

**Metro South Hospital
and Health Service**

ANNUAL REPORT

2024–2025

DELIVERING
FOR QUEENSLAND



Queensland
Government

Open data

Information about consultancies, overseas travel, the Queensland Language Services Policy, and the Charter of Victims' Rights is available at the Queensland Government Open Data website (<https://www.data.qld.gov.au>).

Public availability statement

An electronic copy of this report is available at <http://www.metrosouth.health.qld.gov.au/about-us/strategies-and-reports/annual-reports>. Hard copies of the annual report are available by phoning the Metro South Health Office of the Chief Executive on 07 3176 8057. Alternatively, you can request a copy by emailing metrosouthcorro@health.qld.gov.au.

Interpreter service statement

The Metro South Hospital and Health Service is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. To talk to someone about this annual report in your preferred language call 07 3176 8074 and ask to speak with the Chief Executive Liaison Officer.



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ISSN 2202-4182

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

Acknowledgement of the Traditional Owners

Metro South Health recognises the traditional custodians of the land and waters where we provide health services. We pay our respects to the traditional peoples—the Yugambeh, Quandamooka, Jaggera, Ugarapul, Turrbal and Mununjali peoples—and to Elders, past, present and emerging.

Recognition of Australian South Sea Islanders

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

Letter of compliance



1 September 2025

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

Dear Minister

I am pleased to submit for presentation to the Parliament the *Annual Report 2024–2025* and financial statements for Metro South 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 110 of this annual report.

Yours sincerely

A handwritten signature in black ink that reads 'Janine Walker'. The signature is written in a cursive, flowing style.

Janine Walker AM
Chair
Metro South Hospital and Health Board

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Statement on Queensland Government objectives for the community

Metro South Hospital and Health Service's (Metro South Health) activities are aligned to the Queensland Government's objectives for the community, focusing on the complex challenges facing our state that require thoughtful and innovative solutions. The Queensland Government's objectives for the community are:

- **Safety where you live** – making Queensland safer with stronger laws, better-equipped courts and more police with better tools, while restoring consequences for actions, fixing our Child Safety system, ensuring early intervention and a bigger focus on rehabilitation, giving victims more rights and better support, and taking critical action to arrest skyrocketing rates of domestic and family violence.
- **Health services when you need them** – restoring health services when Queenslanders need them most through transparent and targeted investment with real-time data, boosting frontline health services, driving resources where they're needed most, improving our emergency departments, reopening regional maternity wards, fast-tracking access to elective surgeries, and helping patients to be seen faster.
- **A better lifestyle through a stronger economy** – growing our economy to drive down the cost of living and give Queenslanders a better lifestyle and a place to call home, by respecting your money and reinstating the Productivity Commission, growing the economy in our regions, backing small and family business, boosting home ownership, easing pressure on rents, ensuring affordable and reliable energy and public transport, taking care of Queensland's vital existing and emerging industries, delivering more community housing and homelessness services, and boosting women's economic security.
- **A plan for Queensland's future** – planning for Queensland's future, by building the roads and infrastructure needed for a growing population – including a safer Bruce Highway, putting more teachers in safer schools and preparing young Queenslanders for the future, conserving our pristine environment that draws visitors from across the world, improving water security, and delivering a world-class Olympic and Paralympic Games that leaves a positive legacy for Queenslanders.

The Metro South Health *Strategic Plan 2024–2028* outlines six strategic objectives that Metro South Health has identified to achieve its vision that: *Together, we will create Australia's healthiest community*. The six strategic objectives are:

- our people are our success
- we improve health equity for our community
- harnessing digital health to improve access, insights and results
- our care delivers great experiences and great outcomes
- research and innovation, improving the future of healthcare today
- protecting our future through sustainability.

Metro South Health's six strategic objectives are aligned to the Queensland Government's 'Health services when you need them' objective for the community.

From the Chair and Chief Executive

In 2024–2025 Metro South Health was proud to launch a new *Strategic Plan* with a renewed focus on creating a strong, effective and sustainable health system for the community we serve.

The plan was shaped by many conversations and feedback from staff, consumers, community partners and the Metro South Health Board and Executive teams. It presents a purposely aspirational vision: *Together we will create Australia's healthiest community*. This vision will require a transformation in the way we work as a health service – and we have developed six new objectives to help us work towards achieving our goals.

We are pleased to present this year's annual report, which provides an overview of our key achievements and performance against these objectives.

At Metro South Health, we recognise that our people are the foundation for our success – now and into the future. Every day, our team demonstrates the organisation's values of integrity, compassion, accountability, respect, engagement and excellence by their actions and behaviours through the delivery of excellent healthcare to the community. We thank them for their hard work and dedication.

In 2024–2025 we launched a new *People Strategy* that brings a stronger focus on workplace culture and wellbeing, leadership development and succession planning. In addition to these priorities, we are working to position our health service as an employer of choice in the increasingly competitive healthcare jobs market. This year, Metro South Health increased its total full-time equivalent staff by six per cent to reach 17,376 full-time equivalent employees, 95 per cent of which are frontline and frontline support staff.

We continued our strong commitment to high quality, safe, timely and respectful care throughout the year. Each of our hospitals and our community and oral health services were successfully accredited against the National Safety and Quality Health Care Standards (NSQHS) short notice assessment model, providing confidence to the community that we hold ourselves to the highest possible standards. We also launched a new *Safety and Quality Strategy* that provides the foundations for great patient experiences and outcomes, in a safe and reliable healthcare setting.

In 2024–2025, Metro South Health focussed on increasing specialist outpatients, elective surgery and endoscopy activity to address an increase in demand for these services. Metro South Health provided care for a record number of new patients in our specialist outpatient departments – an average of 602 new patients per business day, increasing by 12 per cent on the previous year. Metro South Health's elective surgical capacity is maintaining historically high volumes, with an average of 103 procedures performed each business day. We also maintained our gastrointestinal endoscopy throughput at 108 elective cases per business day.

Metro South Health continued to experience very high demand for acute care with significant pressure on our emergency departments and bed capacity. Despite this, we made significant improvements in access to care with a 33 per cent reduction in lost minutes per ambulance and a 35 per cent reduction in patients spending more than 24-hours in the emergency department. Overall, there were 325,664 presentations to Metro South Health hospital emergency departments this year, with all Category 1 patients seen within two minutes or less. Metro South Health achieved improved waiting times across the board, with improvements in seen-in-time rates across all triage categories. Our focus this year has been on whole-of-system utilisation, including strong engagement and joint initiatives with Queensland Ambulance Service (QAS), neighbouring health services and residential aged care providers.

Metro South Health's catchment population is growing rapidly, and the Queensland Government is investing more than \$2 billion in healthcare infrastructure to meet the demand for healthcare into the future. This year, we were proud to open a refurbished Neonatal Unit, Maternity Assessment Centre and Palliative Care Unit at Logan Hospital, a new inpatient building at Redland Hospital, a new Allied Health and Ambulatory Care building at Queen Elizabeth II Jubilee (QEII) Hospital, and refurbishments to the Spinal Injuries Unit at Princess Alexandra Hospital. We also saw the commencement of construction on major expansion projects for Princess Alexandra, QEII and Logan hospitals – which will deliver more than 450 new inpatient beds for our health service, in addition to a range of clinical and supporting services.

Metro South Health has a strong culture of research and innovation that has led to countless benefits for patients, the community we serve, as well as generations of families around the world. We are proud of our ongoing partnerships with universities and research institutes, particularly at the Princess Alexandra Hospital, which hosts the Translational Research Institute (TRI) – one of Australia's most advanced medical research facilities. In 2024–2025, more than 1,350 health-related research studies were active across our hospitals and community services, with annual funding for research increasing to \$36 million.

We actively support innovation and new ways of delivering healthcare at every level of the organisation. One example of this is the safe and evidence-based adoption of artificial intelligence (AI) to improve our service delivery. This year, we launched several AI pilots, including a trial of an AI scribe that reduces documentation burden on clinical staff. We were also proud to host Queensland's first AI in Healthcare Symposium.

Metro South Health is cognisant of its impact on the environment and this year we launched a sustainability program that aims to improve our environmental performance for future generations. We have appointed a clinical lead for sustainability, and we are developing a new *Environmental Sustainability Plan*, which aims to stimulate ideas from our people, consumers and research partners, and develop tools to support and implement these ideas into action with a workplace culture underpinned by sustainability principles.

In the next financial year, Metro South Health will continue its transformation as we work to implement the strategies identified in our new *Strategic Plan*.

On behalf of the Metro South Health Board and Executive teams, we thank our staff and partners for their dedication and support over the year.

Ms Janine Walker AM

Chair, Metro South Hospital and Health Board

Ms Noelle Cridland

Chief Executive, Metro South Hospital and Health Service

About us

Strategic direction

Metro South Health is an independent, statutory body, governed by the Metro South Hospital and Health Board, accountable to the Queensland Minister for Health and Ambulance Services.

Under the *Hospital and Health Boards Act 2011*, Metro South Health is the principal provider of public health services for the community who live within its geographical area. The Queensland Department of Health is responsible for the overall stewardship of the public health system, including leadership in statewide planning and the monitoring of hospital and health service performance. A *Service Level Agreement* between the Department of Health and Metro South Health identifies the health services Metro South Health will provide, the funding arrangements for those services, and the relevant targets and performance indicators.

The *Service Level Agreement* is negotiated with the Department of Health and is publicly available on the Queensland Government publications portal: Metro South HHS Service Agreements – Dataset – Data and Resources¹. The service agreement as at 30 June 2025 was for the period 2022–2023 to 2024–2025 (April 2025 Revision).

Metro South Health is one of 16 hospital and health services in Queensland and serves an estimated resident population of 1.3 million people, 24 per cent of Queensland's population. It employs more than 17,000 full-time equivalent (FTE) employees and has an annual operating revenue of \$3.935 billion. The health service's catchment spans 3,867 square kilometres and covers the area from the Brisbane River in the north to Redland City in the east (encompassing the Southern Moreton Bay Islands), south to Logan City and the eastern portion of the Scenic Rim to the border of New South Wales.

Metro South Health also provides several statewide specialty services across Queensland including: DonateLife Queensland, Medical Aids Subsidy Scheme², Queensland Kidney Transplant Service, Queensland Liver Transplant Service, Queensland Movement Disorder Surgical Service, Queensland Spinal Cord Injury Service, Queensland Tissue Bank, Queensland Voluntary Assisted Dying – Support and Pharmacy², and the Queensland Transcultural Mental Health Centre².

The Metro South Health *Strategic Plan 2024–2028* outlines the strategic direction for the health service with the aspirational vision of: *Together, we will create Australia's healthiest community*. To achieve this vision, the plan focuses on improving health equity, service accessibility and the provision of high-quality patient care. It also focuses on creating an organisational culture that fosters an exceptional, diverse and supported workforce, that values the contribution of staff in care delivery, research and innovation.

Metro South Health is committed to sustainable practices and infrastructure that meets the current and future needs of the communities that we serve. Consistent with the Queensland Government's objective of 'A plan for Queensland's future', Metro South Health has already seen the benefits of the government's infrastructure investment throughout the region, with significant capital expansion projects already delivered across the organisation and many projects under construction or in the pipeline for delivery.

Vision, purpose, values

Vision and purpose

Metro South Health is committed to providing high-quality care and improving the health and wellbeing of people in our community. Our vision is: *Together, we will*

¹ <https://www.publications.qld.gov.au/dataset/metro-south-hhs-service-agreements>

² These services are operated by Metro South Health but are not formally designated statewide services

create Australia's healthiest community.
Our purpose is: *Better lives through better health.*

Values

Metro South Health staff have the privilege to care for others when they are at their most vulnerable, and our organisational values reflect the Queensland Government public service values of customers first, ideas into action, unleash potential, be courageous, and empower people. Our Metro South Health values underpin behaviours that will enable better ways of working together to support better outcomes for our patients through:

- integrity
- compassion
- accountability
- respect
- engagement
- excellence.

These six values guide our decision-making as health service professionals. The empathy and excellence our staff bring to their work shows a determination to live our values every day and demonstrates the dedication of an extraordinary workforce.

Priorities

The six strategic objectives of the Metro South Health *Strategic Plan 2024–2028* are aligned to the Queensland Government objective of 'Health services when you need them'.

Metro South Health objective – **Our people are our success**

In the past year, we worked to maintain and develop our workforce for the future by:

- ensuring the safety, health, and wellbeing of our workforce
- strengthening our culture through a commitment to our organisational values
- ensuring our workforce has training opportunities and pathways to develop and be leaders in their fields
- developing a workforce that reflects the diversity of our community.

Metro South Health objective – **We improve health equity for our community**

In the past year, we worked to improve health equity by:

- engaging with the community so that our planning and services meets the needs of our region
- improving cultural safety, quality and inclusivity of our services
- providing care closer to home whenever possible
- improving access to services for disadvantaged population groups.

Metro South Health objective – **Harnessing digital health to improve access, insights and results**

In the past year, we used technology to:

- improve patient experience by making sure that our consumers can access care where and when they need it
- support our consumers to manage their own health and wellbeing
- improve the way we work and the care we deliver
- leverage and integrate digital systems, data and technology to increase capacity, improve access and optimise care.

Metro South Health objective – **Our care delivers great experiences and great outcomes**

In the past year, we aimed to improve health outcomes and experiences for our consumers by:

- ensuring that our services meet the highest possible standards and continually strive to deliver the best outcomes for consumers
- integrating our services across the Metro South region and forming new partnerships to deliver care
- improving patient flow and focus on reducing wait times to access our services
- partnering with our consumers in planning and designing our services.

Metro South Health objective – **Research and innovation, improving the future of healthcare today**

In the past year, we continued to focus on the future by:

- embedding improvement, innovation, research and translation as integral parts of our services
- actively partnering with the education and private sectors to positively impact the future of healthcare
- continuously learning and adapting our services to deliver better health outcomes
- engaging with the community so that we prioritise our efforts on solving problems that matter the most.

Metro South Health objective – **Protecting our future through sustainability**

In the past year, we worked to improve the sustainability of our services by:

- being responsible in the allocation of our resources and providing care that is of high value
- creating efficiencies, streamlining our processes and reducing the impact on the environment
- building future healthcare facilities to meet the community's needs
- maintaining and improving our facilities and equipment to ensure they remain fit for purpose.

Aboriginal and Torres Strait Islander Health

Metro South Health continues to strive to ensure its services are equitable for all people and to help close the gap in health outcomes for First Nations peoples.

In 2024–2025 we continued to implement the priority actions outlined in our *First Nations Health Equity Strategy*. A key priority is to embed First Nations voices into corporate governance and decision making. Metro South Health has a First Nations Health Equity Committee as part of its Board, as well as a First Nations Health Equity Executive Committee to monitor the implementation of the strategy and to lead

system reform for genuine improvement in healthcare outcomes for Aboriginal and/or Torres Strait Islander peoples.

A key focus for Metro South Health is increasing the cultural awareness and capability of its workforce, embedding cultural understanding into our everyday practices, and eliminating institutional racism. Across the year, the organisation's Aboriginal and Torres Strait Islander Health Directorate provided cultural practice programs through dedicated training days and team in-services, and worked to promote the role of Hospital Liaison Officers across the organisation.

Metro South Health has several services and clinics aimed at directly improving health outcomes for Aboriginal and/or Torres Strait Islander peoples through culturally safe services. Examples of these services include:

- the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care – a centre staffed by general practitioners (GPs), nurses, allied health, Aboriginal health workers and visiting medical specialists
- 'Birthing in our Community' (BioC) hubs at Logan and Redland – providing holistic midwifery support from pregnancy through to parenthood
- the *Binung Hearing and Listening Mob* – a community-based clinic that provides a range of audiology and ear, nose and throat (ENT) services
- Better Cardiac Care team – a multidisciplinary model of care focussed on education, support and care coordination for people with acute cardiac disease.

Another component of achieving health equity is building and sustaining a strong First Nations workforce across all areas of the organisation. Initiatives delivered in 2024–2025 included:

- the 'Deadly Start' school-based traineeship program, which offers First Nations high school students the opportunity to complete a Certificate II and III during years 11

and 12 in nursing assistance, patient support services, dental health, food services or allied health assistance – with 31 trainees commencing placements in 2024–2025

- First Nations cadetships for university students, for First Nations people who are undertaking tertiary studies in allied health, nursing or human resources – with 21 cadets employed in 2024–2025.

Our services

Metro South Health is the major provider of public healthcare in the Brisbane south side, Logan, Redlands, and Scenic Rim regions including teaching, research and other services as outlined in the *Service Level Agreement*. It provides these services through five hospitals, two satellite health centres, as well as several community health centres and oral health facilities.

Our hospitals

- Beaudesert Hospital
- Logan Hospital
- Princess Alexandra Hospital
- Queen Elizabeth II Jubilee (QEII) Hospital
- Redland Hospital.

Major community health centres and clinics

- Bayside Addiction and Mental Health Centre
- Beenleigh Community Health Centre
- Browns Plains Community Health Centre
- Corinda Community Health Centre
- Eight Mile Plains Community Health Centre
- Eight Mile Plains Satellite Health Centre (Maroo-goodji-ba)
- Inala Community Health Centre
- Logan Central Community Health Centre
- Logan Central Addiction and Mental Health Centre
- Logan Healthcare Centre, Meadowbrook

- Marie Rose Centre, Dunwich
- Mt Gravatt Nurse-led Walk-in Clinic
- Redland Health Service Centre, Cleveland
- Redlands Satellite Health Centre (Talwalpin Milbul)
- Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care, Inala
- Woolloongabba Community Health Centre
- Wynnum-Manly Community Health Centre (Gundu-Pa).

Speciality services

- acute medical
- acute surgical
- addiction and mental health
- acquired brain injury
- cancer services
- cardiology
- emergency medicine
- gynaecology
- maternity
- older persons
- paediatrics
- palliative care
- rehabilitation
- spinal injury
- trauma
- transplantation.

Car parking concessions

As per the *Hospital Car Parking – Patient and Carer Car Parking Concessions* standard, Metro South Health provides car parking concessions for:

- patients and carers experiencing financial hardship;
- patients and carers who need to attend hospital for an extended period of time;
- patients and carers who are required to attend hospital frequently; and
- patients and carers with special needs who require assistance.

In 2024–2025, Metro South issued 48,839 car parking concession passes valued at \$262,619.57.

Targets and challenges

Targets

Metro South Health is committed to delivering high quality healthcare services to the fast-growing and diverse communities in the Metro South region. The landscape is changing across the health system – there continues to be growing demand for care, changing community needs and expectations, and rapid advances in research and technology.

The significant investment in health infrastructure across Metro South Health is delivering new and expanded facilities, presenting a unique opportunity to strategically shape the future of healthcare services in our region. The Metro South Health *Health Service Plan 2024–2028* continues to guide the development of these services, ensuring an optimal balance between care provided in the community, care delivered closer to home, and access to highly specialised care in major centres. This strategic approach aims to enhance service integration, improve access, and deliver better health outcomes for our community.

Metro South Health is one of the most culturally and linguistically diverse populations in Queensland. More than 31 per cent of people residing in the Metro South region were born overseas and more than 48 per cent of people have one or both parents who were born overseas. More than 28 per cent of people speak a language other than English and our residents speak more than 200 languages. As such, there were 106,248 occasions of interpreter services used across Metro South Health in the 2024–2025 financial year³.

Metro South Health has continued to partner with the diverse communities across our region to improve communication, engagement and health outcomes. Teams across the health service are continuing to pursue opportunities to engage with consumers to co-design healthcare services and health promotion

activities to prevent and manage disease and promote wellness in our communities.

In 2025, Metro South Health undertook the Joint Regional Needs Assessment (JRNA) in partnership with the Brisbane South Primary Health Network (PHN) to ensure that our planning and services meet the needs of the community. The JRNA 2025–2027 identified 24 priority needs for the region including health equity, mental health, prevention and management of chronic disease, domestic and family violence, wait times and capacity to meet growing demand, and access to bulk-billing GP services. This will be complemented by the development of the joint *Regional Mental Health, Suicide Prevention, and Alcohol and Other Drugs Plan* to better understand the mental health issues and service challenges impacting our region.

Metro South Health strives to deliver care that results in great experiences and great outcomes. The Metro South Health *Safety and Quality Strategy 2024–2028* sets out the opportunities to ensure our care is high quality, safe, timely, effective, efficient, equitable, respectful and reliable. The *Safety and Quality Strategy* places our people at the forefront of change, championing them as leaders who shape safe, reliable, and high-quality care. It supports both consumers and staff through effective communication and systems designed to enhance psychological safety and deliver excellent outcomes.

Metro South Health is committed to improving health equity and access for First Nations people. The Metro South Health *First Nations Health Equity Strategy 2022–2025* continues to provide guidance for how Metro South Health will achieve health equity and eliminate institutional racism. Throughout 2024–2025, Metro South Health has been working in partnership with First Nations people and key stakeholders throughout the region to deliver the objectives of the *Health Equity Strategy*. An implementation plan has been co-designed with First Nations community

³ <https://www.data.qld.gov.au/>

members and consumers and has a strong focus on co-delivery approaches.

The Metro South Health Equity and Access Team (HEAT) and the Metro South Multicultural Health Equity Network continued their engagement activities with the community throughout the year. These engagement activities continued to support the implementation of the Metro South Health *Multicultural Health Service Plan 2023–2026* and the Metro South Health *Disability Service Plan 2023–2026*. These plans were informed by the lived experiences of people, with input from consumers, community groups, health organisations, staff, and interpreters. The engagement activities are being actively used to improve access and the health of our diverse communities.

Our health service is committed to building our future healthcare facilities to meet the community's needs. Throughout 2024–2025, Metro South Health opened several major new and upgraded facilities, including refurbished neonatal and maternity wards at Logan Hospital, a new medical inpatient unit at Redland Hospital, establishing a dedicated allied health and ambulatory care building at QEII Hospital, expanding kidney care services and refurbishing the spinal cord injuries unit at the Princess Alexandra Hospital. Additionally, we introduced the region's first nurse-led walk-in clinic at Mt Gravatt and progressed development of a new Minor Illness and Injury Clinic and specialist women's outpatient service which will open at Meadowbrook Health Centre in mid-2025. Both of these facilities are designed to ease the pressure on our emergency departments by providing appropriate care for minor injuries and illnesses.

Metro South Health is continuing to work with our partners to support planning and delivery of the significant expansions underway at facilities across our region including Redland, Logan, QEII and Princess Alexandra hospitals. This investment will support our ability to provide quality healthcare that responds to the growing and changing needs of the community. Our teams are actively working with the Department of Health to

design, plan, build and commission these new and expanded facilities.

Metro South Health is continuing to fulfil our role in the broader Queensland Health system through the provision of statewide and highly specialised services that provide care to all Queenslanders. This includes kidney transplant, liver transplant and spinal cord injury services. In addition, Metro South Health fulfills an important regional role, particularly for residents of Darling Downs and West Moreton hospital and health services. Our health service regularly provides care to higher complexity patients from these regions, especially where services are not available locally. Furthermore, through dedicated outreach and visiting services, Metro South Health ensures these regional communities have access to timely specialist expertise.

Our extensive digital healthcare systems enable us to deliver better connected care, more care in non-hospital settings and improved patient outcomes. Virtual care models are showing great promise in improving how we deliver care within our community and across the state, enabling the health service to provide quality care closer to home for many Queenslanders. Safeguarding and expanding our data and information systems will continue to be important to protect patients and enhance care in an everchanging cybersecurity landscape.

Our skilled, experienced staff have a commitment to evidence-based care, education, training, innovation, and research in our clinical service delivery. This commitment to excellence and best practice in care ensures Metro South Health is well equipped to achieve our vision of: *Together, we will create Australia's healthiest community.*

In 2025–2026, Metro South Health teams will continue working hard to improve health system navigation for all patients and consumers, and to support better integration of care in the community with non-government organisations (NGOs), the Brisbane South PHN and community-controlled organisations as partners in the delivery of care.

In 2025, Metro South Health established health service-wide clinical networks in surgical services, cancer services, diabetes and endocrinology, gastroenterology, emergency services, and older persons. In their first year of operation, these clinical networks will focus on region-wide planning, standardising high-quality care, enhancing patient flow, and promoting health equity.

Challenges

Metro South Health continues to experience increased demand for public healthcare services, outpacing population growth. While new and expanded facilities are being developed to accommodate this growth, pressures remain evident across the system, particularly at our emergency departments – the 'front doors' of our service.

The community living within Metro South Health's catchment area is ageing, experiencing increasing rates of chronic and complex diseases and is one of the most culturally diverse in Queensland. Metro South Health must continue to be innovative and responsive in adapting to meet the changing healthcare environment and the needs of our unique and diverse community.

Meeting the diverse needs of the community we serve requires us to improve equity and access to healthcare for socially disadvantaged members of our community, First Nations people, people with disability, and culturally and linguistically diverse communities.

We are also challenged by changes in the broader health and social care system that impact the services we provide at a local level, including changes to aged care services and the National Disability Insurance Scheme.

Growing our workforce to support the large-scale infrastructure and service expansions that will take place across Metro South Health in the coming years will require innovative models of care, alongside proactive attraction, recruitment and retention strategies. Building and maintaining a strong, connected workforce, and protecting that workforce's

health and wellbeing, remains a major focus for the health service.

Demand for public elective surgery and gastrointestinal endoscopy continues to present challenges. While elective surgery volumes have recovered to, and in some cases exceeded, pre-pandemic levels, timely provision of emergency surgery across Queensland places ongoing pressure on elective services. Additionally, demand for gastrointestinal endoscopy waitlists continued to grow across Metro South Health, with existing infrastructure for gastrointestinal endoscopy operating at maximum capacity. To alleviate this pressure, Metro South Health is outsourcing both elective surgery and endoscopy procedures to the private sector through the Surgery Connect program. In parallel, we are working to increase internal capacity to ensure we can sustainably meet demand over the medium to long term.

Growing demand for outpatient services remains a significant challenge in Metro South Health. Despite large numbers of patients being seen every month, further innovation and expansion is needed to meet demand.

Providing support to populations of neighbouring hospital and health services is a significant challenge for Metro South Health, especially where local healthcare capability and capacity are limited. Key specialty areas of focus include ophthalmology, ENT, and complex surgical and medical services. Growing demand from these communities' places additional pressure on Metro South Health's facilities, requiring ongoing strategic investment and innovative service delivery to meet the complex healthcare needs of our regional partners.

Metro South Health recognises the importance of planning health services for Brisbane's rapidly growing South-West Corridor, including the Logan, Jimboomba and Beaudesert regions. With the population projected to more than double by 2042, local healthcare facilities will experience significant pressure due to increased demand and substantial travel times to existing hospitals. Planning is underway to identify and address these

future service needs, ensuring accessible and timely healthcare for this expanding community. The demand for, and the pace of change in healthcare, continues to increase, and it is critical we remain at the

forefront of delivering health services that are safe, effective, high quality and meet the needs and expectations of our community.

Governance

Our people

Board membership

The Metro South Hospital and Health Board (the Board) has ten members appointed by the Governor in Council on the recommendation of the Minister for Health and Ambulance Services pursuant to the *Hospital and Health Boards Act 2011* (the Act). The Board is responsible for the governance activities of the organisation and derives its authority from the Act. Each Board Member brings a broad range of skills, expertise and experience to the Board.

