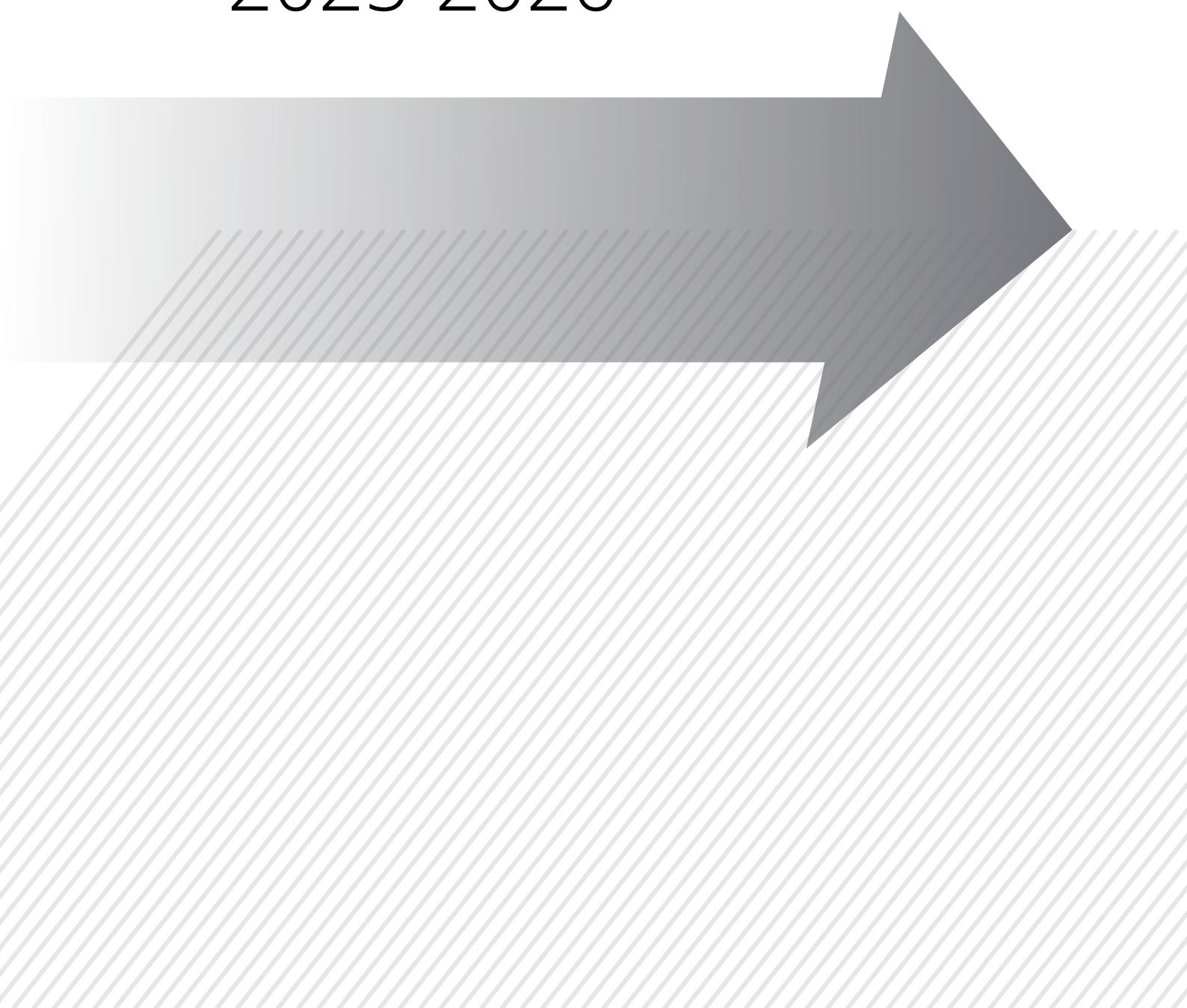


Sunshine Coast Hospital and Health Service

Annual Report

2025-2026



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).

Sunshine Coast Health has no Charter of Victims' Rights complaints to report for the 2025-26 financial year.

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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ISSN 2202-5200 (print) ISSN 2202-977X (online)

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.

Acknowledgement

Acknowledgement to Traditional Owners

Sunshine Coast Health respectfully acknowledges the Traditional Custodians, the Kabi Kabi (Gubbi Gubbi) and Jinibara (Yinie-Bara) 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.

Audience advice

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.

1 September 2026

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

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2025-2026 and financial statements for 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 106 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

Sunshine Coast Health contributes to the Queensland Government's objectives by supporting safety and delivering health services when and where 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.

We are committed to co-designing models of care with the people using our services, investing in and building a sustainable workforce, and delivering health equity for Aboriginal and Torres Strait Islander people.

Sunshine Coast Health's strategic priorities are:

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

My Health, Queensland's Future: Advancing Health 2026 outlines the vision that "By 2026 Queenslanders will be the among the healthiest people in the world" and these priorities support our delivery of care including:

- 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 contributes to the Government's priorities.

From the Board Chair and Chief Executive

As Sunshine Coast Health continues to serve one of Australia's fastest growing regions, this year has been one of significant achievement, innovation, and progress. Increasing demand for healthcare continues to place pressure on our services, yet our people have remained focused on what matters most, delivering safe, compassionate, and high-quality care to our communities.

Throughout the year we expanded services to bring more specialised care closer to home. We celebrated the introduction of local stem cell transplantation therapy, expanded brachytherapy services to treat more cancers, launched a Mohs surgery clinic for complex eyelid skin cancers, and reached significant milestones in robotic surgery and virtual care. We also strengthened access to care through initiatives including a new Crisis Support Space at Nambour General Hospital, expanded specialist haematology services for Wide Bay patients, a new gestational diabetes clinic in Gympie, and continued growth of our Publicly Funded Home Birth program.

Behind every achievement are the more than 10,000 dedicated staff who care for our communities every day. This year we launched our Health, Safety and Wellbeing Strategy 2026 to 2029, reinforcing our commitment to creating safe, supportive and sustainable workplaces where our people can thrive. We also welcomed hundreds of new nurses, midwives and medical graduates, and continued to strengthen leadership capability and foster a positive workplace culture.

We remain committed to improving health equity and ensuring healthcare is accessible for everyone in our region. The launch of our Aboriginal and Torres Strait Islander Health Equity Implementation Plan 2026 to 2028, developed in partnership with community, reflects our ongoing commitment to culturally safe care and closing the gap in health outcomes. Across the organisation we continue to listen to consumers, strengthen partnerships and embed lived experience in the design of our services.

Research and innovation also continue to shape our future. Sunshine Coast Health is now home to more active research projects and clinical trials than ever before, with clinicians leading research that is improving patient care locally while contributing to healthcare knowledge nationally and internationally.

While we are proud of these achievements, we recognise there is more to do. Demand for healthcare continues to grow, financial sustainability remains a priority, and we know some patients continue to wait longer than we would like for treatment. Our focus remains on improving access, investing in our workforce, embracing innovation, and ensuring every dollar is used wisely to deliver the greatest benefit for our community.

We thank our staff, volunteers, Wishlist Hospital Foundation, consumers, community partners and supporters for their ongoing dedication and trust. Together, we are building a stronger, more connected health service that continues to deliver exceptional care today while preparing for the needs of tomorrow.

Dr David Rowlands OAM
Chair

Dr Peter Gillies
Chief Executive

About us

Sunshine Coast Health is the primary provider of public hospital and health services as well as health research to the Sunshine Coast, Gympie, and Noosa local government areas.

Formed 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*.

The health service operates according to a service agreement with Queensland Health, identifying the services to be provided, funding arrangements, performance indicators, and targets to ensure the expected health outcomes for our communities are realised.

Our strategic direction

This is the final year of the *Sunshine Coast Hospital and Health Strategic Plan 2022–2026* which has outlined our vision, purpose, values, objectives, and future direction. The Strategic Plan has also outlined how we work with our community to improve people's health and wellbeing.

Our Strategic Plan was co-designed with staff and consumers and our strategic vision and objectives promote, protect, and respect human rights in 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

Our health service region is home to more than 11,500 (or 2.6 per cent) Aboriginal and Torres Strait Islander people, with the largest number of people residing in Caloundra (2.5 per cent or approximately 2336 people). The Gympie-Cooloola region has the highest population density at 4.6 per cent (or 2326 people).

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 Elders Advisory Committees and 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

In five main hospitals including Sunshine Coast University Hospital, Nambour General Hospital, Gympie Hospital, Caloundra Health Service and Maleny Soldiers Memorial Hospital we have almost 9,000 staff providing care to almost 500,000 people in our communities.

Our hospitals, a residential aged care facility, and various other health facilities include:

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 provides mental health and medical and surgical acute care including restorative care, palliative care, allied health, general and dental surgery and other health services.

Caloundra Health Service

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

Gympie Hospital

Gympie Hospital has served the community for more than 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, chemotherapy and renal dialysis.

Maleny Soldiers Memorial Hospital

Maleny Soldiers Memorial Hospital is a rural facility that delivers an emergency service, sub-acute and acute medical care, ambulatory clinics, and clinical support 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 interim sub-acute care, general aged care and respite, older persons' mental health care, 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 recovery by offering opportunities to maximise strengths and potential, peer support and supervised rehabilitation. Clinical interventions and living skills development are provided to people who need medium to long-term mental health care and rehabilitation.

Nurse-Led Walk-In Clinic Gympie

The Nurse-Led Walk-In Clinic in Gympie offers treatment to adults and children aged over 2 years for non-life-threatening injuries, illnesses, and common health concerns.

100 Sixth Avenue Maroochydore

Co-located purpose-built oral health and BreastScreen Queensland services.

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, diabetes and Preventative Health Pathways 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, Midwifery Group Practice Birawan team, occupational therapy support for families with children experiencing enuresis and encopresis. The facility is also the base for the Jabba Jabba immunisation 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 and Gympie regions.

Noosa Hospital

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

C-Square

C-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 Specialised 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 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 free 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 2025-2026, Sunshine Coast Health issued 21,664 concessional parking tickets for patients and carers to the value of \$291,877.41.

Strategic risks, opportunities, and challenges

Demand and complexity of care continues to grow, and Sunshine Coast Health continues to change the way we provide care to ensure we meet the needs of our communities. *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. This is the last financial year of the current Strategic Plan. 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 Measures)
- Sunshine Coast Health leadership program is implemented with 80 per cent of managers completing the program by June 2026
- BPA 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 per cent 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 meet the diverse needs of our communities and improve health outcomes amidst rising demand that potentially exceeds capacity and funding.

Infrastructure

Infrastructure requirements that meet the service demand and needs of the community.

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 the 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*.

The Board governs Sunshine Coast Health and is responsible for ensuring the quality of health care services, financial performance, strategic direction, supporting key partnerships, and ensuring health outcomes 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. 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.

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. He 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 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 2026 to 31 March 2028

Mr Chris Ward

Deputy-Chair

Chris is an experienced board member, senior executive, lawyer and Queensland business leader, with a reputation for strategic thinking and a demonstrated track record of building organisational cultures that deliver success for all stakeholders.

In 1980, Chris co-founded a Queensland law firm which has grown to become one of the state's leading practices with a team of more than 200 people. Chris was managing partner of the firm from 2005 to 2021 and was instrumental in growing the firm's team, client base and practice footprint throughout this time.

From 2018 to 2024, Chris was also the president of Advoc, an international network of 90 law firms with a presence in 70+ countries. Chris chaired Advoc Global from 2018 to 2023 and also chaired Advoc's Asia Chapter from 2018 to 2024. In addition, Chris was previously a non-executive director of Gladstone Ports Corporation.

Alongside his legal qualifications and nearly 50 years of legal and leadership experience, Chris has further strengthened his expertise through executive education, including completing Harvard Business School's residential programme in Leading Professional Services Firms.

Chris is committed to community engagement, drawing on his extensive skills in communication, mediation and relationship-building to foster positive outcomes.

Appointed: 1 April 2026

Current term: 1 April 2026 to 31 March 2030

Ms Christina (Tina) Wyer BCom, CA, GAICD

Board member

Tina is an experienced non-executive director with expertise in governance, risk oversight, financial management, digital transformation, technology and innovation across a diverse range of industries. She brings extensive executive experience in finance, technology and large-scale transformation, gained through a distinguished career with a multinational banking institution where she held several senior leadership roles in Australia and internationally, with a particular focus on technology, data and strategic transformation.

Tina currently serves as a Director on the Board of Australian Retirement Trust and Deputy Chair of the Global Board, and as a Director on the USA Board for The Fred Hollows Foundation, where she chairs the Global Finance and Audit Committee, overseeing financial governance, risk management and investment strategies for operations in more than 20 countries.

Tina is also a Director and Chair of the Audit Committee and Inorganic Growth Committee for Hume Bank and Director and Chair of the Finance and Audit Committee for .au Domain Administration.

Tina holds a Bachelor of Commerce Accounting and Information Systems from Deakin University, is a Chartered Accountant accredited by the Institute of Chartered Accountants Australia and New Zealand and is a graduate of the AICD Company Directors Course.

Appointed: 1 April 2026

Current term: 1 April 2026 – 31 March 2030

Dr Sue McAvoy PhD, MBA, B. Econ (Hons), MAICD, Oxford Said Business School and London Business School Executive Ed Alumna

Board Member

Sue has over 28 years experience working in both public and private sector financial management leadership roles and 15 years as a systems thinking specialist, workshop facilitator 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), UQBS

Sue has extensive experience in project leadership, governance, regulatory and strategic oversight, policy frameworks, and financial risk management. Her 17 years' experience as a Non-Executive Director 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, Chair of the NC Finance Committee and member of Edmund Rice Community Services (ERCS) Governance Committee. Sue is a current member of the Sunshine Coast Hospital and Health Board Workforce Committee and Chair of the Safety and Quality Committee. She completed the Oxford Healthcare Leadership Residential Programme through Oxford's Said Business School in November 2024.

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

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

Board Member

Emeritus Professor Lohmann has an Honours degree in Physics from the University of Adelaide, a Ph. D. in Atomic Physics from Flinders University, and is a Graduate of the Australian Institute of Company Directors.

As well as being a member of the Sunshine Coast Hospital and Health Board, Birgit has been a Board member of a number of not-for-profits. Birgit was also the Senior Deputy Vice-Chancellor of University of the Sunshine Coast from 2011 to 2018.

In that role Birgit was responsible for the academic activities of the University, including the Faculties. Birgit also held the following roles:

- standing deputy to the Vice Chancellor Chair of the Academic Board
- member of the University Council.

Birgit previously had academic and management roles at the Australian National University, Murdoch University, Griffith University and the University of Adelaide. She has also served in a number of leadership roles including:

- Head of the School of Science and Director of the Centre for Quantum Dynamics at Griffith University
- Pro Vice-Chancellor for Learning and Quality at the University of Adelaide.

Original appointment date 18 May 2019

Current term 1 April 2026 to 31 March 2030

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
- 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.

He has held a host of leadership roles in sophisticated organisations, including:

- Chief Executive Officer of Autism Queensland
- Chief Financial Officer of Endeavour Foundation
- Chief Financial Officer for an ASX listed company
- Chief Financial Officer of the subsidiary of a NYSE listed multinational corporation.

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 2026 to 31 March 2030

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 the Chair of the Sunshine Coast Hospital and Health Board Audit and Risk Committee and member of the Executive Committee.

Sandra is a non-executive director of 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 their 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.

Appointment date: 1 April 2024

Current term: 1 April 2024 to 31 March 2028

Mr Matthew Byrne BTech (Surveying), EMBA, GAICD

Board member

Matthew Byrne is an experienced Board Director and senior executive with more than 30 years' experience delivering large scale property, community and infrastructure outcomes across government, listed company and not for profit sectors.

He is Managing Director of a Private Investment and Advisory firm, currently serves as Deputy Chair of the Building and Construction Industry (Portable Long Service Leave) Authority Board, where he also chairs the Finance, Audit and Risk Committee. Matthew is an Executive Committee member of the Sunshine Coast – Brisbane 2032 Olympic and Paralympic Games Infrastructure Committee and Chair of the University of the Sunshine Coast, School of Business and Creative Industries Advisory Board.

