

**West Moreton Hospital and Health Service**

# **ANNUAL REPORT**

## **2024–2025**

**DELIVERING**  
FOR QUEENSLAND



**Queensland**  
Government

## Accessibility

### Open data

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

### Interpreter service statement



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 telephone (07) 3810 1111 or freecall 1800 131 450 and we will arrange an interpreter.

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### Availability and attribution

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### Acknowledgment of Traditional Custodians

We acknowledge the Jagera, Yuggera and Ugarapul peoples, Traditional Custodians of the land. We recognise their continuing connection to land, waters and community and we pay our respect to Elders past and present, and those who follow their path.

### Recognition of Australian South Sea Islanders

West Moreton Hospital and Health Service formally recognises the Australian South Sea Islanders as a distinct cultural group within our geographical boundaries. West Moreton 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.

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

2 September 2025

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

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2024–2025 and financial statements for West Moreton Hospital and Health Service.

I certify that this Annual Report complies with:

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

A checklist outlining the annual reporting requirements is provided at page 84 of this annual report.



Yours sincerely

Sue Scheinpflug  
Chair  
West Moreton Hospital and Health Board

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West Moreton Hospital and Health Service

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# Statement on Government objectives for the community

West Moreton Hospital and Health Service's (WMHHS's) strategic priorities have been developed in alignment with the relevant Government objective of providing Health services when you need them by improving access to care, strengthening our workforce and investing in innovative models of service delivery.

WMHHS's vision is a thriving community in which people achieve their best possible health and wellbeing. We work to achieve our vision by providing safe, quality care to the West Moreton community. Progress against these priorities, and the actions we are taking to deliver on our vision, is outlined throughout this report.

## From the Chair and Chief Executive

We are pleased to present the 2024–2025 Annual Report for West Moreton Health. This year has been defined by growth, innovation, and the commitment of our staff, volunteers, partners and consumers to deliver safe, compassionate and connected care.

As Queensland's fastest-growing region, our population is increasing at more than twice the state average. This growth brings complex health challenges, and we have responded by expanding services, investing in infrastructure, and building the workforce and partnerships we need for the future.

Key highlights in 2024–2025 included:

- Expanding community services such as Hospital in the Home (HITH), tele-oncology, and family and child health programs to deliver more care closer to home.
- Opening the Silkstone Dental Clinic and Gatton Hospital staff accommodation, while progressing major projects including the Ipswich Hospital Stage 2 Expansion, new multi-storey car park, and Ripley Health Centre's 90-bed sub-acute facility.
- Strengthening First Nations health through authentic engagement with Elders, our commitment to being free from racism, and the success of programs like Murrumba Targan Djimbulung and the Jaghu Maternal and Infant Program.
- Advancing mental health services with new inpatient beds, a dedicated digital mental health team, and expanded Prison Mental Health and youth-focused alcohol and drug services.
- Successfully transitioning rural facilities to digital records and becoming the first Hospital and Health Service (HHS) in Queensland to implement Prisoner electronic Medical Records.

This year also tested our resilience, with our coordinated response to ex-Tropical Cyclone Alfred ensuring continuity of care during challenging conditions.

Looking ahead, we are excited to implement the actions outlined in our Strategic Plan 2025–2029.

Developed through extensive consultation, the plan will guide us in:

- Strengthening partnerships with the Darling Downs and West Moreton Primary Health Network and the West Moreton Health Foundation (formerly Ipswich Hospital Foundation).
- Empowering consumers to actively shape care.

- Working with the Queensland Government and Department of Health to deliver a world-class health system for all Queenslanders, no matter where they live.
- Enabling frontline staff to design local health solutions and growing a workforce that is expertly trained, valued and respected.

We are proud of what we have achieved together and are confident that, with the dedication of our people and the strength of our partnerships, WMHHS is well positioned to meet the needs of our growing communities.

Sue Scheinpflug, Chair

Hannah Bloch, Chief Executive

# About us

WMHHS provides health and wellbeing services across the Somerset, Scenic Rim, Lockyer Valley, and Ipswich communities. The border of the WMHHS region lies beyond Esk in the north, Gatton in the west, Ipswich in the east and Boonah in the south.

As at June 2024, the population of the WMHHS region was 335,000. The population is projected to be 700,000 by 2046. The projected 4.4 per cent compound annual growth rate is the highest of all health regions in Queensland and more than double the Queensland rate of two per cent.

WMHHS provides preventative and primary healthcare services, medical, surgical, emergency, obstetric, paediatric, acute and sub-acute care, specialist outpatient services and oral health services. Our mental health and specialised services include prison health and alcohol and other drugs services.

Established on 1 July 2012, WMHHS is a statutory body under the *Hospital and Health Boards Act 2011*. WMHHS is one of 16 HHSs which, together with the Department of Health, make up Queensland Health. WMHHS is governed by the West Moreton Hospital and Health Board, whose members are accountable to the community and to the Honourable Timothy Nicholls, Minister for Health and Ambulance Services.

WMHHS operates under a service agreement with the Department of Health. That agreement can be viewed at the Queensland Government Publications portal website ([www.publications.qld.gov.au/dataset/west-moreton-hhs-service-agreements](http://www.publications.qld.gov.au/dataset/west-moreton-hhs-service-agreements)).

## Strategic direction

In July 2024, WMHHS updated its *Strategic Plan 2021–2025 (2024 revision)* to strengthen its focus on timely and equitable care. We continued to connect, partner and transform our services to deliver on our purpose to provide safe, quality care for the West Moreton community. We commenced and completed engagement, consultation, drafting and submission of a new Strategic Plan for 2025–2029. The new Strategic Plan takes effect on 1 July 2025.

## Vision, purpose, values *(Strategic Plan 2021-2025 (2024 revision))*

- Vision:** A thriving West Moreton community in which people achieve their best possible health and wellbeing
- Purpose:** To provide safe, quality care for the West Moreton community
- Values:** connect. respect. excel

## Priorities

The priorities identified in the WMHHS Strategic Plan 2021–2025 (2024 revision) were:

- Strengthen our communities.
- Provide safe, quality care, now and into the future.
- Care for our people.

The actions we have focused on to deliver our priorities were:

- Working with healthcare partners to align our efforts, monitor progress and improve health outcomes.
- Removing systemic barriers to equitable healthcare through collaboration and co-design.
- Enabling safe, quality, compassionate care for our communities.
- Shaping a sustainable health service.
- Fostering a culture where our people thrive and know they are valued.

## Aboriginal and Torres Strait Islander Health

In accordance with our *First Nations Health Equity Strategy 2022–2025*, we are changing the way we deliver healthcare to First Nations communities.

Our strategic priorities were:

- Eliminating racial discrimination and institutional racism.
- Increasing access to healthcare services.
- Influencing the social, cultural and economic determinants of health.
- Delivering sustainable, culturally safe and responsive healthcare services.
- Working with First Nations peoples, communities and organisations to design, deliver, monitor and review health services.
- Strengthening the First Nations health workforce.

First Nations people make up 5.2 per cent of our community yet are significantly over-represented in custodial and youth detention facilities.

As providers of prison health services, we are acutely aware that about 36 per cent of all prisoners identify as being First Nations. With a median age of 33.6 years, 90 per cent of First Nations people in prisons are male and 10 per cent are female (as at June 2024).

In West Moreton, First Nations people continue to experience higher than average rates of repeat hospital admissions and discharges against medical advice, among other health indicators of disadvantage.

Throughout 2024–2025, we continued to work with our health partners, consumers, Elders, Traditional Owners and communities to identify and implement ways of transforming our services to offer more holistic, patient-centred care in culturally safe environments.

In 2025–2026, we will continue to progress the work outlined in our *First Nations Health Equity Implementation Plan 2025-2028*. This includes building and maintaining respectful relationships with our First Nations communities, improving access to healthcare and supporting prisoners to maintain good health upon return to their communities.

## Our community-based and hospital-based services

Our hospital network includes Ipswich Hospital, Ripley Satellite Health Centre and four rural hospitals at Boonah, Esk, Gatton and Laidley.

### Ipswich Hospital

Ipswich Hospital is the largest acute care facility in the West Moreton region and is recognised among the top 26 reporting public hospitals in Queensland, according to the Queensland Audit Office (QAO). It plays a critical role in delivering a comprehensive range of specialist and general health services to the growing regional population.

Specialist services available at Ipswich Hospital include ear, nose and throat (ENT) surgery, gynaecology, orthopaedics, maxillofacial surgery, urology, obstetrics, oncology, interventional cardiology, renal dialysis (acute and chronic), stroke intervention, paediatrics, and psychiatry. These are supported by a full suite of acute services, such as emergency care, intensive care, coronary care, geriatric care, palliative care, rehabilitation, diabetes management and acute medical services.

The Mental Health Acute Inpatient Service (MHAIS) provides specialist care for individuals aged 18 and over.

Allied health services are delivered through disciplines including physiotherapy, exercise physiology, occupational therapy, speech pathology, social work, nutrition and dietetics, podiatry, clinical measurements and medical imaging services.

### Rural services

West Moreton's four rural hospitals, Boonah, Esk, Gatton, and Laidley, provide essential healthcare services to their communities, including emergency, palliative, rehabilitation, interim and transitional, and general acute care. They also offer a range of community clinics, medical day infusions and oral health services.

Onsite telehealth services, such as tele-oncology, enable clinical teams to collaborate with specialists and allied health professionals at larger facilities, including Ipswich Hospital. This approach ensures patients can access specialised care in a timely manner while remaining close to home.

### Community and preventative services

WMHHS delivers a wide range of community-based services that focus on prevention, early intervention, and continuity of care.

These include public health initiatives, school-based youth health programs, breast and bowel cancer screening, child and family health, antenatal and maternity care, chronic disease management, rehabilitation, oral health, sexual health and community mental health services.

Our community-focused care also encompasses outpatient services, pharmacy, audiology, immunisation, women's wellness, psychology and a variety of other targeted health programs.

These services are delivered through a network of facilities and outreach locations across the region. Key hubs include Ipswich Health Plaza, the Hayden Centre, Goodna Community Health and Ipswich Oral Health Clinic. The Ripley Satellite Health Centre provides a Minor Injury and Illness Clinic, outpatient services and diagnostic imaging.

Additional care is delivered in convenient community settings, such as breast screening at Yamanto Central Shopping Centre; the Preventive Health Clinic at 77 East Street, Ipswich; the Jaghu Maternal and Infant Program based at Bremer Medical Centre on the University of Southern Queensland Ipswich campus and residential mental health and rehabilitation support at the Gailes Community Care Unit. Services are provided from both fixed locations and mobile outreach to ensure equitable, community-centred access across the region.

In 2024–2025, construction began on a three-level, 90-bed expansion at the Ripley Satellite Health Centre to support sub-acute care, including rehabilitation, palliative care, and geriatric medicine. The project is on track for completion in late 2025.

## Clinical and specialist services

WMHHS delivers a broad range of clinical and specialist services across its Ipswich and rural hospitals. These include acute paediatrics, aged care assessment, alcohol and other drug services, anaesthetics, cardiac care, child development, emergency care, forensic mental health, general medicine, adult and older persons' mental health, intensive care, medical imaging, nephrology, neonatal care, oncology, orthopaedics, palliative care, pharmacy, rehabilitation, stroke care, and surgery.

Additional services include maternity and gynaecology, transition care, telehealth, and perinatal and infant mental health.

## The Park – Centre for Mental Health

The Park – Centre for Mental Health (The Park) at Wacol offers Queensland's only forensic mental health inpatient services:

- High Security Inpatient Service (HSIS): A 70-bed facility providing a secure environment for individuals with complex mental health needs involved in serious criminal offences or the justice system.
- Extended Forensic Treatment Rehabilitation Unit (EFTRU): A 20-bed medium-security unit supporting the rehabilitation of consumers transitioning from HSIS.

The Park is also home to:

- Secure Mental Health Rehabilitation Unit (SMHRU): a 34-bed service for consumers who require medium-to long-term inpatient care.
- Specialist Mental Health Intellectual Disability Service (SMHIDS): a statewide outreach service for people living with an intellectual disability who also have a mental health disorder.
- Prison Mental Health Service (PMHS): providing the largest portion of specialist mental health in-reach services to correctional centres in South East Queensland.
- Queensland Centre for Mental Health Learning: a registered training organisation offering statewide workshops and training.
- Queensland Mental Health Benchmarking Unit: supports health services in quality improvement activities aimed at enhancing mental health outcomes.

- Queensland Centre for Mental Health Research (QCMHR): a collaborative initiative with The University of Queensland to reduce the impact of mental illness globally.

## Prison and Youth Detention Health Services

WMHHS provides primary healthcare services, including medical, nursing, mental health, optometry, and dietary and nutritional care to nearly half of Queensland's prison and youth detention population.

These services are delivered at Brisbane Correctional Centre, Brisbane Women's Correctional Centre (including the Helana Jones Centre), Borallon Training and Correctional Centre, Wolston Correctional Centre, Arthur Gorrie Correctional Centre, Southern Queensland Correctional Centre, Brisbane Youth Detention Centre and West Moreton Youth Detention Centre.

WMHHS also delivers Queensland's largest Prison Mental Health Service, which provides in-reach mental health services to the above correctional centres, as well as to Woodford Correctional Centre and Numinbah Correctional Centre.

In 2024–2025, we expanded our footprint to include the 76-bed Wacol Youth Remand Centre, which opened in March 2025 for young people awaiting trial.

WMHHS is also preparing to deliver primary healthcare services at the new high-security men's prison, the Lockyer Valley Correctional Centre, within the Southern Queensland Correctional Precinct located near Gatton. The new centre is scheduled to open in late 2025.

## Car parking concessions

WMHHS is committed to ensuring access to safe and affordable car parking at Ipswich Hospital and Ipswich Health Plaza for patients, carers, visitors and hospital staff. In 2024–2025, 887 concession passes were issued to eligible patients and their carers at a cost of \$18,627.

## Challenges and opportunities

### Challenges

WMHHS continues to face a range of strategic, operating and environmental challenges including:

- Meeting current and future service demand in Queensland's fastest-growing region.
- Operating within funding constraints while responding to increased complexity of care.
- Ensuring partnerships continue to mature in support of community care delivery.
- Attracting and retaining high-calibre staff amid a challenging labour market and significant service growth.
- Managing external environmental changes, including information security threats.
- Addressing increased occupational violence and workforce fatigue.
- Responding to the impacts of climate change.
- Commissioning new health services.

Understanding the health and demographic profile of the West Moreton region is crucial to overcoming these challenges. Our *Regional Area Needs Assessment 2025-2028 Report* and our *Health Indicators Report 2021* document the extent of these challenges.

Our population is growing at a significantly faster rate than the Queensland average, with projections by the Queensland Government Statistician's Office that it will reach 700,000 by 2046.

In the next 12 years, we expect a 140 per cent increase in residents aged 65 and over. This will add 57,000 people to this age group, with significant implications for our healthcare services.

The latest data shows 51 per cent of West Moreton residents are among the most disadvantaged in the state, compared to 20 per cent statewide. Social disadvantage is a major determinant of ill-health, along with:

- Low income: 7.2 per cent in West Moreton, compared with 6.9 per cent statewide.
- Unemployment: 6.3 per cent in West Moreton, compared with 3.8 per cent statewide.
- Low education levels: 40.9 per cent of West Moreton residents have not completed Year 11 or 12, compared with 36.4 per cent statewide.

Fifteen per cent of children are developmentally vulnerable in two or more of the five domains of the Australian Early Development Census (AEDC), compared with 13.2 per cent across Queensland.

Our population health profile indicates high rates of:

- Mental health concerns: 46.1 per cent in West Moreton, compared with 42.5 per cent statewide.
- Obesity in adults: 32.5 per cent in West Moreton, compared with 27.3 per cent statewide.
- Obesity in children: 13.7 per cent in West Moreton (statewide comparison not available).
- Chronic heart disease: average of 5.8 per 100 people in West Moreton, compared to 4.7 per 100 statewide.
- Diabetes: average of 7.72 per 100 people in West Moreton, compared to 4.7 per 100 statewide.
- Severe and profound disability: 6.8 per cent in West Moreton, compared with 6.0 per cent statewide.

## Opportunities

In response to these regional challenges, the *WMHHS Strategic Plan 2021–2025 (2024 revision)* identified several opportunities to optimise service delivery.

Our plan included:

- Leveraging rapid population growth to attract investment in the region.
- Maximising our efficiency to meet increasing service demand.
- Taking action in our health equity response to reduce the gap in life expectancy for West Moreton's First Nations people and other priority populations experiencing disadvantage.
- Applying learnings from the COVID-19 response to our future service delivery.
- Improving access to health services through networked approaches to service delivery and innovative models of care.
- Maximising care in the community, particularly in areas with relatively higher rates of chronic disease.

Our progress in addressing our challenges and realising initiatives and programs aligned to our opportunities is detailed in the Performance section of this report.

# Governance

## Our people

### Board membership

#### **Sue Scheinpflug – Board Chair**

*Appointed: 18 May 2016 | Current term: 1 April 2024 – 31 March 2028*

Sue Scheinpflug is an experienced chair and non-executive director. Sue has more than 20 years' experience as a chief executive officer in the human services and health sectors. She is Chair of Health Translation Queensland and UQ Health Care, a community board member of Parole Board Queensland and a non-executive director of CPL – Choice, Passion, Life. Sue holds qualifications in education and is a graduate of the Australian Institute of Company Directors. Sue was appointed Deputy Chair in 2022 and Chair in April 2024.

#### **Professor Jeffrey Dunn AO – Deputy Board Chair**

*Appointed: 18 May 2018 | Current term: 1 April 2022 – 31 March 2026*

Professor Jeff Dunn AO is Chief of Mission and Head of Research at the Prostate Cancer Foundation of Australia and Professor of Social and Behavioural Science and Chair of Cancer Survivorship at the University of Southern Queensland. Jeff is also the immediate past president of the Union for International Cancer Control.

#### **Lyn Birnie**

*Appointed: 18 May 2018 | Current term: 1 April 2022 – 31 March 2026*

Lyn Birnie is a finance leader with more than 35 years' experience in senior roles in major mining companies and Queensland Government-owned power generators. She serves on the boards of the West Moreton Health Foundation and other not-for-profit and local community organisations. Lyn is a graduate of the Australian Institute of Company Directors, a certified practising accountant and holds a Bachelor of Business and a Master of Business Administration.

