Queensland Good jobs Better services Great lifestyle

ANNUAL REPORT 2023–2024

Wide Bay Hospital and Health Service

Queensland Government

Information about consultancies, overseas travel, and the Queensland language services policy is available at the Queensland Government Open Data website (https://data.qld.gov.au). Wide Bay Hospital and Health Service has no Open Data to report on overseas travel for the 2023-2024 year.

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

Hard copies of the annual report can also be obtained by phoning the office of Wide Bay Hospital and Health Service Chief Executive on (07) 4150 2020. Alternatively, you can request a copy by emailing WBHHS-HSCE@health.qld.gov.au.

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on 1800 512 451 and ask for an interpreter.

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If you have an enquiry regarding this Annual Report, please contact Wide Bay Hospital and Health Service on (07) 4150 2020.

Acknowledgment of Traditional Owners

Wide Bay Hospital and Health Service respectfully acknowledges the Traditional Owners and Custodians, both past and present, of the area we service; the Wakka Wakka, Gurang, Kabi Kabi, Butchulla, Wulli Wulli, Taribelang Bunda, Gooreng Gooreng and Byellee peoples.

We also declare our commitment to reducing inequalities in health outcomes for Aboriginal and Torres Strait Islander people in line with the Australian Government's Closing the Gap initiative and the Wide Bay Hospital and Health Service *First Nations Health Equity Strategy 2022-2026*.

Recognition of Australian South Sea Islanders

Wide Bay Hospital and Health Service formally recognises Australian South Sea Islanders as a distinct cultural group within our geographical boundaries. Wide Bay Hospital and Health Service is committed to fulfilling the Queensland Government *Recognition Statement for Australian South Sea Islander Community* to ensure that present and future generations of Australian South Sea Islanders have equality of opportunity to participate in and contribute to the economic, social, political and cultural life of the State.

Letter of compliance

29 August 2024

The Honourable Shannon Fentiman MP
Minister for Health, Mental Health and Ambulance Services and Minister for Women
GPO Box 48
Brisbane QLD 4001

Dear Minister,

I am pleased to submit for presentation to the Parliament the Annual Report 2023-2024 and financial statements for Wide Bay Hospital and Health Service.

I certify that this annual report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2019*; and
- the detailed requirements set out in the *Annual report requirements for Queensland Government agencies*.

A checklist outlining the annual reporting requirements can be found on page A-7 of this annual report.

Yours sincerely,

Peta Jamieson
Chair
Wide Bay Hospital and Health Board

Contents

Statement on Queensland Government objectives for the community

Wide Bay Hospital and Health Service's *Strategic Plan 2022-2026, Care, connection, compassion for all*, considers and supports the Queensland Government's objectives for the community, *Good jobs, Better services, Great lifestyle*, with a particular focus on towards the objectives of supporting jobs, keeping Queenslanders safe, building Queensland, backing our frontline services, connecting Queensland, growing our regions and honouring and embracing our rich and ancient cultural history.

More information about our strategic direction can be found on page 4, and there is detailed information on page 47 about how our performance indicators from 2023-2024 have supported our strategic objectives.

From the Chair and Chief Executive

As we reflect on the 2023-2024 year, it is clear it has been a period of significant progress and achievement for Wide Bay Hospital and Health Service and our community. Our vision of "Care, Connection, Compassion for All" continues to be the driving force behind everything we do, and it is this focus that has guided us through a year of remarkable growth and transformation.

Despite the significant increases in hospital emergency department presentations and the rapid population growth in our region, our teams have risen to the challenge and delivered outstanding results. We have demonstrated improved performance across multiple metrics and key performance indicators (KPIs), a testament to the dedication, skill, and commitment of our staff. We acknowledge that these achievements are not just numbers on a spreadsheet; they represent real people who are receiving better access to care, in the right place, at the right time. This is a direct result of our ongoing collective commitment to excellence in healthcare.

One of the key areas where we have made substantial strides is in our continued focus on providing care closer to home. Through the expansion of our telecare services, we have been able to reach more patients in our community, reducing the need for them to travel long distances for care. This initiative is particularly important in a region as diverse and expansive as ours, where access to healthcare can be a challenge for many. By leveraging technology, we are ensuring more people can receive the care they need, when they need it, without the added burden of travel.

This year also marked a significant milestone in our commitment to health equity with the appointment of our Executive Director for Aboriginal and Torres Strait Islander Health. This role is a key component of our Health Equity Plan and underscores our dedication to closing the gap in health outcomes for First Nations Australians. We are proud to take this important step toward ensuring that all members of our community have access to culturally safe and responsive healthcare.

In addition to these initiatives, we are delivering on our staff workforce strategy, which is central to our mission of making our health service a truly great place to work. We believe our people are our greatest asset, and we are committed to continuing to foster a workplace culture that is supportive, inclusive, and empowering. There has been a strong focus on staff wellbeing, including developing the *Employee Wellbeing Framework 2023* and undertaking the pilot Arts in Health program which is delivering positive benefits for staff and patients.

Another key achievement this year has been the delivery of the *Wide Bay Hospital and Health Service Disability Plan 2024–2027*. This plan reflects our commitment to creating an inclusive and accessible environment for all patients, staff, and visitors. By removing barriers and improving access, we are ensuring that our services are welcoming and accommodating to everyone, regardless of ability.

While the development of important initiatives takes time it is truly gratifying to see them coming to fruition. The progress we have made this year is a testament to the hard work, collaboration, and shared vision of our entire team.

As we look to the future, we remain confident our health service is on the right path. Together, we will continue to build on our successes, driven by our unwavering commitment to care, connection, and compassion for all. Congratulations on an incredible year, and thank you to all those across the health service for your dedication and passion.

Sincerely,

Peta Jamieson
Chair
Wide Bay Hospital
and Health Board

Debbie Carroll
Chief Executive
Wide Bay Hospital
and Health Service

About us

Established on 1 July 2012, Wide Bay Hospital and Health Service (WBHHS) is an independent statutory body governed by the Wide Bay Hospital and Health Board (the Board), which reports to the Minister for Health, Mental Health and Ambulance Services and Minister for Women.

WBHHS's responsibilities are set out in legislation through the *Hospital and Health Boards Act 2011, Hospital and Health Boards Regulations 2023, Financial Accountability Act 2009* and subordinate legislation.

WBHHS delivers quality, patient- and family-focused health services that reflect the needs of the Wide Bay community, which includes the geographical areas of the Bundaberg, Fraser Coast and North Burnett local government areas, and the Discovery Coast/Agnes Water region that is part of the Gladstone local government area.

WBHHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, critical care, acute inpatient, outpatient, mental health, oral health and a range of specialist, community and outreach services.

These services are delivered under a service agreement with the Department of Health. This agreement identifies the minimum services to be provided, performance indicators and key targets.

Strategic direction and priorities

WBHHS's *Strategic Plan 2022-2026, Care, connection, compassion for all*, supports the delivery of quality healthcare for the Wide Bay region in a way that responds to community needs; provides the right service, at the right time, in the right place; and supports people in the region to live the healthiest lives possible.

As per the WBHHS *Local area needs assessment (LANA) Healthcare priorities 2022* our top 5 healthcare needs are:

- complex care for older people
- better mental healthcare
- ways to prevent chronic diseases
- ways to prevent common cancers
- ways to prevent unhealthy weight and obesity in our community.

The Wide Bay Hospital and Health Board sets our strategic priorities through WBHHS Strategic Plan, which outlines how we will meet the needs of our communities over the duration of the plan.

In this context, five strategic directions have been developed and committed:

Optimise and transform

We will enhance and transform health service to improve patient outcomes by implementing the following values, initiatives and goals:

- Establishing contemporary patient flow models.
- Improving wait time indicators across specialist outpatients and elective surgery.
- Actively measuring and assessing indicators of Emergency Department performance.
- Enhancing collaboration between facilities.
- Implementing priorities from the Strategic Asset Management Plan and the WBHHS Master Plan.
- Improving infrastructure.
- Ensuring financial sustainability.

Equity and access

We will ensure services delivered are equitable and accessible to the community by implementing the following values, initiatives and goals:

- Engaging with our community.
- Continuing to provide high-quality and safe care.
- Expanding availability of subspecialty services.
- Scaling up alternative models of care.
- Improving services for First Nations peoples.
- Improving services for people with disabilities.

Embed technology

We will increase access to virtual care through embedded technology by implementing the following values, initiatives and goals:

- Using technology to deliver care closer to home.
- Improving performance and decision-making through the use of technology.
- Implementing information technology improvement strategies.
- Developing a virtual care agenda and strategies.

Foster partnerships

We will actively partner with diverse stakeholders to better serve the community by implementing the following values, initiatives and goals:

- Pursuing mutually beneficial partnerships.
- Building the health literacy of staff and consumers.
- Building capacity through effective partnerships.
- Implementing collaborative, co-designed, community-based services.
- Ensuring consumer, community and stakeholder representation in health service design and improvement.

Nurture and future-proof workforce

We will strengthen our workforce to ensure care, connection and compassion for all by implementing the following values, initiatives and goals:

- Building a culturally-safe and responsive workforce.
- Growing capabilities through education.
- Fostering an environment of continuous improvement.
- Prioritising the wellbeing of staff.
- Developing and growing our own local workforce through strategic partnerships and education.
- Implementing targeted succession planning and growing the skills of staff so they can progress into key positions.

Vision, Purpose, Values

Our vision is *Care, connection, compassion for all*.

This vision means we:

- always show kindness and compassion
- care about our patients
- connect with our community.

Our purpose is to compassionately care and connect with the Wide Bay community and our staff to provide excellence in regional health services.

Our values are supported by core behaviours, guiding what we do, how we act, and how we treat our patients and each other.

We have worked with our staff to create a shared value system we all believe in.

These values form the acronym C.A.R.E. Through patients' eyes, and include:

- Collaboration
- Accountability
- Respect
- Excellence
- Through patients' eyes.

WBHHS endeavours to demonstrate these values in all our activities, however some of our projects and initiatives particularly illustrate our commitment to living our values in every day practice.

Collaboration

Regional Medical Pathway MOU renewal

The Regional Medical Pathway (RMP) – a medical education and training pathway pioneered by CQ University, The University of Queensland, and the Central Queensland and Wide Bay Hospital and Health Services, signed a new Memorandum of Understanding between the four partners to reaffirm their commitment to the RMP.

First established in 2021, the pathway allows up to 60 students per year to complete their entire medical studies in regional Queensland.

The pathway is now in its third year and has attracted its highest ever intake of first year students, almost a third of whom are local to the Central Queensland and Wide Bay regions, highlighting that aspiring doctors no longer need to leave the regions to undertake medical studies.

Accountability

Reducing wait times for PTSS claims

Staffing enhancements to the Patient Travel Subsidy Scheme (PTSS) have significantly reduced long waiting times for patients to have their reimbursement claims completed.

During the 2023-24 period, WBHHS received more than 30,280 PTSS claims. The team was experiencing challenges in meeting the 30-business day processing timeframe due to this high demand. In response, an additional three FTEs were employed, leading to considerable improvements in processing times and overall service delivery.

At the end of the financial year, WBHHS's processing times were within the timeframe at 25 business days.

Respect

Empowering mental health consumers in their meal choices

In a Queensland-first initiative, consumers in the new Hervey Bay mental health inpatient unit are being offered the opportunity to choose their meals under an innovative food service model.

Instead of choosing from a limited set of meals, consumers are offered a lunch and dinner menu template which they fill in at their leisure, then submit directly to the chefs through a servery window. They can choose from a modular or flexible on-demand menu, which allows them to mix and match and build their own meal choices. The consumers are even able to chat with the chefs and order off-menu, which is particularly important when they have limited appetite.

The new service delivery model has been receiving ongoing positive feedback from consumers and staff alike.

Excellence

Statewide leadership in rural nursing

Facing a critical shortage of general practitioners, an exciting opportunity for innovative nursing practice and a visionary solution emerged. By expanding the scope of practice and lifting the profile of rural registered nurses, patients received timely, patient-centred care, even in the absence of medical officers.

This led to a statewide first, with the formal adoption of the Primary Clinical Care Manual (PCCM) for inpatient use. Previously the PCCM was only endorsed for use in rural emergency departments. The Rural and Isolated Practice Registered Nurse (RIPRN) course equips registered nurses with advanced decision-making and diagnostic skills necessary for an expanded generalist role.

This specialised training empowers nurses to initiate patient care, including the use of medicines, in rural and remote primary care settings. The skills and knowledge acquired by completing the course optimises their scope to deliver timely, patient-centred care. The reference tool for this care is the *Primary Clinical Care Manual (PCCM) 11th edition 2022*.

Through patients' eyes

Consultation with Aboriginal and Torres Strait Islander stakeholders

The project team for the New Bundaberg Hospital has undertaken respectful consultation with Aboriginal and Torres Strait Islander groups and stakeholders to ensure that the new hospital delivers a culturally safe and welcoming facility for all.

Feedback from the surveys, community discussions and consultation sessions has led the project team to incorporate key cultural components into the plan:

- Consultative models of care and health service delivery
- Culturally safe spaces away from the busy hospital ward
- Use of local language in wayfinding, design and signage
- Warm and welcoming colour palette, inspired by the surrounding natural beauty and environment of the new hospital site
- Outdoor gathering spaces to promote healing and connection to culture and country
- Visual connection to the outdoors from the emergency department (ED) waiting room
- Sorry Business, including a waiting area for relatives and a special place for quiet reflection
- Curves to soften design
- Stronger visual presence for the Aboriginal and Torres Strait Islander Health Unit
- Statements of recognition to create a culturally welcoming environment
- Land management and plant selection respecting the ecological history of the site
- Artwork incorporating symbols of welcome, wayfinding, connection with storytelling, landscape and Aboriginal and cultural heritage.

Aboriginal and Torres Strait Islander health

WBHHS's Aboriginal and Torres Strait Islander Health Services continues to ensure that safety and quality priorities address the specific needs of our Aboriginal and Torres Strait Islander population. The Aboriginal and Torres Strait Islander Health Service is also responsible for the coordination of services and advice on matters relating to improving the health and social and emotional wellbeing of our Aboriginal and Torres Strait Islander community. The re-establishment of the WBHHS Aboriginal and Torres Strait Islander Advisory Council lead cultural change to guide WBHHS towards provision of culturally safe and respectful healthcare.

Our Aboriginal and Torres Strait Islander Health services provides a holistic approach to services offered to our First Nations peoples within the WBHHS region. This builds on the respectful relationships and networks that advocate for, liaise with and ensure the cultural safety of our consumers, patients and community.

Our organisation has a local collaboration agreement in place with Galangoor Duwalami Primary Healthcare Service, with the aim to enhance and improve health outcomes by care coordination, joint reviews of clinical incidents and hospital discharge planning meetings. Working in partnership with external stakeholders allows us the opportunity to reinforce and strengthen Aboriginal and Torres Strait Islander health governance and build and maintain partnerships that facilitate community consultation and self-determination.

The Executive Director of Aboriginal and Torres Strait Islander Health Services represents WBHHS on statewide committees including the First Nations Health Leads Forum and oversees and leads the development and implementation of our *First Nations Health Equity Strategy 2022-2025*. The Aboriginal and Torres Strait Islander Health team also provide direction, guidance and advice on the strategic directions, priorities and policy development in relation to the health and social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.

How we are Closing the Gap

The release of our *WBHHS First Nations Health Equity Strategy Implementation Plan 2022-2025* (Implementation Plan) addresses inequities for Aboriginal and Torres Strait Islander peoples and ensures our organisation is delivering culturally safe, responsive, adaptive, equitable and appropriate care, regardless of where you're from, or the care you seek.

The Implementation Plan has been published along with our inaugural Health Equity Strategy. The Implementation Plan has been guiding WBHHS to deliver on the strategic objectives in the Health Equity Strategy.

A current review of the Implementation Plan commenced in April 2024. During this review process, allocation of specific actions from the Implementation Plan have been assigned to WBHHS Executive Directors. Those Executive Directors partner with the Executive Director Aboriginal and Torres Strait Islander Health Services to oversee and review, data sets, benchmarks and key performance measures.

We made progress in several focus areas of the Implementation Plan as our region worked towards achieving health equity for our First Nations people.

- Annual (year-on-year) increase First Nations Workforce, progress towards achieving workforce representation at least commensurate to the local First Nations population. Workforce has grown from 2.4 per cent in July 2023 to 2.8 per cent in June 2024 which equates to 127 staff.
- Decreased proportion of First Nations patients waiting longer than clinically recommended for their initial appointment (seen in time %) 81.9 per cent.
- Established local alternatives of service provision through partnerships with community health providers.

Progress against our focused priority areas have been reviewed and work on a draft 2025-2028 First Nations Health Equity Strategy commenced.

Our continuous commitment to Closing the Gap has been demonstrated by leading constructive and positive change in the below five key priority areas:

1. Eliminating racial discrimination and institutionalised racism
2. Increasing access to healthcare services
3. Influencing social, cultural and economic determinants of health
4. Providing sustainable, culturally safe and responsive health services
5. Collaborating with First Nations partners.

As a collective we drove positive change by:

- Working with our hospitals, services and external partners to ensure Aboriginal and Torres Strait Islander people have equitable access to health services.
- Measuring, monitoring and reporting on our progress against agreed commitments
- Recognising that specific measures are needed to improve Aboriginal and Torres Strait Islander people's access to health services.
- Recognising that equity of access to health services is dependent upon Aboriginal and Torres Strait Islander people being actively involved in the design and delivery of those services.
- Recognising that the social determinants of Aboriginal and Torres Strait Islander health include education, employment, housing, environmental factors, social and cultural issues, and racism.

WBHHS strives to provide a holistic approach to services offered to Aboriginal and Torres Strait Islander people. Partnering with Aboriginal and Torres Strait Islander people in the design and delivery of health services will remain our priority.

Our community-based and hospital-based services

WBHHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, acute inpatient, outpatient, mental health, oral health and a range of specialist, community and outreach services.

We serve a population of more than 224,793 people across a geographical area of approximately 37,000 square kilometres (see map below).

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

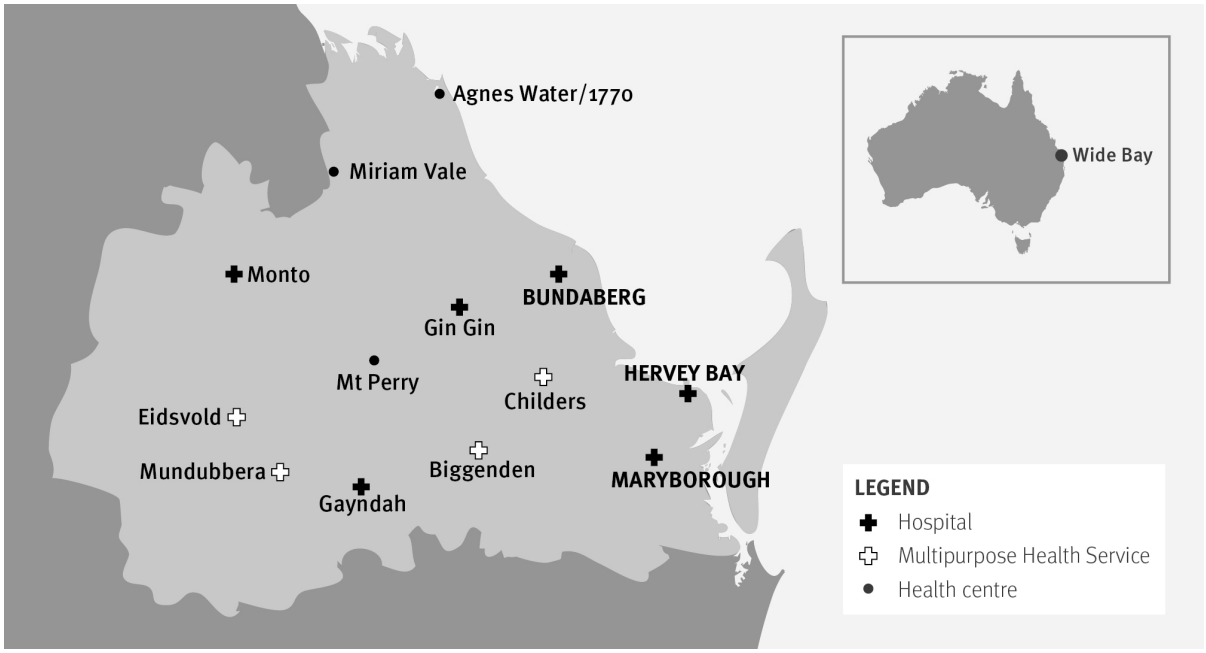
- Bundaberg Hospital
- Hervey Bay Hospital
- Maryborough Hospital
- Biggenden Multipurpose Health Service (MPHS)
- Childers MPHS
- Eidsvold MPHS
- Gayndah Hospital
- Gin Gin Hospital
- Monto Hospital
- Mundubbera MPHS
- Mt Perry Health Centre.

Despite not having WBHHS infrastructure, outreach services are provided to Agnes Water and Miriam Vale via community centres.

We also partner with various external organisations to supplement and support specialist services to the Wide Bay community. This helps our patients to be seen cost-effectively and within clinically recommended timeframes, which improve their health outcomes.

WBHHS, in conjunction with the local councils in its service region, provides free on-site and on-street parking at all its facilities.

Wide Bay Hospital and Health Service area



Specialty services

Aboriginal and Torres Strait Islander health services	ENT surgery (paediatric)	Oral health and oral surgery, including school-based program
Acute pain management	Gastroenterology	Orthopaedics
Alcohol and other drug services	General medicine	Palliative care
Allied health	General surgery	Paediatrics
Anaesthetics	Gerontology	Pathology
BreastScreen	Gynaecology	Pharmacy
Cancer care	Hospital in the Home	Public health
Cardiology	Integrated Care	Radiation therapy
Child Development	Intensive and high-dependency care	Rehabilitation
Child Health	Internal medicine	Renal services, including dialysis
Colorectal surgery	Medical imaging including Computed Tomography (CT)	Rheumatology outpatients
Community Health	Medical oncology	School health
Coronary care	Mental health services	Sexual health
Early Parenting Intervention	Obstetrics	Specialist Outpatients
Emergency medicine	Offender health	Transition Care Program
Endocrinology outpatients (Telehealth)	Ophthalmology	Urology
		Women's health

Targets, challenges and opportunities

WBHHS continues to deliver performance improvements while providing sustainable patient-centred, high-quality and safe healthcare services.

We operate in a complex and challenging environment, balancing efficient service delivery with optimal health outcomes to ensure that healthcare expenditure achieves value for our communities.

Ongoing challenges in the delivery of healthcare services to our communities include:

- **Service demand and capacity** — the Wide Bay region has an ageing and low socio-economic population with high levels of acute and chronic disease. In addition, the region has undergone significant population growth in recent years, placing increasing demand on public healthcare services. The Australian Bureau of Statistics estimated the resident population of the region to have increased by 9.4 percent between 30 June 2019 and 30 June 2023 (from 219,452 to 240,090).
- **Workforce capacity constraints and sustainability** – recruiting and retaining highly qualified staff in rural and regional areas is an ongoing challenge that WBHHS continues to manage.
- **Primary and community care service gaps** - there are many instances of a siloed approach between primary care, acute care and community services. Workforce and service capacity constraints across the region (including RACFs, NDIS and primary, community and acute care), result in increased demand on the public health system.
- **Geographic challenges** - access to specialist services within the WBHHS region is limited due to several subspecialty gaps, resulting in many patients needing to travel long distances to receive care. The large geographic area of WBHHS presents a challenge for providing services closer to home.
- **Financial pressures** — while the health service achieved a significant improvement in its financial position in the 2023-24 period, we continue to experience increasing service demand pressures that impact on the delivery of a balanced budget in a constrained funding environment.
- **Ageing infrastructure** – the service has a number of buildings and facilities that limit capacity to introduce new and advanced service models and technologies. There are, however, upgrade and construction projects currently underway or in the planning stages to address the most critical of these.
- **Operating environment** — the delivery of health services in an environment in which there are competing priorities between public policy, planning, and regulatory frameworks. Adaptability to change has been critical, along with managing community expectations of the services that we can provide.
- **Patient flow challenges** – WBHHS services and infrastructure are under significant pressure due to the growing demand for services, reflected in capacity alerts across our three main hospital facilities at Bundaberg, Hervey Bay and Maryborough. Hervey Bay and Maryborough Hospitals have seen an 8.8 per cent increase in emergency presentations compared to last year, including a 12.9 per cent increase in Cat 1-3 presentations – the highest in the state. (Source: SPR data)

Our key demographics and health risk factors

The Wide Bay community is one of the oldest in the state. Many of our residents have complex health issues with multiple morbidities, including high rates of chronic disease, mental illness and disability.

This is further compounded by a variety of social determinants impacting population health of the region such as socioeconomic and geographic factors, along with high rates of smoking, obesity, and risky drinking.

Table 1: Key demographic and health risk statistics for the Wide Bay region

	Wide Bay	Qld
Average rate of annual population increase	1.6%	1.6%
Aged 65+	27.4%	16.6%
Unemployment (as at March quarter 2023)	5.7%	3.8%
Median total family income	$70,716	$105,248
Aboriginal or Torres Strait Islander background	5.2%	4.6%
"In need of assistance" with a core activity as a result of a profound or severe disability	10.0%	6.0%
List their highest level of schooling as Year 11 or 12	46.1%	63.6%
Residents who are daily smokers	15%	10%
Residents who are obese	31%	25%
Residents who are risky drinkers	24%	23%

References:

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

The Health of Queenslanders 2022 — Chief Health Officer, Queensland

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

Addressing our challenges

Our Strategic Plan identifies the strengths and opportunities within our health service that will mitigate these challenges and enable WBHHS to deliver on our strategic directions:

- Harnessing the skill and experience of our staff to drive innovation and quality outcomes
- Effectively engaging with staff and community partners to co-design health services and health promotion strategies
- Strengthening collaborations with the education sector and our health stakeholders to deliver care without duplication
- Delivering health equity
- Working with community partners to enhance health literacy
- Developing new and innovative models of care including virtual care initiatives
- Enhancing organisational culture through our values
- Attracting, recruiting, retaining and developing our skilled workforce to provide care which meets the region's requirements.

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

Service demand and capacity

In partnership with Health Infrastructure Queensland, we are proud to be investing in the biggest infrastructure development our health service has ever seen. We are building, expanding and enhancing facilities across our region to meet the increasing needs of our community.

New Bundaberg Hospital

The $1.2 billion new Bundaberg Hospital project is forging ahead, with an official sod turn event held in May 2024, signalling the official launch of the early work construction program. The project will deliver a bigger and better hospital with an extra 121 overnight beds creating total 320 overnight beds, more emergency department treatment spaces, theatres and outpatient consult areas along with the expansion of clinical and support services.

This is the largest health investment the Wide Bay region has ever seen and will enhance the capability and capacity of our public healthcare system, ensuring its readiness for future service expansion and safeguarding the wellbeing of our community.

Hervey Bay Hospital expansion

The Hervey Bay Hospital Expansion project will deliver 35 beds through the fitting out of vacant "shell space" on the second level of the Emergency Department building. The expansion project will accommodate a new 25-bed medical inpatient unit and a 10-bed Intensive Care Unit.

We are also delivering 24 beds through a modular ward at Hervey Bay Hospital. Through both projects the hospital capacity will increase by 59 beds.

The modular ward means we can deliver more beds sooner and the contract has already been awarded.

Fraser Coast Mental Health Service Project – Stage 1 Mental Health Inpatient Unit Hervey Bay

In early 2024, consumers were relocated from Maryborough to a brand new, contemporary mental health inpatient unit (MHIPU) in Hervey Bay.