Matthew holds an Executive Master of Business Administration, a Bachelor of Technology (Surveying), and is a Graduate of the Australian Institute of Company Directors (GAICD).

Appointed: 1 April 2026

Current term: 1 April 2026 to 31 March 2030

Mr John Degan MNSc

Board member

John holds a Master Nursing Science and is a highly skilled Emergency Department Nurse Practitioner with over 30 years of clinical experience, 14 of which have been with Sunshine Coast Health.

John has worked in variety of positions both locally and internationally, which has allowed him to develop exceptional clinical and leadership skills, and operational management expertise.

John is the Director and founder of a private international medical company which is an innovative organisation run by health professionals that support conference-based education for Nurse Practitioners and other relevant health professionals. The organisation also supports a variety of health initiatives and projects.

John enjoys the dynamic challenges and ever-evolving opportunities that health care provides. John is passionate about travel, sport and giving back to the community.

Appointed: 1 April 2026

Current term: 1 April 2026 – 31 March 2030

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

Board Member

Terry is long term resident of the Sunshine Coast having bought his first property in Mooloolaba in 1978 and living here on the coast ever since. Terry is a Bundjalung man of the Southern Gold Coast and Northern NSW regions. Terry has a B.A., Grad. Cert Public Sector Management, MBA and currently undertaking a Doctor of Professional Studies. Terry has extensive experience in leadership roles in the public, private and tertiary sectors and is currently undertaking Doctoral studies at Central Queensland University and working as Business Consultant to improve Indigenous employment outcomes.

Terry has been heavily involved in Sunshine Coast Sport where he has played and coached Rugby League and participated heavily in Surf Lifesaving competing at National levels and successfully holding management positions.

Original appointment date 18 May 2020

Latest term 1 April 2022 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's 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

Latest 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, MinterEllison, 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).

Bruce is:

- a director of Australian Retirement Trust, Queensland Trust for Nature, Fijian Drua and Klarna Australia Pty Ltd
- a member of the Takeovers Panel
- Chair of Griffith University Business School's Strategic Advisory Board
- 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

Latest term 1 April 2022 to 31 March 2026

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:

- Dr David Rowlands OAM
- Mr Chris Ward (Chair from 5 May 2026)
- Ms Sandra McCullagh (from 5 May 2026)
- Emeritus Professor Birgit Lohmann (Chair until 4 May 2026)
- Mr Bruce Cowley AM (until 31 March 2026)
- Mr Terry Bell (until 31 March 2026)

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 AM (Chair until 2 December 2025)
- Ms Sandra McCullagh (Chair from 2 December 2025)
- Mr Rodney Cameron
- Mr Matthew Byrne (from 5 May 2026)
- Ms Tina Wyer (from 5 May 2026)

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
- Mr Terry Bell (5 November 2025 to 31 March 2026)
- Dr Sue McAvoy (until 4 May 2026)
- Mr Matthew Byrne (from 5 May 2026)
- Ms Tina Wyer (from 5 May 2026)

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 until 31 March 2026)
- Dr David Rowlands OAM
- Dr Sue McAvoy (Chair from 5 May 2026)
- Mr John Degan (from 5 May 2026)

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)
- Mr Terry Bell (unit 31 March 2026)
- Ms Sandra McCullagh (until 4 May 2026)
- Dr Sue McAvoy (from 5 May 2026)
- Mr John Degan (from 5 May 2026)
- Mr Chris Ward (from 5 May 2026)

Table 1: Board and committee meeting attendance 2025-2026

Sunshine Coast Hospital and Health Service					
Act or instrument	Hospital and Health Boards Act 2011				
Functions	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.				
Achievements	Refer to ‘Our Performance’				
Financial reporting	Refer to Annual Financial Statements				
Remuneration					
Position	Name	Meetings/sessions attendance	Approved annual fee	Approved sub-committee fees if applicable (per annum, per committee)#	Actual fees received
Board Chair	Dr David Rowlands OAM	12 Board meetings Committees 5 Safety and Quality 2 Executive	\$85,714	\$3,000 \$3,000	\$91,751.68
Member	Terry Bell*	9 Board meetings Committees 3 Workforce 1 Executive 3 Finance and Performance	\$44,503	\$3,000 \$3,000 \$3,000	\$39,729.42
Member	Debra Blumel*	9 Board meetings Committees 4 Safety and Quality	\$44,503	\$4,000 (Chair)	\$36,996.49
Member	Matthew Byrne	3 Board meetings Committees 1 Finance and Performance 1 Audit and Risk	\$44,503	\$3,000 \$3,000	\$12,279.79
Member	Rodney Cameron	12 Board meetings Committees 12 Finance and Performance 6 Audit and Risk	\$44,503	\$4,000 (Chair) \$3,000	\$51,524.27
Member	Bruce Cowley*	10 Board meetings Committees 4 Audit and Risk^ 1 Audit and Risk 1 Executive	\$44,503	\$4,000 (Chair)^ \$3,000 \$3,000	\$38,958.99
Member	John Degan	3 Board meetings Committees 1 Safety and Quality 1 Workforce	\$44,503	\$3,000 \$3,000	\$12,279.79
Member	Emeritus Professor Birgit Lohmann	11 Board meetings Committees 10 Finance and Performance 4 Workforce 1 Executive	\$44,503	\$3,000 \$4,000 (Chair) \$4,000 (Chair)+	\$57,259.26
Member	Dr Susan McAvoy	12 Board meetings Committees 10 Finance and Performance 5 Safety and Quality 1 Safety and Quality# 1 Workforce	\$44,503	\$3,000 \$4,000 (Chair)# \$3,000	\$50,665.67
Member	Sandra McCullagh	12 Board meetings Committees 4 Audit and Risk 2 Audit and Risk** 1 Executive	\$44,503	\$3,000 \$4,000 (Chair)** \$3,000	\$51,087.30
Member	Chris Ward	3 Board meetings Committees 1 Executive 1 Workforce	\$44,503	\$4,000 (Chair) \$3,000	\$12,421.60
Member	Tina Wyer	3 Board meetings Committees 1 Financial Performance 1 Audit and Risk	\$44,503	\$3,000 \$3,000	\$12,279.79
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	\$104.70	

* Board term finished 31 March 2026

Chair from 5 May 2026

^ Chair until 2 December 2025

+ Chair until 4 May 2026

** Chair from 3 December 2025

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.

Until 7 September 2025

Tanya Grant

Chief Operating Officer

Tanya is a social worker with more than 25 years of experience across clinical practice, operational management, education, research, and statewide project roles. She has led complex projects and initiatives that improve how services are delivered, always with a focus on safe and equitable care for patients and communities.

Tanya is known for turning ideas into action. She brings people together, builds strong teams, and drives change that makes a real difference, particularly for at-risk communities who may face barriers to accessing care. At the heart of her work is a commitment to creating positive workforce culture and ensuring that safe, patient-centred care remains the foundation of everything we do.

Commenced 25 August 2025

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 a dual-trained Specialist General Practitioner and Specialist Medical Administrator. Since joining Sunshine Coast Hospital and Health Service in 2015, Marlene's time has been marked by diverse roles including clinical and operational leadership roles, General Practice Liaison Officer, Safety & Quality Clinical Lead, and Deputy EDMS (Medical Workforce).

As Executive Director Medical Services, Dr Pearce leads clinical governance in partnership with the Safety and Quality Improvement Unit, ensuring our organisation delivers safe, high-quality care in collaboration with our consumers and community. Her portfolio also includes research governance and development, along with 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), Master of Health Administration (Monash 2021), Fellowship of the Royal Australian College of General Practitioners (FRACGP 2014), and Fellowship of the Royal Australian College of Medical Administrators (FRACMA 2025).

Lisa Newport

Executive Director Nursing and Midwifery

Lisa has had a long career in health leadership roles including mental health and addiction nursing, facility management, and as Executive Director of Nursing and Midwifery. She is committed not only to the health and wellbeing of the people in our communities but also in growing support for nurses and midwives to professionally succeed. Lisa recognises that the best outcomes for patients in an interprofessional collaborative approach to care, with a multi-disciplinary team.

Lisa is focussed on investing in the next generation of nurses and midwives, and further promoting the importance of evidence-based practices, training, and development for sustainable services. She believes that being a nurse or midwife is more than just a profession – it's a lifelong journey.

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 20 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 Practicing Accountant (FCPA) and Graduate of the Australian Institute of Company Directors (GAICD). She also holds 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

Executive 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.

Andrew Leggate

Executive Director 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 Hospital and Health Service 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 B2B sector managing commercial supply and service contracts to companies such as BHP, Comalco, and Rio Tinto.

Jake Penrose

Chief Digital Officer

Jake has been a member of the Sunshine Coast Health executive since 2021. Jake brings extensive experience in digital transformation and senior ICT leadership across health, banking and consulting industry sectors in Australia and the UK. Blending expertise in strategy, governance, risk, cybersecurity and technology Jake continues to drive a strong innovation and transformation agenda improving clinical service delivery and patient outcomes.

Jake is also a Graduate of the Australian Institute of Company Directors (GAICD), has a Bachelor of Science in Computer Science and serves as a director on the Health Roundtable.

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.

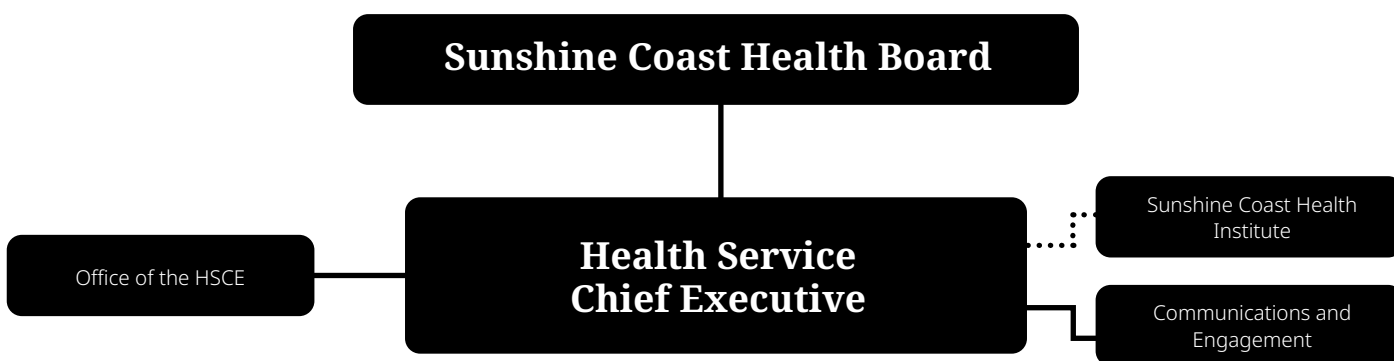
Bekki Fisher

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.

Organisational Structure



Executive Director Medical Services	- Professional Leadership – Medical - Safety, Quality and Improvement Unit - Medical Education Unit - Medical Workforce Unit - Research Governance and Development Unit - GP Liaison Unit
Executive Director Nursing and Midwifery	- 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	- Professional Leadership – Allied Health - AH Workforce Development - AHSOM - Operational Management
Chief Finance Officer	- Clinical coding - Finance Services - CPM (Contract and Procurement)
Chief Operating Officer	- Medical imaging - Finance and Performance - General Manager 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	- CBI (Clinical Business Intelligence) - ICT Services - Strategy and Architecture - Telecoms - ICT Business Improvement - Digital Health - Clinical Information Services - Business Transformation
Executive Director Infrastructure	- Assets Management - PPP Contract Management - Technical support - Program Delivery - Program and Planning - Environmental Sustainability
Executive Director Legal and Governance	- Legal Services - Internal Audit - Ethics and Integrity - Clinical Information Access - Privacy - Board Operations - Risk - Compliance - Policy and procedures - Information and Records
Executive Director Aboriginal and Torres Strait Islander Health	- Aboriginal and Torres Strait Islander Health Services - Cultural Capability - Health Equity - Aboriginal and Torres Strait Islander Health Workforce
Executive Director Workforce	- Workforce Capability - Workplace Safety and Wellbeing - Workplace Relations - Workforce Advisory - Projects - Diversity and inclusion - Workforce Establishment - Recruitment and Attraction
Senior Director Strategy and Planning	- Health Service Planning - Innovation - Strategy and Operational Planning - Workforce Planning

Strategic committees

The executive committee structure parallels the Board committee structure, ensuring alignment in purpose and strategic clarity.

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

Table 2: Executive committee meetings held in 2025-2026

Executive (Tier 2) Committees 2025-2026	
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

Strategic workforce planning remained a priority for Sunshine Coast Health in the 2025–26 financial year.

Early retirement, retrenchment, and redundancy

During 2025-2026, the health service continued to gain efficiencies through organisational change and focussed on suitable employment placements for affected employees.

Only two voluntary redundancy packages were paid during this period (approx. \$377,445).

Table 3: Total staffing

Total Staffing	
Headcount	10,520
Paid FTE	8,176.11

Table 4: Occupation types by FTE

Occupation Types by FTE	Percentage
Corporate	5.80 per cent
Frontline and Frontline Support	94.20 per cent

Table 5: Appointment type by FTE

Appointment Type by FTE	Percentage
Permanent	73.95 per cent
Temporary	22.86 per cent
Casual	3.09 per cent
Contract	0.11 per cent

Table 6: Employment status by headcount

Employment Status by Headcount	Percentage
Full-time	38.97 per cent
Part-time	55.64 per cent
Casual	5.39 per cent

Table 7: Gender

Gender*	Headcount	Percentage
Woman	7,842	74.54 per cent
Man	2,658	25.27 per cent
Non-binary	20	0.19 per cent
Another term	0	0.00 per cent
Not disclosed	0	0.00 per cent

* Where data available.

Table 8: Diversity target group*

Diversity Groups*	Headcount	Percentage
Women	7,842	74.54 per cent
Aboriginal and Torres Strait Islander Peoples	224	2.13 per cent
People with a disability	242	2.30 per cent
Culturally and Linguistically Diverse – Speak a language at home other than English [^]	1,071	10.18 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	75.00 per cent
Senior Executive Service and Chief Executives (Classified and s122 equivalent combined)	7	70.00 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.

* 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.

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 managing risk in a structured, transparent and informed manner to support the achievement of our strategic objectives and the delivery of trusted, high value care. Our established risk management system is underpinned by a Risk Management Framework aligned to internationally recognised better practice principles. The framework provides a consistent approach to identifying, assessing, managing and monitoring risk.

Risk management is embedded across the organisation and is supported by our governance arrangements, policies and processes. While all staff have a role in identifying and managing risk within their area of responsibility, accountability for significant risks rests with officers who hold a delegated authority or capability to appropriately manage those risks, implement appropriate controls and oversee ongoing monitoring of risk exposure.

We adopt an enterprise-wide approach to understanding and managing risk, and consider both strategic and operational risks to provide visibility of our most significant sources of uncertainty and support effective oversight. Operational risks are monitored through established governance arrangements and escalated where appropriate for Executive oversight. Strategic risks are identified and managed by Executive and are regularly monitored by the Board Audit and Risk Committee and the Board.

Our Risk Appetite Statement sets out the Board's expectations for the management of risk. Throughout the year, Sunshine Coast Health has continued to strengthen implementation of the Risk Appetite Statement through enhancement of risk reporting and expanded use of Key Risk Indicators (KRIs), improving oversight of risk exposure and supporting more informed governance discussions.

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

- *QH-MD-002 Treatment of gender dysphoria in children and adolescents with hormone therapy.* In line with the statewide ministerial direction GH-MD-002 Gender Dysphoria Treatment in 2025-2026, Sunshine Coast Health ceased providing gender affirming care to new clients and continues to provide information on how to access these services through other providers.
- *QH-MD-003 Mandatory reporting to the Queensland Police Service (QPS) where a person is unsuitable to possess a firearm.* Sunshine Coast Health commenced development of a broader health service-wide mandatory reporting process and undertook activities to raise awareness of the mandatory reporting requirements among relevant healthcare professionals.

