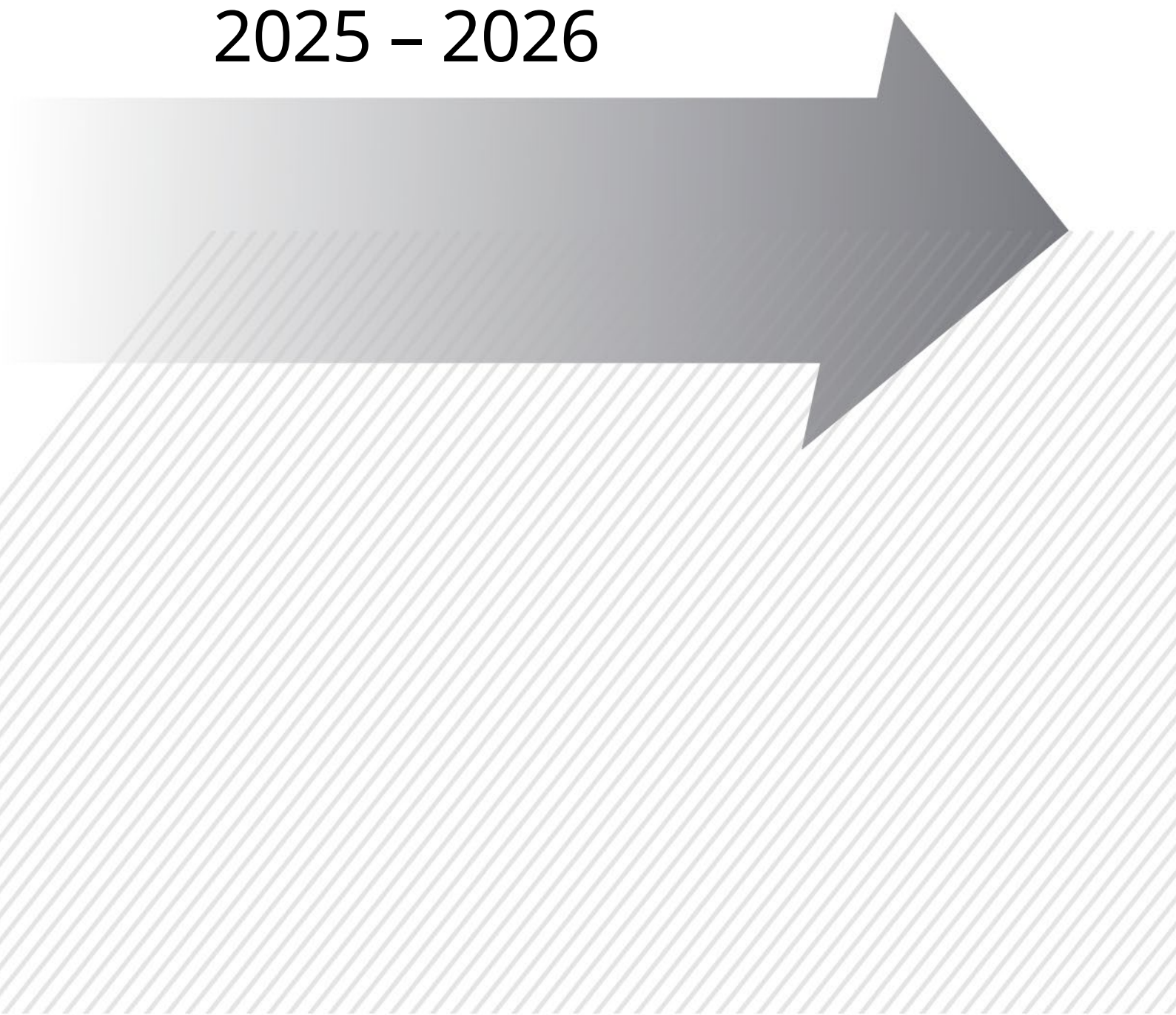


Metro South Hospital and Health Service

Annual Report

2025 – 2026



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

Acknowledgement of Traditional Custodians

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



31 August 2026

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

Dear Minister

I am pleased to submit for presentation to the Parliament the *Annual Report 2025–2026* and financial statements for 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 121 of this annual report.

Yours sincerely

A handwritten signature in black ink, appearing to read "Carmel Monaghan".

Ms Carmel Monaghan
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 2025–2026 Metro South Health continued to build on the strong foundations established through our *Strategic Plan 2024–2028*, maintaining our focus on delivering a high-performing, sustainable and person-centred healthcare system for the communities we serve.

We are pleased to present this year's annual report, which outlines our key achievements and performance against the Queensland Government's priorities and the objectives in our *Strategic Plan*.

Our people remain central to everything we do. Every day, the Metro South Health workforce demonstrates our values of integrity, compassion, accountability, respect, engagement and excellence through the delivery of high-quality care. We extend our sincere thanks to all staff for their dedication, professionalism and commitment to continuous improvement.

This year, Metro South Health increased its total full-time equivalent staff by 3.92 per cent to reach 18,056 full-time equivalent employees, 96 per cent of which are frontline and frontline support staff. The safety, health and wellbeing of our people remained a key priority, including through the development and implementation of a new *Wellbeing Strategy* and *Occupational Violence Readiness Action Plan*.

Metro South Health delivered care to a record number of patients in 2025–2026, with 1,604,589 occasions of service across our five hospitals, our network of community and satellite health centres, and through in-home and community services.

Demand for services remained high in 2025–2026, particularly across specialist outpatient services, elective surgery and endoscopy. Metro South Health delivered an average of 623 new outpatient appointments per business day, an increase of 0.6 per cent on the previous year. Our elective surgery capacity maintained historically high volumes, with an average of 149 procedures performed each business day, an increase of 4 per cent. We also maintained our gastrointestinal endoscopy throughput at 131 elective cases per business day.

Metro South Health experienced ongoing pressure across our emergency departments and inpatient bed capacity. Despite this, we achieved further improvements in patient flow and access, including a 77 per cent reduction in emergency department length of stay of more than 24 hours. Across the year, there were 334,851 emergency department presentations, with all Category 1 patients again seen within clinically recommended timeframes. These outcomes reflect strengthened whole-of-system collaboration, including ongoing partnership with Queensland Ambulance Service, primary care, aged care providers and neighbouring health services.

A major contributing factor to emergency department performance and bed capacity is the impact of delayed discharges (long stay patients). At the end of 2025–2026, there were 248 delayed discharge patients, reflecting increasing complexity in patient needs and challenges accessing timely post-acute and community-based care. In response, we strengthened partnerships and escalation pathways with aged care providers, primary care and community support organisations to improve discharge planning, support earlier intervention, and facilitate safe and timely transitions of care.

This year we also proudly launched our new *First Nations Health Equity Strategy 2025–2028* developed through extensive consultation with First Nations staff, Elders, Traditional Custodians, consumers, community members and partners. The strategy provides a clear framework for delivering culturally safe, community-informed care, eliminating racism and improving access, experiences and health outcomes, and building trusted partnerships based on shared accountability. We thank the community members and staff who contributed to the development of this important strategy.

In 2025–2026 we launched our new *Research and Innovation Strategy 2025–2030* that brings a stronger focus on accelerating research for the benefit of our community. Through the strategy, we aspire to be a ‘learning healthcare system’ which translates research findings into real-world care. More than 1,200 active research studies were underway across our services, supported by approximately \$43 million in research funding. Our partnerships with universities and research institutes remain a cornerstone of our research culture. This year, Princess Alexandra Hospital became a key partner of the Boggo Road Innovation Junction, a 39-hectare innovation precinct bringing together healthcare, biotechnology and environmental science organisations to drive global research and innovation outcomes.

Metro South Health continues to serve a rapidly growing catchment, supported by significant investment through the Queensland Government’s *Hospital Rescue Plan*. In 2025–2026, key milestones included the completion and opening of a new medical ward and intensive care unit at Redland Hospital, providing more care closer to home for the local community. Logan Hospital’s transit care hub expanded its operating hours to 24 hours a day, and we commenced work to add additional spaces to Redland Hospital’s transit care hub – both initiatives will help improve patient flow through these busy facilities. We also saw continued construction on major expansion projects at Princess Alexandra, QEII, and Logan hospitals. Once completed, these developments will deliver more than 450 additional inpatient beds, along with expanded clinical and support services to meet future demand.

In 2025–2026 we continued to explore innovative ways to improve clinician wellbeing and patient experience through the safe and responsible adoption of digital technology and artificial intelligence (AI). During the year, we implemented an ambient AI scribe following a successful 12-month trial. The technology reduces documentation burden and allows clinicians to spend more time focused on patient care and communication, with staff reporting improvements in efficiency and wellbeing, and patients reporting higher satisfaction levels.

This year marked a period of renewal for the Metro South Hospital and Health Board. We welcomed four new Board members, who bring expertise across healthcare operations, governance, financial performance and importantly, clinical care. Four existing members were reappointed or continued their appointments on the Board, ensuring continuity of leadership, stability, and sustained organisational knowledge. We would like to acknowledge the contribution of the previous Board Chair, Janine Walker, and the other outgoing members, and thank them for their service and commitment to Metro South Health.

Looking ahead, Metro South Health will continue its transformation journey, focused on delivering sustainable growth in services, improving access and outcomes, and strengthening our workforce and partnerships.

On behalf of the Metro South Health Board and Executive teams, we thank all staff and partners for their ongoing support, dedication and contribution throughout 2025–2026.

Ms Carmel Monaghan

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 (HHS) 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 2026 was for the period 2025–2026 to 2027–2028 (April 2026 Revision).

Metro South Health is one of 16 HHSs in Queensland and serves an estimated resident population of 1.3 million people, 24 per cent of Queensland's population. It employs more than 18,000 full-time equivalent (FTE) employees and has an annual operating revenue of \$4.209 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 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 create Australia's healthiest community*. Our purpose is: *Better lives through better health*.

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

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
- ensure that our digital health systems are trusted, secure and fit-for-purpose.

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 2025–2026, we were proud to launch our new *First Nations Health Equity Strategy 2025–2028*. The strategy was the result of several months' consultation and engagement with Elders, Traditional Custodians, community members, consumers, partners and First Nations employees.

The strategy sets out six priority areas:

- actively eliminate racial discrimination and institutional racism
- increasing equitable access to healthcare services
- influence the social, cultural and economic determinants of health
- delivering sustainable, culturally safe, and responsive healthcare services
- work with Aboriginal and Torres Strait Islander peoples to design, deliver, monitor and review health services
- strengthen the First Nations workforce.

Importantly, under the strategy Metro South Health has committed to respecting and embracing Aboriginal and Torres Strait Islander peoples' voices, experiences and cultural traditions – acknowledging that culture is central to health, healing and wellbeing.