This is the first time there has been a specific mental health inpatient capacity at Hervey Bay, and is the stage one of a major $40M Fraser Coast Mental Health Service Project.

The 22-bed inpatient unit was developed in consultation with staff including peer workers and consumer groups. The inpatient facility model of care has been updated to provide a more holistic and contemporary multidisciplinary approach to mental healthcare with the addition of allied health services such as social work, psychology, occupational therapy, and exercise physiology within the inpatient facility. The MHIPU will also serve as the operational hub for the Community Acute Care Team, situated in close proximity to the Hervey Bay Hospital's emergency department.

Fraser Coast Mental Health Service Project – Stage 2 Older Person's Inpatient Unit Maryborough

The second stage of this major project commenced in early 2024 and involves transformation of the existing inpatient unit at Maryborough Hospital into a refurbished 10-bed specialist sub-acute unit, which will focus on older people's mental healthcare.

The combined impact of both stages will be an increase in mental health inpatient bed capacity from the current 14 beds at Maryborough to a total of 22 acute inpatient beds and an additional 10 sub-acute beds for older persons across the Fraser Coast.

This expansion will enable the Wide Bay Mental Health team to accommodate the growing demand for mental healthcare services over time.

Funding for this critical expansion has been allocated through Better Care Together, underscoring the commitment to enhancing mental healthcare services in the region and promoting recovery-focused care.

Bundaberg residential rehabilitation and withdrawal facility

A new, purpose-built facility is set to address the pressing health needs of the Wide Bay Burnett and Fraser Coast communities. This service will provide essential care for individuals and families struggling with alcohol and other drug dependencies.

The facility is now under construction and will provide 28 places for residential treatment, consisting of withdrawal management and rehabilitation beds.

The new service, expected to generate approximately 25 full-time jobs, demonstrates a significant step towards meeting the region's increasing demand for alcohol and other drug treatment.

Modular staff accommodation Biggenden Hospital

A $5 million project has delivered 10 contemporary and fit-for-purpose self-contained staff accommodation units at Biggenden Hospital as part of Queensland Health's Building Rural and Remote Health Program.

Each one-bedroom air-conditioned unit includes an ensuite, kitchen, living area and laundry and a small outdoor deck. One also has an accessible design to cater to the needs of people with a disability.

The modular buildings were manufactured offsite in a factory in Brisbane, minimising noise and disruption to the community, hospital operations, staff, and patients.

This new accommodation will ensure WBHHS continues to attract and retain staff to support important healthcare delivery to rural communities.

Lighthouse crisis support space

A new mental health crisis support space has opened at Bundaberg Hospital. Modelled on the successful Oasis Crisis Support space launched in Hervey Bay in 2022, the service offers after-hours mental health crisis care and allows consumers to be fast-tracked out of the Emergency Department.

The service was named and developed in partnership with consumers, and is staffed by peer workers and mental health clinicians, providing a welcoming, safe space.

The service is funded under the Queensland Government's $1.6 billion Better Care Together mental health plan.

Workforce capacity constraints and sustainability

WBHHS is in a unique and privileged position to enhance the wellbeing of doctors in training through having a dedicated Medical Education and Wellbeing Registrar. This has resulted in several initiatives to support doctors in training by improving their work experience in the clinical environment, enabling tailored education opportunities and personalised career progression.

We recently expanded our Workplace-Based Assessment (WBA) initiative to offer the program at Bundaberg Hospital. The WBA provides an alternative assessment process for International Medical Graduates to obtain general registration to practice in Australia and has bolstered our workforce. Doctors who complete the program are more likely to remain in the region, from eight months prior to the program's implementation to nearly three years. Almost a quarter of these graduates continue to serve the community as local GPs across the region.

In 2024 we recommitted to our partnership in the Regional Medical Pathway, which is a community supported, end-to-end pathway for the education and training of future regional, rural and remote doctors. The RMP enables local students to complete their medical training entirely in the Wide Bay region, which will further support a sustainable and safe medical workforce.

A $5 million project has delivered 10 contemporary and fit-for-purpose self-contained staff accommodation units at Biggenden Hospital. This new accommodation will ensure WBHHS continues to attract and retain staff to support important healthcare delivery to rural communities.

Primary and community care service gaps

The ConeX Model of Care is an innovative approach to supporting new doctors and enhancing patient care, particularly upon discharge. ConeX brings an experienced Clinical Nurse Consultant to work alongside the acute medical team to provide expert advice and recommendations to support admission and discharge, connect timely clinical care and fast-track referrals. The model also supports junior doctors, addressing workforce challenges, and delivering significant improvements in patient care, including reducing average length of stay.

Integrated care continues to deliver on its goal to keep WBHHS community members well and independent at home. Workforce growth to support this includes establishment of and recruitment to the Clinical Director Integrated Care Fraser Coast and Clinical Director Integrated Care Bundaberg roles ensuring sound medical workforce governance for the service into the future, an additional 1.0 FTE Diabetes Educator for Fraser Coast and an additional 6.0 FTE permanent staff to support the growth in the Transition Care Program.

We partnered closely with Country to Coast Queensland (formerly the PHN) to distribute and promote their health and wellbeing survey. The data collected will help to populate our Local Area Needs Assessment (LANA) and be used jointly across region for health service planning and delivery.

We supported Indigenous Wellbeing Centre (IWC) to promote the new Medicare Urgent Care Clinic in Bundaberg as an emergency department alternative for non-urgent health concerns.

Q Clinic embraced the challenges of the Queensland syphilis outbreak through increased screening of our clients and support to the many GPs who don't have the same knowledge and experience as our staff. Whilst Wide Bay is not in a recognised outbreak area, Q Clinic supported the 'Stop the Rise' campaign through increased testing of clients, up 25 per cent from last year, and improving accessibility to treatment for positive results to help stop transmission. Q Clinic continues to work closely with the Public Health Unit to strategise innovative ways to address syphilis in our area.

Geographic challenges

WBHHS faced challenges in meeting the 30-business day processing timeframe for Patient Travel Subsidy Scheme (PTSS) claims. In response, an additional three FTEs were employed, leading to considerable improvements in processing times and overall service delivery. During the 2023-24 period, we received more than 30,280 PTSS claims. Prior to the staffing improvements, WBHHS was struggling to keep up with demand within the 30-day timeframe. By the end of June 2024, we were processing claims within 25 business days.

Dozens of healthcare professionals from across the state gathered in Bundaberg for the Telehealth Coordinator Forum, hosted by WBHHS in collaboration with the Telehealth Support Unit.

A new WBHHS website was launched in September 2023, providing a more streamlined and accessible platform for community members in all corners of our region to find information about WBHHS health services.

WBHHS's rural medical workforce model of care was approved to move to a Senior Medical Officer (SMO) model in 2023. The transition is a work in progress with recruitment progressing throughout 2024. Several senior locums are regularly rotating through the sites where we have been unable to recruit permanent staff. These locums are providing security to the roster and sustainable access to primary healthcare.

Financial pressures

- Reduced our inpatient average length of stay to create additional capacity to treat more patients.
- Targeted reductions in high-cost labour for medical locums and nurse agency resources.
- Improved our activity data capture so we are funded correctly for services provided.

Further detail is available in our Financial Summary on page 61.

Ageing infrastructure

Transit Hub upgrade Hervey Bay Hospital

To enhance patient care and community services, Hervey Bay Hospital has undertaken a substantial refurbishment of its Transit Hub and extended the service's operating hours. This $600,000 investment in the refurbishment for the Hervey Bay Hospital Inpatient Transit Hub was aimed at providing a conducive workspace for staff and improving patient care.

The Transit Hub caters to various patient needs, including those awaiting discharge, patients transitioning from the Emergency Department to acute wards, individuals requiring day procedures or infusions without overnight stays, and patients transferred from other facilities who don't require emergency treatment but need an inpatient bed.

Upgrades to Eidsvold and Mundubbera Multipurpose Health Services

Rooms and ensuites at Mundubbera Multipurpose Health Service (MPHS) have received upgrades to encourage aged care residents to live as independently as possible and be supported to live with dignity. In partnership with the Australian Government, accommodation for our aged care residents will be fully refurbished to improve accessibility, including new ensuites, grab rails and wider doors, which will be of great help to our patients, along with our staff who care for them.

Additional improvements to indoor and outdoor facilities at Mundubbera and Eidsvold were also completed.

Childers Multipurpose Health Service carpark

Parking capacity at Childers Multipurpose Health Service has been expanded with a new carpark providing 25 additional parking spaces. The $900,000 project was completed mid-2024 and includes improved access for people with disability and/or mobility difficulties along with parents who are travelling with prams.

Digital health infrastructure improvements

Alongside our major investment in physical infrastructure (see above), we have made considerable improvements in upgrading our digital health infrastructure by implementing MetaVision software in the Intensive Care Units (ICU) at Hervey Bay and Bundaberg Hospitals.

Patients admitted to the ICU at these hospitals will now experience a revolutionary shift from traditional paper records to a cutting-edge Clinical Information System known as MetaVision.

This electronic medical record system will streamline and elevate the management of patient information, marking a pivotal moment in the WBHHS digital journey.

Operating environment

WBHHS established an Environmental Sustainability project in October 2023, with the aim of developing a strategy to reduce our environmental impact while maintaining our commitment to high-quality healthcare.

The strategy was endorsed in April 2024 and includes five key target areas:

- Infrastructure and assets
- Emissions reduction (with focus areas being energy, waste and procurement)
- Data monitoring
- Workforce
- Governance, strategy and planning.

WBHHS is now finalising a series of detailed action plans to work towards meeting whole-of-government emissions and waste reduction targets, and integrating environmental sustainability and climate resilience across all long-term service planning.

In 2024-25, the project focus will shift toward implementation – including the installation of rooftop solar and various recycling initiatives – and transitioning to a business-as-usual approach.

Patient flow challenges

An influx of new roles in departments of emergency medicine (DEM), funded by Queensland Health has added significant capacity to managing service demand and improving patient flow in our hospitals.

- The new Commander Nurse role works closely with Patient Flow Manager and DEM Team Leaders to maximise patient flow.
- An Access Nurse now works closely with our Transfer Initiative Nurse, Queensland Ambulance Service (QAS) and our Commander Doctor on Ramp to maximise patients on the ramp who are seen in time.
- A Waiting Room Nurse works closely with Clinical Initiative Nurse and Triage Nurse to maximise patients in the waiting room who are seen in time.

- The MedOut model provides a physician reviewing patients in the Department of Emergency, with the view to avoid preventable admission by providing early assessment and rapid follow up in clinic to provide care in the right setting.

Hospital in the Home (HITH) and Straight to Review Emergency Avoidance Methods (STREAM) services have been redesigned as a 'push out model' rather than a 'referral model'. While this redesign is in its infancy, it is working well thus far.

Our Surgical Ward has implemented Collaborative Models of Care – Team Nursing as a strategic solution for high demand on nursing workforce causing shortages across services.

Patient Flow Manager software has been implemented to address discharges daily and investigate reasons for delays. This was a Health Improvement Unit review recommendation.

We have established an Average Length of Stay (ALOS) working group and regular meetings with Nurse Unit Manager Surgical, Discharge Manager and Rural Discharge Planner to address higher than average ALOS for surgical ward.

A new Patient Access Coordination Hub (PACH) is improving the flow of patients presenting to the Hervey Bay emergency departments by ambulance. The PACH system provides real-time data and patient information throughout the patient's journey, ensuring they receive care quicker and more efficiently. A similar service is being implemented for Bundaberg. PACH is a collaboration between WBHHS and Queensland Ambulance Service (QAS).

To enhance patient care and community services, Hervey Bay Hospital has undertaken a substantial refurbishment of its Transit Hub and extended the service's operating hours.

Governance

Our people

The Board

The Wide Bay Hospital and Health Board consists of nine non-executive members who are appointed by the Governor in Council, on the recommendation of the Minister for Health, Mental Health and Ambulance Services and Minister for Women. The Board is responsible for the governance activities of the organisation, deriving its authority from the *Hospital and Health Boards Act 2011* and the *Hospital and Health Boards Regulation 2023*.

The Board sets the strategic direction for the health service and is accountable for its performance against key objectives and goals to ensure they meet the needs of the community. It also:

- Ensures safety and quality systems are in place that are focused on the patient experience, quality outcomes, evidence-based practices, education and research
- Monitors performance against plans, strategies and indicators to ensure the accountable use of public resources
- Ensures risk and compliance management systems are in place and operating effectively
- Establishes and maintains effective systems to ensure that health services meet the needs of the community.

The Chair and members provide a significant contribution to the community through their participation on the Board and committees. Remuneration acknowledges this contribution and is detailed on page FS-31.

The Governor in Council approves the remuneration for Board Chairs, Deputy Chairs and Members. The annual fees paid by WBHHS are consistent with the *Remuneration Procedures for Part-Time Chairs and Members of Queensland Government Bodies*. These are as follows:

- Board Chair – $75,000
- Board Member – $40,000
- Committee Chair – $4,000
- Committee Member – $3,000.

In addition, total out-of-pocket expenses paid to the Board during the reporting period was $4,127.

The Board has legislatively prescribed committees that assist it to discharge its responsibilities. The Board and each committee of the Board operate in accordance with a Charter that clearly articulates the specific purpose, role, functions, responsibilities and membership.

Executive

As set out in section 32B of the *Hospital and Health Boards Act 2011*, the Board Executive Committee supports the Board in progressing the delivery of strategic objectives for WBHHS and by strengthening the relationship between the Board and the Chief Executive to ensure accountability in the delivery of services.

Safety and Quality

The Safety and Quality Committee is established in line with the requirements of the *Hospital and Health Boards Regulation 2023*. The role of the Board Safety and Quality Committee is to ensure a comprehensive approach to governance matters relevant to safety and quality of health services is developed and monitored.

The committee is also responsible for advising the Board on matters relating to safety and quality of healthcare provided by the health service including but not limited to strategies to minimise preventable harm, improving the experience of patients and carers receiving health services and promoting improvements in workplace health and safety. Monitoring the workplace culture of the Service in relation to the safety and quality of health services provided by the Service is a key function of the committee.

Audit and Risk

The Board Audit and Risk Committee is established in line with the requirements of the *Hospital and Health Boards Regulation 2023* (the Regulation). In accordance with the Regulation, the committee provides independent assurance and assistance to the Board on:

- The Service's risk, control and compliance frameworks
- The Service's external accountability responsibilities as prescribed in the *Financial Accountability Act 2009*, the *Financial Accountability Regulation 2019*, and the *Financial and Performance Management Standard 2019.*

The committee meets quarterly and operates with due regard to the Queensland Treasury's Audit Committee Guidelines. The committee's work is supported by a number of standing invitees to the meeting, including the Executive Director of Finance and Performance, Executive Director of Governance, Internal Audit and External Audit representatives.

Finance

The Board Finance Committee is established in line with the requirements of the *Hospital and Health Boards Regulation 2023*. The Executive Director of Finance and Performance is a standing invitee to this committee, which advises the Board on matters relating to the oversight of financial performance and the monitoring of financial systems, financial strategy and policies, capital expenditure, cash flow, revenue and budgeting to ensure alignment with key strategic priorities and performance objectives.

Board membership

Peta Jamieson OAM

Chair

Appointed Chair: 15 December 2016
First appointment: 26 June 2015
Current term: 01 April 2024 - 31 March 2026

Peta has over 20 years' experience in the private and public sector in executive leadership and operational roles. She's worked for the Queensland Government, Brisbane City Council and the Local Government Association of Queensland (LGAQ) and has extensive knowledge in government policy.

In previous roles, Peta helped lead economic change across local government to improve financial sustainability and service delivery. She represented local councils during the development of the Environmental Protection Act. Peta also helped establish the Chief Executive Officers' Forum with the Council of Mayors of South East Queensland.

Peta is a Director for the Gladstone Ports Corporation Board and is a member of the people and performance committee. She's also the director of her own consultancy company, where she provides leadership and advocacy services.

Since her appointment, Peta has promoted the interests of patients in the Bundaberg and Wide Bay regions. She's also Chair of our executive committee and a member of the audit and risk, safety and quality, and finance committees.

Karen Prentis

Deputy Board Chair

Appointed Deputy Chair: 21 October 2021
First appointment: 18 May 2017
Current term: 01 April 2024 - 31 March 2028

Karen is an experienced non-executive director and has extensive knowledge of corporate governance, risk management and strategy. She has significant financial expertise, with over 30 years in financial services and funds management. Karen has specialised skills with managing complex issues and diverse stakeholder and negotiation management across the public and private sectors.

Karen sits on several boards including funds management, public sector committees and is also Pro Chancellor at Griffith University.

As Deputy Chair, Karen is focused on innovative strategy development and strategic leadership for our hospital and health services. She's also Chair of our audit and risk committee and a member of the finance committee.

Dr Chris Woollard

Board Member

First appointment: 1 April 2022
Current term: 01 April 2022 – 31 March 2026

Chris has had several years' healthcare experience across an extensive range of medical, academic, training and military roles.

He is currently a general practitioner and practice owner in Hervey Bay, holding a Fellowship of the Royal Australian College of General Practitioners. Chris has been a tutor with the University of Queensland Rural Clinical School, educating medical students, and a registrar supervisor with James Cook University general practice training.

Appointed as General Practice (GP) Liaison Officer of the Central Queensland, Wide Bay, Sunshine Coast Primary Health Network (PHN) in 2017, Chris went on to become the chair of the PHN Wide Bay Clinical Council for 2020-2021. He is also a GP representative on the Fraser Coast Local Medical Association.

During his military career, Chris served as an army medical officer in Australia and internationally, receiving an Australian Service Medal in addition to a Level Three Group Commendation for the development and delivery of specialised health training to the wider Australian Defence Force. He gained experience supporting a wide range of units and activities, as well as completing various courses such as aviation and underwater medicine, occupational health, and prehospital and early management of severe trauma. Chris remains an active reservist.

He is a member of both the Safety and Quality Committee and the Executive Committee. Growing up in rural NSW in a medical family, Chris has always been aware of, and keen to help tackle the challenges of, delivering healthcare in regional and rural areas.

Chris is a member of our safety and quality, and executive committees.

Karla Steen

Board Member

First appointment: 18 May 2021
Current term: 01 April 2024 - 31 March 2026

Karla is an experienced non-executive director and has more than 20 years' professional experience in media, communications and marketing across the public, private and not-for-profit sectors.

Karla began her career as a journalist with ABC radio and Channel 10 before joining the Queensland Government with a range of portfolios such as emergency services, child safety and community and disability services.

In recent years Karla has developed and implemented community programs aimed at that supporting social inclusion, gender equality and preventative health. She currently works with the Hervey Bay Neighbourhood Centre to improve community mental health through the social connection and inclusion.

As a dedicated board member, Karla has completed research into regional government board participation and is Chair of our Board safety and quality committee and member of our audit and risk, and executive committees. As a cancer survivor and long-term regional resident, she is passionate about regional and rural health services, and preventative health.

Leanne Rudd

Board Member

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

Leanne is a non-executive director and financial professional with over twenty years of extensive experience at board level, spanning both the private and not-for-profit sectors. Her expertise encompasses taxation, business advisory, wealth and financial management, leadership, governance, and management consulting.

Founder of The Money Edge, a reputable agribusiness, accounting, and financial advisory business based in Bundaberg, Leanne has dedicated three decades to public practice.

Leanne's passion for community development and healthcare improvement in regional, rural, and remote areas stems from her upbringing in the region. Leanne is also Chair of IMPACT Community Services.

Driven by a desire to effect positive change, her extensive experience underscores her ability to facilitate the growth and sustainability of businesses across various sectors.

Leanne is the Chair of our finance committee and member of our safety and quality, and executive committees.

Stevan Ober

Board Member

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

Stevan is a proud Torres Strait Islander (Saibai Island) and South Sea (Vanuatu) man.

Stevan is the Chief Executive Officer of Galangoor Duwalami Primary Health Care Service in Fraser Coast. He has over 25 years' experience in Aboriginal and Torres Strait Islander Health in both the Queensland Government, and in the community control sector.

Stevan is a Board Director of the Queensland Aboriginal Islander Health Council, a member of WBHHS's Aboriginal and Torres Strait Islander Community Advisory Council, a former member of the St Stephen's Private Hospital Advisory Committee and a former member of the Statewide Aboriginal and Torres Strait Islander Alcohol and Drug Committee.

He is also a current serving member of Marine Rescue Queensland (Hervey Bay) and has been awarded the National Medal for Service (NM) from the Governor-General of Australia for over 15 years of continuous service.

Stevan is a member of our safety and quality, and finance committees.

Helen Huntly

Board Member

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

Emeritus Professor Helen Huntly OAM served in various university executive roles throughout her career in Tertiary Education, including Vice President (Academic), Deputy Vice Chancellor (VET) and Dean of the School of Education & the Arts at CQUniversity.

In 2022, Helen was appointed a Principal Fellow of internationally recognised Advance HE, after which she was invited as a member of the organisation's Australasian Strategic Advisory Board.

Helen has undertaken leadership roles such as the Chair of the Queensland Deans of Education Forum and Deputy President of the Australian Council of Deans of Education (ACDE).

As well as a life (and founding) member of the Bundaberg YMCA, Helen was a long-term Board Director for IMPACT Community Services, and now serves on the Management Committee of Phoenix House Association Inc. These roles have consolidated her skills in areas such as corporate governance, strategy and planning, and risk management.

Helen is a member of our safety and quality, and audit and risk committees.

Gail Jukes

Board Member

Term: 1 April 2024 – 30 June 2024

Trevor Dixon

Board Member

Term: 18 May 2021 – 31 March 2024

Simone Xouris

Board Member

Term: 18 May 2021 – 31 March 2024

Craig Hodges

Board Member

Term: 18 May 2021 – 31 March 2024

Leon Nehow

Board Member

Term: 18 May 2020 – 20 October 2023

Table 2: Board Committee memberships and attendance

Name of Government body: Wide Bay Hospital and Health Board	
Act or instrument	*Hospital and Health Boards Act 2011*
Functions	The Board appoints the Chief Executive of the Health Service and controls the financial management of the Hospital and Health Service, including the staff, land and buildings.
Achievements	Progressed major capital works as part of the new Bundaberg Hospital Project, Hervey Bay Expansion and Mental Health build. Oversaw the development and publishing of several strategic documents. Continued to prioritise staff wellbeing to ensure WBHHS nurtures and future-proofs its workforce.
Financial reporting	The Board is responsible for preparing the financial report which gives a true and fair view in accordance with the *Financial Accountability Act 2009*, *the Financial and Performance Management Standard 2019* and Australian Accounting Standards and, as the Board determines is necessary, for internal control to ensure the financial report that is free from material misstatement, whether due to fraud or error. The Board is also responsible for assessing the entity's ability to continue as a going concern, disclosing (as applicable) matters relating to going concern and using the going concern basis of accounting unless it is intended to abolish the entity or to otherwise cease operations.

Remuneration									
Position	**Name**	**Meetings/sessions attendance**					**Approved annual fee**	**Approved sub-committee fees**	**Actual fees received**
		Board	**Board Executive**	**Safety and Quality**	**Finance**	**Audit and Risk**			
Chair	**Peta Jamieson**	12/12	4/4	6/6	7/7	3/4	$75,000 pa	**Board Executive** $4,000 pa **Safety and Quality** $3,000 pa **Finance** $3,000 pa **Audit and Risk** $3,000 pa	$93,403 pa
Deputy Chair	**Karen Prentis**	12/12	4/4	-	6/7	3/4	$40,000 pa	**Board Executive** $3,000 pa **Finance** $3,000 pa **Audit and Risk** $4,000 pa	$49,829 pa
Board member	**Dr Chris Woollard**	9/12	3/4	6/6	-	-	$40,000 pa	**Board Executive** $3,000 pa **Safety and Quality** $3,000 pa	$45,843 pa
Board member	**Karla Steen**	12/12	-	6/6	-	4/4	$40,000 pa	**Safety and Quality** $4,000 pa **Audit and Risk** $3,000 pa	$46,686 pa

Board member	**Helen Huntly**	2/12	-	-	-	-	$40,000 pa	**Safety and Quality** $3,000 pa **Audit and Risk** $3,000 pa	$11,231 pa
Board member	**Leanne Rudd**	3/12	1/4	1/6	1/7	-	$40,000 pa	**Board Executive** $3,000 pa **Safety and Quality** $3,000 pa **Finance** $4,000 pa	$12,074 pa
Board member	**Stevan Ober**	3/12	-	1/6	1/7	-	$40,000 pa	**Safety and Quality** $3,000 pa **Finance** $3,000 pa	$11,231 pa
Board member	**Trevor Dixon**	8/12	3/4	-	5/7	2/4	$40,000 pa	**Board Executive** $3,000 pa **Finance** $4,000 pa **Audit and Risk** $3,000 pa	$38,728 pa
Board member	**Simone Xouris**	3/12	3/4	3/6	-	1/4	$40,000 pa	**Board Executive** $3,000 pa **Safety and Quality** $4,000 pa **Audit and Risk** $3,000 pa	$37,786 pa
Board member	**Leon Nehow**	1/12	-	-	-	-	$40,000 pa		$14,522 pa
Board member	**Craig Hodges**	9/12	-	-	6/7	3/4	$40,000 pa	**Finance** $3,000 pa **Audit and Risk** $3,000 pa	$34,602 pa
Board member	**Gail Jukes**	-	-	-	-	-	$40,000 pa		$9,966 pa
No. scheduled meetings/sessions									
12 Board I 4 Board Executive I 6 Safety and Quality I 7 Finance I 4 Audit and Risk									
Total out of pocket expenses									
Include total $4,127 cost for Chair and all members. 'Out of pocket' expenses are outlined in the Remuneration Procedures for part-time Chairs and members of Queensland Government bodies.									

Note 1. The figures reported in the above table reflect the remuneration entitlement of Board members per Remuneration Procedures for Part-Time Chairs and Members of Queensland Government Bodies. Some Board members did not serve for the whole financial year, and were either appointed after the year commenced or retired before the year concluded. As such, figures reported above and in the Financial Statements on page FS-31 reflect the actual remuneration received and may differ due to pro-rata payments received in line with terms of service.
2. The figures reported as 'Actual fees received' include remuneration entitlements for Board membership, committee attendance and service as a committee chair, and may include allowances and reimbursements such as meal, travel, accommodation or motor vehicle expenses as appropriate.

Executive management

The Health Service Chief Executive (HSCE) is accountable to the Board for all aspects of WBHHS performance, including the overall management of human, material and financial resources and the maintenance of health service and professional performance standards. The Executive Management Team supports the HSCE and comprises executive directors with specific responsibilities and accountabilities for the effective performance of the organisation.

To guide the operation of the organisation, an executive committee structure has been designed to facilitate effective strategic governance, operational and management review, improve the transparency of decision making and management of risk. Each executive-level committee has terms of reference clearly describing their respective purpose, functions and authority. These committees provide essential integration and uniformity of approach to health service planning, service development, patient safety and quality, workplace health and safety, resource management, and performance management and reporting.

Deborah Carroll

Chief Executive

Debbie has over 40 years' experience in the public health sector. She's held key leadership roles across different health facilities in Queensland.

She completed her general nurse training in 1981 at Mackay Base Hospital, where she was recognised for her exceptional theoretical knowledge and nursing care.

Debbie joined us in 2006 as Executive Director of Nursing and Midwifery Services and was appointed Chief Operating Officer in 2014. She acted in the role of Chief Executive from October 2019 until her permanent appointment in May 2020.

During her time with us, she's overseen the construction of new infrastructure, approval for the new Bundaberg Hospital and new services and models of care. As Nursing Director in Rockhampton, she established the first Clinical Governance, Risk and Quality Unit in regional Queensland.

She's also managed quality improvements as part of the Short Notice Accreditation process, and the development of the Regional Medical Program. From 2020, she played a leading role in our response to the COVID-19 pandemic.