Board and committee membership and attendance for 2024–2025

Metro South Hospital and Health Service	
Act or instrument	<i>Hospital and Health Boards Act 2011</i>
Functions	<p>The Board is responsible for setting strategic direction, establishing goals and objectives for executive management, monitoring the performance of the organisation in line with current government health policies and directives, and where necessary, taking actions to improve performance.</p> <p>The Board reports to the Minister. Its functions are:</p> <ul style="list-style-type: none"> • to control the Metro South Hospital and Health Service • to ensure that the services provided by the health service comply with the requirements of the Act and Metro South Health’s objectives. <p>The key responsibilities of the Board include:</p> <ul style="list-style-type: none"> • review and approve strategies, goals, annual budgets, and financial plans of Metro South Health in response to community and stakeholder input • monitor financial performance on a regular basis • monitor operational performance on a regular basis including compliance with clinical standards • ensure that risk management systems are in place to cover all of the health service’s key risk areas including operational, financial, environmental and asset related risks • ensure that Metro South Health has policies and procedures to satisfy its legal and ethical responsibilities • report to and communicate with government on the financial and operational performance of the organisation.
Achievements	<p>The Board and Committee activities and major achievements in 2024–2025 include the development, monitoring and advising on Metro South Health’s:</p> <ul style="list-style-type: none"> • Annual Financial Statements • legislative compliance program • risk reporting framework • annual review of <i>Strategic Plan 2024–2028</i> • <i>People Strategy 2024–2028</i> • <i>Health Service Plan 2024–2028</i> • <i>Safety and Quality Strategy 2024–2028</i>
Financial reporting	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> .

Remuneration:					
Position	Name	Meetings/ sessions attended	Approved annual, sessional, or daily fee	Approved Committee fees if applicable	Actual fees received
Chair	Ms Janine Walker AM	26 (11 Board/ 15 Committee)	\$85,714 pa	\$4,000 pa Committee Chair \$3,000 pa Committee Member	\$94,752.91
Deputy Chair	Mr Matthew Ames	24 (10 Board/ 14 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$53,525.09
Member	Associate Professor Helen Benham	13 (7 Board/ 6 Committee)	\$44,503 pa	\$4,000 pa Committee Chair \$3,000 pa Committee Member	\$48,523.03
Member	Ms Nadia Bromley	22 (10 Board/ 12 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$50,523.86
Member	Mr Colin Cassidy PSM	23 (11 Board/ 12 Committee)	\$44,503 pa	\$4,000 pa Committee Chair \$3,000 pa Committee Member	\$52,524.68
Member	Adjunct Associate Professor Donisha Duff OAM	20 (8 Board/ 12 Committee)	\$44,503 pa	\$4,000 pa Committee Chair \$3,000 pa Committee Member	\$51,524.26
Member	Mr Michael Goss	16 (9 Board/ 7 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$50,523.86
Member	Ms Gail Ker OAM	20 (11 Board/ 9 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$47,522.61
Member	Dr Muhammad Daniyal Mian	15 (9 Board/ 6 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$47,522.61
Member	Dr Vu Tran	13 (9 Board/ 4 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$47,522.61
No. scheduled meetings/ sessions	11 Board meetings 22 Board Committee meetings				
Total out of pocket expenses	Total Board expenses, including allowances and employer superannuation expenses incurred by Metro South Health, are disclosed in the Financial Statements section at the end of this annual report. There was a total cost of \$2,381 in out-of-pocket expenses for Board Members during the 2024–2025 financial year.				

Role of the Board Chair

The Chair of the Board is appointed on the recommendation of the Minister for Health and Ambulance Services following an advertised recruitment process. Ms Janine Walker AM is the current Chair.

The Board Chair's responsibilities are:

- maintaining a regular dialogue with the Health Service Chief Executive (HSCE)
- monitoring the performance of the Board and individual members and promote its ongoing effectiveness
- development of the Board
- managing the evaluation and performance of the HSCE
- informing the Minister about significant issues and events.

Board Members

Ms Janine Walker AM – Chair

Appointed: 18 May 2016 – Board Member
Appointed: 13 October 2017 – Board Chair
Current Term: 1 April 2024 – 31 March 2026

Janine Walker AM is an experienced senior executive with a background in health, academia, and broadcasting. Janine previously held senior management positions including Human Resources Director for Griffith University and Princess Alexandra Hospital, Director of Industrial Relations for Queensland Health, and Industrial Director and General Secretary of the Queensland Public Sector Union.

She worked as a broadcaster and columnist and served on the Board of the Australian Broadcasting Corporation and as Chair of the Corporation's Audit Committee. She has held a range of Board and Committee appointments including Director and Trustee of the Australian Retirement Trust and QSuper, membership of the Vocational Education Training and Employment Commission, Chair of the Australia New Zealand Foundation, Chair of All Hallows' School and Board Member of the Queensland Symphony Orchestra.

Janine is an Adjunct Professor in the Griffith Business School. She is a Fellow of the Australian Human Resource Institute and Australian Institute of Management and a Member of the Australian Institute of Company Directors.

Janine was recognised in the 2019 Queen's Birthday Honours and awarded Member of the Order of Australia for her significant service to education, to community, health and to the media.

Mr Matthew Ames – Deputy Chair

Appointed: 1 April 2022 – Board Member
Appointed: 27 September 2024 – Deputy Chair
Current Term: 1 April 2022 – 31 March 2026

Matthew Ames has demonstrated a passion for providing a voice for health consumers to help Queenslanders. He is an experienced executive with a background in Environmental, Health and Safety and risk management. He currently serves on the Boards of Hear and Say (supporting the needs of children and adults impacted by hearing loss), Centacare Brisbane, and Bionics Gamechangers Australia as well as being a consumer advocate for various committees managed by Queensland Health.

Associate Professor Helen Benham

Appointed: 18 May 2019
Current Term: 1 April 2022 – 31 March 2026

Helen Benham is an experienced Rheumatologist who divides her time between clinical practice at Princess Alexandra Hospital and clinical and research translation at the Translational Research Institute (TRI).

She is the Executive Director of Translation at TRI and a Senior Staff Specialist at Princess Alexandra Hospital.

She holds a Bachelor of Medicine and Surgery (Hons), Bachelor of Applied Science (Podiatry), a PhD from the University of Queensland, and is a Fellow of the Royal Australasian College of Physicians and a graduate of the Australian Institute of Company Directors.

Ms Nadia Bromley

Appointed: 1 April 2024
Current Term: 1 April 2024 – 31 March 2028

Nadia Bromley is the current Chief Executive Officer of the Women's Legal Service Queensland. A solicitor with qualifications in law and business, she has a broad range of experience across the corporate, profit-for-purpose and community sectors. Nadia has a passion for access to justice, legal services and women's rights and safety. She is a current Board Member of Queensland's Domestic and Family Violence Death Review and Advisory Board.

Mr Colin Cassidy PSM

Appointed: 18 May 2021
Current Term: 1 April 2024 – 31 March 2026

Colin Cassidy is an experienced Non-Executive Director and former public sector CEO and senior executive with almost 40 years of experience across a diverse range of disciplines at state, regional and local government levels. He has proven success in leading and delivering outcomes in land use planning, infrastructure planning, governance, business planning and service delivery, strategic policy, industry development and investment attraction roles.

In January 2020, Colin was recognised in the Australian Honours System and was awarded the Public Service Medal for his outstanding public service to economic development, corporate services and town planning in Queensland.

Adjunct Associate Professor Donisha Duff OAM

Appointed: 18 May 2016
Current Term: 1 April 2024 – 31 March 2028

Donisha Duff has a background in health policy, planning and management, with a particular focus on Aboriginal and Torres Strait Islander Health. She has more than 20 years' experience in health and Indigenous affairs, working in the Federal and State governments and the non-government, community-controlled health sector.

She is the Chief Executive Officer of Queensland Indigenous Business Network, an independent representative body created to provide a strong and unified voice for Queensland's Aboriginal and Torres Islander businesses.

Donisha is an Adjunct Associate Professor with Kurongkurl Katitjin, Centre for Indigenous Australian Education and Research at Edith Cowan University. Her other Board and Committee appointments include Chair of the Stars Foundation Limited, Member of the Queensland Voluntary Assisted Dying Review Board and Member of the Jobs Queensland Board.

Donisha is an Aboriginal and Torres Strait Islander woman from Thursday Island, Torres Strait. Her family are Aboriginal (Wuthathi) traditional owners of Eastern Cape York, and she also has familial links to Badu, Moa and Mabuiag islands in the Torres Strait.

Mr Michael Goss

Appointed: 18 May 2020
Current Term: 1 April 2024 – 31 March 2026

Michael Goss joined the Board with more than 30 years' experience as a lawyer in large and mid-tier Australian firms, but now practices in his own legal consultancy. Michael has practiced primarily in commercial law, agribusiness, banking and residential aged care. He has worked with finance clients such as Rabobank, National Australia Bank (NAB) and Australia and New Zealand Banking Group (ANZ) and is currently a Board Member for aged care provider Beaumont Care and Queensland Rail.

With more than 30 years of professional practice, Michael brings to the Board his legal skills in strategic thinking and problem solving, and business sustainability through strong governance controls.

Ms Gail Ker OAM

Appointed: 1 April 2024

Current Term: 1 April 2024 – 31 March 2028

Gail Ker is a renowned leader in multicultural, humanitarian and community services, and is currently CEO of Thriving Local. Gail is currently a Board Member of Seqwater, a Panel Member for the Gambling Community Benefit Fund and a member of the Brisbane South Hobs Taskforce. She served as CEO of Access Community Services for more than 17 years – growing it into one of the country’s leading settlement, employment and training organisations catering to migrants, refugees, and Australian-born clients. Gail has been a member of several national Boards including the Settlement Services Advisory Council, the Special Broadcasting Service (SBS) Consumer Advisory Committee and the Migration Council Australia.

Dr Muhammad Daniyal Mian

Appointed: 1 April 2024

Current Term: 1 April 2024 – 31 March 2026

Muhammad Daniyal Mian is an award-winning project manager with 28 years’ experience in asset, project, program, and design management. While originally qualified in electrical engineering, Daniyal has successfully delivered numerous infrastructure and building multi-

disciplinary complex projects in Australia and overseas. Daniyal has also designed and delivered capability development (project management) programs. Daniyal has a PhD in Innovation Management and has written several referred publications to showcase his work in this area. His focus areas are integration of sustainability and digital into the efficient management of health assets.

He is currently on the University of Queensland Industry Advisory Board, Thrive Logan’s Advisory Board and has previously been a Board Member of the Infrastructure Association of Queensland.

Dr Vu Tran

Appointed: 1 April 2024

Current Term: 1 April 2024 – 31 March 2028

Vu Tran is a general practitioner based at Springwood. He completed his medical degree at Bond University, and has a keen interest in paediatric medicine, chronic disease management and disease prevention. Vu also has a passion for developing new and innovative ways to promote healthcare in the broader community and is the co-founder of a successful workplace learning technology start-up.

Our committees

In 2024–2025, the following committees assisted the Board in carrying out its functions and responsibilities:

- Executive Committee
- Finance Committee
- Audit and Risk Committee
- Safety and Quality Committee
- First Nations Health Equity Committee.

The Committees are chaired by Board Members, supported by the HSCE and other members of the Metro South Health Executive team.

Membership of the committees

Executive Committee

Chair: Ms Janine Walker AM

Members: Mr Matthew Ames, Associate Professor Helen Benham, Ms Nadia Bromley, Mr Colin Cassidy PSM, Adjunct Associate Professor Donisha Duff OAM, Mr Michael Goss, Ms Gail Ker OAM, Dr Muhammad Daniyal Mian, Dr Vu Tran

The Executive Committee functions under the authority of the Board in accordance with s32B of the Act. The purpose of the Executive Committee is to support the Board in its role in governing the hospital and health service (HHS) including supporting the development of strategic and service plans, overseeing the performance of the health service and ensuring risks are proactively identified and managed.

Achievements in 2024–2025 include:

- Australian Institute of Company Directors Clinical Governance training
- joint meeting with the Brisbane South PHN to discuss the Joint Regional Needs Health Assessment.

Finance Committee

Chair: Mr Colin Cassidy PSM

Members: Ms Janine Walker AM, Mr Matthew Ames, Ms Nadia Bromley, Mr Michael Goss, Ms Julia Hodgkinson (advisor)

The Finance Committee is a prescribed committee under Part 7, s31, of the *Hospital and Health Boards Regulation 2012* (the Regulation). The purpose of the Finance Committee is to advise the Board on matters relating to the financial and operational performance of the HHS.

Achievements in 2024–2025 include:

- approval of the 2024–2025 budget
- monitoring the financial and operating performance of the HHS
- monitoring the adequacy of Metro South Health’s financial systems, having regard to its operational requirements and obligations under the *Financial Accountability Act 2019*.
- assessing financial risks or concerns that impact, or may impact, on the financial performance and reporting obligations of the HHS, and how the HHS is managing the risks or concerns.

Audit and Risk Committee

Chair: Mr Colin Cassidy PSM

Members: Ms Janine Walker AM, Mr Matthew Ames, Ms Nadia Bromley, Mr Michael Goss, Ms Julia Hodgkinson (advisor)

The Audit and Risk Committee is a prescribed committee under s31 of the Regulation. The purpose of the Audit and Risk Committee is to support and advise the Board on compliance, audit and risk management issues relevant to the effective and efficient operation of the HHS.

Achievements in 2024–2025 include:

- Annual Financial Statements
- risk reporting program and approval of updated Risk Appetite Statement
- ensuring compliance with legislation and Health Service Directives

- overseeing implementation of the Security of Critical Infrastructure Acting and Information Security Management System (ISMS) Assurance work
- asset management
- approval of Internal Audit reports and recommendations
- approval of the 2025–2026 *Internal Audit Plan*.

Safety and Quality Committee

Chair: Associate Professor Helen Benham

Members: Mr Matthew Ames, Adjunct Associate Professor Donisha Duff OAM, Ms Gail Ker OAM, Dr Muhammad Daniyal Mian, Dr Vu Tran

The Safety and Quality Committee is a prescribed committee under s31 of the Regulation. The purpose of the Safety and Quality Committee is to advise the Board on matters relating to the safety and quality of health services provided with the aims of improving the quality of services provided and minimising harm.

Achievements in 2024–2025 include:

- overseeing Metro South Health’s Short Notice Accreditation readiness
- ensuring compliance under NSQHS Standard 1 and other Standards across the HHS
- approval of the Metro South Health *Safety and Quality Strategy 2024–2028*

- review of work of Attestation Statements, Governance Directorate reports, Monthly Patient Outcome Reporting, Patient Safety and Quality Reports, Credentialling and Clinical Registry Reporting
- oversight of clinical incident reporting and investigations
- consumer feedback and complaints management
- improvement of Patient Safety Culture measurement and reporting.
- oversight of implementation of Clinical Care Standards.

First Nations Health Equity Committee

Chair: Adjunct Associate Professor Donisha Duff OAM

Members: Ms Janine Walker AM, Ms Gail Ker OAM

The purpose of the First Nations Health Equity Committee is to assist the Board on matters relating to improving the health outcomes and access for the Aboriginal and Torres Strait Islander community.

Achievements in 2024–2025 include:

- overseeing implementation of the Metro South Health *First Nations Health Equity Strategy 2022–2025*
- KPI and dashboard reporting
- participated in mid-point evaluation of the Queensland Health Statewide Health Equity Strategy Implementation.

Executive management

The Board appoints the Health Service Chief Executive (HSCE) and delegates the operation of Metro South Health to the HSCE and other officers to whom management is delegated.

The HSCE responsibilities are:

- management, performance, and activity outcomes of Metro South Health
- providing strategic leadership and direction for the delivery of public sector health services in Metro South Health
- promoting the effective and efficient use of available resources in the delivery of public sector health services
- developing service plans, workforce plans and capital works plans
- managing the reporting processes for performance review by the Board
- liaising with the Executive team and receiving committee reports as they apply to established development objectives.

Health Service Chief Executive

Ms Noelle Cridland

Noelle Cridland is the Chief Executive of Metro South Health, one of Australia's largest public health organisations. She is a passionate and dynamic leader who strives every day to create a positive healthcare experience for the community she serves.

In collaboration with the Board and Executive team, Noelle is leading an ambitious, strategic transformation agenda that aims to shape the organisation's future and help it rise to the challenges facing healthcare around the world.

With a background as a registered nurse and midwife, Noelle knows the value of nurturing and building a strong, resilient and capable healthcare workforce. She is deeply committed to fostering a positive workplace culture and improving the wellbeing of staff.

Noelle is dedicated to working towards health equity for everyone in the Metro

South region – one of Queensland's most diverse communities. She is particularly passionate about listening to the voices of First Nations peoples and those from culturally and linguistically diverse backgrounds.

Prior to her current role, Noelle worked in various clinical, education and leadership positions across Queensland's public health sector. She holds a Master of Nursing (Leadership).

Chief Operating Officer

Ms Paula Foley

Paula Foley is responsible for providing strategic and operational leadership, direction and day-to-day management of Metro South Health to optimise quality healthcare and business outcomes. Paula is an accomplished health professional and senior clinician with extensive executive experience in healthcare across both the private and public sector. Paula has a strong and proven track record in health service planning, performance improvement and innovation at both a state and local level.

Previous positions held include Chief Operating Officer – Mater Health Service, Interim Chief Executive – Mackay Hospital and Health Service and Acting Deputy Director-General – Healthcare Purchasing and System Performance, Queensland Health. Paula holds a Master in Project Management/Clinical Redesign, a Bachelor of Science (Organisational Psychology) and a Bachelor of Health Science – Nursing.

Chief Finance and Sustainability Officer

Mr Murray Brown

Murray Brown is responsible for Metro South Health's financial and sustainability functions, including the finance portfolio, health information management, environmental sustainability, procurement and supply, and assets and infrastructure. Murray has significant financial and operational management experience working in large government organisations. He is a Board Director and Treasurer for the Healthcare Financial Management Association of Australia. Prior

to joining Metro South Health, Murray was Northern Territory Health's Chief Finance Officer. Murray holds a Bachelor of Business (Accounting and Management), is a Fellow of the Certified Practising Accountants Australia (FCPA) and a Fellow of the Australasian College of Health Service Management (FACHSM).

A/Chief People and Partnerships Officer

Mr Adam Lavis

Adam leads and directs the Human Resources (HR) functions at Metro South Health, overseeing HR programs and initiatives to support a workforce of more than 21,000 staff. His focus is on driving strategic and operational HR practices to enhance workforce performance, capability, and culture, while aligning with Metro South Health's long-term objectives.

Adam is an experienced HR Executive with a strong background in designing, implementing, and evaluating human resource strategies in large, complex healthcare organisations. He has a proven ability to lead HR functions that improve organisational performance and support the overall goals of the organisation.

As a recognised leader at Metro South Health, Adam is known for his advanced consulting, negotiation, and communication skills. He effectively influences key stakeholders, fosters partnerships, and drives organisational change and accountability.

Adam holds certifications in risk management and human resources, as well as a Master of Business Administration. He is known for his pragmatic, industrious, and influential leadership style, which has positively impacted Metro South Health's ability to deliver high-quality healthcare to the community.

Chief Clinical Information Officer

Mr Stephen Canaris

Stephen Canaris oversees Metro South Health's digital health services. His role involves managing the people, processes and technology used to support digital healthcare. Stephen has worked in digital health for more than 15 years. He has been part of transforming Metro South Health

into a fully digital health service. He has also worked in project management and analytics. Stephen is a Visiting Fellow at the Faculty of Health, School of Public Health and Social Work at the Queensland University of Technology.

Executive Director Medical Services

Dr Susan O'Dwyer

Susan O'Dwyer is responsible for providing high-level strategic and operational medical leadership and advice to ensure high quality healthcare service provision across the health service. Susan has worked in various senior medical administration roles in medical workforce, education, and training. Susan had a long-standing involvement with the Australian Medical Council, including accreditation activities for international medical graduate pathways, prevocational accreditation and specialist college accreditation.

Susan is a Censor with the Royal Australasian College of Medical Administrators, a member of the Medical Board of Australia, and previous Chair of the Queensland Board of the Medical Board of Australia. She is Chair of the Steering and Advisory Committees of the Medical Board of Australia reforming the current specialist international medical graduate assessment processes. In addition to her medical degree, Susan has a Master of Public Health and a Fellowship from the Royal Australasian College of Medical Administrators.

Executive Director Nursing and Midwifery Services

Adjunct Professor Mish Hill

Mish Hill is responsible for providing professional nursing and midwifery, strategic and operational leadership, to facilitate safe, quality healthcare.

Mish has experience in diverse settings including remote, rural, regional, national and international health services. This experience has contributed to a global understanding of health systems, cultures, service models and an ability to think flexibly to create an environment of success.

Mish's past roles include Chief Nursing and Midwifery Officer at Northern Territory Health. She's also held senior executive and nursing roles at Mater Health Services in Brisbane and Hamad Medical Corporation in Qatar.

Mish holds a Master of Science (Midwifery) and is an Adjunct Professor at Charles Darwin University and Griffith University.

Executive Director Allied Health

Dr Kellie Stockton

Kellie Stockton is a well-respected leader in allied health with extensive experience working in public and private hospitals across Queensland and Australia. She is an advocate for allied health across the state, representing allied health on strategic committees such as the Queensland Clinical Senate Executive.

Kellie has a strong track record in operationally and professionally leading multidisciplinary teams and the implementation and management of innovative models of care to improve access to timely and effective healthcare services.

She has extensive experience in leading teams to deliver on performance outcomes, high level project management and analytical skills utilised to evaluate service delivery with strong links to the University sector with academic title – Honorary Adjunct Professor (University of Queensland). She holds a PhD in Medicine.

Executive Director Clinical Governance, Risk and Legal

Ms Chris Thorburn

Chris Thorburn provides strategic leadership, direction and day-to-day management of Metro South Health's clinical governance, risk and compliance and legal functions to optimise quality healthcare, statutory and policy compliance and continuously improving health service outcomes. Chris' career in senior and executive health management spans more than 25 years. During this period, she has managed large, diverse, acute and community health services, mental health services and health facilities. Chris' qualifications include a Bachelor of

Social Work and a Master of Business Administration. She is a Fellow of the Institute of Managers and Leaders and a Graduate of the Australian Institute of Company Directors. Chris has held various senior leadership positions including District Manager (CEO equivalent), Local Health Network Chief Operating Officer, Executive Director of Mental Health and Executive Director of Corporate Governance and Strategy.

Executive Director Service Expansion

Ms Kaylene Sutherland

Kaylene Sutherland is an executive leader with significant experience in the planning and delivery of large-scale projects and infrastructure for Queensland Health at a departmental and health service level. Kaylene started her career as an emergency and critical care nurse and has led multi-disciplinary teams for more than 30 years, providing her a strong grounding in operationalising health services.

Kaylene was previously the Gold Coast Hospital and Health Service lead for the new Coomera Hospital Project, and her previous projects include the Gold Coast University Hospital, Robina Hospital redevelopment and opening of the new Roma Hospital. Kaylene also led the development and operationalisation of the medical program for the 2018 Commonwealth Games and was Program Director for the COVID-19 Quarantine and Isolation Service. In her current role, Kaylene leads Metro South Health's Service Expansion Division, providing strategic and operational leadership of our almost \$2 billion capital expansion program.

Executive Director Media and Communications

Ms Louise Excell

Louise Excell leads strategic communication activities for Metro South Health. This includes internal and external communication, media, design, events, project engagement, digital and social media. Louise has almost 20 years of experience in private and public sector organisations, including a number of government portfolios. She has played an integral role in transforming Metro South

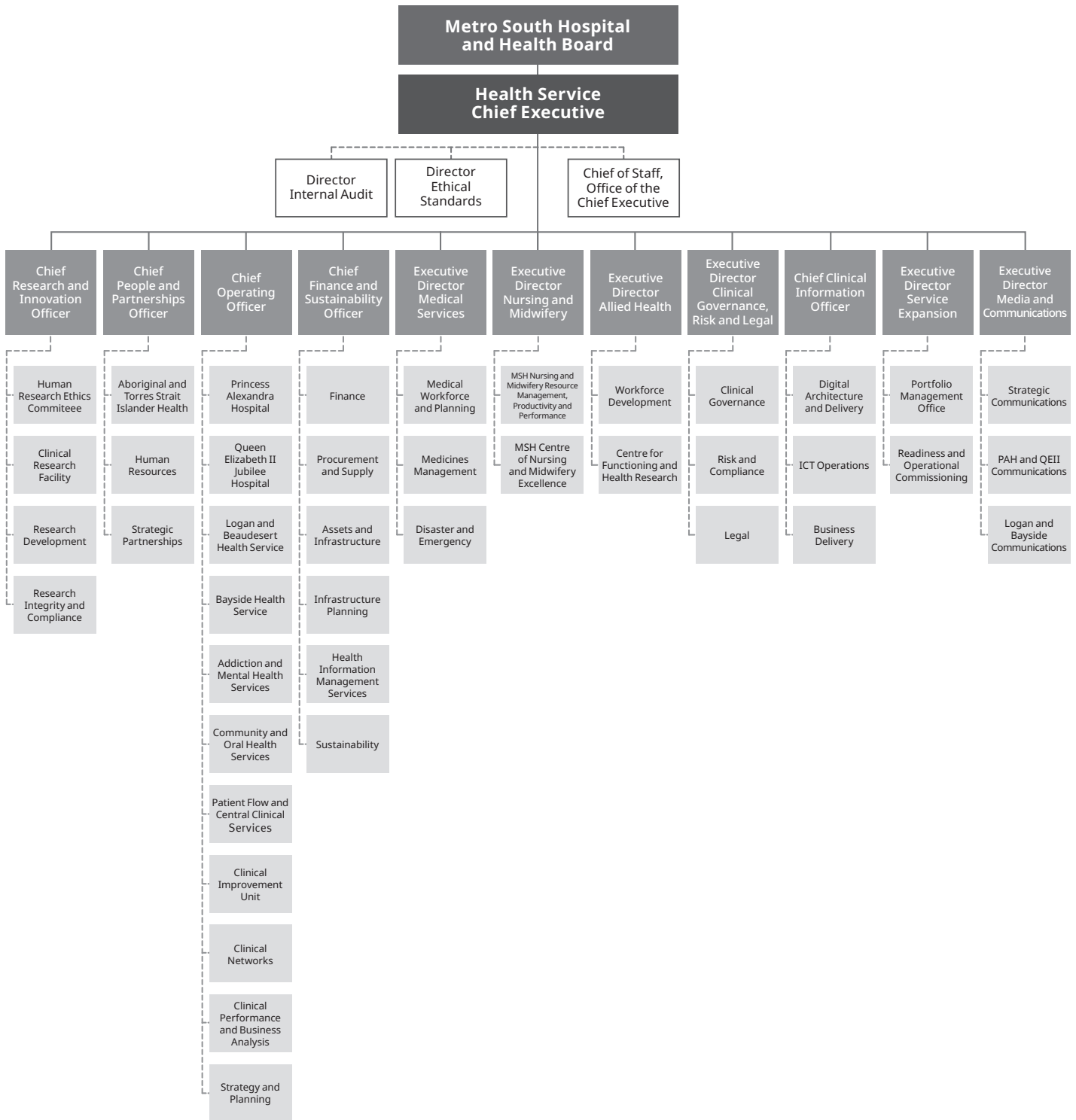
Health's strategic agenda through the *Better Together* initiative. She is an advocate for health literacy and positive workplace culture. Louise has a Bachelor of Mass Communications from Queensland University of Technology with Honours.

Chief Research and Innovation Officer

This is a new role and was still being recruited as at 30 June 2025. Refer to page 28 for more information.

Organisational structure

The chart below represents Metro South Health’s organisational structure as at 30 June 2025.



In 2024–2025, Metro South Health realigned its executive structure to better clarify portfolio responsibilities, and to ensure specialised areas of expertise are well supported and managed. Key changes from the previous reporting period include:

- realigning the responsibilities of the former Chief People, Engagement and Research Officer to other executive portfolio areas including the Chief Operating Officer, Chief Research and Innovation Officer, Chief People and Partnerships Officer, and the Executive Director Media and Communications.
- realigning the infrastructure planning function from the Executive Director Service Expansion to the Chief Finance and Sustainability Officer.

Workforce profile

The Metro South Health workforce is made up of 17,376 full-time equivalent employees, and a headcount of 21,337 people, 73 per cent of which are women (Table 5).

The Metro South region is the most culturally diverse area in Queensland, and our employees proudly mirror the community they serve. In 2024–2025, Metro South Health surpassed the target for a culturally and linguistically diverse workforce, achieving 21 per cent of staff from non-English speaking backgrounds (NESB) (Table 6), exceeding the 17 per cent target.