Metro South Health will implement the strategies and actions described in the strategy under the governance of its First Nations Health Equity Executive Committee. This group, consisting of leaders from across the organisation, will lead system reform for genuine improvement in healthcare outcomes for Aboriginal and/or Torres Strait Islander peoples.

Key health equity initiatives delivered during 2025–2026 include:

- the establishment of an Eliminating Racism Steering Committee, including key stakeholders and consumers from across the health service; the committee has developed an *Eliminating Racism Action Plan* and is working to implement actions within the plan
- undertook consultation with more than 100 First Nations children and young people, and their parents and carers, to inform our approach to providing a culturally safe environment as part of the *Child Safe Organisation* program
- *Journey Onwards* – a community resource that combines artwork with health service information for Aboriginal and Torres Strait Islander consumers.

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. This includes 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.

Another component of achieving health equity is building and sustaining a strong First Nations workforce across all areas of the organisation. Initiatives delivered in 2025–2026 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, food services, allied health assistance, and other areas – with more than 30 trainees commencing placements in 2025–2026.
- First Nations cadetships for university students, for First Nations people who are undertaking tertiary studies in allied health, nursing or non-clinical pathways (e.g. human resources, legal services) – with 18 cadets employed in 2025–2026.

Our services

Metro South Health provides public healthcare services in the Brisbane south side, Logan, Redlands, and Scenic Rim regions. The health service provides teaching, research, community and specialty services, as well as several statewide 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
- Marie Rose Centre, Dunwich
- Meadowbrook Health Centre
- 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 2025–2026, Metro South Health issued 49,425 car parking concession passes valued at \$286,451.01.

Strategic risks, opportunities and challenges

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.

Metro South Health's *Strategic Plan 2024–2028* identifies six strategic pillars, each with specific intentions, strategies, and defined success measures. The targets set out in the plan are ambitious and aligned with our vision of *Together we will create Australia's healthiest community*, as well as with the Queensland Government's community objective of 'health services when you need them'. A summary of our performance against these targets is provided on page 50.

In addition, Metro South Health monitors its performance against the *Service Delivery Statement 2025–2026*, which includes measures on:

- access to care – including emergency department waiting times, elective surgery waiting times, specialist outpatient waiting times, total weighted activity units,

Telehealth service events and mental health outcomes.

- efficiency – cost per weighted activity unit
- safety and quality – healthcare associated *Staphylococcus aureus* bloodstream infections.

A summary of our performance against these measures is provided on page 69.

Strategic risks and 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.

Access to care

In 2025–2026, Metro South Health provided more emergency department care than ever before. However, demand continues to grow each year, particularly at Logan Hospital and Redland Hospital. Metro South Health also provides secondary and tertiary level emergency care for the western Queensland corridor, with several ambulances per day arriving from the West Moreton region. We have a range of strategies to help reduce ambulance ramp times and return crews to the road as quickly and efficiently as possible, including the expansion of Transit Care Hubs, increased 'offload bay' capacity at all sites, dedicated medical and nursing patient flow coordinators, and emergency department redesign initiatives.

Demand for 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. In addition, patient demographics have resulted in surgeries being more complex and, as a result, taking longer. This has resulted in significant throughput pressures despite Metro South Health opening more theatres than ever before. Additionally, demand for gastrointestinal endoscopy waitlists

continued to grow across Metro South Health, with the new endoscopy suite at QEII Hospital already at full capacity. To help meet this pressure, Metro South Health is partnering with the private sector to deliver elective surgery and endoscopy procedures through the Surgery Connect program. We are also working to increase internal capacity to ensure we can sustainably meet demand over the medium to long term.

Metro South Health provided a record number of outpatient appointments in 2025–2026. Despite this, we continue to experience significant demand for specialist outpatient services, with the number of patients waiting longer than clinically recommended growing due to population growth and increasing community need. We have a range of strategies to increase access to outpatient services, including expanded clinics, auditing waiting lists, transferring patients to more appropriate facilities, and innovative models of care.

Discharge delay (long stay patients)

Metro South Health is challenged by changes in the broader health and social care system that impact the services we provide at a local level. A particular concern is long-stay patients who have been medically cleared for discharge but remain in hospital due to a lack of suitable care options, such as an aged care facility or National Disability Insurance Scheme (NDIS) assistance. Delays in discharge reduce our capacity for new admissions and add to pressure on our emergency departments. Over time, these delays add up to the equivalent of thousands of acute patients who could have been admitted more quickly if the beds were available. Metro South Health has a range of initiatives to reduce discharge delays, including dedicated staff that work through complex cases and navigate barriers to discharge, partnerships with community and aged care organisations, as well as a long stay patient dashboard that provides real-time visibility of patients awaiting discharge.

Changing community demographics

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.

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 92,492 occasions of interpreter services used across Metro South Health in the 2025–2026 financial year³. 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.

Workforce growth

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.

Regional health needs

Providing support to populations of neighbouring HHSs is a significant challenge for Metro South Health, especially where local healthcare capability and capacity are limited. Key specialty areas of focus include ophthalmology, ear, nose and

³ <https://www.data.qld.gov.au/>

throat (ENT), urology 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.

Opportunities

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 *Strategic Plan 2024–2028* and *Health Service Plan 2024–2028* continue 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.

Safety and quality

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.

Health equity

Metro South Health is committed to improving health equity and access for First Nations people. Our First Nations *Health Equity Strategy 2025–2028* sets out how the health service will continue to improve access to healthcare for First Nations peoples, eliminate racial discrimination and institutional racism, and deliver sustainable, culturally safe and responsive healthcare services. The strategy was developed through consultation and feedback from First Nations peoples in our community and supports the National Agreement on Closing the Gap. Metro South Health will continue working with First Nations peoples, communities and organisations to improve health services, strengthen the First Nations workforce, and support action on social, cultural and economic factors that influence health outcomes.

Metro South Health continues to support the implementation of its *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.

Infrastructure

Metro South Health is continuing to work closely with our partners to deliver major expansions across our region at Logan, QEII and Princess Alexandra hospitals under the *Hospital Rescue Plan*. These investments will increase capacity and support our ability to provide quality healthcare across our health service. Our teams are actively working with the Department of Health to design, build and commission these expansions to ensure they are fit for purpose and support

the future healthcare needs of our community.

Partnerships

Metro South Health continues to work closely with the Brisbane South Primary Health Network (PHN) to better understand and respond to existing and emerging priority needs across the Metro South region. In 2025–2026, we published the *Brisbane South Joint Regional Mental Health, Suicide Prevention, Alcohol and Other Drug Plan 2025–2030*, which aims to support a more connected and responsive system of care for mental health, suicide prevention and alcohol and other drug services. Our partnership with the PHN was further strengthened through the development of a joint *Partnership Strategy*, which sets out shared priorities for advancing health equity and delivering targeted care for priority populations and across the lifespan.

Digital health and technology

Metro South Health's extensive digital healthcare systems enable us to deliver better connected care, more care in non-hospital settings, and improved patient outcomes. Smart Referral Request for Advice and eConsult services are supporting direct communication between GPs and specialist clinicians, helping to improve continuity of care in the community. 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. This includes initiatives that support culturally and linguistically diverse consumers and people who are deaf or hard of hearing to access virtual care services with interpreter support. Safeguarding and expanding our data and information systems will continue to be important to protect patients and enhance care in an everchanging cybersecurity landscape.

Metro South Health is exploring innovative ways to improve clinician wellbeing and the patient experience through the safe and responsible use of AI. Used wisely, this technology has great potential to reduce the time clinicians spend on documentation, improve efficiency and wellbeing, and create higher levels of patient satisfaction.

Research and innovation

Metro South Health is committed to building research and innovation capacity across the health service. The Metro South Health *Research and Innovation Strategy 2025–2030* guides our efforts to maximise research capability and capacity, encourage innovative thinking across all areas of our organisation, and effectively use research findings to improve outcomes for patients. The strategy supports our *Strategic Plan* objective to use research to innovate healthcare for the future and focuses on translation and innovation, partnerships, community, health equity, and the research environment and workforce.

Environmental sustainability

Metro South Health is committed to protecting our future through sustainability by reducing our impact on the environment. The Metro South Health *Environmental Sustainability Plan 2025–2030* outlines the pathway for best practice in environmentally sustainable health service delivery, recognising the strong link between planetary health and human health. The plan focuses on reducing waste, improving energy and water efficiency, strengthening sustainable facilities and infrastructure, supporting low-carbon clinical care, and incorporating environmental sustainability into procurement and purchasing decisions. Metro South Health will continue to improve sustainability governance, monitor performance, and work towards reducing direct and indirect greenhouse gas emissions while supporting a more climate-resilient and sustainable health service.

Governance

Our people

Board membership

The Metro South Hospital and Health Board (the Board) has eight 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 2025–2026

Metro South Hospital and Health Service	
Act or instrument	<i>Hospital and Health Boards Act 2011</i>
Functions	The Metro South Hospital and Health Board is responsible for the governance, strategic direction and performance oversight of Metro South Health. The Board sets organisational priorities and objectives, monitors performance, ensures effective risk management and accountability, and oversees compliance with legislative, financial and clinical governance requirements. The Board reports to the Minister for Health and Ambulance Services and is responsible for: - controlling Metro South Health and ensuring services are delivered in accordance with the <i>Hospital and Health Boards Act 2011</i> and organisational objectives - approving strategic plans, priorities, budgets and major initiatives - monitoring financial, operational and clinical performance - overseeing risk management, internal controls and governance systems - ensuring compliance with legal, ethical and regulatory obligations - maintaining effective communication and accountability to Government, stakeholders and the community.
Achievements	The Board and Committee activities and major achievements in 2025–2026 include the development, monitoring and advising on Metro South Health's: - annual financial statements - legislative compliance program - risk reporting framework - annual capital plan - annual review of <i>Strategic Plan 2024–2028</i> <i>Research and Innovation Strategy 2025–2030</i> <i>First Nations Health Equity Strategy 2025–2028</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 attendance	Approved annual, sessional, or daily fee	Approved Committee fees if applicable	Actual fees received
Chair	Ms Carmel Monaghan	6 (2 Board/ 4 Committee)	\$85,714 pa	\$4,000 pa Committee Chair \$3,000 pa Committee Member	\$24,580.36
Chair	Ms Janine Walker AM	17 (7 Board/ 10 Committee)	\$85,714 pa	\$4,000 pa Committee Chair \$3,000 pa Committee Member	\$72,244.57
Deputy Chair	Mr Matthew Ames AM	24 (11 Board/ 13 Committee)	\$44,503 pa	\$4,000 pa Committee Chair \$3,000 pa Committee Member	\$54 552.34
Member	Ms Nadia Bromley	21 (10 Board/ 11 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$50,523.86
Member	Mr Colin Cassidy PSM	21 (10 Board/ 11 Committee)	\$44,503 pa	\$4,000 pa Committee Chair \$3,000 pa Committee Member	\$53,295.12
Member	Mrs Julia Hodgkinson	12 (3 Board/ 9 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$12,969.73
Member	Dr Matthew Hope	1 (1 Board/ 0 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$12,199.29
Member	Dr Elizabeth Rushbrook CSC	4 (3 Board/ 1 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$12,199.29
Member	Dr Vu Tran	19 (10 Board/ 9 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$48,293.06
Member	Adjunct Associate Professor Donisha Duff OAM	12 (6 Board/ 6 Committee)	\$44,503 pa	\$4,000 pa Committee Chair \$3,000 pa Committee Member	\$39,284.80
Member	Mr Michael Goss	14 (7 Board/ 7 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$38,522.02
Member	Ms Gail Ker OAM	15 (8 Board/ 7 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$36,233.73
Member	Dr Muhammad Daniyal Mian	11 (7 Board/ 4 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$36,233.73
No. scheduled meetings/ sessions	11 Board meetings 19 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 \$44.47 in out-of-pocket expenses for Board Members during the 2025–2026 financial year.				