She also received an Australia Day Award in 2014 for her exceptional leadership during the 2013 floods.

Debbie has a Bachelor of Health Science (Nursing) with Distinction, a Graduate Diploma in Emergency Nursing, and became an endorsed Rural and Isolated Practice registered nurse. She also has a Master of Health Administration and Information Systems, and a Graduate Certificate in Health Service Planning.

Debbie is committed to a values-based leadership approach, focused on providing the best possible care for our communities.

Martin Clifford

Executive Director of Finance and Performance

Martin has worked in the health sector for 20 years and has held senior and executive leadership roles in Victoria and Queensland.

He was appointed Executive Director Finance and Performance in February 2022 and brings strategic direction in finance, health service and hospital executive skills.

In his previous role as Chief Financial Officer for Albury Wodonga Health, Martin was the executive sponsor for the development of a new patient administration system.

He also managed new statewide procurement policies as the chief procurement officer. These included a new budgeting process for the organisation built from a zero-base assumption. He also led the implementation of a new recruitment approval process incorporating finance sign-off for all recruitment actions.

Martin holds a Bachelor of Commerce and a Graduate Diploma in Applied Finance and Investments. He is recognised as a Fellow member of the Certified Practising Accountants of Australia.

Martin is passionate about leading high performing teams including identifying and developing talent across all levels of the organisation.

Ben Ross-Edwards

Chief Operating Officer (from 19/09/2022)

Ben has 20 years' experience in the hospital and health sector and has held senior and executive leadership positions for the past 13 years.

During his time with us, Ben has made improvements to surgical services access, implemented admission avoidance initiatives, and introduced model of care changes. These have resulted in better patient care and experience.

Ben has a Master of Physiotherapy, specialising in acute and rehabilitation settings, with an interest in post-stroke rehabilitation. He also has a Master of Business Administration with a focus on Business Leadership, highlighting his passion for innovation and strategic thinking.

Ben is dedicated to fostering excellence and driving innovation in our organisation, ensuring the delivery of exceptional healthcare services to our community.

Robyn Bradley

Executive Director of Mental Health and Specialised Services

Over the past 20 years, Robyn has held management and leadership roles in the public health sector in Queensland and the South West and Wide Bay communities.

Robyn has been instrumental in the development of new mental health services. This includes a new lived experience peer support workforce in Wide Bay, and a crisis support space in Hervey Bay.

She's also managed the construction of a 20-bed community care unit and a 10-bed Step Up Step Down facility. These were run in partnership with non-government service providers.

Robyn began her career as an allied health professional having completed her Occupational Therapist degree in 1990. She has presented papers at national and international conferences advocating for rural models of care. This includes the Primary Health Network (PHN) conference in 2017, supporting local management for mental health planning frameworks and tools.

Robyn Scanlan

Executive Director of Governance

With over 25 years of healthcare experience, Robyn brings a wealth of knowledge to Wide Bay. Her background includes clinical and leadership positions in rural and remote nursing and midwifery, patient safety, and clinical governance.

Robyn began her career as a registered nurse at Oakey Hospital in 1995, before working in the Rural and Remote Nurse Practitioner program and gaining her midwifery qualifications.

She spent the next 14 years working across several central and western Queensland locations. As Director of Nursing at Longreach Hospital, her achievements included day surgery improvements, optimising patient flow and the introduction of a Queensland-first accommodation program for pregnant women.

After joining us in 2013 as a clinical governance facilitator, she was appointed Director of Clinical Governance in 2017, followed by Executive Director of Governance in April 2020.

During this time, Robyn has managed our first Quality of Care Report and improved safety and quality frameworks. She also led an Australian-first Short-Notice Accreditation pilot in WBHHS. This has since been adopted in multiple other locations across the country.

Robyn was recognised with an Australia Day Award in 2016 and a WBHHS Excellence Award in 2018. These were for her pioneering work in hospital accreditation and associated research. She also presented on the topic at the 2018 World Hospital Congress.

Robyn has a Master of Business Administration and Project Management. She's also a Fellow of the International Society for Quality in Health Care and Associate Fellow of the Australasian College of Health Service Managers.

Robyn is also completing her PhD focused on quality and accreditation systems and is dedicated to advancing the field of healthcare governance.

Dr Scott Kitchener

Executive Director of Medical Services

25/01/2021 - 07/01/2024

Professor Alan S C Sandford AM

Executive Director of Medical Services

Professor Sandford is Acting Executive Director of Medical Services for WBHHS and substantively Director of the Regional Medical Pathway, Central Queensland and Wide Bay Hospital and Health Services, and Immediate Past President and Executive Board Director with Royal Australasian College of Medical

Administrators (RACMA). Also admitted as Honorary Fellow of the Hong Kong College of Community Medicine in 2023.

He initially commenced training in obstetrics and gynaecology and then emergency medicine. Professor Sandford, a Fellow of RACMA is an experienced specialist medical leader holding positions in executive medical leadership over the past 36 years in Australia and internationally. A longstanding priority is supporting teaching, training and supervision in an evolving medical system. He holds honorary professorial appointments with University of Queensland, Central Queensland University and James Cook University. Many contributions to the national health system including Membership of the Australian Medical Council - Specialist Medical Accreditation Committee (SEAC) and the Royal Australasian College of Surgeons Rural Health Equity Steering Committee.

Professor Sandford has worked and consulted in a wide variety of posts including the Middle East and across all states in Australia with a particular focus on workforce and accreditation. He is particularly delighted to be a medical lead for the newly commenced and innovative medical workforce initiative of the end-to-end Regional Medical Pathway entirely undertaken in the Wide Bay and Central Queensland regions of Australia.

Professor Sandford was appointed as a Member of the Order of Australia in the Australia Day Honours in 2017 for “significant services to medical administration and health management in a number of executive roles”. Also awarded the RACMA College Medallion in 2022, RACMA’s highest honour.

Stephen Bell

Executive Director of Allied Health

Stephen Bell is a registered psychologist with 28 years’ experience, including over a decade in senior and executive health leadership positions.

After getting his Bachelor of Psychology in 1994, he worked in specialist and acute public mental health service roles across Queensland.

As our former acting Chief Operating Officer, Stephen introduced new services including approval for a new Clinical Decisions Unit at Hervey Bay Hospital. Under his management, we also had substantial reductions in wait lists for specialist outpatients and endoscopy procedures.

In his previous role as our General Manager for Family and Community Services, Stephen managed successful service restructures and improvements for maternity, paediatrics and dental patients.

Stephen has a Graduate Certificate of Health Management and is a Certified Health Executive. He is also a Fellow of the Australasian College of Health Service Management.

James Jenkins

Executive Director Nursing and Midwifery Services

James trained at St Georges University Hospital Medical School and Kings College, London and holds a Bachelor of Science - Nursing and a Master of Science – Advance Practice. He has been a nurse practitioner in general medicine in many areas including critical and emergent care; paediatrics and acute medicine.

Strong focus on practice, innovation in midwifery and nursing and a unique model development in nursing roles.

James is a detail-oriented team player with strong organisational skills and the ability to handle multiple projects simultaneously with a high degree of accuracy.

Luci Caswell

Executive Director of Human Resources

With more than 30 years working in healthcare, Luci has worked across clinical, operational management, and people and culture roles in the public, private and not-for-profit sectors.

Luci was appointed Executive Director of Human Resources in January 2023 and leads the development and implementation of our strategic human resources objectives. She directs workforce service functions to make sure they meet our business and service requirements. She also provides advice on all workforce matters.

Luci has extensive operational knowledge in values-based health organisations and understands the value of a well-developed and customer-focused human resources service.

Luci is committed to providing human resources services that improve and support the strategic direction of the organisation. She has particular interest and expertise in quality and system improvement, development of positive workplace cultures, governance and strategy.

Paul Weir

Executive Director Aboriginal and Torres Strait Islander Health

Paul is a proud Torres Strait Islander man who descends from proud Meriam and Erub families.

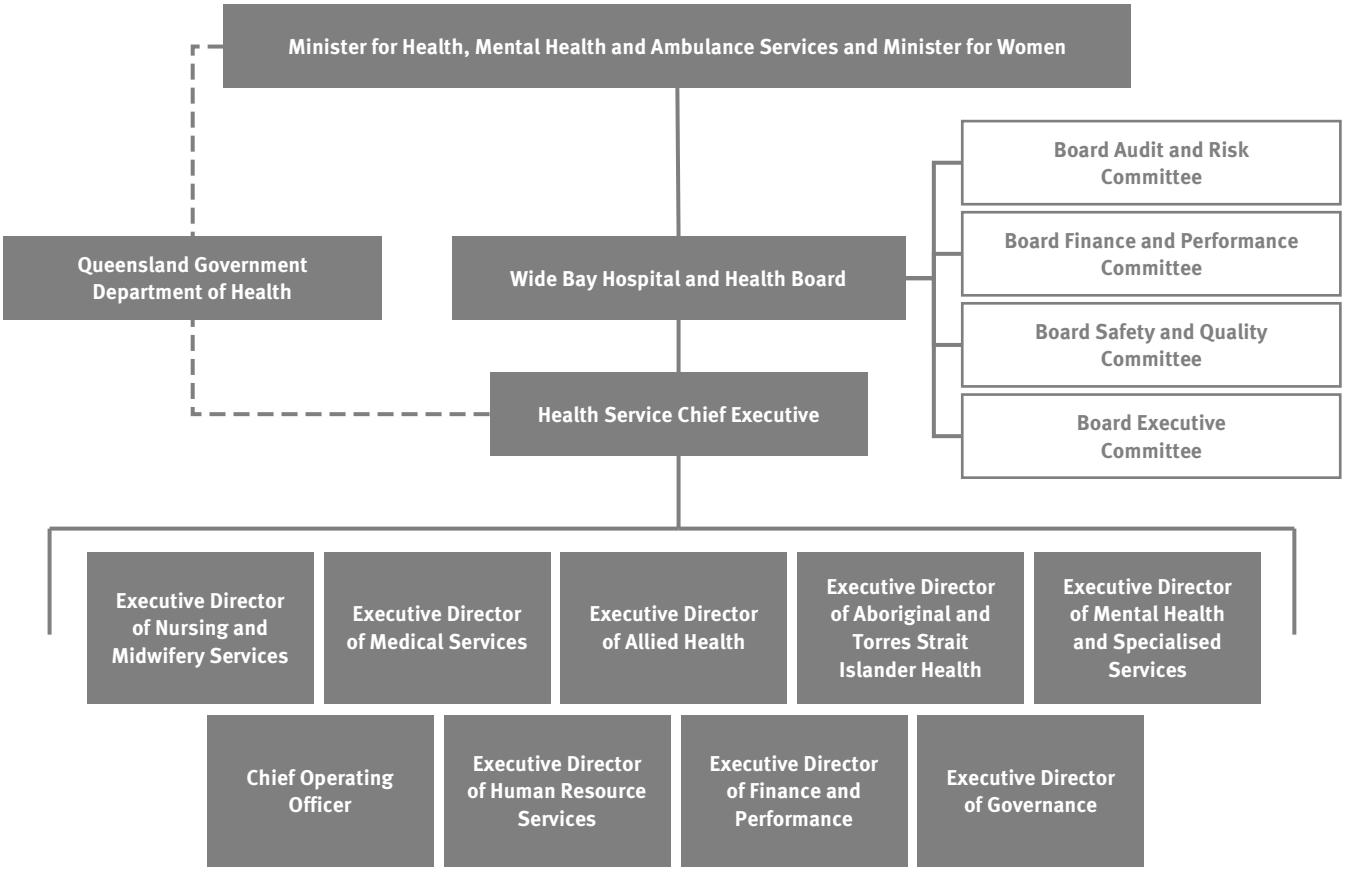
Paul was appointed Executive Director Aboriginal and Torres Strait Islander Health in April 2024 and oversees and leads the development and implementation of our First Nations Health Equity Strategy. Paul also provides guidance and advice on the strategic directions, priorities and policy development in relation to the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Paul began his career in NSW Health and has now returned home to Queensland. He brings his experience and knowledge of team leadership, the development, implementation, monitoring and auditing of policy and legislation, accreditation, compliance, strategic planning and project management.

Paul has a Bachelor of Applied Health Science, a Master of Healthcare Leadership and is undertaking a Master of Public Health.

He is committed to ensuring our health service provides holistic, culturally and clinically safe and respectful services, which allow for the best opportunity for improved health and social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander people.

Organisational structure and workforce profile



Organisational structure (as at 30 June, 2024)

WBHHS employed a total of 3,827 (4,816 headcount) occupied full-time equivalent staff in 2023-2024, an increase of 193 (230 headcount) compared to 2022-2023. Of that figure, more than 70 per cent of staff performed frontline roles.

WBHHS also values diversity in its workforce, recognising our staff bring a range of skills, experience and influences with them to our workplace. This includes First Nations employees, as well as employees who are Culturally and Linguistically Diverse (CALD) or who have a disability.

In line with WBHHS's strategic plan to nurture and future-proof our workforce, we have continued to grow a diverse workforce that is representative of our community.

As at 30 June 2024, the number of employees who identify as First Nations peoples has increased by 17 per cent year on year, from 114 to 134 employees. 584 staff identify as culturally and linguistically diverse (8 percent increase on prior year) and 113 employees identify as a person with a disability (consistent with prior year). WBHHS welcomed the newly created position of Executive Director Aboriginal and Torres Strait Islander Health who commenced on 22 April 2024.

For further details on breakdowns of clinical and First Nations staff members, please see Tables 3 and 4 on the next page, as well as greater gender and demographic diversity in Table 5.

In 2023-2024, 255 permanent staff separated employment from WBHHS. This equates to a permanent separation rate of 7.34 per cent, a reduction from 8.08 per cent in 2022-2023, indicating separations are reducing post the initial impact of mandatory COVID-19 vaccination for all Queensland Health staff, as well as other impacts on workforce movements due to COVID-19.

*Headcount total and percentage in terms of the workforce headcount.

Table 3: Total staffing*

Group	Number
Headcount	4816
Paid Full Time Equivalent (FTE)	3827

Table 4: Occupation types by FTE*

Group	Percentage of total workforce
Corporate	6%
Frontline and Frontline support	94%

Table 5: Appointment type by FTE*

Group	Percentage of total workforce
Permanent	75.79%
Temporary	19.05%
Casual	4.87%
Contract	0.29%

Table 6: Employment status by headcount*

Group	Percentage of total workforce
Full-time	47.67%
Part-time	43.87%
Casual	8.45%

Table 7: Gender diversity by headcount*

Gender	Number	Percentage of total workforce
Women	3664	76.08%
Men	1146	23.80%
Non-binary	6	0.12%

Table 8: Greater diversity in our workforce*

Diversity groups	Number	Percentage of total workforce
Women	3664	76.08%
Aboriginal Peoples and Torres Strait Islander Peoples	135	2.80%
People with disability	114	2.37%
Culturally and linguistically diverse - speak a language at home other than English^	586	12.15%

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

Table 9: Women in leadership roles**

Group	Number	Percentage of total leadership cohort
Senior Officers (Classified and s122 equivalent combined)	5	55.56%
Senior Executive Service and Chief Executives (Classified and s122 equivalent combined)	8	66.67%

** Gender measures where based on the PSC term 'equivalent & s122' which refers to salary levels as opposed to job classification.

Data caveats:

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

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

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

*Women in Leadership roles include the following positions: - Senior Officers: SO, DSO and ASO (Ambulance only). - Senior Executive Service and Chief Executives: HES, CEO, SES (Sec 24/70), 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.

Strategic workforce planning and performance

WBHHS continues to nurture, strengthen and future proof our workforce to provide a truly great place to work, where staff are supported to compassionately care and connect with our community.

Central to this is fostering a continuously evolving organisational culture that reflects our values of Collaboration, Accountability, Respect and Excellence (CARE) Through patients' eyes.

As health services around the country emerge from the height of the COVID-19 pandemic, the impacts on workforce continue to be significant. WBHHS has experienced these workforce challenges and has been agile in responding to our changed environment and the needs of our staff.

Over the last year we have developed a new Strategic Workforce Plan based on the concept of providing a truly great place to work, in order to build a responsive and skilled workforce capable of providing world class care to the community, now and into the future.

WBHHS aligns its workforce strategies to the *WBHHS Strategic Plan 2022-2026, Care, connection, compassion for all*. Also referenced are the broader strategies outlined in the Public Sector Commission's 10 year human capital outlook, *Queensland Health's Advancing health service delivery through workforce: A strategy for Queensland 2017-2026*, the *Queensland public sector Inclusion and diversity strategy 2021-2025*, the *Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016- 2026*, the Public Sector Commission's *Be healthy be safe be well framework*, and the *Queensland Health Workforce Mental Health and Wellbeing Framework 2023*.

During the 2023-2024 year, attraction and retention initiatives continued via attendance at several job fairs and expos, including the Brisbane Careers Expo, Brisbane and Sunshine Coast Tertiary Skills and Careers Expos, the Fraser Coast Jobs Expo, the Bundaberg Careers Expo, the First Nations Dorrie Day Careers Expo, Hervey Bay High School Careers Expo, Isis High School Careers Day, Shalom College Careers Expo, the Rural Doctors Association of Queensland Conference in Cairns, and the Rural Medical Association of Australia Conference in Hobart.

WBHHS representatives also attended several local high school careers information sessions, aligning to the Bundaberg and Fraser Coast Jobs Commitment programs which provide for career advice, clarification of health career pathways, resume writing and mock job interview support for local high school students. The Bundaberg Regional Jobs Committee launched a SPARK program that involved the WBHHS hosting a number of job seekers and introducing them to a tasting of careers in health. This tasting included nursing simulations and patient handling with different types of lifting, cleaning a wound and hand hygiene, a food service tour involving a glimpse into life in the kitchen of a hospital and a hands on plaster technician experience. The attendees were very impressed and open to a career in health.

Promotional videos accompany all job advertisements on the SmartJobs website and other social media platforms such as LinkedIn and Facebook. Media materials promoting living and working in the Wide Bay are provided to all job applicants and specialised vacancy advertising materials are routinely developed for critical, hard to fill vacancies.

As required by the *Public Sector Ethics Act 1994*, the *Code of Conduct for the Queensland Public Service* has been in place since 2011 and applies to all health service staff. Queensland Health policies and procedures provide for the performance management framework including mandatory requirements for orientation, induction and training, and performance management in alignment with the *Public Sector Commission Positive Performance Management Directive 02/24*.

A new directive on *Preventing and Responding to Workplace Sexual Harassment Directive 12/23* was introduced by the Public Sector Commission setting out WBHHS obligations to prevent and respond to sexual harassment in the workplace and supplements the *Work Health and Safety Act 2011 (WHS Act)* and the Managing the risk of psychosocial hazards at work: *Code of Practice 2022*. The Directive incorporates considerations for recognising culturally significant connections for Aboriginal people and Torres Strait Islander people, and ensuring all employees are offered support options and access to support appropriate to the circumstances of their reported concerns, including but not limited, person-centred support. The WBHHS will be implementing trained Sexual Harassment Contact Officers in the coming months to provide a first point of contract for employees who may have witnessed or experienced workplace sexual harassment to provide them information on the options available to them, and how to access support.

In partnership with the Centre for Leadership Excellence (CLE) several leadership programs have been delivered across facilities, including state-wide offerings and non-clinical development programs. The focus of these offerings were to uplift capability in a range of areas including Coaching Skills for Leaders, Management Essentials, Wellbeing Leadership and Building Culture. In total, 569 participants attended workshops across 28 program cohorts and 38 individual workshops. The largest professional representation across capability programs was nursing and midwifery (41 per cent); followed by administration (including management) at 36 per cent, allied health (14 per cent) and participants from medical (4 per cent), operational and professional (3 per cent) and dental (2 per cent) streams. Furthermore, four cohorts graduated from state-wide programs including Take-the-Lead; Step-Up; and Manage4Improvement.

Throughout the reporting period WBHHS has continued its health, safety and wellbeing journey with initiatives aimed at continuing to mature our staff safety and wellbeing capability. Increase service demand has placed significant pressure on the healthcare workforce particularly on its psychosocial safety and wellbeing. We continue to see safety improvements and initiatives in most divisions across the WBHHS with less incidents and lower WorkCover average leave rates.

WBHHS Employee Wellbeing Framework continues to provide a structure that allows deployment of workforce initiatives both internal and external to support staff and their families. Initiatives such as Random Box of Kindness, 10000 Steps Challenge, Safe Work Month and Arts in Health program have all demonstrated success in improving the wellbeing of our employees through collaboration and engagement.

WBHHS has undertaken an organisational assessment of its psychosocial risk profile to ensure proactive integration of the *Managing the risk of psychosocial hazards at work Code of Practice 2022*. This assessment has developed a series of responsive actions to address the highlighted risks which will be executed and reinforced through the organisational promotion of the mental wellbeing of our workforce.

Occupational violence continues to affect workers throughout the organisation, with the growing number of cognitive impaired consumer presentations influencing incidents. WBHHS is committed to ensuring it has appropriate systems in place to manage occupational violence risk and implement actions that support the early identification of occupational violence risks, mitigate any exposure to staff, and

provide immediate and long-term responses that are supportive of the health safety and wellbeing of both staff and consumers. WBHHS continues to apply a multidisciplinary approach to the management of occupational violence risk through expanded delivery of MAYBO to staff as the preferred occupational violence training methodology, which is based on prevention and control through improved communication and situational awareness. The provision of supported access to specialised external education and training for staff in addressing management of cognitive impairment continues to provide staff with valuable knowledge and insights into the care of patients with challenging behaviours and positive management strategies for both protection of staff and optimal care. WBHHS continues to develop strategies to support expanded security service models to improve incident response capability and early intervention support for staff.

The release of the *WBHHS Workplace Safety and Wellbeing Strategic Plan 2024-2027* presents the organisational roadmap for continued safety and wellbeing improvement. Our strategy addresses key pillars of people, workplaces, systems and culture and outlines actions aimed at fundamentally improving safety and wellbeing outcomes for staff and as a result the quality of care delivered to our community.

Our Employee Assistance Provider, Converge International, has continued to partner with the WBHHS to deliver confidential personal coaching and short- term counselling services to all staff covering a range of personal and work issues. Converge International also delivered monthly webinars covering a range of staff wellbeing topics which staff can access via live Webinars or via recorded sessions at a time convenient to them.

WBHHS has continued its commitment to training and graduate programs, including:

- Nursing graduate intake program across WBHHS facilities, including rural facilities
- Allied Health Rural Generalist Pathway
- Rural Development Pathway
- Rural Generalist Medical Pathway
- Workplace-Based Assessment program is now offered through Bundaberg Hospital and continues through Hervey Bay Hospital, which delivers continuous assessment of an International Medical Graduate's skills in a hospital setting over the course of a year, rather than in a one-off exam
- Private Hospital Stream funds medical internships and supports prevocational doctors to work in expanded settings
- Medical graduate intake programs across Bundaberg, Hervey Bay and Maryborough Hospitals allows graduates to complete the AMC National Framework for Prevocational Medical Training (PGY1 and PGY2)
- Medical Training program, in partnership with tertiary institutions and Learned Colleges
- Regional Medical Pathway program, in collaboration with CQUniversity Australia, the University of Queensland and Central Queensland HHS.

Early retirement, redundancy and retrenchment

No early retirement, redundancy or retrenchment packages were paid during the 2023-2024 period.

Our risk management

WBHHS recognises that risk management is an essential element of good corporate governance to ensure that strategic and operational objectives can be achieved. It is committed to pursuing a positive risk culture through a top-down approach which seeks to embed risk management principles and practices into strategic planning, governance reporting, business decisions and operational processes.

Risk is an inherent part of a health service's operating environment and the WBHHS manages its risks in a proactive, integrated and accountable manner.

WBHHS has established a contemporary risk management framework which is supported by an integrated policy, procedure and guideline. The framework has been designed in accordance with the Australian/New Zealand Standard ISO31000:2018 Risk Management — Principles and guidelines, and the National Safety and Quality Health Service Standard 1 — Governance for Safety and Quality in Health Service Organisations.

The risk management framework describes the intent, roles and responsibilities and implementation requirements. It defines the processes for risk identification, risk analysis, risk evaluation, monitoring, review, recording and reporting of risks.

Operational and strategic risks were regularly monitored and reported to the Board through various committees, but particularly via the Audit and Risk Committee and the Safety and Quality Committee.

As part of the risk management framework, the WBHHS has an integrated compliance management framework to assess the WBHHS's level of compliance with Health Service Directives and legislative obligations. This provides further assurance to the Executive and Board.

Key accountability bodies within the risk management framework include:

- The Board that is responsible for setting objectives, key deliverables and identification of strategic risks. It appoints the Board Audit and Risk Committee and sets limits of acceptable behaviour through the organisation's values and defining and approving the Risk Appetite Statement.
- The Board Audit and Risk Committee (BARC) assists the Board in reviewing and overseeing systems of risk management, internal controls and legal compliance. The BARC's responsibilities are outlined in the BARC Charter.

Key achievements during 2023-2024 include:

- conducting comprehensive risk reviews of strategic and operational risks across the WBHHS to ensure risks remain current and assist with embedding risk management maturity within the organisation.
- regular risk deep dive reporting to the Executive, Board and Board sub-committees to provide greater oversight and assurance.
- developing additional clinical and non-clinical risk profiles across the WBHHS.
- Undertaking fraud risk assessments across the WBHHS to identify fraud risk areas and develop treatments to mitigate these risks.

- Updating a comprehensive assurance map that outlines strategic and high operational risks, controls and associated assurance activities. This was utilised in the development of the Internal Audit Plan.
- Developing a Critical Infrastructure Risk Management Plan in accordance with the Security of Critical Infrastructure Act 2018
- Providing a greater risk focus and oversight across Executive, Board and sub-committees.
- Continued development of in-house capability, knowledge and tools to assist staff with the risk management process.
- Assessment of 17 per cent of total legislative obligations.

The *Hospital and Health Boards Act 2011* requires annual reports to state each direction given by the Minister to the HHS during the financial year, and the action taken by the HHS as a result of the direction. During the 2023-2024 period, a direction was provided by the Minister on 17 November 2023 in relation to the Crisis Care Process. As a result, WBHHS took the following action:

- Rolling recruitment for expression of interest for sexual assault nurse examiners
- Local Regional Forensic Coordinator (RFC) ability to enrol nurses and medical staff into the ilearn platform for the adult and young adolescent sexual assault course (in partnership with Forensic Medicine Queensland)
- Annual sexual assault nurse examination workshops in partnership with Queensland Police Service and Forensic Medicine Queensland to maintain currency of practice
- Standing up a paediatric forensic service for Hervey Bay Hospital (12 week CNC project role under direction of Paediatric Clinical Director)
- All patients are now ATS triaged as a category 2 where they disclose a sexual assault
- Monthly audits of presentations are undertaken for patients discharged with a forensic diagnosis
- Reviewed local procedure document and developed model of care document and patient information relevant to patients disclosing sexual assault.

Internal audit

The WBHHS has an established internal audit function in accordance with section 29 of the *Financial and Performance Management Standard 2019*. The primary role of internal audit is to conduct independent, objective and risk-based assurance activities. It provides assurance to the WBHHS Executive, Board Audit and Risk Committee and Board through evaluating the adequacy and effectiveness of WBHHS governance, risk management and internal controls, including whether resources are used in an efficient, effective and ethical manner.

The function operates under a Board approved Internal Audit Charter that is consistent with the International Professional Practices Framework developed by the Institute of Internal Auditors. The charter is reviewed every year to ensure it remains current and aligned to better practice.