Over 2024–2025, Metro South Health employed more doctors, nurses, and allied health professionals to care for our fast-growing community, with more than 95 per cent of the workforce frontline and frontline support staff (Table 2).

The 2024 Metro South Hospital and Health Service Equity and Diversity Report highlights several areas where Metro South Health has met or exceeded its key performance indicators (KPIs). Notably, Metro South Health has achieved significant representation of women in senior leadership positions, with more than 64 per cent of Senior Executive Service equivalent roles filled by women (Table 7), surpassing the 50 per cent target, and as mentioned above, the organisation has made strides in cultural diversity, exceeding the employees from NESB backgrounds target by four per cent. The report also indicates a strong commitment to flexible working arrangements, with a high percentage of women utilising part-time work options, contributing to a supportive work environment.

The report identifies ways that Metro South Health can strengthen its existing programs and foster a more inclusive and equitable workplace. Specific items of focus include enhancing the support for employees with disabilities and increasing the workforce participation of Aboriginal and/or Torres Strait Islander peoples.

To address this, efforts are ongoing to boost the representation of Metro South Health staff who identify as having a disability,

currently at 503 individuals or 2.36 per cent of the workforce (Table 6), falling short of the four per cent target. Initiatives outlined in the Metro South Health *Disability Service Plan 2023–2026* will be implemented to foster a more inclusive workplace for people with disabilities at Metro South Health.

In 2024–2025, 385 employees identified as Aboriginal and/or Torres Strait Islander, representing 1.8 per cent of our workforce (Table 6), compared to the 2.06 per cent minimum 2026 target. This year, Metro South Health introduced several initiatives to increase the number of employees who identify as Aboriginal and/or Torres Strait Islander. These initiatives included developing agreements with healthcare, university, and community partners to develop a holistic approach to the Aboriginal and Torres Strait Islander health labour market and designing and implementing workforce inclusion initiatives to improve the diversity of our workforce.

We worked to increase opportunities for career pathways including school-based training, cadetships, paid internships, and early career support. Practical mentorship and opportunities for ongoing employment upon completion of traineeship and/or cadetship demonstrates Metro South Health's commitment to growing a workforce that meets the needs of the community we serve. Metro South Health is committed to further exceeding targets and further diversifying our workforce to reflect the Metro South community.

A significant amount of work was undertaken during 2024–2025 to grow the Deadly Start Traineeship program, which was first piloted during 2023–2024. The Deadly Start Traineeship program is an initiative to employ First Nations school-based trainees across Metro South Health.

During 2024–2025, 31 Deadly Start trainees commenced placements at Princess Alexandra, Logan, QEII and Redland hospitals, as well as the Southern Queensland Centre of Excellence at Inala. The trainees commenced placements across a range of occupations including nursing, allied health, pharmacy, administration, operational and primary

health. Twenty-three school-based traineeships commenced at Metro South hospitals across a range of occupations including nursing, allied health, administration, operational and social work. This is an increase from 21 Deadly Start trainees and seven general school-based traineeships that were offered during 2023–2024 in nursing, allied health, administration, dental, pharmacy and social work.

Further to this, Metro South Health has also increased our First Nations cadetship numbers from 11 (eight allied health and three nursing and midwifery cadets) during 2023–2024 to 21 (12 allied health and eight nursing and midwifery cadets) during 2024–2025 in the occupational areas of nursing, midwifery, physiotherapy, psychology, exercise physiology, social work and pharmacy. The First Nations Cadetship program is for university-based students to provide practical, paid, and flexible on-the-job experience within their chosen career.

To further enhance efforts in employing individuals from diverse backgrounds, including people with disabilities, culturally and linguistically diverse communities, First Nations peoples, and those identifying as LGBTIQ+, Metro South Health’s Diversity and Inclusion Senior Consultant continues to expand community engagement initiatives. These activities aim to position Metro South Health as an employer of choice for a diverse workforce. Key initiatives have included local coordination and participation in the following expos:

- TAFE Queensland campuses welcome day (Logan, Alexandra Hills, Mt Gravatt, Southbank)
- Griffith University Careers Expo (Nathan campus)
- #GOHealth Careers Expo
- Gunya Meta Closing the Gap Careers Day
- IGNITE Youth Careers Expo Logan
- Multicultural Career and Job Expo Logan
- Launch into Health and Community Care Jobs Expo
- QUT School of Accountancy Career Expo.

Metro South Health’s community engagement has expanded to include local businesses, councils, external government agencies, and the private sector. Key partnerships and collaborative efforts have been established with the following organisations:

- Griffith University (Nathan and Gold Coast) – industry panel events with students
- TAFE Queensland
- Education Queensland Regional Offices
- Education Queensland, Catholic Education, independent and alternative schools
- CheckUp
- Twin Rivers Centre
- Your Town
- Connect N Grow
- Thriving Local (Thrive Logan)
- Jigsaw Australia
- Health Industry Training
- Strategix
- Mas National
- Gunya Meta
- Logan Council
- Redland Council
- Department of Employment, Small Business and Training.

By increasing our presence in the community, we can establish the foundations to create long-term, sustainable partnerships across multiple sectors and increase pipelines and pathways of talent.

Equal Employment Opportunity (EEO) reporting serves as a vital mechanism for assessing progress on equity and diversity targets (Table 6), ensuring that Metro South Health remains a diverse and inclusive organisation. A workforce that reflects the broader community is essential in delivering equitable health outcomes and meeting the healthcare needs of all individuals.

As of June 2025, 6,960 employees (32.63 per cent) have yet to complete their EEO census form in the myHR system. Strengthening awareness, fostering trust, and promoting understanding of the significance of this data collection will be key to enhancing participation and ensuring accurate workforce representation.

Table 1: Total staffing

Total staffing	#
Headcount	21,337
Paid FTE*	17,376.43

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

Table 2: Occupation types by FTE

Occupation types by FTE	%
Corporate	4.40
Frontline and Frontline Support	95.60

Table 3: Appointment type by FTE

Appointment type by FTE	%
Permanent	78.00
Temporary	19.25
Casual	2.60
Contract	0.14

Table 4: Employment status by headcount

Employment status by headcount	%
Full-time	48.12
Part-time	47.05
Casual	4.83

Table 5: Gender

Gender**	Headcount	%
Woman	15,573	72.99
Man	5,719	26.80
Non-binary	45	0.21
Another term	0	0
Not disclosed	0	0

**Where data available.

Table 6: Diversity target group data

Diversity groups	Headcount	%
Women	15,573	72.99
Aboriginal Peoples and Torres Strait Islander Peoples	385	1.80
People with disability	503	2.36
Culturally and linguistically diverse*** – speak a language at home other than English****	4,561	21.38

***Culturally and linguistically diverse is also known as non-English speaking background (NESB).

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

Table 7: Target group data for women in leadership roles****

Group	Headcount	%
Senior Officers (Classified, s122 and s155 combined)	25	56.82
Senior Executive Service, High-level senior executives and Chief Executives (Classified, s122 and s155 combined)	18	64.29

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

Strategic workforce planning and performance

Leadership and capability

At Metro South Health, we strive to create a culture where our values are at the centre of how we work and how we interact with patients, consumers and each other. In doing so, we aim to foster a positive work environment where our people can connect with our vision and purpose, to feel safe and welcome to contribute, and perform at their best. We recognise that leaders who demonstrate and promote our values set the foundations of a culture of trust and respect in their teams, building collaboration, engagement and commitment to deliver excellence in care for our patients and the Metro South community.

In 2024–2025, Metro South Health Human Resources launched the Metro South Health *People Strategy 2024–2028*, which includes four pillars – our people, work with us, future focussed and safe and well. A key opportunity aligned with the *People Strategy* is the growth and development of our people, guided by our focus on leadership and capability.

At Metro South Health, leadership and capability continue to be informed by the Leadership Development Framework across the four pillars of leadership – leading people, leading performance, leading culture and change, and leading safety and wellness. The leadership and management suite of learning programs aim to influence leadership capacity and capability within our workforce, and cultivate a strong leadership culture that will support us in achieving our organisational goals and aspirations moving forward.

In 2024–2025, 251 leadership and management learning and development programs were delivered, with 3,266 Metro South Health leaders attending. These offerings included the core programs of the Leadership Development Pathway, namely the Emerging Executive Leadership Program (EELP), the Management Development Program (MDP), and Sailing into Supervision (SIS), supported and complemented by a suite of short course programs and workshops. In March 2025,

the third iteration of the EELP was launched, commencing with 25 participants. A total of 35 MDP workshops were delivered, with 149 Metro South Health leaders completing the full program, which are delivered over four days on a fortnightly schedule. A total of 28 SIS workshops were delivered, over two consecutive days a month, with 254 Metro South Health supervisors completing the full program.

During this period, Metro South Health extended our ongoing professional partnership with Centre for Leadership Excellence (CLE, The Department of Health). A total of 76 CLE-partnered sessions were delivered across 17 partnered programs for Metro South Health staff, with 1,075 staff members participating. In our partnership with CLE, we also launched the inaugural First Nations Leadership Program. A total of 12 Metro South Health Aboriginal and/or Torres Strait Islander staff graduated from the program. Six invited guests from Institute for Urban Indigenous Health also graduated from this program. Contextualised and hosted by our peers in the Metro South Health Aboriginal and Torres Strait Islander Health Directorate, the First Nations Leadership Program is scheduled on a biannual basis with the next one planned to be delivered in 2026.

To further strengthen leadership capability in 2024–2025, Metro South Health co-hosted two leadership summits, drawing participation from more than 500 staff across the organisation. In addition, the health service hosted monthly Metro South Health virtual leadership forums; every forum features guest speakers from within the health service and academic leads from partner universities focusing on leadership themes. Twelve virtual forum sessions were delivered, each averaging more than 200 attendees.

Access to training and compliance data remained a keen focus for leaders at Metro South Health and has been enhanced with improved access to corporate and clinical mandatory training data dashboards. These dashboards display real-time data and analysis of mandatory training

information extracted from MSHLearn, our learning management system.

Workplace culture

To meet our aspirational goals in the Metro South Health *People Strategy 2024–2028*, we encourage our leaders to foster a workplace culture where people feel safe, valued, welcome to contribute and perform at their best to support connection and collaboration for better patient outcomes.

Following an organisation-wide survey conducted in the previous financial year, Metro South Health developed action plans at the whole of directorate and facility level, identifying key initiatives and actions that will drive improvements in workplace culture. Three clear focus areas – employee safety and wellbeing/occupational violence, leadership presence, engagement and support, and workforce capability (including recruitment, retention, succession planning, workloads, and professional development) – were identified across the action plans submitted by each facility/directorate. All three areas were endorsed as part of the broader Metro South Health-wide action plan.

In December 2024, The Culture Hub was launched across Metro South Health in response to the feedback received through the survey. The Culture Hub is a central resource website, a one-stop-shop, offering tools and resources to support leaders and teams in improving workplace culture and boosting employee engagement.

As part of the 2023 Employee Engagement Survey, 676 total units across Metro South Health were mapped. Work units that required additional support were offered direct assistance from Metro South Human Resources Organisational Development to participate in cultural enhancement initiatives. Currently, 26 identified work units are actively engaged in the Cultural Transformation Program in collaboration with Metro South Human Resources Organisational Development. This program is an evidence-based initiative designed to support teams in realigning their culture with the core values, vision, and purpose of Metro South Health.

To further enhance our workplace culture, we made employee wellbeing a key priority. Recognising the need for a clear and structured approach, we developed the draft Metro South Health Mental Health and Wellbeing Framework. This holistic framework aligns the Department of Health model with key health and safety priorities, consisting of three interconnected components – wellbeing pillars, wellbeing dimensions, and enablers of success. Together, these elements support workforce wellbeing and help build a mentally healthy and mature organisation.

Health, safety and wellbeing

Metro South Health remains committed to fostering a safe and healthy workplace for all employees, patients, and visitors.

In the 2024–2025 reporting period, significant progress was made in strengthening our safety culture, systems, and practices across the organisation.

In response to the incidence of musculoskeletal injuries across healthcare settings, Metro South Health has developed a comprehensive Musculoskeletal Action Plan. This strategic initiative targets injury prevention through enhanced training, risk assessments, ergonomic improvements, and early intervention programs. The plan was developed collaboratively with frontline staff and subject matter experts to ensure practical, sustainable outcomes tailored to diverse clinical environments.

A major milestone this year was the process revitalisation for our Safety Management System (SMS). This includes a steering group updating key policies and procedures, streamlining incident reporting processes, and improving data analytics capabilities. These enhancements have strengthened compliance with legislative requirements and increased transparency and responsiveness in safety-related matters. Staff engagement has improved through clearer roles, responsibilities, and access to timely safety information.

A comprehensive review and update of hazardous chemicals management practices was undertaken to align with national and international best practice

standards. This included updating the Chemalert register, improving labelling and storage protocols, and developing targeted training for high-risk roles. These measures have enhanced our ability to manage chemical risks safely and sustainably, while meeting our obligations under the *Work Health and Safety Regulation 2011*.

During 2024-2025, Metro South Health continued to take action to address occupational violence in the workplace. We have implemented a comprehensive Occupation Violence Prevention (OVP) program, designed to enhance staff safety and wellbeing across our services and informed by direct engagement with frontline teams.

Key initiatives delivered under the OVP program included:

- recruitment of additional Safety and Response Officers to strengthen security in high-risk areas
- increased presence of ambassadors to provide visible support and reassurance
- regular engagement by the Metro South Health leadership with frontline staff, including site visits to areas identified as having specific concerns.

In addition, Metro South Health launched a 12-month trial of targeted interventions to assess the effectiveness of new strategies in reducing incidents of occupational violence, all of which have now been permanently implemented. Key initiatives included:

- expansion of the ambassador program across four directorates and hospitals
- implementation of a 'peaceful wards' initiative at Princess Alexandra Hospital
- improvements to the occupational violence risk assessment process within Community and Oral Health Services.
- Establishment of a dedicated Occupational Violence Emergency Response Team at Logan Hospital.

Metro South Health recognises the importance of identifying and addressing

sexual harassment, and actively working to prevent it from happening in our workplaces. This year, we launched a new Sexual Harassment Prevention Plan, which highlights the key risks and drivers of sexual harassment, and outlines the measures the health service takes, and will continue to take, in preventing sexual harassment and other related conduct as far as possible. The plan also details the support and reporting options available for any employee who has experienced or wishes to report sexual harassment.

Metro South Health continues to prioritise proactive risk management and employee wellbeing. We have embedded continuous improvement into our Work Health and Safety (WHS) governance framework and are expanding initiatives to support psychosocial safety, workplace culture, and leadership in safety. These efforts are supported by regular audits, staff consultation, and real-time safety data monitoring. As we look to the future, Metro South Health will continue to foster a culture where safety is a shared responsibility and embedded in every level of operation.

Learning and development

General staff education and training

Metro South Health has experienced significant transformation and growth in the 2024-2025 period, with service expansion, increasing demand for services, and evolving patient and community expectations. Metro South Health has a firm focus on building the capability of the workforce to meet the challenges of the future.

The Metro South Human Resources Organisational Development team offers learning and capability development opportunities for all staff in our health service. These opportunities help staff develop their careers, both personally and professionally, with a focus on values and patient care, to boost job satisfaction, productivity, and performance.

The team offers a suite of online, blended, virtual and face-to-face programs, including 30 eLearning modules, 13 structured courses, and 17 partnered programs. The service also extends to the

delivery of contextualised in-service training programs directly to work units upon request, to enhance teamwork, culture and capability.

In 2024–2025, Metro South Health implemented Schwartz Rounds – an open forum for all staff across all disciplines and backgrounds to come together to talk about the social and emotional aspects of providing care. Schwartz Rounds are sponsored by the Executive Director Medical Services and are structured around a topic that explores the ‘emotional’ challenges and rewards of working in healthcare. They involve panellist-storytellers sharing a brief story related to the topic and then a trauma-informed facilitated discussion. Rounds are run by trained facilitators and are designed to build connection, empathy, communication and teamwork, to reduce psychological distress in staff and ultimately improve both staff and patient experience. Schwartz Rounds have been implemented at Logan and Princess Alexandra hospitals in 2024, with roll outs to other directorates occurring across 2025. The implementation has been a collaborative effort across directorates and professional streams.

Medical clinical education and training

Accreditation for specialty training in Metro South Health has been maintained in 2024.

Throughout 2024, progress has been made towards implementing the National Framework for Prevocational Medical Training at Princess Alexandra Hospital. Key outcomes included:

- Trialling Entrustable Professional Activities (EPAs) across the hospital, with valuable learnings for implementation, and additional feedback for prevocational doctors.
- Ensuring that all interns met their requirements to progress to general registration under the new registration standard.
- Embedding cultural safety throughout prevocational training from orientation, twice weekly education sessions and through regular reflection on practice.

- Presenting discharge summary and learning objective processes at the National Prevocational Forum in November 2024.
- Developing a consistent process across Metro South Health for the establishment of Assessment Review Panels, with collaboration from QEII, Logan and Redland hospitals and input from the Metro South Health Legal team. These panels oversee the training and progression of prevocational doctors to enable fair and consistent decision making.
- Advocacy for First Nations doctors via a change in the Resident Medical Officer (RMO) campaign so that they can practice on country and are not subject to the ballot process.

At Logan and Beaudesert Health Service, key outcomes included:

- In 2024, Logan and Beaudesert Health Service commenced the first program of its kind in Metro South Health, of employed Students in Medicine (SiMs), with SiMs now working in a number of clinical departments across Logan Hospital.
- In 2024, Logan Hospital was one of the first Queensland public hospitals to be assessed under the new National Framework for Prevocational Medical Training and was successful in achieving accreditation under these standards in April 2024.

At QEII Hospital, key outcomes included:

- The Prevocational Training Program at QEII Hospital is currently accredited until the end of 2026.
- QEII Hospital has expanded its Post Graduate Year 2 (PGY2) Formal Education Program (FEP) to include an additional eight education sessions over the course of 2025.
- The new PGY2 FEP was launched in 2024 as a monthly protected one-hour teaching session. For 2025, additional sessions have been scheduled to allow greater scope in

teaching topics, based on RMO feedback.

- In addition to this, QEII Hospital's Prevocational Medical Education Committee (PMEC) is currently considering an additional model of PGY2 'near-peer' teaching in which PGY2s deliver education sessions to interns. This would run alongside a similar format in which Post Graduate Year 1 (PGY1s) deliver teaching to medical students.

At Redland Hospital, key outcomes included:

- Recruitment of dedicated interns for the first time in 2025.
- Redland Hospital was recently approved by the Australian Orthopaedic Association to have a trainee.
- Redland Hospital is on track to successfully implement the new PGY1 and PGY2 framework.
- The Redland Hospital emergency department received approval to be a bedside ultrasound training site for Emergency Medicine Registrars. This program commenced last year.
- In 2024–2025, Redland Hospital continued providing training for Rural Generalists in Anaesthetics and Obstetrics.

Nursing and midwifery clinical education and training

In 2024–2025, Metro South Health established a new Nursing and Midwifery Education and Research Committee to strengthen and standardise training and programs across the health service. Sponsored by the Executive Director of Nursing and Midwifery, this new committee provides strategic oversight and governance for education and research activities to promote workforce capability and a culture of continuous learning to support evidenced-based practice, enhancing patient care and service delivery.

Throughout the year, nursing and midwifery have retained a strong focus on expanding and optimising workforce training, addressing persistent workforce shortages, and ensuring that the education

system evolves to meet the needs of an expanding and diversifying healthcare environment. Nursing and midwifery prioritised the seamless integration of an increased workforce due to ongoing expansion projects. As new services were developed and facilities expanded, effective adaptation of both existing and new staff in these environments was critical. This required ongoing education and training initiatives designed to support staff during transitions, including upskilling current staff, alongside orientation programs for new employees. The challenge lies in managing the scale of integration effectively, mitigating risks of burnout or role confusion through targeted professional development and support.

A key priority for 2024–2025 was the continuation of building a strong pipeline of nursing and midwifery professionals. This includes expanding opportunities for potential recruits through enhanced traineeship programs, such as the School-Based Trainee Program. The ongoing success of initiatives like 'Deadly Start' and the First Nations Cadetship program is essential in creating pathways for First Nations individuals into the workforce, aiming to improve cultural competence across Metro South Health. To address broader workforce shortages, Metro South Health focussed on increasing the availability of graduate nurse and midwife placements. The implementation of permanent recruitment for the 2025 graduate cohort marks a significant step in providing stable, long-term opportunities.

Scope of practice was a highlight for 2024–2025 for both nursing and midwifery, ensuring compliance with educational standards and enhancing the quality of care. Education efforts for both nursing and midwifery supported clinicians working to their full scope of practice, allowing for improved access to care. Metro South Health piloted extended practices in specialty areas such as emergency departments through a statewide Emergency Department Protocolised Care Project, and Endoscopy nurse-led education. These projects support increased efficiency using the Extended Practice (EPA) and dedicated education programs to provide adequate

support, supervision, and mentoring to maintain patient safety while expanding professional capability.

Allied Health clinical education and training

Allied Health has strengthened its clinical education capacity, increasing clinical placement days by nine per cent to 35,057 days, with strong utilisation at 88 per cent (30,814 days delivered). Four professions achieved over 40 per cent growth in clinical placement days from 2023 to 2024, reflecting a proactive approach to meeting workforce demand.

Allied Health is developing innovative clinical education models aligned with future care needs. These include initiatives such as a student resourced clinic supporting pre-surgical care and other emerging service models. Allied health is actively pursuing new opportunities with education providers to strengthen collaborations and develop research initiatives that enhance clinical education.

The Allied Health Clinical Education Committee is leading work to enhance the student transition to practice. Targeted strategies are being developed to support this transition such as integration of Health Practitioner 1s (HP1s) into the workforce to not only support patient care but to promote preparedness for practice and workforce retention.

Research

In 2024–2025, Metro South Health researchers achieved significant improvements in health services and outcomes for patients and the community. We saw substantial growth, with more than 1,350 active studies and 930 publications in 2024, surpassing the previous year's figures. Research expenditure also increased to \$36 million. The 2024 Research Snapshot highlighted achievements from Metro South Health researchers across the health service.

Research symposia were held at QEII Hospital, Bayside Health Service, Logan and Beaudesert Health Service, Community and Oral Health Services, Addiction and Mental Health Services and Princess Alexandra Hospital. These symposia played

a crucial role in highlighting research excellence, fostering collaboration, and sharing knowledge across our facilities.

Metro South Health undertook several activities to support its research strategy, including aligning research projects with health service needs, increasing research capacity, and embedding research into health services. A system was established to integrate research into patient safety and quality systems, and mandatory training was enhanced to include research components.

Additional resources were provided to enhance research development services, including support for creating high-quality research proposals and grant applications. Key initiatives were launched in partnership with the Translational Research Institute, allowing researchers to gain valuable insights from the healthcare environment.

Metro South Health actively involved the community in research projects to ensure services met their needs. A new eLearning module was co-designed with researchers and consumers to support consumer partners with diverse backgrounds and disabilities.

Throughout the year, Metro South Health launched several initiatives to enhance research capabilities and foster a collaborative environment aimed at facilitating information sharing and knowledge of research administration processes. Furthermore, Metro South Health fostered a culture of research and clinical excellence by including research responsibilities in leadership roles and redesigning the Metro South Research website for better accessibility.

Workforce planning

With increased demand on the healthcare system and several capital expansion projects underway, workforce planning remains a critical element in operating our health service. Metro South Health is also investigating ways in which our recruitment strategies and processes can be improved to ensure inclusivity for applicants from diverse cultures and experiences. This is in line with the amended Recruitment and Selection

Directive 07/23 which has a specific focus on inclusivity.

With Metro South Health's continuous capital growth, it is critical that recruitment, attraction, and selection methodologies are reflective of an innovative and forward-thinking approach to our workforce. With significant uplift planned across the health service, there has been a focus on developing talent pipelines for areas of immediate and future critical needs including nursing and midwifery, allied health, operations and administration.

Pathways have been developed for experienced overseas nurses and midwives to be supported for relocation and visas to supplement the local domestic labour markets. Metro South Health also continues to increase its use of social media platforms like Facebook and LinkedIn to showcase the health service as an employer of choice within the local community as well as in-person promotional activities at universities via careers fairs, mentoring sessions, meet and greet student opportunities, and networking forums.

During 2024, allied health and nursing provided paid placement opportunities to First Nations students via the First Nations Cadetship program. The cadets are university students who are studying an allied health or nursing and midwifery degree. Metro South Health continues to work towards achieving our vision of establishing stronger connections and relationships with universities to support students in gaining employment at the completion of their degree and/or throughout their degree.

During 2024, Metro South Health continued the Deadly Start Traineeship Program, expanding on from the initial program

which commenced during 2023. This program provides paid traineeship opportunities to First Nations students interested in pursuing a career in Health.

The cadetships and traineeships aim to improve the workforce participation of Aboriginal and/or Torres Strait Islander peoples in the health workforce and assists in working towards making tracks together to health equity. In addition to these programs for First Nations peoples, engagement with schools and stakeholders in the employment sector has been a key focus for Metro South Health to improve access to employment opportunities for youth and those living with a disability.

Further to this, Metro South Health continues to offer unpaid non-clinical internships such as opportunities for university students seeking work experience in a health environment. These internship-like opportunities are by agreement with the local universities. Metro South Health also offers work experience programs across all disciplines from students in our local catchment schools.

Early retirement, redundancy and retrenchment

No redundancy, early retirement or retrenchment packages were paid during the 2024–2025 period.

Open data

Metro South Health has Open Data to report on consultancies, overseas travel, the implementation of the Queensland Language Services Policy, and the Charter of Victims' Rights complaints received. Data is published on the Queensland Government Open Data website⁴.

⁴ <https://www.data.qld.gov.au/>

Our risk management

Metro South Health is committed to managing risk in a proactive, integrated and accountable manner. Risk is an inherent part of a health service's operating environment. Risk management activities are incorporated into strategic planning, governance reporting and operational processes.

Metro South Health has a risk management policy and framework, which incorporates a procedure based on the AS ISO 31000:2018 Risk Management Guidelines. The policy outlines the health service's intent, roles and responsibilities and implementation requirements. Each accountability area is responsible for implementing the policy and framework, as well as actively creating and maintaining accurate risk registers.

The Risk Management Framework provides the overarching guidance relating to managing risk and defines the outcomes Metro South Health seeks to achieve when managing risk, as well as the governing principles of risk management. It also ensures the Risk Appetite Statement.

The Risk Management Procedure defines the processes for risk identification, recording, rating, identification of key controls, determination of risk treatments with regular risk monitoring and reporting.

The Metro South Health Board, Executive and other risk stakeholders are provided with evidence-based risk data that is contemporary, comparable, consistent, agile, efficient and at a level of quality which supports strategic planning, effective prioritisation, and decision-making. The Metro South Health Risk and Compliance Unit monitors and supports Metro South Health's risk management activities.

Governance of the risk framework is managed by:

- The Metro South Health Board, which has ultimate responsibility for monitoring key risks and ensuring there are systems and processes in place to identify, manage and monitor risks. The

Board has delegated responsibility for overseeing risk management activities to the Board Audit and Risk Committee.

- The Board Audit and Risk Committee oversees the assurance of the health service's Risk Management Framework, the internal control structure, and the effectiveness of monitoring compliance with relevant laws, regulations and government policies.

Metro South Health's commitment to risk management is demonstrated at all levels of the organisation and the core principles of risk management closely align with our values.

Internal audit

Internal audit reports during 2024–2025 included:

- medication management
- compliance management
- cash handling
- expenditure – corporate card
- consumer feedback management
- governance and reporting of outpatients
- psychosocial risk management
- third-party IT vendor management
- health check – payroll
- First Nations Health Equity
- patient travel subsidy scheme.

Additionally, Internal Audit observed a significant increase in the demand for, and provision of advisory services, on a wide range of subjects.

There were continuous improvements in the follow-up, and closing out, of outstanding Internal Audit recommendations and Queensland Audit Office (QAO) Performance Audit recommendations. Internal Audit also collaborated with an external service provider in delivering a number of internal audits.