Note: Associate Professor Helen Benham resigned from her role as Board Member on 4 July 2025 to commence in the position of Metro South Health's Chief Research and Innovation Officer. Helen did not attend any meetings or receive any remuneration during the reporting period.

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 Carmel Monaghan is the current Chair.

The Board Chair's responsibilities are:

- providing leadership to the Board
- ensuring effective function of the Board
- facilitating meetings and constructive discussion
- acting as the primary liaison with the Minister
- supporting the relationship between the Board and the HSCE.

Board Members

Ms Carmel Monaghan – Chair

Appointed: 1 April 2026

Current term: 1 April 2026 – 31 March 2030

Carmel Monaghan has more than 30 years' experience as a leader in the healthcare sector. She was previously the Chief Executive Officer of Ramsay Health Care Australia, the country's largest private hospital operator.

She currently serves as a Non-Executive Director on the boards of Regis Aged Care and EMVision. She has previously held the position of Vice President of the Australian Private Hospitals Association.

Carmel's expertise spans complex operations, financial management, governance and stakeholder engagement. She has a strong focus on patient-centred care, innovation and workforce development.

Carmel has qualifications in business (MBA) and communication (B.Bus Comms) from the Queensland University of Technology (QUT), and is a Graduate of the Australian Institute of Company Directors.

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 AM – Deputy Chair

Appointed: 1 April 2022 – Board Member

Appointed: 27 September 2024 – Deputy Chair

Current term: 1 April 2026 – 31 March 2030

Matthew Ames AM is a senior leader with more than 20 years' experience in environmental health and safety, and risk management. His previous roles have included Group Manager Health, Safety and Environment at Origin Energy, and Principal Environmental Engineer for URS Corporation.

Matthew has a passion for providing a voice for health consumers across Queensland Health. He has served on several boards, including Hear and Say and Centacare Brisbane.

He has a Master of Business Administration and is also 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.

She is a solicitor qualified 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 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 2026 – 31 March 2030

Colin Cassidy PSM is a former senior executive with more than 40 years of experience in the public sector. His past roles include Deputy Director-General and General Manager Office of Strategic Projects at the Department of State Development, Manufacturing, Infrastructure and Planning.

Colin has worked in state, regional and local governments across several areas, including land use planning, infrastructure planning, governance, business planning and service delivery, strategic policy, industry development and investment attraction. He has served on several boards, including the Queensland Building and Construction Board.

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

Mrs Julia Hodgkinson

Appointed: 1 April 2026
Current term: 1 April 2026 – 31 March 2030

Julia Hodgkinson is an experienced board adviser with expertise in financial performance, sustainability and service reform across the health and human services sectors.

A former Partner at Deloitte, she has led large, complex projects and is known for

her practical, outcomes-focused approach to improving performance and delivering results.

Julia is a Graduate of the Australian Institute of Company Directors and a Chartered Accountant (CA ANZ). She holds a Bachelor of Laws and a Bachelor of Commerce (Accounting and Finance) from the University of Queensland (UQ).

Dr Matthew Hope

Appointed: 1 April 2026
Current term: 1 April 2026 – 31 March 2030

Matthew Hope is a Trauma and Orthopaedic Surgeon with a special interest in foot and ankle surgery who has worked at Metro South Health for more than 10 years. He is currently the Clinical Lead for Metro South Health's Surgical Clinical Network. He was previously the Director of Orthopaedics for Princess Alexandra Hospital.

Matthew also works at the Queensland Children's Hospital and the Mater Private Hospital.

Matthew currently holds positions with the Royal Australasian College of Surgeons including Queensland Chair of Orthopaedic Surgery and Chair of the Bi-National Trauma Committee.

Dr Elizabeth Rushbrook CSC

Appointed: 1 April 2026
Current term: 1 April 2026 – 31 March 2030

Liz Rushbrook is a specialist Medical Administrator. She has extensive medical and military experience with qualifications in Medicine from UQ. She is a fellow of the Royal Australasian College of Medical Administrators.

Liz is currently the Chief Medical Officer at Metro North Health. She is also a Director of the Australian Medical Council.

Liz completed her medical training Queensland – including her pre-vocational medical years at Logan Hospital – before serving in the Royal Australian Navy, rising through the ranks as Medical Officer to Commodore.

She is passionate about emergency and disaster management; business continuity;

medical workforce training, wellbeing and management; and clinical governance.

Dr Vu Tran

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

Vu Tran is a GP based in Springwood. He completed his medical degree at Bond University and has a keen interest in paediatric medicine, chronic disease management and disease prevention.

Vu has a passion for finding new and innovative ways to promote healthcare in the broader community and is the co-founder of a successful workplace learning technology startup.

Adjunct Associate Professor Donisha Duff OAM

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

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 Strait 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.

Ms Gail Ker OAM

Appointed: 1 April 2024
Current term: 1 April 2024 – 31 March 2026

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 UQ Industry Advisory Board, Thrive Logan's Advisory Board and has previously been a Board Member of the Infrastructure Association of Queensland.

Our committees

In 2025–2026, 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 Carmel Monaghan

Members: Mr Colin Cassidy PSM, Mr Matthew Ames AM

The Board Executive Committee supports the effective functioning of the Metro South Health Board by providing a forum for the Board Chair, Committee Chairs and Health Service Chief Executive to discuss matters relating to Board governance, Board effectiveness and the coordination of Board business.

The Committee provides oversight of Board and Committee work programs, agenda planning, information flow and governance priorities to ensure the Board receives timely, relevant and strategically focused information to support effective decision-making and oversight.

The Committee also facilitates communication between the Board and its Committees, identifies emerging governance matters requiring Board attention, and supports continuous improvement in Board performance,

meeting effectiveness and governance practices.

Achievements in 2025–2026 include:

- Strategic Risk Workshop.

Finance Committee

Chair: Mr Colin Cassidy PSM

Members: Ms Carmel Monaghan (ex-officio), Mr Matthew Ames AM, Ms Nadia Bromley, Mrs Julia Hodgkinson, Dr Vu Tran

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 2025–2026 include:

- approval of the 2025–2026 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 Carmel Monaghan, Mr Matthew Ames AM, Ms Nadia Bromley, Ms Julia Hodgkinson, Dr Vu Tran

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 2025–2026 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: Mr Matthew Ames AM

Members: Ms Carmel Monaghan, Dr Matthew Hope, Dr Elizabeth Rushbrook CSC

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 2025–2026 include:

- overseeing Metro South Health's Short Notice Accreditation readiness
- ensuring compliance under National Safety and Quality Health Service (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: Awaiting appointment

Members: Awaiting appointment

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 2025–2026 include:

- overseeing implementation of the Metro South Health *First Nations Health Equity Strategy 2025–2028*
- KPI and dashboard reporting.

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

1 July 2025 – 17 April 2026

Paula Foley was 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 HHS 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.

A/Chief Operating Officer

Mr Kieren Kinsella

18 April 2026 – 30 June 2026

Kieran Kinsella leads the executive teams across five hospitals, Community and Oral Health, and Addiction and Mental Health Services.

He is responsible for improving performance, using resources effectively, and supporting the delivery of safe, high-quality healthcare.

Kieran is passionate about supporting staff to innovate and improve outcomes for consumers.

He was most recently the Executive Director of Metro South Health's Addiction and Mental Health Services.

He has also held senior health management roles in Australia and the United Kingdom, including Head of Mental Health Services in South East England and an Executive Director role in Central Queensland HHS.

Kieran has experience managing a broad range of services, including mental health, oral health, public health and aged care. He has led projects to deliver care in the home and worked with Aboriginal and Torres Strait Islander communities to develop local programs.

Kieran trained as a mental health nurse at St Bartholomew's Hospital in London and holds a Masters qualification.

Chief Finance and Sustainability Officer

Mr Murray Brown

1 July 2025 – 18 June 2026

Murray Brown was 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 Finance and Sustainability Officer

Ms Kira Lee

19 June 2026 – 30 June 2026

Kira Lee 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.

Kira is an experienced finance executive with more than 15 years' experience in Queensland's public healthcare sector. She has expertise in driving financial strategy, financial planning and analysis, forecasting, and strategic leadership across large and complex health services.

She was most recently the Senior Finance Director for Princess Alexandra Hospital, where she provided strategic oversight of financial operations, reporting, governance, and budget management, while contributing as a member of the hospital's executive leadership team.

Kira holds a Bachelor of Business (Accounting) and is a Certified Practising Accountant (CPA).

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 QUT.

Chief Research and Innovation Officer

Associate Professor Helen Benham

Helen Benham leads the strategic translation of research and innovation into better healthcare access, experience, and outcomes for our community.

She is an experienced clinician researcher (rheumatologist) with an extensive background in clinical practice currently at Princess Alexandra Hospital and in senior research roles.

Her previous leadership roles include senior executive roles at the Translational Research Institute, member of the Metro South Hospital and Health Board and board chair of Arthritis Queensland.

Helen has both allied health and medical degrees and holds a PhD. She is a fellow of the Royal Australasian College of Physicians, is a Graduate of the Australian Institute of Company Directors, and is an Associate Professor at UQ.

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 Chair of the Medical Board of Australia and has been a censor of the Royal Australasian College of Medical Administrators. 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. In 2018, Susan was awarded the RACMA Distinguished Fellow Award for her excellence in leadership and significant contribution to medical regulation in Australia and improving education and training for junior doctors, including developing the flagship program RAPTS for international graduates.

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 (UQ). 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 HHS 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.