During the 2023-2024 period, WBHHS used a model of contracted auditors for the purpose of internal audit arrangement. The scope of work set out in the approved *Internal Audit Plan 2023-2024* was delivered through the outsourced contractual arrangement with KPMG for the first quarter, and O'Connor Marsden (OCM) for the remainder of the year.

In line with its Terms of Reference and having due regard to Queensland Treasury's Audit Committee Guidelines, the Board Audit and Risk Committee oversaw delivery of the internal audit program, including the review of report findings and management responses.

The annual Internal Audit Plan was developed to ensure adequate assurance coverage over WBHHS strategic risks. Internal audits are undertaken utilising a risk-based methodology with recommendations made to further enhance the WBHHS's governance and internal control environment where weaknesses are identified. The implementation and status of recommendations arising from audits is monitored and reported to the Executive and Board Audit and Risk Committee.

Key achievements during 2023-2024 include:

- completing internal audits on information security management system (ISMS), patient experience, business resilience and workforce planning, optimisation, attraction and retention.
- implementing 44 internal audit recommendations from previous internal audit reports.
- increased engagement and facilitation between relevant stakeholders and OCM throughout the internal audit lifecycle.

External scrutiny, information systems and recordkeeping

WBHHS operations are subject to regular scrutiny from external oversight bodies. These include but are not limited to the Queensland Audit Office (QAO), Crime and Corruption Commission, Office of the Health Ombudsman, Australian Council on Healthcare Standards, Queensland Ombudsman, and the Coroner.

WBHHS has mechanisms in place to monitor and report on corrective actions taken to implement recommendations made from external agencies. There have been no significant findings from external agencies that would warrant disclosure.

The *Public Records Act 2002* and *Queensland State Archives (QSA) Records Governance Policy April 2019* v1.0.2 has provided the overarching guidance for administrative records governance within WBHHS. The Queensland State Archives also provides additional guidelines relevant to retention and disposal of both paper-based and digitised records, and the Queensland Health Corporate Services Division Corporate Information Management (CIM) provide additional resources and tools to support administrative records governance.

Training is available to all staff regarding security, privacy and confidentiality, and clinical records management at orientation, department inductions and through WBHHS's Health Information team.

Corporate records governance leadership, authority and responsibilities are assigned to appropriately qualified and experienced staff.

Clinical records are maintained in accordance with a retention and disposal system compliant with the Queensland State Archives Health Sector (Clinical Records) Retention and Disposal Schedule (QDAN683 V.1) and any disposal freeze issued by the State Archivist. A WBHHS Clinical Records Management Guideline, inclusive of a culling schedule, ensures clinical records are appropriately stored, archived and destroyed. Custodianship sits with the executive team and corporate and clinical records strategic and operational management responsibilities are assigned to appropriately qualified and experienced staff.

WBHHS has also developed an Information Governance Framework and Operating Model which encompasses the strategic drivers, legislative environment and the policies and procedures which impact the governance of the WBHHS's information and data.

This Information Governance Framework (IGF) and Operating Model provides a consistent enterprise approach to information governance. The framework includes the following components:

- Obligations, including legislation, policies and standards
- Roles, responsibilities and governing bodies
- Decision rights
- Enterprise governance controls
- Principles
- Risks
- Performance measures

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

During the 2023-2024 financial year, WBHHS has an informed opinion that information security risks were actively managed and assessed against WBHHS's risk appetite with appropriate assurance activities undertaken in line with the requirements of the Queensland Government Enterprise Architecture (QGEA) Information security policy (IS18:2018).

Queensland Public Service ethics and values

WBHHS is committed to upholding the values and standards outlined in the *Code of Conduct for the Queensland Public Service*, which was developed in accordance with the four core principles contained in the *Public Sector Ethics Act 1994*: Integrity and impartiality, Promoting the public good, Commitment to the system of government, and Accountability and transparency.

All staff employed by WBHHS are required to undertake training in the *Code of Conduct for the Queensland Public Service* during their orientation, and refamiliarise themselves with the Code at regular intervals.

All employees are expected to uphold the code by committing to and demonstrating the intent and spirit of the ethics principles and values. WBHHS supports and encourages the reporting of Public Interest Disclosures. All employees have a responsibility to disclose suspected wrongdoing in accordance with the WBHHS Public Interest Disclosure Policy.

WBHHS values of Collaboration, Accountability, Respect and Excellence (C.A.R.E) Through Patients' Eyes reflect the public service values of Customers first, Ideas into action, Unleash potential and Be courageous and the supporting behaviours are embedded in our *Strategic Plan 2022-2026*.

Human rights

Queensland's *Human Rights Act 2019* (the Act) came into force on 1 January 2020, with the aim of protecting and promoting human rights, building a culture in the Queensland public sector that respects and promotes human rights, and promoting dialogue about the nature, meaning and scope of human rights.

Under the Act, hospitals and health services are required to disclose details of the actions taken to further its objectives; to detail any complaints received under the Act, and their outcomes; and to detail reviews of policies, programs, procedures, practices or services undertaken for their compatibility with human rights.

In 2023-2024, WBHHS continued to embed the objectives of the Act including continuation of the dedicated Human Rights Act intranet site with information and links for staff, a human rights training module being incorporated into the WBHHS mandatory training program, and mandatory assessments of all policies, procedures and complaints received against the Act.

Also key to WBHHS's implementation has been the continuing comprehensive review of our policies, programs, procedures, practices and services to ensure they are compatible with the objectives of the Act. This includes:

- Human rights considerations built into development of all new or reviewed policies and procedures.
- Ongoing review of contractual and partnership arrangements.
- Embedding human rights consideration into strategic direction.
- Maturing feedback processes to increase accessibility, including providing publicly available information, accepting feedback through a variety of mediums, offering access to an interpreter or other translating services and offering child-friendly feedback mechanisms.
- Utilisation of a risk management system to comprehensively record and report to ensure compliance with the reporting aspects of complaints and the Act.

Between July 2023 - June 2024 there were five patient complaints identifying relevance to the Human Rights Act. All were resolved locally.

An additional 39 complaints were received from staff; with all of the staff complaints resolved locally and resulted in no further action.

The WBHHS Consumer Feedback Management Procedure contains clear guidance around consent, privacy and human rights. A severity assessment scale identifies issues related to denial of rights as 'major': requiring escalation to Directors of Clinical Governance, Professional streams, or Human Resources. The procedure also includes avenues for referral of complaints to the Queensland Human Rights Commission

Confidential information

The Hospital and Health Boards Act 2011 requires annual reports to state the nature and purpose of any confidential information disclosed in the public interest during the financial year. The Chief Executive did not authorise the disclosure of confidential information during the reporting period.

Performance

Service standards

Table 10: Service Standards — Performance 2023-2024

Wide Bay Hospital and Health Service	2023-2024 Target	2023-2024 Actual
Effectiveness measures		
Percentage of emergency department patients seen within recommended timeframes		
Category 1 (within 2 minutes)	100%	100%
Category 2 (within 10 minutes)	80%	78%
Category 3 (within 30 minutes)	75%	59%
Category 4 (within 60 minutes)	70%	71%
Category 5 (within 120 minutes)	70%	93%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	›80%	59%
Percentage of elective surgery patients treated within the clinically recommended times		
Category 1 (30 days)	›98%	93%
Category 2 (90 days) [1]	..	79%
Category 3 (365 days) [1]	..	88%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days [2]	≤1.0	0.4
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit [3,4]	›65%	62.5%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge [4]	‹12%	5.9%
Percentage of specialist outpatients waiting within clinically recommended times [5]		
Category 1 (30 days)	98%	59%
Category 2 (90 days) [6]	..	61%
Category 3 (365 days) [6]	..	75%
Percentage of specialist outpatients seen within clinically recommended times		
Category 1 (30 days)	98%	91%
Category 2 (90 days) [6]	..	56%
Category 3 (365 days) [6]	..	55%
Median wait time for treatment in emergency departments (minutes) [7]	..	17
Median wait time for elective surgery treatment (days)	..	29

Wide Bay Hospital and Health Service	2023-2024 Target	2023-2024 Actual
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities [8]	$5,353	$5,600
Other measures		
Number of elective surgery patients treated within clinically recommended times		
Category 1 (30 days)	2,065	2,333
Category 2 (90 days)[1]	..	1460
Category 3 (365 days) [1]	..	663
Number of Telehealth outpatients service events [9]	7,940	8,497
Total weighted activity units (WAU)[10]		
Acute Inpatients	66,154	69,931
Outpatients	15,571	18,639
Sub-acute	8,440	9,364
Emergency Department	21,693	19,010
Mental Health	5,400	5,250
Prevention and Primary Care	3,147	3,287
Ambulatory mental health service contact duration (hours) [4]	›34,523	33,129
Staffing [11]	3,803	3,827

1	Treated in time performance Targets for category 2 and 3 patients are not applicable for 2023–2024 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–2025.
2	Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2023–2024 Actual rate is based on data from 1 July 2023 to 31 March 2024 as at 14 May 2024.
3	Previous analysis has shown similar rates of follow up for both Indigenous and non–Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders.
4	Mental Health data is as at 19 August 2024.
5	Waiting within clinically recommended time is a point in time performance measure. 2023–2024 Actual is as at 1 July 2024.
6	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 targets for category 2 and 3 patients are not applicable.
7	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.
8	Cost per WAU is reported in QWAU Phase Q26 and is based on data available on 19 August 2024. 2023–2024 Actual includes in-year funding, e.g. Cost of Living Allowance (COLA), Enterprise Bargaining uplift, Special Pandemic Leave payment, and additional funding for new initiatives.
9	Telehealth 2023–2024 Actual is as at 20 August 2024.
10	All measures are reported in QWAU Phase Q26. The 2023–2024 Actual is based on data available on 19 August 2024. 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.
11	Corporate FTEs are allocated across the service to which they relate. The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments. 2023–2024 Actual is for pay period ending 23 June 2024.

Strategic objectives and performance indicators

WBHHS's guiding document is the *Strategic Plan 2022-2026*, which sets out the vision for how we work to improve the health and wellbeing of our community. Progress in 2023-2024 toward achieving the strategic directions:

Optimise and transform

We will enhance and transform health services to improve patient outcomes

Implementation of measurable evidence-based improvement strategies for patient flow	• In March, we implemented new roles in the Bundaberg emergency department as Patient Flow and Medical Commanders. These are expert staff who direct and coordinate the flow of patients presenting to our EDs. We have seen measurable success in the Hervey Bay Emergency Department with this new operational model and we are optimistic to see that replicated in Bundaberg. • Further initiatives across the whole of the hospital are also improving patient flow, such as additional allied health staff and upgrades to transit hub facilities in Bundaberg and Hervey Bay.
Reduction in patient off stretcher time, lost QAS minutes, and Emergency Length of Stay	• Across 2023-2024, 41,969 patients presented to WBHHS facilities via ambulance – an additional 2,240 patients compared to the previous year. • Of these patients presenting via ambulance, 28,069 of them were transferred into the care of a nurse or clinician within the recommended 30 minutes. • Across our rural facilities, 92.32 per cent of QAS-delivered patients were transferred into our care within 30 minutes. At our three major, acute facilities, where there is a significantly higher volume of patients, 65.53 per cent of QAS-delivered patients were transferred into our care within 30 minutes, and a further 14.71 per cent within 60 minutes. • Overall, 66.88 per cent of QAS-delivered patients were transferred into the care of WBHHS Emergency Department staff within 30 minutes and a further 13.89 per cent of patients were transferred within 60 minutes. • If a patient arrives via ambulance and is not transferred into the care of a WBHHS Emergency Department clinician within 30 minutes, every minute exceeding the 30-minute benchmark is considered 'lost.' Across 2023-2024, 344,813 lost QAS minutes were recorded. This represents a 26 per cent decrease from 2022-2023.

	• Across 2023-2024, the average Emergency Length of Stay (ELOS) was 351 minutes; approximately 5.8 hours. This is an 8.7 per cent decrease from 2022-2023. While this exceeds the state-wide target for Emergency Department patients to be seen, treated and depart via discharge, transfer or inpatient admission within four hours, WBHHS has been committed to reducing ELOS via additional staffing, alternative care models, dedicated fast track areas, and contemporary patient flow initiatives.
Percentage of elective surgery patients treated within clinically recommended times: ›99% (Cat 1), ›95% (Cat 2), and ›98% (Cat 3)	• Across the 2023-2024 year, 93 per cent of Cat 1 elective surgery patients were seen within the clinically recommended times; 79 per cent of Cat 2 patients; and 88 per cent of Cat 3 patients. • WBHHS treated 2,508 (2,194) Cat 1 elective surgery patients, 1,859 (1,272) Cat 2 patients, and 750 (615) Cat 3 patients across the 2023-2024 year. In total, this is a 25 per cent increase, or 1,036 additional surgeries from the previous year. • Despite this significant increase in activity, WBHHS was able to achieve zero long waits for elective surgery by the end of June 2024.
Percentage of specialist outpatients treated within clinically recommended times: ›98% (Cat 1), ›95% (Cat 2), and ›95% (Cat 3)	• 91 per cent of Cat 1 specialist outpatients were seen within the clinically recommended time of 30 days; 56 per cent of Cat 2 patients were seen within 90 days; and 56 per cent of Cat 3 patients were seen within 365 days. • These fell short of our goal targets, as our outpatient focus this financial year has been on reducing long waits, which had significantly increased coming out of the COVID-19 pandemic.
End of year operating results is within allocated resources	• WBHHS ended the 2023-2024 financial year with an operating surplus of $5.07 million, which equates to 0.54 per cent of its operating revenue of $938 million. • The operating deficit for 2022-2023 was $36.1 million, and WBHHS implemented a robust financial recovery plan to achieve this significant improvement in our financial position.

Equity and access

We will ensure services delivered are equitable and accessible to the community

Maintain continuous accreditation and compliance with National Safety and Quality Standards	• WBHHS participated in three Short Notice Accreditation Surveys across the 2023-2024 year, and continues to meet requirements and accreditation status.
Increase number of patients and carers engaged in maintaining their health	• Patient Reported Experience Measures (PREMS) survey results across 2022- 2023 indicated that patients felt involved actively involved in their care and treatment, across all services within WBHHS. • When asked 'Were you involved as much as you wanted to be in decisions about your / your child's care and treatment?' 75 per cent of emergency patients responded with 'Yes, definitely' and a further 17 per cent answered 'Yes, to some extent.' • When asked 'Were you involved as much as you wanted to be in decisions about your / your child's care and treatment?' 72 per cent of inpatients responded with 'Yes, definitely' and a further 20 per cent answered 'Yes, to some extent.' • For outpatient and endoscopy services, 97 and 99 per cent of patients respectively felt they 'definitely' or 'to some extent' were involved in decisions about their care.
Increase number of services co-designed with consumers and community partners	• Comprehensive consultation and co-design was undertaken to develop the *Wide Bay Hospital and Health Service Disability Plan 2024–2027*, planning our organisational approach to promoting inclusion and reducing barriers for people with a disability, their carers and families. • Mental health consumers have been involved in the Oasis Maryborough and Lighthouse Bundaberg, Crisis Support Spaces and were key stakeholders in the design of the facility and the co-design of the model of care implemented at the new Crisis Support Space locations. These new services operate under a lived experience/peer worker model of care, with clinical inreach and support. • Mental health consumers were also involved in the facility design for the Sub-Acute Older Persons Unit in Maryborough. They are involved in the codesign of the model of care for the operations of this facility, both from a consumer and carer perspective. • Alcohol and Other Drug community lived experience and cultural representation was included in the user group committee around

	building design and functions of the new Alcohol and Other Drug Residential and Rehabilitation Facility at Bundaberg, and future inclusion of key stakeholders will occur through co-design of the development of the model of care. • We recently gathered our new Bundaberg Hospital consumer representatives to review proposed layouts for patient/visitor rooms that are replicated many times throughout your new Bundaberg Hospital, such as family lounges, patient bedrooms and waiting areas. The proposed layouts are the result of standardised designs that were developed through collaborative efforts of key stakeholders across Queensland Health in addition to the Australasian Health Facility Guidelines, but we also felt it important for local consumers and staff to review them through their own lens. • WBHHS implemented a pilot Arts in Health program that contributed to improving health and wellbeing for the WBHHS community. WBHHS and Arts Queensland have worked in partnership to deliver various arts initiatives across the service area, with a focus on: o transforming the clinical environment through a multi-artform approach to make these spaces more welcoming. o providing opportunities for staff engagement, valuing, and supporting their creativity. o First Nations community connection, supporting the implementation of the *WBHHS First Nations Health Equity Implementation Plan*. o integrating the arts in health approach to the development of the new Bundaberg hospital. The pilot was funded by Arts Queensland, and due to its success, has been extended until December 2024.
Increase in availability of subspeciality services	Our targeted recruitment drives, with the support of comprehensive campaigns and incentives from Queensland Health, have resulted in increased access to subspeciality services for our region • Geriatricians commenced in both Bundaberg and Hervey Bay Hospital. • Mater Bundaberg is providing urology services through their partnership with Queensland Health. • Rheumatology has expanded by: o Rheumatologist commenced in Bundaberg Hospital in February 2024 o Telecare service has commenced, expanding rheumatology telehealth services providing care closer to home.

	• Endocrinology Telecare services have commenced, providing specialist care closer to home. • Palliative care specialists commenced at both Bundaberg and Fraser Coast in February 2024.
Increase utilisation rates across Hospital in the Home (HiTH)	• Hospital in the Home (HITH) sustained service delivery results achieving twice their KPI of hospital separations. Better Cardiac Care exceeded their KPI with well over 80 per cent of admitted patients of First Nation heritage with cardiac conditions being supported by the service and a large number of patient compliments.
Improve patient experience measures	• The Consumer and Community Engagement team worked collaboratively throughout the year with Nurse Unit Managers to promote Patient Reported Experience Measures (PREMs), educate staff and customise reporting. • We have moved from monthly PREMs data being reported to Nurse Unit Managers to a quarterly report tabled at the Partnering with Consumers Committee and the Health Care Standards Committee meetings. • In 2023-2024 PREMS responses received totalled 20,250 with a response rate of 13 per cent. • In 2023-2024, 83 per cent of emergency patients who completed a PREMs survey rated their overall care as Very Good or Good, and 87 per cent felt they were always treated with respect and dignity. • In 2023-2024, 86 per cent of inpatients who completed a PREMs survey rated their overall care as Very Good or Good and 84 per cent felt they were always treated with respect and dignity. • Across 2023-2024, 99 per cent of outpatient and endoscopy patients felt they were 'sometimes' or 'always' treated with respect and dignity. • WBHHS received a total of 1,884 complaints across the 2023-2024 year. 98.84 per cent of these were acknowledged within five days and 76 per cent were closed with the 35 day KPI, just falling short of the 80 per cent benchmark. • A total of 1,568 compliments were received for the same period.
Increase in availability and utilisation of services for First Nations consumers	• April 2024 saw the appointment of the Executive Director Aboriginal and Torres Strait Islander Health Services. The Executive Director of Aboriginal and Torres Strait Islander Health Services represents WBHHS on state-wide committees including the First Nations Health Leads Forum and oversees and leads the development and implementation of our First Nations Health Equity Strategy and provides direction, guidance and advice on the strategic directions, priorities and policy development in relation to the health and social and emotional wellbeing of Aboriginal and

Torres Strait Islander peoples.

- The Implementation Plan has been published along with our inaugural Health Equity Strategy. The Implementation Plan will guide WBHHS to deliver on the strategic objectives in the Health Equity Strategy.
- A review of the Implementation Plan commenced in April 2024. During this review process, allocation of specific actions from the Implementation Plan have been assigned to WBHHS Executive Directors. Those Executive Directors will partner with the Executive Director Aboriginal and Torres Strait Islander Health Services to oversee and review data sets, benchmarks and key performance measures.
- WBHHS renewed and signed our local collaboration agreement in place with Galangoor Duwalami Primary Healthcare Service, with the aim to enhance and improve health outcomes by care coordination, joint reviews of clinical incidents and hospital discharge planning meetings. Working in partnership with external stakeholders allows us the opportunity to reinforce and strengthen Aboriginal and Torres Strait Islander health governance and build and maintain partnerships that facilitate community consultation and self-determination.
- Made progress in several focus areas of the Implementation Plan as our region worked towards achieving health equity for our First Nations people:
    - Annual (year-on-year) increase First Nations Workforce, progress towards achieving workforce representation at least commensurate to the local First Nations population. Workforce has grown from 2.4 per cent in July 2023 to 2.8 per cent in June 2024 which equates to 127 staff.
    - Decreased proportion of First Nations patients waiting longer than clinically recommended for their initial appointment (seen in time %) 81.9 per cent.
- As a collective we drove positive change by:
    - Working with our hospitals, services and external partners to ensure Aboriginal and Torres Strait Islander people have equitable access to health services.
    - Measuring, monitoring and reporting on our progress against agreed commitments
    - Recognising that specific measures are needed to improve Aboriginal and Torres Strait Islander people's access to health services.
    - Recognising that equity of access to health services is dependent upon Aboriginal and Torres Strait Islander people being actively involved in the design and delivery of those services.
    - Recognising that the social determinants of Aboriginal and

	Torres Strait Islander health include education, employment, housing, environmental factors, social and cultural issues, and racism.
Increase in availability and utilisation of services for consumers with a disability	• The *Wide Bay Hospital and Health Service Disability Plan 2024–2027* and *Implementation Plan* were endorsed by the Board in 2024. The plan describes our organisational approach to promoting inclusion and reducing barriers for people with a disability, their carers and families. The implementation plan provides targeted strategies and actions to guide our work, and key performance indicators to measure our success.

Embed technology

We will increase access to virtual care through embedded technology

Increase availability and utilisation of virtual care models	• WBHHS delivered 8,723 outpatient consultations, treatments or services via telehealth across the 2023-2024 year. This exceeded the 7,940 KPI by more than 9 per cent. • WBHHS's tele-chemo service is extending to Mundubbera, Eidsvold, and Childers. The service brings crucial cancer care closer to rural patients' home, reducing the need for extensive travel and providing care closer to home. Since the service was initially piloted in Monto in 2016, it has grown to include Gayndah, Gin Gin, and Biggenden, and now Mundubbera, with training underway in Eidsvold and Childers.
Increase % of care delivered in outpatient services will be delivered by telehealth	• 3.13 per cent of all outpatients occasions of service were delivered by telehealth video conferencing to deliver more care locally.
Increase availability and utilisation of information solutions for staff and decision-makers	• Metavision was implemented in Hervey Bay and Bundaberg Intensive Care Units. • Improvement to asset reservations - vehicle bookings have been migrated to a new vehicle booking system and meeting rooms are now booked via Outlook. • Philips Patient Telemetry has been replaced. • Vitrea Server has been replaced and upgraded with vendor. • We launched our *Digital Health Strategic Plan 2023-2029* to serve as our strategic blueprint to communicate how our digital health plans help WBHHS achieve our vision of Care, Connection, Compassion for all.

Foster partnerships

We will partner with diverse stakeholders to better serve the community

Increase consumer, community and stakeholder representation in health service design and improvement processes	• Consumers are engaged with WBHHS as members of over 20 strategic and operational committees, ranging in topic, location and deliverables. These groups include Community Reference Groups, Consumer Advisory Groups, Consumer Partnership Group, Disability Plan Working Group, new Bundaberg Hospital Project User Groups and the Spiritual Care Committee. • More than 60 people made new connections while enjoying a delicious three course meal at the inaugural welcome to Fraser Coast dinner. New Fraser Coast residents, many of whom had moved from overseas, came together at the Hervey Bay Community Centre for food, conversation and an introduction to the region. The event was hosted by the Hervey Bay Neighbourhood Centre (HBNC) and food prepared by The Wandering Teapot Social Enterprise. It was made possible through the generous funding from Workforce Australia, brought together new health, emergency services, and education staff with the aim of building connections and creating a sense of belonging in their new community. • Spiritual care plays an important part for many of our patients life, which has a positive impact on their holistic healthcare journey and wellbeing. Hospital Chaplains not only support patients at their beside, but also provide support to the entire WBHHS community including their families, carers, and our staff. With the commitment from our WBHHS to provide annual funding for the training of new Hospital Chaplains, we can train and induct a pool of skilled Chaplains who hold a nationally accredited qualification.
Increase and strengthen existing partnerships with private, Primary Health Network and non-government sector	• WBHHS has engaged partnerships with three private hospitals. The Friendly Society Private Hospital, Mater Hospital and St Stephens have each committed a total 46 beds to support public patient care. This strategic alliance is assisting in providing additional inpatient beds to ensure patients can access the right care in the right place to receive high-quality care. • Building on current initiatives and working more closely with Country to Coast Queensland (formerly PHN) to provide exemplary health services to the Wide Bay community. • Collaboration agreement between WBHHS and Galangoor Duwalami Aboriginal and Torres Strait Islander Corporation, to improve health outcomes signed. • Our research department is achieving world-class engagement on clinical trials that are critical to the wellbeing of our communities.

	WBHHS is participating in C-POST, a clinical trial involving cancer patients with a diagnosis of skin cancer (melanoma). C-POST is WBHHS cancer care's highest recruiting trial to date, and WBHHS is the third highest recruiting institution in the world. • Memorandum of Understanding signed to renew Regional Medical Pathway partnership. • Strong partnerships with Hervey Bay Surgical and Bundaberg Private Day Hospital to provided endoscopy and ophthalmology services. • Established new partnership with Telecare to improve access to rheumatology and endocrinology services. • Partnerships are in place with local health providers to enhance access to specialist services closer to home: o Advara Heart Care – cardiac investigations, coronary angiography and interventions o GenesisCare Oncology – radiation oncology services o Mater Hospital Bundaberg – paediatric ear, nose and throat services o iMed Central Queensland – onsite and offsite radiologist services including interventional and consultancy services o Bundaberg Private Day Hospital – endoscopy services and cataract surgery o Hervey Bay Surgical Hospital – endoscopy and ophthalmology services o Bundaberg Health Promotions Ltd o Wide Bay Nuclear Medicine o Continued partnerships for the provision of interim care with Residential Aged Care Facilities and Surgery Connect.
Increase utilisation of early detection and prevention services, including BreastScreen and smoking cessation	• In November 2023 Wide Bay BreastScreen service went through the BreastScreen Australia accreditation process, where we achieved our fourth year of accreditation with no conditions. BreastScreen also carried out 13,920 screens within the Wide Bay in 2023-2024, exceeding our annual target by 120 screens and delivering 1884 more screens than the previous financial year. Both achievements were possible due to positive recruitment to the team. • The Oral Health smoking cessation clinical pathway aids staff assisting patients to quit smoking and this involves the main areas of Ask, Assess, Advise, Assist, Arrange follow-up. The pathway comprises assistance for a smoker to stop smoking including nicotine replacement therapy and referral to Quitline services. Oral Health Wide Bay achieved its 2023-2024 KPI target of 90 per cent

status of regional population reported, and 87 per cent of smoking cessation clinical pathways completed. Our clinicians positively promote the wellbeing benefits and provide continual preventative health advice with adult smoking cessation.

- Through its successful application for Connected Community Pathways funding, WBHHS implemented two projects in support of the First 2000 Days project.

  Fraser Coast - During 2023-2024, WBHHS implemented an updated model of care to enhance the provision of child safety services. The model of care includes a restructure of the existing child advocacy team to improve capacity to deliver on integrated care for high-risk families. The inclusion of an Aboriginal and Torres Strait Islander Health Worker within the team will strengthen existing partnerships with the primary health and community care sector.

  Bundaberg - WBHHS established a new model of care for early intervention paediatric outpatient services. Within the model, clinicians provide initial contact, assessment, and intervention for a range of outpatient referrals. Appointments with these clinicians is either in place of waiting to see a paediatrician or to maximise the benefit for the patient when they have their appointment with the paediatrician.