QAO audit

As a public sector entity, Metro South Health is subject to annual audit by the QAO. The QAO also issued the following Auditor-General Reports to the Queensland Parliament that contained recommendations of relevance to Metro South Health:

- 2024 Status of Auditor-General's recommendations – tabled 20 September 2024
- Delivering forensic medical examinations (follow-up audit) – tabled 27 September 2024
- Health 2024 – tabled 15 January 2025
- Major projects 2024 – tabled 20 January 2025
- State Entities 2024 – tabled 11 April 2025.

External scrutiny, information systems and recordkeeping

Throughout 2024–2025, Metro South Health continued the evaluation and management of information security risks in line with its risk appetite statement. Assurance activities were carried out in accordance with the Queensland Government Enterprise Architecture (QGEA) Information Security Policy (IS18:2018).

During the mandatory annual Information Security reporting process, the Chief Executive confirmed to the Queensland Government Chief Information Security Officer that the health service's information security risk management was appropriate. This confirmation was based on the independent assurance activities undertaken to inform the health service's information security risk maturity.

Metro South Health aligns its Information Security Management System (ISMS) Framework that is based on the 'ISO/IEC 27001:2022 Information Security, Cybersecurity, and Privacy Protection – Information Security Management Systems – Requirements' Standard and Australian Signals Directorate (ASD) Essential Eight Maturity Model. This framework is structured around a series of mandated controls across organisational, people, physical, and technical domains.

The Metro South Health ISMS Framework enables us to:

- protect patient information privacy
- maintain regulatory compliance
- safeguard against potential threats
- respond to and recover from breaches effectively.

As part of Metro South Health's ongoing commitment to improving its Information Security posture, the health service has focused on enhancing third-party security control maturity and the enhancement of access controls to critical infrastructure. These efforts ensure that sensitive information is well-protected and that only authorised personnel can access critical infrastructure.

Metro South Health maintains records in line with the *Public Records Act 2023*, and relevant standards and policies, irrespective of record format. Recordkeeping procedures and guidelines support Metro South Health to ensure best practice with creation, access, management, archiving and disposal of records. Procedures exist to support digitisation for converting physical records to a digital representation through the means of scanning or digital photography. Appropriate and relevant disposal schedules are consulted, and processes are in place for approval to be granted by the HSCE for the destruction of records when documents are identified for disposal.

A digital recordkeeping program has been implemented across all Metro South Health executive and support services. Record management responsibilities are included in position descriptions for appropriate roles to ensure recordkeeping is prioritised and managed by specialised staff.

Queensland public service ethics and values

Metro South Health is committed to upholding the ethics values outlined in the *Public Sector Ethics Act 1994*, namely:

- integrity and impartiality
- promoting the public good
- commitment to the system of government
- accountability and transparency.

The Code of Conduct for the Queensland Public Service applies to all employees of Metro South Health, with training provided to employees as part of their mandatory induction training and also at regular intervals during their employment.

To foster a positive workplace culture, employees are also required to undertake awareness training regarding inappropriate workplace behaviours such as bullying, harassment, sexual harassment and discrimination, as well as training in relation to ethics, fraud and conflicts of interest. Such training is made available to staff through orientation sessions and online learning modules through the health service's online learning platform, MSHLearn.

During February 2025, Metro South Health conducted Fraud Awareness Month – an annual campaign to raise awareness on fraud and corruption. The theme was 'Integrity is everyone's business' to ensure we meet the community's expectations of our ongoing pursuit in building a transparent and ethical health service. It also aimed to empower our staff to identify and prevent fraudulent activities in the workplace. Metro South Health is committed to preventing fraud, and has zero tolerance to fraud, misconduct and corruption which can take away vital resources from the health service and undermine public confidence in its work. All employees play an important role in maintaining a corruption-free environment and building a workplace culture that promotes fraud prevention.

Corrupt conduct and public interest disclosures

The Ethical Standards Unit (ESU) is the central point within Metro South Health to receive and assess matters involving suspected corrupt conduct as defined in section 15 of the *Crime and Corruption Act 2001*. The ESU also discharges the HSC's legislative obligation to notify the Crime and Corruption Commission (CCC) of suspected corrupt conduct matters in accordance with section 38 of the *Crime and Corruption Act 2001*.

All reports of potential corrupt conduct are rigorously assessed and appropriately

managed, with some matters requiring oversight by the CCC if determined to be systemic, strategic and serious in nature. As per the CCC's *Strategic Plan 2023–2027* and *Corruption Strategy 2023–2027*, priority corruption areas of focus currently include excessive use of force against a young person; complex procurement, including major infrastructure and development projects; corruption in recruitment processes, particularly involving senior executive positions; misuse of confidential information to facilitate a serious offence; and corruption in grant funding. Metro South Health ensures all complaints of suspected corrupt conduct are dealt with in an ethical, transparent, and accountable manner and meet the legislative requirements under the *Crime and Corruption Act 2001*.

Pursuant to the *Public Interest Disclosure Act 2010*, complaints/disclosures made by members of the public and public officers about certain types of wrongdoing in the public sector may constitute a public interest disclosure (PID). The Director, Ethical Standards Unit has the delegated responsibility for assessing whether complaints constitute PIDs; notifying relevant external agencies of a PID where required; and facilitating the provision of support and protection measures/strategies for relevant parties.

Metro South Health's PID Management Program encompasses a commitment to encourage the internal reporting of wrongdoing; an endorsement by senior management of the value PIDs provide in improving the integrity and performance of the health service to deter wrongdoing; a communication strategy to raise awareness amongst all employees about PIDs; the provision of relevant training to all staff; and ensuring effective systems and processes are in place to ensure outcomes will inform improvements to service delivery and internal controls.

Metro South Health has detailed procedures relating to reporting and managing corrupt conduct and PIDs, which ensures the health service meets relevant legislative obligations and appropriately addresses any matters which involve allegations of suspected corrupt conduct.

Ministerial direction

Section 44(6) of the *Hospital and Health Boards Act 2011* requires annual reports to state each direction given by the Minister to the HHS during the financial year and the action taken by the HHS as a result of the direction. No Ministerial direction was given to Metro South Health during the reporting period.

Human rights

Metro South Health is committed to protecting and promoting fundamental human rights in all our decision making and actions. We value consumers from diverse backgrounds who are essential partners in the planning, design, delivery, measurement, evaluation and governance of person-centred healthcare.

In 2024–2025, Metro South Health has continued to progress work towards:

- enhancing human rights culture across our organisation
- improving health equity, access and outcomes for the diverse cohort of patients across our region
- preventing discrimination and sexual harassment
- supporting victims of crime and domestic and family violence
- addressing the very real human consequences and challenges associated with climate change by prioritising the reduction of our carbon footprint and embedding more sustainable practices for future generations.

Human rights compatibility

All governing policies and procedures within Metro South Health undergo a compliance check to ensure our delivery of care is compatible with the *Human Rights Act 2019*.

Human rights education, training and awareness

Metro South Health offers online training in relation to the *Human Rights Act 2019* for all employees and contractors. We also offer the Maybo – Promoting Human Rights and Reducing Restrictive Practices training. This introduces the principles of supporting a person's needs through a

human rights approach. It highlights how to take measures to reduce restrictive practices that might be used intentionally or in some cases without realising they are restricting the person's liberty or autonomy. It is available to all staff.

Key highlights throughout 2024–2025 included:

- Metro South Health recognised and celebrated Human Rights Week from 1 to 10 December 2024
- four sessions on human rights education and training were provided to mental health clinicians, consumer liaison officers and public health officers
- four refresher sessions on anti-discrimination were provided for Human Resources teams
- domestic and family violence (DFV) awareness and information sessions were provided to staff
- six refresher sessions on protected industrial action entitlement were provided to the Human Resources and Nursing and Midwifery Executive Committee cohort.

Health language and literacy

Metro South Health recognises that health literacy disparities can create inequities in health care access. Throughout 2024–2025, Metro South Health developed additional 'easy to read' resources to enhance the ability of our consumers to access, understand and use our services. This included:

- an Easy English version of the Metro South Health *Strategic Plan 2024–2028*
- an Easy English version of the Metro South Health *Safety and Quality Strategy 2024–2028*
- developing communication and language support tools to support effective communication with patients and meet their language and literacy needs.

Metro South Health is the largest engager of interpreters in Queensland. In 2024–2025 we undertook a current state assessment of Metro South Health Interpreter Services to identify opportunities for service enhancement and

ensure patients' rights to accessible information are met.

During 2024–2025, Metro South Health expanded the Multicultural Hospital Liaison Service to three FTE to assist and support culturally and linguistically diverse patients, their families, carers and nominated community representatives during a hospital stay. This team also works collaboratively with health staff to deliver appropriate and culturally sensitive care.

Metro South Health is committed to a visible, equitable and accessible complaints management system for all consumers. Consumers of Metro South Health are supported to select the most suitable submission option available for them, including as audio files, video files, online web form, face-to-face, email, handwritten or phone call. Consumers can provide feedback and receive a response in their first language, which is translated by Interpreter Services.

Human rights complaints and outcomes

During 2024–2025, Metro South Health received no recommendations from the Queensland Human Rights Commission (QHRC) or the Australian Human Rights Commission on improving our human rights culture.

In the 2024–2025 financial year, Metro South Health received 346⁵ customer complaints considered as potentially relevant to the *Human Rights Act 2019*. Most of the complaints made in this reporting period were resolved at the local level.

The following table summarises QHRC matters active during the relevant period (Table 8):

Table 8: QHRC matters

Total new matters (healthcare related) received	3 new matters were received during the last financial year (1 was unresolved at conciliation and lapsed without referral to QCAT; 1 referred to QCAT, 1 ongoing preliminary inquiry).
Total matters carried over from last financial year	Nil
Total new matters (employment related) received during the last financial year	5 (2 were unconciliable at QHRC and lapsed without referral to QCAT; 2 progressed to QIRC; 1 withdrawn).

Confidential information

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

In 2024–2025, the HSCE authorised one disclosure of confidential information relating to cancer-related hospital treatment data by Cancer Alliance Queensland to Queensland Cancer Register.

⁵ This number includes complaints that were assessed by Metro South Health staff as relevant. It includes complaints that were not substantiated, withdrawn and/or which do not explicitly mention human rights.

Victims' Commissioner and Sexual Violence Review Board Act 2024

The *Victims' Commissioner and Sexual Violence Review Board Act 2024* (the Act) was passed by the Queensland Parliament in April 2024 to establish rights for victims of violent crime to appropriate treatment by Queensland Government agencies and the right to make a complaint. This includes a Charter of Victims' Rights.

The Act provides an affected victim with the right to make a complaint to Metro South Health if they believe our officers, members or employees have engaged in conduct inconsistent with the rights stated in the Charter. From 2 September 2024, Metro South Health was required to include certain complaint data in its annual report for a financial year.

Table 9: Charter of Victim's Rights matters

Total number of complaints received during financial year	2
Number of complaints made in relation to each general right	2 ⁶
Number of complaints referred to another government entity	Nil
How each complaint was dealt with	<p>The complaints were investigated and dealt with in accordance with consumer and employee complaints management procedures. One underwent an external review process (via the Office of the Health Ombudsman), during which it was deemed the matter was appropriately managed by Metro South Health.</p> <p>One complaint recognised opportunities to further strengthen the support available for consumers disclosing sexual assault through any point in their health care journey with Metro South Health. Implementation is in progress, including introduction of a 24/7 Sexual Assault Response Service (SARS) including access to forensic examination and psychosocial support at Redland Hospital by June 2025 and staff training.</p>
Any other information about each complaint	N/A

Metro South Health acknowledges many of our staff interact with victims of crime in the work that they do. Since September 2024, Metro South Health has:

- worked with our consumer liaison teams (who manage complaints on behalf of Metro South Health) to review current complaints processes to ensure compliance with the Act
- allocated executive sponsorship of the Act to the Chief Operating Officer to reflect Metro South Health's commitment to ensuring we act consistently with the victim's rights in the Charter
- ensured our current systems are updated and able to deal with complaints made (or considered to be made) pursuant to the Act
- raised awareness of the Charter:
 - at the Executive level via reporting to Metro South Health's Executive Strategic Governance Committee and Board

⁶ Charter of Victims' Rights – General Right – Schedule 1, Part 1, Division 1, section 1 of *Victims' Commissioner and Sexual Violence Review Board Act 2024* – An affected victim will be treated with courtesy, compassion, respect and dignity, taking into account the victim's needs.

- with key internal stakeholders including Sexual Assault Response Service, Directors of emergency departments
- through an education and training session for the Consumer Liaison team regarding the Charter and complaint assessment
- for Metro South Health staff and patients by ordering posters in various languages and displaying them in key areas across the organisation.

Performance

Non-financial performance

Key performance indicators (KPIs)

As at 30 June 2025, Metro South Health reported the following progress against the objectives outlined in its *Strategic Plan 2024–2028*:

Table 10: Performance indicators 2024–2025

Objectives	Measures	Target	2024–2025	
Our people are our success	Number of separations of permanent employees from Metro South HHS	<829	951	
	Percentage of workforce who identify as person with disability	>4%	2.36%	
	Increase participation rate of Aboriginal and Torres Strait Islander people in our workforce	>2.6%	1.80%	
	Percentage of workforce who identify as Culturally and Linguistically Diverse	>12%	21.38%	
We improve health equity for our community	The percentage of inpatient admissions for First Nations patients where the patient discharged against medical advice	<1%	4.86%	
	The percentage of babies born to First Nations mothers where the baby was born with low birthweight	<8.61%	7.84%	
	Proportion of overnight in-scope separations from an acute mental health inpatient unit(s) within the reference period for which an ambulatory mental health service contact, in which the consumer participated face-to-face (that is, in person or via videoconference), occurred in the 1-7 days following that separation	>65%	58.24%	
	Reduce gap in rates of diabetes potentially preventable hospitalisations between Indigenous and Non-Indigenous people	Indigenous residents	<2.3%	3.21%
		Non-Indigenous residents	<1.6%	2.60%

Harnessing digital health to improve access, insights and results	Growth in Telehealth occasions of service	≥100%	117.02%
Our care delivers great experiences and great outcomes	Rate of healthcare-associated Staphylococcus aureus bacteraemia in acute care public hospitals per 10,000 patient days ¹	<1	0.9
	Avoidable hospital readmissions (AHR)	<2779	2,541 ²
	Emergency department – length of stay (admitted)	≥60%	35%
	Emergency department – length of stay (total)	≥80%	46%
	Specialist outpatients – seen in clinically recommended time: Category 1 Category 2 Category 3	Cat 1: ≥75% Cat 2: ≥70% Cat 3: ≥85%	Cat 1: 73% Cat 2: 37% Cat 3: 67%
	Elective surgery – treated in clinically recommended time: Category 1 Category 2 Category 3	Cat 1: ≥98% Cat 2: ≥95% Cat 3: ≥95%	Cat 1: 82% Cat 2: 76% Cat 3: 87%
	Gastrointestinal (GI) endoscopy – treated in clinically recommended time: Category 4 Category 5 Category 6	Cat 4: ≥98% Cat 5: ≥95% Cat 6: ≥95%	Cat 1: 42% Cat 2: 64% Cat 3: 91%
	Potentially preventable hospitalisations (PPH) (non-diabetes complications)	≥5.6%	6.39% ³
Protecting our future through sustainability	Balanced or surplus financial operating position	Balanced or Surplus FYTD	\$17.3M deficit

Notes:

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

Progress in meeting key performance indicators

Metro South Health is making progress in improving its performance against the indicators listed above that were not met in 2024–2025.

Workforce diversity

Metro South Health has established a diversity and inclusion program with the aim of enhancing the workforce representation of people with disabilities, First Nations peoples, culturally and linguistically diverse people, and people who identify as LGBTIQ+. In 2024–2025 the program:

- worked to establish clear pathways from high school into full employment through school-based traineeships, cadetships, early career support and mentorship
- established partnerships with local business, government and community-based organisations to increase pipelines of talent
- attended selected career expos and events to promote Metro South Health as an employer of choice for diverse communities
- encouraged employees to self-identify as belonging to a priority diverse group to allow us to more accurately monitor our progress on meeting diversity targets.

Health equity for First Nations Peoples

Metro South Health recognises there is still more we need to do to close the gap in health outcomes and life expectancy for First Nations people in our region. Our *First Nations Health Equity Strategy* outlines our commitment to improving access to and experience of healthcare, and equitable health outcomes, for First Nations Peoples. The strategy's key priorities are to:

- eliminate racial discrimination and institutional racism
- increase First Nations peoples access to health care services
- help improve social and economic impacts on health care
- deliver sustainable, culturally safe and responsive health care services

- work with First Nations peoples, communities and organisations to design and manage health services
- strengthen our First Nations workforce.

Strategies and programs are in place across our hospitals and community services to help meet these objectives, such as:

- ensuring equitable access to emergency care through the rollout of learning from the Karulbo project to all sites – this project focused on understanding why First Nations patients, in particular younger women, left the emergency department prior to treatment being completed at rates higher than the general population
- a new First Nations KPI dashboard containing accurate, up-to-date data on health outcomes compared with non-First Nations people, including emergency presentations, outpatients, elective surgery, birthing and mental health – this has significantly improved our ability to monitor and respond to differences in clinical outcomes
- targeted initiatives to prioritise booking capacity in outpatients for First Nations patients – including greater flexibility in booking, Saturday clinics, as well as waiting list audits and prioritising of appointments
- a focus on creating a welcoming and culturally appropriate atmosphere in clinical spaces, through strong consultation with consumers and the installation of artwork.

Emergency departments

There were 325,664 emergency presentations to Metro South Health hospitals in 2024–2025, representing an overall increase of 7,464 more presentations over the previous year. Metro South Health saw 100 per cent of Australian Triage Scale (ATS) Category 1, the most critical patients, within two minutes. There was also improved waiting times in all other triage categories

compared to the prior year, with a 10 per cent increase in Category 2 and a seven per cent increase in Category 3 patients seen in time.

Metro South Health continued to play a leading role with QAS, West Moreton Hospital and Health Service, Darling Downs Hospital and Health Service, and Mater Health Service to support timely access to emergency care across the network at times of peak demand. We implemented several initiatives designed to support QAS to the road, such as increasing Transfer Initiative Nurse (TIN) capacity and introducing dedicated Medical Commanders at all facilities. We continued to work towards our commitment to ensuring equitable access to emergency care through the broader implementation and integration of recommendations from the Karulbo project across the health service. This project focused on understanding why First Nations patients, in particular younger women, left the emergency department prior to treatment being completed at rates higher than the general population.

The establishment of the Metro South Health Emergency Clinical Network, in concert with the existing Patient Access Coordination Hub, has helped improve the full utilisation of our unplanned care network by establishing a system of care supported by a clear decision-making framework. This has resulted in improved access to care, with a 33 per cent reduction in lost minutes per ambulance and a 35 per cent reduction in patients waiting a prolonged period in the emergency department.

Elective surgery

Metro South Health continued to build on its return to full surgical activity in 2024–2025, with the commissioning of additional theatre sessions at Princess Alexandra Hospital through the Planned Care program.

In 2024–2025, a total of 12,263 Category 1 elective surgery patients, 9,253 Category 2 elective surgery patients, and 4,538 Category 3 elective surgery patients received surgery over the year. This is in addition to 16,743 emergency surgeries and

1,119 elective caesareans over the course of the year. We performed an average of 46 emergency surgeries every day, an increase of four per cent year on year. This growth was pronounced at Logan Hospital, with an eight per cent increase in emergency surgery compared to the prior year.

The median wait time for elective surgery was 35 days. We recorded a four per cent improvement in the number of patients treated within the clinically recommended timeframe compared to the previous year.

Metro South Health expanded equitable access to care across the health service by increasing capacity and implementing culturally safe pathways for patients. This included early identification with private partners for First Nations patients and a dedicated elective surgery nurse navigator for First Nations patients at Princess Alexandra Hospital.

Specialist outpatients

Metro South Health saw 88,055 new Category 1 outpatients, 47,982 new Category 2 outpatients, and 17,580 new Category 3 outpatients during 2024–2025. This averages to 602 patients per business day, an increase of 12 per cent over the previous year. This represents a record number of new patients being seen within Metro South Health. This is in addition to 706,776 specialist outpatient review appointments.

Metro South Health continues to provide significant support across the Western Queensland corridor, with more than 14 per cent of all new outpatient appointments delivered being for patients who live outside of the Metro South Health catchment area.

There was unprecedented outpatient demand over the course of the year at Metro South Health. The health service responded to this demand with new and expanded models of care in areas such as dermatology, neurology, neurosurgery, gastroenterology, and ENT. These initiatives were designed to streamline access to care across these specialities, fully utilise the scope of practice of allied health and nursing, and improve the availability of medical appointments. These initiatives

are now embedded and will continue into the coming financial year.

Metro South Health has a particular focus on ensuring equity of access for First Nations patients across the health service with booking practises in place to support these patients accessing services.

GI Endoscopy

Metro South Health delivered 15,510 Category 4, 6,783 Category 5, and 2,364 Category 6 gastrointestinal endoscopies over the course of 2024–2025. This was stable compared with the previous year, and is in addition to the 2,626 surveillance scopes performed over the course of the year.

The commissioning of the additional Endoscopy suite at QEII Hospital in June 2025 provided a significant opportunity for Metro South Health to further improve access to care across the health service.

Financial position

Commentary regarding Metro South Health's financial position is provided on page 63.

Value for money

Activity Based Funding (ABF) is the primary financing mechanism for public hospitals. Under this model, Weighted Activity Units (WAU) provide a common unit of comparison for all clinical activities so that hospital activity can be measured and costed consistently.

The cost per WAU for Activity Based Funding facilities in Metro South Health for 2024–2025 was \$5,784, which is below the State average. A key contributing factor was the over delivery of WAU activity relevant to target.

Other achievements against our strategic objectives

The key performance indicators measured against Metro South Health's *Strategic Plan 2024–2028* are supplemented by a range of qualitative outcomes:

Our people are our success

Improved staff engagement and satisfaction

- In July 2024, Metro South Health launched the *People Strategy 2024–2028* to support connection and collaboration with our workforce, creating better outcomes for patients and the communities we serve.
- In 2024–2025, Metro South Health implemented Culture and Wellbeing Committees at four directorates to champion wellness and positive workplace culture across the health service.
- In December 2024, Metro South Health launched a new Culture Hub full of tools and resources to support managers, leaders and teams to enhance workplace culture and help embed our organisational values.

Workforce diversity is comparable to Metro South population

- A new intake of Deadly Start trainees commenced in 2024–2025, with Metro South Health welcoming 31 Aboriginal and/or Torres Strait Islander year 11 and 12 students from across the catchment to advance into a career in health.
- Metro South Health introduced a new initiative, the Allied Health Deadly Career Pathway, designed to strengthen cultural leadership among Aboriginal and Torres Strait Islander allied health staff and grow the First Nations workforce in Metro South Health.

Improved workforce capacity

- Throughout 2024–2025, Metro South Health welcomed hundreds of interns and graduates across many healthcare professions into our workforce to help us continue delivering exceptional patient care

while fostering the growth and development of budding healthcare professionals.

- More than 20 school-based traineeships commenced at Princess Alexandra, Logan, Beaudesert, QEII and Redland hospitals across a range of occupations.
- Nursing and Midwifery Graduate Open Days were held at Princess Alexandra, QEII, Logan and Redland hospitals, drawing in hundreds of students from across the region to explore a career with Metro South Health.
- Metro South Health hosted its annual Nurse Practitioner Education Day at Redland Hospital, bringing together Nurse Practitioners from across the region.
- In 2024–2025, Metro South Health recommenced a work experience program for year 10 students with 70 students taking part in 2024 and 61 students taking part in 2025. The program is predominantly a nursing program, with opportunities being explored to facilitate programs for allied health, medical and non-clinical pathways.

Improved workforce wellbeing and safety

- A key focus for Metro South Health in 2024–2025 was occupational violence prevention (OVP). In 2024, Metro South Health established a dedicated OVP project, developed a Strategic OVP Framework, established an OVP Oversight Committee, funded several OVP initiatives across the health service worth more than \$3 million, and employed additional security officers at Beaudesert and Redland hospitals. In 2025, Metro South Health also recruited an OVP expert lead, developed facility-specific plans and implemented and

operationalised the OVP Framework.

- Alongside Princess Alexandra and Logan hospitals, in 2025, Redland and QEII hospitals welcomed new Healthcare Ambassadors to help support patients, reduce stress, and help prevent disruptive behaviour in the hospitals.

We improve health equity for our community

Improved cultural safety, quality and inclusivity

- Metro South Health developed Easy English versions of the *Strategic Plan 2024–2028* and the *Safety and Quality Strategy 2024–2028*. The Easy English versions of these high-level strategic documents cater to individuals with lower literacy skills, those learning English, and those with disabilities.
- Beaudesert Hospital strengthened its commitment to culturally appropriate care with a new Gathering Circle unveiled during NAIDOC Week in July 2024. In April 2025, the Gathering Circle received a meaningful makeover with a bush tucker garden added, enhancing the space as a place of healing and reflection for patients, visitors and staff.
- The Karulbo project, supporting young First Nations women in the emergency department follow through with care, was trialled at Logan Hospital and learnings rolled out to all sites.
- Redland Hospital welcomed a new Aboriginal and Torres Strait Islander Nurse Navigator in August 2024, helping to build trust and provide cultural support for First Nations people accessing healthcare.
- Logan Hospital welcomed its first First Nations midwifery cadet in September 2024 to help improve healthcare for First Nations women and babies.
- Metro South Health reaffirmed its commitment to improving health equity during the First Nations Showcase in October 2024, which

was the first event of its kind for the health service. Attendees then celebrated the next generation of healthcare workers at a ceremony for Deadly Start graduates.

Improved equity of access to services

- In April 2025, Metro South Health published the Brisbane South Joint Regional Needs Assessment (JRNA) 2025–2027. Developed in partnership with Brisbane South PHN, the JRNA identifies the health and service priorities of the Brisbane South region.
- Throughout 2024–2025, Community and Oral Health Services hosted mobile dental vans at various locations in the Metro South region including Yarrabilba, Macleay Island and Redland, making oral health care more accessible for the community.
- Throughout 2024–2025, Metro South Health held free Advance Care Planning (ACP) clinics for consumers at several Community Health Centres. The clinics, hosted by the Metro South Health ACP Service, enabled consumers to learn more about ACP and receive support to complete Queensland ACP documents including the Enduring Power of Attorney, Advance Health Directive and Statement of Choices.
- In November 2024, Queensland's first FamilyLinQ hub opened at Kingston State School in Logan. The hub is home to a number of health, education, training and community services, and aims to improve the life outcomes of children and their families. The collaboration of services between Metro South Health, The Bryan Foundation, Children's Health Queensland, and other local health and community service providers are tailored to the local community's needs.
- In January 2025, the Southern Queensland Centre of Excellence (SQCoE) held its third School Readiness Day, aimed at providing First Nations children from Prep to Year 12 with the resources and

support needed for a successful school year.

- Princess Alexandra Hospital's Audiology Department launched a new community-based audiology service for Aboriginal and/or Torres Strait Islander peoples. The *Binung Hearing and Listening Mob* is a fortnightly clinic hosted by the team in response to an identified gap in audiology healthcare access.
- In February 2025, the Beenleigh Community Health Centre launched a new dispensary to improve access to essential medications for its patients under mental health care. This initiative provides a much-needed resource for individuals who previously had to travel long distances to access their prescriptions.
- In April 2025, Logan Hospital officially unveiled its new Gathering Circle, reaffirming the health service's support of culturally inclusive care.
- In May 2025, the Brisbane Paediatric ADHD Collaborative Care Pathway was launched, supporting GPs to play a greater role in the assessment and treatment of paediatric ADHD. Led by Metro South Health, the Australian-first pathway will be implemented across Brisbane's six public paediatric hospitals.
- Extending on the existing Diabetes Street Hub care model at Princess Alexandra Hospital, in June 2025 the Community Diabetes Screening Project was launched offering free, on-the-spot diabetes screening, education, and referral support to members of the public at various community locations.