Internal audit

Sunshine Coast Health partners with Central Queensland Hospital and Health Service to deliver an effective, efficient and economical internal audit function. The function provides independent and objective assurance and advisory services to support the Board, Audit and Risk Committee and Executive Management and enhances governance, risk management and internal control processes.

Internal audit delivers a risk-based annual audit plan developed in consultation with the Audit and Risk Committee and Executive. The plan is aligned to Sunshine Coast Health's strategic objectives, key risks, legislative and contractual obligations, and assurance requirements. The approved audit plan was delivered throughout the year, with progress, findings and recommendations regularly reported to the Audit and Risk Committee.

Internal audit services are delivered by suitably qualified professionals with expertise in governance, risk management, internal audit, information systems and financial management. Team members maintain memberships with relevant professional bodies including the Institute of Internal Auditors Australia, CPA (Certified Practising Accountants) Australia, the Risk Management Institute of Australia and the Australian Institute of Company Directors.

External scrutiny, information systems and recordkeeping

Sunshine Coast Health underwent assessment against the National Safety & 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. Staff have access to comprehensive record-keeping and information management guidance materials.

CEO Attestation of IS18 (ISMS) information security risk

During the 2025-2026 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 sustain 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 the staff at 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* supports our commitment to an ethical organisational culture, reinforcing our ethical expectations across all areas of our health service. 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. An online human rights training course is accessible for staff to further support their understanding of when actions and decisions engage human rights.

In 2025-2026, no complaints were referred to the Queensland Human Rights Commission (QHRC). One open complaint referred in 2024-2025 was scheduled to be heard at the QHRC in 2025-2026 however has since been delayed by the appellant and will be held over to 2026-2027 with no formal update received from the QHRC to date.

Highlights from 2025-2026 include:

- Continuing to build strong partnerships with Aboriginal and Torres Strait Islander Elders, staff, patients, and community members to better support unique cultural needs and improve the delivery of health services that support holistic wellbeing.
- Commencement of consultation on the new Sunshine Coast Health Health Equity Strategy
- Building on the strong 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 in the public interest 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.

Foot care on wheels: mobile diabetes clinic helps 1000 patients

The team behind Sunshine Coast Health's mobile diabetes clinic this year celebrated almost a thousand patients being helped since hitting the road.

The Footprints Walking on Country bus is equipped with a podiatry chair and staffed by a trained diabetes educator and foot care nurses, delivering a service dedicated to improving diabetes management and diabetic foot care. These simple screenings help identify potential blood flow issues, detect undiagnosed diabetes, and ensure timely referrals to community or high-risk foot podiatrists for those who need further care.

Stem cell transplantation therapy a gamechanger for blood cancer patients

Sunshine Coast Health reached a significant milestone with the launch of a stem cell transplant service at Sunshine Coast University Hospital, enabling people with blood cancers to access highly specialised treatment closer to home. The new service delivers autologous stem cell transplantation, a complex therapy that uses a patient's own stem cells to help prevent cancer from returning after chemotherapy. The service responds to a growing number of lymphoma and myeloma diagnoses in the region and removes the need for many patients to travel to Brisbane for care.

Establishing the service locally was a major advance for the Sunshine Coast Health region. The treatment begins after initial chemotherapy and involves collecting the patient's blood-forming stem cells through a specialised process known as apheresis. These stem cells are frozen and later reinfused following further chemotherapy, which clears the bone marrow of remaining cancer cells. Over the following weeks, the reinfused stem cells regenerate the patient's blood system, restoring red and white blood cells and platelets, with the goal of achieving long-term remission.

For patients, the benefits are both clinical and personal. Being treated close to home reduces travel time, disruption to daily life, and allows for continuity of care with the same specialist team throughout treatment. Sunshine Coast Health expects around 30 local patients each year to benefit from the service, strengthening access to advanced cancer care within the region.

Haematology service at Sunshine Coast University Hospital brings care closer to home for Wide Bay patients

A new specialist haematology service delivered by Sunshine Coast Health is improving access to care for Wide Bay residents, bringing more services closer to home and strengthening cancer care across the state. From 28 July 2025, Sunshine Coast Health began accepting and triaging haematology referrals from Wide Bay Hospital and Health Service, transitioning care that had previously been provided through a metropolitan tertiary hospital. This shift supports a more patient-centred approach while maintaining strong statewide clinical partnerships.

Under the new model, eligible Wide Bay patients can receive specialist haematology care through Sunshine Coast University Hospital, significantly reducing the need for long-distance travel while maintaining access to high-quality and timely treatment. Patients requiring highly complex therapies, including bone marrow transplant or CAR-T therapy, will continue to be managed through tertiary services, ensuring the right care is delivered in the right setting.

The transition is being carefully phased to ensure continuity and safety, with eligible patients contacted individually and transfers occurring only with patient consent. The model reflects a strong collaborative approach between health services and primary care partners, creating a more connected, equitable and efficient haematology service for regional Queensland.

New Crisis Support Space for mental health care at Nambour

Sunshine Coast Health opened a new crisis support space at Nambour General Hospital, providing a calm, therapeutic alternative to the Emergency Department for people experiencing a mental health crisis. Co-designed with people with lived experience, the welcoming space offers immediate support from peer workers and mental health clinicians in an environment focused on recovery, connection and de-escalation.

The crisis support space is part of Queensland Health's Better Care Together initiative to improve access to person-centred mental health care. Operating seven days a week, the service expands local access to timely support and complements the existing crisis support space at Sunshine Coast University Hospital, helping reduce unnecessary Emergency Department presentations and hospital admissions.

Publicly funded home birth celebrates first birthday

Sunshine Coast Health marked one year of its Publicly Funded Home Birth program, celebrating the safe arrival of 44 babies through this new model of care. As Queensland's exemplar site, the program has expanded birth options for local families, offering a publicly funded pathway to home birth while maintaining strong clinical governance and safety. The milestone reflects growing community confidence in the service and its positive impact on birth experiences.

The program aims to improve birth satisfaction by supporting eligible women to give birth in a familiar and comfortable home environment, with minimal medical intervention. It is an extension of the established Midwifery Group Practice model and is available to women who meet agreed clinical criteria and live within a safe travelling distance of Sunshine Coast University Hospital. Participants receive continuity of care, with a primary midwife supporting them throughout pregnancy, labour, birth, and the postpartum period.

The success of the program is underpinned by close collaboration across midwifery, obstetric, paediatric, and women's and children's teams, working in partnership with emergency services. Feedback from families highlights the value of personalised care, continuity with known midwives, and the reassurance of having hospital support close by if needed. After its first year, the program continues to strengthen choice, safety, and experience for Sunshine Coast families.

Gympie gestational diabetes clinic

A specialised gestational diabetes clinic has commenced at Gympie Hospital, improving access to timely and local care for expectant mothers across the region. The service supports women diagnosed with gestational diabetes mellitus to receive tailored care closer to home, reducing the need to travel for appointments and strengthening continuity of care throughout pregnancy.

The clinic operates one day a week and is led by a nurse practitioner specialising in gestational diabetes, providing education, monitoring, and practical support to help women understand and manage their condition. Gestational diabetes occurs during pregnancy when hormonal changes affect how insulin works and is estimated to impact around one in six Australian women. Early access to specialist support enables timely adjustments to care plans, supporting positive outcomes for both mother and baby.

The new clinic complements Sunshine Coast Health's broader gestational diabetes service, which is delivered by a multidisciplinary team including dietitians, credentialed diabetes educators, nurse practitioners, and obstetric medicine physicians. Together, these services provide comprehensive, coordinated care across the pregnancy journey, strengthening local maternity services and improving the experience for women and families in the Gympie community.

New Mental Health Consumer Advisory Group

Sunshine Coast Health marked Queensland Mental Health Week with the launch of a new Mental Health Consumer Advisory Group, strengthening the voice of consumers and carers in shaping the future of local mental health services. The group places people with lived experience at the centre of service design and delivery, providing advice on service planning, consumer engagement, and improving access to safe, responsive, and person-centred care across the region.

The initiative moves beyond traditional consultation to establish genuine partnership, ensuring services are informed by what matters most to the people who use them. The launch aligns with the Queensland Mental Health Week theme, 'Connect for mental health', highlighting the importance of connection to self, others, community, and nature in supporting mental health and wellbeing.

'Hospital of the Year' at Australian Surrogacy and Donor Awards

Sunshine Coast University Hospital has been recognised nationally as Hospital of the Year at the Australian Surrogacy and Donor Awards, acknowledging its outstanding contribution to surrogacy care and support for families across Australia. The award recognises hospitals that have made a meaningful impact on the surrogacy community through excellence in patient care, clinical expertise, and compassionate support for intended parents, surrogates, and donors throughout their journey.

The recognition reflects the strength of the hospital's multidisciplinary approach, with coordinated clinical

pathways, counselling support, and a strong focus on patient-centred care that prioritises emotional wellbeing alongside maternity services. The award also acknowledges the hospital's partnerships with surrogacy networks, fertility specialists, and community organisations, reinforcing its leadership in delivering inclusive, ethical, and respectful reproductive care that supports families in all their diversity.

Increased access to childhood immunisation services

Sunshine Coast Health expanded access to immunisation services with the introduction of a weekly drop-in clinic at Maroochydore Child Health, providing children, pregnant women and adolescents who have missed school vaccinations with a convenient, appointment-free option. Operating on Wednesday afternoons, the service was established in response to community feedback requesting more flexible, after-hours access and includes the needle-free FluMist influenza vaccine for eligible children and adolescents.

The initiative forms part of the Sunshine Coast Improving Immunisation Program, which aims to increase vaccination coverage across the region by making immunisations more accessible. Since the program began, Child Health has expanded from six to 15 immunisation clinics, delivering up to 400 vaccinations each month. The new drop-in service also provides dedicated support for families requiring catch-up vaccinations or assistance with overseas immunisation records, helping remove barriers and improve protection across the community.

Nambour General Hospital's new multi-faith room preserves legacy of Dr Moffatt Memorial Chapel

This year Sunshine Coast Health opened a new multi-faith room at Nambour General Hospital, designed to support the spiritual and cultural needs of the region's diverse and growing community. The space incorporates the original stained-glass windows from the hospital's former chapel, preserving an important connection to the site's history while creating a welcoming and inclusive environment for quiet reflection, prayer, and support within the main hospital.

The transition to a multi-faith model reflects the evolving needs of patients, families, and staff, and ensures chaplaincy services are accessible and culturally responsive. With the hospital's redevelopment complete and the former standalone chapel building to be removed for safety reasons, the new space symbolises a respectful bridge between past and future, honouring the hospital's heritage while supporting contemporary, patient-centred care.

Developing Tertiary Services at the Sunshine Coast University Hospital

Sunshine Coast Health continues to work closely with the Department of Health for opportunities to expand trauma, neurosurgery and cardiothoracic services at Sunshine Coast University Hospital in line with increasing demand and ability to provide care closer to home.

Significant activities have been undertaken in the 2025-26 year to clarify service requirements and anticipated bed demand with advice provided to the Department of Health to inform future service provision options. Further planning and service delivery is subject to funding.

Expanding services to support person-centred care

New services were introduced in the 2025-26 financial year to enhance the delivery of equitable, accessible, and person-centred care across Sunshine Coast Health, including:

- Expansion of Brachytherapy cancer care services from skin cancers to gynaecological, and other cancers.
- Expanded haematology services for Wide Bay patients
- Launched a new precision surgery for eyelid skin cancers
- Commenced a local gestational diabetes clinic at Gympie Hospital

- Started stem cell transplantation therapy
- Supported 100 patient surgeries with a high-tech surgical robot
- Expanded plastic surgery to Caloundra
- Commenced a drop-in clinic to boost childhood immunisation rates on the Sunshine Coast
- Opened a new Crisis Support Space at Nambour Hospital
- Commenced a new specialist service for patients with blood clotting and bleeding disorders.

Reducing Hospital Acquired Complication rates

Hospital Acquired Complication (HAC) rates across Gympie, Nambour and Sunshine Coast University Hospital have remained consistently within the 25th percentile for peers. Current trends indicate sustained compliance and a low risk of significant variance in the near term. Ongoing monitoring continues to show strong overall performance compared with peer hospitals, supported by targeted case series review for any HAC diagnostic groups with higher rates.

Reducing pressure on busy emergency departments

Sunshine Coast Health continues to see increasing demand and complexity in its emergency departments with around 580 presentations per day. Of these patients, all category one (our sickest patients), were seen within clinically recommended timeframes.

This year we continued to invest in innovative models of care to improve patient experience and support the flow of patients through our hospitals as well as increase virtual and 'out of hospital' care where appropriate. Sunshine Coast Health also underwent reviews in efficiency and auditing of waitlists to reduce pressure in the emergency departments.

Patient Reported Experience Measures (PREMs)

The PREMs survey is a statewide consumer feedback initiative. Across Emergency, Inpatient and Outpatient surveys, response rates for Sunshine Coast Health consumers have exceeded 20%. Patient experience results remain strong, with overall experience of care ratings consistently above the state average. In the most recent reporting period, more than 80% of respondents rated their care positively (good and very good), with 73% of Emergency, 77% of Inpatient and 79% of Outpatient consumers rating their overall experience as very good.

Sunshine Coast Health launches new precision surgery for eyelid skin cancers

Sunshine Coast Health patients diagnosed with skin cancers on or near the eyelids can now access a new form of precision surgery designed to remove cancer while preserving as much healthy tissue as possible. The Sunshine Coast, often referred to as the skin cancer capital of the world, is now home to Queensland's first publicly funded Mohs surgery clinic and Australia's first dedicated Mohs and oculoplastic unit. Mohs surgery is a staged technique in which thin layers of tissue are carefully removed and examined in real time under a microscope, continuing until no cancer cells remain. This approach allows clinicians to confirm complete tumour removal while minimising the amount of healthy tissue taken during the procedure.

The technique is particularly valuable for cancers around the eye, where preserving small amounts of tissue is critical for both function and appearance. By examining the entire margin of the tumour during surgery, Mohs significantly reduces the risk of recurrence while helping protect important structures such as the eyelid and tear drainage system. The real time testing also allows the full treatment process to be completed in a single day, reducing the need for multiple hospital visits. The new collaborative service, delivered by dermatology and oculoplastic specialists, enables patients across the Sunshine Coast region to access highly specialised care closer to home while improving outcomes for those with complex skin cancers around the eye.

Expanded cancer care services in the Sunshine Coast Health region brings care closer to home

Cancer care services on the Sunshine Coast have expanded, enabling more patients to receive advanced treatment closer to home. Brachytherapy services at Sunshine Coast University Hospital are now being extended to treat gynaecological and prostate cancers, building on the service that has been treating skin cancers locally since 2020. Brachytherapy delivers highly targeted radiation directly to the cancer site, reducing exposure to surrounding healthy tissue and supporting strong treatment outcomes. Expanding the service locally will reduce the need for patients to travel to Brisbane for treatment and allow them to remain closer to their families and support networks during care.

The \$2.3 million expansion includes a new portable Cone Beam CT scanner designed specifically for brachytherapy, funded by the Queensland Technology Future Fund. The technology enables real time imaging to guide applicator placement and deliver treatment while a patient is under anaesthetic. Procedures are performed in a purpose built, radiation shielded brachytherapy suite that allows both the procedure and treatment to occur in the same room, the first service of its kind in Queensland.

100 patients benefit from robotics surgery at SCUH

Robotic surgery hit a key milestone at Sunshine Coast University Hospital, allowing patients to benefit from advanced, minimally invasive procedures. The Da Vinci surgical robot, introduced a year ago, has already supported more than 100 procedures, primarily in urology, helping patients experience less pain, reduced blood loss and faster recovery times. The program is now expanding to include general surgery and gynaecology, enabling surgeons to perform highly precise procedures using magnified 3D imaging and robotic instruments controlled from a nearby console. For many patients, the technology is significantly reducing hospital stays and recovery times, with some procedures now requiring only one night in hospital and allowing patients to return to normal activities much sooner.