#### **Mike Bosel**

*Appointed: 1 April 2024 | Current term: 1 April 2024 – 31 March 2028*

Mike Bosel is an experienced chief executive officer and senior health care executive officer with over 30 years' experience working for not-for-profit, publicly listed and private companies in Australia and the United Kingdom. Mike has overseen the delivery of aged care services, community mental health services, children and family support services, homelessness outreach initiatives, carer support programs and community health education schemes. He is Chief Executive Officer of Brisbane South Primary Health Network (PHN), a member of the Australian Healthcare and Hospitals Association Board and a member of the Primary Care Committee for the Australian Commission on Safety and Quality in Health Care. Mike holds a Master of Public Health, a Bachelor of Business (Honours) and is a graduate of the Australian Institute of Company Directors.

### **Darren Brown**

*Appointed: 1 April 2024 | Current term: 1 April 2024 – 31 March 2028*

Darren Brown has more than 35 years' experience as a paramedic and in industrial and government relations. He is Queensland Project Officer with the Health Services Union, specialising in First Nations health. Darren has been a Queensland Ambulance Service liaison officer to the Office of the Minister for Health and Ambulance Services and was a member of the Children's Health Queensland Hospital and Health Board. Darren holds qualifications in paramedicine and training and assessment.

### **Temira Dewis**

*Appointed: 1 April 2024 | Current term: 1 April 2024 – 12 May 2025*

Temira Dewis is a Kaantju, Uthalganu and Ayapathu woman from the central and east coast of Cape York in Queensland. Temira is Director of Strategy at ABSTARR Consulting and Chair of the Southern Kaantju Aboriginal Corporation. Temira has extensive experience in First Nations community-controlled organisations and the Queensland and Victorian public sectors, enabling change reforms and embedding First Nations peoples, perspectives and cultural safety in policy and practices. Temira holds a Bachelor of Commerce, majoring in management, accounting and human resource management and is undertaking a Master of Business Administration and Master of Public Health.

### **Dr Cathryn Hester**

*Appointed: 18 May 2019 | Current term: 1 April 2022 – 31 March 2026*

Dr Cathryn Hester is a medical specialist and leader in the field of general practice. She is a practice owner and has worked in clinical medicine in the Ipswich region for more than a decade. Cathryn is Chair of the Queensland Faculty of Royal Australian College of General Practitioners (RACGP) as well as a national director of RACGP. She holds a Master of Business Administration, is a graduate of the Australian Institute of Company Directors and holds a Bachelor of Engineering with honours in Medical Engineering.

### **Professor Gerald Holtmann**

*Appointed: 18 May 2016 | Current term: 1 April 2024 – 31 March 2026*

Professor Gerald Holtmann is a medical specialist, Director of the Department of Gastroenterology and Hepatology at the Princess Alexandra Hospital and Director of Clinical Innovation at the University of Queensland. He has extensive organisational leadership experience as director of large clinical departments in Australia, chief executive officer of an overseas university hospital and member of the board of directors of national and international organisations. Gerald serves on the board of Gastro-Liga (Germany) and the Gastroenterological Society of Australia and is a member of the Australian Research Council / National Health and Medical Research Council Research Integrity Committee (ARIC). In addition to his medical qualifications, Professor Holtmann has a Master of Business Administration.

## **Gail Jukes**

*Appointed: 1 July 2024 | Current term: 1 July 2024 – 31 March 2026*

Gail Jukes is a Chief Financial Officer (CFO) with experience in financial management, commercial acumen, strategic planning and governance. Over her 20-year senior executive career, Gail has held leadership roles in both the public and private sectors. Gail is currently the CFO at The University of Queensland and is also a non-executive director on the Board of Sunwater and Economic Development Queensland. She holds a Bachelor of Commerce and is a Fellow Certified Practising Accountant.

## **Adjunct Associate Professor Deanne Minniecon**

*Appointed: 18 May 2021 | Current term: 1 April 2024 – 31 March 2028*

Adjunct Associate Professor Deanne Minniecon has 30 years' experience working in First Nations health and education at community, regional, state and national levels. Deanne is of Aboriginal (Goreng Goreng) and Torres Strait Islander (Erub) heritage. She is Group Executive, Aboriginal and Torres Strait Islander Engagement with Diabetes Australia. Deanne has previously worked for the Queensland Government, the university sector and the non-government sector. Deanne is a member of the Darling Downs and West Moreton PHN Board and holds a Master of Health Science (Health Promotion) and a Graduate Diploma of Health Promotion.

## **Stephen Robertson**

*Appointed: 18 May 2018 | Current term: 1 April 2022 – 31 March 2026*

Stephen Robertson is Chair of Healthy Land and Water and Chair of Solar Accreditation Australia. He was a Member of the Queensland Parliament for 20 years until 2012 and a senior minister in successive state governments. Between 1999 and 2012, Stephen held the ministerial portfolios of health, energy, water, mines, natural resources, trade and emergency services. He has a Bachelor of Arts (Honours).

## **Board committees**

### **Executive**

*Members: Sue Scheinpflug (Chair), Professor Jeffrey Dunn AO, Dr Cathryn Hester, and Adjunct Associate Professor Deanne Minniecon*

The chartered role of the committee is to work with the Health Service Chief Executive (HSCE) to progress strategic issues, strengthen the relationship with the HSCE and deliver accountability. The committee oversees performance against the measures stated in the Service Agreement and oversees workplace health and safety matters. The committee also supports the Board to develop engagement strategies and protocols with primary health organisations and address issues that arise. It assists the Board in oversight of the HSCE's performance, and in monitoring the health service's engagement with its stakeholders and issues relating to people and culture.

### **Safety and Quality**

*Members: Dr Cathryn Hester (Chair), Darren Brown, Temira Dewis (until 12 May 2025), Professor Gerald Holtmann, and Stephen Robertson*

The Safety and Quality Committee assists the Board in its oversight of WMHHS patient safety and quality related strategies, performance, clinical governance arrangements and improvements. It is responsible for promoting a culture of open and honest reporting of any situation that may compromise the quality of patient care. The Safety and Quality Committee includes consumer

representatives at each of its meetings to bring the perspective of our consumers to the committee's consideration of safety and quality matters.

### **Audit and Risk**

*Members: Lyn Birnie (Chair), Mike Bosel, Temira Dewis (until 12 May 2025), Gail Jukes, and Sue Scheinpflug*

The Audit and Risk Committee is responsible for assisting the Board in overseeing the health service's financial statements, internal control structures, internal audit function, risk management systems and compliance systems. The committee works in partnership with the QAO and assesses external audit reports and any subsequent action taken.

### **Finance and Performance**

*Members: Gail Jukes (Chair), Lyn Birnie, Mike Bosel, Darren Brown, Professor Gerald Holtmann and Stephen Robertson*

The Finance and Performance Committee is responsible for advising the Board about WMHHS's budgets, cash flows, financial and operating performance, financial systems, financial risks or concerns and complex or unusual financial transactions. It also plays a role in overseeing the health service's assets, infrastructure plans and performance.

### **Research**

*Members: Professor Jeffrey Dunn AO (Chair), Professor Gerald Holtmann, Adjunct Associate Professor Deanne Minniecon and Sue Scheinpflug*

The Research Committee is responsible for providing advice and recommending strategies to the Board that contribute to the achievement of our strategic priority of safe, quality care, now and into the future and its related action of ensuring our health services are driven by research and innovation. The committee supports and enables the work of the health service's Centre for Research and Innovation to be an essential contributor to our ongoing transformation toward a world-class health service.

## Board and committee meeting attendance:

West Moreton Hospital and Health Board	
<b>Act</b>	<i>Hospital and Health Boards Act 2011</i>
<b>Functions</b>	<p>In setting the strategic direction of WMHHS, the Board is accountable for the performance of the health service and is responsible for:</p> <ul style="list-style-type: none"> <li>• Developing, approving, and periodically reviewing the strategic plan.</li> <li>• Approving WMHHS's entry into a Service Agreement with the Department of Health.</li> <li>• Approving the annual budget.</li> <li>• Setting performance goals for WMHHS.</li> <li>• Making decisions in relation to significant strategic initiatives or matters of a sensitive or extraordinary nature.</li> <li>• Overseeing risk management and assessing and determining whether to accept risks outside the risk appetite set by the Board.</li> <li>• Ensuring the health service has the resources necessary to achieve goals, monitor progress and report outcomes.</li> <li>• Setting the boundaries of the key policies within which WMHHS operates.</li> </ul>
<b>Achievements</b>	<p>In 2024–2025, the West Moreton Hospital and Health Board:</p> <ul style="list-style-type: none"> <li>• Worked with the Executive Leadership Team to develop a new WMHHS Strategic Plan 2025–2029. This process involved comprehensive engagement with internal and external stakeholders, including staff, community members, partner organisations and advisory bodies. Feedback directly informed the strategic priorities and future direction outlined in the final plan.</li> <li>• Worked with the Queensland Government to progress Stage 2 of the WMHHS Master Plan.</li> <li>• Facilitated meaningful engagement with consumers, clinicians, local Elders, and community representatives to ensure their insights shaped service planning and improvements to quality of care.</li> <li>• Conducted site visits and held board meeting at all hospitals across the region to engage and hear from staff about operational challenges and opportunities for improvement.</li> <li>• participated in staff events, inductions and celebrations.</li> <li>• Participated in numerous community events involving local councils, business groups and community-based leaders.</li> <li>• Actively engaged with and supported the work of the West Moreton Health Foundation.</li> <li>• Partnered closely with the Darling Downs West Moreton PHN in joint planning and regional collaboration initiatives in the areas of mental health and aged care.</li> <li>• Provided ongoing governance oversight to ensure WMHHS continued to deliver safe, quality and equitable healthcare services to all communities within the service area.</li> <li>• Revised WMHHS's Risk Appetite Statement and supported the development of an updated risk management framework.</li> <li>• reviewed recommendations issued by the QAO and monitored implementation to ensure compliance and continuous improvement.</li> <li>• oversaw internal and external audit programs, reviewed key findings and tracked the implementation of audit recommendations.</li> <li>• participated in training focused on the Board's due diligence responsibilities and psychosocial safety obligations.</li> <li>• continued to champion initiatives and investment in building WMHHS's research capability.</li> </ul>

	<ul style="list-style-type: none"> <li>continued the induction of new Board members on WMHHS's strategic priorities, governance frameworks and legislative obligations to reinforce alignment with organisational values and objectives.</li> <li>conducted a Board performance evaluation and updated committee assignments based on the outcomes of a revised skills matrix. This process ensured alignment of Board member expertise with committee responsibilities, strengthened governance effectiveness and supported strategic oversight across key organisational areas.</li> </ul>
<b>Financial reporting</b>	<p>Financial reporting complies with the prescribed requirements of the <i>Financial Accountability Act 2009</i> and the <i>Financial and Performance Management Standard 2019</i>.</p> <p>WMHHS is not exempt from audit by the Auditor-General and transactions of the entity are accounted for in the financial statements.</p>

Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub- committee fees, if applicable	Actual fees received
Board Chair	Sue Scheinpflug	23	\$75,000 p.a.	\$10,000 p.a.	\$89,326 (annual fee, Chair of one committee and member of two committees)
Board member	Lyn Birnie	19	\$40,000 p.a.	\$7,000 p.a.	\$48,346 (annual fee, chair of one committee and member of one committee)
Board member	Mike Bosel	17	\$40,000 p.a.	\$6,000 p.a.	\$44,327 (annual fee and member of two committees)
Board member	Darren Brown	17	\$40,000 p.a.	\$6000 p.a.	\$43,945 (annual fee and member of two committees)
Board member	Temira Dewis	7	\$40,000 p.a.	\$6,000 p.a.	\$39,595 (annual fee and member of two committees)
Board member	Prof. Jeffrey Dunn AO	16	\$40,000 p.a.	\$7,000 p.a.	\$49,567 (annual fee, chair of one committee and member of one committee)
Board member	Dr Cathryn Hester	17	\$40,000 p.a.	\$7,000 p.a.	\$46,015 (annual fee, chair of one committee and member of one committee)

Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub- committee fees, if applicable	Actual fees received
Board member	Prof. Gerald Holtmann	26	\$40,000 p.a.	\$10,000 p.a.	\$49,139 (annual fee, chair of one committee and member of two committees)
Board Member	Gail Jukes	17	\$40,000 p.a.	\$7,000 p.a.	\$43,607 (annual fee, chair of one committee and member of one committee)
Board member	Adj. Assoc. Prof. Deanne Minniecon	18	\$40,000 p.a.	\$6,000 p.a.	\$45,825 (annual fee and member of two committees)
Board member  Finance and Performance Committee Chair to 31 March 2025	Stephen Robertson	20	\$40,000 p.a.	\$7,000 p.a.	\$45,919 (annual fee, chair of one committee and member of one committee)
<b>Number scheduled meetings/sessions</b>			<b>Board: 10 Committees: 35</b>		
<b>Total out of pocket expenses</b>			<b>\$1,233.10</b>		

Member	Board	Finance and Performance Committee	Executive Committee	Audit and Risk Committee	Safety and Quality Committee	Research Committee – non-prescribed
Sue Scheinpflug	10/10	N/A	4/4	5/5	N/A	4/4
Lyn Birnie	9/10	5/7	N/A	5/5	N/A	N/A
Mike Bosel	8/10	7/7	N/A	2/2	N/A	N/A
Darren Brown	9/10	3/4	N/A	N/A	5/5	N/A
Temira Dewis	4/9	N/A	N/A	3/5	0/2	N/A
Prof. Jeffrey Dunn AO	9/10	N/A	3/4	N/A	N/A	4/4
Dr Cathryn Hester	8/10	N/A	4/4	N/A	5/5	N/A

Prof. Gerald Holtmann	10/10	7/7	N/A	N/A	5/5	4/4
Gail Jukes	9/10	4/4	N/A	4/5	N/A	N/A
Adj. Assoc. Prof. Deanne Minniecon	10/10	N/A	4/4	2/3	N/A	2/2
Stephen Robertson	9/10	6/7	N/A	N/A	5/5	N/A

**Note:** Attendance reporting represents total eligible meetings.

## Executive management

### **Hannah Bloch – Chief Executive**

Hannah is an accomplished healthcare executive with more than 15 years of experience in the Queensland public system. She has a deep understanding of healthcare operations and experience in managing large and complex services.

Hannah has previously held executive roles at Gold Coast Health where she served on its executive for six years. She has a Bachelor of Laws and Bachelor of Business (Human Resources Management) and a Graduate Diploma of Legal Practice.

### **Claire Barratt – Executive Director Major Capital, Service Improvement and Governance**

Claire is a solicitor with 18 years of experience in the banking, retail, pharmacy and health sectors. She was previously General Counsel at WMHHS. She has a Bachelor of Laws, Master of Laws, Graduate Diploma of Legal Practice and a Graduate Diploma of Applied Corporate Governance.

### **Dr Luke Butcher – Director Mental Health and Specialised Services**

Dr Luke Butcher has spent the past 15 years leading innovative and award-winning health, hospital and human services, including tertiary public hospitals, mental health, drug and alcohol and offender rehabilitation services at executive levels in both government and non-government organisations. He brings expertise in regional, rural and remote service design and provision.

Luke has undergraduate qualifications in psychology, post graduate training in clinical supervision, a master's degree in forensic Mental Health and a PhD from James Cook University. Luke is an adjunct professor with Charles Darwin University's Faculty of Health. He has published a number of works on integrating peer support into mainstream mental health services, forensic risk assessment and youth justice.

### **Helen Couper – Senior Director Strategy, Engagement and Communication**

Helen is a seasoned media, strategic communications, marketing and social and digital media professional with 17 years' experience across various high-impact roles. She has successfully led strategic communication efforts within multiple departments, including Queensland Health, the Department of Justice and Attorney-General, Queensland Fire Service, Queensland Ambulance Service and Corrections. Helen holds a Bachelor of Communication, specialising in Public Relations and Marketing.

### **Karyn Ehren – Executive Director Nursing and Midwifery**

Karyn has worked in healthcare for 42 years and has a background in senior leadership. She has held past roles at Children's Health Queensland, including as the Nursing Director Surgery and Perioperative Services and as the Director of Nursing Workforce Sustainability – Office of the Chief Nursing and Midwifery Officer.

Karyn's clinical background is in paediatric intensive care where she's worked as an educator and nurse unit manager. Karyn has a Master of Business Administration with concentrations in leadership and health service management. She also has graduate qualifications in paediatrics and intensive care nursing.

### **Therese Hayes – Executive Director Transformation**

With a health career spanning more than four decades, Therese has led the delivery of initiatives that drive quality care, process optimisation, and service innovation, with this work undertaken in Therese's roles leading strategy, planning and improvement.

Therese is a Registered Nurse, Registered Midwife and a Child Health Nurse, her clinical speciality being paediatric emergency medicine. Therese has a Master of Nursing Leadership, Graduate qualifications in clinical redesign and child youth and family health.

As Executive Director Transformation, Therese is supporting the health service to better plan for and transform our services for a sustainable future. Her substantive role is the Executive Director of Preventive and Prisoner Health at WMHHS, to oversee the delivery of care to over 60 per cent of the state's prisoners, as well as the community and prevention portfolio for this region.

### **Philip Juffs – Executive Director Allied Health**

Philip is an Advanced Accredited Practising Dietitian with more than 20 years' experience in clinical dietetics and food service management.

He has worked as a clinical dietitian in renal nutrition in a wide range of tertiary, rural and remote settings and has held roles at Royal Brisbane and Women's Hospital, Princess Alexandra Hospital, Alice Springs Hospital, and a range of National Health Service hospitals in the United Kingdom.

Philip is a former president of the Dietitians Association of Australia. He also represents Allied Health professionals on the Queensland Clinical Senate.

### **Joanne Johnson – Executive Director Clinical Services**

Joanne has more than 35 years' experience in healthcare at WMHHS and Metro North HHS.

Joanne is a Registered Nurse with clinical experience in emergency care nursing. Joanne has extensive clinical knowledge of patient care, performance and leadership. She works with all areas of the health service to support service redesign, patient flow initiatives and changes to models of care.

Joanne has a Master of Health Science (Health Service Management) and graduate certificates in clinical redesign, health science and emergency nursing.

### **Alistair Luckas – Chief Finance Officer**

Alistair is a senior finance executive and chartered accountant with more than 20 years of experience. He has led finance teams in Queensland Government and private sector entities through major financial transformations. Alistair's past roles at Queensland Health include Acting Chief Finance Officer and Senior Director of Statutory and Advisory Services.

### **Dr Kelly McGowan – Acting Executive Director Preventive and Prisoner Health Services**

Dr Kelly McGowan is acting as Executive Director Preventive and Prisoner Health Services. Kelly is a registered general dentist with 15 years of experience in clinical practice, health leadership, and research. Kelly has a Master of Public Health and a Doctor of Philosophy. Kelly's substantive role is the Director of Oral Health at WMHHS.