Nurture and future-proof workforce

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

Improve satisfaction results reflected in staff surveys

- 27 per cent of WBHHS staff participated in the Working for Queensland survey.
- After analysing the results, three priority areas for improvement emerged across the organisation; Leadership Capability; Reward and Recognition; and Staff Wellbeing.

Leadership capability

569 participants attended workshops delivered in partnership with Centre for Leadership Excellence, across 28 program cohorts and 38 workshops.

Topics focused on Coaching Skills for Leaders, Management Essentials, Wellbeing Leadership and Building Culture (including Cultural improvement action planning).

	Largest professional representation across the capability programs was nursing and midwifery (41 per cent); followed by administration (including management) at 36 per cent, allied health (14 per cent) and the rest of participants made up of medical (4 per cent), operational and professional (3 per cent) and dental (2 per cent). **Reward and recognition** *Putting People First: Reward and Recognition Framework* was developed and endorsed, along with a Toolkit and Guideline for leaders and individual staff to implement local led initiatives and embed recognition into business as usual. Length of Service Awards procedure and calculation of service has been developed for reimplementation 2024-2025 recognising length of service in five year increments from 5-50+ years for service in Queensland Health. WBHHS Excellence Awards celebrated annually for Excellence in Healthcare have been redeveloped with award categories aligned with strategic documents for Health Strategy and Strategic Workforce Plan. The award categories have also been realigned to the statewide Queensland Health awards to increase representation of WBHHS at a state level. In total 168 nominations were received for the Excellence Awards. Allied Health Awards and Australia Day awards annually were also delivered. **Staff wellbeing** WBHHS *Employee Wellbeing Framework* was released and several strategic and grassroots staff groups focusing on improving the wellbeing of employees across all streams were continued to focus on key initiatives. The Steering Group, Working Group and Wellness Group, as well as a Mental Health Wellness Interest Group oversee design and implementation of local led wellbeing actions including Wellbeing Wednesday on the Fraser Coast and exploring the use of therapeutic animals for staff and patients across facilities. DEM and theatres coordination of EAP debrief sessions and in house debrief sessions due to extreme fatigue.
Implement targeted succession planning	• One hundred and twenty-one nurses and midwives have been recruited to the 'Nursing and Midwifery Talent Pool,' providing successful succession planning for nursing and midwifery positions into the future. • WBHHS introduced a 'grow our own' nursing workforce with the implementation of a targeted succession planning program for

	Assistants in Nursing (AIN) to progress to Undergraduate Students in Nursing (USIN), then to Graduate Nurses, with 57 USINs employed as graduate Registered Nurses in the 2023-2024 year. • WBHHS nursing staff are supported to complete the Queensland Health Transition Support specialty programs. The program is embedded into the specialty areas of paediatrics, intensive care, perioperative services and emergency nursing with additional programs available in other areas. On completion, staff receive credit towards tertiary studies. • Nursing and midwifery staff are supported to completed post graduate nursing, midwifery and speciality programs. For some programs, assessments are completed on site to facilitate learning and progression through the program. Programs include graduate certificate courses in areas such as mental health, and other specialities. • The introduction of Clinical Coaches to DEM and surgical wards delivered tremendous support for new and existing staff in clinical setting. • The roles of Clinical Nurse Consultant in wound care and stomal care were endorsed to come under Critical Care Service/Specialist Outpatients Department (SOPD), supporting succession planning in the department for the first time. • A Nurse Practitioner in wound management commenced, who works across Hervey Bay and Maryborough Hospital. This has provided higher level clinical expertise in the growing demand of complex wound management.
Increase number of graduate intakes	• In 2023-2024, the Bachelor of Medical Science (Pathway to Medicine Course) undergraduate course enters its third year, marking a significant milestone for the Regional Medical Pathway (RMP) project. • The Wide Bay remains a key hub for regional medical training, as 28 new medical interns, including 12 in Hervey Bay and Maryborough, join WBHHS. Notably, three of them hail from Hervey Bay, solidifying the region's influence in healthcare. The new recruits will gain a valuable hands-on learning experience working in WBHHS regional hospitals over the next 12 months, under the guidance and supervision of senior clinicians. Over the year, they will then undertake rotations in key areas including medicine, surgery or orthopaedic surgery and emergency medicine, along with the opportunity to rotate to other specialised areas such as obstetrics and gynaecology, anaesthetics, mental health, and paediatrics. • This year, 25 RMP undergraduates and 32 postgraduates began

	their RMP educational journey. The RMP project is on track, achieving its milestones, whilst prioritising the wellbeing of our hospital based medical officers. • Additionally, the regional admissions strategy and the immersion of education within hospital and community, has garnered substantial interest and trust, supporting the project vision of growing our own regional medical workforce. • WBHHS saw our largest intake of nurse graduates in February 2024, with 28 graduates joining us at the Bundaberg Hospital, 50 in the Fraser Coast and 13 across our rural facilities. • The Nursing and Midwifery and Simulation Education Team hosted eight 'Careers in Nursing and Midwifery Days' in 2023 across the Wide Bay region. These days attracted over 170 senior secondary students. These students received an introduction to various career opportunities within nursing and midwifery, and participated in hands on activities using simulation equipment. • 2023-2024 has seen an increase from the previous year on student nurse and student midwife clinical placement across WBHHS facilities. WBHHS has facilitated over 73,500 student placement hours. • We delivered the Deadly Start Education2Employment pilot in Bundaberg in partnership with Metro North Health Services and vocational education and training provider, 'Connect & Grow'. The pilot saw three students take part in Cert II qualifications, required to complete 375 hours of practical placement requirements. All three students are due to complete the program early 2025. • We welcomed two Aboriginal and Torres Strait Islander cadets – one in nursing and one in allied health. The cadets worked in an assistant capacity, while completing their undergraduate degree. We hope to employ both cadets in their respective disciplines after they graduate, further enhancing our Aboriginal and Torres Strait Islander workforce.
Improve staff engagement with internal and external education opportunities	• Seven nurses across the rural division are better able to support their local community after completing additional qualifications to perform a limited range of plain-film diagnostic radiography. The X-ray Operator Introductory Course was delivered by a senior program coordinator at the Cunningham Centre in Toowoomba. • Six nurses from across the rural division are better equipped with advanced decision making and diagnostic skills required when practicing in the generalist expanded practice role of initiating patient care (including use of medicines) in rural and remote primary care after undertaking the Rural and Isolated Practice (Scheduled Medicines) Registered Nurse (RIPRN) course through

the Cunningham centre in Toowoomba.

- WBHHS has thirty-two credentialed Rural and Isolated Practice (Scheduled Medicines) Registered Nurses (RIPRN). This is the highest number ever achieved within the HHS.
- Twelve months of leadership, coaching and mentoring was celebrated at the third annual WBHHS Women in Leadership Forum. The WBHHS Oral Health Operations Director personally mentored and provided opportunities for leadership development for three managers from Clinical Service and Support division representing Oral Health, Cancer Care and Elective Surgery.
- This year saw Women in Leadership expand, with participant managers from Operational Services, Breast Screen, Elective Surgery, and Cancer Care attending the program. The annual WBHHS Women in Leadership program continues to support staff in pursuit of excellence with their professional leadership goals and provides a platform to share the story of a leadership experience at the annual presentation forum.

Financial summary

2023–2024: in review

WBHHS ended the 2023-2024 financial year with an operating surplus of $5.07 million, which equates to 0.54 per cent of its operating revenue of $938 million. The operating deficit for 2022-2023 was $36.1 million. The operating surplus also includes one-off own source revenue of $1.4M for capital related purposes.

The result has been supported through a series of one-off funding allocations from the Department of Health for additional activity delivery and to support the financial position of the HHS through additional funding per unit of activity.

Notwithstanding this the underlying financial position remains challenging. Workforce shortages significantly impacted WBHHS's financial position during the reporting period, due to premium labour costs associated with agency and locum staff. The focus for the HHS remained on ensuring services were delivered for our community.

Deferred maintenance

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

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

As of 30 June 2024, WBHHS had reported anticipated maintenance of $37,659,500.

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

- seek assistance from Priority Capital Works Program
- In the case of Bundaberg Hospital consider deferring low risk projects in anticipation of New Bundaberg Hospital
- Incorporate and undertake anticipated maintenance work as part of expansion projects where possible.

2024–2025: an outlook

Financial sustainability remains a high priority for WBHHS. Over 2024-2025 we expect to see continued financial pressures and reducing, but ongoing, premium labour costs.

Targeting financial efficiency measures will remain an ongoing priority including the identification of revenue and activity optimisation strategies along with focused efforts on expenditure efficiencies. This will continue to be a key strategic focus in 2024-2025.

Significant advancements have been made to address workforce challenges at a local and state level, which will improve performance and activity-based financial pressures in 2024-2025.

The Board and Executive remain committed to continued access to services, productivity and efficiency improvements to meet increasing demand for services while ensuring patient and staff safety, and the quality healthcare for our community.

FINANCIAL STATEMENTS 2023–2024

Wide Bay Hospital and Health Service

Wide Bay Hospital and Health Service

Wide Bay Hospital and Health Service

STATEMENT OF COMPREHENSIVE INCOME

for the year ended 30 June 2024

OPERATING RESULT	Notes	2024 $'000	2023 $'000
Income from Continuing Operations			
User charges and fees	A1-1	**70,865**	64,298
Funding for public health services	A1-2	**843,135**	735,867
Grants and other contributions	A1-3	**13,988**	11,479
Other revenue	A1-4	**10,145**	9,781
Total Revenue		**938,133**	821,425
Gain on disposals		**120**	131
Total Income from Continuing Operations		**938,253**	821,556
Expenses from Continuing Operations			
Employee expenses	A2-1	**96,997**	88,131
Health service employee expenses	A2-2	**515,637**	480,264
Supplies and services	A2-3	**276,509**	247,883
Interest on lease liabilities	B8-1	**286**	273
Depreciation and amortisation	B5-1,B8-1	**32,348**	27,857
Impairment losses / (reversals)	B2-2	**892**	773
Other expenses	A2-4	**10,510**	12,433
Total Expenses from Continuing Operations		**933,179**	857,614
Operating Result for the Year		**5,074**	(36,058)
Other Comprehensive Income			
Items that will not be reclassified subsequently to profit or loss			
Increase / (decrease) in asset revaluation surplus	B9-2	**28,017**	20,254
Total Other Comprehensive Income		**28,017**	20,254
Total Comprehensive Income		**33,091**	(15,804)

The accompanying notes form part of these statements.

Wide Bay Hospital and Health Service

STATEMENT OF FINANCIAL POSITION

as at 30 June 2024

	Notes	2024 $'000	2023 $'000
Current Assets			
Cash and cash equivalents	B1	**23,321**	39,040
Receivables	B2	**10,682**	15,846
Inventories	B3	**6,055**	5,631
Other assets	B4	**12,078**	7,385
Total Current Assets		**52,136**	67,902
Non-Current Assets			
Property, plant and equipment	B5-1	**389,547**	363,542
Right-of-use assets	B8-1	**8,713**	9,491
Intangible assets		**149**	215
Total Non-Current Assets		**398,409**	373,248
Total Assets		**450,545**	441,150
Current Liabilities			
Payables	B6	**74,281**	93,118
Lease liabilities	B8-1	**2,387**	2,194
Accrued employee benefits		**1,701**	1,292
Other liabilities	B7	**2,549**	5,221
Total Current Liabilities		**80,918**	101,825
Non-Current Liabilities			
Lease liabilities	B8-1	**6,993**	7,913
Total Non-Current Liabilities		**6,993**	7,913
Total Liabilities		**87,911**	109,738
Net Assets		**362,634**	331,412
Equity			
Contributed equity	B9-1	**237,743**	239,612
Accumulated surplus / (deficit)		**(26,306)**	(31,381)
Asset revaluation surplus	B9-2	**151,197**	123,181
Total Equity		**362,634**	331,412

The accompanying notes form part of these statements.

Wide Bay Hospital and Health Service

STATEMENT OF CHANGES IN EQUITY

for the year ended 30 June 2024

	Notes	Contributed equity $'000	Asset revaluation surplus $'000	Accumulated surplus/ (deficit) $'000	Total equity $'000
Balance as at 1 July 2022		231,813	102,927	4,677	339,417
Operating Result					
Operating result from continuing operations		-	-	(36,058)	(36,058)
Other Comprehensive Income					
Increase in asset revaluation surplus	B9-2	-	20,254	-	20,254
Total Comprehensive Income for the Year		-	20,254	(36,058)	(15,804)
Transactions with Owners as Owners:					
Non-appropriated equity asset transfers	B9-1	618	-	-	618
Non-appropriated equity injections - capital works	B9-1	35,038	-	-	35,038
Non-appropriated equity withdrawals - depreciation funding	B9-1	(27,857)	-	-	(27,857)
Net Transactions with Owners as Owners		7,799	-	-	7,799
Balance at 30 June 2023		**239,612**	**123,181**	**(31,381)**	**331,412**
Balance as at 1 July 2023		239,612	123,181	(31,381)	331,412
Operating Result					
Operating result from continuing operations		-	-	5,074	5,074
Other Comprehensive Income					
Increase in asset revaluation surplus	B9-2	-	28,017	-	28,017
Total Comprehensive Income for the Year		-	28,016	5,075	33,091
Transactions with Owners as Owners:					
Non-appropriated equity asset transfers	B9-1	3,916	-	-	3,916
Non-appropriated equity injections - capital works	B9-1	26,564	-	-	26,564
Non-appropriated equity withdrawals - depreciation funding	B9-1	(32,349)	-	-	(32,349)
Net Transactions with Owners as Owners		(1,869)	-	-	(1,869)
Balance at 30 June 2024		**237,743**	**151,197**	**(26,306)**	**362,634**

The accompanying notes form part of these statements.

Wide Bay Hospital and Health Service

STATEMENT OF CASH FLOWS

for the year ended 30 June 2024

	Notes	2024 $'000	2023 $'000
Cash flows from operating activities			
Inflows			
User charges and fees		**55,438**	77,477
Funding for public health services		**810,786**	708,010
Grants and other contributions		**6,850**	5,819
GST input tax credits from ATO		**19,697**	16,922
GST collected from customers		**794**	678
Other receipts		**10,145**	9,781
Outflows			
Employee expenses		**(94,937)**	(95,988)
Health service employee expenses		**(506,675)**	(452,937)
Supplies and services		**(294,728)**	(241,005)
GST paid to suppliers		**(18,849)**	(17,454)
GST remitted to ATO		**(794)**	(692)
Other payments		**(2,695)**	(5,006)
Net cash (used)/provided by operating activities	CF-1	**(14,968)**	5,605
Cash flows from investing activities			
Inflows			
Sales of property, plant and equipment		**120**	131
Outflows			
Payments for property, plant and equipment		**(24,738)**	(37,144)
Net cash used in investing activities		**(24,618)**	(37,013)
Cash flows from financing activities			
Inflows			
Equity injections		**26,564**	35,038
Outflows			
Lease payments	CF-2	**(2,697)**	(2,495)
Net cash provided by financing activities		**23,867**	32,543
Net (decrease)/increase in cash and cash equivalents		**(15,719)**	1,135
Cash and cash equivalents at the beginning of the financial year		**39,040**	37,905
Cash and cash equivalents at the end of the financial year	B1	**23,321**	39,040

The accompanying notes form part of these statements.

Wide Bay Hospital and Health Service

NOTES TO THE STATEMENT OF CASH FLOWS

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

	2024 $'000	2023 $'000
Operating result	**5,074**	(36,058)
Non-cash items:		
Depreciation funding	**(32,348)**	(27,857)
Depreciation and amortisation	**32,348**	27,857
Donations below fair value	**(6,397)**	(5,933)
Services below fair value	**6,397**	5,933
Donated non-cash assets	**(20)**	-
Net (gain)/loss on disposal of assets	**(120)**	(131)
Loss on disposal of non-current assets	**865**	842
Interest on lease liabilities	**286**	273
Changes in assets and liabilities:		
(Increase) / Decrease in receivables	**5,164**	(543)
(Increase) / Decrease in inventories	**(424)**	256
(Increase) / Decrease in contract assets	**(4,539)**	(3,404)
(Increase) / Decrease in prepayments	**(154)**	334
Increase / (Decrease) in payables & contract liabilities	**(21,105)**	43,874
Increase / (Decrease) in unearned revenue	**(404)**	(111)
Increase / (Decrease) in accrued employee benefits	**409**	273
Net cash (used)/provided by operating activities	**(14,968)**	5,605

CF-2 Change in liabilities arising from financing activities

	2024 $'000	2023 $'000
Lease Liabilities		
Balance at 1 July	**10,107**	9,788
Non-cash movements:		
New leases acquired during the year	**1,684**	2,541
Lease interest	**286**	273
Cashflows:		
Lease repayments	**(2,697)**	(2,495)
	9,380	10,107

BASIS OF FINANCIAL STATEMENT PREPARATION

GENERAL INFORMATION

The Wide Bay Hospital and Health Service (WBHHS) was established on 1st July 2012 as a not-for-profit statutory body under the *Hospital and Health Boards Act 2011* and is domiciled in Australia. The HHS is responsible for providing primary health, community and health services and hospital services in the area assigned under the *Hospital and Health Boards Regulation 2023*.

Funding is obtained predominately through the purchase of health services by the Department of Health (DoH) on behalf of both the State and Commonwealth Governments. In addition, health services are provided on a fee for service basis mainly for private patient care.

The Hospital and Health Service is controlled by the State of Queensland which is the ultimate parent. The head office and principal place of business of WBHHS is:

c/- Bundaberg Hospital
271 Bourbong Street,
Bundaberg QLD 4670

COMPLIANCE WITH PRESCRIBED REQUIREMENTS

The financial statements:

- are general purpose financial statements and have been prepared in compliance with section 62(1) of the *Financial Accountability Act 2009* and section 39 of the *Financial and Performance Management Standard 2019;*
- have been prepared in accordance with all applicable new and amended Australian Accounting Standards and Interpretations as well as the *Queensland Treasury's Financial Reporting Requirements for the year ended 30 June 2024*, and other authoritative pronouncements;
- have been prepared on an accrual basis (except for the statement of cash flows which is prepared on a cash basis).

PRESENTATION

The financial statements:

- are presented in Australian dollars;
- have been rounded to the nearest $1,000 or, where the amount is $500 or less, to zero unless the disclosure of the full amount is specifically required;
- present reclassified comparative information where required for consistency with the current year's presentation;
- Assets and liabilities are classified as either 'current' or 'non-current' in the Statement of Financial Position and associated notes. Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as 'current' where they are due to be settled within 12 months of the reporting date or where WBHHS does not have an unconditional right to defer settlement beyond 12 months of the reporting date. All other assets and liabilities are classified as non-current.

MEASUREMENT

The financial statements are prepared on a historical cost basis, except where stated otherwise.

- **Historical cost** - under historical cost, assets are recorded at the amount of cash or cash equivalents paid or the fair value of the consideration given to acquire assets at the time of their acquisition. Liabilities are recorded at the amount of proceeds received in exchange for the obligation or at the amounts of cash or cash equivalents expected to be paid to satisfy the liability in the normal course of business.
- **Fair value** is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date under current market conditions (i.e. an exit price) regardless of whether that price is directly derived from observable inputs or estimated using another valuation technique.
- **Net realisable value** represents the amount of cash or cash equivalents that could currently be obtained by selling an asset in an orderly disposal.
- **Present value** represents the present discounted value of the future net cash inflows that the item is expected to generate (in respect of assets) or the present discounted value of future net cash outflows expected to settle (in respect of liabilities) in the normal course of business.

ECONOMIC DEPENDENDENCY

WBHHS's primary source of income is from the Department of Health for the provision of public hospital, health and other services in accordance with a service agreement with the Department of Health. The current service agreement covers the period 1 July 2022 to 30 June 2025. WBHHS's ability to continue viable operations is dependent on this funding. At the date of this report, management has no reason to believe that this financial support will not continue. The Department of Health works closely with the WBHHS to monitor cash availability and liquidity. Cash advances within the funding envelope of the service level agreement are available to manage liquidity as required. In the event that cash advances under the funding envelope is insufficient to meet requirements in any given financial year, the Minister (as delegate) is able to approve cash equity injections to WBHHS (refer C1 Financial Risk Management).

AUTHORISATION OF FINANCIAL STATEMENTS FOR ISSUE

The general-purpose financial statements are authorised for issue by the Chair of the Board, the Chief Executive and the Chief Financial Officer at the date of signing the Management Certificate.

FURTHER INFORMATION

For information in relation to WBHHS's financial statements: Visit the WBHHS website at: www.health.qld.gov.au/widebay

NOTES ABOUT FINANCIAL PERFORMANCE

A1 REVENUE

Note A1-1: User charges and fees

	2024 $'000	2023 $'000
Revenue from contracts with customers		
Pharmaceutical Benefit Scheme	**45,656**	38,193
Sales of goods and services	**4,539**	5,500
Hospital fees	**18,837**	18,740
Other user charges and fees		
Sales of goods and services	**1,833**	1,865
Total	**70,865**	64,298

User charges and fees controlled by the HHS primarily comprises hospital fees (private patients), reimbursement of pharmaceutical benefits, sale of goods and services and inter-entity recoveries.

Disclosures – Revenue from contracts with customers

Revenue from contracts with customers is recognised when the HHS transfers control over goods or services to the customer. The following table provides information about the nature and timing of the satisfaction of performance obligations, significant payment terms, and revenue recognition for user charges and fees revenue associated with contracts with customers.

Type of goods or services	Nature and timing of satisfaction of performance obligations, including significant payment terms	Accounting policy
Hospital fees	WBHHS receives revenue for the provision of public health services to both admitted and non-admitted patients. Payments for these services are received from several sources such as private patients, compensable patients and ineligible patients at the time of discharge from hospital.	Revenue is recognised on delivery of the services to the customers under AASB 15.
Sales of goods and services	WBHHS receives inter-entity and other Government entity recoveries for services provided as well as small amounts of revenue from individuals for goods and services provided. Their services are generally provided to customers simultaneously receiving and consuming the benefits provided.	Revenue is recognised on delivery of goods and services to the customers under AASB 15.
Pharmaceutical benefit scheme (PBS) reimbursements	Public hospital patients can access medicines listed on the PBS if they are being discharged, attending outpatient day clinics, or admitted receiving chemotherapy treatment. Medicare Australia reimburse the cost of the pharmaceutical items at the agreed wholesale price. Reimbursements are claimed electronically via PBS online payments, submitted to Medicare and directly paid to WBHHS.	Revenue is recognised as drugs are distributed to patients on behalf of the customer under AASB 15.

Note A1-2: Funding for public health services

	2024 $'000	2023 $'000
Revenue from contracts with customers		
Activity based funding	**644,041**	560,655
Other funding for public health services		
Block funding	**93,101**	87,713
Department of Health funding	**105,993**	87,499
Total	**843,135**	735,867

A1 REVENUE *(Continued)*

Accounting policy – Funding for the provision of public health services

Funding is provided predominantly from the Department of Health for specific public health services purchased by the Department in accordance with a service agreement. The Commonwealth Government pays its share of National Health funding directly to the Department of Health, for on forwarding to the Hospital and Health Service. The service agreement is reviewed periodically and updated for changes in activities and prices of services delivered by WBHHS. Cash funding from the Department of Health is received fortnightly for State payments and monthly for Commonwealth payments and is recognised as revenue as the performance obligations under the service level agreement are discharged. Commonwealth funding to WBHHS in 2024 was $286 million (2023: $272 million).

At the end of the financial year, an agreed technical adjustment between the Department of Health and WBHHS may be required for the level of services performed above or below the agreed levels, which may result in a receivable or contract liability. This technical adjustment process is undertaken annually according to the provisions of the service level agreement and ensures that the revenue recognised in each financial year correctly reflects WBHHS's delivery of health services.

Note A1-3: Grants and other contributions

	2024 $'000	2023 $'000
Revenue from contracts with customers		
Commonwealth Government - specific purpose payments & capital grants*	**7,449**	5,391
Other grants and contributions		
Other grants	**6**	34
Donations - other	**136**	121
Donations below fair value	**6,397**	5,933
Total	**13,988**	11,479

*Includes $1.4m of capital revenue spent on assets, for which there is no offsetting operational expenditure.

Grants, contributions and donations are non-reciprocal transactions where the HHS does not directly give approximately equal value to the grantor.

Where the grant agreement is enforceable and contains sufficiently specific performance obligations for the HHS to transfer goods or services to a third-party on the grantor's behalf, the transaction is accounted for under AASB 15 Revenue from Contracts with Customers. In this case, revenue is initially deferred (as a contract liability) and recognised as or when the performance obligations are satisfied. Otherwise, the grant is accounted for under AASB 1058 Income of Not-for-Profit Entities, whereby revenue is recognised upon receipt of the grant funding, except for special purpose capital grants received to construct non-financial assets to be controlled by the HHS.

Contributed assets when applicable are recognised at their fair value.

Contributions of services are recognised only if the services would have been purchased if they had not been donated and their fair value can be measured reliably. When this is the case, an equal amount is recognised as revenue and an expense.

A1 REVENUE *(Continued)*

Disclosures – Grants and contributions

The following table provides information about the nature and timing of the satisfaction of performance obligations, significant payment terms, and revenue recognition for Grants, Contributions and Donations assessed under AASB15 and AASB 1058.

Type of good or service	Nature and timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Transition Care Program (TCP) grant	The Commonwealth Government, in partnership with the state and territory governments, are committed to providing an enhanced quality of life for older Australians and supporting positive and healthy ageing through the provision of high quality and cost-effective services for frail older people and their carers. An enforceable contract is in place and has sufficiently specific performance obligations.	Revenue is recognised as performance obligations are met in accordance with AASB 15.
Capital Grants	Capital grants are received for specific purpose infrastructure and equipment purchases with revenue recognised as project related costs are incurred.	Revenue is recognised as WBHHS satisfies the obligations of the grant through construction of the asset under AASB 1058.
General donations (cash)	In some instances, WBHHS receives cash donations to purchase specific equipment (at the HHS's discretion) which is recognised on receipt.	Revenue is recognised on receipt in accordance with AASB 1058.
General donations (non-cash)	In some instances, WBHHS receives donated minor equipment under the asset recognition threshold however these are generally provided unconditionally.	Revenue is recognised on receipt in accordance with AASB 1058.
Donations below fair value	WBHHS receives corporate services support from the Department for no direct cost. Corporate services received would have been purchased if they were not provided by the Department and include payroll services, accounts payable and banking services. An equal amount of revenue is recognised as donations services below fair value.	Revenue is recognised on receipt in accordance with AASB 1058.

Note A1-4: Other revenue

	2024 $'000	2023 $'000
Revenue from contracts with customers		
Contract staff recoveries	**7,736**	7,156
General recoveries	**825**	1,833
Other revenue		
General recoveries	**1,342**	624
Interest	**112**	71
Other revenue	**130**	97
Total	**10,145**	9,781

Other revenue primarily reflects recoveries of payments for contracted staff from third parties such as Universities and other Government agencies as well as recoveries of insurance claims from the Queensland Government Insurance Fund (QGIF). Revenue recognition for contract staff recoveries is accounted for under AASB 15 Revenue from Contracts with Customers, where revenue is initially deferred (as a contract liability) and recognised as or when the performance obligations are satisfied. Revenue recognition for the balance of other revenue is based on either invoicing for related goods & services and/or the recognition of accrued revenue based on estimated volumes of goods or services delivered.

A1 REVENUE *(Continued)*

Disclosures – Other revenue

The following table provides information about the nature and timing of the satisfaction of performance obligations, significant payment terms, and revenue recognition for other revenue assessed under AASB15 and AASB 1058.