Waiting for What

This year Sunshine Coast Health also successfully implemented the patient journey initiative Waiting for What. The initiative provided valuable real-time information to support decision making, strengthened coordination between clinical teams, and improved discharge planning. It also encouraged conversations with patients about their care journey, helped staff better understand what matters most to patients as they prepare to return home.

By improving patient flow and reducing unnecessary delays, the Waiting for What initiative supports a better patient experience, increases hospital capacity, and helps ensure patients receive the right care, in the right place, at the right time.

Disability Service Plan

To reduce barriers and improve health equity, the Sunshine Coast Health Disability Service Plan has been developed to outline our vision and commitment to improving healthcare for people with disability accessing our health services.

Sunshine Coast Health is committed to improving healthcare for Queenslanders with disability and establishing health equity in being able to access health services and achieve quality health outcomes.

Bringing palliative care closer to home

Sunshine Coast Health established a new outpatient palliative care clinic at Maleny Soldiers Memorial Hospital, improving access to specialist care for people living in rural communities.

The clinic enables patients to attend palliative care appointments closer to home, reducing the need to travel to the Sunshine Coast and allowing many people to remain in their own homes for longer. For patients with advanced illness, avoiding lengthy travel means more time and energy can be spent with family and loved ones. The service also strengthens support for people who choose to receive end of life care at home, working in partnership with community nursing providers to deliver coordinated, person-centred care that reflects each patient's wishes and improves quality of life.

Our people

We value and support our people.

Launching the Culture Hive

This year Sunshine Coast Health launched the Culture Hive to provide staff with easy access to information about organisational values, culture, and the All Staff Survey, along with tools and support to help translate cultural insights into practical action. It is designed to guide teams in understanding and applying these principles in their day-to-day work.

The platform is a space to explore how values are lived, how feedback is responded to, and how a positive, respectful, and supportive culture is fostered. Staff are encouraged to return to the Culture Hive regularly throughout their professional growth, reinforcing that building a healthy, values-driven culture is an ongoing, shared effort.

2025 All Staff Survey

The 2025 All Staff Survey achieved a record level of engagement, with 5,040 responses from 9,646 surveys sent, representing a 52 per cent participation rate - the highest ever for Sunshine Coast Health. Survey feedback is being used to inform initiatives that strengthen and shape the organisation's culture.

Following the survey, results were shared at the work unit level, and leaders were supported to work with their teams to develop meaningful action plans in response to the feedback. This approach ensures staff voices directly influence improvements, helping to build a more supportive, inclusive, and values-driven workplace across Sunshine Coast Health.

The next All Staff Survey will commence in the second quarter of 2027.

Leaders in Action Program

The Management Development Program (MDP) was launched on 19 February 2026, replacing the Leaders in Action program. The MDP strengthens line manager capability and accountability by building foundational skills in leadership, financial management, human resources, and workplace health, safety and wellbeing, with new line managers encouraged to complete the program within their first year.

MDP is supported by a suite of face-to-face, virtual and online elective modules that provide greater flexibility and to develop our current and future leaders. These electives will continue to be expanded in partnership with internal Sunshine Coast Health subject matter experts.

Celebrating Nursing and Midwifery

Sunshine Coast Health proudly hosted our 2026 Annual Nursing and Midwifery Recognition Awards, marking the fourth consecutive year of honouring the outstanding contributions of our nursing and midwifery workforce. More than 150 nominations were received in 2026, with several people 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 and 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 graduate nurses and midwives

Sunshine Coast Health welcomed more than 200 newly graduated nurses and midwives, marking an exciting milestone for the region's healthcare workforce. Graduates will be placed across six health facilities, including Sunshine Coast University Hospital and Gympie Hospital, gaining experience in a variety of specialties such as emergency, intensive care, and midwifery. The graduate program offers vital support to ensure a smooth transition from students to confident healthcare professionals. This marks the second largest cohort since the opening of the Sunshine Coast University Hospital in 2017.

New Health Equity Implementation Plan launched

Sunshine Coast Health launched its Aboriginal and Torres Strait Islander Health Equity Implementation Plan 2026–2028 on National Close the Gap Day, reaffirming its commitment to achieving health equity through community-led action. Developed over seven months in partnership with Elders, Traditional Custodians, young people, community members, partner organisations and staff, the plan outlines practical actions to eliminate racism, strengthen cultural safety, improve access to healthcare, grow the Aboriginal and Torres Strait Islander workforce, and embed shared decision-making across the health service.

Building on the foundations of the 2022–2025 plan and the Health Equity Strategy, the implementation plan responds to local community priorities and emerging health data. Key initiatives include expanding outreach and mobile health services, increasing telehealth and community-based care, strengthening truth-telling and trauma-informed practice, creating new workforce development pathways, empowering young people through targeted programs, and enhancing partnerships with Aboriginal and Torres Strait Islander communities to ensure culturally safe, accountable care.

Jabba Jabba caring for Aboriginal and Torres Strait Islander babies and children

The Jabba Jabba team, Sunshine Coast Health's Aboriginal and Torres Strait Islander child health service, continues to play a vital role in supporting families across the Sunshine Coast and Gympie regions. The service delivers culturally safe and holistic care, working in partnership with families to meet the unique needs of children and parents.

Throughout the year, the team provided a wide range of supports, including home visits, baby health checks, vaccinations, hearing assessments, and ongoing care from late pregnancy through early childhood. This approach strengthens early childhood development, builds trust with families, and supports healthier outcomes for Aboriginal and Torres Strait Islander children.

New program to support international doctors to transition to Australian hospitals

In its second year, Sunshine Coast Health supported 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.

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 an ambitious target for Aboriginal and Torres Strait Islander employees to represent between 2.2% and 2.63% of our workforce. As at 30 June 2025, 223 employees, representing 2.12% of our workforce, identified as Aboriginal or Torres Strait Islander. This places us just eight employees short of achieving the minimum target of 2.2%.

While this strategic target was not achieved within the planned timeframe, significant progress has been made towards increasing Aboriginal and Torres Strait Islander workforce representation. We remain committed to building a culturally responsive and inclusive workplace, strengthening culturally appropriate care, and attracting, developing and retaining skilled Aboriginal and Torres Strait Islander employees across our health service.

Health, Safety and Wellbeing

The launch of Sunshine Coast Health's Health, Safety and Wellbeing Strategy 2026 to 2029 marks an important step in strengthening a workplace where our people feel safe, supported and empowered to deliver exceptional care.

The strategy provides a clear roadmap for creating safe and sustainable workplaces through strong leadership, integrated systems and a values-based culture. It recognises that the wellbeing of our workforce is fundamental to the quality and safety of the care we provide to our community.

Over the next four years, the strategy will guide initiatives that strengthen physical and psychological safety, support staff health and wellbeing, improve risk management and foster a culture where everyone takes responsibility for creating a safe workplace. By investing in our people, Sunshine Coast Health is building a healthier, more resilient workforce that is equipped to meet the needs of our growing community, now and into the future.

Supporting diversity and inclusion

Fostering a healthy, inclusive, and psychologically safe environment remained a key priority for Sunshine Coast Health in the 2025-2026 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 final 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 79 new medical interns

This year, Sunshine Coast Health welcomed 79 medical interns, who are gaining practical experience while contributing to key clinical roles across the service. Their first year of practice marks an important step after years of study, offering an exciting opportunity to apply their knowledge under the guidance of some of the health service's most experienced doctors.

Sunshine Coast Health provides a comprehensive program to support interns, combining supervision, training, and professional development to ensure a positive and structured learning experience. The program is designed to help interns successfully achieve general registration while building the skills and confidence needed for a career in medicine.

Sunflower Hidden Disabilities Initiative

This year Sunshine Coast Health became a member of the Hidden Disability Sunflower initiative, which supports the one in six people worldwide who live with a hidden disability. The program is already improving disability awareness, accessibility and equity across our health service.

Staff are encouraged to complete a seven-minute Sunflower Training module and place a sunflower sticker on their name badge, or wear a white lanyard to show they have completed their training and understand how to support people living with disabilities.

Workforce of our Future to 2032

The Workforce of our Future Strategy supports our continued ability to meet evolving healthcare needs. Our strategy reflects the Health Workforce Strategy for Queensland to 2032, emphasising support for current staff, cultivating new talent, and innovation in what we do. It will be complemented by our Joint Regional Needs Assessment, Strategic Plan, and Health Service Plan 2024-2034, solidifying our strategic direction. We continued to deliver the outcomes in the strategy in the 2025-26 financial year.

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 celebrated supporting 10,000 patients in the 2025-2026 financial year.

Integrated electronic Medical Record (ieMR) implemented at Glenbrook Residential Aged Care Facility

Glenbrook Residential Aged Care Facility took an important step in its digital transformation by introducing the integrated electronic Medical Record (ieMR) for Interim Care Beds, replacing paper-based documentation. The transition enables real-time clinical documentation, improves visibility of patient information, and strengthens continuity of care.

The next phase will introduce a dedicated electronic medical record for permanent aged care residents, enhancing care planning, medication management, communication with families, and compliance with aged care standards.

Gympie Hospital redevelopment

The preliminary business case for the Gympie Hospital redevelopment has been completed in partnership with Health Infrastructure Queensland and the Department of Health and submitted for consideration.

Sunshine Coast Health is awaiting the outcome of the investment assurance process.

Health service performance

Sunshine Coast Health experienced continued high demand for services throughout the 2024-2025 financial year. Despite this, the health service achieved strong improvements in reducing wait times for elective surgery and specialist outpatient appointments, while continuing to expand services to meet the needs of the region's growing population. Demand for emergency care also increased, with all Category 1 patients, those requiring the most urgent treatment, seen within clinically recommended timeframes.

As more people than ever before rely on Sunshine Coast Health, the health service continues to deliver record levels of care. Although some patients are still waiting longer than clinically recommended for treatment, focused initiatives are in place to improve access. Ongoing recruitment of frontline clinicians, alongside service improvements and innovation, is helping Sunshine Coast Health increase capacity, improve efficiency, and deliver safe, high-quality care for the community.

Virtual care, delivering healthcare closer to home

Sunshine Coast Health continues to expand virtual care, making it easier for people to access high-quality healthcare closer to home. In 2025-26, 314,826 appointments were delivered virtually, an increase of 12.9 per cent on the previous financial year.

Virtual care accounted for almost 15 per cent of all non-admitted care, well above the 5 per cent target. This reflects the growing role of virtual care in providing accessible, flexible and convenient healthcare for our community.

This growth has been supported by ongoing investment in digital infrastructure, clinician capability, and service redesign to ensure virtual care remains a sustainable, flexible, and patient-centred model of care. Sunshine Coast Health also continued implementing its Virtual Care Strategy, embedding virtual care into everyday service delivery and supporting patients to receive the right care, in the right place, at the right time.

Throughout the year, Sunshine Coast Health actively contributed to statewide initiatives to strengthen virtual care services and develop contemporary models of care. This work reinforces our commitment to improving access to healthcare and delivering innovative, connected services that better meet the needs of our growing community.

Accreditation confirms high standards in patient safety and quality care

The health service maintained accreditation against the National Safety and Quality Health Service (NSQHS) Standards, with accreditation awarded until June 2028. This reflects our ongoing commitment to delivering safe, high-quality and person-centred care to our community. Services continue to be monitored and evaluated through robust internal quality and safety systems, ensuring compliance with national standards and supporting continuous improvement across all areas of care.

A balanced operating position

Sunshine Coast Health reported an operating deficit of \$20.4 million in the 2025-26 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.

We are committed to managing our financial, physical, and environmental resources responsibly and this year we have developed a new strategic plan which outlines the strategies and measures we are undertaking to return the health service to a balanced position.

Share Gratitude

This year Sunshine Coast Health launched a digital recognition platform that makes it easy for patients, families and colleagues to thank staff for the care and support they provide.

The platform enables people to send messages of appreciation and, if they choose, a small token of thanks, helping staff see the positive impact they have on patients and each other every day. All gifts are managed in line with Sunshine Coast Health's governance requirements, ensuring recognition is both meaningful and transparent.

Share Gratitude is another way Sunshine Coast Health is strengthening a culture of appreciation and recognition, celebrating the compassion, professionalism and dedication of our people while reinforcing the values that underpin exceptional patient care.

Our future

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

Brachytherapy expansion

Sunshine Coast Health continued to expand its brachytherapy service during the year, providing highly targeted radiation treatment that delivers radiation directly to the cancer site while minimising exposure to surrounding healthy tissue. This precision approach supports strong clinical outcomes and enhances treatment options for patients.

Demand for the service continued to grow, with an increasing number of patients receiving treatment for skin cancer. During the year, the service also expanded to deliver gynaecological brachytherapy, increasing access to specialised cancer care closer to home for the Sunshine Coast community.

Study, Education, Research, Training Fund grants

Sunshine Coast Health proudly supports our people to grow and develop with our Study, Education, Research and Training Fund (SERTF). In 2025-26 the SERTF Committee contributed \$1.6 million in internal research grants, supporting the growth of research projects and programs at Sunshine Coast Health, from novice through to advanced clinician researchers, with a focus on real-world impact in healthcare.

This included the establishment of Conjoint Clinical Professor positions and collaborative research grants with partner universities, departmental and project grants. SERTF-funded research grants supported a wide variety of clinically meaningful research on the Sunshine Coast in 2025, such as road accident and trauma recovery, liver cancer, kidney disease, newborn care, surgical innovation and high-risk foot disease. Along with research, the SERTF fund also supported 12 Sunshine Coast Health employees in 2025-26 to undertake a Vocational Education and Training or University degree relevant to their role in the Health Service, and many more staff to undertake specific workshops, conferences and training to support, empower and develop our people to work to their full potential and scope of practice.

Inspo Expo

In October, Sunshine Coast Health held its first Inspo Expo to cheer on innovators and inspire out of the box thinking. Featuring keynote speaker Dr Tanya Kelly, three-minute pitches, and ideas in action presentations, the day showcased what we are doing differently and how innovation is supported as a value at Sunshine Coast Health.

Mobile Image Capture

Sunshine Coast Health introduced Mobile Image Capture, providing clinicians with a secure and efficient way to capture clinical photographs using Queensland Health issued or approved personal mobile devices. Images are uploaded directly into the integrated electronic Medical Record (ieMR), ensuring they are not stored on the device at any stage.

The application also enables clinicians to record patient consent before photographs are taken, strengthening privacy, security and clinical governance. By integrating clinical images directly into the patient's electronic medical record, Mobile Image Capture improves access to important clinical information, supports continuity of care, and enhances the quality and efficiency of patient documentation across the health service.

AI Scribe

This year Sunshine Coast Health introduced AI Scribe to enable clinicians to spend more time focused on patient care and less time completing paperwork. AI Scribe securely transcribes to consultations and generates structured clinical notes in real time, improving the consistency, quality and efficiency of documentation. By streamlining note taking, clinicians can remain more engaged with patients during consultations while ensuring accurate information is captured in the integrated electronic Medical Record.

Early results have demonstrated a positive impact on both workforce wellbeing and patient care. Most clinicians using AI Scribe reported a greater job satisfaction while improving the quality and efficiency of clinical records.

Intelligent Retrieval Information System

This year Sunshine Coast Health developed and released the Intelligent Retrieval Information System. This inhouse developed AI solution pilot allows clinicians to pose natural language queries when seeking internal clinical procedure guidance and for the appropriate information to be located and presented to the requestor, citing the source document. An activity that traditionally took up to 30 minutes now occurs in less than 10 seconds, improving workforce wellbeing and the speed of access to important validated reference material. This proof-of-concept pilot will continue to be developed and strengthened as an important tool to support frontline clinicians provide care safely and efficiently.

Innovation Strategy Implementation Plan

Sunshine Coast Health published its Innovation Strategy Implementation Plan in July 2025, providing a clear roadmap to foster innovation and empower staff to develop and implement new ideas that improve patient care, service delivery and workplace experience.

The plan supports a culture where innovation is embedded into everyday practice by providing staff with the tools, support and opportunities to identify challenges, test new approaches and scale successful solutions. It also strengthens collaboration across clinical, operational and research teams to accelerate the adoption of innovative models of care.

By creating an environment where innovation can thrive, Sunshine Coast Health is building its capability to respond to future healthcare challenges while delivering better outcomes for patients, staff and the community.