### **Dr Nicola Murdock – Executive Director Medical Services**

Dr Nicola Murdock is an experienced healthcare practitioner and leader. She has held chief medical officer roles in the United Kingdom and Australia, in Cairns, Gladstone and Brisbane.

Nicola is trained in general practice and paediatrics and moved into medical administration in 2010. She is a past president of the Royal Australasian College of Physicians Paediatrics and Child Health Division and former Chair of the Queensland Child Death Review Board. In 2017, she won the Telstra Queensland Business Women's Award in the category of public sector and academia.

### **Maurice Woodley – Acting Executive Director Aboriginal and Torres Strait Islander Health**

Maurice has more than 15 years' experience working in First Nations health. He is the Acting Director of our Aboriginal and Torres Strait Islander Health Unit and has held previous roles as an Indigenous Health Liaison Officer, Cultural Practice Program Coordinator and a Principal Project Officer for our First Nations Health Equity Strategy.

Maurice has also worked in program management, program support, outreach and engagement roles within Darling Downs and West Moreton PHN and Brisbane South PHN.

Maurice is an Anathanguy / Yinwum man. He is a passionate advocate for systemic change to create better health for our First Nations communities. Maurice is also an accomplished artist, and his artwork is used across WMHHS.

### **Grant Wallace – Executive Director People and Culture (until April 2025)**

Grant Wallace has extensive experience leading human resources and workplace health and safety professionals. Before joining the WMHHS executive in January 2024, he worked for the Department of Transport and Main Roads. Grant has led enterprise bargaining, organisational change and entry pathway programs, as well as health and safety and workforce strategy initiatives at several Queensland public sector agencies.

### **Chief Operating Officer – position vacant**

# Organisational structure and workforce profile

**Minister for Health and Ambulance Services**

**Hon Timothy (Tim) Nicholls**

**West Moreton Hospital and Health Service Board**

**West Moreton Chief Executive Officer**

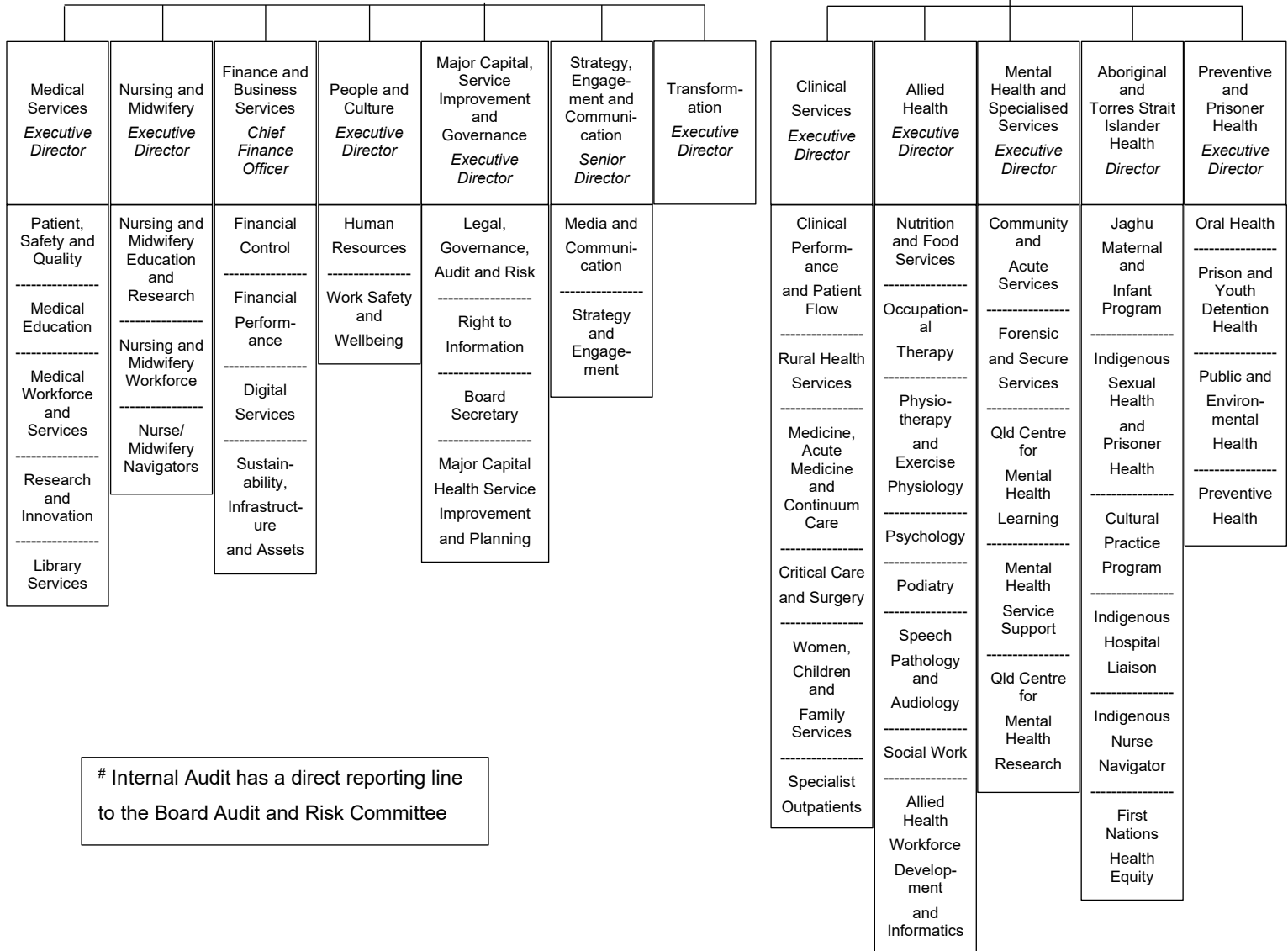
**Hannah Bloch**

Office of the Chief Executive

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

Internal Audit #

Chief Operating Officer



# Internal Audit has a direct reporting line to the Board Audit and Risk Committee

## Workforce Profile

Total staffing		
Headcount		6,303
Paid FTE		5,243.56
Occupation types by FTE		Percentage
Corporate		5.31%
Frontline and frontline support		94.69%
Appointment type by FTE		Percentage
Permanent		79.30%
Temporary		16.50%
Casual		4.08%
Contract		0.11%
Employment status by headcount		Percentage
Full-time		52.96%
Part-time		39.95%
Casual		7.09%
Figure 1: Gender		
Gender*	Number (Headcount)	Percentage of total workforce (Calculated on headcount)
Women	4,653	73.82%
Men	1,635	25.94%
Non-binary	15	0.24%
Not disclosed	0	0.00%
* Where data available		
Figure 2: Diversity target group data		
Diversity Groups*	Number (Headcount)	Percentage of total workforce (Calculated on headcount)
Women	4,653	73.82%
Aboriginal Peoples and Torres Strait Islander Peoples	158	2.51%
People with disability	155	2.46%
Culturally and Linguistically Diverse – Speak a language other than English at home <sup>^</sup>	1,241	19.69%
* To ensure privacy, in tables where there are less than 5 respondents in a category, specific numbers must be replaced by <5. <sup>^</sup> This includes Aboriginal and Torres Strait Islander languages or Australian South Sea Islander languages spoken at home		

<b>Figure 3: Target group data for women in leadership roles*</b>		
	<b>Women (Headcount)</b>	<b>Women as a percentage of total leadership (Calculated on headcount)</b>
<b>Senior Officers (Classified, s122 and s155 combined)</b>	6	50.00%
<b>Senior Executive Service and Chief Executives (Classified, s122 and s155 combined)</b>	5	71.43%
<i>* Women in leadership are defined as those in classified roles or on s122 or s155 contracts. This data must not include salary equivalency</i>		

## Strategic workforce planning and performance

In 2024–2025, WMHHS continued to implement the priorities of the 2021–2023 Strategic Workforce Plan, while progressing the development of the upcoming plan.

This ensured alignment with the organisational strategic plan and the Department of Health's planning framework, while sustaining momentum in key workforce initiatives.

The focus areas of our work, our workforce and our workplace, supported by targeted strategies for the Nursing and Midwifery, Allied Health, and Medical professions, remain central to delivering on our workforce vision.

This work will continue into 2025–2026 as the new plan is finalised and implemented in line with strategic and departmental priorities.

## Early retirement, redundancy and retrenchment

No redundancy/early retirement/retrenchment packages were paid during the period.

## Open data

WMHHS has no data to report on overseas travel or consultancies. WMHHS has open data to report on the Queensland Language Services Policy. The data can be found on the Queensland Government Open Data website ([www.data.qld.gov.au](http://www.data.qld.gov.au)).

No Charter of Victims' Rights complaints were received during the financial year.

## Our risk management

The West Moreton Hospital and Health Board is responsible for setting the overall risk culture at WMHHS, including how risk is perceived, managed and monitored.

In 2024–2025, the Board and Executive undertook a comprehensive review and refresh of the Risk Appetite Statement to ensure it continues to guide decision-making in a changing healthcare environment.

This statement defines the acceptable limits within which the Board, management and staff are expected to operate and make decisions on behalf of the HHS.

WMHHS is prepared to accept a higher level of risk when pursuing innovative initiatives, such as new models of care, where the expected benefits offer meaningful value creation relative to the risks involved. As far as reasonably practicable, the HHS will not accept or be exposed to risks that could compromise its ability to meet obligations in areas where it has minimal risk appetite.

Some risks stem from external factors beyond our control, such as shifts in government policy, economic conditions and evolving community expectations. Accepting a certain level of risk is often necessary to fulfill our purpose.

Risk management is integrated into our planning, governance and operational processes, while ensuring human and cultural factors are incorporated in risk assessments in accordance with the *Human Rights Act 2019*.

## Internal audit

Our internal audit function provides an independent, objective assurance and advisory service to improve and add value to the operation of the health service.

The internal audit unit is independent of management, reporting operationally to the HSCE and the Audit and Risk Committee and administratively to the Senior Director Legal, Governance, Audit and Risk.

Board-level oversight and support are provided by the Audit and Risk Committee, which oversees internal audit planning, monitoring and reporting processes. This forms part of the governance processes to ensure Internal Audit operates effectively, efficiently and economically.

The Internal Audit Charter, together with the Internal Audit Annual and Strategic Plan, are reviewed and endorsed annually by the Audit and Risk Committee and approved by the Board. They direct the unit's activities, providing a framework for its effective operation.

The Internal Audit Charter is consistent with the Institute of Internal Auditors' International Professional Practices framework. The plan is developed using a risk-based approach, considering both strategic and operational risks.

Audit reports include recommendations based on root cause analysis. The implementation of these recommendations is followed up regularly, with progress reported to the Audit and Risk Committee.

In 2024–2025, the unit audited high-risk areas to improve the effectiveness of systems, processes and risk management.

We also enhanced reporting to the Audit and Risk Committee and Board through improvements to our data dashboards.

## External scrutiny, information systems and recordkeeping

### Accreditation

WMHHS is accredited by the Australian Council on Healthcare Standards against the National Safety and Quality Health Service Standards until 27 February 2028.

### Coronial inquests

WMHHS participated in two coronial inquests for former health service consumers in 2024–2025. The inquests were held in relation to the deaths of one prisoner and one inpatient. As of 30 June 2025, there have been eight coronial findings, none of which were adverse findings in relation to the care provided by WMHHS.

### External audits

WMHHS remains informed about Queensland Audit Office (QAO) audits, including both financial and performance audits that outline recommendations relevant to the health service. Internal Audit tracks and monitors the progress of any external audit recommendations. In 2024–2025, WMHHS responded to recommendations contained in the QAO financial audit reports *Health 2021–22*, *2022–23* and *2023–24*, with one recommendation fully implemented and two being further progressed in 2025–2026.

WMHHS also responded to recommendations contained in the QAO performance audit reports, *Health outcomes for First Nations people (2022-23)* and *Keeping people safe from domestic and family violence (2022-23)*, with all audit recommendations being fully implemented.

Internal Audit coordinated the annual Information Security Management System and Australian Signals Directorate compliance returns, as required by the Queensland Government Customer and Digital Group (QGCDG). A full audit of ISMS was conducted in 2023–2024, with follow-up reviews conducted in 2024–2025 and 2025–2026. A full ISMS audit will occur in 2026–2027 in accordance with the QGCDG requirements for a three-year cycle.

### **Delegations**

All legislative changes relevant to WMHHS were enacted within the delegation system, which is regularly monitored and updated to ensure currency and alignment with other legislative changes and organisational structural changes.

### **Information systems**

West Moreton Health is committed to protecting the privacy and confidentiality of patient and staff information.

We provide regular training on privacy, cyber security risks, and best-practice protocols, and encourage staff to complete courses from the Office of the Information Commissioner and Queensland State Archives. System use is monitored, with potential breaches referred to the Department of Employment and Workplace Relations.

In 2024–25, we progressed the West Moreton Health Digital Healthcare Strategy, delivering:

- Virtual care: expanded across multiple services to provide safer, more efficient care closer to home, with further growth planned.
- Integrated electronic Medical Record (ieMR): implemented in four rural hospitals and Prison electronic Medical Record (PeMR) implemented in six correctional centres, with remaining sites to follow to improve timely, coordinated and digitally enabled care.

We established an Information Management Committee to oversee digital records and ensure legislative and policy compliance.

We also advanced an Information Security Management System (ISMS) aligned with ISO 27001, supporting compliance with the Security of Critical Infrastructure Act 2018.

To strengthen cyber resilience, we continued staff education and conducted a cyber security simulation exercise to test preparedness and response.

### **Record keeping**

All access to and disclosure of clinical and corporate records is in accordance with the *Queensland Information Privacy Act 2009*, *Right to Information Act 2009* and *Hospital and Health Boards Act 2011*.

WMHHS also complies with the *Public Records Act 2002* in its management of clinical and corporate records. We adhere to the General Retention and Disposal Schedule for corporate records and the Health Sector (Clinical Records) Retention and Disposal Schedule for clinical records.

## Queensland Public Service ethics and values

The *Public Sector Ethics Act 1994* details the ethical principles, values and standards of conduct required by employees in the Queensland Public Service. A single Code of Conduct for the Queensland Public Service, reflecting the ethical principles and values set out in the Act, was adopted in 2011.

The Code of Conduct applies to all WMHHS staff including employees, volunteers, students, contractors, consultants and casual staff, regardless of their employment status. We are committed to upholding the values and standards outlined in the Code of Conduct, which are:

- Integrity and impartiality.
- Promoting the public good.
- Commitment to the system of government.
- Accountability and transparency.

Training in the Code of Conduct is a mandatory requirement for all employees and is provided through the code of conduct and public interest disclosures courses.

The Code of Conduct is available to staff on the WMHHS intranet and through an online learning program and compliance is monitored by line managers under Queensland Health policy and local procedures.

## Human rights

WMHHS recognises that respecting, protecting and promoting human rights is crucial to the health and wellbeing of our many diverse communities. Our clinicians are committed to advocating for the human rights of consumers and patients in their provision of healthcare. As an organisation, we are equally committed to upholding the rights of our staff. Our commitment to the *Human Rights Act 2019* is reflected in our *Strategic Plan 2021–2025*.

The Queensland Human Rights Commission (QHRC) referred eight complaints to WMHHS in 2024–2025:

- One complaint remains ongoing and under review by the QHRC.
- One complaint was closed by the QHRC on the basis that they were satisfied the complaint had been dealt with appropriately.
- One complaint was withdrawn by the complainant.
- Four complaints did not resolve at conference and were referred to the Queensland Civil and Administrative Tribunal (QCAT) and the Queensland Industrial Relations Commission (QIRC). Of these, one complaint was withdrawn by the complainant, two complaints remain ongoing, and one complaint was dismissed by QCAT.
- One complaint was a continuance from the previous reporting period and was closed by QHRC on the basis that they were satisfied the complaint had been dealt with appropriately.

WMHHS regularly reviews its policies and procedures to ensure human rights consideration. In 2024–2025, we reviewed two policies, 89 procedures, and 51 work instructions.

## Confidential information

The *Hospital and Health Boards Act 2011* (the Act) requires annual reports to state the nature and purpose of any confidential information disclosed in the public interest during the financial year. In 2024–2025, the Release of Information Department did not release any information under the *Hospital and Health Boards Act 2011 (Qld)* s147 or s160.

# Performance

## Non-financial performance

Over the past year, we have delivered and progressed the actions detailed in our Strategic Plan 2021–2025 (revision 2024).

### Strategic Action 1: Work with healthcare partners to align our efforts, monitor progress and improve health outcomes

In 2024–2025, we worked in close partnership with healthcare providers, government agencies, and community representatives to deliver more integrated, responsive and community-informed health services.

#### **Harness strategic and authentic partnerships to strongly advocate for the needs of the West Moreton region**

- Continued to strengthen our partnerships with Kambu Health and the Institute for Urban Indigenous Health to enhance culturally appropriate care and support long-term health outcomes for First Nations people.
- Partnered with Darling Downs and West Moreton PHN and Darling Downs HHS to deliver the inaugural Joint Regional Needs Assessment and the WMHHS Local Area Needs Assessment. The identified priorities are now guiding our FY25 Transformation Program, including initiatives focused on Older Persons Care, the First 2000 Days, First Nations in Prisons and Rural Health Services.
- Convened regular partnership meetings between clinical and corporate teams to identify interdependencies and support integrated planning.

#### **Work with our partners to deliver collaborative healthcare, monitor progress and improve health outcomes**

- Established Communities of Practice across key focus areas to promote knowledge sharing and continuous improvement.
- Formalised a partnership with Queensland University of Technology (QUT) to enable student placements and build a sustainable talent pipeline for the Major Capital team.

## **Plan and implement an evidence-based public health response focused on preventing illness and improving wellbeing**

- Launched a new website to strengthen WMHHS's digital presence, improving stakeholder engagement and access to information and laying the foundation for our broader social and digital media strategy.

## **Ensure consumers and communities are at the centre of our service design and delivery**

- Increased awareness and participation in the Consumer and Community Advisory Council (CCAC), Youth Advisory Council (YAC) and First Nations Community Advisory Council (FNCAC) through targeted communication.
- Recruited and onboarded diverse new members in 2025, expanding representation and strengthening each council's ability to influence health outcomes through consumer engagement.
- Engaged the CCAC to shape WMHHS's services, drawing on their feedback to inform planning, improve patient experiences and guide communication strategies.
- Acted on CCAC advice by promoting the WMH Shuttle Bus service, supported community-led menu design for the Ripley sub-acute inpatient facility, and improved telehealth accessibility for deaf and hard-of-hearing patients.
- Incorporated member proposals to refine oral health surveys for clarity and participation, strengthened children and young people's services with a focus on safety and inclusivity, and presented hospital capacity and wait time data in clearer, more accessible formats.