Type of good or service	Nature and timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Student placements (internal)	Contracts relating to internal staff placements through colleges such as Mercy Health, Australasian College for Emergency Medicine, and the Australian and New Zealand College of Anaesthetists. Performance obligations relate to the number of placements and locations of interns. The transaction price is based on the estimated cost of the placement at a certain level/classification.	Revenue is recognised over time as performance obligations are met in accordance with AASB 15.
Student placements (external)	Contracts with tertiary institutions for student clinical placements. Performance obligations are measured against an agreed price per student.	Revenue is recognised over time as performance obligations are met in accordance with AASB 15.
Salary recoveries	Contracts providing for health care staff (e.g. Breast Care Nurses funded by the McGrath Foundation). Specific performance obligations exist based on permanent/temporary placement of Full Time Equivalents (FTE's) for specific purposes and outcomes. The transaction price is based on the estimated cost of the placement at a certain level/classification.	Revenue is recognised as performance obligations are met in accordance with AASB 15.

A2 EXPENSES

Note A2-1: Employee expenses

	2024 $'000	2023 $'000
Employee benefits		
Wages and salaries	**74,169**	70,935
Annual leave levy	**9,449**	8,283
Employer superannuation contributions	**10,377**	6,472
Long service leave levy	**2,030**	1,725
Employee related expenses		
Workers' compensation premium	**972**	716
Total	**96,997**	88,131

Under section 20 of the *Hospital and Health Boards Act 2011* a Hospital and Health Service (HHS) can employ health executives and contracted senior health service employees, including Senior Medical Officers (SMO) and Visiting Medical Officers (VMO). All other employees are considered employees of the Department (health service employees, refer note A2-2).

Employee expenses represent the cost of engaging board members and the employment of health executives, Senior Medical and Visiting Medical Officers who are employed directly by WBHHS.

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

Prior history indicates that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised. As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

Annual and long service leave
Under the Queensland Government's Annual Leave Central Scheme (ALCS) and Long Service Leave Central Scheme (LSLCS), levies are payable to cover the cost of employees' annual leave (including leave loading and on-costs) and long service leave. No provision for annual leave and long service leave is recognised in WBHHS's financial statements as a liability is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 Whole of Government and General Government Sector Financial Reporting. These levies are expensed in the period in which they are paid or payable. Amounts paid to employees for annual leave and long service leave are claimed from the schemes quarterly in arrears.

Pandemic Leave
Special pandemic leave entitlements were introduced on 1 November 2022 allowing employees who contract COVID-19 or who are caring for a family or household member with COVID-19 to claim paid special leave until 30 June 2023. A new announcement was made in June 2023 stating that, after 30 June 2023, employees can still access up to 20 days special pandemic leave throughout 2023-24 financial year, where they have not exhausted the original entitlement, pending the outcome of a review being undertaken by the Communicable Diseases Network of Australia (CDNA).

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

Accumulation Plan: Contributions are made to eligible complying superannuation funds based on the rates specified in the relevant Enterprise Bargaining Agreement (EBA) or other conditions of employment. Contributions are expensed when they are paid or become payable following completion of the employee's service each pay period. Board Members, Executives, Senior Medical Officers, Visiting Medical Officers and employees can choose their superannuation provider, and WBHHS pays contributions into complying superannuation funds.

From the first pay in July 2023 employer superannuation contributions increased from 10.5 to 12.75 percent. From 1 April 2023 employees with an accumulation account had the option to make voluntary contributions. This means that Accumulation fund members will no longer be required to make mandatory superannuation contributions to receive the 12.75 percent employer contribution. Some employees received a single 'top-up' payment to bring their 2022-23 employer contributions to a total of 12.75 percent of their 2022-23 Ordinary Time Earnings (OTE). The single 'top-up' payments were made in August 2023.

A2 EXPENSES *(Continued)*

Defined Benefit Plan: The liability for defined benefits is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 Whole of Government and General Government Sector Financial Reporting. The amount of contributions for defined benefit plan obligations is based upon the rates determined by the Treasurer on the advice of the State Actuary. Contributions are paid by WBHHS at the specified rate following completion of the employees' service each pay period. WBHHS's obligations are limited to those contributions paid.

Workers' compensation premium
WBHHS pays premiums to WorkCover Queensland in respect of its obligations for employee compensation.

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

	2024	2023
Number of WBHHS Employees (FTE) *	**173**	161

* FTE *reflects the number of employees including both full-time employees and part-time employees, as at 30 June, measured on a full-time equivalent basis (reflecting Minimum Obligatory Human Resource Information (MOHRI)).*

A2-2 Health Service Employees

WBHHS is not a prescribed employer. Therefore, in accordance with the *Hospital and Health Boards Act 2011*, all staff, with the exception of executive staff and SMOs and VMOs (refer note A2-1), are employees of the Department and are referred to as Health Service employees. Under this arrangement:

- The Department provides employees to perform work for WBHHS and acknowledges and accepts its obligations as the employer of these employees;
- WBHHS is responsible for the day to day management of these Departmental employees;
- WBHHS reimburses the Department for the salaries and on-costs of these employees.
- WBHHS discloses the reimbursement of these costs as Health Service Employee expenses.

	2024	2023
Number of Health Service Employees (FTE) *	**3,654**	3,474

	2024	2023
	$'000	$'000
Health Service employee expenses	**515,637**	480,264

* FTE *reflects the number of employees including both full-time employees and part-time employees, as at 30 June, measured on a full-time equivalent basis (reflecting Minimum Obligatory Human Resource Information (MOHRI))*

Note A2-3: Supplies and services

	2024	2023
	$'000	$'000
Clinical supplies and services	**34,145**	30,050
Outsourced clinical services	**54,773**	42,118
Clinical contractors and consultants *	**31,066**	35,173
Other contractors and consultants	**371**	427
Drugs	**56,232**	46,126
Pathology	**19,012**	17,125
Repairs and maintenance including minor capital works	**12,841**	11,351
Catering and domestic supplies	**7,828**	6,741
Patient travel	**13,145**	12,210
Other travel	**4,420**	4,476
Electricity and other energy	**4,623**	4,445
Lease expenses	**1,829**	1,694
Motor vehicle expenses	**566**	605
Communications	**5,847**	5,777
Computer services	**7,720**	7,382
Services below fair value	**6,397**	5,933
Other	**15,694**	16,250
Total	**276,509**	247,883

***** *Clinical contractors and consultants includes $23 million (2023: $23.1 million) for locum medical and nursing staff.*

A2 EXPENSES *(Continued)*

Note A2-4: Other expenses

	2024 $'000	2023 $'000
Insurance premiums QGIF *	**7,561**	6,621
Other insurance	**198**	219
Inventory written off	**234**	236
Losses from the disposal of non-current assets	**769**	606
Other legal costs	**334**	506
Advertising	**711**	448
Other **	**703**	3,797
Total	**10,510**	12,433

***Insurance premiums QGIF:** WBHHS is insured under the Department's insurance policy with the Queensland Government Insurance Fund (QGIF) and pays a fee to the Department as a fee for service arrangement. QGIF covers property and general losses above a $10 thousand threshold and medical indemnity payments above a $20 thousand threshold and associated legal fees. Premiums are calculated on a risk assessment basis.

****Other:** Other includes audit fees paid or payable and special payments.
Audit fees: of $183 thousand to the Queensland Audit Office (2023: $180 thousand). There are no non-audit services included in this amount.
Special payments: of $11 thousand (2023: $23 thousand) includes ex gratia and other expenditure that WBHHS is not contractually or legally obligated to make to other parties. In compliance with the Financial and Performance Management Standard 2019, WBHHS maintains a register setting out details of all special payments greater than $5 thousand. As at 30 June there were no special payments greater than $5 thousand.

The reduced expenditure between 2023 and 2024 relates to WBHHS recognising a material expense payable in the 2023 financial statements for one vendor in the amount of $3.1 million. This was a one-off and not replicated in the 2024 financial year.

NOTES ABOUT FINANCIAL POSITION

B1 CASH AND CASH EQUIVALENTS

Note B1: Cash and cash equivalents

	2024 $'000	2023 $'000
Cash at bank and on hand	**21,732**	37,488
General trust at call deposits*	**1,589**	1,552
Total	**23,321**	39,040

* WBHHS receives cash contributions from external entities and other benefactors in the form of gifts, donations and bequests for specific purposes. Contributions are also received from excess earnings from private practice clinicians under Granted Private Practice arrangements to provide for education, study and research in clinical areas. At 30 June 2024, the amount of $1.6 million (2023: $1.6 million) was in general trust. Included in this was $546 thousand (2023: $520 thousand) for excess earnings from private practice clinicians.

Cash includes all cash on hand and in banks, cheques receipted but not banked at 30 June as well as all deposits at call with financial institutions and cash debit facilities.

WBHHS's bank accounts are grouped with the Whole of Government (WoG) set-off arrangement with the Commonwealth Bank of Australia. As a result, WBHHS does not earn interest on surplus funds nor is it charged interest or fees for accessing its approved cash debit facility. Interest earned on the aggregate set-off arrangement balance accrues to the Consolidated Fund.

General trust at call deposits do not form part of the WoG banking arrangement and incur fees as well as earn interest. Interest earned from general trust accounts is used in accordance with the terms of the trust. These funds are held with the Queensland Treasury Corporation.

B2 RECEIVABLES

Note B2-1: Trade and other receivables

	2024 $'000	2023 $'000
Trade receivables	**6,354**	5,565
Less: Loss allowance	**(1,007)**	(1,026)
	5,347	4,539
GST receivable	**1,327**	2,175
GST payable	**(60)**	(51)
	1,267	2,124
Accrued health service funding	**3,682**	8,880
Other DoH receivables	**386**	303
Total	**10,682**	15,846

Receivables are measured at amortised cost which approximates their fair value at reporting date. Trade receivables are recognised at the amount due at the time of sale or service delivery i.e. the agreed purchase/contract price. Settlement of these amounts is generally required within 30 days from invoice date. The collectability of receivables is assessed periodically with allowance being made for impairment.

The maximum exposure to credit risk at balance date for receivables is the gross carrying amount of those assets inclusive of any allowance for impairment.

WBHHS calculates impairment based on an assessment of individual debtors within specific debtor groupings, including geographic location and service stream (e.g. Medicare ineligible patients, long stay patients etc). A provision matrix is then applied to measure lifetime expected credit losses. The allowance for impairment reflects WBHHS's assessment of the credit risk associated with receivables balances and is determined based on historical rates of bad debts (by category), forward looking adjustments (where applicable based on information such as local unemployment, industry factors etc) for any change to current conditions likely to materially change the credit risk associated with debtor groups, and management judgement. The level of allowance is assessed taking into account the ageing of receivables, historical collection rates, and specific knowledge of the individual debtor's financial position.

The individually impaired receivables as at 30 June mainly related to overseas / ineligible patients.

Disclosure – Receivables

The closing balance of receivables arising from contracts with customers at 30 June 2024 is $0.8 million (2023: $0.8 million).

B2 RECEIVABLES *(Continued)*

Note B2-2: Impairment of Receivables

(i) Ageing of trade receivables

	2024			2023		
	Gross receivables	Loss rate	Expected credit loss	Gross receivables	Loss rate	Expected credit loss
	$'000	%	$'000	$'000	%	$'000
Trade receivables						
Current	**1,626**	**7%**	**(118)**	1,330	9%	(124)
1 to 30 days overdue	**1,486**	**10%**	**(141)**	1,180	12%	(141)
31 to 60 days overdue	**1,012**	**8%**	**(81)**	715	13%	(94)
61 to 90 days overdue	**584**	**9%**	**(52)**	385	16%	(63)
Greater than 90 days	**1,646**	**37%**	**(615)**	1,955	31%	(604)
Total	**6,354**		**(1007)**	5,565		(1026)

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

	2024	2023
	$'000	$'000
Balance at 1 July	**(1,026)**	(773)
Amounts written off during the year	**911**	520
(Increase)/decrease in allowance recognised in operating result	**(892)**	(773)
Balance at 30 June	**(1,007)**	(1,026)

B3 INVENTORIES

	2024	2023
	$'000	$'000
Inventories		
Pharmaceuticals	**2,354**	2,294
Clinical supplies	**3,601**	3,251
Catering and domestic	**84**	79
Other	**16**	7
Total	**6,055**	5,631

Inventories consist mainly of clinical supplies and pharmaceuticals held for distribution in hospital and health service facilities and are provided to public admitted patients free of charge except for pharmaceuticals which are provided at a subsidised rate.

Inventories held for distribution are measured at cost adjusted where applicable, for any loss of service potential. Cost is assigned on a weighted average cost.

B4 OTHER ASSETS

	2024	2023
	$'000	$'000
Current		
Prepayments	**1,229**	1,075
Contract assets*	**10,849**	6,310
Total	**12,078**	7,385

**Contract assets includes $7.4 million (2023: $2.6 million) associated with the Department of Health and $3.4 million (2023: $3.7 million) associated with contracts with other customers.*

Disclosure – Contract assets

Contract assets arise from contracts with customers and are transferred to receivables when the HHS's right to payment becomes unconditional. This usually occurs when the invoice is issued to the customer.

B5 PROPERTY, PLANT AND EQUIPMENT AND RELATED DEPRECIATION

Note B5-1: Property, Plant and Equipment - Balances and Reconciliations of Carrying Amount

Property, Plant and Equipment Reconciliation	Land Level 2 (at fair value) $'000	Buildings Level 3 (at fair value) $'000	Plant and equipment (at cost) $'000	Heritage and cultural (at fair value) $'000	Capital works in progress (at cost) $'000	Total $'000
Year ended 30 June 2023						
Opening net book value	**17,514**	**267,788**	**30,558**	**19**	**18,304**	**334,183**
Acquisitions	-	664	8,478	-	25,461	34,603
Disposals	-	-	(670)	-	-	(670)
Transfers from / (to) DoH / Other HHS	-	-	618	-	-	618
Transfers between classes	-	12,171	-	-	(12,171)	-
Revaluation increments/(decrements)	2,019	18,235	-	-	-	20,254
Depreciation charge for the year	-	(19,553)	(5,893)	-	-	(25,446)
Carrying amount at 30 June 2023	**19,533**	**279,305**	**33,091**	**19**	**31,594**	**363,542**
At 30 June 2023						
At cost/fair value	19,533	717,154	67,437	20	31,594	835,738
Accumulated depreciation	-	(437,849)	(34,346)	(1)	-	(472,196)
Carrying amount at 30 June 2023	**19,533**	**279,305**	**33,091**	**19**	**31,594**	**363,542**
Year ended 30 June 2024						
Opening net book value	**19,533**	**279,305**	**33,091**	**19**	**31,594**	363,542
Acquisitions	-	355	9,502	-	14,881	24,738
Disposals	(22)	(102)	(722)	-	-	(846)
Transfers from / (to) DoH / Other HHS	-	3,916	-	-	-	3,916
Transfers between classes	-	38,853	179	-	(39,032)	-
Revaluation increments/(decrements)	854	27,163	-	-	-	28,017
Depreciation charge for the year	-	(23,449)	(6,371)	-	-	(29,820)
Carrying amount at 30 June 2024	**20,365**	**326,041**	**35,679**	**19**	**7,443**	**389,547**
At 30 June 2024						
At cost/fair value	20,365	818,352	72,311	20	7,443	918,491
Accumulated depreciation	-	(492,311)	(36,632)	(1)	-	(528,944)
Carrying amount at 30 June 2024	**20,365**	**326,041**	**35,679**	**19**	**7,443**	**389,547**

Depreciation and amortisation total on Statement of Comprehensive Income $32,348 thousand (2023: $27,857 thousand) is made up of depreciation $29,820 thousand (2023: $25,446 thousand) per note B5-1 plus $2,462 thousand (2023: $2,345 thousand) per note B8-1 plus $66 thousand (2023: $66 thousand) amortisation of intangible assets (immaterial therefore not separately disclosed).

Note B5-2: Accounting Policies

Recognition thresholds for property, plant and equipment

Items of a capital nature with a cost or other value equal to or more than the following thresholds and with a useful life of more than one year are recognised at acquisition. Items below these values are expensed.

Class	Threshold
Buildings	$10,000
Land	$1
Plant and Equipment	$5,000
Heritage and Cultural	$5,000

WBHHS has a comprehensive annual maintenance program for its buildings. Expenditure is only capitalised if it increases the service potential or useful life of the existing asset. Maintenance expenditure that merely restores original service potential (arising from ordinary wear and tear) is expensed.

B5 PROPERTY, PLANT AND EQUIPMENT AND RELATED DEPRECIATION (*Continued*)

Acquisition of Assets

Actual cost is used for the initial recording of all non-current physical asset acquisitions. Cost is determined as the value given as consideration plus costs incidental to the acquisition, including all other costs incurred in getting the assets ready for use. Any training costs are expensed as incurred.

Where assets are received free of charge from another Queensland Government entity (whether as a result of a Machinery-of-Government change or other involuntary transfer), the acquisition cost is recognised at the gross carrying amount in the books of the transferor immediately prior to the transfer together with any accumulated depreciation.

Assets acquired at no cost or for nominal consideration, other than from an involuntary transfer from another Queensland Government entity, are recognised at their fair value at date of acquisition in accordance with AASB 116 Property, Plant and Equipment.

Subsequent measurement of property, plant and equipment

Land, buildings, heritage and cultural assets are subsequently measured at fair value as required by Queensland Treasury's *Non-Current Asset Policies for the Queensland Public Sector*. These assets are reported at their revalued amounts, being the fair value at the date of valuation, less any subsequent accumulated depreciation and accumulated impairment losses where applicable. The cost of items acquired during the financial year has been assessed by management to materially represent their fair value at the end of the reporting period.

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

Depreciation

Property, plant and equipment is depreciated on a straight-line basis progressively over its estimated useful life to the HHS.

Land, heritage and cultural asset are not depreciated.

Assets under construction (work-in-progress) are not depreciated until they are ready for use.

Key Judgement: Any expenditure that increases the originally assessed capacity or service potential of an asset is capitalised and the new depreciable amount is depreciated over the remaining useful life of the asset.

Key Estimate: Management estimates the useful lives of property, plant and equipment based on the expected period of time over which economic benefits from use of the asset will be derived. Management reviews useful life assumptions on an annual basis having given consideration to variables including historical and forecast usage rates, technological advancements and changes in legal and economic conditions. WBHHS has assigned nil residual values to all depreciable assets.

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

Asset class	Depreciation rates
Buildings (including land improvements)	0.83% - 6.67%
Plant and Equipment	3.33% - 20.00%

Componentisation of complex assets

WBHHS's complex assets are its buildings. Complex assets comprise separately identifiable components (or groups of components) of significant value, that require replacement at regular intervals and at different times to other components comprising the complex asset. Components purchased specifically for particular assets are capitalised and depreciated on the same basis as the asset to which they relate. While components are not separately accounted for, there is no material effect on depreciation expense reported.

B5 PROPERTY, PLANT AND EQUIPMENT AND RELATED DEPRECIATION (*Continued*)

Impairment of non-current assets

Key Judgement and Estimate: All non-current physical assets are assessed for indicators of impairment on an annual basis, or where the asset is measured at fair value, for indicators of a change in fair value / service potential since the last valuation was completed. Where indicators of a material change in fair value or service potential since the last valuation arise, the asset is revalued at the reporting date under AASB13 Fair Value Measurement. Any amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss.

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

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

An impairment loss is recognised immediately in the Statement of Comprehensive Income unless the asset is carried at a revalued amount. When the asset is measured at a revalued amount, the impairment loss is offset against the asset revaluation surplus of the relevant class to the extent available.

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. A reversal of an impairment loss is recognised as income, unless the asset is carried at a revalued amount, in which case the reversal of the impairment loss is treated as a revaluation increase.

Revaluations of non-current physical assets

The fair value of land and buildings are assessed on an annual basis by an independent professional expert or by the use of appropriate and relevant indices. For financial reporting purposes, the revaluation process for WBHHS is managed by the Financial Accounting and Compliance department with input from the Chief Financial Officer (CFO). The Building, Engineering, Maintenance Service (BEMS) unit provides assistance to the quantity surveyors. The appointment of the independent expert was undertaken through a Request for Quote process to cover a full four-year rolling revaluation program up to financial year 30 June 2025.

Use of Specific Appraisals

Revaluations using independent professional experts are undertaken at least once every four years. However, if a particular asset class experiences significant and volatile changes in fair value, that class is subject to specific appraisal in the reporting period, where practicable, regardless of the timing of the last specific appraisal.

The fair values reported by WBHHS are based on appropriate valuation techniques that maximises the use of available and relevant observable inputs and minimise the use of unobservable inputs.

Use of Indices

Where assets have not been specifically appraised in the reporting period, their previous valuations are materially kept up to date via the application of relevant indices. WBHHS uses indices to provide a valid estimation of the assets' fair values at the reporting date.

The expert supplies the indices used for the various types of assets. Such indices are either publicly available or are derived from market information available to the expert. The expert provides assurance of their robustness, validity and appropriateness for application to the relevant assets. Indices used are also tested for reasonableness by applying the indices to a sample of assets, comparing the results to similar assets that have been valued by the expert, and analysing the trend of changes in values over time. Through this process, which is undertaken annually, management assesses and confirms the relevance and suitability of indices provided by the expert based on the entity's own circumstances.

Accounting for Change in Fair Value

Revaluation increments are credited to the asset revaluation surplus account of the appropriate class, except to the extent it reverses a revaluation decrement for the class previously recognised as an expense. In that case it is recognised as income. A decrease in the carrying amount on revaluation is charged as an expense, to the extent it exceeds the balance, if any, in the revaluation surplus relating to that asset class.

WBHHS has adopted the gross method of reporting revalued assets which is where for assets revalued using a cost approach, accumulated depreciation is adjusted to equal the difference between the gross amount and the carrying amount.

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

Note B5-3: Valuation of Property, Plant and Equipment including Key Estimates and Judgements

Land

During the 2023-24 year, WBHHS engaged the services of AECOM (sub-contracted to McGees) to provide an indexation report for the 2023-24 financial year. The last comprehensive valuation of land was undertaken by State Valuation Services (SVS) in the 2020-21 year.

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

The valuations for 2023-24 resulted in a revaluation increment of $0.85 million to the carrying value of land (2023: $2.02 million). The next comprehensive revaluation is scheduled to occur in 2025-26. Indexation will occur in the intervening years in line with Queensland Treasury's Non-Current Asset Policy.

Buildings

A new 4 year rolling building valuation program commenced in 2021-22 based on major geographical locations of building and land improvement assets (i.e. Bundaberg, Hervey Bay, Maryborough and Rurals). WBHHS engaged independent quantity surveyors AECOM to undertake the building valuations for a period of four years. As a result of this program, all buildings and land improvement assets with a cost threshold above $500,000 (representing 95% of the NBV of asset class) will be comprehensively valued over a 4-year period.

In 2023-24 Maryborough buildings and land improvement assets were valued, reflecting 13% of the 95% NBV of the building portfolio at the time of valuation. Those buildings which were not subject to comprehensive valuation (accounting for 82% of the 95% NBV of the building portfolio at the time of valuation) were subject to a review through the use of indices.

Reflecting the specialised nature of health service buildings and on hospital-site residential facilities, for which there is no active market, fair value is determined using the current replacement cost methodology. Current replacement cost is a valuation technique that reflects the amount that would be required today to replace the service capacity of an asset. Current replacement cost is calculated as replacement cost less adjustments for obsolescence.

To determine the replacement cost, the lowest cost that would be incurred today, to replace the existing building with a modern equivalent, is assessed. The valuation assumes a modern equivalent building will comply with current legislation (e.g. building code) and provide the same service function and form (shape and size) as the original building but with more contemporary design, materials, safety standards and construction approaches. This value is also compared against current construction contracts for reasonableness.

The replacement cost of an asset is adjusted for obsolescence. There are three types of obsolescence factored into current replacement cost, functional, economic and physical. Functional and economic obsolescence are adjustments to the gross value of the asset. This adjustment reflects the value embodied in components of a modern equivalent building that are either not present in the existing asset or that are inefficient or inadequate relative to a modern equivalent building due to technological developments or other external factors. In response to Queensland Health's "Sustainability in Design – Design Guidance Note 2.a", this year an Environmental Sustainability in Design (ESD) factor has been incorporated into the calculation of replacement cost for building assets that underwent comprehensive valuation. The ESD factor represents an estimate of increased costs likely to be incurred when replacing infrastructure with design principles targeted at reducing emissions through more efficient building construction including; using sustainable resources, reduced energy use, enabling recycling of water and waste.

Physical obsolescence is time based and is therefore reflected in the calculation of accumulated depreciation. This adjustment reflects the loss in value of the building caused by factors such as wear and tear, physical stressors and other environmental factors. Physical obsolescence is calculated as straight-line depreciation, that is, the replacement cost depreciated over the total useful life of the asset. The total useful life of the asset is a combination of expired useful life and an estimate of remaining useful life.

The independent comprehensive valuation for 2023-24 resulted in a net increment to the building portfolio of $2.26 million (2023: $3.98 million increment) and to the asset revaluation surplus account. This is an increase of 6.5% to the fair value of buildings as at 30 June 2024. A $24.9 million adjustment was made to the remainder of buildings not subject to comprehensive valuation inline with an indexation rate of 11%.

New Bundaberg Hospital (NBH)

In June 2021 a Detailed Business Case (DBC) was submitted to the Department of Health which recommended the single-stage construction of the new Bundaberg Hospital (NBH) on a preferred greenfield site identified as Lot 23 SP212513, Thabeban.

This DBC was prepared for the consideration of the Queensland Government and included comprehensive analysis of the social, economic, environmental and financial impacts of the proposed hospital.

In June 2022, the 2022-23 Queensland Budget included $9.78 billion of additional funding over six years for the Queensland Health Capacity Expansion Program. This included $1.2 billion to deliver the NBH with growth of 121 overnight beds and delivery by late 2027.

In July 2023, Queensland Health announced CPB Contractors as the managing contractor for stage one of the project, responsible for completing the detailed design. CPB must deliver a value for money guaranteed price for the project before main works construction begins in stage two.

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

The project is being managed centrally by Health Infrastructure Queensland (HIQ), formerly Health Capital Division (HCD), with preliminary earthworks commencing in May 2024. The Department of Health will capture the project costs in their accounts and the land, building and associated assets will be transferred to the WBHHS once the project is complete.

A review was conducted as to the impact of the remaining useful lives of the existing hospital buildings in Bundaberg and subsequent fair value. It was determined that although a contractor has been appointed to perform the design, it would be premature at this stage to reset the useful lives of the existing hospital buildings because the future use of the existing buildings is not yet certain.

Note B5-4: Accounting Policies and Basis for Fair Value Measurement

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

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

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

A fair value measurement of a non-financial asset takes into account a market participant's ability to generate economic benefit by using the asset in its highest and best use or by selling it to another market participant that would use the asset in its highest and best use.

All assets and liabilities of WBHHS for which fair value is measured or disclosed in the financial statements are categorised within the following fair value hierarchy, based on the data and assumptions used in the most recent specific appraisals:

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

None of WBHHS's valuations of assets are eligible for categorisation into level 1 of the fair value hierarchy and there was no transfer of assets between fair value hierarchy levels during the period.

B6 PAYABLES

	2024 $'000	2023 $'000
Trade payables	**34,643**	29,002
Accrued expenses	**25,486**	38,351
Department of Health payables	**14,152**	25,765
Total	**74,281**	93,118

Payables are recognised for amounts to be paid in the future for goods and services already received. Trade payables are measured at the agreed purchase/contract price, gross of applicable trade and other discounts. The amounts are unsecured and normally settled within 30 - 60 days.