2026 SPARK Health x Industry Summit

In May 2026, Sunshine Coast Health partnered with Sunshine Coast Council to host a joint innovation event that aimed to spark innovation within the local business ecosystem- signalling a willingness to codesign and/or partner with innovative local businesses to address identified organisational challenges. The results of the summit have generated concept submissions from interested local businesses and Sunshine Coast Health will seek to explore and develop these partnerships.

2025 Sunshine Coast Health research showcase

The Sunshine Coast Health Research Showcase was successfully held in 2025, 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.

Annual number of Sunshine Coast Health research projects and clinical trials increased by June 2026 by 20 per cent.

This strategic measure was fully achieved, exceeding expectations. 427 projects were active at Sunshine Coast Health as of December 2025, up from 306 in 2021 (40 per cent increase). Clinical trials and other interventional studies now comprise 48 per cent of total research activity (an increase of 50 per cent from 2021). Sunshine Coast Health-led research has also strengthened, with an increase of 37 per cent in studies. Growth of 130 per cent in early-phase (phase 1–2) trials, from 20 studies in 2020 to 46 in 2025, further demonstrates a maturing research environment and readiness to deliver more complex studies.

Increase the number of research publications in high impact (Q1 & Q2) journals by 20 per cent by 2026

This strategic measure was fully achieved, with more than 90 per cent of the publications associated with Sunshine Coast Health published in Q1 and Q2 journals in 2025 (223 out of 243). Publication output has continued to strengthen year on year, with a sustained shift toward higher-impact journals, demonstrating growing research quality and academic contribution.

75 per cent of clinical departments have identified research team and active research projects by June 2024

This strategic measure was also met. Research is now conducted across all Service Groups within Sunshine Coast Health, with more than 40 individual Departments directly involved in research activity. Over the past few years, the focus has shifted from achievement of the target to consolidating and strengthening research capability, increasing activity in high-performing services, and supporting the development of research capability in lower-activity departments.

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 provide health services to all Queenslanders. We are committed to improving health outcomes for Aboriginal and Torres Strait Islander people and providing respectful and responsive services.

Health Equity

Since the Health Equity Strategy and its associated implementation plan were launched in 2023, Sunshine Coast Health has made strides towards its goals, meeting 23 of its key performance indicators (KPIs) in the first 12 months. Additionally, 13 KPIs are works in progress and eight continue to require attention. Significant achievements include:

- Successful implementation of the Aboriginal and Torres Strait Islander Leadership Program for Aboriginal and Torres Strait Islander employees.
- Procuring four artworks to create blankets for newborn babies and palliative care patients.
- Successful roll-out of the Nyina Budja Health Equity health check van.
- Successful implementation of the Moo'roo Moo'roo Respiratory Clinic at Manngoor Dja Aboriginal Medical Service

Cultural Practice Program

This year we achieved the health service's highest compliance rate (90%) with the Aboriginal and Torres Strait Islander Cultural Practice Program training.

There are four guiding principles covered through the online and face-to-face sessions:

- cultural respect and recognition
- relationships and partnerships
- capacity building
- communication.

The Sunshine Coast Health Cultural Practice Program is delivered in a blended format of self-paced online training and a three-hour face-to-face/virtual session. In 2025/26 education was provided to 1,191 employees.

Workforce Action Plan

Sunshine Coast Health is committed to developing a culturally responsive, inclusive, and educated workforce to negate discrimination and racism. The Workforce Action Plan 2023-2026 focuses on cultural integrity and strengthening career pathways. Our aim is to create a workplace to attract and retain Aboriginal and Torres Strait Islander people by providing a culturally safe work environment that:

- includes representation of Aboriginal and Torres Strait Islander staff
- provides rewarding career pathways for Aboriginal and Torres Strait Islander staff
- establishes Sunshine Coast Hospital and Health Service as an employer of choice for Aboriginal and Torres Strait Islander peoples.

At the end June 2026, our Aboriginal and Torres Strait Islander workforce participation rate was 2.88% (or 223 staff).

Cultural celebrations

National Sorry Day was commemorated with a special service at Gympie Hospital. This event was well attended by staff and community.

Reconciliation Week was celebrated this year with the launch of the Health Equity Implementation Plan 2026-2028.

The Aunty Betty Reconciliation Walk, led by the Sunshine Coast Reconciliation Group in partnership with Sunshine Coast Health, Manngoor Dja Aboriginal Health Services, Suncare, Sunshine Coast Council and Refocus, was attended by a large number of school students from Gympie and the Sunshine Coast, community and Traditional Owners. National Aboriginal and Islanders Day Observance Committee (NAIDOC) Week celebrations were held in July to celebrate Aboriginal and Torres Strait Islander people's history, culture, and achievements.

Hospital Liaison Service

Sunshine Coast Health's Aboriginal and Torres Strait Islander Hospital Liaison Service provides a cultural link between health professionals, identified Aboriginal and Torres Strait Islander patients and their families.

The health service has extended the hours of Hospital Liaison Officers to support Aboriginal and Torres Strait Islander patients presenting to the emergency department after hours at Nambour General Hospital and Sunshine Coast University Hospital. The service continues to work hard to reduce the number of patients who do not wait for treatment, discharge against medical advice and those who fail to attend outpatient appointments.

Preventative Health Pathways

The Preventable Health Pathways support Aboriginal and Torres Strait Islander people with existing chronic health conditions. The program runs for up to 12 weeks with support from our health workers, clinical nurses, dietitian, social worker and accredited exercise physiologists. Our team provide social, cultural, and emotional wellbeing support to the Aboriginal and Torres Strait Islander community, including home visiting, regular contact, and referral to other services to meet needs and preferences. Our health workers also deliver health-related programs in schools and wellbeing group sessions in the community.

Cultural Healing

The Cultural Healing team provides mental health support to Aboriginal and Torres Strait Islander consumers that considers their physical, social, emotional, cultural and spiritual wellbeing.

Jabba Jabba

The Jabba Jabba Child Health teams provide home visiting services, baby health checks, hearing assessments, and home visiting vaccination programs for children.

Nyina Budja Health Equity Conference

Sunshine Coast Health is committed to providing culturally safe and inclusive healthcare. The second Nyina Budja (Live Strong) Health Equity Conference will be held in October.

Table 10: Service standards

Sunshine Coast Hospital and Health Service	2025-2026 Target	2025-2026 Actual
<i>Effectiveness measures</i>		
Percentage of emergency department patients seen within recommended timeframes		
• Category 1 (within 2 minutes)	100%	100%
• Category 2 (within 10 minutes)	80%	83%
• Category 3 (within 30 minutes)	75%	75%
• Category 4 (within 60 minutes)	70%	77%
• Category 5 (within 120 minutes)	70%	95%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	60%
Percentage of elective surgery patients treated within the clinically recommended times		
• Category 1 (30 days)	>98%	81%
• Category 2 (90 days)	>95%	66%
• Category 3 (365 days)	>95%	73%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ¹	<1.0	0.6
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ²	>65%	66.0%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ³	<12%	8.2%
Percentage of specialist outpatients waiting within clinically recommended times ⁴		
• Category 1 (30 days)	80%	68%
• Category 2 (90 days) ⁵	..	45%
• Category 3 (365 days) ⁵	..	74%
Percentage of specialist outpatients seen within clinically recommended times		
• Category 1 (30 days)	82%	85%
• Category 2 (90 days) ⁵	..	49%
• Category 3 (365 days) ⁵	..	73%
Median wait time for treatment in emergency departments (minutes) ⁶	..	13
Median wait time for elective surgery treatment (days) ⁷	..	39
<i>Efficiency measure</i>		
Average cost per weighted activity unit for Activity Based Funding facilities ⁸	\$6,372	\$6,164
<i>Other measures</i>		
Number of elective surgery patients treated within clinically recommended times ⁹		
• Category 1 (30 days)	5,998	5,625
• Category 2 (90 days) ¹	4,368	3,588
• Category 3 (365 days) ¹	2,693	2,265
Number of Telehealth outpatients service events ¹⁰	17,446	28,139

Sunshine Coast Hospital and Health Service	2025-2026 Target	2025-2026 Actual
Total weighted activity units (WAU) ¹¹		
• Acute Inpatients	134,712	134,929
• Outpatients	45,887	47,340
• Sub-acute	15,511	18,314
• Emergency Department	33,563	34,588
• Mental Health	24,527	24,959
• Prevention and Primary Care	3,582	4,394
Ambulatory mental health service contact duration (hours) ¹²	>64,184	68,528
Staffing ¹³	7,892	8,176

1	Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Actual rate is based on data reported between 1 July 2025 and 31 March 2026 as at 7 August 2026.
2	Mental Health rate of community follow up 2025-2026 Actuals are as at 19 August 2026.
3	Mental Health readmissions 2025-2026 Actuals are as at 19 August 2026.
4	Waiting within clinically recommended time is a point in time performance measure. 2025-2026 Actual is as at 1 July 2026.
5	Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2025-2026 Targets for category 2 and 3 patients are not applicable.
6	There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
7	There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
8	All measures are reported in QWAU Phase Q28. 2025-2026 Actual is based on data as at 18 August 2026. The 2025-2026 Target does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
9	Elective surgery performed in public hospitals.
10	The Telehealth 2025-2026 Actual is as at 20 August 2026.
11	All measures are reported in Queensland WAU Phase Q28. The 2025-2026 Actuals are as at 18 August 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
12	Ambulatory Mental Health service contact duration 2025-2026 Actual is as at 19 August 2026.
13	In alignment with PSC reporting guidelines, only one employment record per employee is reported. For employees with concurrent employment, the arrangement with the highest percentage of work is reported. This may result in a minor variance where staff work across multiple Hospital and Health Services.

Financial Summary

Sunshine Coast Health reported an operating deficit of \$20.4 million for the year ended 30 June 2026.

Table 11: Revenue and expenses—financial year ended 30 June 2026 and 2025

	2026	2025
	\$'000	\$'000
Revenue	2,078,840	1,924,176
Expenses		
Employee expenses	(1,379,085)	(1,259,266)
Supplies and services	(469,699)	(447,420)
Depreciation and amortisation	(185,291)	(193,076)
Interest and other expenses	(65,194)	(62,019)
Total expenses	(2,099,269)	(1,961,781)
Net deficit from operations	(20,429)	(37,605)

Where the money comes from

Sunshine Coast Health's income was \$2.079 billion, which is an increase of \$154.7 million (8.0 per cent) from the prior year. Of this, the Queensland Government's contribution was \$1,259.2 million and the Commonwealth contribution was \$615.3 million. Specific-purpose grants and other contributions worth \$30.5 million were received and user charges, fees and other revenue was \$173.9 million.

Where the money goes

Sunshine Coast Health's expenses for 2025-26 were \$2.099 billion, which is an increase of \$137.5 million (7.0 per cent). The largest portion of expenditure relates to employee expenses including clinicians and support staff (65.7 per cent). Supplies and services expenses such as clinical supplies, drugs, prosthetics, pathology, catering, repairs and maintenance, energy, communication and computers account for 22.4 per cent of expenditure; 8.8 per cent of expenditure was related to depreciation and amortisation of the fixed asset base; and 3.1 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 2026-27 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

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

Queensland Health entities report overdue maintenance using the terms "deferred maintenance" and "postponed capital renewal".

Deferred maintenance refers to maintenance of an operational nature (OPEX) that has been identified as required but has been delayed.

Postponed capital renewal refers to capital works required to restore an asset's service potential (CAPEX) that have been delayed.

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

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

Both operational and capital quantities are reported.

As of 30 June 2026, the Sunshine Coast HHS reported:

- **\$1,521,093** in deferred maintenance, and
- **\$35,369,904** in postponed capital renewal.

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

- risk-based prioritisation within the Timely Investment Infrastructure Maintenance (TIIM) program allocation
- seeking additional funding through whole-of-government processes
- non-asset solutions such as partnerships or outsourcing.

Sunshine Coast Hospital and Health Service Financial Statements

For the year ended 30 June 2026

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Statement of Comprehensive Income

For the year ended 30 June 2026

	Note	2026 \$'000	2025 \$'000
Income			
Funding for public health services	B1.1	1,874,453	1,727,780
User charges and fees	B1.2	149,541	146,550
Grants and other contributions	B1.3	30,503	28,408
Rental and licence income	B1.4	7,772	7,802
Other revenue	B1.5	16,498	13,483
Total revenue		2,078,767	1,924,023
Gains on disposal of assets		73	153
Total income from continuing operations		2,078,840	1,924,176
Expenses			
Employee expenses	B2.1	(225,509)	(212,083)
Health service employee expenses	B2.1	(1,153,576)	(1,047,183)
Supplies and services	B2.2	(469,699)	(447,420)
Depreciation and amortisation	C3,C4,C5	(185,291)	(193,076)
Impairment losses on financial assets	C2	(2,705)	(2,837)
Borrowing costs	B2.3	(36,610)	(37,958)
Other expenses	B2.4	(25,879)	(21,224)
Total expenses from continuing operations		(2,099,269)	(1,961,781)
Operating result		(20,429)	(37,605)
Other comprehensive income			
<i>Items that will not be reclassified subsequently to operating result</i>			
Increase in the revaluation surplus	C10.2	293,025	145,299
Other comprehensive income		293,025	145,299
Total comprehensive income		272,596	107,694

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

Statement of Financial Position

As at 30 June 2026

	Note	2026 \$'000	2025 \$'000
Current assets			
Cash and cash equivalents	C1	49,023	39,276
Trade and other receivables	C2	40,705	52,247
Inventories		6,530	5,668
Other current assets		4,145	5,864
Total current assets		100,403	103,055
Non-current assets			
Property, plant and equipment	C3	2,728,343	2,603,476
Intangibles	C4	538	355
Right-of-use assets	C5	237	342
Total non-current assets		2,729,118	2,604,173
Total assets		2,829,521	2,707,228
Current liabilities			
Trade payables	C6	166,571	150,961
Lease liabilities		122	115
Interest bearing liability	C7	14,813	13,667
Accrued employee benefits		7,156	5,900
Contract liabilities	C8	7,652	5,800
Total current liabilities		196,314	176,443
Non-current liabilities			
Interest bearing liability	C7	430,032	444,846
Contract liabilities	C8	59,764	62,444
Lease liabilities		165	287
Total non-current liabilities		489,961	507,577
Total liabilities		686,275	684,020
Net assets		2,143,246	2,023,208
Equity			
Contributed equity	C10.1	464,267	616,825
Revaluation surplus	C10.2	1,803,229	1,510,204
Accumulated deficit		(124,250)	(103,821)
Total equity		2,143,246	2,023,208

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 2026

	Note	Contributed equity \$'000	Revaluation surplus \$'000	Accumulated deficit \$'000	Total equity \$'000
Balance at 1 July 2024		699,791	1,364,905	(66,216)	1,998,480
Operating result		-	-	(37,605)	(37,605)
Other comprehensive income	C10.2	-	145,299	-	145,299
Total comprehensive income		-	145,299	(37,605)	107,694
Transactions with owners 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 as owners	C10.1	(82,966)	-	-	(82,966)
Balance at 30 June 2025		<u>616,825</u>	<u>1,510,204</u>	<u>(103,821)</u>	<u>2,023,208</u>
Balance at 1 July 2025		616,825	1,510,204	(103,821)	2,023,208
Operating result		-	-	(20,429)	(20,429)
Other comprehensive income	C10.2	-	293,025	-	293,025
Total comprehensive income		-	293,025	(20,429)	272,596
Transactions with owners as owners:					
Non-appropriated equity asset injections/(withdrawals)	C3	117	-	-	117
Equity injections - capital works and funding swaps		32,616	-	-	32,616
Equity withdrawals - depreciation and amortisation		(185,291)	-	-	(185,291)
Net transactions with owners as owners	C10.1	(152,558)	-	-	(152,558)
Balance at 30 June 2026		<u>464,267</u>	<u>1,803,229</u>	<u>(124,250)</u>	<u>2,143,246</u>