## **Strategic Action 2: Remove systemic barriers to equitable healthcare through collaboration and co-design**

In 2024–2025, we took significant strides to embed equity and inclusion across our services, working in close partnership with communities to co-design sustainable, culturally responsive models of care.

## **Take action to improve health outcomes for West Moreton's growing First Nations population**

- Strengthened our commitment to culturally safe and equitable care through initiatives that build a culturally capable workforce and maintain strong partnerships with First Nations communities, including programs such as *Courageous Conversations About Race* and the *Cultural Practice Program*, with 933 participants completing the program in 2024–2025.
- Engaged deeply with First Nations communities, supported by our First Nations Advisory Council and the First Nations Health Equity Strategic Oversight Committee, to ensure health initiatives are culturally informed, community-led and responsive to local needs.
- Delivered progress under our *Health Equity Implementation Plan 2023–2025* including:
  - completed 14 actions that are being embedded into routine practices.
  - progressed 12 actions that are on track to be completed in 2025.
  - reviewed 22 actions that were identified for continuous focus beyond 2025.
  - advanced 10 additional actions aligned with statewide First Nations Health Equity measures, ensuring alignment with Queensland Health priorities.

- Developed the Health Equity Implementation Plan 2025–2028, which will:
  - translate the strategic direction into measurable actions and outcomes.
  - align with statewide health equity expectations.
  - support ongoing monitoring, accountability and continuous improvement.
- Achieved stronger results in performance indicators for First Nations consumers than non-First Nations consumers in several areas, reflecting the impact of our health equity initiatives.
- Progressed development of the *First Nations Health Equity Strategy 2025–2028* in collaboration with our Executive Leadership Team, Board, First Nations Health Office and community representatives.
- Due for completion in late 2025, the strategy will focus on implementing a culturally appropriate communications plan to increase awareness, understanding and ownership of the strategy and on expanding cultural capability and practice to support ongoing learning and embed cultural safety across the organisation.

### **Design healthcare to be more accessible for the underserved populations in our community, including regional communities**

- Redesigned our Diabetes and Endocrinology model of services to address population growth which improved access to chronic disease management across the region.
- Expanded the Gatton Infusion Clinic to five days a week and commenced Cardiac Echogram at Gatton Hospital to deliver timely, localised diagnostics and reduce patient travel.
- Supported the delivery of a regional plan under the Healthy Minds, Healthy Lives initiative to enhance access to holistic mental health support, strengthen community wellbeing and reduce acute mental health crises.
- Co-designed the new Alcohol and Other Drugs (AODS) residential rehabilitation facility with community, partners and First Nations representatives, who are also guiding the culturally appropriate naming process.

### **Enhance continuity of care for the prison population to improve their health and wellbeing**

- Commenced comprehensive health screening in youth detention to identify at-risk young people and ensure access to appropriate care, including specialist referrals and follow-up.
- Introduced screening for Autism Spectrum Disorder and Fetal Alcohol Spectrum Disorder in Brisbane youth detention centres to support early diagnosis and specialist care for highly vulnerable young people.
- Expanded the Murrumba Targan Djimbulung service for First Nations people to include in-reach support in correctional facilities, strengthening continuity of care during community reintegration.
- Commenced primary and oral healthcare services at the new Wacol Youth Remand Centre in collaboration with the Department of Youth Justice and Queensland Police Service. Launched in April 2025, this is the state's first youth remand centre health service and expands on WMHHS's role in youth detention and correctional health across the region.

## **Co-design our major capital and transformation program to ensure accessibility of services for the community**

- Progressed delivery of key infrastructure projects, including:
  - Ipswich Hospital Stage 2 expansion: delivering 200 additional beds, six operating theatres, a new emergency department, satellite medical imaging services, a central sterilisation service department and more.
  - Multi-storey car park on Roderick Street, Ipswich: increasing parking capacity to support patients, visitors and staff.
  - Ipswich Residential Rehabilitation and Withdrawal Service: offering Alcohol and Other Drugs residential support for up to 36 clients (46 beds total).
  - Six-suite staff accommodation unit at Gatton Hospital: providing safe and comfortable overnight accommodation for clinicians, supporting the attraction and retention of clinical staff in rural areas.
  - Planning for a new mobile dental clinic at Ripley to improve access for underserved communities.
- To ensure these projects are delivered to a high standard, we embedded a suite of project and program management strategies to strengthen scalability, governance, and consistency, including a maturity assessment, automated status and risk reporting and a centralised document repository with a lessons-learned register.

## **Strategic Action 3: Enable safe, quality, compassionate care for our communities**

In 2024–2025, we continued to deliver high-quality, patient-centred care by expanding services, strengthening clinical governance and investing in research and innovation.

### **Connect clinical governance, operational processes and systems to support increases in capacity and efficiency and enhance clinician and patient experience**

- Completed a Clinical Governance Review, resulting in 25 recommendations now being implemented to enhance governance structures, clarify accountability and support safer care at every level.
- Revised our Clinical Governance Framework to clarify individual responsibilities and system processes that ensure safety and quality and strengthened our serious incident response processes to formally involve consumers and families, following a comprehensive review of clinical incident management.
- Introduced live dashboards for real-time monitoring of safety and quality indicators, including consumer feedback, clinical incidents and recommendations supporting faster action and greater accountability.
- Implemented targeted emergency department patient flow initiatives to support patient flow and patient safety. Dedicated roles included:
  - Paediatric Clinical Nurse: monitors patients in waiting areas during peak presentation periods to provide early intervention and escalate patient deterioration.
  - Ramp Nurse: facilitates faster ambulance-to-care transitions and early escalation of patient deterioration 24 hours, 7 days per week.
  - Fifth Resuscitation Nurse: enhances senior nursing leadership during critical resuscitations.

- Senior Nurse Flow Commander: oversees patient movement across the emergency department 24 hours, 7 days per week.
- Medical Commander: provides early senior medical assessments and a reliable escalation point for nursing, Queensland Ambulance Service and medical staff.

### **Ensure our health services are driven by research and innovation**

- Partnered with the University of Southern Queensland (UniSQ) and QUT to support initiatives such as the MIND Speech Pathology Study and a QUT-led student medical imaging project.
- Renewed our research partnership agreement between the QCMHR, the Department of Health and The University of Queensland.
- Implemented a Business Case for Change to embed a dedicated QCMHR Evaluation Group, funded through the Better Care Together program, to strengthen mental health research, evaluation and continuous improvement.
- Expanded the Research Consumer Council and Link Program, strengthening collaboration between researchers and consumer partners.
- Established monthly meetings with the West Moreton Health Foundation to identify priority research projects for philanthropic support.
- Showcased research and innovation at the 2024 Quality Improvement and Research Symposium, highlighting collaborative projects with university partners.
- Welcomed additional nursing staff to support the growth of commercially sponsored clinical trials.
- Developed a Business Case for Change to support the expansion of clinical trial capacity and launched a Clinical Trials Model of Service to streamline recruitment, operational support and care pathways.
- Developed a Research Finance Procedure to improve financial governance of research trust funds.
- Continued delivery of the Research Plan 2021–2025, focused on growing clinical trials, enhancing governance, strengthening partnerships and supporting staff capability.
- Supported staff development through education opportunities, workshops and one-on-one researcher support.
- Supported higher learning, including 37 PhD candidates at QCMHR and four students supervised by staff to complete a PhD.
- Achieved an increase in our research activity and impact, with 51 authorised research projects, including 43 clinical research projects, three commercial clinical trials, three collaborative clinical trials and two investigator-initiated clinical trials.
- Received 23 ethics approvals and 61 ethics exemptions for quality improvement, service evaluation or audit projects.
- Secured over \$18 million in awarded research grants, including \$17.75 million for QCMHR-led projects and \$0.45 million for other WMHHS department-led projects.
- Published 97 journal articles - 49 from QCMHR and 48 from other departments across the HHS.

### **Continue to pursue and adopt integrated and accessible technology solutions that optimise seamless pathways of care, improving the consumer and clinician experience**

- Prepared for the implementation of our Health Intelligence Plan and Roadmap, including the launch of the new HealthOne platform to improve data capability and decision making.

### **Expand clinical capability to increase delivery of care closer to home**

- Expanded our TeleOncology service, delivered by the Ipswich Hospital Day Oncology Unit, to Esk, Gatton and Laidley hospitals providing cancer care closer to home for rural and regional communities and enabling faster treatment pathways. Staff training commenced for Boonah Hospital with a go-live date due early in 2025-2026.
- Expanded local palliative care initiatives, delivering greater comfort, dignity, and family support for people at end-of-life, and improving access to compassionate, holistic care across the region.
- Expanded our HITH service to a 40-bed platform, reducing pressure on emergency departments and improving access to acute care in community settings.
- Launched new specialist services including:
  - The Eating Disorder Specialist Service.
  - The Early Psychosis Service.
  - The Older Persons Community Health Service.
- Opened 14 additional acute mental health inpatient beds to meet increasing demand.
- Supported statewide learning and research initiatives to advance innovation in mental health care.
- Increased workforce capacity with additional staff in prison mental health, youth alcohol and drug support and digital mental health.

## **Strategic Action 4: Shape a sustainable health service**

In 2024–2025 we strengthened the long-term sustainability of WMHHS by enhancing care models, modernising infrastructure and systems, expanding workforce capability and progressing key reforms that improve access, efficiency and patient outcomes.

### **Collaborate with the broader health sector to reform our models of care to enable access to safe, sustainable, high value care**

- Launched CareMonitor, a virtual care platform that enables remote patient monitoring and more efficient, patient-centred care delivery.
- Opened 18 publicly funded sub-acute beds at St Andrews Private Hospital as part of a virtual care program. These beds provide hospital-level monitoring and support for patients who are medically stable, allowing them to complete much of their recovery at home while still receiving care from the hospital team.
- Completed the transition of rural hospitals to the ieMR system, enhancing continuity of care by giving clinicians real-time access to patient information.
- Implemented the PeMR system across correctional centres in West Moreton, supporting safer, more holistic care and better health outcomes for incarcerated populations.

## **Partner to design and deliver quality healthcare facilities and services that are effective, safe, and fit for purpose to meet future needs of the West Moreton community**

- Expanded our Flow Improvement Service Model to seven days and embedded criteria-led discharge processes, reducing inpatient length of stay for general medicine patients.
- Developed a new Specialist Outpatient Department referral model of care to deliver safer, more timely and equitable referral management processes that better meet the needs of patients and clinicians.
- Completed a review of older person services, recommending an integrated governance framework, redefined community care models and streamlined acute responses to better support our growing frail and elderly population. Implementation of these recommendations will commence in 2025–2026 to help older people stay healthier at home for longer.
- Expanded the Post-Operative Discharge Support Service (PODSS) to improve access and continuity of care for patients recovering from general surgery, ENT, urology, maxillofacial, orthopaedic, gynaecology and day-case laparoscopic hysterectomy procedures.
- Continued implementation of Putting Queensland Kids First initiatives, delivering early intervention and prevention outcomes through:
  - Increased staffing in the Child Health and Child Development workforce by more than 20 full-time equivalent roles.
  - Expanded access to child health services with additional appointments and the opening of four new service sites across the region.
- Opened the six-chair Silkstone Dental Clinic in June 2025 to support the expansion of oral health services, including the School Dental Program.
- Delivered significant savings through the Procurement and Contract Management Optimisation Project, including supplier negotiations and market testing to identify efficiencies.
- Established a domestic and family violence (DFV) integrated service system – a High-Risk Team project in partnership with the Mental Health, Alcohol and Other Drug Branch and in response to Women’s Safety and Justice Taskforce recommendation 19. The project aims to build workforce capability to respond more effectively to DFV.
- Appointed a Sexual Assault Nurse Examiner Project Officer to implement recommendations of a service gap analysis and strengthen sexual assault services.
- Established a Medical Imaging Governance Group to address safety and quality improvements identified through a process mapping project.

## **Champion climate positive healthcare and deliver on our sustainability strategy**

- Completed our annual environmental sustainability review to inform priorities and track progress towards 2025 emissions reduction targets.

## **Continue to develop our disaster and disruption preparedness response**

- Reviewed and updated our Disaster and Emergency Incident Management Plan, identifying an annual action plan to safeguard healthcare delivery during major events.

## Strategic Action 5: Foster a culture where our people thrive and know they are valued

In 2024–2025, we focused on creating a workplace where staff feel supported, safe and empowered to grow, strengthening cultural capability, modernising workforce systems and reinforcing our identity as an employer of choice.

### **Proactively involve staff in organisational development, governance and decision-making**

- Revised our incident management process through staff consultation and delivered education sessions to enhance safety awareness and incident reporting.
- Increased onsite engagement between Safety Advisors and frontline staff through the enhanced Health and Safety Representative Mentoring Program.
- Updated our Public Interest Disclosure Procedure in line with Queensland Ombudsman guidance, improving transparency and public-facing information.

### **Create a culture of innovation that aligns with our values and promotes our objectives**

- Streamlined recruitment to offer permanent positions to all eligible nursing and midwifery graduates, building a stable and confident early career workforce.
- Supported a pilot project at Ripley Minor Injury and Illness Clinic to expand nurses' scope of practice, with the model now endorsed for ongoing use.
- Streamlined the role description process and upgraded the job evaluation record management system, improving data quality and enabling more efficient reporting.
- Published and implemented the updated HR Policy B68: Job Evaluation – Health Practitioner Positions, aligning forms and systems with policy updates.
- Launched a new role description resource library with standardised HP1 to HP5 templates to support consistency, clarity and benchmarking in recruitment.
- Launched an Allied Health Professional Supervision Register App to provide leaders with a digital tool for compliance monitoring and oversight of supervision practices.
- Reviewed the Nursing and Midwifery Professional Practice Model to ensure it remains contemporary, reflects the professional identity of our workforce and aligns with organisational values and strategic priorities.
- Recruited additional nurse managers to strengthen nursing leadership and oversight.
- Commenced routine nursing and midwifery rostering reviews to minimise fatigue and reduce reliance on overtime.
- Established a centralised Nursing and Midwifery recruitment team to reduce administrative load for Nurse and Midwife Unit Managers and improve the candidate experience.

### **Ensure an environment where physical and psychological safety is paramount, and staff are empowered to speak up for safety**

- Increased staff participation in our Aboriginal and Torres Strait Islander Cultural Practice Program, strengthening cultural awareness and capability across our workforce.
- Expanded the Aboriginal and Torres Strait Islander Health Unit, boosting our capacity to lead culturally safe initiatives and deliver First Nations-led care.
- Embedded U-Me-Koola traineeship pathways within the Murrumba Targan Djimbulung Service and Sexual Health team to support First Nations trainees to gain experience and long-term careers.

**Design and implement actions that position West Moreton Health as a preferred employer - attracting and retaining a skilled and diverse workforce that is reflective of our communities**

- Developed and launched a communication and marketing strategy to strengthen recruitment and retention, aligned with our endorsed Employee Value Proposition and Workforce Strategy.
- Delivered targeted communication campaigns that highlight the benefits of working with our organisation, including professional development opportunities, a positive culture and meaningful community impact.
- Supported communication and recognition for key events and milestones, including ANZAC Day, NAIDOC Week, the Caring Better Together Awards and the Quality Improvement and Research Symposium.
- Developed the WMHHS Strategic Plan 2025–2029, informed by extensive consultation, horizon scanning, and data analysis. The plan defines the organisation’s strategic priorities and performance measures and will guide service delivery and improvement from 1 July 2025.

**Strengthen our leadership capability to drive accountability and inspire learning and innovation throughout our organisation**

- Delivered professional development and strategic planning opportunities for nursing and midwifery directors to support leadership capability and alignment on shared priorities.
- Delivered regular professional development sessions for Clinical Directors to strengthen leadership capability and support effective departmental management. In response to strong engagement, session frequency is increasing from quarterly to every two months.

## Service standards

West Moreton Hospital and Health Service	2024–2025 Target	2024–2025 Actual
<b>Effectiveness measures</b>		
Percentage of emergency department patients seen within recommended timeframes		
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	<p>100%</p> <p>80%</p> <p>75%</p> <p>70%</p> <p>70%</p>	<p>100%</p> <p>57%</p> <p>64%</p> <p>84%</p> <p>96%</p>
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	51%
Percentage of elective surgery patients treated within the clinically recommended times		
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)</li> <li>Category 3 (365 days)</li> </ul>	<p>&gt;98%</p> <p>&gt;95%</p> <p>&gt;95%</p>	<p>88%</p> <p>81%</p> <p>87%</p>
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>1</sup>	≤1.0	0.8
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit <sup>2</sup>	>65%	66.5%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>3</sup>	<12%	8.8%
Percentage of specialist outpatients waiting within clinically recommended times <sup>4</sup>		
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>5</sup></li> <li>Category 3 (365 days)<sup>5</sup></li> </ul>	<p>98%</p> <p>..</p> <p>..</p>	<p>83%</p> <p>53%</p> <p>83%</p>
Percentage of specialist outpatients seen within clinically recommended times		
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>5</sup></li> <li>Category 3 (365 days)<sup>5</sup></li> </ul>	<p>98%</p> <p>..</p> <p>..</p>	<p>84%</p> <p>38%</p> <p>74%</p>
Median wait time for treatment in emergency departments (minutes) <sup>6</sup>	..	14
Median wait time for elective surgery treatment (days)	..	34
<b>Efficiency measure</b>		
Average cost per weighted activity unit for Activity Based Funding facilities <sup>7</sup>	\$5,800	\$6,210
<b>Other measures</b>		

<b>West Moreton Hospital and Health Service</b>	<b>2024–2025 Target</b>	<b>2024–2025 Actual</b>
Number of elective surgery patients treated within clinically recommended times		
• Category 1 (30 days)	1,787	1,770
• Category 2 (90 days)	1,306	1,251
• Category 3 (365 days)	828	537
Number of Telehealth outpatients service events <sup>8</sup>	9,885	8,832
Total weighted activity units (WAU) <sup>9,10</sup>		
• Acute Inpatients	62,466	61,905
• Outpatients	17,842	19,522
• Sub-acute	8,276	10,719
• Emergency Department	22,276	21,349
• Mental Health	13,921	22,733
• Prevention and Primary Care	2,924	3,777
Ambulatory mental health service contact duration (hours) <sup>11</sup>	>52,691	63,636
Staffing <sup>12</sup>	4,693	5,243.56

1. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Actual rate is based on data reported between 1 July 2024 and 31 March 2025 as at 15 May 2025.
2. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Mental Health rate of community follow up 2024–2025 Actuals are as at 19 August 2025.
3. Mental Health readmissions data is as at 19 August 2025.
4. Waiting within clinically recommended time is a point in time performance measure. 2024–2025 Actual is as at 1 July 2025.
5. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–2025 Targets for category 2 and 3 patients are not applicable.
6. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
7. Cost per WAU is reported in QWAU Phase Q27 and is based on data extracted on 18 August 2025.
8. Telehealth data is as at 20 August 2025.
9. All measures are reported in QWAU Phase Q27. Data as at 18 August 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target can occur.
10. The Mental Health 2024–2025 Actual differs from the 2024–2025 Target due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–2026. Activity targets for Community Mental Health were incorporated into 2024–2025 Targets following publication of the 2024–2025 Service Delivery Statements, to support Queensland's preparations for the planned national transition in 2025–2026.
11. Ambulatory Mental Health service contact duration data is as at 19 August 2025.
12. In alignment with PSC reporting guidelines, only one employment record per employee is reported. For employees with concurrent employment, the arrangement with the highest percentage of work is reported. This may result in a minor variance where staff work across multiple Hospital and Health Services.