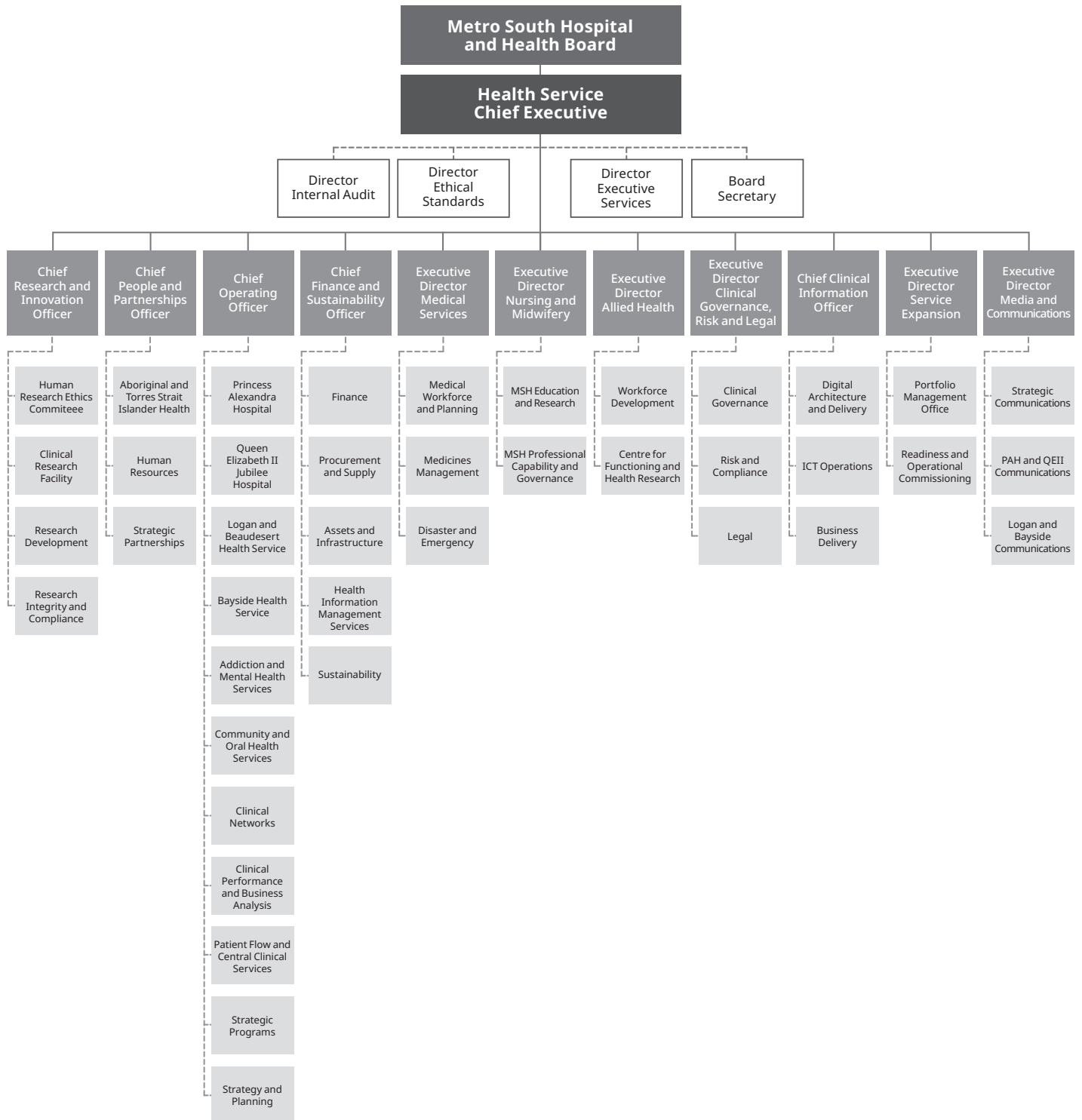
Executive Director Media and Communications

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 more than 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 QUT with Honours.

Organisational structure

The chart below represents Metro South Health's organisational structure as at 30 June 2026.



Workforce profile

The Metro South Health workforce is made up of 18,056 full-time equivalent employees, and a headcount of 22,311 people, 73 per cent of which are women (Table 5).

The Metro South region is one of the most culturally diverse areas in Queensland, and our employees proudly mirror the community they serve. In 2025–2026, Metro South Health surpassed the target for a culturally and linguistically diverse workforce, achieving 21.76 per cent of staff from non-English speaking backgrounds (NESB) (Table 6), exceeding the 12 per cent target.

Over 2025–2026, Metro South Health employed more doctors, nurses, and allied health professionals to care for our fast-growing community, with 96 per cent of the workforce frontline and frontline support staff (Table 2).

The 2026 Metro South Health *Equity and Diversity Report* highlighted 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 67 per cent of Senior Executive Service equivalent roles filled by women (Table 7), surpassing the 50 per cent target, and the organisation has made strides in cultural diversity, exceeding the employees from NESB backgrounds target by almost 10 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 identified 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 524 individuals or

2.35 per cent of the workforce (Table 6), falling short of the 4 per cent target. Initiatives outlined in the Metro South Health *Disability Service Plan 2023–2026* are being implemented to foster a more inclusive workplace for people with disabilities at Metro South Health.

In 2025–2026, 407 employees identified as Aboriginal and/or Torres Strait Islander, representing 1.82 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.

A significant amount of work was undertaken during 2025–2026 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 2025–2026, 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 and Public Health Unit at Garden City Office Park. The trainees commenced placements across a range of occupations including nursing, allied health, pharmacy, administration, operational, primary health, individual support and environmental health. The traineeship in environmental health is the first to be undertaken as a

school-based traineeship in Queensland. During the reporting period, 29 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 26 Deadly Start trainees and 23 general school-based traineeships that were offered during 2024–2025 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 15 (eight allied health and six nursing and midwifery cadets and one non-clinical HR cadet) during 2024–2025 to 18 (12 allied health and five nursing and midwifery cadets and one non-clinical cadet) during 2025–2026 in the occupational areas of nursing, midwifery, legal (administration), 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.

In 2025–2026, Metro South Health continued to partner with ETC Ltd and Thriving Local to deliver the Health and Hospitals Pathways Program which aims to provide multiple opportunities for vulnerable and disadvantaged members of the community. The program aims to provide participants with nationally recognised skills up to a Certificate 3 level, and provides work experience placements within Metro South Health facilities in various roles such as food services, portering, environmental services and administration. Three intakes of the program have been completed in the Slacks Creek, Eagleby and Browns Plains

communities with 16 candidates engaged in placement opportunities and 10 candidates continuing on to, or being considered for, casual employment post-completion of the program. A further 15 candidates are being considered for placement. The program will hold two more intakes in 2026 within the Redland and Logan Central communities.

In 2025–2026, Metro South Health continued strengthening partnerships and collaborative efforts in community engagement through events such as:

- Launch into Healthcare and Community Jobs Expo at Twin Rivers Centre in February 2026 for adult jobseekers within the Logan Community.
- Gunya Meta 'Closing the Gap' Careers Fair at Logan Entertainment Centre in March 2026 targeting opportunities for First Nations school students between Years 10 to 12, First Nations TAFE and university students, as well as the broader First Nations community.
- Griffith University Careers Day at the Nathan Campus in March 2026 for Griffith University students seeking casual or part-time opportunities within administration and operational services in a health facility while completing their studies.
- Ignite Careers Expo at the Logan Exhibition Centre in July 2026.

In April 2026, Metro South Health hosted a careers information session attracting an audience of more than 70 students and staff from Griffith University. The session included a panel discussion with experts from fields in finance and business services, human resources, corporate services and operational services from Metro South Health sharing valuable insights about their career and key information on health recruitment and employment pathways.

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 2026, 7,618 employees (34.14 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	22,311
Paid FTE*	18,055.82

*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	4.45
Frontline and Frontline Support	95.55

Table 3: Appointment type by FTE

Appointment type by FTE	%
Permanent	76.50
Temporary	20.90
Casual	2.46
Contract	0.15

Table 4: Employment status by headcount

Employment status by headcount	%
Full-time	46.97
Part-time	48.23
Casual	4.80

Table 5: Gender

Gender**	Number (headcount)	Percentage of total workforce (calculated on headcount)
Woman	16,263	72.89
Man	5,996	26.87
Non-binary	52	0.23
Another term	0	0
Not disclosed	0	0

**Where data available.

Table 6: Diversity target group data

Diversity groups	Number (headcount)	Percentage of total workforce (calculated on headcount)
Women	16,263	72.89
Aboriginal Peoples and Torres Strait Islander Peoples	407	1.82
People with disability	524	2.35
Culturally and linguistically diverse*** – speak a language at home other than English****	4,854	21.76

*** Culturally and linguistically diverse (CALD) 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	Women (headcount)	Women as percentage of total leadership cohort (Calculated on headcount)
Senior Officers (Classified, s122 and s155 combined)	31	60.78
Senior Executive Service, High-level senior executives and Chief Executives (Classified, s122 and s155 combined)	20	66.67

***** 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

Metro South Health has implemented a comprehensive, enterprise-wide approach to leadership and management capability development that is designed to build consistent, high-quality leadership across all levels. Central to this approach is our *Leadership Development Framework* that defines leadership expectations at all levels across four pillars – Leading People, Leading Performance, Leading Culture and Change, and Leading Safety and Wellness. Together, these pillars ensure leaders are equipped to deliver strong outcomes while fostering an engaged, inclusive, and safe workplace culture.

The framework reflects a balanced focus on both performance and behaviour, positioning leaders to build trust, develop people, drive accountability, and lead effectively through change and complexity. It reinforces the importance of values-based leadership, embedding organisational priorities such as inclusion, wellbeing, and continuous improvement into everyday practice.

Capability development is supported through a blended model of structured leadership programs, targeted workshops, and external partnerships with the Centre of Leadership Excellence (CLE), Department of Health. This approach enables both foundational capability building and ongoing skill enhancement, with a particular focus on strengthening middle management capability as a critical driver of organisational performance and culture. Programs offer core leadership development, practical skill-building, and exposure to contemporary leadership thinking and best practice.

Overall, this approach provides a strong foundation for building a resilient and capable leadership cohort. It supports improved performance, enhanced workforce engagement, and cultural alignment, while positioning the organisation to navigate change effectively and deliver safe, high-quality outcomes.

In 2025–2026, 264 leadership and management capability development learning events were delivered to 3,506

current and aspiring leaders across Metro South Health. These offerings included the core programs of the *Leadership Development Framework*, namely the Emerging Executive Leadership Program (25 graduates), the Management Development Program (92 graduates), and Sailing into Supervision (157 graduates), supported and complemented by a suite of short-course programs and workshops.

To further strengthen leadership capability, Metro South Health hosted a leadership summit in March 2026, drawing participation from more than 270 leaders from across the organisation. The summit featured a series of guest speakers who delivered presentations on the theme ‘Beyond healthcare: Inspiring diverse teams to achieve our mission’, as well as networking opportunities.