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 2026

	Note	2026 \$'000	2025 \$'000
Cash flows from operating activities			
Inflows			
Funding for public health services		1,697,243	1,536,033
User charges and fees		148,352	141,369
Grants and other contributions		16,378	15,416
Interest received		3,089	1,236
GST collected from customers		7,692	8,089
GST input tax credits		29,961	31,824
Rental and licence income received		7,772	7,802
Other revenue		13,403	12,014
Outflows			
Employee and Health service employee expenses		(1,366,979)	(1,252,648)
Supplies and services		(448,066)	(441,644)
GST paid to suppliers		(29,825)	(31,879)
GST remitted		(8,104)	(7,675)
Borrowing costs		(36,888)	(38,214)
Other expenses		(23,627)	(20,866)
Net cash from / (used by) operating activities	CF.1	10,401	(39,143)
Cash flows from investing activities			
Inflows			
Proceeds from disposal of property, plant and equipment		73	153
Outflows			
Payments for property, plant and equipment		(19,254)	(35,281)
Payments for intangibles		(306)	-
Net cash / (used by) investing activities		(19,487)	(35,128)
Cash flows from financing activities			
Inflows			
Proceeds from equity injections		32,616	104,763
Outflows			
Borrowing redemptions	CF.2	(13,668)	(12,611)
Principal payments of lease liabilities	CF.2	(115)	(135)
Net cash from / (used by) financing activities		18,833	92,017
Net increase / (decrease) in cash and cash equivalents		9,747	17,746
Cash and cash equivalents at the beginning of the financial year		39,276	21,530
Cash and cash equivalents at the end of the financial year	C1	49,023	39,276

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 2026

Notes to the Statement of Cash Flows

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

	2026 \$'000	2025 \$'000
Operating deficit	(20,429)	(37,605)
Non-cash items included in operating result:		
Proceeds from disposal of property plant and equipment	(73)	(153)
Inventory written off	210	436
Losses on disposal of non-current assets	2,252	(83)
Depreciation and amortisation	185,291	193,076
Depreciation and amortisation funding offset from the Department	(185,291)	(193,076)
Donated assets received	(137)	(175)
Impairment losses on financial assets	2,705	2,837
Movements in assets and liabilities:		
(Increase)/decrease in trade and other receivables	11,495	(3,376)
(Increase)/decrease in GST input tax credits receivables	(276)	359
(Increase)/decrease in inventories	(862)	3,108
(Increase)/decrease in accrued revenue	607	3,316
(Increase)/decrease in other current assets	1,719	(812)
Increase/(decrease) in trade payables	10,881	(8,714)
Increase/(decrease) in salaries and wages accrued	1,127	1,024
Increase/(decrease) in other employee benefits payable	129	88
Increase/(decrease) in contract liabilities	1,053	607
Net cash from / (used by) operating activities	10,401	(39,143)

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
2026				
Lease liabilities	402	-	(115)	287
Interest bearing liabilities	458,513	-	(13,668)	444,845
Total	458,915	-	(13,783)	445,132

	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

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 2026

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 which is the ultimate parent.

The principal address of SCHHS is 6 Doherty Street, Birtinya, QLD 4575.

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 2025.

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

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 2024-25 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.

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.

Notes to the Financial Statements

For the year ended 30 June 2026

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;
- Lease liabilities which are initially 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 C3 Property, plant and equipment.

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 no non appropriated cash injections from the Department (2025: \$60 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 2026

Section B: Notes about our Financial Performance

B1 Revenue

B1.1 Funding for public health services

	2026 \$'000	2025 \$'000
Revenue from contracts with customers		
Activity Based Funding	1,523,046	1,315,416
Other funding for public health services		
Depreciation funding	185,291	193,076
Other system manager funding	99,208	96,764
Block funding	66,908	122,524
Total	1,874,453	1,727,780

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 2026, \$1,259.212m (2025: \$1,186.637m) was received from the State Government with \$615.241m (2025: \$541.143m) 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. Revenue for depreciation funding is recognised as SCHHS incurs depreciation charges over the financial year.

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*.

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*.

Notes to the Financial Statements

For the year ended 30 June 2026

B1 Revenue (continued)

B1.2 User charges and fees

	2026 \$'000	2025 \$'000
Revenue from contracts with customers		
Pharmaceutical Benefits Scheme reimbursement	72,333	67,264
Hospital fees	67,591	65,993
Sale of goods and services	9,617	13,293
Total	149,541	146,550

Accounting policy – User charges and fees

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.

Hospital fees and sale of goods and services

SCHHS does not invoice for services rendered until the end of the service delivery period. SCHHS recognises revenue progressively as the services are provided each month and a contract asset representing the SCHHS right to consideration for services delivered but not yet billed.

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

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

B1.3 Grants and other contributions

	2026 \$'000	2025 \$'000
Revenue from contracts with customers		
Commonwealth Government grants	14,261	13,358
Other grants	643	1,081
	14,904	14,439
Other grants and other contributions		
Services received below fair value	14,125	12,992
Donations and other grants	1,474	977
	15,599	13,969
Total	30,503	28,408

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.

Other grants

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

Notes to the Financial Statements

For the year ended 30 June 2026

B1 Revenue (continued)

B1.3 Grants and other contributions (continued)

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 and licence income

Rental revenue is recognised as income on a periodic straight-line basis over the lease term. SCHHS receives rental income from Noosa Hospital.

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

B1.5 Other revenue

	2026 \$'000	2025 \$'000
Recoveries	7,785	5,169
Other revenue	5,602	7,065
Interest income	3,111	1,249
Total	16,498	13,483

Accounting policy – Other revenue

Recoveries

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

Other revenue

Other revenue includes research and student placement income.

Notes to the Financial Statements

For the year ended 30 June 2026

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.

	2026 \$'000	2025 \$'000
Employee benefits		
Wages and salaries	173,447	163,652
Annual leave levy	23,525	21,687
Employer superannuation contributions	20,053	18,446
Long service leave levy	4,725	4,335
Employee related expenses		
Workers' compensation	2,306	2,293
Other employee related expenses	1,453	1,670
Total	225,509	212,083

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.

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.

(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.

Notes to the Financial Statements

For the year ended 30 June 2026

B2 Expenses (continued)

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

(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.

	2026	2025
HHS employees	423	406
Health service employees	7,745	7,297
Total employees	8,168	7,703

(d) Key management personnel

SCHHS's responsible Minister is identified as part of its key management personnel (KMP), consistent with additional guidance included in the revised version of AASB 124 *Related Party Disclosures*. That Minister is the Minister for Health and Ambulance Services.

The following details for non-Ministerial KMP reflect those SCHHS positions that had authority and responsibility for planning, directing and controlling activities during 2025-26 and 2024-25. Further information about these positions can be found in the body of the Annual Report.

Position	Position responsibility
Board	
Board Chair	Provide strategic leadership, guidance and effective oversight of management, operations and financial performance.
Deputy Board Chair	Provide strategic leadership, guidance and effective oversight of management, operations and financial performance.
Board Member	Provide strategic leadership, guidance and effective oversight of management, operations and financial performance.
Executive management	
Health Service Chief Executive	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
Chief Operating Officer	Responsible for providing operational leadership, direction and day to day management, to optimise quality health care and business outcomes.
Chief Finance Officer	Responsible for development and execution of strategy with respect to the financial stewardship, commercial matters and procurement.
Executive Director Infrastructure	Responsible for development and delivery of facilities and property management (including capital and lifecycle management for assets and infrastructure) in accordance with the SCHHS strategic plan objectives.
Executive Director Workforce	Responsible for providing strategic leadership and guidance for workplace culture support, work health and safety management, human resource management, rostering and establishment practices and recruitment services.
Executive Director Medical Services	Responsible for providing professional leadership, education, recruitment and credentialing for the SCH medical workforce. Responsible for the organisation's clinical governance (safety, standards and quality of care), research governance and development, and general practice liaison.
Executive Director Nursing and Midwifery	Responsible for providing professional, operational and advisory support ensuring that Nursing and Midwifery Services provided by SCHHS are delivered to the highest professional, safety and ethical standards.

Notes to the Financial Statements

For the year ended 30 June 2026

B2 Expenses (continued)

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

Position	Position responsibility
Chief Digital Officer	Responsible for development and execution of strategy and full accountability with respect to digital and IT stewardship, cyber security and clinical process redesign.
Executive Director Allied Health	Responsible for providing professional, operational, clinical, and strategic leadership, ensuring that Allied Health and Volunteer services provided by SCHHS are delivered to the highest professional, safety and ethical standards.
Executive Director Legal and Governance	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.
Executive Director Aboriginal and Torres Strait Islander Health	Responsible for providing strategic, professional, operational, and advisory leadership to ensure the organisation's safety and quality priorities effectively address the health equity needs of Aboriginal and Torres Strait Islander peoples. The role leads and oversees the development, implementation, and monitoring of strategies that strengthen cultural safety, awareness, and capability across the workforce, ensuring services are culturally responsive and meet the needs and expectations of Aboriginal and Torres Strait Islander communities.

(e) KMP remuneration policies

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.

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.

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.

Notes to the Financial Statements

For the year ended 30 June 2026

B2 Expenses (continued)

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

(f) KMP remuneration expense

Board

Position Title Position Holder	Short term monetary benefits		Post employment benefits		Total	
	2026	2025	2026	2025	2026	2025
	\$'000					
Board Chair						
Dr David Rowlands OAM	92	92	12	12	104	104
Deputy Board Chair						
Chris Ward (appointed 1 April 2026)	12	-	2	-	14	-
Emeritus Professor Birgit Lohmann	57	61	7	8	64	69
Board Member						
Rod Cameron	52	52	7	7	59	59
Sandra McCullagh	51	51	7	6	58	57
Dr Sue McAvoy	51	51	6	6	57	57
Christina (Tina) Wyer (appointed 1 April 2026)	12	-	2	-	14	-
John Degan (appointed 1 April 2026)	12	-	2	-	14	-
Matthew Byrne (appointed 1 April 2026)	12	-	2	-	14	-
Debra Blumel (ceased 31 March 2026)	37	49	5	6	42	55
Terry Bell (ceased 31 March 2026)	40	22	5	3	45	25
Bruce Cowley (ceased 31 March 2026)	39	52	5	7	44	59
Professor Jody Currie (ceased 30 November 2024)	-	21	-	3	-	24
Total	467	451	62	58	529	509

Section 23(3) of the *Hospital and Health Boards Act 2011* requires at least one board member to be a clinician of the organisation. Board member John Degan is a clinician of SCHHS. He receives remuneration as a clinician however the table above only includes the remuneration for his board member position.

During the year, SCHHS has reimbursed board members a total of \$104.70 (2025: \$45.19) for out-of-pocket expenses incurred on approved board business including attendance at board meetings.

Notes to the Financial Statements

For the year ended 30 June 2026

B2 Expenses (continued)

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

Executives

Position Title	Short term benefits				Post employment benefits		Long term benefits		Termination benefits		Total	
	Monetary		Non-monetary		2026	2025	2026	2025	2026	2025	2026	2025
	2026	2025	2026	2025								
	\$'000											
Health Service Chief Executive	542	541	2	-	62	66	13	13	-	-	619	621
Chief Operating Officer	283	302	-	-	32	34	6	7	-	-	321	344
Chief Finance Officer	266	248	-	-	31	29	6	6	-	-	303	283
Senior Director Capital Assets and Infrastructure	175	183	-	-	20	21	4	4	-	-	199	208
Executive Director Workforce	231	241	-	80	27	28	5	6	-	-	263	354
Executive Director Medical Services	424	381	-	-	44	39	10	9	-	-	478	429
Chief Digital Officer	254	234	-	-	29	27	6	5	-	-	289	266
Executive Director Nursing and Midwifery	306	299	1	-	34	34	7	7	-	-	348	341
Executive Director Allied Health	234	235	1	-	27	27	6	5	-	-	268	267
Executive Director Legal and Governance	236	226	1	-	27	26	5	5	-	-	269	257
Senior Director Aboriginal and Torres Strait Islander Health	174	205	-	-	20	23	4	5	-	-	198	233
Total	3,125	3,095	5	80	353	354	72	72	-	-	3,555	3,607

During the financial year, Executive positions may be occupied by a person acting in the role while the substantive occupant is on leave or by an interim appointee while the position is vacant. The table only includes interim appointments to substantively vacant positions. Remuneration disclosed reflects the period of occupancy of the position during the reporting period and may therefore not be directly comparable between years.

The remuneration expense includes the annual and long service leave levies paid to the Central Leave Scheme during the year and excludes leave paid to executives from the scheme. Short term benefits will therefore appear lower when periods of annual leave are taken during the year.

Notes to the Financial Statements

For the year ended 30 June 2026

B2 Expenses (continued)

B2.2 Supplies and services

	Note	2026 \$'000	2025 \$'000
Clinical supplies and services		110,104	105,424
Drugs		93,386	87,574
Communications and computer services		53,444	50,652
Repairs and maintenance		53,314	50,352
Pathology, blood and biomedical technical services		51,238	47,595
Services purchased from private providers		25,914	25,340
Building services and utilities		19,510	18,195
Catering and domestic supplies		18,164	17,691
Services received below fair value	B1.3	14,125	12,992
Clinical consultants and contractors		10,029	11,056
Other supplies and services		4,377	4,982
Other consultants, professional services and contractors		3,962	3,195
Patient travel		3,342	3,155
Lease expenses		3,280	2,629
Motor vehicles		2,953	2,496
Expenses relating to capital works		2,557	4,092
Total		469,699	447,420

Services purchased from private providers

Services purchased from private providers 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 \$45.792m (2025: \$40.506m) 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).

Notes to the Financial Statements

For the year ended 30 June 2026

B2 Expenses (continued)

B2.3 Borrowing costs

	2026 \$'000	2025 \$'000
Interest on borrowings	36,585	37,922
Interest on lease liabilities	25	36
Total	36,610	37,958

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

B2.4 Other expenses

	2026 \$'000	2025 \$'000
Insurance premiums - Queensland Government Insurance Fund	15,141	13,728
Insurance premiums - Other	2,251	2,034
Queensland Audit Office - external audit fees for the audit of the financial statements	295	273
Losses from the disposal of non-current assets	2,252	(83)
Inventory written off	210	436
Special payments	70	24
Other	5,660	4,812
Total	25,879	21,224

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 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 SCUH Public Private Partnership and motor vehicles.

Audit fees

Total audit fees quoted by the Queensland Audit Office relating to the 2026 financial statements are \$0.295m (2025: \$0.273m). There is no non-audit services included in this amount.

Special payments

Special payments represent ex gratia expenditure and other expenditure that SCHHS is not contractually or legally obligated to make to other parties. During the year, five special payments was made in excess of \$5,000 to reimburse for financial loss following care (2025: 1 special payment in excess of \$5,000).

Notes to the Financial Statements

For the year ended 30 June 2026

Section C: Notes about our Financial Position

C1 Cash and cash equivalents

	2026 \$'000	2025 \$'000
Cash at bank and on hand	26,900	18,810
Cash on deposit	22,123	20,466
Total	49,023	39,276

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 5.30% (2025: 4.63%).

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 2026, an amount of \$24.408m (2025: \$20.540m) 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

	2026 \$'000	2025 \$'000
Trade receivables	26,645	26,941
Less: Allowance for credit losses	(2,174)	(2,050)
	24,471	24,891
GST receivable	1,997	2,133
GST payable	(1,492)	(1,904)
	505	229
Accrued revenue	10,344	10,951
Contract assets - funding for public health services	5,385	16,176
Total	40,705	52,247

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.

Accrued revenue

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

Notes to the Financial Statements

For the year ended 30 June 2026

C2 Trade and other receivables (continued)

Contract assets - funding for public health services

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

Allowance for credit losses

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

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.

Credit risk exposure of trade receivables

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

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.

