'000
		For the year ended 30 June 2025		As at 30 June 2025	
Department of Health	(a)	1,750,813	1,222,060	25,753	100,800
Queensland Treasury Corporation	(b)	895	21	20,538	2
Workcover Queensland	(c)	1,646	15,135	-	1,778
CS Energy	(d)	-	7,846	-	666
Department of Housing and Public Works	(e)	-	4,396	-	402
		For the year ended 30 June 2024		As at 30 June 2024	
Department of Health	(a)	1,642,440	1,114,908	28,756	92,259
Queensland Treasury Corporation	(b)	733	18	15,377	2
Workcover Queensland	(c)	1,446	13,599	45	1,625
CS Energy	(d)	-	7,530	-	225
Department of Housing and Public Works	(e)	-	4,034	-	1,267

(a) Department of Health

- Revenue: SCHHS receives funding from the Department in accordance with a Service Agreement (refer to Note B1.1 Funding for public health services), along with capital recoveries from the Department (refer to Note B1.2 User charges and fees) and corporate services received below fair value (refer to Note B1.3 Grants and other contributions).
- Expenses: In addition to the corporate services received below fair value (refer to Note B2.2 Supplies and services) the Department manages, on behalf of SCHHS, a range of services including drug supplies, pathology services, communication and computer services, procurement, medical equipment repairs and maintenance, insurance and linen supply. The Department also provides employees to perform work for SCHHS. Refer to Note B2.1(b) Health service employee expenses.
- Assets: At the end of the year, receivable is recognised for funding for public health services. Refer to Note C2 Trade and other receivables.
- Liabilities: At the end of the year, payables are recognised for employee expenses, supplies and services and funding for public health services repayable. Refer to Note C6 Trade payables.

(b) Queensland Treasury Corporation

SCHHS holds cash investments with Queensland Treasury Corporation. Refer to Note C1 Cash and cash equivalent.

Notes to the Financial Statements

For the year ended 30 June 2025

G2 Related party transactions (continued)

(c) *WorkCover Queensland*

SCHHS takes out an annual policy with WorkCover Queensland for worker's compensation insurance. Refer to Note B2.1 Employee and Health service employee expenses.

(d) *CS Energy*

SCHHS uses CS Energy as its main electricity retailer.

(e) *Department of Housing and Public Works*

SCHHS uses the services of the Department of Housing and Public Works for leasing commercial office space and engages QFleet as a fleet manager. QFleet provides vehicle leasing and strategic fleet management services for SCHHS.

Transactions with other related parties

The Sunshine Coast Health Institute (SCHI) is a recognised related party to SCHHS. Refer to Note G3.

G3 Joint operations

SCHHS is a partner together with TAFE East Coast Queensland, the University of the Sunshine Coast and Griffith University in the operation of Sunshine Coast Health Institute (SCHI). The SCHI operates as an unincorporated joint operation under a Joint Venture Agreement (JVA), based at SCUH.

The primary aims of the SCHI is to advance the education of trainee medical officers, nurses, midwives and other health care professionals, whilst providing outstanding patient care and extending research knowledge.

SCHHS has a 28.9% (2024: 28.9%) interest in the SCHI. Each joint operator has rights and obligations to the assets, liabilities, revenue and expenses of the SCHI according to their interest in the joint operation. Under the JVA, the joint operators contribute to the running costs of the SCHI at set percentage allocations, which are a reflection of the relative space and resource utilisation of each joint operator under the Agreement.

All joint operators have equal decision-making rights, irrespective of the underlying interests. The assets of SCHI include specialist equipment to facilitate medical research and teaching, in addition to the building fit out within the shared joint operation areas.

The financial impacts of the SCHI, as they relate to SCHHS, are included within the main statements of SCHHS. Summary information about SCHI is as follows:

	SCHI	SCHHS share (28.9%)	SCHI	SCHHS share (28.9%)
	2025	2025	2024	2024
	\$'000	\$'000	\$'000	\$'000
Total income	5,682	1,642	5,177	1,496
Total expenses	<u>(6,736)</u>	<u>(1,947)</u>	<u>(6,282)</u>	<u>(1,815)</u>
Total comprehensive result	<u>(1,054)</u>	<u>(305)</u>	<u>(1,105)</u>	<u>(319)</u>
Current assets	2,936	849	1,965	568
Non-current assets	<u>10,983</u>	<u>3,174</u>	<u>12,007</u>	<u>3,470</u>
Total assets	<u>13,919</u>	<u>4,023</u>	<u>13,972</u>	<u>4,038</u>
Current liabilities	<u>2,834</u>	<u>819</u>	<u>1,833</u>	<u>530</u>
Total liabilities	<u>2,834</u>	<u>819</u>	<u>1,833</u>	<u>530</u>
Net assets	<u>11,085</u>	<u>3,204</u>	<u>12,139</u>	<u>3,508</u>

Notes to the Financial Statements

For the year ended 30 June 2025

G4 Taxation

The only federal taxes that SCHHS is assessed against are Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). All FBT and GST reporting to the Commonwealth is managed centrally by the Department with payments/receipts made on behalf of SCHHS reimbursed to/from the Department on a monthly basis. GST credits receivable from, and GST payable to the Australian Tax Office (ATO), are recognised on this basis.