Harnessing digital health to improve access, insights and results

Improved access to virtual care

- Metro South Health implemented a Telehealth uplift program, resulting in the number of patients accessing healthcare services via Telehealth video appointments increasing by 4,690, a 42 per cent growth.

- Access to Telehealth services among First Nations consumers has reached record levels, with an increase of 302 individuals (30 per cent). Metro South Health has focussed on improvements in culturally appropriate patient resources and enhanced staff training initiatives aimed at supporting diversity and promoting health equity.
- A new project at Princess Alexandra Hospital, 'TeleECHO', increased care options for allied health patients by integrating telehealth in outpatient services.

Data insights inform patient care

- Digital Health and Informatics has developed several dashboards and analytical products to enhance clinical and non-clinical decision-making, including the Metro South Health Accountability Report, Flow Prediction Model, and Specialist Outpatient Services Implementation Standard (SOSIS) Dashboard.
- Numerous research projects are ongoing or have been published, including the Queensland Sepsis Algorithm, the AI Rad Companion Pilot, research into AI implementation in radiology, and studies exploring clinician perspectives and recommendations regarding the design of clinician prediction models for deteriorating patients in acute care settings.
- Since the launch of Research Electronic Data Capture (REDCap), a secure web application for building and managing online surveys and databases in February 2024, there has been substantial growth in digital initiatives focused on advancing research, clinical care, operational efficiency, and quality improvement. As of February 2025, a total of 284 projects have been initiated.
- An Ambient AI trial was launched, aiming to leverage artificial intelligence to reduce administrative burdens and improve care delivery. The AI-

powered solution 'listens' to clinical consultations and transcribes clinical notes, summaries, and correspondence for incorporation into the patient's health record, enabling healthcare professionals to dedicate more time to direct patient care.

- In alignment with Metro South Health's commitment to enhancing operational efficiency and improving data quality through automation, Digital Health and Informatics has initiated an automation trial to support the Primary Care Partnerships Unit referral workflows. As part of the Smart Referral Workflow System (SRWS) Automation Trial, two key workflows are being explored: automating the creation of waitlist appointments and patient correspondence for accepted referrals; and automating the upload of referral documents into the integrated electronic Medical Record (ieMR) system.
- A Quality Improvement Register has been developed to enhance visibility and tracking of quality improvement initiatives across Metro South Health. The Register provides a transparent platform that enables staff to monitor progress, share learnings, and update projects efficiently, supporting continuous improvement across the organisation.

Improved interface/usability for our community (patient experience)

- The Smart Referral Request for Advice platform trial was launched in late 2024, enabling GPs to submit requests directly to specialist clinicians. This facilitates continuity of care within the community, closer to patients' homes.
- The referral-based eConsult trial commenced in 2024 in collaboration with the Central Referral Hub, enabling direct communication between GPs and specialists to assist with the validation and management of

referrals. Early outcomes have been positive, particularly in relation to improvements in the Specialist Outpatient Department waitlist.

- Targeted initiatives have been undertaken to increase the uptake and adoption of digital health technologies among consumer groups that have historically faced barriers to healthcare access and lower engagement with technology. This includes initiatives supporting culturally and linguistically diverse (CALD) populations and hearing-impaired consumers, who can now access Telehealth services with interpreter support.
- In July 2024, Metro South Health launched a new public-facing website to enhance accessibility and usability, including simplifying the language and structure to improve user experience.

Our care delivers great experiences and great outcomes

Improved patient experience and outcomes

- In December 2024, Metro South Health launched the new *Safety and Quality Strategy 2024–2028*. The strategy gives an overview of what Metro South Health is doing to ensure the community receives safe, quality and reliable care.
- In July 2024, Metro South Health launched the *Health Service Plan 2024–2028*, a four-year roadmap that describes how the health service will meet the health needs of the community into the future.
- In January 2025, Princess Alexandra Hospital became the first hospital in the Southern Hemisphere to achieve a fifth Magnet® designation, recognising its commitment to high quality care and nursing excellence.
- In July 2024 new Crisis Support Spaces opened at Logan and Redland hospitals, offering a peaceful alternative to the emergency department for mental health consumers.

- Throughout 2024–2025, the Metro South Health Voluntary Assisted Dying (VAD) service was widely acknowledged as an exemplary VAD service across the country, reflecting our ongoing commitment to quality, dignity, and patient-centred care.
- A new Cognition Support Unit officially opened at Princess Alexandra Hospital in January 2025, ensuring the highest level of care for patients living with dementia and other cognitive challenges.
- In February 2025, a new Positron Emissions Tomography (PET) scanner was installed at Princess Alexandra Hospital giving patients more accurate, faster scans with a reduced radiation dose.
- In February 2025, Logan Hospital became the first emergency department in Queensland to establish a dedicated Geriatric Emergency Medicine Unit to enhance care for the growing number of older patients.
- Palliative Care initiative ‘Lisa’s Lunches’, first introduced at Logan Hospital in 2023, expanded to the Princess Alexandra Hospital in 2024 and QEII Hospital in 2025 to support families whose loved ones are nearing the end of life.
- Radiation Oncology Princess Alexandra Hospital Ipswich Road (ROPAIR) welcomed a new state-of-the-art TrueBeam radiotherapy system which is set to elevate cancer treatment.
- In April 2025, QEII Hospital welcomed a state-of-the-art da Vinci Xi® surgical robot, enabling surgeons to perform complex, minimally invasive procedures with superior precision and control.
- In June 2025, a new medication management system known as Pyxis was launched in the Princess Alexandra Hospital theatre complex, improving medication safety for thousands of patients receiving surgery each year.
- Logan and Beaudesert hospitals are embedding spiritual care into healthcare delivery with the help of the Spiritual Care Subcommittee, established in 2024–2025. The subcommittee focuses on how staff can better support the spiritual needs of patients, families, and staff, regardless of their faith, beliefs, or background.

Improved timeliness of care delivery

- Redland Hospital expanded its dedicated children’s emergency department to open 24-hours a day.
- In 2024–2025, Metro South Health established Clinical Networks, consisting of groups of health professionals from across the health service that provide clinical direction and coordination with the aim to enhance health service planning and the coordination of clinical services across Metro South Health.
- In August 2024, Princess Alexandra Hospital implemented the new Bed Egress Coordinator initiative, increasing the transfer of suitable patients to additional beds, improving patient flow across the hospital.
- In February 2025, QEII Hospital launched a multidisciplinary Rheumatology Clinic, streamlining care for waitlisted musculoskeletal patients.

Optimised patient journey (transition in and out of MSH)

- Following a successful pilot in September 2024, Metro South Health introduced the Long Stay Patient Dashboard to help ensure patients are discharged in a timely manner and transitioned to the care they need.
- In May 2025, Logan Hospital’s emergency department began trialling a new approach to care aimed at helping patients receive treatment faster and get home sooner. The Emergency Nursing Protocolised Care Project enables specially trained nurses to deliver

certain treatments and medications as part of their role.

Research and innovation, improving the future of healthcare today

Increased consumer engagement with clinical trials and research

- The Metro South Public Health Unit partnered with the community throughout 2024–2025 to conduct mosquito surveillance as part of the Zika Mozzie Seeker project.
- A new program introduced at Logan Hospital in late 2024 helps patients living with both diabetes and early-stage kidney disease. The iDETECKD project is a collaborative approach to care between the Logan Endocrine and Diabetes Service (LEADS), the Nutrition and Dietetics team and several other specialists.

Increased research and innovation funding for our priorities

- In 2024–2025, more than \$2.5 million in health and medical research grants were awarded to staff through the Metro South Health Research Support Scheme, aligning with health service priorities.
- A research team from Redland Hospital's emergency department was awarded nearly \$95,000 over two years to evaluate the safety and quality of care provided in the acute overflow area of the emergency department. The grant was secured through the Emergency Medicine Foundation (EMF).

Evidence of translation of research into clinical practice

- Princess Alexandra Hospital was the first Queensland hospital to join a world-first international cancer trial to treat patients with CAR-T cell therapy from the start of their myeloma diagnosis.
- In July 2024, the first patient in Metro South Health underwent a groundbreaking Faecal Microbiota Transplant at Logan Hospital.

- Redland Hospital trialled a high-tech approach to diagnose ankle injuries using the Point-of-Care Ultrasound (POCUS), allowing patients to be seen at their bedside.
- Metro South Oral Health continued transforming the landscape of dental technology in 2024–2025 with the integration of advanced 3D printing, AI, and cutting-edge materials.
- The Metro South Public Health Unit led a critical new initiative aimed at improving the health of newborns and reducing hospital admissions caused by Respiratory Syncytial Virus (RSV) infections.
- Princess Alexandra Hospital began a research study into relapsed Diffuse large B-cell lymphoma (DLBCL), looking at a new line of defence against lymphoma.
- Princess Alexandra Hospital became the Queensland site for a multinational clinical trial for mitral valve replacement using keyhole surgery as an alternative to open heart surgery. The first two patients were treated using the conservative Transcatheter Mitral Valve Replacement technique in November 2024.

Staff are engaged in innovation and research

- Work commenced on a new *Research and Innovation Strategy* to guide our efforts over the next five years to maximise research capability and capacity, to encourage innovative thinking across all areas of our organisation, and to effectively use research findings to improve outcomes for patients.
- Metro South Health is committed to building research capacity across the health service with research symposia now well established across all of our directorates. In 2024–2025, events included the Princess Alexandra Hospital Health Symposium, the Logan and Beaudesert Health Service Research Symposium, the QEII Hospital Research Symposium, the Bayside

Health Service Research Symposium, the Metro South Addiction and Mental Health Services Research Symposium, the Community and Oral Health Innovation Showcase, the Metro South Health Orthopaedic Research Showcase, and the Bariatric Care Symposium.

- Princess Alexandra Hospital's Dermatology researchers were recognised for their extensive work to understand the formation of skin cancer, winning the 2024 Research Translation Excellence Award as part of the Queensland Health Research Excellence Showcase.
- Metro South Health, in partnership with the University of Queensland's Centre for Health Services Research, developed a new training program for clinicians to improve outcomes for older Australians who are undergoing rehabilitation. The program is now being rolled out to other health services across the country.
- A research project developed at Redland Hospital was recognised internationally, winning the 2025 Sir John Brotherston Prize from the UK's Faculty of Public Health. The study explored cultural capability among overseas-trained doctors, following completion of an interactive e-learning module.

Protecting our future through sustainability

Balanced operating position

Commentary regarding Metro South Health's financial position is provided on page 63.

Build and access funding opportunities

Metro South Health accessed significant capital funding for new and refurbished infrastructure during 2024–2025, which resulted in the following achievements:

- In 2024–2025, early works began at Logan, QEII and Princess Alexandra hospitals as part of the Queensland Government's Hospital Rescue Plan, ensuring we have the infrastructure we need to meet the

needs of our growing population. Commissioning work is also underway on a new inpatient building at Redland Hospital providing a new medical ward and intensive care unit.

- The Mental Health High Dependency Unit at Princess Alexandra Hospital was refurbished in July 2024, giving patients a calming and comforting space to receive care.
- As part of the Accelerated Infrastructure Delivery Program (AIDP) at QEII Hospital, a new Allied Health and Ambulatory Care Services Building was opened in July 2024, featuring a new gym, therapy spaces, consult rooms, interview rooms, and office spaces for staff.
- As part of the Logan Hospital Expansion Stage 1 project, a new dedicated multi-disciplinary office space and amenities for Mental Health Services opened in July 2024. Additional consultation spaces, reception and a waiting area for Medical Outpatient Services opened in August 2024.
- As part of the Logan Maternity Services Refurbishment project, a new and expanded Special Care Nursery opened at Logan Hospital in August 2024. The Neonatal Unit includes ten additional cots, additional rooming-in capability for parents and babies and improved family amenities.
- As part of the AIDP at Princess Alexandra Hospital, the expansion of kidney care services was completed in September 2024. The upgrades included three new high dependency bays and five additional treatment chairs, with renovations and refurbishments to the Renal Inpatient Unit, the Outpatient Dialysis Unit, and existing staff areas.
- As part of the Hospital Rescue Plan at QEII Hospital, a new car park was opened in October 2024 providing additional parking spaces for patients, visitors and staff. In October 2024 construction

commenced on a new five-level clinical services building which will deliver an additional 112 beds and treatment spaces, including a seven-bed expansion of the Intensive Care Unit. In November 2024, construction commenced on a new eight-level car park which will deliver 1,379 car parks.

- In March 2025, a new and expanded Palliative Care Ward opened at Logan Hospital, delivering two additional beds to become a 14-bed ward with ten single bedrooms and two double bedrooms.
- In March 2025, four dedicated palliative care beds opened at Princess Alexandra Hospital.
- In March 2025, patients, families, staff, and peer support workers celebrated the opening of the newly renovated deck of the Spinal Injuries Unit at Princess Alexandra Hospital – the first completed infrastructure component of the Queensland Spinal Cord Injuries Service (QSCIS) Enhancement Program.
- The Logan Maternity Refurbishment program was completed in March 2025 with the opening of the final stage, the Maternity Assessment Centre. This included increased capacity for assessments from four to seven treatment spaces, patient and family amenities including a play area for children and changing facilities for parents. The final stage also delivered a dedicated 24-hour main reception for the Maternity Service and an Access Road providing direct access to the service 24-hours a day.

- In June 2025, a new ward opened at Redland Hospital, boosting medical and respiratory care for the Redlands coast community.
- An additional Endoscopy Suite was opened at QEII Hospital in June 2025, boosting one of Queensland's busiest endoscopy units and allowing an additional 2,400 procedures to be performed each year.

We reduce our impact on the environment

- In 2024–2025, Metro South Health appointed a Sustainability Manager and Clinical Lead for Sustainability and hosted a series of pop-up stalls across the health service to engage with staff about waste reducing tips and other sustainable work practices.
- In September 2024, Metro South Health launched the 'MSH Green Team', a platform for staff to share ideas for a more environmentally sustainable health service.
- In May 2025, Metro South Health released a draft *Environmental Sustainability Plan* which establishes a clear path to being a more environmentally sustainable health service.
- In November 2024, Logan Hospital took another step forward in its 'green' commitment by placing new Containers for Change bins across the campus and establishing a partnership with Substation 33 and Close the Loop.
- Bayside Health Service partnered with Night Ninjas to upcycle unused dry goods and shelf-stable foods to support homeless people across Redland City.

Service standards

Metro South Health is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist and outpatient clinics, mental health, critical care and clinical support services.

Table 11: Service standards – performance 2024–2025

Metro South Hospital and Health Service	2024–2025 Target	2024–2025 Actual
Effectiveness measures		
Percentage of emergency department patients seen within recommended timeframes <ul style="list-style-type: none"> • Category 1 (within 2 minutes) • Category 2 (within 10 minutes) • Category 3 (within 30 minutes) • Category 4 (within 60 minutes) • Category 5 (within 120 minutes) 	100% 80% 75% 70% 70%	100% 70% 67% 79% 93%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	46%
Percentage of elective surgery patients treated within the clinically recommended times <ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days) • Category 3 (365 days) 	>98% >95% >95%	82% 76% 87%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ¹	≤1.0	0.9
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ²	>65%	62.6%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ³	<12%	8.7%
Percentage of specialist outpatients waiting within clinically recommended times ⁴ <ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days)⁵ • Category 3 (365 days)⁵ 	45%	41% 41% 76%
Percentage of specialist outpatients seen within clinically recommended times <ul style="list-style-type: none"> • Category 1 (30 days) • Category 2 (90 days)⁵ • Category 3 (365 days)⁵ 	75%	73% 37% 67%
Median wait time for treatment in emergency departments (minutes) ⁶	..	13

Median wait time for elective surgery treatment (days)	..	35
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities ⁷	\$5,847	\$5,784
Other measures		
Number of elective surgery patients treated within clinically recommended times		
• Category 1 (30 days)	11,661	10,093
• Category 2 (90 days)	8,551	7,063
• Category 3 (365 days)	4,657	3,933
Number of Telehealth outpatients service events ⁸	40,000	46,802
Total weighted activity units (WAU) ^{9,10}		
• Acute Inpatients	271,719	272,119
• Outpatients	101,408	104,827
• Sub-acute	46,999	49,474
• Emergency Department	62,455	63,708
• Mental Health	27,086	46,781
• Prevention and Primary Care	8,037	9,045
Ambulatory mental health service contact duration (hours) ¹¹	>174,933	132,378
Staffing ¹²	16,697	17,376.43

Notes:

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 service 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

Metro South Health's operational result is a deficit of \$17.310 million for the year ending 30 June 2025. This represents a 0.44 per cent variance against revenue of \$3.935 billion.

The 2024-25 financial year demonstrated the commitment, resilience and effectiveness of Metro South Health's service provision in prioritising and meeting the needs of our diverse community. Whilst delivering a balanced financial position was the goal, there were many challenges for Metro South Health in meeting its budget obligations resulting in an overall deficit position. These challenges included an unprecedented increase in demand for services, a key focus on reducing patient waitlists, as well as the ongoing impact of global cost inflation pressures.

Revenue and expenditure

Metro South Health's income is sourced from two major areas:

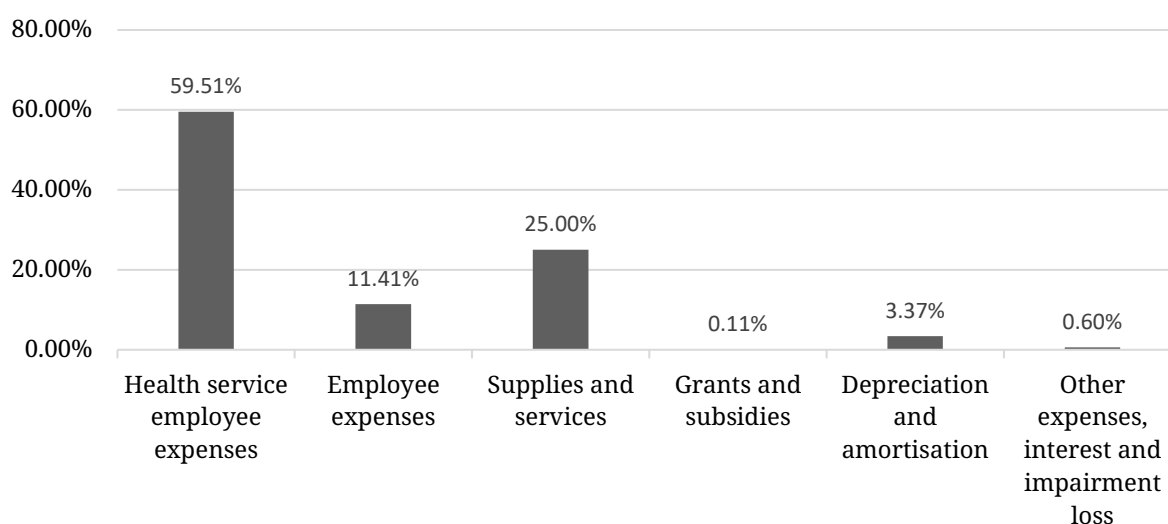
1. Department of Health funding for public health services (including Commonwealth contributions).
2. Own source revenue.

Metro South Health's total income was \$3.935 billion, which is an increase of \$332.345 million (9.23 per cent) from 2023–2024:

- The activity-based funding for hospital services was 78.59 per cent or \$3.092 billion.
- Block and other Department of Health funding was 9.68 per cent or \$380.884 million.
- Commonwealth grants and other grants funding was 1.91 per cent or \$75.207 million for health services.
- Own source revenue was 9.26 per cent or \$364.526 million.
- Other revenue and gain were 0.56 per cent or \$21.755 million.

The total expenses were \$3.952 billion, averaging at \$10.827 million a day for providing public health services. Total expenditure increased by \$355.802 million (9.89 per cent) from last financial year.

Graph 1: Expenses 2024–2025



Assets and liabilities

Metro South Health's asset base amounts to \$1.949 billion. 87.77 per cent or \$1.711 billion of this is invested in property, plant and equipment, service concession building, intangible and right-of-use assets. The remaining balance of \$238.312 million is held in cash, receivables, inventory, contract assets and other assets.

Metro South Health's liabilities total \$316.688 million and consist of payables, employee benefits, contract liabilities, other liabilities and lease liabilities, leaving an equity base of \$1.632 billion.

Deferred maintenance

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

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

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, Metro South Health reported:

- \$22.719 million in deferred operational maintenance expenditure, as per the Metro South Health *Annual Management and Maintenance Plan 2024–2025*; and
- \$1,001.826 million in postponed capital maintenance expenditure.

Metro South Health has the following strategies in place to mitigate any risks associated with these items:

- utilise fixed funding amount allocated from the Timely Investment in Infrastructure Maintenance (TIIM) program
- increase the operational maintenance budget
- audit recommendations – maintenance planning, budget ringfencing and work order management.

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

As of 30 June 2025, Metro South Health had reported forecast lifecycle replacements, renewals, and refurbishments of \$645.606 million representing critical infrastructure in poor or very poor condition.

Financial statements

Metro South Health
For the year ended 30 June 2025

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General Information

The Metro South Hospital and Health Service is a not-for-profit Queensland Government statutory body under the *Hospital and Health Boards Act 2011*. The Metro South Hospital and Health Service operates under its registered trading name of Metro South Health.

Metro South Health is controlled by the State of Queensland which is the ultimate parent entity.

The head office and principal place of business of Metro South Health is:

Princess Alexandra Hospital, Building 15, Level 3
199 Ipswich Road, Woolloongabba Q 4102

For information in relation to Metro South Health’s financial statements visit the Metro South Health website: www.metrosouth.health.qld.gov.au or email: MetroSouthCorro@health.qld.gov.au

Metro South Health
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2025

	Notes	2025 Actual \$'000	2025 Original Budget \$'000	Budget Variance* \$'000	2024 Actual \$'000
Income from continuing operations					
Funding for public health services	A1-1	3,473,124	3,351,741	121,383	3,188,238
User charges and fees	A1-2	364,526	297,285	67,241	331,389
Grants and other contributions	A1-3	75,207	61,298	13,909	65,675
Other revenue	A1-4	21,060	13,937	7,123	16,225
Total revenue		<u>3,933,917</u>	<u>3,724,261</u>	<u>209,656</u>	<u>3,601,527</u>
Gain on disposal or re-measurement of assets		695	198	497	740
Total income from continuing operations		<u>3,934,612</u>	<u>3,724,459</u>	<u>210,153</u>	<u>3,602,267</u>
Expenses from continuing operations					
Employee expenses	A2-1	450,990	404,691	46,299	401,772
Health service employee expenses	A2-2	2,351,654	2,243,401	108,253	2,113,333
Supplies and services	A2-3	988,117	882,788	105,329	919,549
Grants and subsidies	A2-4	4,295	906	3,389	2,944
Interest on lease liabilities	B12	244	218	26	272
Depreciation and amortisation	B6,B7,B12	133,030	126,709	6,321	136,699
Impairment losses		7,406	1,713	5,693	7,237
Other expenses	A2-5	16,186	64,033	(47,847)	14,314
Total expenses from continuing operations		<u>3,951,922</u>	<u>3,724,459</u>	<u>227,463</u>	<u>3,596,120</u>
Operating result for the year		<u>(17,310)</u>	<u>-</u>	<u>(17,310)</u>	<u>6,147</u>
Other comprehensive income					
Increase in asset revaluation surplus	B13	66,147	39,903	26,244	45,491
Total other comprehensive income		<u>66,147</u>	<u>39,903</u>	<u>26,244</u>	<u>45,491</u>
Total comprehensive income		<u>48,837</u>	<u>39,903</u>	<u>8,934</u>	<u>51,638</u>

*An explanation of major variances between budget and actuals is included at Note D1.

The accompanying notes form part of these financial statements.

Metro South Health
STATEMENT OF FINANCIAL POSITION
As at 30 June 2025

		2025	2025	Budget	2024
	Notes	Actual	Original	Variance*	Actual
		\$'000	Budget	\$'000	\$'000
			\$'000		
Assets					
Current assets					
Cash and cash equivalents	B1	115,356	78,612	36,744	152,392
Receivables	B2	51,125	74,362	(23,237)	48,264
Contract assets	B3	35,428	-	35,428	45,632
Inventories	B4	26,170	22,715	3,455	24,268
Other assets	B5	10,233	5,626	4,607	9,190
Total current assets		238,312	181,315	56,997	279,746
Non-current assets					
Intangibles		30	49	(19)	60
Property, plant and equipment	B6	1,675,233	1,970,060	(294,827)	1,565,681
Service concession assets	B7	28,996	25,995	3,001	29,150
Right-of-use assets	B12	6,293	5,815	478	7,104
Total non-current assets		1,710,552	2,001,919	(291,367)	1,601,995
Total assets		1,948,864	2,183,234	(234,370)	1,881,741
Liabilities					
Current liabilities					
Payables	B8	284,070	225,610	58,460	285,256
Accrued employee benefits	B9	8,641	14,204	(5,563)	7,410
Contract liabilities	B10	7,996	-	7,996	14,696
Lease liabilities	B12	1,352	1,513	(161)	1,211
Other liabilities	B11	1,224	1,163	61	1,440
Total current liabilities		303,283	242,490	60,793	310,013
Non-current liabilities					
Lease liabilities	B12	5,650	4,958	692	6,561
Other liabilities	B11	7,755	7,698	57	8,917
Total non-current liabilities		13,405	12,656	749	15,478
Total liabilities		316,688	255,146	61,542	325,491
Net assets		1,632,176	1,928,088	(295,912)	1,556,250
Equity					
Contributed equity	B14	1,045,712	1,369,827	(324,115)	1,018,623
Accumulated surplus/(deficit)		(7,979)	3,184	(11,163)	9,331
Asset revaluation surplus	B13	594,443	555,077	39,366	528,296
Total equity		1,632,176	1,928,088	(295,912)	1,556,250

*An explanation of major variances between budget and actuals is included at Note D2.

The accompanying notes form part of these financial statements.

Metro South Health
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2025

	Notes	Accumulated surplus/(deficit) \$'000	Asset revaluation surplus \$'000	Contributed equity \$'000	Total equity \$'000
Balance at 1 July 2023		3,184	482,805	913,621	1,399,610
Operating result					
Operating result from continuing operations		6,147	-	-	6,147
Other comprehensive income					
Increase in asset revaluation surplus	B13	-	45,491	-	45,491
Total comprehensive income for the year		6,147	45,491	-	51,638
Transactions with owners as owners:					
Equity asset transfers	B14	-	-	146,454	146,454
Equity injections	B14	-	-	97,124	97,124
Equity withdrawals - cash	B14	-	-	(3,291)	(3,291)
Equity withdrawals	B14	-	-	(135,285)	(135,285)
Net transactions with owners as owners		-	-	105,002	105,002
Balance at 30 June 2024		9,331	528,296	1,018,623	1,556,250
	Notes	Accumulated surplus/(deficit) \$'000	Asset revaluation surplus \$'000	Contributed equity \$'000	Total equity \$'000
Balance at 1 July 2024		9,331	528,296	1,018,623	1,556,250
Operating result					
Operating result from continuing operations		(17,310)	-	-	(17,310)
Other comprehensive income					
Increase in asset revaluation surplus	B13	-	66,147	-	66,147
Total comprehensive income for the year		(17,310)	66,147	-	48,837
Transactions with owners as owners:					
Equity asset transfers	B14	-	-	40,462	40,462
Equity injections	B14	-	-	118,495	118,495
Equity withdrawals	B14	-	-	(131,868)	(131,868)
Net transactions with owners as owners		-	-	27,089	27,089
Balance at 30 June 2025		(7,979)	594,443	1,045,712	1,632,176

The accompanying notes form part of these financial statements.