## Financial summary

### Operating result

WMHHS's operating result for 2024–2025 was a deficit of 31.624 million (the 2023-2024 operating result was a \$0.046 million surplus). WMHHS continues to work to grow and adapt its services to meet the rapidly increasing healthcare needs of its communities. This includes balancing demand with the resources available while maintaining safe, high-quality care.

### Income

Income from all funding sources in the reporting period 2024–2025 was \$1,135.35 million, representing an increase of \$98.50 million on the previous period. Major variances include \$66.77 million for additional activity, programs and services; \$9.31 million additional inter-departmental funding for depreciation and major projects; and \$22.42 million increase in funding for Enterprise Bargaining Agreements.

### Expenditure

WMHHS's total expenditure (funds spent) in 2024–2025 was \$1,166.97 million. This was an increase of 12.55 per cent over WMHHS's total expenditure of \$1,036.80 million in the previous financial year. Labour costs increased by \$88.46 million and non-labour expenses increased by \$41.71 million. The significant increase in demand for healthcare services has driven the rise in staff numbers and both labour and non-labour costs. Increased enterprise bargaining and cost pressures have also contributed to the increase in expenditure.

### Future outlook

Demand for healthcare in the WMHHS region continues to grow. The environment in which WMHHS operates will continue to be dynamic and diverse. In response, we will continue to provide safe, quality care and look for ways to optimise how we deliver our services, manage demand and meet community needs. In 2025–2026, WMHHS prepares to open the Ripley sub-acute inpatient facility and construction will continue on the acute services building on the Ipswich Hospital campus.

### Deferred maintenance

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

All deferred maintenance items are risk assessed to identify any potential impact on users and services and are closely managed to ensure all facilities remain safe.

As per the *Queensland Government Building Policy Guideline*, deferred maintenance expenditure may be operational or capital expenditure. Both operational and capital quantities are reported, using the terminology 'deferred maintenance' (operational), and 'postponed capital maintenance' (capital).

As of 30 June 2025, WMHHS reported:

- \$4.45 million in deferred operational maintenance expenditure.
- \$22.2 million in postponed capital maintenance expenditure.

The *West Moreton* HHS has the following strategies in place to mitigate any risks associated with these items:

- Seeking assistance from the Sustaining Capital Program.
- Ongoing risk assessment and condition assessment reviews.

# **West Moreton Hospital and Health Service**

Financial statements – 30 June 2025

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# Statement of comprehensive income

For the year ended 30 June 2025

	Notes	2025 \$'000	2024 \$'000
<b>Income</b>			
Funding for provision of public health services	A1(a)	1,037,509	951,759
User charges and fees	A1(b)	72,660	63,674
Grants and other contributions	A1(c)	12,830	11,621
Other revenue	A1(d)	12,257	9,478
<b>Total revenue</b>		<b>1,135,256</b>	<b>1,036,532</b>
Gains on disposal/revaluation of assets		93	315
<b>Total income</b>		<b>1,135,349</b>	<b>1,036,847</b>
<b>Expenses</b>			
Employee expenses	A2(a)	114,312	99,480
Health service employee expenses	A2(b)	717,394	643,767
Supplies and services	A2(c)	275,303	243,202
Grants and subsidies		326	289
Depreciation and amortisation	A2(d)	45,216	37,998
Impairment losses		3,314	1,660
Other expenses	A2(e)	11,108	10,405
<b>Total expenses</b>		<b>1,166,973</b>	<b>1,036,801</b>
<b>Operating result for the year</b>		<b>(31,624)</b>	<b>46</b>
<b>Other comprehensive income</b>			
Items that will not be subsequently reclassified to operating result:			
Increase in asset revaluation surplus	C2	15,988	41,996
<b>Total other comprehensive income</b>		<b>15,988</b>	<b>41,996</b>
<b>Total comprehensive income</b>		<b>(15,636)</b>	<b>42,042</b>

The accompanying notes form part of these statements.

# Statement of financial position

As at 30 June 2025

	Notes	2025 \$'000	2024 \$'000
<b>Current assets</b>			
Cash and cash equivalents	B1	17,193	48,838
Receivables	B2	20,964	18,663
Inventories		5,771	6,371
Other assets		1,827	1,199
<b>Total current assets</b>		<b>45,755</b>	<b>75,071</b>
<b>Non-current assets</b>			
Property, plant and equipment	B3	491,207	492,787
Right-of-use assets		5,079	1,373
<b>Total non-current assets</b>		<b>496,286</b>	<b>494,160</b>
<b>Total assets</b>		<b>542,041</b>	<b>569,231</b>
<b>Current liabilities</b>			
Payables	B4	93,298	93,852
Accrued employee benefits		6,349	1,988
Lease liabilities		1,206	345
Provisions		167	152
Unearned revenue		140	62
<b>Total current liabilities</b>		<b>101,160</b>	<b>96,399</b>
<b>Non-current liabilities</b>			
Lease liabilities		3,972	1,062
<b>Total non-current liabilities</b>		<b>3,972</b>	<b>1,062</b>
<b>Total liabilities</b>		<b>105,132</b>	<b>97,461</b>
<b>Net assets</b>		<b>436,909</b>	<b>471,770</b>
<b>Equity</b>			
Contributed equity	C1	301,912	321,137
Accumulated surplus/(deficit)		(40,439)	(8,815)
Asset revaluation surplus	C2	175,436	159,448
<b>Total equity</b>		<b>436,909</b>	<b>471,770</b>

The accompanying notes form part of these statements.

# Statement of changes in equity

For the year ended 30 June 2025

	Accumulated surplus/ (deficit)	Asset revaluation surplus (Note C2)	Contributed equity (Note C1)	Total equity
	\$'000	\$'000	\$'000	\$'000
<b>Balance as at 1 July 2023</b>	<b>(8,861)</b>	<b>117,452</b>	<b>206,112</b>	<b>314,703</b>
Operating result for the year	46	-	-	46
<i>Total other comprehensive income</i>				
Increase in asset revaluation surplus	-	41,996	-	41,996
<i>Transactions with owners</i>				
Non-appropriated equity injections	-	-	23,006	23,006
Non-appropriated equity withdrawals	-	-	(37,998)	(37,998)
Non-appropriated equity asset transfer	-	-	130,017	130,017
<b>Balance as at 30 June 2024</b>	<b>(8,815)</b>	<b>159,448</b>	<b>321,137</b>	<b>471,770</b>

	Accumulated surplus/ (deficit)	Asset revaluation surplus (Note C2)	Contributed equity (Note C1)	Total equity
	\$'000	\$'000	\$'000	\$'000
<b>Balance as at 1 July 2024</b>	<b>(8,815)</b>	<b>159,448</b>	<b>321,137</b>	<b>471,770</b>
Operating result for the year	(31,624)	-	-	(31,624)
<i>Total other comprehensive income</i>				
Increase in asset revaluation surplus	-	15,988	-	15,988
<i>Transactions with owners</i>				
Non-appropriated equity injections	-	-	25,889	25,889
Non-appropriated equity withdrawals	-	-	(45,216)	(45,216)
Non-appropriated equity asset transfer	-	-	102	102
<b>Balance as at 30 June 2025</b>	<b>(40,439)</b>	<b>175,436</b>	<b>301,912</b>	<b>436,909</b>

The accompanying notes form part of these statements.

# Statement of cash flows

For the year ended 30 June 2025

	Notes	2025 \$'000	2024 \$'000
<b>Cash flows from operating activities</b>			
<i>Inflows:</i>			
Funding for provision of public health services		990,333	907,734
User charges and fees		71,042	60,851
Grants and other contributions		3,773	3,812
Interest received		58	54
GST collected from patients/consumers		617	732
GST input tax credits		18,093	15,966
Other		12,998	9,999
<i>Outflows</i>			
Employee expenses		(109,952)	(104,848)
Health service employee expenses		(710,413)	(651,056)
Supplies and services		(274,441)	(223,162)
Grants and subsidies		(325)	(289)
Insurance		(9,087)	(7,646)
GST paid to suppliers		(18,461)	(15,763)
GST remitted		(667)	(698)
Other		(1,979)	(2,279)
<b>Net cash provided by operating activities</b>	<b>E3</b>	<b>(28,411)</b>	<b>(6,593)</b>
<b>Cash flows from investing activities</b>			
<i>Inflows:</i>			
Sales of property, plant and equipment		93	315
<i>Outflows:</i>			
Payments for property, plant and equipment		(26,174)	(17,377)
<b>Net cash used in investing activities</b>		<b>(26,081)</b>	<b>(17,062)</b>
<b>Cash flows from financing activities</b>			
<i>Inflows:</i>			
Equity injections		24,207	23,006
<i>Outflows:</i>			
Finance lease payments		(1,360)	(386)
<b>Net cash provided by financing activities</b>		<b>22,847</b>	<b>22,620</b>
Net decrease in cash and cash equivalents		(31,645)	(1,035)
Cash and cash equivalents at beginning of the financial year		48,838	49,873
<b>Cash and cash equivalents at end of financial year</b>	<b>B1</b>	<b>17,193</b>	<b>48,838</b>

The accompanying notes form part of these statements.

# Notes to the financial statements

## Overview

West Moreton Hospital and Health Service (West Moreton Health) is a not-for-profit statutory body established under the *Hospital and Health Boards Act 2011* and is domiciled in Australia. West Moreton Health does not have any controlled entities. Its principal place of business is Level 4, Hayden Centre, 37 South Street, Ipswich QLD 4305.

The System Manager of West Moreton Health is the Department of Health (the Department). The ultimate parent entity is the State of Queensland.

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

## Compliance with prescribed requirements

West Moreton Health has prepared these financial statements in compliance with section 39 of the *Financial and Performance Management Standard 2019* and section 62(1) of the *Financial Accountability Act 2009 (the Act)*. The financial statements comply with Queensland Treasury's Minimum Reporting Requirements for reporting periods beginning on or after 1 July 2024.

West Moreton Health is a not-for-profit entity and these general purpose financial statements are prepared on an accrual basis (except for the statement of cash flows which is prepared on a cash basis) in accordance with Australian Accounting Standards and Interpretations applicable to not-for-profit entities. New accounting standards early adopted and/or applied for the first time in these financial statements are outlined in Note E5.

## Currency and rounding

The financial statements:

- have been prepared on a historical cost basis, except where stated otherwise;
- are presented in Australian dollars;
- round amounts to the nearest \$1,000, shown as \$K or \$'000, unless the disclosure of the full amount is specifically required; where the amount is less than \$500, the rounded amount is zero;
- present comparative information reflective of the audited 2023-24 financial statements except where restatement is required.

## Current/non-current classification

Assets and liabilities are classified as either 'current' or 'non-current' in the financial statements. Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months of the reporting date. Liabilities are classified as 'current' when they are due to be settled within 12 months of the reporting date or West Moreton Health does not have a right to defer settlement beyond 12 months of the reporting date.

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

## Economic Dependency

West Moreton Health's primary source of income is from the Department for the provision of public hospital, health and other services in accordance with a service agreement with the Department, (refer to Note A1). The current service agreement covers the period 1 July 2025 to 30 June 2028. West Moreton Health'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 funding as per the terms of the service agreement will not continue.

# A Income and expenses

This section considers the income and expenses of West Moreton Health.

## A1 Income

### (a) Funding for provision of public health services

	2025 \$'000	2024 \$'000
<b>Revenue from contracts with customers</b>		
<i>Contracted health services – activity based funding</i>		
Commonwealth	266,167	242,142
State	395,895	365,778
<b>Other funding for provision of public health services</b>		
<i>Contracted health services – block funding</i>		
Commonwealth	56,248	54,310
State	120,869	119,800
<i>System manager funding</i>		
State	133,651	112,931
Depreciation funding	45,216	37,998
<i>Teaching and training funding</i>	19,463	18,800
<b>Total funding for provision of public health services</b>	<b>1,037,509</b>	<b>951,759</b>

West Moreton Health receives funding, which includes both State and Commonwealth contributions, in accordance with an enforceable contract under a Service Agreement with the Department. West Moreton Health is funded for eligible services through activity based funding, block funding, or a combination of both. Activity based funding is based on an agreed number of activities stipulated within the Service Agreement and a statewide price by which relevant activities are funded. Block funding is not based on levels of public care activity. System manager funding is for items not covered by the National Health Reform Agreement. This includes items such as prevention, prisoner health, depreciation, and other health services. Teaching and training funding is to cover the additional costs to hospitals of undertaking teaching and training activities for clinical staff.

The Service Agreement is reviewed periodically through window and extraordinary amendments. The amendments recognise changes in activities and prices of services delivered by West Moreton Health. At the end of financial year, a technical adjustment between the Department and West Moreton Health may be required to reflect levels of services under or over agreed levels of activity and this may result in an unearned revenue or receivable respectively. This technical adjustment process is undertaken annually according to the provisions of the Service Agreement and ensures the revenue recognised in each financial year correctly reflects West Moreton Health's delivery of health services.

West Moreton Health recognises revenue over time for activity based funding in line with the satisfaction of the relevant performance obligations. Where West Moreton Health has not received funds for performance obligations satisfied under the Service Agreement, a receivable is raised. Block and teaching and training funding, although under an enforceable agreement, do not contain sufficiently specific performance obligations and are recognised as revenue when consideration is received. Where system manager funding contains sufficiently specific performance obligations, revenue is initially deferred and subsequently recognised when performance obligations are satisfied. Otherwise, system manager funding revenue is recognised upon receipt.

The contract between the Department and West Moreton Health specifies that the Department funds West Moreton Health's depreciation and amortisation charges via non-cash revenue. The Department retains the cash to fund future major capital replacements. This transaction is shown in the statement of changes in equity as a non-appropriated equity withdrawal (see Note C1).

Under the terms of the Service Agreement, the Department will provide West Moreton Health with a reconciliation of all Service Agreement funding and purchased activity for the financial year. This reflects the agreed position between the parties following conclusion of the end of year technical adjustment process.

### (b) User charges and fees

	2025 \$'000	2024 \$'000
<b>Revenue from contracts with customers</b>		
Hospital fees	19,706	16,523
Sale of goods and services	52,447	46,573
<b>Other user charges and fees</b>		
Rental income	507	578
<b>Total user charges and fees</b>	<b>72,660</b>	<b>63,674</b>

Hospital fees include inpatient and outpatient fees, medical ineligible patient fees and compensable patient fees. Revenue is recognised at a point in time when the performance obligations are met.

Sales of goods and services include recoveries of costs for goods and services provided by West Moreton Health to the Department and other Hospital and Health Services, recoveries under the Pharmaceutical Benefits Scheme (PBS), as well as revenue from individuals for goods and services provided. Revenue is recognised at a point in time when these goods and services are delivered and service obligations are met.

Where consideration is received for performance obligations to be satisfied in a subsequent year, revenue is deferred with a contract liability being recognised.

### (c) Grants and other contributions

	2025 \$'000	2024 \$'000
Commonwealth grants	3,771	3,796
Other grants	822	605
Donations	204	355
Services received below fair value	8,033	6,865
<b>Total grants and other contributions</b>	<b>12,830</b>	<b>11,621</b>

Grants, contributions, donations and gifts that are non-reciprocal in nature are recognised as revenue in the year in which West Moreton Health obtains control over them. The grants do not contain sufficiently specific performance obligations for West Moreton Health to transfer goods or services to a third party on the grantor's behalf, therefore the transaction is accounted for under AASB 1058 *Income of Not-for-Profit Entities*.

Services received free of charge or for a nominal value are recognised only if the services would have been purchased regardless of receiving a donation and where fair value of the services can be reliably measured.

West Moreton Health receives corporate services from the Department at no cost. Corporate services received include payroll services, accounts payable, some taxation services, some supply services and some information technology services. The fair value of these services has been estimated by the Department and recognised in West Moreton Health's financial statements. This amount has been recognised in grants and other contributions with an equal amount recognised in supplies and services as required by AASB 1058 *Income of Not-for-Profit Entities* (see Note A2(c)).

#### (d) Other revenue

	2025 \$'000	2024 \$'000
Recoveries	10,616	8,056
Other	1,641	1,422
<b>Total other revenue</b>	<b>12,257</b>	<b>9,478</b>

Recovery income is received as reimbursement of goods, services or staff provided by West Moreton Health to other hospital and health services and government agencies. Revenue is recognised on a gross basis at cost when or as the good or service is transferred to the other entity under AASB 15 *Revenue from Contracts with Customers*.

Other revenue is recognised when it is received or when the right to receive payment has been established.

## A2 Expenses

#### (a) Employee expenses

	2025 \$'000	2024 \$'000
Wages and salaries	87,970	73,604
Employer superannuation contributions	10,741	11,715
Annual leave levy/expenses	13,122	11,874
Long service leave levy/expenses	2,479	2,287
<b>Total employee expenses</b>	<b>114,312</b>	<b>99,480</b>

Wages and salaries due but unpaid at reporting date are recognised in the statement of financial position at the current salary rates. As West Moreton Health expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted amounts.

Under the Queensland Government's Annual Leave Central Scheme and Long Service Leave Scheme, levies are payable by West Moreton Health to cover the cost of employees' annual leave (including leave loading and on-costs) and long service leave. These levies are expensed in the period in which they are payable. Amounts paid to employees for annual leave and long service leave are claimed from the schemes quarterly in arrears and is currently facilitated by the Department. Non-vesting employee benefits such as sick leave are recognised as an expense when taken.