Both SCHHS and the Department satisfy section 149-25 of the *A New Tax System (Goods and Services Tax) Act 1999 (Cth)* (the GST Act). Consequently, they were able, with other HHSs, to form a group for GST purposes under Division 149 of the GST Act. Any transactions between the members of the group do not attract GST.

G5 Climate risk

Whole-of-Government climate-related reporting

The State of Queensland 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>.

SCHHS accounting estimates and judgements – climate-related risks

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

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 impacting SCHHS.

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

Management Certificate

For the year ended 30 June 2025

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 Sunshine Coast Hospital and Health Service for the financial year ended 30 June 2025 and of the financial position of Sunshine Coast Hospital and Health Service at the end of that year.

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

Dr David Rowlands *OAM*
Board Chair
Sunshine Coast Hospital and
Health Board

Dr Peter Gillies *FRACMA MBA*
MBChB GAICD
Health Service Chief Executive
Sunshine Coast Hospital and
Health Service

Karen Dean *FCPA*
Chief Finance Officer
Sunshine Coast Hospital and
Health Service



Dated 27/08/2025



Dated 27/08/2025



Dated 27/08/2025

INDEPENDENT AUDITOR'S REPORT

To the Board of Sunshine Coast Hospital and Health Service

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of Sunshine Coast 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 \$2.37 billion

Refer to note C3 in the financial report.

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

Responsibilities of the entity for the financial report

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

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

Auditor's responsibilities for the audit of the financial report

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

A further description of my responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at:

https://www.auasb.gov.au/auditors_responsibilities/ar6.pdf

This description forms part of my auditor's report.

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

29 August 2025

Queensland Audit Office
Brisbane

Glossary

Accessible	An accessible hospital system delivers healthcare that is timely, within a reasonable geographic distance and provides services in a setting where skills and resources are appropriate to a person's medical need.
Accreditation	Accreditation is an evaluation process that involves assessment by qualified external peer reviewers to assess a health service organisation's compliance with safety and quality standards.
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"> • capturing consistent and detailed information on hospital sector activity and accurately measuring the costs of delivery • creating an explicit relationship between funds allocated and services provided • strengthening management's focus on outputs, outcomes, and quality • encouraging clinicians and managers to identify variations in costs and practices so they can be managed at a local level in the context of improving efficiency and effectiveness • providing mechanisms to reward good practice and support quality initiatives.
Acute	Acute conditions are severe and sudden in onset.
Admission	Admission is when the hospital accepts responsibility for the patient's care and/or treatment. Admission follows a clinical decision that a patient requires same-day, overnight or multi-day care or treatment.
Allied health	Professional staff who meet mandatory qualifications and regulatory requirements in the following areas: audiology, clinical measurement sciences, dietetics and nutrition, exercise physiology, leisure therapy, medical imaging, music therapy, nuclear medicine technology, occupational therapy, orthoptics, pharmacy, physiotherapy, podiatry,
Ambulatory care	prosthetics and orthotics, psychology, radiation therapy, sonography, speech pathology, and social work.
Board	Sunshine Coast Hospital and Health Service Board
CEO	Chief Executive Officer
Chronic condition	A chronic condition is a health condition or disease that is persistent or otherwise long-lasting in its effects or a disease that comes with time.
Clinical governance	Clinical governance is the set of relationships and responsibilities established by a health service organisation between its state or territory department of health, governing body, executive, workforce, patients, consumers and other stakeholders to ensure good clinical outcomes.
DAMA	Discharge Against Medical Advice is when a patient chooses to leave a hospital before the treating team recommends discharge.
Elective surgery categories	<p>The category system ensures all patients who need surgery can be treated in order of priority. There are three urgency categories, where 1 is most urgent and 3 is least urgent.</p> <p>Category 1 – A condition that could worsen quickly to the point that it may become an emergency. The patient should have surgery within 30 days of being added to the waiting list.</p> <p>Category 2 – A condition causing some pain, dysfunction or disability, but is not likely to worsen quickly or become an emergency. The patient should have surgery within 90 days of being added to the waiting list.</p> <p>Category 3 – A condition causing minimal or no pain, dysfunction or disability, which is unlikely to worsen quickly and does not have the potential to become an emergency. The patient should have surgery within 365 days of being added to the waiting list.</p>
Emergency department waiting time	Time elapsed for each patient from presentation to the emergency department to the 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.
FTA	Fail to attend – patient does not attend their appointment.
Full-time equivalent (FTE)	Refers to full-time equivalent staff currently working in a position.
GP	General Practitioner
Health equity strategy	The Aboriginal and Torres Strait Islander Health Equity Strategy is the roadmap for how we will achieve health equity and eliminate institutional racism.