Recent enhancements to leadership capability offerings include the launch of a two-day Line Manager Induction and companion Line Manager Toolkit, the introduction of the Preventing and Responding to Workplace Sexual Harassment for Leaders workshop, and the review and relaunch of the 90-minute Line Manager Workshop series, collectively delivering a comprehensive and contemporary suite of development opportunities for line managers and senior leaders.

During the reporting period, Metro South Health extended our ongoing professional relationship with the CLE including the delivery of the second First Nations Leadership Program. The First Nations Leadership Program is contextualised and hosted by our colleagues in the Metro South Health Aboriginal and Torres Strait Islander Health Directorate.

Workplace culture

An organisation-wide staff culture and engagement survey (*Better Together* BPA Staff Survey) held in late 2025 provided a clear snapshot of a stable and resilient organisational culture at Metro South Health, underpinned by strong participation with 12,785 or 61 per cent of employees submitting a survey response. Despite significant workforce growth, engagement

has remained steady at 46 per cent for the third consecutive survey, indicating an ability to maintain cultural foundations through change. While this consistency reflects organisational resilience, it also highlights that current conditions are sustaining rather than lifting engagement.

The survey conversely highlighted key areas of focus and improvement concerning occupational violence, staff wellbeing and the building and sustaining of a safety culture.

The data illustrated a workforce that is deeply connected to purpose and service, with 90 per cent of employees describing their work as meaningful and purposeful and 85 per cent expressing pride in patient care outcomes. A strong sense of inclusion is evident, with 86 per cent perceiving Metro South Health as a culturally inclusive employer, reinforced by a highly diverse workforce profile. The volume and honesty of employee feedback signal a culture where people are willing to speak up and engage with leadership. Collectively, the findings point to a values-driven, mission-focused culture, with opportunity to translate strong intrinsic motivation into higher engagement through targeted leadership and systemic action.

In 2025–2026, a suite of targeted initiatives was implemented to strengthen culture, wellbeing and engagement across the health service, with a particular focus on building capability at the frontline and addressing areas of greatest need. This includes the launch of the *Mental Health and Wellbeing Framework 2025–2028*, and Wellbeing and Nurture Network Hub websites, which provide centralised, accessible resources to support psychological safety, leadership capability, and the wellbeing of staff and their families. These platforms establish a consistent foundation for supporting employee wellbeing at scale.

In parallel, insights from the *Better Together* BPA Staff Survey have informed the delivery of a cultural transformation program focused on teams requiring additional support to strengthen their culture and engagement. This is complemented by the rollout of psychological and psychosocial safety training for line managers, equipping

leaders with the skills and confidence to create safe, supportive and high-performing team environments. Collectively, these initiatives directly address the drivers of engagement and wellbeing across the organisation by enacting a coordinated, system-wide effort to embed a more proactive, inclusive and psychologically safe culture.

Health, safety and wellbeing

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

In the 2025–2026 reporting period, significant progress was made in strengthening our safety culture, systems, and practices across the organisation. Key initiatives included:

Due Diligence Framework

During the reporting period, the Health Safety and Wellbeing team led the establishment of a *Due Diligence Framework* to strengthen executive oversight, risk visibility, and evidence-based decision making across Metro South Health. The framework includes a structured planning tool, interim monthly reporting aligned to verification activities, and a quarterly *Due Diligence Report* that provides a consolidated view of key health and safety risks, control effectiveness, emerging trends, verification outcomes and matters requiring executive attention.

Reporting through the Executive Strategic Governance Committee and to the Board has strengthened the line of sight between operational risk, executive decision making and officer due diligence obligations. Regular engagement with facility safety leads has further strengthened the framework by creating a consistent pathway for local risk intelligence, verification outcomes and emerging issues to be discussed, tested and escalated where required.

In addition, a real-time worker incident dashboard was launched, aligned to the existing clinical incident dashboard, to provide local area managers with timely visibility of worker incidents, outstanding hazards and emerging risks within their areas of responsibility. This strengthens

local ownership of risk and enables earlier action closer to the point of work, while providing an important source of operational intelligence to inform executive due diligence discussions, verification activities and Board-level reporting.

Musculoskeletal Disorders Action Plan

In 2025–2026, progress was made on the organisation’s response to musculoskeletal disorders (MSD) which are the highest source of WorkCover injuries in Metro South Health – impacting worker safety, wellbeing and patient service delivery.

The *Musculoskeletal Disorders Action Plan 2025–2027* progressed to implementation phase following its launch in November 2025. The plan was shaped by extensive staff consultation and informed by emerging evidence, best practice, legislation and policy. It encompasses four pillars:

- Clear governance and performance reporting
- Healthy and safe by design
- Build workplace capability and MSD awareness
- Continuous improvement through evaluation and partnerships.

The plan’s goal is to engage and empower staff to take the lead in identifying, managing and reducing manual task risks, with a focus on safer work design, stronger local capability and the prevention of musculoskeletal injuries across the health service.

External audit of Safety Management System

In March 2026, an external Safety Management System audit was conducted by QPMC as part of the Department of Health’s triennial review program. The audit assessed Metro South Health’s compliance with the Department of Health framework and standards, aligned to AS/NZS ISO 45001:2018.

The audit focused on the critical success factors of leadership, capability and consultation, and provided an opportunity to identify strengths and areas for continued improvement.

The audit report recognised Metro South Health’s strong Executive commitment to health and safety governance, including active engagement in due diligence activities.

The audit found no major non-conformances and identified one minor non-conformance related to compliance with regulatory requirements for General Evacuation Instruction and First Response Evacuation Instruction. Eleven ‘opportunities for improvement’ were identified.

The minor non-conformance and the opportunities for improvement are being progressed through an action plan to support continuous improvement and strengthen the organisation’s Safety Management System.

Hazardous chemical management

Hazardous chemical and medical gas management activities continued during the reporting period, supporting safe operations across existing services and facility growth projects. Inspection programs were maintained to monitor compliance, identify risks and support local corrective actions, while targeted education sessions were delivered to managers and Health and Safety Representatives to strengthen awareness and capability.

Metro South Health also contributed subject matter expertise to the Department of Health’s tender process for a new electronic Chemical Management System tender process, supporting the development of improved system-wide approaches to chemical risk management. Specialised advisory support continued to be provided across departments, reinforcing regulatory compliance, risk mitigation and the safe management of hazardous chemicals and medical gases across the organisation.

Occupational violence

During 2025–2026, Metro South Health continued to take action to address occupational violence in the workplace. We launched our updated *Occupational Violence Readiness Action Plan 2025–2027*, which brings new and existing initiatives into a clear strategy with four pillars: Prevent, Respond, Recover and Research.

Key initiatives delivered under the action plan included:

- developing a new *Safety Essentials in the Emergency Department* microlearning program, featuring practical, easily digestible sessions focussed on situational awareness, risk assessment, de-escalation and multidisciplinary team response
- commencing two clinician-led research projects – the first examines whether immersive virtual reality can improve emergency department staff confidence and skills in de-escalation; the second is a survey designed to inform best practice standards in occupational violence risk assessment
- implementing the statewide PROVIDE Model in general medical wards – helping to deliver safer and more consistent care to older people with dementia, delirium and challenging behaviours by providing clear guidance, specialised support and better-designed care settings
- implementing a new occupational violence emergency response team to rapidly respond to incidents
- consulting with frontline staff to develop an internal-facing occupational violence communication campaign.

Sexual harassment

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 continued to implement the prevention and response actions outlined in our *Sexual Harassment Prevention Plan*.

Key initiatives included sexual harassment prevention and response training available to all staff; a Sexual Harassment Contact Officer network; and a communication campaign highlighting the organisation's zero-tolerance approach.

Dedicated Common Law management

The Work Health and Safety (WHS) Legal Compliance and Governance Officer role, introduced in late 2025, has strengthened Metro South Health's approach to

managing WorkCover common law claims for damages through improved compliance and the establishment of a more robust and systematic evidence-gathering process. This has supported the development of well-informed and defensible positions on behalf of the organisation, while increasing executive visibility and oversight of emerging risk themes, claim outcomes, and potential areas of improvement. The role has also provided a consultation function within active incident investigations, supporting early consideration of legal risk and evidentiary requirements. In addition, Common Law outcome reports have been introduced following claim resolutions, enabling key learnings to be shared with the Executive and applied more broadly across the health service. This approach supports continuous improvement, reduces the likelihood of recurrence and assists in minimising organisational risk and exposure.

Learning and development

General staff education and training

Metro South Health delivers a well-rounded and integrated approach to staff education and training, ensuring employees have the skills, knowledge, and support needed to deliver safe, high-quality care. This begins with a structured onboarding and mandatory training program through the organisation's Learning Management System 'MSHLearn' which establishes a consistent baseline in areas like safety, compliance, and organisational standards.

Beyond this, staff are supported through a wide range of ongoing professional development opportunities, including graduate programs, clinical education, and specialised training pathways across nursing, allied health, and medical roles. Flexible learning options, such as workshops, simulation, and online learning, complement these opportunities by making development accessible across a large and diverse workforce.

Through leadership programs, practical workshops, and targeted initiatives including new manager inductions and behaviour-focused training, Metro South Human Resources Organisational Development ensures staff are not only

technically capable but also equipped to lead, collaborate, and adapt in a complex environment.

Together, this creates a holistic capability system that blends technical expertise with leadership and behavioural development, supporting workforce performance, engagement, and the organisation's ability to deliver consistent, high-quality care.

Medical clinical education and training

Accreditation for specialty training in Metro South Health was maintained in 2025–2026.

Throughout 2025–2026, the Medical Education Unit at Princess Alexandra Hospital focused on consolidating and embedding the *National Framework for Prevocational Medical Training*.

Key outcomes at Princess Alexandra Hospital included:

- Successfully implementing the Post Graduate Year 2 (PGY2) component of the framework, including systems to support oversight and recommendations through the Prevocational Doctor Assessment Review Panel, with all eligible PGY2 doctors receiving their Australian Medical Council certificates.
- Renewing the Princess Alexandra Hospital prevocational training program accreditation for a further four years through to January 2030, with overwhelmingly positive feedback received during the July 2025 site visit conducted by Prevocational Medical Accreditation Queensland.
- Recognition of the After-Hours Care Unit as a significant improvement to the prevocational program, transforming ward call and night cover into a cohesive and rewarding educational experience highly regarded by Resident Medical Officers (RMOs).
- Implementing roster trials and additional workforce initiatives in response to overtime and workforce feedback, including expanded resident coverage within Orthopaedics and additional prevocational doctor positions

funded in Haematology and Oncology.

- Supporting prevocational doctor development through extensive education, supervision and feedback processes, including over 2,100 registrar and consultant assessments, intern meetings and discharge summary communication reviews conducted throughout 2025.
- Reviewing and analysing 575 prevocational term evaluation survey responses to guide continuous improvement across clinical units and enhance the prevocational doctor training experience.