Post-employment benefits for superannuation are provided through defined contribution or accumulation plans or the Queensland Government's defined benefit plan as determined by the employee's conditions of employment. The former QSuper defined benefit categories are now administered by the Government Division of the Australian Retirement Trust. Under the defined contribution plans, contributions are made to eligible superannuation funds based on the rates specified in the relevant Enterprise Bargaining Agreement 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.

Under the 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 contributions for defined benefit plan obligations are based upon the rates determined on the advice of the State Actuary. Contributions are paid at the specified rate following completion of the employee's service each pay period. West Moreton Health's obligations are limited to those contributions paid.

Number of MOHRI* full time equivalent employees (FTE)	30 June 2025	30 June 2024
West Moreton Health employees	234	224
Health service employees provided to West Moreton Health	5,012	4,501
<b>Total FTE</b>	<b>5,246</b>	<b>4,725</b>

\*Minimum obligatory human resource information

### (b) Health service employee expenses

	2025 \$'000	2024 \$'000
<b>Health service employee expenses</b>	<b>717,394</b>	<b>643,767</b>

The Queensland Health employer arrangements allow West Moreton Health to perform its functions and exercise powers under the *Hospital and Health Boards Act 2011* and to ensure delivery of the services prescribed in the Service Agreement. The arrangement operates as follows:

- The Department provides Queensland Health employees to perform work for West Moreton Health and Queensland Health acknowledges and accepts its obligations as the employer of the Queensland Health employees.
- West Moreton Health is responsible for the day-to-day workforce management.
- West Moreton Health reimburses the Department for the salaries and on-costs of these Queensland Health employees.

West Moreton Health treats the reimbursements to the Department for these Queensland Health employees as health service employee expenses in these financial statements.

### (c) Supplies and services

	2025 \$'000	2024 \$'000
Clinical supplies and services	95,424	80,699
Contractor and consultants	20,816	15,934
Drugs	61,604	55,280
Pathology	19,107	19,169
Repairs and maintenance	8,723	9,827
Catering and domestic supplies	10,574	9,640
Communications	22,840	15,999
Computer services	4,027	6,146
Services received below fair value*	8,033	6,865
Electricity and other energy	3,529	3,412
Operating lease rentals	2,088	2,468
Patient travel	945	1,140
Water	205	164
Other travel	861	714
Building services	3,794	4,548
Motor vehicles	727	610
Other	12,006	10,587
<b>Total supplies and services</b>	<b>275,303</b>	<b>243,202</b>

\*See Note A1(c)

### (d) Depreciation and amortisation

	2025 \$'000	2024 \$'000
Depreciation	44,027	37,640
Right-of-use amortisation	1,189	358
<b>Total depreciation and amortisation</b>	<b>45,216</b>	<b>37,998</b>

### (e) Other expenses

	2025 \$'000	2024 \$'000
Insurance	9,088	8,106
Journals and subscriptions	475	461
Interpreter fees	739	540
Advertising	162	337
External audit fees	205	194
Loss on sale of property, plant and equipment	19	-
Special payments	20	11
Inventory written-off	97	191
Other legal costs	191	414
Bank fees	12	12
Other	100	139
<b>Total other expenses</b>	<b>11,108</b>	<b>10,405</b>

Total audit fees quoted by the Queensland Audit Office relating to the 2024-25 financial statements are \$205,350 (2024: \$193,275). There are no non-audit services included in this amount.

Occasionally, West Moreton Health makes special (ex-gratia) payments even though it is not contractually or legally obligated to make such payments. West Moreton Health maintains a register of all special payments greater than \$5,000 as required by legislation.

Total special payments made during 2025 were \$19,790 (2024: \$11,308). In the 2024-25 financial year there were 2 payments greater than \$5,000 made to patients to settle claims for compensation (\$16,834).

## B Operating assets and liabilities

This section provides information on the assets used in the operation of West Moreton Health's service and the liabilities incurred as a result.

### B1 Cash and cash equivalents

	2025 \$'000	2024 \$'000
Cash at bank	16,681	48,352
Cash on deposit	506	481
Cash on hand	6	5
<b>Total cash and cash equivalents</b>	<b>17,193</b>	<b>48,838</b>

Cash includes all cash on hand, cash held in banks, cheques receipted but not banked at the reporting date, call deposits and a cash debit facility.

West Moreton Health's bank accounts are managed in line with the *Queensland Whole-of-Government Transactional Banking and Payment Services Agreement (2025)* with the Commonwealth Bank of Australia (CBA). West Moreton Health does not earn interest on funds held within revenue and operating accounts and is not charged interest or fees for accessing its approved cash debit facility as it is part of the whole-of-government arrangements. Interest earned on the aggregate set-off arrangement balance accrues to the consolidated fund.

Cash on deposit represents cash contributions from external entities and other benefactors in the form of gifts, donations and bequests for specific purposes. These funds are retained in the Queensland Treasury Corporation cash fund and are set aside for specific purposes underlying the contribution. Cash on deposit is at call and is subject to floating interest rates. The weighted average effective interest rate was 4.93% in 2025 (2024: 4.89%).

Cash at bank (except operating and revenue accounts) is at call and is subject to floating interest rates. The weighted average effective interest rate was 4.72% in 2025 (2024: 4.67%).

### B2 Receivables

	2025 \$'000	2024 \$'000
Trade debtors	22,689	19,519
Other debtors	4	2
Less: allowance for impairment	(3,605)	(2,316)
Net debtors	<b>19,088</b>	<b>17,205</b>
GST receivable	1,927	1,559
GST payable	(51)	(101)
Net GST receivable	<b>1,876</b>	<b>1,458</b>
<b>Total receivables</b>	<b>20,964</b>	<b>18,663</b>

Receivables are initially recognised at the amount invoiced to customers. Trade and other receivables reflect the amount anticipated to be collected. The collectability of these balances is assessed on an ongoing basis. When there is evidence that an amount will not be collected, it is provided for and then written off. Trade receivables subsequently recovered are credited against other revenue in the statement of comprehensive income when collected.

Trade receivables are generally due for settlement within 30 days. They are presented as current assets unless collection is not expected for more than 12 months after the reporting date. Due to the short-term nature of the current receivables, their carrying amount is assumed to approximate the amount invoiced.

### Key judgements and estimates

**Recoverability of receivables:** Judgement is required in determining the level of provisioning for customer debts. West Moreton Health's current methodology adheres to a conservative and considered approach for the invoicing of patient fees with the patients' ability to pay being assessed at the time of treatment.

The assessment includes:

- The economic and citizenship status of debtors, which impacts access to private health cover and eligibility for treatment as a public patient,
- historical default rates,
- financial circumstance of the debtor,
- probability of bankruptcy or financial reorganisation,
- default or delinquency in payments, and
- management judgement.

West Moreton Health adopts a range of cutoff dates for delinquency that are reflective of the risk for the underlying transactions. The loss allowance for trade and other debtors therefore reflects lifetime expected credit losses and incorporates reasonable and supportable forward-looking information.

### Disclosure – Credit risk exposure of receivables

The maximum exposure to credit risk at balance date for receivables is the gross carrying amount of those assets. No collateral is held as security and there are no other credit enhancements relating to receivables.

At 30 June, the ageing of receivables from provision of services was as follows:

Ageing	2025			2024		
	Gross Receivables \$'000	Loss Rate %	Expected Credit Losses \$'000	Gross Receivables \$'000	Loss Rate %	Expected Credit Losses \$'000
Current	18,994	4%	(769)	16,444	3%	(444)
30-60 days	984	50%	(494)	931	51%	(475)
61-90 days	589	59%	(347)	545	50%	(272)
More than 90 days	2,126	94%	(1,995)	1,601	70%	(1,125)
<b>Total</b>	<b>22,693</b>		<b>(3,605)</b>	<b>19,521</b>		<b>(2,316)</b>

The movement in allowance for impairment in respect of receivables during the year was as follows:

	2025 \$'000	2024 \$'000
<b>Balance at the beginning of the financial year</b>	<b>2,316</b>	<b>2,581</b>
Amounts written-off during the year	(2,025)	(1,925)
Increase in allowance recognised in operating result	3,314	1,660
<b>Balance at the end of the financial year</b>	<b>3,605</b>	<b>2,316</b>

## B3 Property, plant and equipment

	Land Level 2 *	Buildings Level 3 **	Buildings Level 2 *	Plant and equipment (at cost) ***	Capital works in progress (at cost)	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>2024</b>						
Gross	42,641	1,081,822	578	93,053	20,336	1,238,430
Accumulated depreciation	-	(699,937)	(407)	(45,299)	-	(745,643)
<b>Carrying amount at 30 June 2024</b>	<b>42,641</b>	<b>381,885</b>	<b>171</b>	<b>47,754</b>	<b>20,336</b>	<b>492,787</b>
<i>Represented by movements in carrying amount:</i>						
<b>Carrying amount as at 1 July 2023</b>	<b>37,109</b>	<b>236,955</b>	<b>180</b>	<b>44,572</b>	<b>21,874</b>	<b>340,690</b>
Acquisitions	-	-	-	5,992	11,387	17,379
Donations received	-	-	-	347	-	347
Transfer between asset classes #	-	9,946	-	2,979	(12,925)	-
Transfers in/out from QLD Government entities	3,780	124,240	-	1,996	-	130,016
Revaluation increments/(decrements)	1,752	40,217	26	-	-	41,995
Depreciation charge for the year	-	(29,473)	(35)	(8,132)	-	(37,640)
<b>Carrying amount at 30 June 2024</b>	<b>42,641</b>	<b>381,885</b>	<b>171</b>	<b>47,754</b>	<b>20,336</b>	<b>492,787</b>

	Land Level 2 *	Buildings Level 3 **	Buildings Level 2 *	Plant and equipment (at cost) ***	Capital works in progress (at cost)	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>2025</b>						
Gross	44,547	1,137,682	588	98,514	21,850	1,303,181
Accumulated depreciation	-	(761,500)	(444)	(50,030)	-	(811,974)
<b>Carrying amount at 30 June 2025</b>	<b>44,547</b>	<b>376,182</b>	<b>144</b>	<b>48,484</b>	<b>21,850</b>	<b>491,207</b>
<i>Represented by movements in carrying amount:</i>						
<b>Carrying amount as at 1 July 2024</b>	<b>42,641</b>	<b>381,885</b>	<b>171</b>	<b>47,754</b>	<b>20,336</b>	<b>492,787</b>
Acquisitions	-	33	-	4,996	21,147	26,176
Donations received	-	-	-	202	-	202
Disposals	-	-	-	(19)	-	(19)
Transfer between asset classes #	-	14,771	-	4,862	(19,633)	-
Transfers in/out from QLD Government entities	-	-	-	102	-	102
Revaluation increments/(decrements)	1,906	14,082	-	-	-	15,988
Depreciation charge for the year	-	(34,589)	(27)	(9,413)	-	(44,029)
<b>Carrying amount at 30 June 2025</b>	<b>44,547</b>	<b>376,182</b>	<b>144</b>	<b>48,484</b>	<b>21,850</b>	<b>491,207</b>

\* Level 2 assets are assets with an active market.

\*\* Level 3 assets are special purpose-built buildings with a lack of observable inputs.

\*\*\* Plant and equipment is held at cost, except for Heritage and Cultural assets which are held at fair value of \$142K (2024: \$142K).

# Transfers represent capitalisation of commissioned assets during the year.

### (a) Acquisition

Property, plant, and equipment is initially recorded at the consideration paid, plus any other costs directly incurred in bringing the asset ready for use. Items or components that form an integral part of an asset are recognised together as a single (functional) asset.

Where assets are received free of charge from another Queensland Government entity (whether because 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 the date of acquisition in accordance with AASB 116 *Property, Plant and Equipment*.

### (b) Recognition threshold

Items of property, plant and equipment 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 amounts are expensed.

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

Subsequent expenditure is only capitalised when it is probable that future economic benefits associated with the expenditure will flow to West Moreton Health. Ongoing repairs and maintenance are expensed as incurred. 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.

### (c) Depreciation

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

Buildings are depreciated on a straight-line basis, using the remaining useful lives of the buildings' components.

Plant and equipment is depreciated on a straight-line basis to reflect the consistent and even consumption of the service potential of these assets over their useful lives to West Moreton Health. Assets under construction (work in progress) are not depreciated until they are available for use.

#### Key judgement:

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

For each class of depreciable assets, the following depreciation rates represent the range of expected annual depreciation, noting that there will be outliers due to the specific characteristics and service potential of individual assets.

Class	Depreciation rates
Buildings and land improvements	2.5-3.3%
Plant and equipment	5.0-20.0%

#### (d) Measurement

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

Land and building assets are measured at fair value in accordance with AASB 116 *Property, Plant and Equipment*, AASB 13 *Fair Value Measurement* and Queensland Treasury's *Non-Current Asset Policies for the Queensland Public Sector*. The 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 that price is directly derived from observable inputs or estimated using another valuation technique.

A fair value measurement of a non-financial asset considers 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. The current use of the asset is deemed to be the highest and best use.

Fair values reported by West Moreton Health are based on valuation techniques that maximise the use of available and relevant observable inputs and minimise the use of unobservable inputs.

Observable inputs are relevant publicly available data, for example, 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 being valued. Unobservable inputs are used to the extent that sufficient relevant and reliable observable inputs are not available for similar assets.

Significant unobservable inputs used by West Moreton Health include, but are not limited to:

- Subjective adjustments made to observable data to take account of the specialised nature of health service buildings and on hospital site residential facilities, including historical and current construction contracts and cost estimates;
- Cost estimates of construction, including costs for preliminaries, professional fees and risk; and
- Assessments of physical condition and remaining useful life.

All assets 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;

Level 2: represents fair value measurements that are substantially derived from inputs (other than quoted prices included within level 1) that are observable, either directly or indirectly; and

Level 3: represents fair value measurements that are substantially derived from unobservable inputs.

West Moreton Health does not hold any property, plant and equipment assets which are categorised into level 1 of the fair value hierarchy.

#### Valuation methodology

Over a rolling four-year program, all West Moreton Health land and building assets will be independently assessed and fair valued. Any assets held at fair value that are not selected for assessment in the current year will continue to be revalued on an annual basis using the appropriate and relevant indices provided by independent experts.

West Moreton Health has engaged Jacobs Group (Australia) Pty Ltd (Jacobs) to independently assess and determine the fair value for all buildings and land improvement assets. Land will continue to be independently assessed, with its fair value determined on a rolling four-year valuation program conducted by McGees Property Brisbane (McGees) in consultation with Jacobs for 2024-25.

#### Key judgement

When valuing a specialised building, such as a hospital, there are limited market inputs which can be used to determine the current replacement cost. Jacobs have exercised professional judgement to determine the current replacement cost of modern-day equivalent building assets. The methodology further adjusts the total estimated life taking into consideration physical and technical obsolescence which impacts the remaining useful life to arrive at a current replacement cost via straight-line depreciation.

#### Use of indices

Indices used for land assets were supplied by McGees with consideration of market inputs, including expected growth, land sales, the ability and cost to develop land, and the expected return on development for the Brisbane and surrounding Southeast Queensland areas. These indices are either publicly available, or are derived from market information available, and Jacobs provides assurance of their robustness, validity and appropriateness for application. The effective date of the valuation was 30 June 2025.

#### Results of valuation

##### **Land**

In 2024-25, Ipswich Hospital land was independently valued by McGees. The effective date of the valuation was 30 June 2025.

The revaluation of land resulted in a net increase of \$1,906K for 2024-25 to the carrying amount of land (2024: \$1,752K increase).

##### **Buildings**

A comprehensive independent revaluation was undertaken of Ipswich Hospital facilities. In the current year, a full comprehensive revaluation was adopted for these assets. The effective date of the valuation was 30 June 2025.

The comprehensive revaluation of buildings for 2024-25 resulted in a net increase of \$1,935K to the carrying amount of buildings (2024: \$20,450K increase). The valuation of all buildings not comprehensively revalued in 2024-25 were revalued via indexation resulting in an increase of \$12,147K to the carrying amount of buildings (2024: \$19,794K increase)

The total movement for buildings for 2024-25 was \$14,082K (2024: \$40,244K).

#### Accounting for changes in fair value

Any revaluation increments arising from the revaluation of an asset are credited to the asset revaluation surplus of the appropriate asset class, except to the extent it reverses a revaluation decrement for the class previously recognised as an expense. A decrease in the carrying amount on revaluation is charged as an expense to the extent it exceeds the balance, if any, in the revaluation surplus relating to that asset class. In the 2024-25 financial year all revaluation amounts were adjusted against the existing revaluation surplus for the asset class and did not impact on the net operating result.

### (c) Impairment of assets

The vast majority of West Moreton Health buildings are held at current replacement cost under AASB 136 *Impairment of Assets*. As such, the impairment requirements do not apply to this asset class. For assets measured at cost, no impairment loss was recognised in 2024-25 (2024: \$nil).

## B4 Payables

These amounts represent liabilities for goods and services provided to West Moreton Health prior to the end of financial year that are unpaid at balance date. The amounts owing are unsecured.

	2025 \$'000	2024 \$'000
Trade creditors	78,755	82,495
Accrued health service employee benefits	14,543	11,357
<b>Total payables</b>	<b>93,298</b>	<b>93,852</b>

## C Equity and risk management

### C1 Contributed equity

	2025 \$'000	2024 \$'000
<b>Opening balance at beginning of year</b>	<b>321,137</b>	<b>206,112</b>
<i>Non-appropriated equity injections</i>		
Capital Maintenance and Asset Replacement (CMAR)	10,018	13,900
Priority capital program funding	10,314	7,637
Ipswich Hospital Stage 1A Redevelopment	4	572
Ipswich Hospital Stage 2 Redevelopment	787	465
Right-of-use lease funding	3,954	330
Other funding	812	102
	<b>25,889</b>	<b>23,006</b>
<i>Non-appropriated equity withdrawals</i>		
Non-cash depreciation and amortisation funding returned to Department of Health as a contribution towards capital works program	(45,216)	(37,998)
<i>Non-appropriated equity asset transfers</i>		
Land	-	3,780
Buildings	-	124,240
Plant and equipment	102	1,997
<b>Balance at the end of the financial year</b>	<b>301,912</b>	<b>321,137</b>

## C2 Asset revaluation surplus by class

	2025 \$'000	2024 \$'000
<i>Land</i>		
<b>Balance at the beginning of the financial year</b>	<b>9,996</b>	<b>8,244</b>
Revaluation increments	1,906	1,752
	<b>11,902</b>	<b>9,996</b>
<i>Buildings</i>		
<b>Balance at the beginning of the financial year</b>	<b>149,452</b>	<b>109,208</b>
Revaluation increments	14,082	40,244
	<b>163,534</b>	<b>149,452</b>
<b>Balance at the end of the financial year</b>	<b>175,436</b>	<b>159,448</b>

The asset revaluation surplus represents the net effect of revaluation movements in assets.