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 Boards	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 is a separate legal entity established by Queensland Government to deliver public hospital services.
ICT	Information Communication Technology
ieMR	Replacing paper-based clinical charts, the integrated electronic Medical Record (ieMR) solution allows healthcare professionals to simultaneously access and update patient information.
Immunisation	Process of inducing immunity to an infectious agency by administering a vaccine.
Health workers/ Hospital Liaison Officer	An Aboriginal and/or Torres Strait Islander person who holds the specified qualification and works within a primary healthcare framework to improve health outcomes for Aboriginal and Torres Strait Islander Australians.
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 a category 1 patient, more than 90 days for a category 2 patient and more than 365 days for a category 3 patient.
MOHRI	Minimum Obligatory Human Resource Information
NGOs	Non-Government Organisations
Nurse Navigator	Highly experienced nurses who have an in-depth understanding of the health system and who will assist patients with complex healthcare needs to navigate to and from their referring general practitioner and/or other primary care providers, through hospital, the community and back home again.
Nurse practitioner	A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessing and managing clients using nursing knowledge and skills and may include, but is not limited to, direct referral of clients to other healthcare professionals, prescribing medications, and ordering diagnostic investigations.
Occasions of Service (OoS)	Occasions of service include any examination, consultation, treatment, or other service provided to a non-admitted patient in each functional unit of a health service facility, on each occasion such a service is provided.
Outpatient	Non-admitted health service provided or accessed by an individual at a hospital or health service facility.
Outpatient service	Examination, consultation, treatment, or other service provided to non-admitted non-emergency patients in a speciality unit or under an organisational arrangement administered by a hospital.
Patient flow	Optimal patient flow means the patient's journey through the hospital system, be it planned or unplanned, happens in the safest, most streamlined and timely way to deliver good patient care
Performance indicator	A measure that provides an 'indication' of progress towards achieving the organisation's objectives and usually has targets that define the level of performance expected against the performance indicator.
PREMS	Patient reported experience and outcome measures.
Public hospital	Public hospitals offer free diagnostic services, treatment, care and accommodation to eligible patients.
SCHI	Sunshine Coast Health Institute
SCUH	Sunshine Coast University Hospital
Statutory bodies	A non-departmental government body, established under an Act of Parliament. Statutory bodies can include corporations, regulatory authorities and advisory committees/councils.
Sustainable	A health system that provides infrastructure, such as workforce, facilities and equipment, and is innovative and responsive to emerging needs, for example, research and monitoring within available resources.
VACS	Virtual Acute Care Service
Weighted Activity Unit	A standard unit used to measure all patient care activity consistently. The more resource intensive an activity is the higher the weighted activity unit. This is multiplied by the standard unit cost to create the 'price' for the episode of care.

Compliance Checklist

Summary of requirement	Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> A letter of compliance from the accountable officer or statutory body to the relevant Minister/s 	ARRs – section 7
Accessibility	<ul style="list-style-type: none"> Table of contents Glossary 	ARRs – section 9.1
	<ul style="list-style-type: none"> Public availability 	ARRs – section 9.2
	<ul style="list-style-type: none"> Interpreter service statement 	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3
	<ul style="list-style-type: none"> Copyright notice 	<i>Copyright Act 1968</i> ARRs – section 9.4
	<ul style="list-style-type: none"> Information Licensing 	<i>QGEA – Information Licensing</i> ARRs – section 9.5
General information	<ul style="list-style-type: none"> Introductory Information 	ARRs – section 10
Non-financial performance	<ul style="list-style-type: none"> Government's objectives for the community and whole-of-government plans/specific initiatives 	ARRs – section 11.1
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 11.2
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 11.3
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 12.1
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 13.1
	<ul style="list-style-type: none"> Executive management 	ARRs – section 13.2
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 13.3
	<ul style="list-style-type: none"> Public Sector Ethics 	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4
	<ul style="list-style-type: none"> Human Rights 	<i>Human Rights Act 2019</i> ARRs – section 13.5
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 13.6
Governance – risk management and accountability	<ul style="list-style-type: none"> Risk management 	ARRs – section 14.1
	<ul style="list-style-type: none"> Audit committee 	ARRs – section 14.2
	<ul style="list-style-type: none"> Internal audit 	ARRs – section 14.3
	<ul style="list-style-type: none"> External scrutiny 	ARRs – section 14.4
	<ul style="list-style-type: none"> Information systems and recordkeeping 	ARRs – section 14.5
	<ul style="list-style-type: none"> Information Security attestation 	ARRs – section 14.6
Governance – human resources	<ul style="list-style-type: none"> Strategic workforce planning and performance 	ARRs – section 15.1
	<ul style="list-style-type: none"> Early retirement, redundancy and retrenchment 	<i>Directive No.04/18 Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2

Summary of requirement	Basis for requirement	Annual report reference	
Open Data	• Statement advising publication of information	ARRs – section 16	
	• Consultancies	ARRs – section 31.1	http://data.qld.gov.au
	• Overseas travel	ARRs – section 31.2	http://data.qld.gov.au
	• Queensland Language Services Policy	ARRs – section 31.3	http://data.qld.gov.au
	• Charter of Victims' Rights	CSV RB Act 2024 ARRs – section 31.4	http://data.qld.gov.au
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	
	• Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	

FAA *Financial Accountability Act 2009*
 FPMS *Financial and Performance Management Standard 2019*
 ARRs *Annual report requirements for Queensland Government agencies*