	2026			2025		
	Trade receivables	Loss rate	Allowance for credit losses	Trade receivables	Loss rate	Allowance for credit losses
	\$'000	%	\$'000	\$'000	%	\$'000
Aging						
Current	11,843	2%	(291)	11,004	1%	(154)
1 - 30 days overdue	7,503	3%	(225)	6,241	3%	(206)
31 - 60 days overdue	3,347	5%	(169)	4,254	5%	(231)
61 - 90 days overdue	1,178	7%	(86)	1,127	8%	(92)
More than 90 days overdue	2,774	51%	(1,403)	4,315	32%	(1,367)
Total	26,645		(2,174)	26,941		(2,050)

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

	2026	2025
	\$'000	\$'000
Opening balance	2,050	1,043
Additional provisions recognised in operating result	2,705	2,837
Receivables written off during the year as uncollectable	(2,581)	(1,830)
Closing balance	2,174	2,050

Notes to the Financial Statements

For the year ended 30 June 2026

C3 Property, plant and equipment

Balances and reconciliations 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
Gross value	111,891	1,343	3,068,117	241,796	37,979	3,461,126
Less: Accumulated depreciation	-	-	(696,274)	(161,376)	-	(857,650)
Carrying amount at 30 June 2025	111,891	1,343	2,371,843	80,420	37,979	2,603,476

Represented by movements in carrying amount:

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 / (decrements)	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

Gross value	127,271	1,266	3,463,864	266,342	9,139	3,867,882
Less: Accumulated depreciation	-	-	(952,121)	(187,418)	-	(1,139,539)
Carrying amount at 30 June 2026	127,271	1,266	2,511,743	78,924	9,139	2,728,343

Represented by movements in carrying amount:

Carrying amount at 1 July 2025	111,891	1,343	2,371,843	80,420	37,979	2,603,476
Additions	-	-	-	6,298	12,956	19,254
Disposals	-	-	(55)	(2,692)	-	(2,747)
Revaluation increments / (decrements) ¹	15,380	128	277,517	-	-	293,025
Net equity transfers in from Queensland government entities	-	-	-	117	-	117
Donations	-	-	-	137	-	137
Recognitions	-	-	-	144	-	144
Transfers between classes ¹	-	-	24,904	16,892	(41,796)	-
Depreciation expense	-	(205)	(162,466)	(22,392)	-	(185,063)
Carrying amount at 30 June 2026	127,271	1,266	2,511,743	78,924	9,139	2,728,343

¹ During 2026, SCHHS have recognised previously unrecorded Included Equipment assets which have been identified as a result of new information, supported by a stocktake and asset reconciliation process. The recognition of these assets has been treated as a change in accounting estimate arising from the availability of new information regarding the existence, control and measurement of the assets. The net impact of recognising these assets has amounted to \$7.677m, recorded through the revaluation surplus and subsequently transferred from the building to plant and equipment asset class. The adjustment does not represent the acquisition of new assets during the year but reflects the recognition and classification of assets previously and currently controlled by SCHHS.

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 2026

C3 Property, plant and equipment (continued)

Acquisition

All assets acquired during the reporting period have been initially recognised at cost. Cost is the amount of cash or cash equivalents paid or the fair value of other consideration given to acquire an asset, at the time of its acquisition or construction including costs incurred in preparing the assets for use. Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to SCHHS and it increases the service potential or useful life of that asset. All other repairs and maintenance expenditure that merely restores original service potential are charged to the statement of comprehensive income during the financial period in which they are incurred.

Assets under construction (Capital works in progress) is shown at a value that recognises the extent of completion of work, as represented by progress payments to date. The construction of major health infrastructure assets relating to SCHHS is funded by the Department as equity injections throughout the year (refer to statement of changes in equity). These assets are assessed at fair value upon practical completion.

Measurement

Measurement using historical cost

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

Measurement using fair value

These assets are reported at their revalued amounts, being the fair value at the date of valuation, less any subsequent accumulated depreciation and accumulated impairment losses where applicable. Separately identified components of assets are measured on the same basis as the assets to which they relate. In respect of the abovementioned asset classes, 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.

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

This note discloses the judgements and estimates made in determining the fair values of land and buildings that are recognised and measured at fair value in the financial statements. 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.

Notes to the Financial Statements

For the year ended 30 June 2026

C3 Property, plant and equipment (continued)

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

Revaluation of assets measured at fair value

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.

Accounting for changes in fair value

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.

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. This is generally referred to as the 'gross method'. 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. This is generally referred to as the 'net method'.

Land revaluation

Land is categorised as Level 2 within the fair value hierarchies. 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. Hurman Valuations and Advisory has been engaged to perform this valuation exercise for the year ended 30 June 2026.

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 2025-26, the effective date of valuation is 30 June 2026. Eight land parcels were comprehensively valued at this date, with remaining land parcels being indexed at an average rate of 13 percent. The net revaluation increase was \$15.380 million.

Building revaluation

Buildings are categorised between Level 2 and Level 3 fair value hierarchies. Level 2 buildings are non-specialised buildings with fair value measurement derived from price inputs that are observable. These buildings include the Gympie 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, Gray Robinson and Cottrell Pty Ltd (GRC) performed 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.

Notes to the Financial Statements

For the year ended 30 June 2026

C3 Property, plant and equipment (continued)

For 2025-26, the effective date of valuation is 30 June 2026. Maroochydore Community Health was subject to comprehensive valuation in the year. All other buildings were indexed using a rate of 11.31 percent. The index is made up of key components Building Price Index of 8.31 percent and a Special Movement Index of 3.00 percent. The net revaluation increase was \$277.645 million.

Revaluation movement

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

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

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. 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 2026 financial year (2025: Nil).

Notes to the Financial Statements

For the year ended 30 June 2026

C4 Intangibles

	2026 \$'000	2025 \$'000
Developed software	17,032	17,032
Developed software - Accumulated amortisation	(16,941)	(16,874)
	<u>91</u>	<u>158</u>
Purchased software	747	478
Purchased software - Accumulated amortisation	(337)	(281)
	<u>410</u>	<u>197</u>
Software work in progress	37	-
	<u>37</u>	<u>-</u>
Total	<u>538</u>	<u>355</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 2024	602	218	-	820
Additions	-	-	-	-
Amortisation	(444)	(21)	-	(465)
Carrying amount at 30 June 2025	<u>158</u>	<u>197</u>	<u>-</u>	<u>355</u>
Additions	-	269	37	306
Amortisation	(67)	(56)	-	(123)
Carrying amount at 30 June 2026	<u>91</u>	<u>410</u>	<u>37</u>	<u>538</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 2026

C5 Right-of-use assets

	2026 \$'000	2025 \$'000
Opening balance	342	449
Depreciation	(105)	(107)
Closing balance	237	342

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

	2026 \$'000	2025 \$'000
Trade payables	115,767	107,165
Health service employee expenses payable to the Department	33,885	23,035
Other payables	9,040	9,318
Funding for public health services repayable	7,879	11,443
Total	166,571	150,961

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.

C7 Interest bearing liability

The interest bearing liability relates to the Public Private Partnerships arrangement at Sunshine Coast University Hospital. Refer to Note C9 Public Private Partnerships (PPPs) for more information on this arrangement.

C8 Contract liabilities

	2026 \$'000	2025 \$'000
Current		
SCUH car park licence income	3,738	3,738
Grants funding	3,512	1,421
Funding for public health services	250	638
Other	152	3
Total	7,652	5,800
Non-current		
SCUH car park licence income	53,741	57,479
Grants funding	6,023	4,965
Total	59,764	62,444
Total	67,416	68,244

Notes to the Financial Statements

For the year ended 30 June 2026

C8 Contract liabilities (continued)

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 2026 and 2025 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*.

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

The PPPs held by SCHHS are described below.

	Note	2026 \$'000	2025 \$'000
Assets			
Land and buildings carrying amount			
SCUH		1,761,257	1,663,748
SCUH car parks		177,904	167,632
Noosa Hospital		57,067	54,908
Capital works in progress carrying amount			
SCUH		888	2,201
		1,997,116	1,888,489
Liabilities			
Trade payables			
Noosa Hospital payable for service provisions		2,500	2,200
Interest bearing liability	C7		
PPP arrangement for SCUH		444,845	458,513
Contract liabilities	C8		
Deferred SCUH car park licence income		57,479	61,217
		504,824	521,930

Sunshine Coast University Hospital (SCUH) (Year 10 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.

Notes to the Financial Statements

For the year ended 30 June 2026

C9 Public Private Partnerships (PPPs) (continued)

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

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 D3 Commitments.

Accounting policy for PPP lifecycle payments

Lifecycle payments are made to EH 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.

SCUH car parks (Year 10 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.

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 D3 Commitments.

Noosa Hospital (Year 6 of 10)

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

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 2026

C9 Public Private Partnerships (PPPs) (continued)

C9.2 Operating statement impact

	Note	SCUH \$'000	SCUH car parks \$'000	Noosa Hospital \$'000	Total \$'000
2025-26					
Revenue					
Rental and licence income	B1.4	-	3,738	3,831	7,569
Other revenue	B1.5	2,188	-	-	2,188
Expenses					
Supplies and services	B2.2	(45,792)	-	(25,419)	(71,211)
Depreciation	C3	(97,193)	(8,156)	(5,027)	(110,376)
Borrowing costs	B2.3	(36,585)	-	-	(36,585)
Net impact on operating result		(177,382)	(4,418)	(26,615)	(208,415)
2024-25					
Revenue					
Rental and licence income	B1.4	-	3,738	4,051	7,789
Other revenue	B1.5	134	-	-	134
Expenses					
Supplies and services	B2.2	(40,506)	-	(25,204)	(65,710)
Depreciation	C3	(89,470)	(7,720)	(3,268)	(100,458)
Borrowing costs	B2.3	(37,701)	-	-	(37,701)
Net impact on operating result		(167,543)	(3,982)	(24,421)	(195,946)

Notes to the Financial Statements

For the year ended 30 June 2026

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 2026			
Cash inflows			
No later than 1 year	-	3,831	3,831
Later than 1 year but not later than 5 years	-	11,492	11,492
Later than 5 years but not later than 10 years	-	-	-
Later than 10 years	-	-	-
	-	15,323	15,323
Cash outflows			
No later than 1 year	(108,079)	(22,600)	(130,679)
Later than 1 year but not later than 5 years	(371,614)	(67,800)	(439,414)
Later than 5 years but not later than 10 years	(519,169)	-	(519,169)
Later than 10 years	(568,688)	-	(568,688)
	(1,567,550)	(90,400)	(1,657,950)
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
	25,354	19,153	44,507
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)
	(1,617,940)	(113,000)	(1,730,940)

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 2026, the actual interest rate was higher than the base case interest rate and, accordingly, estimated future cash outflows are expected in relation to the interest bearing liability.

Notes to the Financial Statements

For the year ended 30 June 2026

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.

C10.2 Revaluation surplus

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

	Land \$'000	Building \$'000	Total \$'000
Balance at 1 July 2024	52,116	1,312,789	1,364,905
Revaluation increment for the year	346	144,953	145,299
Balance at 30 June 2025	52,462	1,457,742	1,510,204
Revaluation increment for the year	15,380	277,645	293,025
Balance at 30 June 2026	67,842	1,735,387	1,803,229

Notes to the Financial Statements

For the year ended 30 June 2026

Section D: Notes about risks and other accounting uncertainties

D1 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 2026 is 7.2% (2025: 6.3%). No interest has been capitalised during the current period.

Categorisation of financial instruments

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

	2026 \$'000	2025 \$'000
Financial assets		
Cash and cash equivalents	49,023	39,276
Trade and other receivables	40,705	52,247
Total	89,728	91,523
Financial liabilities		
Trade payables	166,571	150,961
Lease liabilities	287	402
Interest bearing liability	444,845	458,513
Total	611,703	609,876

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 2026 (2025: \$nil). During the 2025-26 year the overdraft facility was not utilised in the normal course of business.

Notes to the Financial Statements

For the year ended 30 June 2026

D1 Financial instruments (continued)

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.

	2026	Contractual maturity			2025	Contractual maturity		
	Total	<1 Yr	1-5 Yrs	>5Yrs	Total	<1 Yr	1-5 Yrs	>5Yrs
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Trade payables	166,571	166,571	-	-	150,961	150,961	-	-
Lease liabilities	287	122	165	-	402	115	287	-
Interest bearing liability	444,845	14,813	72,754	357,278	458,513	13,667	67,128	377,718
Total	611,703	181,506	72,919	357,278	609,876	164,743	67,415	377,718

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.

D2 Contingencies

Contingent liabilities - litigation in progress

As at 30 June 2026, the following cases were filed in the courts naming the State of Queensland acting through the SCHHS as defendant:

	2026	2025
	No. of cases	No. of cases
Health litigation	7	12
General liability	1	1
Property	-	-
	8	13

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 2026, there were 87 (78 at 30 June 2025) 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 2026

D3 Commitments

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

	2026 \$'000	2025 \$'000
<i>Capital expenditure commitments</i>		
Committed at reporting date but not recognised as liabilities, payable:		
within one year	5,550	1,658
one year to five years	196	-
Total	5,746	1,658

Lessor revenue commitments

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

within one year	8,731	8,671
one to two years	8,732	8,657
two to three years	8,733	8,650
three to four years	8,734	8,650
four to five years	4,905	8,650
more than five years	50,692	54,956
Total	90,527	98,234

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.

D4 Events after the reporting period

No matter or circumstance has arisen since 30 June 2026 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 2026

Section E: Notes on our performance compared to budget

This section contains explanations of major variances between SCHHS's actual 2025-26 financial results and the Queensland Government State Budget 2025-26. 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 2026 \$'000	Actual 2026 \$'000	Variance 2026 \$'000	Variance %
Income					
Funding for public health services	E1.1	1,826,823	1,874,453	47,630	3%
User charges and fees	E1.2	142,063	149,541	7,478	5%
Grants and other contributions	E1.3	27,678	30,503	2,825	10%
Rental and licence income		7,717	7,772	55	1%
Other revenue	E1.4	11,982	16,498	4,516	38%
Total revenue		2,016,263	2,078,767	62,504	3%
Gains on disposal of assets		77	73	(4)	(5%)
Total income from continuing operations		2,016,340	2,078,840	62,500	3%
Expenses					
Employee expenses	E1.5	(225,053)	(225,509)	(456)	0%
Health service employee expenses	E1.5	(1,070,264)	(1,153,576)	(83,312)	8%
Supplies and services	E1.6	(453,461)	(469,699)	(16,238)	4%
Depreciation and amortisation	E1.7	(202,646)	(185,291)	17,355	(9%)
Impairment losses on financial assets		(171)	(2,705)	(2,534)	1482%
Borrowing costs		(36,585)	(36,610)	(25)	0%
Other expenses		(28,160)	(25,879)	2,281	(8%)
Total expenses from continuing operations		(2,016,340)	(2,099,269)	(82,929)	4%
Operating result		-	(20,429)	(20,429)	1%
Other comprehensive income					
<i>Items that will not be reclassified subsequently to operating result</i>					
Increase in the revaluation surplus	E1.8	259,883	293,025	33,142	13%
Other comprehensive income		259,883	293,025	33,142	13%
Total comprehensive income		259,883	272,596	12,713	5%

Notes to the Financial Statements

For the year ended 30 June 2026

E2 Original budget to actual comparison – Statement of Financial Position

Statement of financial position

	Variance Notes	Budget 2026 \$'000	Actual 2026 \$'000	Variance 2026 \$'000	Variance %
Current assets					
Cash and cash equivalents	E2.1	27,462	49,023	21,561	79%
Trade and other receivables	E2.2	25,689	40,705	15,016	58%
Inventories	E2.3	9,058	6,530	(2,528)	(28%)
Other current assets		5,176	4,145	(1,031)	(20%)
Total current assets		67,385	100,403	33,018	49%
Non-current assets					
Property, plant and equipment	E2.4	2,790,380	2,728,343	(62,037)	(2%)
Intangibles		264	538	274	104%
Right-of-use assets		943	237	(706)	(75%)
Total non-current assets		2,791,587	2,729,118	(62,469)	(2%)
Total assets		2,858,972	2,829,521	(29,451)	(1%)
Current liabilities					
Trade payables	E2.5	186,140	166,571	(19,569)	(11%)
Lease liabilities		140	122	(18)	(13%)
Interest bearing liability		14,814	14,813	(1)	0%
Accrued employee benefits		6,968	7,156	188	3%
Contract liabilities		4,920	7,652	2,732	56%
Total current liabilities		212,982	196,314	(16,668)	(8%)
Non-current liabilities					
Interest bearing liability		430,033	430,032	(1)	0%
Contract liabilities		58,349	59,764	1,415	2%
Lease liabilities		401	165	(236)	(59%)
Total non-current liabilities		488,783	489,961	1,178	0%
Total liabilities		701,765	686,275	(15,490)	(2%)
Net assets		2,157,207	2,143,246	(13,961)	(1%)
Equity					
Contributed equity	E2.6	393,179	464,267	71,088	18%
Revaluation surplus	E2.7	1,871,945	1,803,229	(68,716)	(4%)
Accumulated deficit	E2.8	(107,917)	(124,250)	(16,333)	15%
Total equity		2,157,207	2,143,246	(13,961)	(1%)