At Logan and Beauresort Health Service, key outcomes included:

- Strengthened supervisor training through the identification and development of new clinical supervisors.
- The Aboriginal and Torres Strait Islander Health and Cultural Capability Education Series for Junior Doctors (ACCES JD), developed by Logan Hospital, received a high commendation at the Health Equity Awards during the Metro South Health Staff Awards Gala.
- Accreditation was achieved for an innovative hybrid ICU/Anaesthetics to Critical Care RMO term, further expanding training opportunities.
- In early 2026, the prevocational medical education program was further strengthened through the successful rollout of the Clinical Learning Australia e-portfolio, ensuring alignment with the Australian Medical Council Prevocational Doctor National Framework.
- Other key digital innovations included the Logan Hospital Medical Education SharePoint platform, newsletter and prevocational doctor podcast, broadening access to information, strengthening connectivity, and enhancing support for the future medical workforce.

- The 2026 Resident and Registrar Orientation at Logan Hospital was redesigned to decrease service disruption, improve candidate care and respond to feedback. More than 94 per cent of respondents rated the orientation as 'good' or 'excellent'. Core safety and culture themes were consistently identified as key learnings by participants.
- Doctors' Day was celebrated in March 2026 to honour the commitment of the medical profession in caring for the community. Positive feedback was received from medical officers.

At QEII Hospital, key outcomes included:

- In 2025, QEII Hospital's emergency department achieved Tier 1 accreditation through the Australasian College for Emergency Medicine, including 36 months of accredited emergency medicine training time and accreditation for Training Stage 4.
- QEII Hospital's emergency department achieved a 100 per cent pass rate in the Australasian College for Emergency Medicine Fellowship Primary Examination in both 2025 and 2026, with all trainees also successfully passing the 2026.1 Fellowship Objective Structured Clinical Examination.
- QEII Hospital's emergency department was awarded accreditation for the Ultrasound Special Skills Placement, with the first two trainees successfully completing the placement and a current trainee now undertaking the term.
- The Emergency Department Simulation and Education Special Skills Program and Registrar/Resident Medical Officer Audit Program continued to strengthen registrar and junior doctor education through simulation training, practical skills development, reflective practice, quality improvement, and clinical governance activities.
- Across QEII Hospital, education and training initiatives continued to

expand through ICU bedside and procedural teaching, implementation of the Medical Education Unit Prevocational Doctor Learning Needs Analysis and annual learning plans for Postgraduate Year 1–2 doctors, delivery of the Aboriginal and Torres Strait Islander Health and Cultural Capability Education Series for Junior Doctors, and ongoing weekly tutorials for Australian and New Zealand College of Anaesthetists examination candidates within the Anaesthetic Department.

At Redland Hospital, key outcomes included:

- Successfully participating as a Primary Allocation Centre in the 2025 Intern Recruitment Campaign, marking a significant milestone in the expansion of the Bayside Health prevocational medical training program.
- Achieving strong workforce retention outcomes, with 77 per cent of the 2025 Post Graduate Year 1 (PGY1) cohort continuing into PGY2 positions in 2026 and progressing toward completion of their Australian Medical Council PGY2 Certificate.
- Receiving reaccreditation of the Redland Hospital Prevocational Medical Training program through to 2030, with no conditions applied to the PGY1 program and highly positive feedback received from the Prevocational Medical Accreditation Queensland panel.
- Securing accreditation for new PGY2 General Practice terms at Redlands Satellite Health Centre and Wynnum Primary Care Clinic, expanding community-based training opportunities for prevocational doctors.
- Designing and implementing a new PGY2 Formal House Officer Education Program for 2026, incorporating structured education modules aligned to competencies required for independent clinical practice.

- Maintaining strong orientation, supervision and assessment outcomes across the prevocational workforce, including 100 per cent completion rates for orientation and PGY1–PGY3 assessments, alongside continued investment in the Medical Education Unit workforce.

Nursing and midwifery clinical education and training

Metro South Health continued to advance nursing and midwifery education and research during the 2025–2026 reporting period, delivering measurable improvements in workforce capability, research engagement, and service innovation.

A key milestone was the establishment of the Nursing and Midwifery Education and Research Committee, providing strategic oversight and ensuring alignment between education, research, and clinical priorities. This was complemented by the introduction of a centralised Nursing Graduate Recruitment Working Group, supporting the coordinated recruitment of graduate nurses. Together, these initiatives have strengthened workforce planning, streamlined recruitment processes, and enabled a more integrated, service-wide approach to workforce growth.

Education pathways and workforce pipelines were further strengthened through expanded clinical placement opportunities, with 3,790 undergraduate nursing and midwifery students supported across Metro South Health in partnership with tertiary education providers. Early pipeline initiatives continued to demonstrate strong impact, with 26 school-based trainees completing Certificate III qualifications through the OSMAC program and 77 high school students participating in structured work experience placements. These programs foster early interest in healthcare careers, strengthen community partnerships, and contribute to a sustainable, locally developed workforce.

Graduate workforce development remained a key priority, with 450 graduate nurses and midwives supported across Metro South Health facilities. Of these, 46 graduates undertook concurrent academic study,

further enhancing their professional development. Graduates contributed to 68 quality improvement projects, embedding evidence-based practice and innovation into clinical environments. The expansion of the Graduate Program into Community and Oral Health Services broadened exposure to diverse models of care and strengthened workforce capability across settings. The ongoing Metro South Health Refresher, Education, Training and Upskill for Registered and enrolled Nurses (RETURN) Program, delivered in partnership with the Australian Health Practitioner Regulation Agency, also contributed to workforce sustainability by supporting re-entry pathways and enhancing supervision capability among senior clinicians.

Strategic academic partnerships with QUT and UQ have expanded access to advanced practice education, including Commonwealth Supported Places for Master of Nurse Practitioner programs commencing in 2025. In addition, the establishment of a conjoint academic appointment with QUT has strengthened leadership in nursing research and education, particularly in the care of older persons, with impact extending at both national and international levels.

Simulation-based education has continued to play a critical role in workforce development, with more than 11,600 staff participating in simulation training across Metro South Health. The Logan Simulation Service was awarded a Health Equity and Access Grant to enhance inclusivity within Basic Life Support training resources, reflecting a strong commitment to culturally responsive education. The development and endorsement of a new Simulation Safety Procedure further strengthened governance and standardisation of simulation practices. Targeted clinical education initiatives, including enhanced midwifery training aligned with GynZone, have supported expanded scope of practice, improved continuity of care, and strengthened respectful maternity care.

Allied Health clinical education and training

Allied Health continued to strengthen its clinical education capacity during the year, increasing clinical placement days by eight per cent to 38,130. Placement utilisation remained strong at 85 per cent, with 32,389 placement days delivered. High-quality clinical placements remain a critical strategy for building sustainable workforce pipelines and meeting future allied health workforce demands.

Allied Health is actively engaged in clinical education research and is currently leading a range of projects focused on capability development and workforce transition. These include initiatives to build the knowledge and skills of clinical educators through practical, hands-on education series, and research to better understand the supports required for new graduates to successfully transition into professional practice, informed by both graduate and supervisor perspectives.

The Allied Health Clinical Education Committee continues to lead work to strengthen interprofessional practice, ensuring students across Metro South Health have access to interprofessional education opportunities. The committee is also progressing work to identify and implement innovative clinical placement models to support placement capacity while contributing to effective health service delivery.

Research

In 2025–2026, Metro South Health continued to strengthen its position as a leading, research-active health service, delivering research that supports safer, smarter and more equitable care for patients and communities across the region.

Research activity remained strong, with more than 1,280 active research projects, including over 447 active clinical trials, and more than 1,460 publications produced in 2025. Research expenditure increased to \$43 million, reflecting sustained investment in research, innovation and translation across the health service.

Metro South Health researchers led and contributed to a diverse portfolio of studies spanning public health, clinical trials, health services research and translational innovation. Key achievements included the introduction of minimally invasive cardiac procedures, advances in regenerative surgery, novel immunisation approaches, genomics-based public health surveillance, and the translation of advanced therapies such as CAR-T into routine clinical care.

Throughout the year, Metro South Health promoted research excellence and collaboration through a coordinated program of research symposia held across multiple sites and services. These events supported knowledge sharing, workforce development and interdisciplinary collaboration, and provided opportunities to showcase local research achievements and emerging capability across the health service.

Metro South Health also progressed the renewal of its *Research Strategic Framework*, including commencement of the Metro South Health *Research and Innovation Strategy 2025–2030*, supported by an endorsed *Research and Innovation Strategy Action Plan*. Together, these provide a clear framework for priority research and innovation areas, strengthen integration of research within clinical services, and define measures of success aligned with health service priorities.

During the year, Metro South Health also convened its first Research and Innovation Roundtable, bringing together partners from across the research, academic, industry and health ecosystem to advance a shared vision for a 'Learning Healthcare System'. The roundtable marked an important shift from strategy to collective action, focusing on how research, data and innovation can be embedded into everyday care to accelerate translation, improve patient outcomes and deliver system-wide impact. Discussions highlighted opportunities for multi-partner collaboration, strengthened digital and data foundations, clearer workforce pathways across care and research, and identification of priority programs aligned to health service needs.

In 2025–2026, Metro South Health also strengthened its research support and capability. The implementation of a centralised Research Development Service enhanced support for researchers across the research lifecycle and contributed to a significant improvement in researcher satisfaction with ethics and governance processes. In parallel, the health service established a *Research Capability Framework*, supported by the Research Horizons seminar series, a cross-health service collaboration with Metro North, Gold Coast and Townsville HHSs.

Further strengthening Metro South Health's research profile, the Queensland Melanoma Institute was established within the health service, reinforcing Metro South Health's role as a leader in specialist, high-impact research and clinical excellence.

Metro South Health continued to advance consumer and community involvement in research. The IMPACT Initiative, supported by a new consumer focused eLearning module and consumer and patient-facing resources, was launched to build capability for meaningful consumer engagement in research design and prioritisation, reinforcing the health service's commitment to inclusive, person-centred and community-responsive research.

In 2025–2026, Metro South Health successfully concluded the National Clinical Trials Governance Framework (NCTGF) Implementation Project, marking a significant milestone in strengthening clinical trial governance across the health service. The project aligned Metro South Health systems with the NCTGF and the NSQHS Standards. As a result, four major Metro South hospitals achieved NCTGF accreditation, with two additional facilities scheduled for assessment under existing Australian Council on Healthcare Standards arrangements.

Workforce planning

With increasing demand on the healthcare system and several major expansion projects underway across Metro South Health, effective workforce planning remains a critical enabler of our ongoing operations. It is projected that Metro South Health will grow by approximately 3,000

additional full-time equivalent employees over the next five years, driven by the expansions of Logan, Princess Alexandra and QEII hospitals. This represents a substantial increase in workforce capacity and underscores the critical role of strategic workforce planning in enabling this scale of service expansion.