B7 OTHER LIABILITIES

	2024 $'000	2023 $'000
Current		
Contract liabilities *	**2,396**	4,664
Unearned revenue	**153**	557
Total	**2,549**	5,221

** Contract liabilities includes $1.6 million (2023: $3.2 million) associated with Department of Health and $0.6 million (2023: $0.5 million) associated with contracts with other customers.*

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

When there is an outstanding obligation to deliver services in consideration for revenue received, it is recognised as a liability until the obligation has been delivered according to the terms of the Agreement.

B8 RIGHT OF USE ASSETS AND LEASE LIABILITIES

Note B8-1: Leases as a lessee

Right-of-use assets

	Buildings $'000	Plant and equipment $'000	Total $'000
Year ended 30 June 2023			
Opening balance 1 July	**9,262**	**33**	**9,295**
Additions	2,541	-	2,541
Depreciation charge for the year	(2,335)	(10)	(2,345)
Closing balance at 30 June 2023	**9,468**	**23**	**9,491**
Year ended 30 June 2024			
Opening balance 1 July	9,468	23	**9,491**
Additions	1,684	-	**1,684**
Depreciation charge for the year	(2,452)	(10)	**(2,462)**
Closing balance at 30 June 2024	**8,700**	**13**	**8,713**

Lease liabilities

	2024 $'000	2023 $'000
Current		
Lease liabilities	**2,387**	2,194
Non-current		
Lease liabilities	**6,993**	7,913
Total	**9,380**	10,107

Accounting policies – Leases as lessee

Right-of-use assets

Right-of-use assets are initially recognised at cost comprising the following:

- the amount of the initial measurement of the lease liability
- lease payments made at or before the commencement date, less any lease incentives received
- initial direct costs incurred, and
- the initial estimate of restoration costs

Right-of-use assets are subsequently depreciated over the lease term and subject to impairment testing on an annual basis.

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

WBHHS measures right-of-use assets from concessionary leases at cost on initial recognition, and measures all right-of-use assets at cost subsequent to initial recognition. WBHHS has elected not to recognise right-of-use assets and lease liabilities arising from short-term leases and leases of low value assets. These lease payments are recognised as expenses on a straight-line basis over the lease term. An asset is considered low value where it is expected to cost less than $10,000 when new.

B8 RIGHT OF USE ASSETS AND LEASE LIABILITIES *(Continued)*

Lease liabilities

Lease liabilities are initially recognised at the present value of lease payments over the lease term that are not yet paid. The lease term includes any extension or renewal options that the HHS is reasonably certain to exercise. The future lease payments included in the calculation of the lease liability comprise the following:

- fixed payments (including in-substance fixed payments), less any lease incentives receivable
- variable lease payments that depend on an index or rate, initially measured using the index or rate as at the commencement date
- amounts expected to be payable by the HHS under residual value guarantees
- the exercise price of a purchase option that the HHS is reasonably certain to exercise
- payments for termination penalties, if the lease term reflects the early termination

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

When measuring the lease liability, the HHS uses its incremental borrowing rate as the discount rate where the interest rate implicit in the lease cannot be readily determined, which is the case for all of the HHS's leases. To determine the incremental borrowing rate, WBHHS uses loan rates provided by Queensland Treasury Corporation that correspond to the commencement date and term of the lease.

Subsequent to initial recognition, the lease liabilities are increased by the interest charge and reduced by the amount of lease payments. Lease liabilities are also remeasured in certain situations such as a change in variable lease payments that depend on an index or rate (e.g. a market rent review), or a change in the lease term.

Disclosures – Leases as lessee

(i) Residential Accommodation Leases

WBHHS has 54 (2023: 57) residential accommodation leases with external parties. All of these have been classified as ROU assets and lease liabilities in line with AASB 16. WBHHS does not have any residential leases recognised as lease expenses under A2-3 due to being short term or low value.

(ii) Commercial Accommodation Leases

WBHHS has 6 (2023: 7) commercial office accommodation leases with external parties which have been recognised as ROU assets and lease liabilities in line with AASB 16.

(iii) Office accommodation, employee housing and motor vehicles

The Department of Housing, Local Government, Planning and Public Works (DHLGPPW) provides the HHS with access to office accommodation and employee housing, with motor vehicles provided via QFleet, Department of Energy and Climate under government-wide frameworks. These arrangements are categorised as procurement of services rather than as leases because DHLGPPW has substantive substitution rights over the assets. The related service expenses are included under note A2-3.

(iv) Office equipment

WBHHS has 1 (2023: 1) equipment lease with an external party which has been recognised as an ROU asset and lease liability in line with AASB 16.

(v) Amounts recognised in profit or loss

	2024 $'000	2023 $'000
Interest expense on lease liabilities	**286**	273
Breakdown of 'Lease expenses' included in Note A2-3		
- Expenses relating to short-term leases	**72**	80
- Expenses relating to internal-to-government arrangements that are no longer leases	**1,757**	1,614
	2,115	1,967

(vi) Total cash outflow for leases

	2024 $'000	2023 $'000
Lease Payments	**(2,697)**	(2,495)

B9 EQUITY

Note B9-1: Contributed Equity

	2024 $'000	2023 $'000
Opening balance at beginning of year	**239,612**	231,813
Non-appropriated equity injections		
Capital funding	**26,564**	35,038
Non-appropriated equity withdrawals		
Non-cash depreciation funding returned to DoH as a contribution towards capital works program	**(32,348)**	(27,857)
Non-appropriated equity asset transfers	**3,916**	618
Balance at the end of the financial year	**237,743**	239,612

Non-reciprocal transfers of assets and liabilities between wholly owned Queensland State Public Sector entities as a result of Machinery-of-Government changes are adjusted to contributed equity in accordance with Interpretation 1038 *Contributions by Owners Made to Wholly Owned Public Sector Entities*. Appropriations for equity adjustments are similarly designated.

WBHHS receives funding from the Department of Health to cover depreciation costs. However, as depreciation is a non-cash expenditure item, the Minister of Health has approved a withdrawal of equity by the State for the same amount, resulting in non-cash revenue and non-cash equity withdrawal.

Note B9-2: Asset revaluation surplus

	2024 $'000	2023 $'000
Land		
Balance at the beginning of the financial year	**6,243**	4,223
Revaluation increments/(decrements)	**854**	2,020
Total Land	**7,097**	6,243
Buildings		
Balance at the beginning of the financial year	**116,938**	98,704
Revaluation increments/(decrements)	**27,163**	18,234
Total Buildings	**144,101**	116,938
Balance at the end of the financial year	**151,197**	123,181

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

NOTES ABOUT RISK AND OTHER ACCOUNTING UNCERTAINTIES

C1 FINANCIAL RISK MANAGEMENT

Note C1: Financial instrument categories

Category	Note	2024 $'000	2023 $'000
Financial assets at amortised cost			
Cash and cash equivalents	B1	**23,321**	39,040
Receivables	B2	**10,682**	15,846
Total		**34,003**	54,886
Financial liabilities at amortised cost			
Payables	B6	**74,281**	93,118
Lease liabilities	B8-1	**9,380**	10,107
Total		**83,661**	103,225

Financial assets and financial liabilities are recognised in the statement of financial position when WBHHS becomes a party to the contractual provisions of the financial instrument.

WBHHS measures risk exposure using a variety of methods as follows:

(a) Credit risk

Credit risk is the potential for financial loss arising from a counterparty defaulting on its obligations. The maximum exposure to credit risk at balance date is equal to the gross carrying amount of the financial asset, inclusive of any allowance for impairment.

The carrying amount of financial assets, which are disclosed in more detail in note B2, represent the maximum exposure to credit risk at the reporting date.

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

There are no significant concentrations of credit risk.

Major receivables at 30 June 2024 outside of those reported at D2 Related Party Transactions comprise $4.7 million from Health Funds (2023: $3.8 million), and $0.66 million other external debtors (2023: $0.69 million).

Overall credit risk for the HHS is considered minimal.

(b) Liquidity risk

Liquidity risk is the risk that WBHHS will not have the resources required at a particular time to meet its obligations to settle its financial liabilities. WBHHS is exposed to liquidity risk through its trading in the normal course of business. WBHHS aims to reduce the exposure to liquidity risk by ensuring that sufficient funds are available to meet employee and supplier obligations at all times.

WBHHS is a State Government Statutory Body delivering critical public health services. As evidenced by the Service Level Agreement (SLA), and the advice received from the Department of Health (DoH) with respect to support available, there is very low risk of government removing or reducing its support for WBHHS. Testament to this is the continued investment in large infrastructure projects throughout Wide Bay such as the New Bundaberg Hospital. The DoH works closely with WBHHS to monitor cash availability and liquidity issues which is a key element around going concern. In the event that cash is insufficient under the SLA to meet requirements in any given financial year, the Minister (as delegate) is able to approve cash equity injections to WBHHS. This is a mechanism that is executed by the DoH working closely with WBHHS finance department. This support, is available when required, ensures that a HHS with a structural deficit has available cash to meet its liabilities while it executes its recovery plan to get back to a balanced position (refer Economic Dependency FS-8).

Under the whole-of-government banking arrangements, WBHHS has an approved working debt facility of $8.5 million (2023: $8.5 million) to manage any short-term cash shortfalls. This facility has been drawn down on 1 occasion during the financial year. Undrawn value as at 30 June is $8.5 million. (2023: $8.5 million).

(c) Interest rate risk

WBHHS is exposed to interest rate risk on its cash deposited in interest bearing accounts with Queensland Treasury Corporation (2024: $1.58 million, 2023: $1.5 million)

WBHHS does not undertake any hedging in relation to interest rate risk.

Changes in interest rate have a minimal effect on the operating result of WBHHS.

(d) Market risk

WBHHS does not trade in foreign currency and is not materially exposed to commodity price changes.

C2 CONTINGENCIES

Litigation in progress

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

	2024 Number of cases	2023 Number of cases
Supreme Court	**5**	3
District Court	**1**	1
Tribunals, commissions and boards	**-**	1
Total	**6**	5

Medical Indemnity is underwritten by the Queensland Government Insurance Fund (QGIF). WBHHS's liability in this area is limited to an excess per insurance event of twenty thousand dollars. As at 30 June 2024, WBHHS has 6 claims currently managed by QGIF, some of which may never be litigated or result in payments to claims (excluding initial notices under the Personal Injuries Proceedings Act). It is not possible to make a reliable estimate for the final amount payable, if any, in respect of the litigation before the courts at this time.

From time to time the HHS is engaged in legal matters which may give rise to potential liabilities. The outcome of such matters and any financial impacts are not known and cannot be reliably estimated at the date of certification of the financial statements.

C3 COMMITMENTS

Capital expenditure commitments

Commitments for capital expenditure contracted for at reporting date but not recognised in the financial statements are payable as follows:

	2024 $'000	2023 $'000
Plant and Equipment		
No later than 1 year	**11,376**	16,532
Later than 1 year but no later than 5 years	**8,401**	2,441
Total	**19,777**	18,973

KEY MANAGEMENT PERSONNEL

D1 KEY MANAGEMENT PERSONNEL DISCLOSURES

Key Management Personnel (KMP)

The Minister for Health is identified as part of WBHHS KMP, consistent with guidance included in *AASB 124 Related Party Disclosures*. The responsible Minister is Hon Shannon Fentiman, Minister for Health, Mental Health and Ambulance Services.

The following details for key executive management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of WBHHS during 2023-24. Further information on these positions can be found in the body of the Annual Report under the section relating to Executive Management.

Position	Name	Contract classification/ appointment authority	Initial appointment date
Wide Bay Hospital and Health Service Board			
Non-executive Board Chair - Provides strategic leadership, guidance and effective oversight of management, operations and financial performance.	Peta Jamieson	Chairperson - Hospital and Health Boards Act 2011 Section 25 (1) (a)	Appointment 26/06/2015 Appointed as Chair: 15/12/2016
Deputy Board Chair - Provide strategic leadership, guidance and effective oversight of management, operations and financial performance.	Karen Prentis	Deputy Chairperson - Hospital and Health Boards Act 2011 Section 25 (1) (b)	Appointment 18/05/2017 Appointed as Deputy Chair: 21/10/2021
Non-executive Board Member - Provide strategic leadership, guidance and effective oversight of management, operations and financial performance.	Trevor Dixon	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 18/05/2017 Contract ended 31/03/2024
	Simone Xouris	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 18/05/2017 Contract ended 31/03/2024
	Chris Woollard	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 1/04/2022
	Leon Nehow	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 18/05/2020 Contract ended 20/10/2023
	Craig Hodges	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 18/05/2021 Contract ended 31/03/2024
	Karla Steen	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 18/05/2021
	Helen Huntly	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 1/04/2024
	Stevan Ober	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 1/04/2024
	Leanne Rudd	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 1/04/2024
	Gail Jukes	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 1/04/2024 Contract ended 30/06/2024
	Kathy Campbell	Board Member - Hospital and Health Boards Act 2011 Section 23 (1)	Appointment 18/05/2021 Contract ended 26/05/2023

D1 KEY MANAGEMENT PERSONNEL DISCLOSURES (C*ontinued*)

Position	Name	Contract classification/ appointment authority	Initial appointment date
Wide Bay Hospital and Health Service Executives			
Chief Executive – Responsible for the overall leadership and management of the WBHHS to ensure that it meets its strategic and operational objectives. The Chief Executive is the single point of accountability for ensuring patient safety through the effective executive leadership and management of all hospital and health services. This position is accountable to the Hospital and Health Service Board for ensuring the HHS achieves a balance between efficient service delivery and high-quality health outcomes.	Deborah Carroll	s24 & s70 Appointed by Board under Hospital and Health Board Act 2011 (Section 7 (3))	2/12/2014 Appointed to Chief Executive 27/04/2020
Chief Operating Officer - Reports to the Chief Executive and provides strategic leadership, direction, and day to day management of the WBHHS to optimise quality health care and business outcomes.	Ben Ross Edwards	HES3 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011	Temp 27/06/2022 - 11/07/2022 Appointment 19/09/2022
	Michael Lewzcuk	HES3 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011	Appointment 30/08/2021 Resigned 16/10/2022
Executive Director Finance and Performance - Reports to the Chief Executive and provides single-point accountability for the Finance and Performance Division. Co-ordinates WBHHS's financial management, consistent with the relevant legislation and policy directions to support high-quality healthcare within WBHHS.	Martin Clifford	HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011	Appointment 7/02/2022
Executive Director Human Resources - Reports to the Chief Executive and is responsible for the strategic and professional leadership of all WBHHS's Human Resource services. Liaises with local and state-wide stakeholders to ensure compliance with all legislative requirements, awards and directions of the government as they apply to the HHS.	Luci Caswell	HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011	Appointment 30/01/2023
	Marie-Gaye Harvey	HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011	Acting 26/06/2022 – 19/02/2023
Executive Director Mental Health, Alcohol and Other Drug Services - Reports to the Chief Executive and is responsible for the strategic and professional leadership of WBHHS's Mental Health, Alcohol and Other Drugs Service. Ensures compliance with legislative requirements in providing high-quality inpatient, outpatient and community care. Works in partnership with external service providers and primary health organisations to provide targeted service delivery that reflects community need.	Robyn Bradley	HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011	Appointment 23/11/2015
Executive Director Medical Services - Reports to the Chief Executive and is responsible for strategic, professional and quality leadership of the WBHHS medical workforce, including oversight of medical recruitment and credentialing. Liaises with state-wide stakeholders to ensure compliance with legislative requirements.	Scott Kitchener	MMOI2 Appointed under Medical Officers (Queensland Health) Award - State 2015	Appointment 25/01/2021 Resigned 7/01/2024
	Dr Alan Sandford	MMOI2 Appointed under Medical Officers (Queensland Health) Award - State 2015	Appointment 22/01/2024 – 30/06/2024
Executive Director of Nursing and Midwifery Services - Reports to the Chief Executive and is responsible for strategic, professional and quality leadership of the WBHHS nursing workforce, including rural, offsite, community nursing services and education and training. Liaises with state-wide stakeholders to ensure compliance with legislative requirements.	Fiona Sewell	NRG13-2 Appointed under Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012	Appointment 6/07/2015 *Commenced long service leave - 3/07/2023 – 30/6/2024 Returned 1/07/2024
	James Jenkins	NRG13-2 Appointed under Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012	Acting 12/06/2023 – 16/06/2024
Executive Director Governance - Reports to the Chief Executive and is responsible for integrated governance, including clinical governance functions such as patient safety, consumer feedback, quality and accreditation, and corporate governance functions such as risk management, policy, compliance, education, research, strategic and operational planning.	Robyn Scanlan	HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011	13/04/2020 -16/08/2020 Permanently appointed 30/08/2021
Executive Director Allied Health - Reports to the Chief Executive and is responsible for the professional leadership for all allied health practitioners including processional governance, credentialing, education and research.	Stephen Bell	HP7 Health Practitioners and Dental Officers (Queensland Health) Award - State 2015	Appointment 1/08/2019
Executive Director Bundaberg and Rurals - Reports to the Chief Operating Officer and is directly accountable for the overall performance of the Bundaberg and Rural Facilities.	Katrina Ollis	HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011	Acting 13/06/2022 – 27/11/2022 Appointment 28/11/2022

D1 KEY MANAGEMENT PERSONNEL DISCLOSURES (Continued)

Position	Name	Contract classification/ appointment authority	Initial appointment date
Executive Director Aboriginal and Torres Strait Islander Health - Reports to the Chief Executive and is responsible for strategic leadership and authoritative guidance and advice on strategic directions, priorities and policy development in relation to the health and wellbeing of Aboriginal and Torres Strait Islander peoples.	Paul Weir	HWF8 - Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011	Appointment 22/4/2024
Executive Director Clinical and Support Services - Reports to the Chief Operating Officer and is directly accountable for the overall performance of designated Clinical and Support services.	Kate Lyons	HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011	Appointment 27/03/2023
	Clarissa Schmierer	HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011	Acting 19/09/2022 Contract ended 09/04/2023
Executive Director Hervey Bay and Maryborough - Reports to the Chief Operating Officer and is directly accountable for the overall performance of the Hervey Bay and Maryborough Facilities.	Ciaran McSherry	HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011	Appointment 28/08/2023
	Peter Wood	HES2 Appointed by Chief Executive (CE) under s74 Hospital and Health Boards Act 2011	Appointment 01/05/2022 Contract ended 02/04/2023

KMP remuneration policies

Minister remuneration

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

Key management personnel remuneration – Board

WBHHS is independently and locally controlled by the Hospital and Health Board (The Board). The Board appoints the Health Service Chief Executive and exercises significant responsibilities at a local level, including controlling the WBHHS financial management, management of land and buildings (section 7 *Hospital and Health Board Act 2011*).

Remuneration arrangements for the WBHHS are approved by the Governor in Council and the chair, deputy chair and members are paid an annual fee consistent with the government procedures titled '*Remuneration procedures for part-time chairs and members of Queensland Government bodies.'*

Remuneration paid or owing to board members was as follows:

Name	Short Term Employee Expenses		Post employment benefits	Total remuneration
	Monetary benefits	Non-monetary benefits		
	$'000	$'000	$'000	$'000
2023-2024				
Peta Jamieson	93	-	13	106
Karen Prentis	50	-	7	57
Trevor Dixon	39	-	6	45
Simone Xouris	38	-	6	44
Chris Woollard	45	-	7	52
Leon Nehow	15	-	4	19
Craig Hodges	35	-	6	41
Karla Steen	47	-	7	54
Helen Huntly	11	-	1	12
Stevan Ober	11	-	1	12
Leanne Rudd	12	-	2	14
Gail Jukes	10	-	1	11

D1 KEY MANAGEMENT PERSONNEL DISCLOSURES (C*ontinued*)

Name	Short Term Employee Expenses		Post employment benefits	Total remuneration
	Monetary benefits	Non-monetary benefits		
	$'000	$'000	$'000	$'000
2022-2023				
Peta Jamieson	91	-	9	100
Karen Prentis	50	-	5	55
Trevor Dixon	53	-	5	58
Simone Xouris	51	-	5	56
Chris Woollard	46	-	5	51
Leon Nehow	48	-	5	53
Craig Hodges	47	-	5	52
Karla Steen	46	-	5	51
Kathy Campbell	42	-	5	47

Key management personnel remuneration – Executive Team

The remuneration policy for WBHHS executives is set by the Director-General, Department of Health, as provided under the *Hospital and Health Boards Act 2011.*

The remuneration and other key terms of employment for the executive management personnel are specified in the contract of employment.

Section 74 of the *Hospital and Health Boards Act 2011* provides the contract of employment for health executive staff must state the term of employment, the person's functions and any performance criteria as well as the person's classification level and remuneration package.

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

- Short-term employee benefits which include:

  Base – consisting of base salary, allowances and leave entitlements paid and provided for the entire year or for that part of the year during which the employee occupied the specified position. Amounts disclosed equal the amount expensed in the Statement of Comprehensive Income.

  Non-monetary benefits – consisting of provision of vehicle and expense payments together with fringe benefits tax applicable to the benefit.
- Long term employee benefits include long service leave accrued.
- Post-employment benefits include superannuation contributions.
- Redundancy payments are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu on termination, regardless of the reason for termination.
- Performance bonuses are not paid under the contracts in place.

Remuneration paid or owing to executives was as follows:

Name	Short Term Employee Expenses		Long term benefits	Post-employment benefits	Termination benefits	Total remuneration
	Monetary benefits	Non-monetary benefits				
	$'000	$'000	$'000	$'000	$'000	$'000
2023-2024						
Deborah Carroll	385	-	8	45	-	438
Ben Ross Edwards	243	-	6	35	-	284
Martin Clifford	228	-	5	34	-	267
Luci Caswell	244	-	6	29	-	279
Robyn Bradley	240	-	6	32	-	278
Scott Kitchener	258	-	5	35	1	299
Alan Sandford	297	-	7	30	-	334
James Jenkins	273	14	6	33	-	326
Robyn Scanlan	225	-	5	29	-	259
Stephen Bell	245	1	6	31	-	283
Katrina Ollis	198	-	5	27	-	230
Paul Weir	38	-	1	4	-	43
Kate Lyons	218	-	5	26	-	249
Ciaran McSherry	181	-	4	21	-	206

* Fiona Sewell (LSL full year per KMP Position Table FS-30).

D1 KEY MANAGEMENT PERSONNEL DISCLOSURES (C*ontinued*)

Name	Short Term Employee Expenses		Long term benefits	Post-employment benefits	Termination benefits	Total remuneration
	Monetary benefits	Non-monetary benefits				
	$'000	$'000	$'000	$'000	$'000	$'000
2022-2023						
Deborah Carroll	314	4	8	32	-	358
Michael Lewzcuk	65	-	(1)	(3)	16	77
Ben Ross-Edwards	195	-	4	17	-	216
Martin Clifford	238	-	6	20	-	264
Luci Caswell	104	-	2	11	-	117
Marie-Gaye Harvey	126	-	3	10	-	139
Robyn Bradley	222	-	5	21	-	248
Scott Kitchener	577	-	12	39	-	628
Fiona Sewell	285	-	6	28	-	319
Robyn Scanlan	213	-	5	21	-	239
Stephen Bell	205	-	5	21	-	231
Katrina Ollis	206	-	5	20	-	231
Kate Lyons	114	-	3	12	-	129
Clarissa Schmierer	251	-	7	23	-	281
Peter Wood	281	-	4	20	5	310

D2 RELATED PARTY TRANSACTIONS

Transactions with people/entitles related to Key Management Personnel
WBHHS did not have any material transactions with people or entities related to Key Management Personnel during 2023-24 (2022-23: nil). WBHHS currently employs 1 staff member (2022-23: nil) which is a close family member of Key Management Personnel and is employed by WBHHS through an arm's length process. They are paid in accordance with the Award for the job they perform.

Transactions with Queensland Government controlled entities
WBHHS is controlled by its ultimate parent entity, the State of Queensland. All State of Queensland controlled entities meet the definition of a related party in AASB 124 *Related Party Disclosures.*

Department of Health
WBHHS receives funding in accordance with a service agreement with the Department (refer note A1-2). The Department receives its revenue from the Queensland Government (majority of funding) and the Commonwealth.

The signed service agreements are published on the Queensland Government website and publicly available. The total funding recognised in 2023-24 is $843.1 million (2022-23: $735.9 million), (refer Note A1-2).

As outlined in Note A2-2, WBHHS is not a prescribed employer and WBHHS health service employees are employed by the Department of Health and contracted to work for WBHHS. The cost of contracted wages for 2023-24 is $515.6 million (2022-23: $480.3 million).

In addition to the provision of corporate services support (refer Note A2-3), the Department provides other services including procurement services, communication and information technology infrastructure and support, ambulance services, drug supplies, pathology services, linen supply and medical equipment repairs and maintenance. Any expenses paid by Department on behalf of WBHHS for these services are recouped by the Department.

The value of these transactions during the year, and amounts owed and owing with the Department during the financial year are disclosed below.

For the year ending 30 June 2024		As at 30 June 2024	
Revenue Received $'000	**Expenses incurred $'000**	**Assets $'000**	**Liabilities $'000**
$847,099	**$321,253**	**$14,874**	**$42,278**
For the year ending 30 June 2023		**As at 30 June 2023**	
Revenue Received $'000	**Expenses incurred $'000**	**Assets $'000**	**Liabilities $'000**
$740,856	$269,993	$9,567	$67,405

D2 RELATED PARTY TRANSACTIONS (C*ontinued*)

Inter HHS
Payments to and receipts from other Hospital and Health Services occur to facilitate the transfer of patients, staff, drugs and other incidentals.

Other
There are a number of other transactions which occur between WBHHS and other Queensland State Government related entities. These transactions include, but are not limited to, rent paid to the Department of Housing, Local Government, Planning and Public Works for a number of properties and insurance premiums paid to the Queensland Government Insurance Fund. These transactions are made in the ordinary course of WBHHS business and are on standard commercial terms and conditions.

There are no other individually significant or collectively significant transactions with related parties.

OTHER INFORMATION

E1 GRANTED PRIVATE PRACTICE

Granted private practice (GPP) permits Senior Medical Officers (SMOs) and Visiting Medical Officers (VMOs) employed in the public health system to treat individuals who elect to be treated as private patients.

GPP provides the option for SMOs and VMOs to either assign all of their private practice revenue to the HHS (assignment arrangement) and in return receive an allowance, or to share in the revenue generated from billing patients and pay a service fee to the HHS (retention arrangement). The service fee is used to cover the use of facilities and administrative support provided to the medical practitioner.

All monies received for GPP are deposited into separate bank accounts which are administered by the HHS on behalf of the GPP SMOs and VMOs. All assignment option receipts, and retention option service fees are included as income in the accounts of WBHHS.

	2024 $'000	2023 $'000
Receipts		
Billings from SMOs and VMOs	**3,739**	4,676
Interest	**29**	20
Total receipts	**3,768**	4,696
Payments		
Payments to SMOs and VMOs	**(282)**	(294)
Payments to HHS under assignment model*	**(3,368)**	(4,189)
Hospital and Health Service recoverable administrative costs	**(154)**	(159)
Total payments	**(3,804)**	(4,642)
Increase/(decrease) in net granted private practice assets	**(36)**	54
Granted private practice assets opening balance	**458**	404
Granted private practice closing balance	**422**	458
Granted private practice assets		
Current assets		
Granted private practice cash at bank	**422**	458
Total	**422**	458

*Including transfer of excess earnings to general trust – refer to note B-1

E2 FIDUCIARY TRUST TRANSACTIONS AND BALANCES

WBHHS acts in a fiduciary trust capacity in relation to patient trust accounts. Consequently, these transactions and balances are not recognised in the financial statements but are disclosed below for information purposes. Although patient funds are not controlled by WBHHS, trust activities are included in the audit performed annually by the Auditor-General of Queensland.