Metro South Health
STATEMENT OF CASH FLOWS
For the year ended 30 June 2025

	Notes	2025 Actual \$'000	2025 Original Budget \$'000	Budget Variance* \$'000	2024 Actual \$'000
Cash flows from operating activities					
<i>Inflows:</i>					
Funding for public health services		3,346,977	3,226,178	120,799	3,061,139
User charges and fees		351,886	295,408	56,478	316,990
Grants and other contributions		44,034	37,454	6,580	40,174
Interest received		1,345	766	579	1,178
GST input tax credits from ATO		63,793	55,263	8,530	52,040
GST collected from customers		11,493	7,880	3,613	7,578
Other receipts		17,315	11,980	5,335	13,316
<i>Outflows:</i>					
Employee expenses		(449,645)	(402,791)	(46,854)	(420,340)
Health service employee expenses		(2,341,818)	(2,243,401)	(98,417)	(2,148,353)
Supplies and services		(971,864)	(868,307)	(103,557)	(849,988)
Grants and subsidies		(4,064)	(906)	(3,158)	(3,080)
GST paid to suppliers		(63,885)	(55,579)	(8,306)	(53,354)
Interest payments on lease liabilities		(244)	(218)	(26)	-
GST remitted to ATO		(11,266)	(7,775)	(3,491)	(7,473)
Other		(15,336)	(40,189)	24,853	(13,369)
Net cash provided by/(used in) operating activities	CF-1	<u>(21,279)</u>	<u>15,763</u>	<u>(37,042)</u>	<u>(3,542)</u>
Cash flows from investing activities					
<i>Inflows:</i>					
Sale of property, plant and equipment		1,103	198	905	1,008
<i>Outflows:</i>					
Payments for property, plant and equipment		<u>(132,491)</u>	<u>(1,650)</u>	<u>(130,841)</u>	<u>(72,836)</u>
Net cash used in investing activities		<u>(131,388)</u>	<u>(1,452)</u>	<u>(129,936)</u>	<u>(71,828)</u>
Cash flows from financing activities					
<i>Inflows:</i>					
Equity injections	B14	118,495	1,420	117,075	97,124
<i>Outflows:</i>					
Equity withdrawals		-	-	-	(3,291)
Lease payments		<u>(2,864)</u>	<u>(1,201)</u>	<u>(1,663)</u>	<u>(3,029)</u>
Net cash provided by financing activities		<u>115,631</u>	<u>219</u>	<u>115,412</u>	<u>90,804</u>
Net increase/(decrease) in cash and cash equivalents		(37,036)	14,530	(51,566)	15,434
Cash and cash equivalents at the beginning of the financial year		152,392	64,082	88,310	136,958
Cash and cash equivalents at the end of the financial year	B1	<u>115,356</u>	<u>78,612</u>	<u>36,744</u>	<u>152,392</u>

*An explanation of major variances between budget and actuals is included at Note D3.

The accompanying notes form part of these financial statements.

Metro South Health
STATEMENT OF CASH FLOWS
For the year ended 30 June 2025

NOTES TO THE STATEMENT OF CASH FLOWS

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

CF-1 RECONCILIATION OF OPERATING RESULT TO NET CASH FROM OPERATING ACTIVITIES

	2025 \$'000	2024 \$'000
Operating result from continuing operations	(17,310)	6,147
<i>Non-cash items:</i>		
Depreciation/amortisation expense	133,030	136,699
Depreciation and amortisation funding	(131,867)	(135,285)
Service concession arrangements revenue	(1,163)	(1,163)
Assets written (on)/off	(1,380)	70
Impairment loss on property, plant and equipment	13	457
Lease interest	-	272
Net (gain)/loss on sale of property, plant and equipment	(129)	(614)
Services below fair value	30,526	26,467
Donations services below fair value	(30,526)	(26,467)
<i>Change in assets and liabilities:</i>		
(Increase)/decrease in trade and other receivables	(2,953)	(5,802)
Increase/(decrease) in loss allowance in trade receivables	91	(191)
(Increase)/decrease in inventories	(1,902)	(1,843)
(Increase)/decrease in contract assets	10,204	(6,986)
(Increase)/decrease in prepayments	(1,043)	(3,564)
Increase/(decrease) in contract liabilities and unearned revenue	(6,916)	13,422
Increase/(decrease) in accrued employees expenses	1,232	(18,645)
Increase/(decrease) in accrued health service employees expenses	9,950	(34,942)
Increase/(decrease) in payables	(11,136)	48,426
Net cash provided by (used in) operating activities	(21,279)	(3,542)

BASIS OF FINANCIAL STATEMENT PREPARATION

Compliance with prescribed requirements

Metro South Health has prepared these financial statements in compliance with section 62(1) of the *Financial Accountability Act 2009* and section 39 of the *Financial and Performance Management Standard 2019*. These financial statements are general purpose financial statements and have been prepared on an accrual basis in accordance with Australian Accounting Standards and Interpretations applicable to not-for-profit entities as Metro South Health is a not-for-profit entity. The financial statements also comply with *Queensland Treasury's Minimum Reporting Requirements for reporting periods beginning on or after 1 July 2024* and other authoritative pronouncements. Amounts are recorded at their historical cost, except where stated otherwise.

Metro South Health has prepared these financial statements on a going concern basis, which assumes that Metro South Health will be able to meet the payment terms of its financial obligations as and when they fall due. Metro South Health's primary source of income is from the Department of Health for the provision of public health services and Metro South 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.

In addition to Metro South Health's funding arrangements under the Service Agreement Framework, Metro South Health has no intention to liquidate or to cease operations and under section 18 of the *Hospital and Health Boards Act 2011* Metro South Health represents the State of Queensland and has all the privileges and immunity of the State.

The reporting entity

The financial statements include the value of all income, expenses, assets, liabilities and equity of Metro South Health. Metro South Health does not have any controlled entities.

Taxation

Metro South Health is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation with the exception of Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). FBT and GST are the only Commonwealth taxes recognised by Metro South Health. GST credits receivable from and GST payable to the Australian Tax Office (ATO) are recognised in note B2.

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

Authorisation of financial statements for issue

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

Accounting estimates and judgements

The preparation of financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions and management judgements that have the potential to cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year. Such estimates, judgements and underlying assumptions are reviewed on an ongoing basis and outlined in the relevant notes to the financial statements.

Key judgements and estimates are disclosed in the relevant notes to which they apply.

Currency, rounding and comparatives

Amounts included in the financial statements are in Australian dollars and have been rounded to the nearest \$1,000 or where that amount is \$500 or less, to zero, unless disclosure of the full amount is specifically required.

The comparative information has been restated where necessary to be consistent with disclosures in the current reporting period and to improve transparency across the years.

Current and non-current classification

Assets and liabilities are classified as either current or non-current in the Statement of Financial Position and associated notes. Assets are classified as current where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as current when they are due to be settled within 12 months after the reporting date or Metro South Health does not have the right at the end of the reporting period to defer settlement to beyond 12 months after the reporting date. All other assets and liabilities are classified as non-current.

A NOTES ABOUT FINANCIAL PERFORMANCE

A1 Income

NOTE A1-1: FUNDING FOR PUBLIC HEALTH SERVICES

	2025 \$'000	2024 \$'000
Activity based funding	3,092,240	2,815,022
Block funding	249,017	237,931
Depreciation funding	131,867	135,285
	<u>3,473,124</u>	<u>3,188,238</u>

Metro South Health’s funding is provided predominantly by the Department of Health for specific public health services purchased in accordance with a service agreement. The Australian Government pays its share of the National Health Funding directly to the Department of Health, for on forwarding to the Hospital and Health Services. The Service Agreement is reviewed periodically and updated for changes in activity and price of services delivered by Metro South Health. Cash funding from the Department of Health is received fortnightly for State payments and monthly for Commonwealth payments. Commonwealth funding to Metro South Health in 2025 was \$1,195.965 million (2024: \$1,134.431 million).

The Service Agreement includes activity based funding for the provision of a targeted level of public health activity. The Service Agreement also includes block funding for various services, including community services and funding for depreciation provided as non-cash revenue which is offset against an equity withdrawal presented in the Statement of Changes in Equity. Revenue for activity based funding and block funding is recognised over time as Metro South Health meets its performance obligations stipulated under the Service Agreement. Revenue for depreciation funding is recognised as Metro South Health incurs depreciation charges over the financial year.

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

NOTE A1-2: USER CHARGES AND FEES

	2025 \$'000	2024 \$'000
Revenue from contracts with customers		
Hospital fees	136,307	119,735
Sale of goods and services	105,572	97,872
Pharmaceutical benefit scheme reimbursements	118,878	109,515
Other user charges and fees		
Rental income	3,769	4,267
	<u>364,526</u>	<u>331,389</u>

Revenue from contracts with customers is recognised at a point in time when Metro South Health transfers control over a good or service to the customer when performance obligations are satisfied and measured at the amount of the transaction price allocated to the performance obligation.

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

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.

The sale of goods and services includes drugs, medical supplies, pathology, conducting research programs and other medical services provided to other hospital and health services, to the Department of Health and other organisations. Revenue is recognised at a point in time when these goods and services are delivered and service obligations are met.

NOTE A1-2: USER CHARGES AND FEES (CONTINUED)

Under the Pharmaceutical Benefit Scheme (PBS), the Australian Government subsidises the cost of a wide range of necessary prescription medicines for most medical conditions. Revenue is recognised at a point in time when service obligations are met and drugs are dispensed to patients at the reduced PBS rate and claims lodged for co-payments through the PBS arrangement. Where Metro South Health has satisfied the performance obligations for drugs dispensed but not yet claimed through the PBS arrangement a contract asset is raised.

Rental income is recognised under AASB 16 *Leases* accounting standard on a periodic straight-line basis over the lease term in accordance with the operating lease agreement.

NOTE A1-3: GRANTS AND OTHER CONTRIBUTIONS

	2025 \$'000	2024 \$'000
Revenue from contracts with customers		
Transition care program grant	13,626	13,414
Nursing home grant	12,633	10,885
Other grants - contracts with customers	11,344	8,368
	<u>37,603</u>	<u>32,667</u>
Other grants and contributions		
Other specific purpose grants	2,607	2,650
Other grants	3,545	3,336
Donations services below fair value*	30,526	26,467
Donations**	926	555
	<u>75,207</u>	<u>65,675</u>

*Metro South Health receives corporate services support from the Department of Health for no direct cost. Corporate services received would have been purchased if they were not provided by the Department of Health and include payroll services, accounts payable and banking services. The fair value of corporate services received in 2024-25 estimated by the Department of Health were \$30.526 million (2024: \$26.467 million). An equal amount of expense is recognised as services below fair value, refer Note A2-3.

**Donations include contributed assets recognised at their fair value, refer Note B6.

Grants and contributions are transactions where Metro South Health receives funds to further its objectives. Where an agreement is enforceable and contains sufficiently specific performance obligations for Metro South Health to transfer goods or services to a third-party on the grantor's behalf, the transaction is accounted for under AASB 15 *Revenue from Contracts with Customers*. In this case, revenue is initially deferred (as a contract liability) and recognised as or when the performance obligations are satisfied. A contract asset representing Metro South Health's right to consideration for services delivered but not yet billed will be raised where applicable.

Otherwise, the grant is accounted for under AASB 1058 *Income of Not-for-Profit Entities*, whereby revenue is recognised upon receipt of the grant funding, except for special purpose capital grants received to construct non-financial assets to be controlled by Metro South Health.

The following grants are recognised in accordance with AASB 15 *Revenue from Contracts with Customers*. Revenue is recognised over time as the goods and services are provided to the patient.

- Nursing home grant is an agreement to provide personal care to approved patients based on agreed level of care.
- Transition Care Program provides patients with care packages in accordance with an approved care plan after a hospital stay.
- Other grants from contracts with customers includes the delivery of specialised goods and services and educational programs throughout Queensland such as the Specialist Training Program, Checkup Australia Program, National Palliative Care Projects and the Organ and Tissue Donation and Transplantation Statewide Program.

As at 30 June 2025, for other grants \$1.454 million contract liabilities has been recorded for services to be delivered in the next financial year and \$3.884 million for contract assets for services provided for which funding is yet to be received. Refer Note B3, B10.

Metro South Health's other grant agreements are assessed as either not containing sufficiently specific performance obligations or not enforceable agreements and accounted for under AASB 1058 *Income of Not-for-Profit Entities*.

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2025

NOTE A1-3: GRANTS AND OTHER CONTRIBUTIONS (CONTINUED)

These grants are recognised as revenue upon receipt of the grant funding and include the following:

- Other specific purpose grants are Commonwealth funded to support the asset replacement of radiation oncology over time within the discretion of the health service and the Indigenous Australians' Health program.
- Other grants predominantly fund research, clinical drug trials and clinical education. These grants are used for broad objectives and are not sufficiently specific.

Metro South Health received grants from the Commonwealth and State Government for programs that have not been fully completed at the end of the financial year resulting in \$0.347 million unspent funds as at 30 June 2025. These funds are restricted to the delivery of programs in accordance with the grant agreements and are budgeted to be used for these programs in the 2025-26 financial year.

NOTE A1-4: OTHER REVENUE

	2025 \$'000	2024 \$'000
Interest	1,345	1,178
Health service employee expense recoveries*	14,154	10,407
General recoveries	1,959	2,209
Service concession arrangements revenue**	1,163	1,163
Other revenue	2,439	1,268
	<u>21,060</u>	<u>16,225</u>

*Health service employee expense recoveries is for salaries and wages for health service employees working for other agencies. Refer Note A2-2.

**For service concession arrangement information refer to Note B7.

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

A2 Expenses

NOTE A2-1: EMPLOYEE EXPENSES

	2025 \$'000	2024 \$'000
Employee benefits		
Wages and salaries*	351,453	309,250
Employer superannuation contributions	39,479	37,312
Annual leave levy/expense	46,207	42,694
Long service leave levy/expense	9,248	8,422
Termination benefits	119	67
	<u>446,506</u>	<u>397,745</u>
Employee related expenses		
Workers compensation premium	4,370	3,949
Other employee related expenses	114	78
	<u>450,990</u>	<u>401,772</u>

*Wages and salaries offset by recoveries of wages and salaries expense for employees working for other agencies.

Wages and salaries due but unpaid at the reporting date are recognised as a liability in the Statement of Financial Position at the current salary rates. As Metro South Health expects such liabilities to be wholly settled within 12 months of the 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 Metro South 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, which is facilitated by the Department of Health. Non-vesting employee benefits, such as sick leave are recognised as an expense when taken.

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2025

NOTE A2-1: EMPLOYEE EXPENSES (CONTINUED)

Post-employment benefits for superannuation are provided through defined contributions or accumulation plans or the Queensland Government's defined benefit plan as determined by the employee's condition of employment. The former QSuper defined benefit categories 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 amount of 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. Metro South Health's obligations are limited to those contributions paid.

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

Key management personnel and remuneration expenses disclosures are detailed in Note E1.

NOTE A2-2: HEALTH SERVICE EMPLOYEE EXPENSES

	2025 \$'000	2024 \$'000
Health service employee expenses*	2,323,760	2,087,512
Health service employee related workers compensation premium	22,199	20,271
Other health service employee related expenses	5,695	5,550
	<u>2,351,654</u>	<u>2,113,333</u>

FULL TIME EQUIVALENT EMPLOYEES

	2025	2024
Number of employees**	844	802
Number of health service employees**	16,530	15,532
	<u>17,374</u>	<u>16,334</u>

*Recoveries of salaries and wages for health service employees working for other agencies are recorded as revenue. Refer Note A1-4.

** The number of employees and health service employees as at 30 June includes full-time and part-time employees measured on a full-time equivalent (FTE) basis (reflecting Minimum Obligatory Human Resource Information (MOHRI)). The number of employees does not include the chair, deputy chair or members of the board. The number of employees represent the employees of Metro South Health and health service employees are non-executive health service employees. See notes below.

Health service employee expenses

All non-executive health service employees in Hospital and Health Services have been employed by the Director-General of Queensland Health.

A non-executive health service employee is any employee who is not a Senior Health Service Employee (including Senior Medical Officers and Visiting Medical Officers) or a member of the Health Executive Service. Employment is under the *Hospital and Health Boards Act 2011* and employees are employed under their relevant Award or EB Agreement of Queensland Health.

As established under the *Hospital and Health Boards Act 2011*, the Department of Health is the employer for all health service employees (excluding persons appointed as a Health Executive) and recovers all employee expenses and associated on-costs from hospital and health services.

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2025

NOTE A2-2: HEALTH SERVICE EMPLOYEE EXPENSES (CONTINUED)

Health service employee expenses represent the cost of the Department of Health employees and other contracted staff to the hospital and health services to provide public health services. In accordance with the *Hospital and Health Boards Act 2011*, the employees of the Department of Health are referred to as health service employees. Under this arrangement:

- The Department of Health provides employees to perform work for the hospital and health service and acknowledges and accepts its obligations as the employer of these employees;
- The hospital and health service is responsible for the day to day management of these Department of Health employees; and
- The hospital and health service reimburses the Department of Health for the salaries and on-costs of these employees.

Metro South Health discloses the reimbursement of these costs as health service employee expenses.

NOTE A2-3: SUPPLIES AND SERVICES

	2025	2024
	\$'000	\$'000
Consultants and contractors	23,814	25,592
Electricity and other energy	14,766	14,058
Patient travel	1,511	1,305
Other travel	3,582	3,446
Building services	12,774	10,965
Computer services	46,563	53,011
Motor vehicles	1,229	1,221
Communications	17,445	42,344
Repairs and maintenance	65,627	74,559
Minor works including plant and equipment	5,022	4,427
Rent expenses*	19,797	16,017
Lease expenses	1,017	889
Drugs	164,418	146,613
Clinical supplies and services	450,648	408,143
Catering and domestic supplies	44,040	41,958
Insurance payment to the Department of Health**	26,917	25,077
Inter entity hospital and health service supplies and services***	38,725	8,565
Services below fair value****	30,526	26,467
Other	19,696	14,892
	<u>988,117</u>	<u>919,549</u>

*Rent expenses include office accommodation, employee housing and motor vehicles provided through the Department of Housing and Public Works under government-wide frameworks. These arrangements are classified as procurement services rather than as leases because Department of Housing and Public Works has substantive rights over the assets. Lease expenses include lease payments for short-term leases or leases of low-value assets. Refer Note B12.

**Metro South Health is covered by the Department of Health's insurance policy with the Queensland Government Insurance Fund (QGIF) and pays a fee to the Department of Health as a fee for service arrangement. QGIF covers property and general losses above a \$10,000 threshold and health litigation payments above a \$20,000 threshold and associated legal fees. Premiums are calculated by QGIF on a risk assessment basis.

***Inter entity hospital and health services supplies and services include payments for cost recovery arrangements between Queensland Health entities. This is recorded as other supplies and services and no further breakdown recorded in the accounts.

**** Metro South Health receives corporate services support from the Department of Health for no direct cost. Corporate services received would have been purchased if they were not provided by the Department of Health and include payroll services, accounts payable and banking services. The fair value of corporate services received in 2024-25 estimated by the Department of Health were \$30.526 million (2024: \$26.467 million). An equal amount of revenue is recognised as donations services below fair value, refer Note A1-3.

For a transaction to be classified as supplies and services, the value of goods or services received by Metro South Health must be of approximately equal value to the value of the consideration exchanged for those goods or services. Where this is not the substance of the arrangement, the transaction is classified as a grant in note A2-4.

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2025

NOTE A2-4: GRANTS AND SUBSIDIES

	2025 \$'000	2024 \$'000
Home and community health services	2,404	1,547
Medical research and education programs	1,891	1,397
	<u>4,295</u>	<u>2,944</u>

NOTE A2-5: OTHER EXPENSES

	2025 \$'000	2024 \$'000
External audit fees*	322	310
Other audit fees	145	48
Insurance	219	217
Inventory written off	122	358
Losses from the disposal of non-current assets	568	130
Special payments - ex-gratia payments**	68	66
Other legal costs	749	702
Journals and subscriptions	183	225
Advertising	1,330	1,176
Interpreter fees	9,347	8,286
Grants returned	199	59
Other	2,934	2,737
	<u>16,186</u>	<u>14,314</u>

* Total audit fees relating to Queensland Audit Office for the 2024-25 financial year are quoted to be \$0.322 million (2024: \$0.310 million). There are no non-audit services included in this amount.

** Metro South Health in 2024-25 financial year made 31 special-ex-gratia payments (2024: 32) for less than \$5,000 to staff and patients for other compensations, to patients for settlement of clinical complaints and for their lost property whilst in hospital care. In 2024-25 there were 4 payments (2024: 2) for and in excess of \$5,000 to staff for deed of release settlement (\$18,000), settlement of defamation action (\$7,750 and \$6,100) and reimbursement for patient's lost property (\$6,150). In compliance with the *Financial and Performance Management Standard 2019*, Metro South Health maintains a register setting out details of all special payments greater than \$5,000.

B NOTES ABOUT FINANCIAL POSITION

B1 Cash and cash equivalents

	2025 \$'000	2024 \$'000
Cash at bank and on hand	90,302	131,104
24 hour call deposits	25,054	21,288
	<u>115,356</u>	<u>152,392</u>

Metro South Health's bank accounts are grouped within the whole-of-government set-off arrangement. Metro South Health does not earn interest on surplus funds and is not charged interest or fees for accessing its approved cash debit facility as it is part of the whole-of-government banking arrangements.

Metro South Health's General Trust funds are operating from Commonwealth Bank of Australia bank accounts. Cash held in these accounts earned interest at a rate between 4.35% and 4.95% (2024: 4.1% to 4.95%). General Trust funds in excess of monthly operational requirements are deposited at call with QTC and earned interest at a rate of 4.55% (2024: 4.71%). Cash assets include all cash received but not banked as at 30 June as well as deposits at call with financial institutions. Refer to Notes C1 and E3.

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2025

B2 Receivables

	2025 \$'000	2024 \$'000
Trade debtors	50,239	46,735
Queensland Health debtors	965	1,383
Less: Loss allowance	<u>(6,192)</u>	<u>(6,101)</u>
	45,012	42,017
GST receivable	7,220	7,128
GST payable	<u>(1,107)</u>	<u>(881)</u>
Net receivable	<u><u>51,125</u></u>	<u><u>48,264</u></u>

Receivables are measured at amortised cost which approximates their fair value at the reporting date. Trade debtors are recognised at the amounts due at the time of sale or service delivery and are generally settled within 30-120 days. Metro South Health applies AASB 9 *Financial Instruments* using the simplified approach measuring lifetime expected credit losses on receivables. Metro South Health determined that trade debtors are the only material group for measuring expected credit losses and there is no loss allowance provided for government debtors as they represent high credit rating and in turn, a low risk of default.

Metro South Health uses a provision matrix to calculate the historical loss rates based on incurred losses of the last four financial years. The loss allowance for trade debtors reflects the credit risk associated with the receivable balances, taking into account the lifetime expected credit losses. Metro South Health has also considered reasonable and supportable future-looking information for expected changes in macro-economic indicators that may affect the future recovery of its receivables and determined that there was no correlation between those indicators and debtors default rate.

The closing balance of receivables that are arising from contracts with customers at 30 June 2025 is \$50.206 million (2024: \$47.463 million).

Where Metro South Health has no reasonable expectation of recovering an amount owed by a debtor, the debt is written-off by directly reducing the receivable against the loss allowance. This occurs when the debt is over 60 days past due and Metro South Health has ceased enforcement activity. If the amount of debt written off exceeds the loss allowance, the excess is recognised as an impairment loss.

	2025 \$'000	2024 \$'000
Movements in loss allowance		
Balance at 1 July	6,101	6,292
Increase/(decrease) in allowance recognised in operating result	4,206	3,429
Amounts written off during the year	<u>(4,115)</u>	<u>(3,620)</u>
Balance as at 30 June	<u><u>6,192</u></u>	<u><u>6,101</u></u>

Financial assets

No collateral is held as security and no credit enhancements relate to financial assets held by Metro South Health. No financial assets and financial liabilities have been offset and presented in the Statement of Financial Position.

B2 Receivables (continued)

Ageing of past due but not impaired as well as impaired financial assets are disclosed in the following tables. Under AASB 9 *Financial Instruments*, a loss allowance is assessed for all receivables.

Impairment of receivables

	2025			2024		
	Gross receivables	Loss rate	Expected credit loss	Gross receivables	Loss rate	Expected credit loss
	\$'000	%	\$'000	\$'000	%	\$'000
Trade debtors						
Current	8,797	-	-	6,300	-	-
1 to 30 days overdue	10,898	2.28	(249)	9,874	2.59	(255)
31 to 60 days overdue	6,529	3.02	(197)	5,283	2.91	(154)
61 to 90 days overdue	3,389	9.01	(305)	3,223	6.70	(216)
>90 days overdue	13,415	40.56	(5,441)	15,309	35.77	(5,476)
Total	43,028	14.39	(6,192)	39,989	15.26	(6,101)
Adjustment to trade debtors*	7,211	-	-	6,746	-	-
Total Trade Debtors	50,239	n/a	(6,192)	46,735	n/a	(6,101)
Queensland Health debtors	965	-	-	1,383	-	-
Total Debtors	51,204	n/a	(6,192)	48,118	n/a	(6,101)

* Receivables raised at 30 June for billing to Medicare for private practice billing are not subject to impairment.

B3 Contract assets

	2025 \$'000	2024 \$'000
Current		
Contract assets	35,428	45,632

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

Accrued revenue that does not arise from contracts with customers are reported as part of other assets. Refer Note B5.

Contract assets have been assessed for impairment under AASB 9 *Financial Instruments*. The loss rate has been assessed as nil and no provision for an expected credit loss has been raised.

Changes in contract assets during the 2024-25 financial year was a decrease of \$10.204 million which mainly related to services provided in accordance with the Service Agreement with the Department of Health for \$12.301 million offset by an increase of \$2.097 million for services provided to other Government Entities and private health providers for which revenue is yet to be received.

B4 Inventories

	2025 \$'000	2024 \$'000
Inventories held for distribution		
Medical supplies	18,404	16,994
Pharmaceutical supplies	6,391	6,106
Catering and domestic	741	573
Engineering	634	595
	26,170	24,268

B4 Inventories (continued)

Inventories consist mainly of pharmaceutical and medical supplies held for distribution in Metro South Health hospitals. Inventories are measured at weighted average cost adjusted for obsolescence. Material imprest holdings are recognised as inventory at the balance date through the annual stocktake process at weighted average cost.

B5 Other assets

	2025 \$'000	2024 \$'000
Current		
Prepayments	<u>10,233</u>	<u>9,190</u>

B6 Property, plant and equipment

	2025 \$'000	2024 \$'000
Land		
At fair value	<u>375,438</u>	<u>359,670</u>
Buildings		
At fair value	3,209,183	2,979,625
Less: Accumulated depreciation	<u>(2,201,357)</u>	<u>(1,980,389)</u>
	<u>1,007,826</u>	<u>999,236</u>
Plant and equipment		
At cost	464,049	429,431
Less: Accumulated depreciation	<u>(259,445)</u>	<u>(258,181)</u>
	<u>204,604</u>	<u>171,250</u>
Capital works in progress		
At cost	<u>87,365</u>	<u>35,525</u>
Total property, plant and equipment	<u>1,675,233</u>	<u>1,565,681</u>

Recognition thresholds

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

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

Acquisition

Actual cost is used for the initial recording of all non-current asset acquisitions. Cost is determined as consideration plus any costs directly incurred in getting the asset ready for use. Any training costs are expensed as incurred. The cost of items acquired during the financial year has been judged by management to materially represent the fair value at the end of the reporting period.

Assets under construction are at cost until they are ready for use. These assets are assessed at fair value upon practical completion by an independent valuer.

Where assets are received from Queensland Government agencies free of charge, the acquisition cost is recognised as 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 are initially recognised at their fair value at the date of acquisition.

B6 Property, plant and equipment (continued)

Measurement

Plant and equipment is measured at historical cost in accordance with Queensland Treasury's *Non-Current Asset Policies for the Queensland Public Sector*. The carrying amount for such plant and equipment at cost is not materially different from their fair value.

Land and buildings are measured at fair value as required by Queensland Treasury's *Non-Current Asset Policies for the Queensland Public Sector*. These assets are reported by their revalued amount, being the fair value at the date of valuation, less any subsequent accumulated depreciation and impairment losses where applicable.