## C3 Financial risk management

West Moreton Health is exposed to a variety of financial risks including credit risk, liquidity risk and market risk. West Moreton Health holds the following financial instruments by category:

	2025 \$'000	2024 \$'000
<i>Financial assets</i>		
Cash and cash equivalents	17,193	48,838
Receivables	20,964	18,663
	<b>38,157</b>	<b>67,501</b>
<i>Financial liabilities</i>		
Payables	93,298	93,852
Lease liabilities	5,178	1,407
	<b>98,476</b>	<b>95,259</b>

### (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 carrying amount of the financial assets, including any allowance for impairment. Credit risk of receivables is discussed in note B2.

No financial assets have had their terms renegotiated, and therefore original terms have been used in the ageing and impairment calculations. Financial assets are stated at the carrying amounts as indicated.

### (b) Liquidity risk

Liquidity risk is the risk that West Moreton Health will not have the resources to meet its obligations to settle its financial liabilities as they fall due.

West Moreton Health is exposed to liquidity risk through its trading in the normal course of business. West Moreton Health aims to reduce the exposure to liquidity risk by ensuring that sufficient funds are available at all times to meet employee and supplier obligations. West Moreton Health has prepared an eighteen-month cash flow forecast to provide confidence that sufficient funds are available given current assets are less than current liabilities. This cash forecast is reviewed regularly to provide confidence in our ability to meet obligations.

### **(i) Financing arrangements**

Under the whole-of-government banking arrangements, West Moreton Health has an approved working debt facility of \$9,000K (2024: \$9,000K) to manage any short-term cash shortfalls.

### **(ii) Maturities of financial liabilities**

Due to the short-term nature (less than 12 months) of the current payables, their carrying amount is assumed to approximate the total contractual cash flow.

### **(c) Interest rate risk**

West Moreton Health is exposed to interest rate risk on its cash deposits in interest bearing accounts with CBA through whole-of-government banking arrangements and Queensland Treasury Corporation.

Changes in interest rates have a minimal effect on the operating result of West Moreton Health.

West Moreton Health does not undertake any hedging in relation to interest rate risk.

### **(d) Fair value measurements**

According to AASB9 *Financial Instruments*, cash and cash equivalents are measured at fair value. All other financial assets or liabilities are measured at cost less any loss allowance or amortisation.

## **C4 Climate risk disclosure**

The State of Queensland, as the ultimate parent of West Moreton Health, has published a wide range of information and resources on climate related risks, strategies and actions, which are 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 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 West Moreton Health.

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

## D Key management personnel

Key management personnel (KMP) are those persons having authority and responsibility for planning, directing and controlling the activities of West Moreton Health, directly or indirectly, including Board members, Senior Executives and direct reports to the Chief Executive. The Minister for Health and Ambulance Services is recognised as part of West Moreton Health's KMP, consistent with additional guidelines included in the revised version of AASB 124 *Related Party Disclosures*.

In accordance with the *Hospital and Health Boards Act 2011*, the Governor in Council appoints Board members, on the recommendation of the Minister, for a period not exceeding 4 years. In appointing a Board member, the Governor in Council must have regard to the person's ability to contribute to West Moreton Health to perform its functions effectively and efficiently.

The following tables detail West Moreton Health's non-ministerial KMP during the current financial year:

West Moreton Health Board Position and name of current incumbent	Appointment authority	Initial appointment date
Chair – Sue Scheinpflug	Hospital and Health Boards Act 2011 Tenure: 01/04/24 – 31/03/28	18/05/16
Deputy Chair – Prof Jeff Dunn AO	Hospital and Health Boards Act 2011 Tenure: 01/04/22 – 31/03/26	18/05/18
Board Member – Lyn Birnie	Hospital and Health Boards Act 2011 Tenure: 01/04/22 – 31/03/26	18/05/18
Board Member – Michael Bosel	Hospital and Health Boards Act 2011 Tenure: 01/04/24 – 31/03/28	01/04/24
Board Member – Darren Brown	Hospital and Health Boards Act 2011 Tenure: 01/04/24 – 31/03/28	01/04/24
Board Member – Temira Dewis	Hospital and Health Boards Act 2011 Tenure: 01/04/24 – 12/05/25	01/04/24
Board Member – Dr Cathryn Hester	Hospital and Health Boards Act 2011 Tenure: 01/04/22 – 31/03/26	18/05/19
Board Member – Prof Gerald Holtmann	Hospital and Health Boards Act 2011 Tenure: 01/04/24 – 31/03/26	18/05/16
Board Member – Gail Jukes	Hospital and Health Boards Act 2011 Tenure: 01/07/24 - 31/03/26	27/06/24
Board Member – Deanne Minniecon	Hospital and Health Boards Act 2011 Tenure: 01/04/24 – 31/03/28	18/05/21
Board Member – Stephen Robertson	Hospital and Health Boards Act 2011 Tenure: 01/04/22 – 31/03/26	18/05/18

## West Moreton Health Executives

### **Chief Executive**

Responsible for the overall management of West Moreton Health through major functional areas to ensure the delivery of key government objectives in improving the health and well-being of Queenslanders.

### **Chief Operating Officer (2023-24)**

Responsible for the operational leadership and management of clinical areas throughout West Moreton Health.

### **Chief Finance Officer**

Responsible for financial management, information services management, contract management, procurement, health information management, digital health, infrastructure and assets management and statutory reporting obligations of West Moreton Health.

### **Executive Director Medical Services / Chief Medical Officer**

Responsible for the effective leadership and management of the medical profession across West Moreton Health.

### **Executive Director People and Culture**

Responsible for providing strategic leadership in relation to all human resource functions, including industrial relations, throughout West Moreton Health.

### **Executive Director Major Capital, Service Improvement and Governance**

Responsible for providing strategic leadership to Service Improvement and Governance areas as well as leading the management and delivery of key capital infrastructure projects within the Queensland Health Capital Program for West Moreton Health.

### **Executive Director Nursing and Midwifery**

Responsible for the effective leadership and management of the nursing and midwifery profession across West Moreton Health.

### **Executive Director Allied Health**

Responsible for clinical governance and professional leadership and direction of allied health services across West Moreton Health.

### **Executive Director Clinical Services**

Responsible for monitoring and strategically directing the performance of West Moreton Health's clinical streams.

### **Executive Director Preventative and Prison Health**

Responsible for leading the Preventative and Prison Health division within West Moreton Health.

### **Acting Executive Director Transformation**

Responsible for driving transformational change within West Moreton Health.

### **Executive Director Mental Health and Specialised Services**

Responsible for leading the Mental Health and Specialised Services division within West Moreton Health.

### **Senior Director Strategy, Engagement and Communication**

Responsible for leading and setting the strategic direction for West Moreton Health's planning, consumer, community and stakeholder engagement, and media and communications functions.

### **Acting Director Aboriginal and Torres Strait Islander Health**

Responsible for improving outcomes for Aboriginal and Torres Strait Islander healthcare by developing and implementing strategies aimed at effectively managing the health and wellbeing of the Aboriginal and Torres Strait Islander Community.

Ministerial remuneration entitlements are outlined in the Legislative Assembly of Queensland's Members' Remuneration Handbook. West Moreton Health does not bear any cost of remuneration of Ministers. Most 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.

Pursuant to the *Hospital and Health Boards Act 2011*, Board members' fees are determined by the Governor in Council. Board members are paid an annual salary consistent with the *Remuneration procedures for part-time chairs and members of Queensland Government bodies*.

The terms of employment for executives are set by employment contracts and relevant awards.

Remuneration for KMP comprises the following components:

- Short-term employee benefits which include:
  - Base – consisting of base salary, allowances and leave entitlements paid for the entire year or pro-rata for the period that the employee occupied the specified position. Amounts disclosed equal the amount expensed in the statement of comprehensive income.
  - Non-monetary benefits – includes provision of vehicle together with fringe benefits tax (FBT) applicable to the benefit.
- Long-term employee benefits include long service leave levy paid.
- 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 of termination, regardless of the reason for termination.
- There were no performance bonuses paid in the 2024-25 financial year (2024: \$nil).

The following tables detail the expenses attributable to Non-Ministerial KMP during the respective reporting periods.

Name	Short-term employee expenses		Long-term benefits	Post-employment benefits	Total
	Monetary expenses	Non-monetary benefits			
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>2024-25 Board Members</b>					
Ms Sue Scheinpflug (Chair)	89	-	-	11	100
Professor Jeffrey Dunn AO (Deputy Chair)	50	-	-	6	56
Ms Lyn Birnie	48	-	-	6	54
Mr Mike Bosel	44	-	-	6	50
Mr Darren Brown	44	-	-	6	50
Ms Temira Dewis (to 12 May 25)	40	-	-	5	45
Dr Cathryn Hester	46	-	-	6	52
Professor Gerald Holtmann	49	-	-	6	55
Ms Gail Jukes	44	-	-	6	50
Ms Deanne Minniecon	46	-	-	6	52
Mr Stephen Robertson	46	-	-	6	52

Name	Short-term employee expenses		Long-term benefits	Post-employment benefits	Total
	Monetary expenses	Non-monetary benefits			
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>2023-24 Board Members</b>					
Mr Michael Willis (Chair) (to 31 Mar 24)	69	-	-	10	79
Ms Sue Scheinpflug (Deputy Chair to 31 Mar 24 & Chair from 1 Apr 24)	59	-	-	8	67
Professor Gerald Holtmann	50	-	-	7	57
Ms Patricia Evatt OAM (to 31 Mar 24)	37	-	-	6	43
Mr Stephen Robertson	47	-	-	7	54
Professor Jeffrey Dunn AO	49	-	-	7	56
Ms Lyn Birnie	46	-	-	7	53
Dr Cathryn Hester	46	-	-	7	53
Ms Deanne Minniecon	46	-	-	7	53
Mr Michael Bosel (from 1 Apr 24)	8	-	-	1	9
Mr Darren Brown (from 1 Apr 24)	8	-	-	1	9
Ms Temira Dewis (from 1 Apr 24)	8	-	-	1	9

Name	Short-term employee expenses		Long-term benefits	Post-employment benefits	Total
	Monetary expenses	Non-monetary benefits			
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>2024-25 Executive KMP*</b>					
Chief Executive*	365	-	10	43	418
Chief Finance Officer*	273	-	8	33	314
Executive Director Medical Services*	584	-	9	68	661
Executive Director People and Culture (to 24 Apr 25)	193	-	5	22	220
Executive Director Major Capital, Service Improvement and Governance	245	-	7	29	281
Executive Director Nursing and Midwifery*	324	-	9	42	375
Executive Director Allied Health*	251	-	7	27	285
Executive Director Clinical Services*	264	-	7	31	302
Executive Director Preventative and Prison Health (acting as Executive Director Transformation from 17 Dec 24) <sup>1</sup>	221	-	7	28	256
Executive Director Preventative and Prison Health (acting) (from 06 Jan 25 to 30 Jun 25)	114	-	3	13	130
Executive Director Mental Health and Specialised Services (acting) (to 02 Mar 25)	150	-	5	20	175
Executive Director Mental Health and Specialised Services (from 13 Jan 25)	113	-	3	13	129
Senior Director Strategy, Engagement and Communication*	198	-	6	23	227
Director Aboriginal and Torres Strait Islander Health (acting)*	224	-	7	25	256

\* Amounts include backfill arrangements to show complete costs of key management positions.

<sup>1</sup> The Executive Director Preventative and Prison Health is acting in a temporary position as the Executive Director Transformation.

Name	Short-term employee expenses		Long-term benefits	Post-employment benefits	Total
	Monetary expenses	Non-monetary benefits			
	\$'000	\$'000	\$'000	\$'000	\$'000
<i>2023-24 Executive KMP*</i>					
Chief Executive	338	-	10	49	397
Chief Operating Officer (to 1 Apr 24)	210	-	5	34	249
Chief Finance Officer	278	-	7	38	323
Chief Medical Officer (from 3 Jul 23 to 4 Feb 24)	249	-	4	33	286
Executive Director Medical Services (from 5 Feb 24)	206	-	4	22	232
Executive Director People and Culture (to 21 Jan 24)	121	-	3	17	141
Executive Director People and Culture (from 8 Jan 24)	97	-	3	11	111
Executive Director Major Capital, Service Improvement and Governance	230	-	7	31	268
Executive Director Nursing and Midwifery	289	-	8	34	331
Executive Director Allied Health	223	-	7	23	253

\* Amounts include backfill arrangements to show complete costs of key management positions.

## E Other information

### E1 Contingencies

#### Litigation

From time to time, claims are made against West Moreton Health. These claims are vigorously defended and there are no contingent liabilities in respect of these claims.

### E2 Commitments

Commitments for capital expenditure at reporting date are:

	2025 \$'000	2024 \$'000
<i>Land and buildings</i>		
Not later than one year	1,407	1,009
<i>Major plant and equipment</i>		
Not later than one year	101	159
<b>Total commitments</b>	<b>1,508</b>	<b>1,168</b>

## E3 Notes to the statement of cash flows

The following table reconciles the operating result to net cash provided by operating activities:

	2025 \$'000	2024 \$'000
<b>Operating result from continuing operations</b>	<b>(31,624)</b>	<b>46</b>
<i>Non-cash items</i>		
Depreciation expense	44,027	37,640
Amortisation expense	1,189	358
Assets/written off/scrapped	19	-
Donated assets received	(202)	(347)
Net gains on disposal of property, plant and equipment	(93)	(315)
Lease interest	236	57
Depreciation and amortisation funding	(45,216)	(37,998)
<i>Changes in assets and liabilities</i>		
(Increase)/decrease in receivables	(619)	8,650
(Increase)/decrease in inventories	600	(726)
(Increase)/decrease in other assets	(630)	88
Increase/(decrease) in payables	(540)	(8,584)
Increase/(decrease) in accrued employee benefits	4,364	(5,366)
Increase/(decrease) in unearned revenue	78	(96)
Net cash provided by / (used in) operating activities	<b>(28,411)</b>	<b>(6,593)</b>

## E4 Patient fiduciary funds

West Moreton Health 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 West Moreton Health, trust activities are included in the audit performed annually by the Auditor-General of Queensland.

	2025 \$'000	2024 \$'000
<b>Cash at beginning of financial year</b>	<b>157</b>	<b>90</b>
Patient fund receipts	1,458	1,837
Patient fund related payments	(1,454)	(1,770)
<b>Cash at end of financial year</b>	<b>161</b>	<b>157</b>

## E5 Application of new accounting standards or change in accounting policy

### Changes in Accounting Policy

West Moreton Health has not changed any of its accounting policies during 2024-25.

### Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2024-25.

## **Accounting Standards Applied for the First Time**

No accounting standards have been applied for the first time during 2024-25.

## **Future Accounting Standards not yet Mandatory**

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

### **AASB 18 *Presentation and Disclosure in Financial Statements***

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

This standard sets out new requirements for the presentation of the Statement of Comprehensive Income, requires new disclosures about management-defined performance measures and in the classification of interest received and interest paid in the Statement of Cash Flows.

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

West Moreton Health will assess the expected impacts of AASB 18 after the AASB has decided on the modifications applicable to not-for-profit public sector entities. AASB 18's changes will only affect presentation and disclosure; it will not affect the recognition or measurement of any reported amounts.

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

## **E6 Subsequent events**

West Moreton Health is not aware of any events occurring after the reporting date that warrant disclosure or recording in the financial statements.

## **E7 Taxation**

West Moreton Health is a state body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation, with the exception of FBT and Goods and Services Tax (GST). GST receivable from and GST payable to the Australian Taxation Office, are recognised in the Statement of Financial Position (refer to Note B2).

## **E8 Related party disclosures**

### **(i) Transactions with Queensland Government controlled entities**

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

## Department of Health

West Moreton Health receives funding from the Department. The Department receives most of its revenue from the Queensland Government and the remainder from the Commonwealth Government.

The funding from the Department is provided predominantly for specific public health services purchased by the Department from West Moreton Health in accordance with a Service Agreement. The Service Agreement is reviewed periodically and updated for changes in activities and prices of services delivered by West Moreton Health (see Note A1(a)).

The signed Service Agreements are published on the Queensland Government website and publicly available. In addition, the Department provides corporate services as outlined in Note A1(c). Any other expenses paid by the Department to third parties on behalf of West Moreton Health are recouped by the Department.

Related transactions for the year are as follows:

	2025 \$'000	2024 \$'000
Revenue received	1,046,122	957,997
Expenditure incurred	95,193	89,201
Receivables and other assets	15,838	12,631
Payables and other liabilities	69,917	67,237

In addition, there are Health service employee arrangements with the Department (see Note A2(b)).

## Other Hospital and Health Services

Payments to and receipts from other health services occur to facilitate the transfer of patients, drugs, staff and other incidentals. These payments are not material.

## Queensland Treasury Corporation

West Moreton Health has an investment account with Queensland Treasury Corporation for general trust monies (see Note B1).

## Department of Housing and Public Works (DHPW)

West Moreton Health pays rent to the DHPW for rental properties and fleet management services (QFleet).

## Transactions with other related parties

All transactions in the year ended 30 June 2025 between West Moreton Health and KMP, including their related parties, were immaterial in nature.