	2024 $'000	2023 $'000
Patient Trust receipts and payments		
Receipts		
Receipts from patients	**30**	33
Total receipts	**30**	33
Payments		
Payments to patients	**(24)**	(31)
Total payments	**(24)**	(31)
Increase/(decrease) in net patient trust assets	**6**	2
Patient trust assets opening balance	**24**	22
Patient trust assets closing balance	**30**	24
Patient trust assets		
Current assets		
Patient Trust cash at bank	**30**	24
Total	**30**	24

OTHER INFORMATION (Continued)

E3 RESTRICTED ASSETS

WBHHS holds a number of General Trust accounts which meet the definitions of restricted assets. These accounts require that the associated income is only utilised for the purposes specified by the issuing body.

WBHHS receives cash contributions from benefactors in the form of gifts, donations and bequests for specific purposes. Contributions are also received from private practice clinicians and from external entities to provide for education, study and research in clinical areas.

	2024 $'000	2023 $'000
Restricted assets		
Opening balance	**1,618**	1,529
Income	**688**	519
Expenditure	**(721)**	(430)
Closing balance	**1,585**	1,618

E4 TAXATION

WBHHS is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation with the exception of Fringe Benefits Tax (FBT) and Goods and Services Tax (GST).

Both WBHHS and the Department satisfy section 149-25(e) of the *A New Tax System (Goods and Services) Act 1999 (Cth)* (the GST Act) and were able, with other hospital and health services, to form a “group” for GST purposes under Division 149 of the GST Act. This means that any transactions between the members of the "group" do not attract GST.

E5 CLIMATE RISK DISCLOSURE

The State of Queensland, as the ultimate parent of the WBHHS, has published a wide range of information and resources on climate related risks, strategies and actions accessible via https://www.energyandclimate.qld.gov.au/climate.

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

No adjustments to the carrying value of assets held by the foundation 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 the foundation. The department continues to monitor the emergence of material climate-related risks that may impact the financial statements of the department, including those arising under the Queensland Government’s Queensland 2035 Clean Economy Pathway, and other Queensland Government climate-related policies or directives.

E6 FIRST YEAR APPLICATION OF NEW STANDARDS OR CHANGE IN POLICY

Changes in accounting policy

WBHHS did not voluntarily change any of its accounting policies during 2023-24.

Accounting standards early adopted for 2023-24

No Australian Accounting Standards have been early adopted for the 2023-24 financial year.

Accounting Standards Applied for the First Time in 2023-24

No new accounting standards with material impact were applied for the first time in 2023-24.

E7 FUTURE IMPACT OF ACCOUNTING STANDARDS NOT YET EFFECTIVE

At the date of authorisation of the financial report, there are no Australian accounting standards and interpretations with future effective dates that have a material impact on the HHS.

E8 EVENTS AFTER THE BALANCE DATE

There are no matters or circumstances that have arisen since 30 June 2024 that have significantly affected, or may significantly affect WBHHS’s operations, the results of those operations, or the HHS’s state of affairs in future financial years.

BUDGETARY REPORTING DISCLOSURE

F1 BUDGETARY REPORTING DISCLOSURES

This section discloses WBHHS's original published budgeted figures for 2023-24 compared to actual results, with explanations of major variances, in respect of WBHHS's Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows.

F2 BUDGET TO ACTUAL COMPARISON – STATEMENT OF COMPREHENSIVE INCOME

	Variance Notes	Original Budget 2024 $'000	Actual Result 2024 $'000	Variance $'000
OPERATING RESULT				
Income				
User charges and fees	1	57,891	**70,865**	12,974
Funding for public health services	2	770,882	**843,135**	72,253
Grants and other contributions	3	12,578	**13,988**	1,410
Other revenue	4	7,833	**10,145**	2,312
Total Revenue		849,184	**938,133**	88,949
Gain on disposals		20	**120**	100
Total Income		849,204	**938,253**	89,049
Expenses				
Employee expenses	5	103,431	**96,997**	(6,434)
Health service employee expenses		505,942	**515,637**	9,695
Supplies and services	6	186,603	**276,509**	89,906
Interest on lease liabilities		251	**286**	35
Depreciation and amortisation	7	28,837	**32,348**	3,511
Impairment losses		-	**892**	892
Other expenses	8	24,140	**10,510**	(13,630)
Total Expenses		849,204	**933,179**	83,975
Operating Results for the year		-	**5,074**	5,074
Other Comprehensive Income				
Items that will not be reclassified subsequently to profit or loss				
Increase / (decrease) in asset revaluation surplus		-	**28,017**	28,017
Other comprehensive income for the year		-	**28,017**	28,017
Total comprehensive income for the year		-	**33,091**	33,091

1. The increase relates mostly to additional Pharmaceutical Benefits Scheme (PBS) revenue that offsets the increased drug expenditure (note 5), with increased presentations of Medicare ineligibles and uplift in inter entity recoveries making up the balance of the variance.

2. Uplift in funding through in year budget amendments contribute $68.1m of the $72.2m variance. The remainder of $4.1m is due to end of year technical adjustments not formally transacted via the Service Level Agreement (SLA). The $4.1m can be broken down into reimbursements predominantly Mental Health Better Care Together and Patient Flow initiative – Emergency Department Commander along with depreciation funding. Offset by either clawback, deferral and equity swap of specifically funded projects ($5.8m) and adjustment for Surgery Connect, Activity Based Funding and other minor amendments at year end ($1.1m).

3. Related to uplift in assessed funding for Transition Care Program (TCP) packages of $1.8m, noting that reimbursement is based on actual packages delivered.

4. Variance related to cost recoveries and other reimbursements not budgeted.

5. Largely relates to the budget provision includes $6m for the full workover premium, including non-HHS staff. The HHS employee premium component is actually $970k.

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

6. Uplift in funding through in year amendments for specific projects of $27.7m, mainly related to Patient Flow, Putting Patients First and other improvement initiatives, mostly allocated to outsourcing arrangements for inpatient beds. Significant overspend in Locum and Agency Nursing to offset vacancies in internal labour. Other factors include, drugs overspend mainly offset by PBS reimbursement, overspend in Diagnostics (Imaging/pathology etc) related to patient volume, that also drove variances in inpatient care costs (Bloods, Clinical Supplies, Food, Patient travel etc.). General cost increases in communication/ computer costs, repairs and maintenance and other costs unable to be absorbed within funding.

7. The uplift in depreciation is due to newly acquired assets and increases resulting from comprehensive revaluation amendments. Depreciation is fully funded via equity adjustments throughout the year and fully reconciled at year end.

8. Budget held centrally for specific funded initiatives to manage clawback and deferral risk, with a majority of costs incurred through various other expense categories throughout the year.

F3 BUDGET TO ACTUAL COMPARISON – STATEMENT OF FINANCIAL POSITION

	Variance Notes	Original Budget 2024 $'000	Actual Result 2024 $'000	Variance $'000
Current Assets				
Cash and cash equivalents	9	40,740	**23,321**	(17,419)
Receivables	10	22,374	**10,682**	(11,692)
Inventories		5,665	**6,055**	390
Other assets	11	1,084	**12,078**	10,994
Total Current Assets		69,863	**52,136**	(17,727)
Non-Current Assets				
Property, plant and equipment		390,134	**389,547**	(587)
Right-of-use assets	12	7,734	**8,713**	979
Intangibles		148	**149**	1
Other assets		-	**-**	-
Total Non-Current Assets		398,016	**398,409**	393
Total Assets		467,879	**450,545**	(17,334)
Current Liabilities				
Payables	13	89,536	**74,281**	(15,255)
Lease liabilities		2,446	**2,387**	(59)
Accrued employee benefits	14	6,738	**1,701**	(5,037)
Other liabilities	15	4,664	**2,549**	(2,115)
Total Current Liabilities		103,384	**80,918**	(22,466)
Non-Current Liabilities				
Lease liabilities		6,486	**6,993**	507
Total Non-Current Liabilities		6,486	**6,993**	507
Total Liabilities		109,870	**87,911**	(21,959)
Net Assets		358,009	**362,634**	4,625
Equity				
Total Equity		358,009	**362,634**	4,625

9. Operating cash declined in line with increased expenses, decreased accounts payable (offset by reduced accounts receivables).

10. The decrease in receivables relates to end of financial year technical adjustments with the Department of Health.

11. Department of Health accounts for $7.4m contract assets as assessed under AASB15. A further $3.4m relates to contracts with customers that was not previously budgeted.

12. New leases under AASB16 entered during the period resulted in a higher value of Right-of-Use (ROU) assets and Lease Liabilities than budgeted.

13. The decrease relates primarily to timing difference between budget and actual payments for labour and non-labour expenses at year-end.

14. Budget reflects higher than typical opening balance of accrued benefits based on Enterprise Bargaining Agreements (EBA) increases last year. Year end 2023-24 is not impacted by EBA accruals.

15. Unearned revenue associated with $1.6m in contract liabilities with the Department of Health, in connection with funding deferrals under AASB15, and $0.6m with contracts with other customers other not budgeted.

F4 BUDGET TO ACTUAL COMPARISON – STATEMENT OF CASH FLOWS

	Variance Notes	Original Budget 2024 $'000	Actual Result 2024 $'000	Variance $'000
Cash flows from operating activities				
Inflows				
User charges and fees		57,787	**55,438**	(2,349)
Funding for public health services	16	770,882	**810,786**	39,904
Grants and other contributions		6,283	**6,850**	567
GST input tax credits from ATO		13,991	**19,697**	5,706
GST collected from customers		-	**794**	794
Other receipts	17	7,843	**10,145**	2,302
Outflows				
Employee expenses	18	(103,431)	**(94,937)**	8,494
Health service employee expenses		(505,942)	**(506,675)**	(733)
Supplies and services	19	(199,638)	**(294,728)**	(95,090)
GST paid to suppliers		-	**(18,849)**	(18,849)
GST remitted to ATO		-	**(794)**	(794)
Other payments	20	(17,904)	**(2,695)**	15,209
Net cash from / (used by) operating activities		29,871	**(14,968)**	(44,839)
Cash flows from investing activities				
Inflows				
Sales of property, plant and equipment		10	**120**	110
Outflows				
Payments for property, plant and equipment	21	-	**(24,738)**	(24,738)
Net cash from / (used by) investing activities		10	**(24,618)**	(24,628)
Cash flows from financing activities				
Inflows				
Equity injections	22	1,831	**26,564**	24,733
Outflows				
Lease payments	23	(1,175)	**(2,697)**	(1,522)
Equity withdrawals	24	(28,837)	**-**	28,837
Net cash from / (used by) financing activities		(28,181)	**23,867**	52,048
Net increase / (decrease) in cash and cash equivalents		1,700	**(15,719)**	(17,419)
Cash and cash equivalents at the beginning of the financial year		39,040	**39,040**	-
Cash and cash equivalents at the end of the financial year		40,740	**23,321**	(17,419)

16. Uplift in funding Statement of Comprehensive Income (note 1 & 2).

17. Consistent with movement in Statement of Comprehensive Income (note 4).

18. Consistent with movement in Statement of Comprehensive Income (note 5).

19. Consistent with movement in Statement of Comprehensive Income (note 6).

20. Budget provision includes items that were subsequently transacted as supplies and services payments (note 19).

21. No budget provision for property, plant and equipment purchases.

22. Increase relates primarily to capital project costs paid for by the HHS and reimbursed by the Department of Health which were not included in the original budget (included in the Department of Health's consolidated budget).

23. Budget was low and didn't factor increase in lease payments or ROU assets movement in Statement of Financial Position (note 12).

24. Original budget represents non-cash depreciation funding returned to the Department of Health as a contribution towards capital works program.

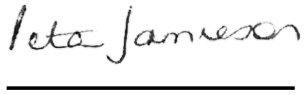
MANAGEMENT CERTIFICATE

These general-purpose financial statements have been prepared pursuant to Section 62(1) of the *Financial Accountability Act 2009* (the Act), Section 39 of the *Financial and Performance Management Standard 2019* and other prescribed requirements. In accordance with Section 62(1)(b) of the Act, we certify that in our opinion:

(a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects;

(b) these financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of Wide Bay Hospital and Health Service for the financial year ended 30 June 2024 and of the financial position of Wide Bay Hospital and Health Service at the end of that year; and

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



Peta Jamieson
Board Chair
27 August 2024

Deborah Carroll
Chief Executive
27 August 2024

Martin Clifford
Chief Financial Officer
27 August 2024

Queensland Audit Office
Better public services

INDEPENDENT AUDITOR'S REPORT

To the Board of Wide Bay Hospital and Health Service

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of Wide Bay Hospital and Health Service.

The financial report comprises the statement of financial position as at 30 June 2024, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including material accounting policy information, and the management certificate.

In my opinion, the financial report:

a) gives a true and fair view of the entity's financial position as at 30 June 2024, and its financial performance and cash flows for the year then ended

b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

Basis for opinion

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

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

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

Key audit matters

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

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Fair value of buildings ($326.041 million)

Refer to note B5 in the financial report.

Key audit matter	How my audit addressed the key audit matter
Buildings were material to Wide Bay Hospital and Health Service at balance date and were measured at fair value using the current replacement cost method. Wide Bay Hospital and Health Service performed a comprehensive revaluation of facilities within the Maryborough region this year as part of the rolling revaluation program. All other buildings were assessed using relevant indices. The current replacement cost method comprises: • gross replacement cost, less • accumulated depreciation. Wide Bay Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for: • identifying the components of buildings with separately identifiable replacement costs • developing a unit rate for each of these components, including: – 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 results • reviewing the scope and instructions provided to the valuer • assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices. • assessing the appropriateness of the components of buildings used for measuring gross replacement 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 building asset still in use has reached or exceeded its useful life – enquiring of management about their plans for assets that are nearing the end of their useful life – reviewing assets with an inconsistent relationship between condition and remaining useful life • where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.

Other information

Those charged with governance are responsible for the other information.

The other information comprises the information included in the entity's annual report for the year ended 30 June 2024 but does not include the financial report and our auditor's report thereon.

My opinion on the financial report does not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial report, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report, or my knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Responsibilities of the entity for the financial report

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

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

Auditor's responsibilities for the audit of the financial report

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

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

This description forms part of my auditor's report.

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Better public services

Report on other legal and regulatory requirements

Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2024:

a) I received all the information and explanations I required.

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

Prescribed requirements scope

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

M. Claydon

29 August 2024

Michael Claydon
as delegate of the Auditor-General

Queensland Audit Office
Brisbane

Glossary

Term	Meaning
Activity Based Funding (ABF)	A management tool with the potential to enhance public accountability and drive technical efficiency in the delivery of health services by: • capturing consistent and detailed information on hospital sector activity and accurately measuring the costs of delivery • creating an explicit relationship between funds allocated and services provided • strengthening management's focus on outputs, outcomes and quality • encouraging clinicians and managers to identify variations in costs and practices so they can be managed at a local level in the context of improving efficiency and effectiveness • providing mechanisms to reward good practice and support quality initiatives.
Acute Care	Care in which the clinical intent or treatment goal is to: • manage labour (obstetric) • cure illness or provide definitive treatment of injury • perform surgery • relieve symptoms of illness or injury (excluding palliative care) • reduce severity of an illness or injury • protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function • perform diagnostic or therapeutic procedures.
Admission	The process whereby a hospital accepts responsibility for a patient's care and/or treatment. It follows a clinical decision, based on specified criteria, that a patient requires same-day or overnight care or treatment, which can occur in hospital and/or in the patient's home (for hospital-in-the-home patients).
Admitted Patient	A patient who undergoes a hospital's formal admission process as an overnight-stay patient or a same-day patient. Also may be referred to as 'inpatient'.
Allied Health professionals (Health Practitioners)	Professional staff who meet mandatory qualifications and regulatory requirements in the following areas: audiology, clinical measurement sciences, dietetics and nutrition, exercise physiology, medical imaging, nuclear medicine technology, occupational therapy, orthoptics, pharmacy, physiotherapy, podiatry, prosthetics and orthotics, psychology, radiation therapy, sonography, speech pathology and social work.
Breast screen	An x-ray of the breast that can detect small changes in breast tissue before they can be felt by a woman or her doctor. A breast screen is for women who do not have any signs or symptoms of breast cancer. It is usually done every two years.
BreastScreen	The Queensland Government unit that provides free breast screening and assessment services.
Cardiology	Management, assessment and treatment of cardiac (heart related) conditions. Includes monitoring of long-term patients with cardiac conditions, maintenance of pacemakers and investigative treatments.
Chemotherapy	The use of drugs to destroy cancer cells. Chemotherapy medications are also known as cytotoxic or anti-cancer medications.

Chronic disease	Diseases which have one or more of the following characteristics: • is permanent, leaves residual disability • is caused by non-reversible pathological alteration • requires special training of the individual for rehabilitation, and/or may be expected to require a long period of supervision, observation or care.
Clinical Governance	A framework by which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.
Clinical workforce	Staff who are or who support health professionals working in clinical practice, have healthcare specific knowledge/experience, and provide clinical services to health consumers, either directly and/or indirectly, through services that have a direct impact on clinical outcomes.
Community Health	Provides a range of services to people closer to their home. Some of these services include children's therapy services, pregnancy and postnatal care, rehabilitation and intervention services, and programs that focus on the long-term management of chronic disease.
Cultural Capability	Refers to an organisation's skills, knowledge, behaviours and systems that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner.
Demand	The health service activity that a catchment population can generate. Where the current and projected incidence and prevalence of diseases and conditions are known (using evidence from epidemiological studies), this data can be used to estimate demand in the catchment population. However, in most institutional planning, demand is measured by analysing expressed need or the amount of healthcare that the catchment population actually utilises. Because utilisation is influenced by other factors (such as existing service availability, access, cost and so-called 'supplier-induced demand'), the resultant estimates of demand inherently incorporate elements of supply.
Department of Health	Responsible for the overall management of the public sector health system, and works in partnership with Hospital and Health Services to ensure the public health system delivers high quality hospital and other health services.
Elective Surgery (elective procedure)	Surgery that is scheduled in advance because it does not involve a medical emergency.
Emergency Department (ED) Waiting Time	Time elapsed for each patient from presentation to the emergency department to start of services by the treating clinician. It is calculated by deducting the date and time the patient presents from the date and time of the service event.
Emergency Length of Stay (ELOS)	Measured from a patient's arrival in an emergency department until their departure, either to be admitted to hospital, transferred to another hospital or discharged home. The Queensland benchmark is for at least 80 per cent of patients to have an ELOS of no more than four hours.
Endoscopy	Internal examination of either the upper or lower gastro intestinal tract.
Full-time equivalent (FTE)	Refers to full-time equivalent staff currently working in a position.
Gastroenterology	The branch of medicine focused on the digestive system and its disorders.
Gerontology	Multidisciplinary care for the elderly and is concerned with physical, mental, and social aspects and implications of ageing.

Governance	Aimed at achieving organisational goals and objectives, and can be described as the set of responsibilities and practices, policies and procedures used to provide strategic direction, ensure objectives are achieved, manage risks, and use resources responsibly and with accountability.
Gynaecology	The branch of medical science that studies the diseases of women, especially of the reproductive organs.
Health outcome	Change in the health of an individual, group of people or population attributable to an intervention or series of interventions.
Health Worker	An Aboriginal and/or Torres Strait Islander person who works to improve health outcomes for Aboriginal and/or Torres Strait Islander people.
Hospital	Healthcare facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day-procedure unit and authorised to provide treatment and/or care to patients.
Hospital and Health Board	A board made up of a mix of members with expert skills and knowledge relevant to managing a complex healthcare organisation.
Hospital and Health Service (HHS)	A separate legal entity established by Queensland Government to deliver public hospital services.
Hospital in the Home (HiTH)	Provision of care to hospital admitted patients in their place of residence, as a substitute for hospital accommodation.
Inpatient	A patient who is admitted to a hospital or health service for treatment that requires at least one overnight stay.
Integrated Care	Focuses on the transition between the hospital and the community enhancing a safe continuum of care for the client.
Internal Audit	An independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.
Life expectancy	An indication of how long a person can expect to live. Technically it is the number of years of life remaining to a person at a particular age if death rates do not change.
Long wait	A 'long wait' elective surgery patient is one who has waited longer than the clinically recommended time for their surgery, according to the clinical urgency category assigned. That is, more than 30 days for an urgent (Category 1) operation, more than 90 days for a semi-urgent (Category 2) operation and more than 365 days for a routine (Category 3) operation.
Medical practitioner	A person who is registered with the Medical Board of Australia to practice medicine in Australia, including general and specialist practitioners.
Memorandum of Understanding (MOU)	A documented agreement that sets out how a partnership arrangement will operate.
Midwifery Group Practice (MGP)	A continuity-of-care maternity care model in which prospective mothers are given care and support by a single midwife (or small team of known midwives) who is primarily responsible for all pregnancy, labour, birth and postnatal care.
Multipurpose Health Service (MPHS)	Provide a flexible and integrated approach to health and aged care service delivery for small rural communities. They are funded through pooling of funds from Hospital and Health Services (HHS) and the Australian Government Department of Health and Ageing.

National Safety and Quality Health Service Standards (NSQHSS)	The Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in consultation and collaboration with jurisdictions, technical experts and a wide range of other organisations and individuals, including health professionals and patients. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of care provided by health service organisations.
Non-admitted patient	A patient who does not undergo a hospital's formal admission process.
Nurse Navigators	Specialised registered nurses providing a service for patients who have complex health conditions and require a high degree of comprehensive, clinical care. Nurse Navigators' roles aim to improve patient outcomes through coordinating care between various clinical areas, facilitating system improvements and building care partnerships.
Obstetrics	The branch of medicine and surgery concerned with childbirth and midwifery.
Occasion of service (OOS)	A service provided to a patient, including an examination, consultation, treatment or other service.
Offender Health	Delivery of health services to prisoners in a Correctional Services Facility.
Oncology	The study and treatment of cancer and tumors.
Ophthalmology	Consultation, assessment, review, treatment and management of conditions relating to eye disorders and vision, and services associated with surgery to the eye.
Orthopaedics	Consultation, diagnosis, treatment and follow-up of patients suffering diseases and disorders of the musculoskeletal system and connective tissue.
Outpatient	Non-admitted health service provided or accessed by an individual at a hospital or health service facility.
Outpatient Clinic	Provides examination, consultation, treatment or other service to non-admitted non-emergency patients in a speciality unit or under an organisational arrangement administered by a hospital.
Palliative Care	An approach that improves quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention of suffering by means of early identification and assessment and treatment of pain and other problems, physical, psychological and spiritual.
Patient Travel Subsidy Scheme (PTSS)	Provides assistance to patients, and in some cases their carers, to enable them to access specialist medical services that are not available locally.
Performance Indicator	A measure that provides an 'indication' of progress towards achieving the organisation's objectives. Usually has targets that define the level of performance expected against the performance indicator.
Primary Health Care	Services include health promotion and disease prevention, acute episodic care not requiring hospitalisation, continuing care of chronic diseases, education and advocacy.
Primary Health Network (PHN)	Replaced Medicare Locals from July 1 2015. PHNs are established with the key objectives of: • increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes • improving coordination of care to ensure patients receive the right care in the right place at the right time. • PHNs work directly with general practitioners, other primary healthcare providers, secondary care providers and hospitals to ensure improved outcomes for patients.

Private hospital	A private hospital or free-standing day hospital, and either a hospital owned by a for-profit company or a non-profit organisation and privately funded through payment for medical services by patients or insurers. Patients admitted to private hospitals are treated by a doctor of their choice.
Prosthetics	An artificial substitute or replacement of a part of the body such as a tooth, eye, a facial bone, the palate, a hip, a knee or another joint, the leg, an arm, etc.
Public Health	Public health units focus on protecting health, preventing disease, illness and injury, promoting health and wellbeing at a population or whole of community level.
Public hospital	A hospital that offers free diagnostic services, treatment, care and accommodation to eligible patients.
Public patient	A patient who elects to be treated as a public patient, so cannot choose the doctor who treats them, or is receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority.
QAS	Queensland Ambulance Service
Radiation Oncology	A medical speciality that involves the controlled use of radiation to treat cancer either for cure, or to reduce pain and other symptoms caused by cancer. Radiation therapy (also called radiotherapy) is the term used to describe the actual treatment delivered by the radiation oncology team.
Risk Management	A process of systematically identifying hazards, assessing and controlling risks, and monitoring and reviewing activities to make sure that risks are effectively managed.
Separation	An episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). A separation also includes the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care.
Statutory bodies / authorities	A non-departmental government body, established under an Act of Parliament. Statutory bodies can include corporations, regulatory authorities and advisory committees / councils.
Step Up Step Down	A Step Up Step Down Unit is a service to offer short-term residential treatment in purpose-built facilities delivered by mental health specialists in partnership with non-government organisations.
Sub-acute	Care that focuses on continuation of care and optimisation of health and functionality.
Sustainable care	A health system that provides infrastructure, such as workforce, facilities and equipment, and is innovative and responsive to emerging needs, for example, research and monitoring within available resources.
Telehealth	Delivery of health-related services and information via telecommunication technologies, including: • live, audio and/or video inter-active links for clinical consultations and educational purposes • store-and-forward Telehealth, including digital images, video, audio and clinical (stored) on a client computer, then transmitted securely (forwarded) to a clinic at another location where they are studied by relevant specialists • Telehealth services and equipment to monitor people's health in their home.

Tertiary hospitals	Hospitals that provide care that requires highly specialised equipment and expertise.
Triage category	Urgency of a patient's need for medical and nursing care.
Urology	Consultation, diagnosis, treatment and follow-up of patients suffering from diseases patients suffering from diseases and disorders of the kidney and urinary tract.
Weighted Activity Unit (WAU)	A single standard unit used to measure all activity consistently.

Annual Report compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7	iii
Accessibility	Table of contents Glossary	ARRs – section 9.1	iv A-1
	Public availability	ARRs – section 9.2	i
	Interpreter service statement	*Queensland Government Language Services Policy* ARRs – section 9.3	i
	Copyright notice	*Copyright Act 1968* ARRs – section 9.4	i
	Information Licensing	*QGEA – Information Licensing* ARRs – section 9.5	i
General information	Introductory Information	ARRs – section 10	4
Non-financial performance	Government's objectives for the community whole-of-government plans / specific initiatives	ARRs – section 11.1	1
	Agency objectives and performance indicators	ARRs – section 11.2	47
	Agency service areas and service standards	ARRs – section 11.3	12, 45
Financial performance	Summary of financial performance	ARRs – section 12.1	61
Governance – management and structure	Organisational structure	ARRs – section 13.1	34
	Executive management	ARRs – section 13.2	29
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3	4
	Public Sector Ethics	*Public Sector Ethics Act 1994* ARRs – section 13.4	43
	Human Rights	*Human Rights Act 2019* ARRs – section 13.5	44
	Queensland public service ethics and values	ARRs – section 13.6	43

Governance – risk management and accountability	Risk management	ARRs – section 14.1	40
	Audit committee	ARRs – section 14.2	22
	Internal audit	ARRs – section 14.3	41
	External scrutiny	ARRs – section 14.4	42
	Information systems and recordkeeping	ARRs – section 14.5	42
	Information Security attestation	ARRs – section 14.6	43
Governance – human resources	Strategic workforce planning and performance	ARRs – section 15.1	37
	Early retirement, redundancy and retrenchment	Directive No.04/18 *Early Retirement, Redundancy and Retrenchment* ARRs – section 15.2	39
Open Data	Statement advising publication of information	ARRs – section 16	i
	Consultancies	ARRs – section 33.1	https://data.qld.gov.au
	Overseas travel	ARRs – section 33.2	https://data.qld.gov.au
	Queensland Language Services Policy	ARRs – section 33.3	https://data.qld.gov.au
Financial statements	Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	FS-41
	Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	FS-42

FAA Financial Accountability Act 2009

FPMS Financial and Performance Management Standard 2019

ARRs Annual report requirements for Queensland Government agencies

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