Depreciation

Key estimate and judgement:

The depreciation rate is determined by application of appropriate useful life to relevant non-current asset classes.

Non-current asset useful lives

Class	Useful life (years)
Buildings (including land improvements)	Between 9 to 92
Plant and equipment	Between 2 to 47

The useful lives could change significantly as a result of change in use of the asset, technical obsolescence or some other economic event. The impact on depreciation can be significant and could also result in a write-off of the asset.

Buildings and plant and equipment are depreciated on a straight-line basis. Land is not depreciated. Assets under construction or work-in-progress are not depreciated until they reach service delivery capacity.

Any expenditure above the asset recognition thresholds that increases the originally assessed service potential of an asset is capitalised and depreciated over the remaining useful life of the asset. The depreciable amount of improvements to leasehold property is allocated progressively over the shorter of the estimated useful lives of the improvements or the unexpired period of the lease, which is inclusive of any option period where exercise of the option is probable.

The estimated useful lives of the assets are reviewed annually and, where necessary, are adjusted to better reflect the pattern of consumption of the asset. In reviewing the useful life of each asset, factors such as asset usage and the rate of technical obsolescence are considered.

Componentisation of complex assets

Metro South Health recognises buildings as complex assets. Complex assets comprise separately identifiable components (or groups of components) of significant value, that require replacement at regular intervals and at different times to other components.

On initial recognition, the asset recognition thresholds outlined above apply to the complex asset as a single item. Where the complex asset qualifies for recognition, components are then separately recorded for the building elements identified with reference to the asset revaluation process. Components are consistently valued and recorded as sub-assets to the parent building asset.

When a separately identifiable component is replaced, the existing component is derecognised and the replacement component is capitalised when it is probable that future economic benefits from the significant component will flow to Metro South Health in conjunction with the other components.

Components are separately recognised and valued on the same basis as the asset class to which they relate.

Impairment

All non-current assets are assessed annually for indicators of impairment or where the asset is measured at fair value assessed for indicators of change in fair value or service potential since the last valuation was completed. Where indicators of a material change in fair value or service potential since the last valuation arise, the asset is revalued at the reporting date under AASB 13 *Fair Value Measurement*. If an indicator of possible impairment exists, Metro South Health determines the asset's recoverable amount under AASB 136 *Impairment of Assets*.

Metro South Health
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B6 Property, plant and equipment (continued)

Property, plant and equipment reconciliation	Land* \$'000 Level 2	Land** \$'000 Level 3	Buildings*** \$'000 Level 3	Plant and equipment \$'000	Work in progress \$'000	Total \$'000
Balance at 1 July 2023	172,444	173,140	895,870	155,149	40,152	1,436,755
Acquisitions	-	-	3,997	45,936	22,903	72,836
Donations received	-	-	-	118	-	118
Disposals	-	-	-	(394)	-	(394)
Transfers in/(out) from other Queensland Government entities	15,410	-	127,755	3,289	-	146,454
Transfers between asset classes	-	-	25,679	1,394	(27,073)	-
Transfer recognised in operating surplus/(deficit)	-	-	-	(189)	-	(189)
Revaluation increments/(decrements) to asset revaluation surplus****	(1,374)	50	44,538	-	-	43,214
Impairment losses recognised in operating surplus/(deficit)	-	-	-	-	(457)	(457)
Depreciation charge	-	-	(98,603)	(34,053)	-	(132,656)
Balance at 1 July 2024	186,480	173,190	999,236	171,250	35,525	1,565,681
Acquisitions	-	-	5,628	64,375	62,486	132,489
Donations received	-	-	-	479	-	479
Disposals	-	-	-	(962)	-	(962)
Donations made	-	-	-	(12)	-	(12)
Transfers in/(out) from other Queensland Government entities*****	-	-	38,457	2,005	-	40,462
Transfers between asset classes	-	-	10,194	439	(10,633)	-
Transfer recognised in operating surplus/(deficit)	-	-	64	839	(13)	890
Revaluation increments/(decrements) to asset revaluation surplus****	9,078	6,690	48,998	-	-	64,766
Depreciation charge	-	-	(94,751)	(33,809)	-	(128,560)
Balance at 30 June 2025	195,558	179,880	1,007,826	204,604	87,365	1,675,233

* Land level 2 assets are land with active market.

** Land level 3 due to lack of observable inputs.

*** Buildings level 3 assets are special purpose built buildings with a lack of observable inputs.

**** Refer Note B13

***** The transfers between other Queensland Government entities at fair value in 2024-25 included \$16.659 million of building and equipment relating to the Logan Hospital Maternity Services, \$7.933 million relating to QEII Allied Health Building and \$15.869 million net transfer of various assets to the Princess Alexandra, QEII, Redland and Logan Hospitals. These transfers are in accordance with the *Queensland Health Capital Program Management Framework from the Department of Health*.

B6 Property, plant and equipment (continued)

Fair value measurement and valuation

Key estimate and judgement:

Property, plant and equipment valuation in respect of fair value measurement can be sensitive to the various valuation inputs selected. Considerable judgement is required to determine what input is significant to fair value and therefore which category within the fair value hierarchy the asset is placed. Valuation standards are used to guide any required judgements.

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.

Fair value measurement can be sensitive to various valuation inputs selected. Observable inputs are publicly available data that are relevant to the characteristics of the assets being valued, and include but are not limited to, published sales data for land and general buildings.

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 Metro South Health include, but are not limited to:

- subjective adjustments made to observable data to take account of the specialised nature of health service buildings including historical and current construction contracts (and/or estimates of such costs);
- assessments of physical condition and remaining useful life; and
- large scale inner city land zoned as community facilities (major health care) with high level of valuer input to observable data.

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

All assets of Metro South Health for which fair value is measured and 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 in level1) that are observable, either directly or indirectly; and

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

Land and building asset classes are measured at fair value and are assessed on an annual basis by an independent professional valuer or by the use of appropriate and relevant indices. Metro South Health has an Asset Valuation Steering Committee that oversees the revaluation processes managed by Metro South Finance. This committee undertakes an annual review of the revaluation practices and reports to Metro South Health's Audit and Risk Committee regarding the outcomes of the valuation, indices and recommendations arising from the valuation process.

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

The valuation methodology for the independent valuation uses historical and current construction contracts. The replacement cost of each building at date of valuation is determined by taking into account Brisbane location factors and comparing against current construction contracts.

The valuation is provided for a replacement building of the same size, shape and functionality that meets current design standards, and is based on estimates of gross floor area, number of floors, building girth and height and existing lifts and staircases.

B6 Property, plant and equipment (continued)

This method makes an adjustment to the replacement cost of a modern day equivalent building for any utility embodied in the modern substitute that is not present in the existing asset (e.g. mobility support) to give a gross replacement cost that is of comparable utility (the modern equivalent asset). This methodology makes further adjustment to the total estimated life taking into consideration physical obsolescence impacting on the remaining useful life to arrive at the current replacement cost via straight line depreciation.

Where assets have not been specifically valued in the reporting period, their fair values are updated (if material) via the application of relevant indices.

Revaluation increments increase the asset revaluation surplus of the appropriate class, except to the extent that 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.

Land

Land is measured at fair value each year using independent market valuations or indexation. In 2024-25, Metro South Health's land was valued by McGees Property Brisbane (McGees) using both independent market valuation and indexation. 2024-25 is year 2 of the current land revaluation cycle and the effective date was 30 June 2025.

Management, through the Asset Valuation Steering Committee, has assessed the valuation provided by McGees as appropriate for Metro South Health and endorsed the result of the independent valuation.

The fair value of land was based on physical inspection and publicly available data on sales of similar land in nearby localities. For the land that is categorised into level 2 of the fair value hierarchy, McGees used observable inputs from market transactional data. In determining the values, adjustments were made to the sales data to take into account the location of Metro South Health's land, its size, street or road frontage access and any significant restrictions. The land assets categorised into level 3 of the fair value hierarchy have been comprehensively revalued using market transactional data with significant unobservable inputs in determining the land value.

The revaluation of land for 2024-25 resulted in a \$15.768 million increment (2024: \$1.324 million decrement) to the carrying amount of land.

Buildings

Metro South Health engaged independent experts, Jacobs Group (Australia) Pty Limited (Jacobs), to undertake building revaluation in accordance with the fair value methodology. In the 2024-25 financial year, the second year of the new revaluation cycle, Jacobs performed comprehensive valuation of 20% (2024: 92%) of the value of Metro South Health's building portfolio of 61 buildings (2024: 86 buildings) and provided an index of 5% relevant to the remaining 80% (2024: 8%) of the building portfolio of 81 buildings (2024: 57 buildings) in order to maintain fair value. 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.

The revaluation of buildings for 2024-25 resulted in a \$48.998 million or 5.1% increment (2024: \$46.814 million increment) to the fair value of buildings. The main drivers for the increase were strong demand for labour and materials, supply chain issues and global inflationary trends.

B7 Public private partnerships service concession assets

	2025 \$'000	2024 \$'000
Service concession assets		
Buildings - Fair value	56,890	54,181
Buildings - Accumulated depreciation	<u>(27,894)</u>	<u>(25,031)</u>
	<u>28,996</u>	<u>29,150</u>

Accounting policies and disclosures – Service concession arrangements

Service concession assets are measured at current replacement cost on initial recognition and are subsequently measured at fair value (determined using current replacement cost) using the same valuation methodology applicable to the building asset class as outlined in Note B6. The assets are depreciated on a straight-line basis over their useful lives.

Service concession asset

The grantor recognises a service concession asset provided by the grantor upon gaining control of the asset. The asset is initially measured at current replacement cost and subsequently depreciated over the asset's useful life.

Liabilities

The nature of the liability recognised is aligned to how the operator is compensated for the asset. Metro South Health, as the grantor grants the operator a right to earn revenue from users of the asset and the grantor recognises an unearned revenue liability.

Unearned revenue is recognised as revenue over the concession period reflecting the economic substance of the arrangement.

Metro South Health's accounting policies on fair value measurement and impairment for property, plant and equipment is disclosed in Note B6 and also apply to service concession assets.

Service concession assets and liabilities movement reconciliation

	Buildings \$'000
Service concession assets	
Opening balance at 1 July 2023	28,287
Net revaluation increments/(decrements) to asset revaluation surplus	2,277
Depreciation charge	<u>(1,414)</u>
Balance at 30 June 2024	<u>29,150</u>
Liabilities	
Opening balance at 1 July 2023	11,243
Amortisation of unearned revenue	<u>(1,163)</u>
Balance at 30 June 2024	<u>10,080</u>
Service concession assets	
Opening balance at 1 July 2024	29,150
Net revaluation increments/(decrements) to asset revaluation surplus	1,381
Depreciation charge	<u>(1,535)</u>
Balance at 30 June 2025	<u>28,996</u>
Liabilities	
Opening balance at 1 July 2024	10,080
Amortisation of unearned revenue	<u>(1,163)</u>
Balance at 30 June 2025	<u>8,917</u>

B7 Public private partnerships service concession assets (continued)

Details of Metro South Health's service concession arrangement is provided below.

The Princess Alexandra Hospital Multi-Storey Car Park

In February 2008, the Department of Health, prior to the establishment of Metro South Health in 2012, entered into a contractual arrangement with a private sector entity for the construction and operation of a public infrastructure facility for a period of time on land now controlled by Metro South Health. After a period of 25 years in 2033, ownership of the facility will pass to Metro South Health. Arrangements of this type are known as Public Private Partnerships (PPP). The developer constructed a 1,403 space multi-storey car park on site at the hospital. The land where the facility has been constructed is recognised as Metro South Health's land. The recognised value of the relevant land parcel at Princess Alexandra Hospital (PAH) is \$45.9 million. The portion dedicated to the PAH multi-storey car park is 33.4% with an estimated value of \$15.3 million.

Metro South Health requires the operator of the carpark, International Parking Group Pty Limited (IPG), to provide 82% of the car park services to Princess Alexandra Hospital (PAH) staff and set the rates in the agreement per a fee schedule. Metro South Health staff are entitled to concessional rates when using the car park. The car park is also available to hospital patrons and the general public. Given the location of the carpark and available commercial car park in the hospital vicinity the use of the car park by general public or commercial use is minimal and predominantly used to support hospital services.

An unearned revenue liability was recognised representing the unearned portion of any revenue arising from the receipt of a service concession asset. This is recognised under the grant of a right to the operator model at the fair value (current replacement cost) of the related service concession asset at the date of initial application, adjusted to reflect the remaining period of the service concession arrangement relative to the remaining economic life of the asset.

This liability is amortised as revenue on a straight-line basis over the 25 year concession period, with 8 years remaining at 30 June 2025. Rental of \$0.295 million per annum, undiscounted and escalated for CPI annually, will be received from the car park operator up to February 2033.

The impact of the service concession asset on the Statement of Comprehensive Income is as follows

	Note	2025 \$'000	2024 \$'000
Revenue			
Rental income		463	448
Amortisation of unearned revenue	A1-4	1,163	1,163
Expenses			
Depreciation expenses		1,535	1,414
Net impact on operating result		<u>91</u>	<u>197</u>

Estimated future cash flows of the service concession asset

The Princess Alexandra Hospital multi-storey car park	2025 \$'000	2024 \$'000
Cash inflows*		
Not later than 1 year	477	461
Later than 1 year but no later than 5 years	2,053	1,987
Later than 5 year but no later than 10 years	1,463	1,993
	<u>3,993</u>	<u>4,441</u>

Metro South Health
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B8 Payable

Trade creditors are recognised upon receipt of the goods or services ordered and are measured at the nominal amount, at agreed purchase/contract price, gross of applicable trade and other discounts. The amounts are unsecured and are settled generally in accordance with the vendors' terms and conditions.

	2025 \$'000	2024 \$'000
Trade creditors	41,785	46,814
Accrued expenses	46,291	47,733
Department of Health payables	195,994	190,709
	<u>284,070</u>	<u>285,256</u>

B9 Accrued employee benefits

No provision for annual leave and long service leave is recognised by Metro South Health as the liability is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

	2025 \$'000	2024 \$'000
Salaries and wages accrued	7,575	6,649
Other employee entitlements payable	1,066	761
	<u>8,641</u>	<u>7,410</u>

B10 Contract liabilities

	2025 \$'000	2024 \$'000
Contract liabilities	<u>7,996</u>	<u>14,696</u>

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

During the 2024-25 financial year, from the contract liabilities balance of 1 July 2024 \$14.381 million has been recognised as revenue in 2024-25.

Contract liabilities at 30 June 2025 include \$6.470 million (2024: \$14.696 million) which mainly relates to revenue received under the Service Agreement with the Department of Health and \$1.526 million revenue from other Government Entities where deliverables have not yet been achieved and these revenues will be recognised over the next financial year.

B11 Other liabilities

	2025 \$'000	2024 \$'000
Current		
Unearned revenue	61	277
Unearned revenue - service concession arrangements*	1,163	1,163
	<u>1,224</u>	<u>1,440</u>
Non-current		
Unearned revenue - service concession arrangements*	<u>7,755</u>	<u>8,917</u>

*Additional information for service concession arrangements refer Note B7.

Metro South Health
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B12 Leases

Leases as lessee

Right-of-use assets	2025	2024
	\$'000	\$'000
Buildings	19,958	18,598
Buildings - accumulated depreciation	<u>(13,665)</u>	<u>(11,494)</u>
	<u>6,293</u>	<u>7,104</u>

Right-of-use assets movement	Buildings
	\$'000
Balance 1 July 2023	9,064
Additions	336
Depreciation charge for the year	(2,569)
Other adjustments	273
Balance at 30 June 2024	<u>7,104</u>
Additions	736
Depreciation charge for the year	(2,905)
Other adjustments - remeasurement	1,358
Balance at 30 June 2025	<u><u>6,293</u></u>

Lease liability	2025	2024
	\$'000	\$'000
Current		
Lease liabilities	1,352	1,211
Non-current		
Lease liabilities	<u>5,650</u>	<u>6,561</u>
	<u>7,002</u>	<u>7,772</u>

B12 Leases (continued)

Notes to the Statement of Cash Flows

Changes in liabilities arising from financing activities

	Lease liabilities
	\$'000
Balance at 1 July 2023	9,921
Non-cash movements:	
New leases acquired during the year	336
Lease interest	272
Lease - other non-cash adjustments	272
Cashflows:	
Lease repayments	<u>(3,029)</u>
Balance at 30 June 2024	<u><u>7,772</u></u>
Non-cash movements:	
New leases acquired during the year	736
Lease interest	244
Lease - other non-cash adjustments	1,358
Cashflows:	
Lease repayments	<u>(3,108)</u>
Balance at 30 June 2025	<u><u>7,002</u></u>

Right-of-use assets

Right-of-use assets are initially recognised at cost and are subsequently depreciated over the lease term and are subject to impairment testing on an annual basis. Metro South Health measures all right-of-use assets at cost subsequent to initial recognition.

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

Metro South Health has elected not to recognise right-of-use assets and lease liabilities arising from short-term leases and leases of low value assets. The lease payments are recognised as expenses on a straight-line basis over the lease term. An asset is considered low value where it is expected to cost less than \$10,000 when new.

Lease liabilities

Lease liabilities are initially recognised at the present value of lease payments over the lease term that are not yet paid. The lease term includes any extension or renewal options that Metro South Health is reasonably certain to exercise.

Where a contract contains both lease and non-lease components such as asset maintenance services, Metro South Health allocates the contractual payments to each component on the basis of their stand-alone prices.

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

B12 Leases (continued)

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

Office accommodation, employee housing and motor vehicles

The Department of Housing and Public Works provides Metro South Health with access to office accommodation, employee housing and motor vehicles under government-wide frameworks. These arrangements are categorised as procurement of services rather than as leases because the Department of Housing and Public Works has substantive substitution rights over the assets. The related service expenses are included in Note A2-3.

Amounts recognised in profit or loss for lease expenses

	2025 \$'000	2024 \$'000
Interest expense on lease liabilities	244	272
Expenses relating to short-term leases (Note A2-3)	1,017	889
	<u>1,261</u>	<u>1,161</u>

Leases as lessor

Metro South Health recognises lease payments from operating leases as income on a straight-line basis over the lease term. Metro South Health has operating leases providing clinical services, medical research and education facilities. Some of these leases are peppercorn or concessional leases and some operate under a colocation agreement. Refer Note E5.

Maturity analysis

The following table sets out a maturity analysis of future undiscounted lease payments receivable under Metro South Health's operating leases.

	2025 \$'000	2024 \$'000
Less than 1 year	72	224
1 to 2 years	1,249	1,410
2 to 3 years	1,393	1,344
3 to 4 years	1,456	1,404
4 to 5 years	1,470	1,416
More than 5 years	9,876	11,187
	<u>15,516</u>	<u>16,985</u>

Metro South Health
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B13 Asset revaluation surplus

	2025 \$'000	2024 \$'000
Land		
Balance at the beginning of the financial year	149,931	151,255
Revaluation increment/(decrement)	15,768	(1,324)
Balance at the end of the financial year	<u>165,699</u>	<u>149,931</u>
Buildings		
Balance at the beginning of the financial year	372,321	327,783
Revaluation increment/(decrement)	48,998	44,538
Balance at the end of the financial year	<u>421,319</u>	<u>372,321</u>
Service concession asset		
Balance at the beginning of the financial year	6,044	3,767
Revaluation increment/(decrement)	1,381	2,277
Balance at the end of the financial year	<u>7,425</u>	<u>6,044</u>
Total balance at the end of the financial year	<u>594,443</u>	<u>528,296</u>

B14 Equity injections and equity withdrawals

	2025 \$'000	2024 \$'000
Balance at the beginning of the financial year	1,018,623	913,621
Cash injection for asset acquisitions	118,495	97,124
Cash withdrawal fund transfer*	-	(3,291)
Equity asset transfers in/(out) from other Queensland Government entities**	40,462	146,454
Non-cash withdrawal for depreciation***	(131,868)	(135,285)
Balance at the end of the financial year	<u>1,045,712</u>	<u>1,018,623</u>

* The cash equity withdrawal in 2024 is to transfer funds to the Department of Health for the Logan Hospital Expansion Project.

** These equity asset transfers are in accordance with the *Designation of Transfer Notice* and includes commissioning of buildings and net transfer of plant and equipment under the capital program of Queensland Health. See Note B6.

*** The non-cash equity withdrawal is for offsetting non-cash revenue funding for depreciation expense.

C NOTES ABOUT RISK AND OTHER ACCOUNTING UNCERTAINTIES

C1 Financial instruments

Categorisation of financial instruments

Financial assets and financial liabilities are recognised in the Statement of Financial Position when Metro South Health becomes party to the contractual provisions of the financial instrument. Metro South Health has the following categories of financial assets and financial liabilities:

	Notes	2025 \$'000	2024 \$'000
Financial assets			
Cash and cash equivalents	B1	115,356	152,392
Financial assets at amortised cost			
Receivables	B2	51,125	48,264
		<u>166,481</u>	<u>200,656</u>
Financial liabilities at amortised cost			
Payables	B8	284,070	285,256
Lease liabilities	B12	7,002	7,772
		<u>291,072</u>	<u>293,028</u>

No financial assets and liabilities have been offset and presented as net values in the Statement of Financial Position.

Financial risk management

Metro South Health is exposed to a variety of financial risks – credit risk, liquidity risk, interest rate risk and market risk. Financial risk is managed in accordance with Queensland Government and Metro South Health's policies. Metro South Health's policies provide written principles for overall risk management and aim to minimise potential adverse effects of risk events on the financial performance of Metro South Health.

Credit risk

Credit risk is the potential for financial loss arising from Metro South Health's debtors defaulting on their obligations. The maximum exposure to credit risk at balance date is the gross carrying amount of receivables. Metro South Health measures the loss allowance of trade receivables at lifetime expected credit losses with the exception of receivables from Queensland Government and Australian Government agencies which are considered immaterial credit risk. Refer Note B2. Credit risk is considered minimal for Metro South Health.

Liquidity risk

Liquidity risk refers to the situation when Metro South Health may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or other financial assets. Liquidity risk is measured through monitoring of cash flows by active management of accrual accounts. Metro South Health liquidity risk is minimal due to a comprehensive *Liquidity Management Procedure* adopted and an approved (and unused) overdraft facility of \$34 million under the whole-of-government banking arrangements to manage any short-term cash shortfalls.

C1 Financial instruments (continued)

Liquidity risk contractual maturity of financial liabilities

The following table sets out the liquidity risk of financial liabilities held by Metro South Health. They represent the contractual maturity of financial liabilities calculated based on undiscounted cash flows relating to the liabilities at balance date.

Liquidity risk contractual maturity of financial liabilities

	Contractual maturity			2025 Total \$'000	Contractual maturity			2024 Total \$'000
	<1 Year \$'000	1-5 Years \$'000	>5 Years \$'000		<1 Year \$'000	1-5 Years \$'000	>5 Years \$'000	
Payables	284,070	-	-	284,070	285,256	-	-	285,256
Lease liabilities	1,352	4,425	1,225	7,002	1,211	5,005	1,556	7,772
	285,422	4,425	1,225	291,072	286,467	5,005	1,556	293,028

Interest rate risk

Metro South Health has interest rate exposure on the Queensland Treasury Corporation deposits and there is no interest rate exposure on its cash and fixed rate deposits. Metro South Health does not undertake any hedging in relation to interest rate risk. Changes in interest rates have a minimal effect on the operating result of Metro South Health and sensitivity analysis is not required.

Fair value measurement

Cash and cash equivalents are measured at fair value. All other financial assets or liabilities are measured at cost less any loss allowance, which, given the short-term nature of these assets, is assumed to represent fair value.

C2 Commitments

Capital expenditure commitments

Commitments for capital expenditure at reporting date are exclusive of anticipated GST and are payable as follows:

	2025 \$'000	2024 \$'000
Not later than one year	41,970	76,833
Later than one year and not later than five years	8,336	27,882
	50,306	104,715

C3 Contingencies

Litigation in progress

All Metro South Health indemnified medical indemnity and general liability claims have been managed by the Queensland Government Insurance Fund (QGIF). At 30 June 2025, Metro South Health has 19 litigation cases before the courts (2024: 23 cases). There are 176 claims (2024: 179 claims) managed by QGIF, some of which may never be litigated or result in payment of claims. The maximum exposure to Metro South Health under this policy is \$20,000 for each insurable event. Metro South Health's legal advisors, management advisors and management believe it would be misleading to estimate the final amount payable (if any) in respect of litigation before the courts at this time.

D BUDGET VS ACTUAL COMPARISON

The following provides explanations of major variances between Metro South Health's actual 2024-25 financial results and the original budget published in the 2024-25 *Queensland State Budget Service Delivery Statements of Queensland Health* as presented to Parliament.

D1 Budget vs actual comparison – Statement of comprehensive income

Explanation of major variances – Statement of Comprehensive Income

D1-1 Funding for public health services

The increase of \$121.383 million from budget includes an additional \$75.839 million of new funding for Winter Support, Better Care Together, Medical Aids Subsidy Scheme (MASS) Expansion, Patient Flow Initiatives, Nurse Led Clinics, Surgical Rapid Assessment Units, Colonoscopy Triage Services, Cancer Amendment Implementation Project (CAIP) for the Queensland Cancer Register. There is \$35.682 million for reprovision of funding including Satellite Health Centre Outpatients, Aged Care Assessment Program (ACAP), Queensland Voluntary Assisted Dying Support and Pharmacy Service (QVAD), Long Stay Rapid Response (LSRR), Special Pandemic Leave, Commonwealth Brain and Spinal Cord Injury (BASCI). A net increase of \$5.887 million in Corporate Charges including logistics, ieMR, Enterprise Bargaining Agreements, including the new leave entitlements, offset by a decrease in funding for reimbursement of Surgery Connect activity. Depreciation decreased by \$5.932 million.

D1-2 User charges and fees

The increase of \$67.241 million from budget is due to a \$28.060 million increase in hospital fees due to higher than estimated activity levels, a \$30.281 million increase in non-patient revenue, predominantly relating to Pharmaceutical Benefit Scheme Reimbursement, Research Projects, Car Park Fees and Retail proceeds. Further increases of \$8.900 million relating to inter entity sales higher than original budget.

D1-3 Grants and contributions

The increase of \$13.909 million from budget is due to higher than budget for recoveries, in particular, WorkCover and stocktake gains for plant and equipment.

D1-4 Employee expenses

The increase of \$46.299 million to budget is due to Enterprise Bargaining increments and increases in program funding noted in D1-1.

D1-5 Health service employee expenses

The increase of \$108.253 million to budget is due to Enterprise Bargaining increments and increases in program funding noted in D1-1.

D1-6 Supplies and services

The increase of \$105.329 million includes \$30.526 million for services below fair value and \$26.917 million for insurance premium where the budget is held in other expenses. The residual \$47.886 million is attributable to increased expenses in repairs and maintenance of \$26.338 million, increases payments to contractors delivering health services of \$4.944 million, increase in lease expenses of \$1.737 million and increase in other supplies and services expense of \$14.864 million, in particular, clinical and domestic supply expense due to increased activities relating to programs as noted in D1-1.

D1-7 Other expenses

The decrease of \$47.847 million is due to services below fair value of \$23.844 million and insurance premiums of \$27.334 million originally being included in the budgeted other expenses, however, the actuals are included in supplies and services. This is offset by asset related losses and write downs budgeted in impairment losses but the actuals included in other expenses for \$0.690 million. The remaining variance of \$2.641 million is due to higher than budgeted sundry expenses.

D1-8 Operating result for the year

The full year deficit of \$17.310 million in the operating result from the balanced budget position is predominantly due to increased patient demand on services outside of funded levels.

D2 Budget vs actual comparison – Statement of financial position

Explanation of major variances – Statement of Financial Position

D2-1 Cash and cash equivalents

The increase of \$36.744 million in cash position is due to higher than budgeted opening balance of \$88.310 million offset by a decrease to budget of \$51.566 million for the year in line with reported net decrease in the Cash Flow Statement.