Notes to the Financial Statements

For the year ended 30 June 2026

E3 Original budget to actual comparison – Statement of Cash Flows

Statement of cash flows

	Variance Notes	Budget 2026 \$'000	Actual 2026 \$'000	Variance 2026 \$'000	Variance %
Cash flows from operating activities					
Funding for public health services	E1.1	1,624,177	1,697,243	73,066	4%
User charges and fees	E1.2	137,645	148,352	10,707	8%
Grants and other contributions	E1.3	15,024	16,378	1,354	9%
Interest received		1,006	3,089	2,083	207%
GST collected from customers		6,414	7,692	1,278	20%
GST input tax credits		28,691	29,961	1,270	4%
Rental and licence income received		7,769	7,772	3	0%
Other revenue	E1.4	10,963	13,403	2,440	22%
Employee and Health service employee expenses	E1.5	(1,294,550)	(1,366,979)	(72,429)	6%
Supplies and services	E1.6	(427,584)	(448,066)	(20,482)	5%
GST paid to suppliers		(28,691)	(29,825)	(1,134)	4%
GST remitted		(6,413)	(8,104)	(1,691)	26%
Borrowing costs		(36,841)	(36,888)	(47)	0%
Other expenses		(27,763)	(23,627)	4,136	(15%)
Net cash from / (used by) operating activities		9,847	10,401	554	6%
Cash flows from investing activities					
Proceeds from disposal of property, plant and equipment		-	73	73	0%
Payments for property, plant and equipment	E3.1	-	(19,254)	(19,254)	0%
Payments for intangibles		-	(306)	(306)	0%
Net cash / (used by) investing activities		-	(19,487)	(19,487)	0%
Cash flows from financing activities					
Proceeds from equity injections	E2.6	12,387	32,616	20,229	163%
Borrowing redemptions		(13,668)	(13,668)	-	0%
Principal payments of lease liabilities		-	(115)	(115)	0%
Net cash from / (used by) financing activities		(1,281)	18,833	20,114	(1570%)
Net increase / (decrease) in cash and cash equivalents		8,566	9,747	1,181	14%
Cash and cash equivalents at the beginning of the financial year	E2.1	18,896	39,276	20,380	108%
Cash and cash equivalents at the end of the financial year		27,462	49,023	21,561	79%

Notes to the Financial Statements

For the year ended 30 June 2026

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 Queensland Department of Health (the Department). This included funding for initiatives for patient care and enterprise bargaining agreements during the year.

E1.2 User charges and fees

The increase in user charges and fees is principally due to recoveries of the expensed component of capital projects and revenue received for purchases of pharmaceuticals subsidised by the Commonwealth Government under the Pharmaceutical Benefits Scheme.

E1.3 Grants and other contributions

The increase is principally due to increases in services received below fair value from the Department and donations.

E1.4 Other revenue

The increase is largely due to recoveries of salaries and wages from external institutions and health care providers, and higher than anticipated interest income.

E1.5 Employee 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.

E1.6 Supplies and services

The increase 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 outsourced radiology and endoscopy services.

E1.7 Depreciation and amortisation

The variance is primarily due to the flow-on impact of prior-year valuation outcomes, with asset useful lives aligned to those adopted in the valuation.

E1.8 Increase in the revaluation surplus

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

Statement of Financial Position

E2.1 Cash and cash equivalents

The variance is primarily due to equity injections received during the year, including those associated with capital projects.

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.

E2.4 Property, plant and equipment

The variance to budget is due to the realignment of building asset useful lives and revaluation of land and building assets. At the time the budget was set these movements could not be reliably determined.

Notes to the Financial Statements

For the year ended 30 June 2026

E4 Explanations of material variances (continued)

E2.5 Trade payables

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

E2.6 Contributed equity

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

E2.7 Revaluation surplus

At the time the budget was set revaluation movements could not be reliably determined.

E2.8 Accumulated deficit

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

Statement of Cash Flows

E3.1 Payments for 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 Nambour General Hospital upgrades and redevelopment and purchases of equipment.

Notes to the Financial Statements

For the year ended 30 June 2026

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 (GPP) 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. GPP provides the option for SMOs and VMOs to either:

- assign all of their private practice revenue to the HHS (assignment arrangement) and in return receive an allowance, or
- 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 GPP 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 GPP bank accounts to retention doctors and SCHHS's operating and General Trust bank account.

	2026 \$'000	2025 \$'000
Granted Private Practice Revenues and Expenses		
Revenue		
Billing revenue - assigned arrangement	13,586	13,205
Billing revenue - retention arrangement	15,841	16,570
Interest revenue	72	78
Expenses		
Payments to SCHHS - assignment arrangement and interest	(13,661)	(13,283)
Payments to retention doctors	(5,004)	(5,513)
Payments to SCHHS - retention arrangement recoverable costs	(8,174)	(8,365)
Payments to SCHHS - Study, education and research trust account fund	(2,660)	(2,692)
	<u>-</u>	<u>-</u>
Closing balance of bank account not yet disbursed	<u>2,868</u>	<u>2,707</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.

	2026 \$'000	2025 \$'000
Patient Trust receipts and payments		
Opening balance	91	75
Amounts receipted on behalf of patients	2,627	2,812
Amounts paid to or on behalf of patients	(2,610)	(2,796)
Closing balance	<u>108</u>	<u>91</u>

Notes to the Financial Statements

For the year ended 30 June 2026

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. RADs 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.

	2026 \$'000	2025 \$'000
Refundable accommodation deposits		
Opening balance	2,417	1,616
Amounts receipted on behalf of patients	1,011	1,411
Amounts paid to or on behalf of patients	(720)	(610)
Closing balance	2,708	2,417

Notes to the Financial Statements

For the year ended 30 June 2026

Section G: Other information

G1 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 \$'000	Expenses \$'000	Assets \$'000	Liabilities \$'000
		For the year ended 30 June 2026		As at 30 June 2026	
Department of Health	(a)	1,892,269	1,320,947	14,773	114,855
Queensland Treasury Corporation	(b)	980	24	22,217	2
Workcover Queensland	(c)	1,503	14,956	-	1,311
CS Energy	(d)	-	7,717	-	665
Department of Housing and Public Works	(e)	-	5,596	-	341
		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

(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 equivalents.

Notes to the Financial Statements

For the year ended 30 June 2026

G1 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 G2.

G2 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% (2025: 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%)
	2026	2026	2025	2025
	\$'000	\$'000	\$'000	\$'000
Total income	5,887	1,701	5,682	1,642
Total expenses	(6,943)	(2,007)	(6,736)	(1,947)
Total comprehensive result	(1,056)	(306)	(1,054)	(305)
Current assets	1,661	480	2,936	849
Non-current assets	9,989	2,887	10,983	3,174
Total assets	11,650	3,367	13,919	4,023
Current liabilities	1,621	468	2,834	819
Total liabilities	1,621	468	2,834	819
Net assets	10,029	2,899	11,085	3,204

Notes to the Financial Statements

For the year ended 30 June 2026

G3 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.

G4 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.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.

G5 Future impact of Accounting Standards not yet effective

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

AASB 18 Presentation and Disclosure in Financial Statements

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

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

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

All other Australian accounting standards and interpretations with future effective dates are either not applicable to the SCHHS's activities or have no material impact.

Management Certificate

For the year ended 30 June 2026

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 2026 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 Service

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

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



Dated 26 08 2026



Dated 26 08 2026



Dated 26 08 2026

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 2026, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including material accounting policy information, and the management certificate.

In accordance with s. 40 of the *Auditor-General Act 2009*, for the year ended 30 June 2026:

- a) I received all the information and explanations I required.
- b) I consider that, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.
- c) In my opinion, the financial report:
 - i. gives a true and fair view of the entity's financial position as at 30 June 2026, and its financial performance and cash flows for the year then ended
 - ii. complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

Basis for opinion

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

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

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

Key audit matters

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

Valuation of specialised buildings \$2,512 million

Refer to note C3 in the financial report.

Key audit matter	How my audit addressed the key audit matter
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. Sunshine Coast Hospital and Health Service performed a comprehensive revaluation of Maroochydore Community Health this year as part of a rolling revaluation program. All other buildings were assessed using relevant indices The current replacement cost method comprises: - gross replacement cost, less - accumulated depreciation. 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: - identifying the components of buildings with separately identifiable replacement costs - developing a unit rate for each of these components, including: - estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre) - identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so, estimating the adjustment to the unit rate required to reflect this difference. The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components. The significant judgements required for gross replacement cost and useful lives are also significant judgements for calculating annual depreciation expense. Using indexation required: - significant judgement in determining changes in cost and design factors for each asset type since the previous revaluation - reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used.	My procedures included, but were not limited to: - assessing the adequacy of management's review of the valuation process and 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: - modern substitute (including locality factors and oncosts) - adjustment for excess quality or obsolescence. - evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices - evaluating useful life estimates for reasonableness by: - reviewing management's annual assessment of useful lives - at an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement cost of assets - testing that no material 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 Board for the financial report

The Board is responsible for:

- the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards, and such internal control as they determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error
- the establishment and keeping of accounts in accordance with prescribed requirements
- assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless it is intended to abolish the entity or to otherwise cease operations.

Auditor's responsibilities for the audit of the financial report

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

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

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

A further description of my responsibilities under the *Auditor-General Act 2009* and *Auditor-General Auditing Standards* is located at the Queensland Audit Office website at:

www.qao.qld.gov.au/audit-program/audit-standards

These descriptions form part of my auditor's report.



D J Toma
as delegate of the Auditor-General

28 August 2026
Queensland Audit Office
Brisbane

Glossary

Accessible	An accessible hospital system provides fast medical care close to home, featuring the right staff and equipment for your specific health needs.
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)	Activity-based funding (ABF) is the current funding framework used in Queensland Health to manage how public health care services are funded across Queensland.
Acute	A condition that starts suddenly, progresses quickly and usually lasts for a short time.
Admission	A hospital admission is the official process of entering a hospital and being accepted as a patient for medical care.
AI	Artificial Intelligence
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, prosthetics and orthotics, psychology, radiation therapy, sonography, speech pathology, and social work.
Ambulatory care	Ambulatory care is medical treatment, diagnosis, or consultation provided on an outpatient basis where patients return home the same day without an overnight hospital stay.
Board	Sunshine Coast Hospital and Health Service Board
CEO	Chief Executive Officer
Chronic condition	A chronic condition is a long-lasting health issue.
Clinical governance	Clinical governance is the integrated system and framework through which healthcare organisations, managers, and clinicians, as well as patients and consumers share accountability for continuously improving service quality and ensuring patient safety.
Elective surgery categories	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. In Australia, there are 3 national categories: Urgent (Category 1)—surgery recommended within 30 days of being added to the wait list Semi-urgent (Category 2)—surgery recommended within 90 days of being added to the wait list Non-urgent (Category 3)—surgery recommended within 365 days of being added to the wait list.
Emergency department waiting time	Time between triage and commencing meaningful treatment. Critical patients will be given priority.
Full-time equivalent (FTE)	Refers to full-time equivalent staff currently working in a position.
GP	General Practitioner
HAC	Hospital Acquired Complication
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 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 health care organisation. Hospital and Health Service Hospital and Health Service is a separate legal entity established by Queensland Government to deliver public hospital services.

ieMR	An ieMR (Integrated Electronic Medical Record) is a secure digital system that replaces paper patient charts and allows doctors, nurses, and staff to view and update patient health information at the same time.
Immunisation	The process of your body's immune system learning how to protect you from an infectious disease, usually with the help of a vaccine.
Innovation	The process of turning a new idea or method into a practical solution that creates real value.
ISMS	National Safety and Quality Health Service Standards
KPI	Key Performance Indicator
Long Wait	Any time a patient waits longer than the clinically recommended timeframe for their scheduled elective surgery or specialist outpatient appointment.
MOHRI	Minimum Obligatory Human Resource Information
NAIDOC	National Aboriginal and Islanders Day Observance Committee
MDP	Manager Development Program
MRSA	Methicillin-resistant Staphylococcus aureus
NGOs	Non-Government Organisations
NSQHS	National Safety and Quality Health Service Standards
Nurse Navigator	Highly experienced nurses who have an in-depth understanding of the health system and who will assist patients with complex health care 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 health care professionals, prescribing medications, and ordering diagnostic investigations.
Occasions of Service (OoS)	An occasion of service is any single examination, consultation, treatment, or care service provided to a non-admitted patient in a health facility each time that service happens.
Outpatient	A non-admitted patient who receives medical, surgical, or allied health care at a public hospital or clinic without being formally admitted or allocated a hospital bed.
Outpatient service	A medical, surgical, or allied health appointment where you receive care at a public facility without being formally admitted to a hospital bed.
Performance indicator	A measurable value used in service agreements to monitor and evaluate how safely, efficiently, and timely public hospitals and health services deliver patient care.
PREMS	Patient reported experience and outcome measures.
QGEA	Queensland Government Enterprise Architecture
QHRC	Queensland Human Rights Commission
SCHI	Sunshine Coast Health Institute
SCUH	Sunshine Coast University Hospital
Statutory bodies	An independent corporate entity established by an Act of Parliament to deliver public health services and manage local resources.
VACS	Virtual Acute Care Service
Weighted Activity Unit	A standard measure used by Queensland Health to count and value the level of resources consumed during a patient's medical treatment.

Compliance Checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	• A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7	4
Accessibility	• Table of contents • Glossary	ARRs – section 9.1	5 104
	• Public availability	ARRs – section 9.2	2
	• Interpreter service statement	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	2
	• Copyright notice	<i>Copyright Act 1968</i> ARRs – section 9.4	2
	• Information Licensing	<i>QGEA – Information Licensing</i> ARRs – section 9.5	2
General information	• Introductory Information	ARRs – section 10	8
Non-financial performance	• Government's objectives for the community and whole-of-government plans/ specific initiatives	ARRs – section 11.1	6
	• Agency objectives and performance indicators	ARRs – section 11.2	(8)
	• Agency service areas and service standards	ARRs – section 11.3	51
Financial performance	• Summary of financial performance	ARRs – section 12.1	53
Governance – management and structure	• Organisational structure	ARRs – section 13.1	28
	• Executive management	ARRs – section 13.2	23
	• Government bodies (statutory bodies and other entities)	ARRs – section 13.3	8
	• Public Sector Ethics	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	32
	• Human Rights	<i>Human Rights Act 2019</i> ARRs – section 13.5	32
	• Queensland public service values	ARRs – section 13.6	32

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	• Risk management	ARRs – section 14.1	31
	• Audit committee	ARRs – section 14.2	31
	• Internal audit	ARRs – section 14.3	31
	• External scrutiny	ARRs – section 14.4	32
	• Information systems and recordkeeping	ARRs – section 14.5	32
	• Information Security attestation	ARRs – section 14.6	32
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	29
	• Early retirement, redundancy and retrenchment	<i>Directive No.04/18 Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	29
Open Data	• Statement advising publication of information	ARRs – section 16	30
	• 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	100
	• Independent Auditor’s Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	101

FAA Financial Accountability Act 2009

FPMS Financial and Performance Management Standard 2019

ARRs Annual report requirements for Queensland Government agencies

QGEA Queensland Government Enterprise Architecture

VCSV RB Victims’ Commissioner and Sexual Violence Review Board Act 2024