To support this, Metro South Health has established a Workforce Committee, which provides a coordinated and strategic approach to:

- building the capability, engagement, and future readiness of our workforce
- aligning workforce planning with broader organisational priorities, including new and expanded facilities, digital transformation, health equity, and sustainability.

Metro South Health has also established a dedicated Workforce Planning team within the Human Resources function, which works closely with directorates, professional leads, clinical networks, finance, and health service planning to support a more integrated and data-informed approach to workforce planning. This includes aligning workforce supply and demand, identifying emerging risks, and supporting strategies to address current and future workforce gaps. Delivering this level of workforce growth will require a coordinated approach to attraction, recruitment, development, and retention, alongside strengthened workforce pipelines across key clinical and non-clinical professions.

Metro South Health's *People Strategy 2024–2028* outlines how we will deliver on our key strategic pillar: *Our people are our success*. During 2025–2026, we also launched a new *Diversity, Equity and Inclusion Action Plan 2025–2028*, focused on building a workforce that reflects the diversity of our community and ensuring all employees feel safe, valued, and respected.

Work is progressing through the *People Strategy* to deliver targeted workforce initiatives that strengthen our talent pipeline, enhance our employee value proposition, and expand development and career pathways. This includes focused programs to attract, develop, and retain our

workforce, supporting both immediate service delivery needs and long-term capability.

Together, these initiatives position Metro South Health to meet future demand and continue delivering high-quality care to our community.

Early retirement, redundancy and retrenchment

No redundancy, early retirement or retrenchment packages were paid during the 2025–2026 period.

Open data

Metro South Health has Open Data to report on Overseas Travel and the Queensland Language Services Policy. The data can be found on the Queensland Government Open Data Portal⁴.

Metro South Health has no Open Data to report on Consultancies or the Charter of Victims' Rights.

Our risk management

Metro South Health manages risk to support the achievement of its objectives and, above all, to ensure the delivery of safe, high-quality and effective healthcare services. Effective risk management supports informed decision-making, protects consumers, carers, staff and the organisation, enabling sustainable service delivery in a complex and changing environment.

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 embedded within strategic planning, governance reporting, and operational processes.

Metro South Health operates under a comprehensive risk management policy and the *Enterprise Risk Management Framework* (ERMF), aligned with the AS ISO 31000:2018 Risk Management Guidelines. The policy articulates the health service's intent, roles, responsibilities, and implementation requirements. Each

accountability area within Metro South Health is responsible for implementing the policy and the ERMF, and for actively maintaining up-to-date and accurate records of risks that could impact the achievement of organisational objectives.

The ERMF establishes Metro South Health's organisation-wide approach to identifying, assessing, treating, monitoring, and reporting risk. Its purpose is to protect consumers, carers, staff, and the organisation while enabling informed decisions that support the delivery of Metro South Health's *Strategic Plan 2024–2028*.

The ERMF provides a consistent, proportionate structure so risks and opportunities are managed within the Board-determined risk appetite, ensuring services remain safe, lawful, compliant, and sustainable. It defines the outcomes Metro South Health aims to achieve through effective risk management and outlines the governing principles that underpin these efforts. The framework also ensures alignment with the organisation's Risk Appetite Statement and enhances the operationalisation of the ERMF by applying the three lines of defence approach, which balances effective operational responsiveness with strong assurance, independent oversight, and thorough review.

The *Risk Management Procedure* details the processes for risk identification, rating, recording, key control identification, determination of risk treatments, regular risk monitoring and reporting, with escalation if required.

The Metro South Health Board, Executive team, and other risk stakeholders receive evidence-based risk data that is current, comparable, consistent, timely, and efficient. This risk information supports strategic planning, effective prioritisation, and informed decision-making. The Metro South Health Risk and Compliance function actively monitors and supports risk management activities across the organisation through a central online risk management application.

⁴ <https://www.data.qld.gov.au/>

Governance of the ERMF is managed by:

- The Metro South Health Board, which holds ultimate responsibility for monitoring key risks and ensuring systems and processes are in place to identify, manage, and monitor risks. The Board delegates oversight of risk management activities to the Board Audit and Risk Committee.
- The Board Audit and Risk Committee, which oversees assurance of the health service's ERMF, internal control structures, and the effectiveness of compliance monitoring with relevant laws, regulations, and government policies.

Metro South Health's commitment to risk management is demonstrated at all levels of the organisation. The core principles of risk management are closely aligned with Metro South Health's organisational values.

Internal audit

Internal audit reports during 2025–2026 included:

- aged care governance, standards and processes
- Public Health Unit – seizure of illicit products
- research governance and management
- assurance mapping
- contractor management – focus on safety management within Assets and Infrastructure
- gifts and benefits
- procure to pay
- patient fiduciary funds and valuables
- outpatient – transfer of care planning
- IT planning and prioritisation – digital portfolio governance
- follow up review of routine and unplanned maintenance.

Additionally, demand for the provision of advisory services by Internal Audit, on a wide range of subjects, remained high.

Continuous improvements in the follow-up, and resolving, of outstanding Internal Audit recommendations and Queensland Audit

Office (QAO) Performance Audit recommendations was enhanced. 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:

- 2025 status of Auditor-General's recommendations – tabled 8 October 2025
- Information systems 2025 – tabled 11 December 2025
- Major projects 2025
- Health 2025 – tabled 20 January 2026
- State entities 2025 – tabled 13 March 2026
- Managing third-party cyber security risks – tabled 26 March 2026
- Managing funding from the mental health levy – tabled 22 May 2026.

External scrutiny

Metro South Health received two recommendations from Coronial inquests during 2025–2026:

1. Review consultant coverage arrangements within colorectal services to ensure patients receive consistent and effective care during periods of extended consultant leave – a clear protocol for consultant clinical handover has now been implemented.
2. Review emergency department processes to strengthen discharge planning for patients at risk of self-harm or harm to others, including the provision of clear written safety plans, engagement with family and support persons, risk communication where appropriate, and comprehensive clinical documentation – Metro South Health has yet to respond to this recommendation at time of writing.

Information systems and records management

Throughout 2025–2026, 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* with the 'ISO/IEC 27001:2022 Information Security, Cybersecurity, and Privacy Protection – Information Security Management Systems – Requirements' Standard and Australian Signals Directorate 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. Records management

procedures and guidelines support Metro South Health to ensure best practice with creation, access, management, archiving and disposal of records. Procedures exist to support the digitisation of physical records to an approved digital format 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 continues to operate across all Metro South Health Executive and support services. In October 2025, an additional project commenced to further enhance recordkeeping maturity across the organisation. Key initiatives include the establishment of a dedicated Non-Clinical Records and Information Management team to implement and support new standards under the *Public Records Act 2023*, while strengthening governance, systems administration, and staff training.

These actions have contributed to increased organisational adoption of the approved recordkeeping system, Content Manager, with active user numbers increasing by 14 per cent from the previous year, from 5,238 users to 6,964 users as at April 2026.

Queensland Public Service ethics and values

Metro South Health is committed to ensuring administrative procedures and management practices are consistent with 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 at regular intervals during their employment. This training includes information regarding the contents of the Code of Conduct, the operation of the *Public Sector Ethics Act 1994*, the application of the ethics principles, and

the obligations placed on staff to report contraventions of the Code of Conduct.

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 2026, Metro South Health conducted Fraud Awareness Month – an annual campaign to raise awareness on fraud and corruption. The theme was 'Fraud prevention: keeping our health service strong' reflecting our commitment to trust, integrity, and our core purpose of *better lives through better health*. It aimed to empower our staff to identify and prevent fraud, and to act if we see something suspicious. 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 HSCE'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 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.

Two Ministerial directions were given to Metro South Health during the reporting period:

Treatment of gender dysphoria in children and adolescents with hormone therapy

As Metro South Health does not provide paediatric gender services, no action has been taken as a result of this direction.

Mandatory reporting to the Queensland Police Service where a person is unsuitable to possess a firearm

The direction requires Metro South Health to implement a process for mandatory notification to the Commissioner, Queensland Police Service by certain practitioners, where the practitioner forms the opinion that a person is unsuitable to possess a firearm due to:

- a mental or physical condition, or
- the risk of the person being a danger to themselves or others.

To implement this direction, Metro South Health:

- consulted with professional leads and professional committees
- updated its weapons management procedure to incorporate mandatory notification processes
- implemented a communication strategy to ensure relevant clinical staff were adequately informed of the new requirement.

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 2025–2026, 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.

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.

Key highlights throughout 2025–2026 included:

- recognising and celebrating Human Rights Week in December 2025 with the Acting Human Rights Commissioner giving a keynote presentation to staff at Princess Alexandra Hospital on the application of human rights to clinical case scenarios
- implementation of the 'See me, hear me, respect me' disability awareness campaign to raise awareness of the communication needs of people with disability, particularly among healthcare workers
- implementation of Julian's Key Health Passport, a communication tool designed to help healthcare staff provide the best care to people with a disability
- establishment of an eliminating racism committee, which provides advice and makes recommendations to the HSCE regarding the development, implementation and monitoring of anti-racism initiatives across Metro South Health

- undertaking a Language Services Pilot project to develop and evaluate new and improved approaches to delivering language support, including interpreter services, for linguistically diverse consumers in Metro South Health
- establishment of the Metro South Health Youth Advisory Council, giving young people a voice in shaping the future of healthcare across the region.

Human rights complaints and outcomes

During 2025–2026, 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 2025–2026 financial year, Metro South Health received 864⁵ 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	Two (2) new matters were received during the last financial year. (One (1) was unresolved at conciliation and referral to QCAT; one (1) ongoing preliminary inquiry).
Total matters carried over from last financial year	Nil
Total new matters (employment related) received during the last financial year	Seven (7) (These were also discrimination complaints dealt with by the QHRC. Four (4) closed; three (3) open and ongoing).

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.

There were no disclosures of confidential information on this basis during the reporting period.

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. Metro South Health is required to include certain complaint data in its annual report for the reporting period.

Table 9: Charter of Victim's Rights matters

Total number of complaints received during financial year	Nil
Number of complaints made in relation to each general right	Nil
Number of complaints referred to another government entity	Nil
How each complaint was dealt with	N/A
Any other information about each complaint	N/A

Health language and literacy

Metro South Health recognises that health literacy disparities can create inequities in healthcare access. We have established a Health Literacy Advisory Committee to develop policies and strategies to support health literacy, and to deliver specific health literacy initiatives, across the organisation.

During 2025–2026, Metro South Health undertook a project to translate key consumer information resources into other languages, Auslan and 'Easy Read' formats. This included:

- Informed Consent

- Informed Financial Consent
- Australian Charter of Healthcare Rights
- Ryan's Rule
- Have Your Say (consumer feedback)
- Independent Patient Rights Advisers.