D2 Budget vs actual comparison – Statement of financial position (continued)

D2-2 Receivables and contract assets

The decrease of \$23.237 million in receivables is offset by an increase of \$35.428 million in contract assets due to the budget held in receivables. The net increase of \$12.191 million includes higher than budgeted opening balances of \$20.278 million is due to funding revenue not yet received including Enterprise Bargaining Agreement inclusive of new leave entitlements, increase in health service programs, additional workforce incentives and contract assets for equity injection. This is offset by a decrease of \$7.919 million movement in the current year to budget predominately due to Department of Health receivables lower than previous years in actuals for program specific funding and special pandemic leave.

D2-3 Property, plant and equipment

The decrease of \$294.827 million is due to less than budgeted transfers of asset commissioning from the Department of Health of \$524.665 million, less than budgeted disposals of \$0.381 million and less than budgeted depreciation of \$4.203 million. This is offset by higher than budgeted opening balance of \$74.953 million, higher than budgeted acquisitions of assets of \$130.839 million including Logan Hospital Maternity Services, QEII Allied Health Building and transfer of various assets to the Princess Alexandra, QEII, Redland and Logan Hospitals and the revaluation of the land and building portfolio higher than budgeted of \$28.630 million.

D2-4 Payables

The increase of \$58.460 million includes higher than budgeted opening balance of \$75.006 million for higher accrued expenses for health service employee expenses due to Enterprise Bargaining Agreement offset by a less than budgeted movement of \$16.546 million predominately due to Department of Health payables relating to return of funds due to delays in program specific initiatives and reimbursement for surgery connect.

D2-5 Equity

The decrease of \$295.912 million to budget is due to less than budgeted contributed equity of \$324.115 million and a decrease of \$11.163 million in accumulated surplus/deficit offset by an increase in asset revaluation surplus of \$39.366 million for land and building portfolio.

D3 Budget vs actual comparison – Statement of cashflows

Explanation of major variances – Statement of Cashflows

D3-1 Funding for public health services

The increase of \$120.799 million is the cash impact of the variances noted in D1-1.

D3-2 User charges

The increase of \$ 56.478 million is the cash impact of the variances noted in D1-2.

D3-3 Grants and other contributions

The increase of \$ 6.580 million is the cash impact of the variances noted in D1-3.

D3-4 Employee expenses

The increase of \$46.854 million is the cash impact of the variances noted in D1-4.

D3-5 Health service employee expenses

The increase of \$ 98.417 million is the cash impact of the variances noted in D1-5.

D3-6 Supplies and services

The increase of \$ 103.557 million is the cash impact of the variances noted in D1-6.

D3-7 Other expenses

The decrease of \$24.853 million is the cash impact of the variances noted in D1-7.

D3-8 Payments for property, plant and equipment

The increase of \$130.841 million includes payment for capital projects such as the Health Technology Equipment Replacement program (HTER), Metro South Capital Maintenance and Asset Renewal (CMAR) program and Logan Urgent and Specialist Care Project, refer to Note D3-9.

D3-9 Equity injections

The increase of \$117.075 million is due to the funding arrangement of reimbursement of capital projects such the Health Technology Equipment Replacement program (HTER), Metro South Capital Maintenance and Asset Renewal (CMAR) program, Logan Urgent and Specialist Care project. The capital budget is included in the Department of Health budget.

E OTHER INFORMATION

E1 Key management personnel and remuneration expenses

Details of key management personnel

Metro South Health's responsible Minister is identified as part of Metro South Health's key management personnel, consistent with additional guidance included in AASB 124 *Related Party Disclosures*. The responsible Minister is Hon Timothy Nicholls, Minister for Health and Ambulance Services.

Key management personnel remuneration policies

Key management personnel remuneration – Minister

The ministerial remuneration entitlements are outlined in the *Legislative Assembly of Queensland's Members' Remuneration Handbook*. Metro South Health does not bear any costs of remuneration of the Minister for Health and Ambulance Services. The majority of Ministerial entitlements are paid by the Legislative Assembly, with remaining entitlements being provided by Ministerial Services Branch within the Department of the Premier and Cabinet.

As all Ministers are reported as key management personnel of the Queensland Government, aggregate remuneration expenses for all Ministers are disclosed in the Queensland Government and Whole of Government Consolidated Financial Statements, which are published as part of Queensland Treasury's Report on State Finances.

Key management personnel remuneration – Board

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

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

Key management personnel remuneration - Executive Leadership Team (ELT)

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

Remuneration policy for Metro South Health key executive management personnel is set by direct engagement common law employment contracts and various award agreements.

The remuneration and other terms of employment for the key executive management personnel are also addressed by these common law employment contracts and awards. Some of the remuneration packages provide for the provision of some benefits, including motor vehicle allowance. The remuneration packages of Metro South Health key management personnel does not provide for any performance or bonus payments.

Remuneration expenses for key management personnel comprise the following components:

- Long-term employee expenses which include amounts expensed in respect of long service leave entitlements earned.
- Short-term employee expenses which include:
 - salaries, allowances and leave entitlements earned and expensed for the entire year or for that part of the year which the employee was a key management person;
 - non-monetary benefits consisting of provision of vehicle together with fringe benefits tax applicable to the benefit.
- Post-employment expenses including amounts expensed in respect of employer superannuation obligations.
- Termination benefits include payments in lieu of notice on termination and other lump sum separation entitlements (excluding annual and long service leave entitlements) payable on termination of employment or acceptance of an offer of termination of employment.

E1 Key management personnel and remuneration expenses (continued)

Remuneration expenses

The following details for non-Ministerial key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of Metro South Health in 2024-25. Further information on key management personnel positions can be found in the body of the Annual Report under the section relating to Executive Management. The following tables contain the expenses incurred by Metro South Health attributable to non-Ministerial key management personnel during the respective reporting periods.

For board positions, the expenses are specific to the individual board member. For executive positions, all expenses incurred by Metro South Health that are attributable to that position are included for the respective reporting period, regardless of the number of personnel filling the position in either substantive or in acting capacity. The amounts disclosed are recognised on the same basis as expenses recognised in the Statement of Comprehensive Income.

Metro South Hospital and Health Board

The Board decides the objectives, strategies and policies to be followed by Metro South and ensure it performs its functions in a proper, effective and efficient way. Appointments are under the provisions of the *Hospital and Health Boards Act 2011* by Governor in Council Notice published in the Queensland Government Gazette.

Metro South Hospital and Health Board remuneration expenses

Position title Position holder	Short-term employee expenses		Other employee expenses		Total Expenses	
	Monetary expenses \$'000		Post-employment expenses \$'000		\$'000	
	2025	2024	2025	2024	2025	2024
Chair Ms Janine Walker AM (13 October 2017)	95	95	12	14	107	109
Deputy Chair Mr Matthew Ames (27 September 2024) Dr Marion Tower (4 October 2019 to 17 May 2021, 21 October 2021 to 31 March 2024)	40	-	5	-	45	-
	-	41	-	6	-	47
Board Members Adjunct Professor Iyla Davies OAM (18 May 2017 to 31 March 2024) Adjunct Associate Professor Donisha Duff OAM (18 May 2016 to 4 April 2022; 1 Dec 2022) Mr Brett Bundock (18 May 2018 to 31 March 2024) Associate Professor Helen Benham (18 May 2019) Mr Michael Goss (18 May 2020) Mr Colin Cassidy PSM (18 May 2021) Mr Matthew Ames (1 April 2022 to 26 September 2024) Ms Gail Ker OAM (1 April 2024) Dr Muhammad Daniyal Mian (1 April 2024) Ms Nadia Bromley (1 April 2024) Dr Vu Tran (1 April 2024)	-	42	-	7	-	49
	51	53	7	7	58	60
	-	40	-	7	-	47
	48	50	6	8	54	58
	50	55	7	9	57	64
	52	55	7	8	59	63
	13	58	2	9	15	67
	48	12	6	1	54	13
	48	12	6	1	54	13
	51	12	6	2	57	14
	48	12	6	1	54	13

E1 Key management personnel and remuneration expenses (continued)

Metro South Hospital and Health Service Executives remuneration expenses

Position title Position responsibility	Short-term employee expenses				Other employee expenses				Total Expenses	
	Monetary expenses \$'000		Non-monetary expenses \$'000		Long term employee expenses \$'000		Post-employment expenses \$'000		\$'000	
	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024
Health Service Chief Executive Delegated the operational responsibility to fulfil the Board's objectives and strategies. The Health Service Chief Executive then sub-delegates certain functions to the Executive team and other employees as specified under the various instruments of delegation.	459	492	-	-	11	12	56	64	526	568
Chief Finance and Sustainability Officer This position is responsible and accountable for the operation of the financial management system and control environment for Metro South Health. It provides strategic advice and leadership of the financial management functions for the Hospital and Health Service.	284	273	-	1	6	6	33	32	323	312
Chief Operating Officer This position is responsible for directing and managing the five acute hospitals, Addiction and Mental health Services along with Community and Oral health services.	359	348	-	-	9	8	39	47	407	403

E2 Related party transactions

Transactions with Queensland Government Controlled Entities

Metro South 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

Metro South Health receives funding from the Department of Health. The Department of Health receives a majority of its revenue from the Queensland Government, and the remainder from the Commonwealth.

The funding provided to Metro South Health is predominantly for specific public health services purchased by the Department in accordance with a service agreement between the Department and Metro South Health. The Service Agreement is reviewed periodically and updated for changes in activities and prices of services delivered by Metro South Health. Refer to Note A1-1. The signed Service Agreements are published on the Queensland Government website and publicly available.

In addition to the provision of corporate services support (refer to notes A1-3 and A2-3), the Department of Health manages, on behalf of Metro South Health, a range of services including pathology testing, pharmaceutical drugs, clinical supplies, patient transport, technology services and telecommunications. These are provided on a cost recovery basis. In 2024-25, these services totalled \$304.109 million (2024: \$292.823 million).

Refer to Note B2 for information on receivables from the Department of Health and other Queensland Health entities. Refer to Note B8 for information on payables to the Department of Health.

E2 Related party transactions (Continued)

Other Hospital and Health Services

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

Queensland Treasury Corporation

Metro South Health have investment bank accounts with the Queensland Treasury Corporation for general trust monies. Refer Note B1.

Department of Housing and Public Works

Metro South Health pays rent to the Department of Housing and Public Works for a number of properties. In addition, Metro South Health pays the Department of Housing and Public Works for vehicle fleet management services (QFleet).

Transactions with people/entities related to key management personnel

All transactions in the year ended 30 June 2025 between Metro South Health and their key management personnel and their related parties, were examined. Transactions were identified with four related entities, which were all on normal commercial terms and conditions and were immaterial in nature.

E3 Restricted assets

Metro South Health receives cash contributions primarily from private practice clinicians, Pathology Queensland and from external entities to provide for education, study and research in clinical areas. Contributions are also received from benefactors in the form of gifts, donations and bequests and are held in trust for stipulated purposes.

At 30 June 2025, amounts of \$25.354 million (2024: \$21.339 million) in general trust and \$24.525 million (2024: \$18.804 million) for research projects are set aside for the specified purposes underlying the contribution.

E4 Agency and fiduciary trust transactions and balances

Fiduciary trust transactions

Metro South Health acts in a fiduciary trust capacity in relation to patient trust accounts. These funds are received and held on behalf of patients with Metro South Health having no discretion over these funds. 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 Metro South Health, trust activities are included in the audit performed annually by the Auditor-General of Queensland.

	2025 \$'000	2024 \$'000
Fiduciary trust receipts and payments		
Receipts	3,288	2,931
Payments	<u>(3,178)</u>	<u>(3,050)</u>
Increase/(decrease) in net patient trust assets	<u>110</u>	<u>(119)</u>
Fiduciary trust assets		
Current assets		
Cash		
Patient trust funds	<u>515</u>	<u>405</u>
Total current assets	<u>515</u>	<u>405</u>

E4 Agency and fiduciary trust transactions and balances (continued)

Agency granted private practice transactions and balances

Metro South Health has a Granted Private Practice arrangement in place as follows:

Assignment model - all revenue generated by the clinician is paid to and recognised as revenue by Metro South Health. Doctors under this arrangement are employees of Metro South Health.

Retention model - the revenue generated is initially payable to the private practice doctors directly. Under this arrangement, doctors receive the generated revenue up to an established annual cap. Amounts over the cap are split one third to the doctor and two thirds to Metro South Health. The portion due to Metro South Health is received into a general trust account for a study, education and research fund for all staff, which is referred to as SERTA funds. Recoverable costs, such as administration expense in respect of this arrangement, which Metro South Health is entitled to, are recorded as revenue in Metro South Health's Statement of Comprehensive Income.

Metro South Health acts as an agent in respect of the transactions and balances of the private practice bank accounts. The private practice funds are not controlled by Metro South Health, but the activities are included in the annual audit performed by the Auditor-General of Queensland.

	2025 \$'000	2024 \$'000
Granted private practice receipts and payments		
Receipts		
Private practice receipts*	61,336	53,775
Interest	193	157
Other receipts*	486	537
Total receipts	<u>62,015</u>	<u>54,469</u>
Payments		
Payments to doctors	11,829	11,725
Payments to Metro South Health for recoverable costs	41,894	34,958
Payments to Metro South Health general trust for SERTA	7,111	5,416
Other payments	755	713
Total payments	<u>61,589</u>	<u>52,812</u>
Increase/(decrease) in net granted private practice assets	<u>426</u>	<u>1,657</u>

* Private practice receipts and other receipts include outstanding deposits not yet receipted and receipts not yet deposited.

	2025 \$'000	2024 \$'000
Granted private practice assets		
Current assets		
Cash*	4,905	4,479
Total current assets	<u>4,905</u>	<u>4,479</u>

*Cash balance predominantly includes doctor payments that are outstanding at balance date and other payments due to Metro South Health that have been accrued as revenue in Metro South Health's accounts.

E5 Co-location arrangements

Co-location arrangements operating for all or part of the financial year are as follows:

Facility	Counterparty	Term of Agreement	Commencement Date
Mater Private Hospital Redland	Mater Misericordiae Ltd	25 years + 30 years	August 1999
Translational Research Institute (TRI) Building	Translational Research Institute Pty Ltd	30 years + 20 years	May 2013
University of Queensland Training Facility, Redland Hospital	University of Queensland	20 years	August 2015
University of Queensland Training Facility, Queen Elizabeth II Jubilee Hospital	University of Queensland	20 years	September 2015

There are contractual arrangements with private sector entities for the operation of a private health facility for a period of time on land controlled by Metro South Health. Metro South Health may receive rights to receive cash flows or rights to receive the facility at the end of the contractual term in accordance with the respective contractual arrangements. As a concession contract, Metro South Health does not recognise the facility as an asset. These contracts are recognised as leases under AASB 16 *Leases* where Metro South Health is the lessor. Refer Note B12.

Co-location agreement with Mater Private Hospital Redland

In accordance with the Co-location Agreement, in 2024-25 Metro South Health recognised \$0.2035 million revenue (2024: \$0.2405 million). Metro South Health has not recognised any rights or obligations relating to these facilities other than those associated with land rental and the provision of services under the agreements. Metro South Health has the right to retain the rent in accordance with the Deed of Lease in the Transfer Notice. The land where the Mater Private Hospital Redland was constructed is approximately 8% of the Redland Hospital land recognised at a total value of \$1.585 million. Refer Note B12.

Co-location agreement with Translational Research Institute Pty Ltd

The land where the Translational Research Institute (TRI) was constructed is approximately 11.9% of the relevant parcels of the Princess Alexandra Hospital land recognised at a total value of \$20.680 million. The land was transferred to Metro South Health as at 1 July 2014 from the Department of Health in accordance with a Transfer Notice. This included the transfer of the finance lease with TRI on the land which was already prepaid to the Department of Health for the full term of the lease prior to the transfer resulting in no value recorded for the finance lease in Metro South Health accounts. Metro South Health does not record revenue from this arrangement. Refer Note B12.

Co-location agreement with University of Queensland – Redland Hospital

The land where the University of Queensland Training Facility was constructed is approximately 0.3% of the relevant parcels of the Redland Hospital land recognised at a total value of \$0.059 million. The lease for the building is between Metro South Health and the University of Queensland and no revenue is recorded from this arrangement. Refer Note B12.

Co-location agreement with University of Queensland – Queen Elizabeth II Jubilee Hospital

The land where the University of Queensland Training Facility was constructed is approximately 0.4% of the relevant parcels of the Queen Elizabeth II Jubilee Hospital land recognised at a total value of \$0.117 million. The lease for the building is between Metro South Health and the University of Queensland and no revenue is recorded from this arrangement. Refer Note B12.

E6 Climate risk disclosure

Metro South Health estimates and judgements - climate related risks

Metro South Health continues to monitor the emergence of material climate-related risks that may impact the financial statements of Metro South Health including directives from Queensland Treasury.

Metro South Health made no adjustments to the carrying value of assets 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 Metro South Health.

Whole-of-Government climate-related reporting

The State of Queensland, as the ultimate parent of Metro South Health, provides information and resources on climate related strategies and actions accessible at <https://www.energyandclimate.qld.gov.au/climate> and <https://www.treasury.qld.gov.au/energy-and-climate/>.

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

E7 First year application of new accounting standards

Accounting standards applied for the first time

No new accounting standards or interpretations that apply to Metro South Health for the first time in 2024-25 had any material impact on the financial statements.

Accounting standards early adopted

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

E8 Future impact of accounting standards not yet effective

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

AASB 18 Presentation and Disclosure in Financial Statements

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

This standard sets out new requirements for the presentation of the Statement of Comprehensive Income, requires new disclosures about management-defined performance measures and removes existing options in the classification of 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.

Metro South Health will make an assessment of 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 not applicable to the Metro South Health.

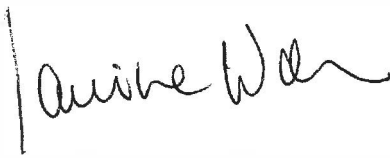
MANAGEMENT CERTIFICATE OF METRO SOUTH HEALTH

For the year ended 30 June 2025

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

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

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



Janine Walker AM
Adjunct Professor, BAEd, GradDip Business,
FAHRI, FAIM, MAICD
Chair
Metro South Hospital and Health Board
19 August 2025



Noelle Cridland
BN, MN (Leadership)
Health Service Chief Executive
Metro South Health
19 August 2025

Murray Brown
FCPA
Chief Finance and
Sustainability Officer
Metro South Health
19 August 2025

INDEPENDENT AUDITOR'S REPORT

To the Board of Metro South Hospital and Health Service

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of Metro South 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 (\$1.01 billion)

Refer to Note B6 in the financial report

Key audit matter	How my audit addressed the key audit matter
<p>Buildings were material to Metro South Hospital and Health Service at balance date and were measured at fair value using the current replacement cost method.</p> <p>Metro South Hospital and Health Service performed a comprehensive revaluation of approximately 20% of its building assets this year as part of the rolling revaluation program. All other buildings were assessed using relevant indices.</p> <p>The current replacement cost method comprises:</p> <ul style="list-style-type: none"> • gross replacement cost, less • accumulated depreciation. <p>Metro South Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for:</p> <ul style="list-style-type: none"> • identifying the components of buildings with separately identifiable replacement costs • developing a unit rate for each of these components, including: <ul style="list-style-type: none"> ○ estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre) ○ identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating the adjustment to the unit rate required to reflect this difference. <p>The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components.</p> <p>The significant judgements required for gross replacement cost and useful lives are also significant judgements for calculating annual depreciation expense.</p> <p>Using indexation required:</p> <ul style="list-style-type: none"> • significant judgement in determining changes in cost and design factors for each asset type since the previous revaluation • reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used. 	<p>My procedures included, but were not limited to:</p> <ul style="list-style-type: none"> • assessing the adequacy of management's review of the valuation process and results • reviewing the scope and instructions provided to the valuer • assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices • assessing the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices • assessing the competence, capabilities and objectivity of the experts used to develop the models • for unit rates, on a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: <ul style="list-style-type: none"> ○ modern substitute (including locality factors and oncosts) ○ adjustment for excess quality or obsolescence • evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices • evaluating useful life estimates for reasonableness by: <ul style="list-style-type: none"> ○ reviewing management's annual assessment of useful lives ○ at an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement cost of assets ○ testing that no building asset still in use has reached or exceeded its useful life ○ enquiring of management about their plans for assets that are nearing the end of their useful life ○ reviewing assets with an inconsistent relationship between condition and remaining useful life • Where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence

Responsibilities of the entity for the financial report

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

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

Auditor's responsibilities for the audit of the financial report

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

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

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

This description forms part of my auditor's report.

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

20 August 2025
Queensland Audit Office
Brisbane

Glossary

Acronyms

Acronym	Definition
ABF	Activity Based Funding
ACP	Advance Care Planning
AI	Artificial Intelligence
AIDP	Accelerated Infrastructure Delivery Program
AM	Member of the Order of Australia
ANZ	Australia and New Zealand Banking Group
ASD	Australian Signals Directorate
ATS	Australian Triage Scale
CALD	Culturally and Linguistically Diverse
CEO	Chief Executive Officer
CCC	Crime and Corruption Commission
CLE	Centre for Leadership Excellence
DFV	Domestic and Family Violence
DLBCL	Diffuse Large B-cell Lymphoma
DSS	Decision Support System
EELP	Emerging Executive Leadership Program
EEO	Equal Employee Opportunity
EMF	Emergency Medicine Foundation
ENT	Ear, nose and throat
EPA	Entrustable Professional Activities
ESU	Ethical Standards Unit
FAA	<i>Financial Accountability Act 2019</i>
FACHSM	Fellow of the Australasian College of Health Service Management
FCPA	Fellow of the Certified Practising Accountants Australia
FEP	First Year of Experience
FTE	Full-Time Equivalent
GP	General Practitioner
GI	Gastrointestinal
HEAT	Health Equity and Access Team
HHS	Hospital and Health Service
HP	Health Practitioner
HR	Human Resources
HSCE	Health Service Chief Executive
ieMR	integrated electronic Medical Record
ISMS	Information Security Management System
ISO	International Organization for Standardization
IT	Information Technology
JRNA	Joint Regional Needs Assessment
KPI	Key Performance Indicator
LEADS	Logan Endocrine and Diabetes Service
LGBTIQA+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and others
MDP	Management Development Program

MOHRI	Minimum Obligatory Human Resource Information
MP	Member of Parliament
MRSA	Methicillin Resistant Staphylococcus Aureus
MSH	Metro South Health
NAB	National Australia Bank
NESB	Non-English Speaking Backgrounds
NGOs	Non-Government Organisations
NSQHS	National Safety and Quality Health Service Standards
OAM	Medal of the Order of Australia
OVP	Occupational Violence Prevention
PET	Positron Emissions Tomography
PGY1	Post Graduate Year 1
PGY2	Post Graduate Year 2
PHN	Primary Health Network
PID	Public Interest Disclosure
PMEC	Prevocational Medical Education Committee
POCUS	Point-of-Care Ultrasound
PSM	Public Service Medal
QAS	Queensland Ambulance Service
QAO	Queensland Audit Office
QCAT	Queensland Civil and Administrative Tribunal
QEII	Queen Elizabeth II Jubilee Hospital
QGEA	Queensland Government Enterprise Architecture
QHRC	Queensland Human Rights Commission
QIRC	Queensland Industrial Relations Commission
QSCIS	Queensland Spinal Cord Injuries Service
QUT	Queensland University of Technology
RMO	Resident Medical Officer
ROPAIR	Radiation Oncology Princess Alexandra Hospital Ipswich Road
RSV	Respiratory Syncytial Virus
SARS	Sexual Assault Response Service
SBS	Special Broadcasting Service
SiMs	Students in Medicine
SIS	Sailing into Supervision
SMS	Safety Management System
SOSIS	Specialist Outpatient Services Implementation Standard
SQCoE	Southern Queensland Centre of Excellence
SRWS	Smart Referral Workflow System
TAFE	Technical and Further Education
TIN	Transfer Initiative Nurse
TRI	Translational Research Institute
VAD	Voluntary Assisted Dying
WAU	Weighted Activity Unit
WHS	Work health and safety

Terms

Term	Definition
BioC hubs	Birth in Our Community (BiOC) hubs deliver a unique model of maternity care, providing comprehensive and culturally informed maternal and infant health services for Aboriginal and Torres Strait Islander families.
Board	Metro South Hospital and Health Board.
Closing the Gap	A government strategy that aims to reduce disadvantage among Aboriginal and Torres Strait Islander people with respect to life expectancy, child mortality, access to early childhood education, educational achievement, and employment outcomes.
COVID-19	Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus.
Magnet®	An international program providing recognition for excellence in nursing care.
Maybo	Maybo is a company that designs and delivers training programs.
MSHLearn	Metro South Health's learning management system.
myHR	myHR is a human resources (HR) system where Queensland Health staff can access HR information, including pay details and leave management.
NAIDOC Week	NAIDOC Week stands for the National Aboriginal and Islanders Day Observance Committee. It's a week-long celebration held annually in Australia, dedicated to recognising the history, culture, and achievements of Aboriginal and Torres Strait Islander peoples.
Nurse Navigator	Nurse Navigators are a team of senior advanced practice registered nurses who provide a vital service for patients who have complex health conditions and require a high degree of comprehensive, clinical care.
Satellite health centre	Satellite health centres (formerly known as satellite hospitals) support public healthcare delivery. The centres provide walk in, urgent care for illnesses and injuries not anticipated to be life-threatening in nature, such as simple fractures, simple infections, toothache, minor burns and minor head injuries.
Telehealth	The delivery of health services and information using telecommunication technology such as live video and audio links, teleradiology, storing of clinical data and images on a computer for forwarding to another location.
Weighted Activity Units	Weighted Activity Units provide a common unit of comparison for all clinical activities so that hospital activity can be measured and costed consistently.

Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7	Page 4
Accessibility	Table of contents Glossary	ARRs – section 9.1	Page 5 Page 107
	Public availability	ARRs – section 9.2	Page 2
	Interpreter service statement	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	Page 2
	Copyright notice	<i>Copyright Act 1968</i> ARRs – section 9.4	Page 2
	Information Licensing	<i>QGEA – Information Licensing</i> ARRs – section 9.5	Page 2
General information	Introductory Information	ARRs – section 10	Page 9
Non-financial performance	Government’s objectives for the community and whole-of-government plans/specific initiatives	ARRs – section 11.1	Page 6
	Agency objectives and performance indicators	ARRs – section 11.2	Page 10, 47
	Agency service areas and service standards	ARRs – section 11.3	Page 12, 60
Financial performance	Summary of financial performance	ARRs – section 12.1	Page 63
Governance – management and structure	Organisational structure	ARRs – section 13.1	Page 28
	Executive management	ARRs – section 13.2	Page 24
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3	Page 17
	Public Sector Ethics	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	Page 41

	Human Rights	<i>Human Rights Act 2019</i> ARRs – section 13.5	Page 43
	Queensland public service values	ARRs – section 13.6	Page 10, 41
Governance – risk management and accountability	Risk management	ARRs – section 14.1	Page 40
	Audit committee	ARRs – section 14.2	Page 22, 40
	Internal audit	ARRs – section 14.3	Page 40
	External scrutiny	ARRs – section 14.4	Page 41
	Information systems and recordkeeping	ARRs – section 14.5	Page 41
	Information Security attestation	ARRs – section 14.6	Page 41
Governance – human resources	Strategic workforce planning and performance	ARRs – section 15.1	Page 33
	Early retirement, redundancy and retrenchment	<i>Directive No.04/18 Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	Page 39
Open Data	Statement advising publication of information	ARRs – section 16	Page 39
	Consultancies	ARRs – section 31.1	https://data.qld.gov.au
	Overseas travel	ARRs – section 31.2	https://data.qld.gov.au
	Queensland Language Services Policy	ARRs – section 31.3	https://data.qld.gov.au
	Charter of Victims' Rights	<i>VCSVRB Act 2024</i> ARRs – section 31.4	https://data.qld.gov.au
Financial statements	Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	Page 103
	Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	Page 104

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2019*

ARRs *Annual report requirements for Queensland Government agencies*

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