## F Budgetary reporting disclosures

### Statement of comprehensive income

	Notes	Actual 2025 \$'000	Budget 2025 \$'000	Variance \$'000	Variance %
<b>Income</b>					
Funding for provision of public health services	(i)	1,037,509	991,301	46,208	5%
User charges and fees	(ii)	72,660	48,840	23,820	49%
Grants and other contributions		12,830	11,212	1,618	14%
Other revenue	(iii)	12,350	2,299	10,051	437%
<b>Total income</b>		<b>1,135,349</b>	<b>1,053,652</b>	<b>81,697</b>	<b>8%</b>
<b>Expenses</b>					
Employee expenses	(iv)	114,312	109,088	5,224	5%
Health service employee expenses	(v)	717,394	660,312	57,082	9%
Supplies and services	(vi)	275,303	223,726	51,577	23%
Grants and subsidies		326	385	(59)	(15%)
Depreciation and amortisation		45,216	40,254	4,962	12%
Impairment losses		3,314	1,708	1,606	94%
Other expenses	(vii)	11,108	18,179	(7,071)	(39%)
<b>Total expenses</b>		<b>1,166,973</b>	<b>1,053,652</b>	<b>113,321</b>	<b>11%</b>
<b>Operating result for the year</b>		<b>(31,624)</b>	<b>-</b>	<b>(31,624)</b>	<b>-%</b>
<b>Other comprehensive income</b>					
Increase in asset revaluation surplus	(viii)	15,988	-	15,988	-%
<b>Total other comprehensive income</b>		<b>15,988</b>	<b>-</b>	<b>15,988</b>	<b>-%</b>
<b>Total comprehensive income</b>		<b>(15,636)</b>	<b>-</b>	<b>(15,636)</b>	<b>-%</b>

## Statement of financial position

	Notes	Actual 2025 \$'000	Budget 2025 \$'000	Variance \$'000	Variance %
<b>Current assets</b>					
Cash and cash equivalents	(ix)	17,193	46,241	(29,048)	(63%)
Receivables	(x)	20,964	7,040	13,924	198%
Inventories		5,771	5,645	126	2%
Other assets		1,827	1,282	545	43%
<b>Total current assets</b>		<b>45,755</b>	<b>60,208</b>	<b>(14,453)</b>	<b>(24%)</b>
<b>Non-current assets</b>					
Property, plant and equipment	(xi)	491,207	552,942	(61,735)	(11%)
Right-of-use assets		5,079	5,179	(100)	(2%)
<b>Total non-current assets</b>		<b>496,286</b>	<b>558,121</b>	<b>(61,835)</b>	<b>(11%)</b>
<b>Total assets</b>		<b>542,041</b>	<b>618,329</b>	<b>(76,288)</b>	<b>(12%)</b>
<b>Current liabilities</b>					
Payables	(xii)	93,298	77,304	15,994	21%
Accrued employee benefits		6,349	8,580	(2,231)	(26%)
Lease liabilities		1,206	330	876	265%
Provisions		167	152	15	10%
Unearned revenue		140	158	(18)	(11%)
<b>Total current liabilities</b>		<b>101,160</b>	<b>86,524</b>	<b>14,636</b>	<b>17%</b>
<b>Non-current liabilities</b>					
Lease Liabilities		3,972	1,407	2,565	182%
<b>Total Non-current Liabilities</b>		<b>3,972</b>	<b>1,407</b>	<b>2,565</b>	<b>182%</b>
<b>Total liabilities</b>		<b>105,132</b>	<b>87,931</b>	<b>17,201</b>	<b>20%</b>
<b>Net assets</b>		<b>436,909</b>	<b>530,398</b>	<b>(93,489)</b>	<b>(18%)</b>
<b>Equity</b>					
<b>Total equity</b>		<b>436,909</b>	<b>530,398</b>	<b>(93,489)</b>	<b>(18%)</b>

## Statement of cash flows

	Notes	Actual 2025 \$'000	Budget 2025 \$'000	Variance \$'000	Variance %
<b>Cash flows from operating activities</b>					
<i>Inflows:</i>					
Funding for provision of public health services		990,333	991,301	(968)	-%
User charges and fees	(xiii)	71,042	47,632	23,410	49%
Grants and other contributions		3,773	4,049	(276)	(7%)
Interest received		58	19	39	205%
Other	(xiv)	31,708	4,065	27,643	680%
<i>Outflows</i>					
Employee expenses		(109,952)	(108,572)	(1,380)	1%
Health service employee expenses	(xv)	(710,413)	(660,312)	(50,101)	8%
Supplies and services	(xvi)	(274,441)	(230,646)	(43,795)	19%
Grants and subsidies		(325)	(385)	60	(16%)
Other	(xvii)	(30,194)	(10,996)	(19,198)	175%
<b>Net cash provided by / (used in) operating activities</b>		<b>(28,411)</b>	<b>36,155</b>	<b>(64,566)</b>	<b>(179%)</b>
<b>Cash flows for investing activities</b>					
<i>Inflows:</i>					
Sales of property, plant and equipment		93	-	93	-%
<i>Outflows:</i>					
Payments for property, plant and equipment	(xviii)	(26,174)	-	(26,174)	-%
<b>Net cash provided by / (used in) investing activities</b>		<b>(26,081)</b>	<b>-</b>	<b>(26,081)</b>	<b>-%</b>
<b>Cash flows from financing activities</b>					
<i>Inflows:</i>					
Equity injections	(xix)	24,207	-	24,207	-%
<i>Outflows:</i>					
Finance lease payments		(1,360)	-	(1,360)	-%
Equity withdrawals	(xx)	-	(40,254)	40,254	(100%)
<b>Net cash provided by financing activities</b>		<b>22,847</b>	<b>(40,254)</b>	<b>63,101</b>	<b>(157%)</b>
Net increase/(decrease) in cash and cash equivalents		(31,645)	(4,099)	(27,546)	672%
Cash and cash equivalents at beginning of the financial year		48,838	50,340	(1,502)	(3%)
<b>Cash and cash equivalents at end of financial year</b>		<b>17,193</b>	<b>46,241</b>	<b>(29,048)</b>	<b>(63%)</b>

## Explanation of major variances

Major variances have been identified and explained below:

### **Statement of comprehensive income**

- (i) During 2024-25, West Moreton Health experienced increased activity due to continued population growth within the West Moreton region. Consequently, funding for provision of public health services exceeded the budget by \$46,210K, with the additional funds received through window amendments.
- (ii) The increase for user charges primarily relates to an increase in Pharmaceutical Benefit Scheme revenue \$19,400K, Inpatient charges \$2,691K and Workers Compensation \$1,000K.
- (iii) The increase in other revenue primarily relates to inter-entity transactions reflecting project activity of \$8,140K.
- (iv) See (v)
- (v) Health service employee expenses, Employee expenses and Supplies and services cost are \$113,880K over budget primarily due to labour cost overruns in Medical and Nursing staff \$32,240K, additional costs incurred for funded Window amendments including Winter Support Funding \$12,250K, Enterprise Bargaining Agreements \$1,100K, Better Care Together program \$7,740K, Community Safety Plan \$2,000K, Wacol Youth \$1,400K, Putting Qld Kids First program \$3,280K and Patient Flow \$2,165K. There was also \$8,140K in inter-entity transactions reflecting project activity and increased drug expenses \$21,600K. There were overspends in Clinical Supplies \$8,000K, Outsourcing Partners \$5,000K, Communication and Computers \$1,000K, Pathology \$1,400K and Prosthetics \$1,000K.
- (vi) See (v).
- (vii) The decrease in other expenses is a result of a difference in mapping of accounts in the Financial Statements and the Service Delivery Statements. The Service Delivery Statements record the budget for services received below fair value \$8,030K within Other Expenses. The Financial Statements record this item within Supplies and Services.
- (viii) There is no budget for asset revaluations. See Note B3.

### **Statement of financial position**

- (ix) The budget principles require that cash balances do not change year on year. Actual balances reflect increased funding offset by increased expenses (see (iv) and (v)) and timing of payroll settlements.
- (x) The increase in Receivables is primarily due to the Department's end of year technical adjustments \$14,588K.
- (xi) The decrease in property, plant and equipment is primarily driven by delayed timing of project completion for the Ripley sub-acute inpatient facility expansion and carpark \$83,501K, Wacol Drinking Water Project \$6,680K, and other projects totalling \$2,595K offset by the revaluation increment of \$15,988K and unbudgeted projects completed in the year including Gatton staff accommodation \$4,591K and Mental Health Unit \$12,053K.
- (xii) The increase in payables is driven by the Department's end of year technical adjustments \$11,752K and timing of payment of health service employee expenses \$4,668K.

### **Statement of cash flows**

- (xiii) See (ii).
- (xiv) Other inflows were driven by increased recoveries and increased GST receipts.
- (xv) See (v).
- (xvi) See (v).
- (xvii) Other outflows were driven by increased GST payments.
- (xviii) The increase was driven by significant capital projects undertaken, including the Sustaining Capital Replacement (SCR) program.
- (xix) See (xi) as capital projects are funded by equity injections.
- (xx) The budgeted equity withdrawal is reported as cash; however, this withdrawal relates to depreciation funding that is withdrawn from West Moreton Health as a non-cash transaction by an offset against equity. The depreciation funding concept exists within the Health system to maintain a neutral position within the Hospital and Health Services.

# Management certificate

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

- a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- b) these financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of West Moreton Hospital and Health Service for the financial year ended 30 June 2025 and of the financial position of the Service at the end of that year; and

We acknowledge responsibility under s.7 and s.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.



**Sue Scheinpflug**  
Chair

22 August 2025



**Hannah Bloch**  
Chief Executive

22 August 2025

## INDEPENDENT AUDITOR'S REPORT

To the Board of West Moreton Hospital and Health Service

### Report on the audit of the financial report

#### Opinion

I have audited the accompanying financial report of West Moreton Hospital and Health Service.

The financial report comprises the statement of financial position as at 30 June 2025, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including material accounting policy information, and the management certificate.

In my opinion, the financial report:

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

#### Basis for opinion

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

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

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

#### Key audit matters

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

**Valuation of specialised buildings (\$376 million)**

Refer to Note B3 in the financial report.

Key audit matter	How my audit addressed the key audit matter
<p>Buildings were material to West Moreton Hospital and Health Service at balance date and were measured at fair value using the current replacement cost method.</p> <p>West Moreton Hospital and Health Service performed a comprehensive revaluation of 25 building assets across the following locations this year as part of the rolling revaluation program:</p> <ul style="list-style-type: none"> <li>• Laidley</li> <li>• Ipswich</li> </ul> <p>All other buildings were assessed using relevant indices.</p> <p>The current replacement cost method comprises:</p> <ul style="list-style-type: none"> <li>• gross replacement cost, less</li> <li>• accumulated depreciation.</li> </ul> <p>West Moreton Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for:</p> <ul style="list-style-type: none"> <li>• identifying the components of buildings with separately identifiable replacement costs</li> <li>• developing a unit rate for each of these components, including: <ul style="list-style-type: none"> <li>– estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre)</li> <li>– identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so, estimating the adjustment to the unit rate required to reflect this difference.</li> </ul> </li> </ul>	<p>My procedures included, but were not limited to:</p> <ul style="list-style-type: none"> <li>• assessing the adequacy of management’s review of the valuation process and results</li> <li>• reviewing the scope of the instructions provided to the valuer</li> <li>• assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices</li> <li>• assessing the appropriateness of the components of buildings used for measuring gross replacement costs with reference to common industry practices</li> <li>• assessing the competence, capabilities and objectivity of the experts used to develop the models</li> <li>• for unit rates, on a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: <ul style="list-style-type: none"> <li>– modern substitute (including locality factors and oncosts)</li> <li>– adjustment for excess quality or obsolescence.</li> </ul> </li> <li>• evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices</li> <li>• evaluating useful life estimates for reasonableness by: <ul style="list-style-type: none"> <li>– reviewing management’s annual assessment of useful lives</li> <li>– at an aggregate level, reviewing asset management plans for consistency between renewal budgets and the gross replacement of assets</li> </ul> </li> </ul>

Key audit matter	How my audit addressed the key audit matter
<p>The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components.</p> <p>The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense.</p> <p>Using indexation required:</p> <ul style="list-style-type: none"> <li>• significant judgement in determining changes in cost and design factors for each asset type since the previous revaluation</li> <li>• reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used.</li> </ul>	<ul style="list-style-type: none"> <li>– testing that no building asset still in use has reached or exceeded its useful life</li> <li>– enquiring of management about their plans for assets that are nearing the end of their useful life</li> <li>– reviewing assets with an inconsistent relationship between condition and remaining useful life</li> <li>• where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.</li> </ul>

### Responsibilities of the entity for the financial report

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

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

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

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

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

[https://www.auasb.gov.au/auditors\\_responsibilities/ar6.pdf](https://www.auasb.gov.au/auditors_responsibilities/ar6.pdf)

This description forms part of my auditor's report.

**Statement**

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

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

**Prescribed requirements scope**

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



D J Toma  
as delegate of the Auditor-General

25 August 2025  
Queensland Audit Office  
Brisbane

# Glossary

<b>Term</b>	<b>Meaning</b>
AODS	Alcohol and Other Drugs Service
CEQ	Clinical Excellence Queensland
CBT	Caring Better Together
CCAC	Consumer and Community Advisory Council
COVID-19	Coronavirus disease
CT	Computed tomography
Department	Department of Health
DFV	Domestic and Family Violence
ED	Emergency Department
ENT	Ears, nose and throat
GP	General practitioners
HHSs	Hospital and Health Services
HITH	Hospital in the Home
HSCE	Health Service Chief Executive
HSIS	High Security Inpatient Service
ICU	Intensive Care Unit
ieMR	integrated electronic Medical Record
IHF	Ipswich Hospital Foundation
ISMS	Information Security Management System
ISO 27001	International standard for information security
LANA	Local Area Needs Assessment
LGBTQI+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual
LGT	Leading Growth Together
MHAIS	Mental Health Acute Inpatient Service
NAIDOC	National Aborigines and Islanders Day Observance Committee
PeMR	Prisoner electronic Medical Records
PHN	Primary Health Network
PICS	Preventative Integrated Care Service

<b>Term</b>	<b>Meaning</b>
PhD	Doctor of Philosophy
PODSS	Post-Operative Discharge Support Service
PRIME	Preparing for Retrieval in Medical Emergencies
PYDHS	Prison and Youth Detention Health Service
QAO	Queensland Audit Office
QAS	Queensland Ambulance Service
QCMHR	Queensland Centre for Mental Health Research
QGCDG	Queensland Government Customer and Digital Group
QUT	Queensland University of Technology
QHRC	Queensland Human Rights Commission
The Park	The Park – Centre for Mental Health
UniSQ	The University of Southern Queensland
UQ	The University of Queensland
WAU / QWAU	Weighted activity unit / Queensland weighted activity unit
WMHHS	West Moreton Hospital and Health Service
WMHF	West Moreton Health Foundation
WM-LOL	West Moreton Learning Online

# Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> <li>A letter of compliance from the accountable officer or statutory body to the relevant Minister/s</li> </ul>	ARRs – section 7	3
Accessibility	<ul style="list-style-type: none"> <li>Table of contents</li> <li>Glossary</li> </ul>	ARRs – section 9.1	4 82
	<ul style="list-style-type: none"> <li>Public availability</li> </ul>	ARRs – section 9.2	2
	<ul style="list-style-type: none"> <li>Interpreter service statement</li> </ul>	Queensland Government Language Services Policy ARRs – section 9.3	2
	<ul style="list-style-type: none"> <li>Copyright notice</li> </ul>	Copyright Act 1968 ARRs – section 9.4	2
	<ul style="list-style-type: none"> <li>Information licensing</li> </ul>	QGEA – Information Licensing ARRs – section 9.5	2
	General information	<ul style="list-style-type: none"> <li>Introductory information</li> </ul>	ARRs – section 10
Non-financial performance	<ul style="list-style-type: none"> <li>Government’s objectives for the community and whole-of-government plans/specific initiatives</li> </ul>	ARRs – section 11.1	5
	<ul style="list-style-type: none"> <li>Agency objectives and performance indicators</li> </ul>	ARRs – section 11.2	30-39
	<ul style="list-style-type: none"> <li>Agency service areas and service standards</li> </ul>	ARRs – section 11.3	40-41
Financial performance	<ul style="list-style-type: none"> <li>Summary of financial performance</li> </ul>	ARRs – section 12.1	43-44
Governance – management and structure	<ul style="list-style-type: none"> <li>Organisational structure</li> </ul>	ARRs – section 13.1	24
	<ul style="list-style-type: none"> <li>Executive management</li> </ul>	ARRs – section 13.2	21-23
	<ul style="list-style-type: none"> <li>Government bodies (statutory bodies and other entities)</li> </ul>	ARRs – section 13.3	17-20
	<ul style="list-style-type: none"> <li>Public Sector ethics</li> </ul>	Public Sector Ethics Act 1994 ARRs – section 13.4	30

Summary of requirement		Basis for requirement	Annual report reference
	<ul style="list-style-type: none"> <li>• <b>Human Rights</b></li> </ul>	<i>Human Rights Act 2019</i> ARRs – section 13.5	30
	<ul style="list-style-type: none"> <li>• <b>Queensland public service values</b></li> </ul>	ARRs – section 13.6	30-31
<b>Governance – risk management and accountability</b>	<ul style="list-style-type: none"> <li>• <b>Risk management</b></li> </ul>	ARRs – section 14.1	27
	<ul style="list-style-type: none"> <li>• <b>Audit committee</b></li> </ul>	ARRs – section 14.2	16
	<ul style="list-style-type: none"> <li>• <b>Internal audit</b></li> </ul>	ARRs – section 14.3	28
	<ul style="list-style-type: none"> <li>• <b>External scrutiny</b></li> </ul>	ARRs – section 14.4	28-29
	<ul style="list-style-type: none"> <li>• <b>Information systems and recordkeeping</b></li> </ul>	ARRs – section 14.5	29
	<ul style="list-style-type: none"> <li>• <b>Information Security attestation</b></li> </ul>	ARRs – section 14.6	29
<b>Governance – human resources</b>	<ul style="list-style-type: none"> <li>• <b>Strategic workforce planning and performance</b></li> </ul>	ARRs – section 15.1	27
	<ul style="list-style-type: none"> <li>• <b>Early retirement, redundancy and retrenchment</b></li> </ul>	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	27
<b>Open data</b>	<ul style="list-style-type: none"> <li>• <b>Statement advising publication of information</b></li> </ul>	ARRs – section 16	27
	<ul style="list-style-type: none"> <li>• <b>Consultancies</b></li> </ul>	ARRs – section 31.1	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	<ul style="list-style-type: none"> <li>• <b>Overseas travel</b></li> </ul>	ARRs – section 31.2	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	<ul style="list-style-type: none"> <li>• <b>Queensland Language Services Policy</b></li> </ul>	ARRs – section 31.3	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
<b>Financial statements</b>	<ul style="list-style-type: none"> <li>• <b>Certification of financial statements</b></li> </ul>	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	77
	<ul style="list-style-type: none"> <li>• <b>Independent Auditor’s Report</b></li> </ul>	FAA – section 62 FPMS – section 46 ARRs – section 17.2	78-81

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2019*

ARRs *Annual report requirements for Queensland Government agencies*

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**West Moreton Hospital and Health Service**

[www.westmoreton.health.qld.gov.au](http://www.westmoreton.health.qld.gov.au)