In October 2025, Metro South Health held its annual 'Health Literacy Month', an organisation-wide campaign to promote the importance of health literacy and to educate staff on ways to improve consumer understanding of complex healthcare information. The campaign included a wide range of communication resources, pop-up stalls and a webinar featuring an interstate health literacy expert.

Metro South Health is the largest engager of interpreters in Queensland. In 2025–2026 we continued to enhance our interpreter services to ensure consumers have fast and easy access to interpreters where required. A key initiative this year was the trial and rollout of 'video on demand' interpreting – a flexible option that uses videoconferencing technology to connect consumers and staff to an appropriately qualified interpreter for the most frequently requested languages within 30-60 seconds. This year, Metro South Health also undertook work to implement the new whole-of-government Preferred Supplier Panel for interpreting and translation services.

Metro South Health has a Multicultural Hospital Liaison Service 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.

Child Safe Organisation

Under Queensland's *Child Safe Organisations Act 2024*, Metro South Health was designated as a Child Safe Organisation from 1 January 2026. That means we are required to implement ten Child Safe Standards, and provide a culturally safe environment for Aboriginal and Torres Strait Islander children and young people (known as the Universal Principle).

As part of our work to implement the standards, Metro South Health:

- developed a Child Safe Organisation statement of commitment
- developed a welcome video for children and young people
- published a new staff procedure
- established a Youth Advisory Program
- updated our comprehensive care audit and '15 steps challenge' documents to consider the under 18 demographic
- added child safe considerations to our policy document governance process, to ensure all policy and procedure documents consider the Child Safe Standards
- added a link to the statement of commitment to all role descriptions
- published specific information about rights and responsibilities for children and young people on Metro South Health's website
- consulted with Aboriginal and Torres Strait Islander young people to inform improvements for culturally safe care.

Performance

Non-financial performance

Key performance indicators (KPIs)

As at 30 June 2026, Metro South Health reported the following progress against the objectives outlined in its *Strategic Plan 2024–2028*:

Table 10: Performance indicators 2025–2026

Objectives	Measures	2025–2026 Target	2025–2026 Actual
Our people are our success	Last 12-month permanent early separation	<12.36%	9.84%
	Increase participation rate of people with disability in our workforce	>4%	2.34%
	Increase participation rate of First Nations people in our workforce	>2.06%	1.82%
	Increase participation rate of culturally and linguistically diverse people in our workforce	>12%	21.72%
We improve health equity for our community	The percentage of inpatient admissions for First Nations patients where the patient discharged against medical advice	<1%	4.76%
	The percentage of babies born to First Nations mothers where the baby was born with low birthweight	<8.61%	7.86%
	Proportion of overnight in-scope separations for First Nations patients 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%	60.02%
	Reduce gap in rates of potentially preventable hospitalisations between Indigenous and Non-Indigenous people ¹	Indigenous residents <55.2	57.8
		Non-Indigenous residents <30.3	32.1

Harnessing digital health to improve access, insights and results	Growth in virtual care: non-admitted virtual care activity (video) ²	52,000	45,585
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 ³	<1	0.7
	Avoidable hospital readmissions (AHR) ⁴	<2,859	2,632
	Emergency department: length of stay greater than 24 hours	0	416
	Specialist outpatients: percentage of patients who receive their initial specialist outpatient appointment within the clinically recommended time	≥90%	58.8%
	Elective surgery: percentage of patients treated within clinically recommended time	≥98%	76.9%
	Gastrointestinal endoscopy: percentage of patients treated within the clinically recommended time	≥98%	62.8%
Protecting our future through sustainability	Balanced or surplus financial operating position	<\$0	-\$20,691,728

Notes:

1. Potentially preventable hospitalisations is based on data reported between April 2025 to March 2026 as at 30 July 2026.
2. Data refers to non-admitted video consultations only as at 20 August 2026. Other references to virtual care in this annual report refer to all virtual care activity.
3. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Actual rate is based on data reported between 1 July 2025 and 31 March 2026 as at 7 August 2026.
4. Avoidable hospital readmissions is based on data reported between 1 July 2025 and 30 June 2026.

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 2025–2026.

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 2025–2026 we launched a new *Diversity, Equity and Inclusion Action Plan 2025–2028* to provide a more strategic focus on initiatives to support this goal. This year's key actions under the plan included:

- the establishment of three staff networks to bring together employees with shared lived experiences, identities and passions to build connection, visibility and meaningful change across the workplace – the networks are for culturally and linguistically diverse staff, staff members with disabilities, and staff who identify as LGBTIQ+
- strengthened pathways from high school into full employment through school-based traineeships, cadetships, early career support and mentorship
- attended selected career expos and events to promote Metro South Health as an employer of choice for diverse communities.

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 new *First Nations Health Equity Strategy 2025–2028* 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:

- actively eliminate racial discrimination and institutional racism

- increase equitable access to healthcare services
- influence the social, cultural and economic determinants of health
- deliver sustainable, culturally safe, and responsive healthcare services
- work with Aboriginal and Torres Strait Islander peoples to design, deliver, monitor and review health services
- strengthen the First Nations workforce.

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

- dedicated Aboriginal and Torres Strait Islander Nurse Navigator positions across each of our hospitals to support First Nations patients with complex healthcare needs – specifically focussed on preventing failure to attend appointments or discharge against medical advice
- a focus on providing culturally safe and community-led chronic disease services, such as a range of community programs led by the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care
- an Eliminating Racism Steering Committee, including key stakeholders and consumers from across the health service, with the purpose of developing and implementing specific actions to address systemic and institutional racism
- a focus on creating a welcoming and culturally appropriate atmosphere in clinical spaces, particularly as part of our infrastructure expansion program, through strong consultation with consumers and the installation of artwork.

Growth in virtual care

While Metro South Health did not meet its target for non-admitted virtual care (video) activity, significant work is underway to increase virtual care across all formats including video consultations for admitted, emergency and mental health patients, GP requests for advice and remote patient monitoring. This has resulted in a 4.2 per cent growth in all virtual care since the previous year.

Metro South Health has a dedicated Virtual Care enablement team that provides training, systems improvement and service optimisation. In 2025–2026, the team focussed on new service development at QEII Hospital, Bayside Health Service and Beaudesert Hospital, replicating successful models of care across other areas of the health service, and expanding its in-person training offering.

Emergency departments

There were 334,851 emergency presentations to Metro South Health hospitals in 2025–2026, representing an overall increase of 9,176 more presentations over the previous year. This growth was particularly pronounced at Logan Hospital, with an increase of 7,038 presentations through its expanded emergency department. Despite this increase in demand, the number of patients spending a prolonged time in the emergency department fell by 77 per cent compared to the prior year because of focused clinical redesign at all facilities.

The Minor Injury and Illness Clinics at the two Satellite Health Centres and Meadowbrook Health Centre saw a combined 74,465 patients over the course of the year. This coordinated network approach supported the service in delivering timely emergency care over the year.

Metro South Health continued to play a leading role within the South East corner of Queensland to support access to emergency care. This included directly supporting our neighbouring HHSs to divert ambulances at times of peak demand. Overall, despite an increase in ambulance arrivals by 3 per cent, overall ramping performance remained steady. This was

driven by process improvement suggested and implemented by frontline staff to help support ambulance crews return to the road.

The embedding of the Metro South Health Emergency Clinical Network, in concert with the existing Patient Access Coordination Hub, helped improve the full utilisation of our unplanned care network by establishing a system of care supported by a clear decision-making framework. This resulted in more patients being safely seen closer to home and an overall improvement in Metro South Health's ability to deliver timely, acute care.

Specialist outpatients

Metro South Health focused on embedding the improvements made in 2024–2025 to continue to deliver record volumes of outpatient care.

Metro South Health saw 86,955 new Category 1 outpatients, 49,660 new Category 2 outpatients, and 17,950 new Category 3 outpatients during 2025–2026. This averages to 623 patients per business day. This is in addition to 678,278 specialist outpatient review appointments.

Metro South Health continues to provide significant support across the Western Queensland corridor, with more than 13 per cent of all new outpatient appointments delivered being for patients who live outside of the Metro South Health catchment area.

Elective surgery

Metro South Health continued to build on its surgical momentum in 2025–2026 with the full commissioning of theatres at Princess Alexandra Hospital. This contributed to record volumes of elective surgery being performed across Metro South Health.

In 2025–2026, a total of 12,857 Category 1 elective surgery patients, 9,759 Category 2 elective surgery patients, and 4,445 Category 3 elective surgery patients received surgery over the year. This represents an increase of 1,007 or 4 per cent over the previous year. This is in addition to 16,613 emergency surgeries over the course of the year. We performed an average of 46 emergency surgeries and

149 elective surgeries every operating day, an increase of 4 per cent year on year.

Metro South Health continued its successful collaboration with the Surgery Connect program in 2025–2026, with 5,296 patients transferred to the private sector to help facilitate their timely access to care.

The Metro South Health Surgical Network has an ambitious workplan in the coming financial year, with a focus on establishing networked and coordinated services across the region. This will integrate with the rapidly commissioning infrastructure program to ensure we can deliver timely, efficient care regardless of where patients live.

Gastrointestinal endoscopy

Metro South Health delivered 16,726 Category 4, 8,912 Category 5, and 3,026 Category 6 gastrointestinal endoscopies over the course of 2025–2026. This is in addition to the 1,987 surveillance scopes performed over the course of the year. This represents record throughput, an increase of 3,368 on the previous year, driven by the commissioning of the third Endoscopy suite at QEII Hospital. This has helped to improve access to care across the entire Metro South Health network.

Financial position

Commentary regarding Metro South Health's financial position is provided on page 72.

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 2025, Metro South Health launched a new video celebrating Metro South Health staff and how they embody our values of integrity, compassion, accountability, respect, engagement, and excellence. The video is designed to highlight the health service's values as part of recruitment, orientation and staff culture.
- In August 2025, Metro South Health launched 'Clear the Clutter' – an initiative designed to streamline work processes and support staff wellbeing. The initiative aimed to identify and eliminate low-value tasks, streamline physical and digital environments, and reduce cognitive overload for staff. More than 1,000 staff responded to the Clear the Clutter survey, with data analysed and summary reports provided to the Executive team, directorate leadership teams and to line managers. Metro South Health has established a cross-functional working group to design and implement system-wide improvements in response to the feedback, and support is being provided to directorates and units to implement their own improvements.
- The *Better Together* BPA Staff Survey was conducted in October–November 2025, providing a chance for staff to share their feedback on what it is like to work at Metro South Health. More than 12,000 employees took the time to have their say and their feedback helped form action plans which will lead to improvements across the health service.
- In November 2025, Metro South Health celebrated the 2025 Staff Awards Gala, shining a light on the incredible work being done by so

many deserving individuals and teams across the health service.

- In 2025–2026, Metro South Health completed its rollout of stage 3 of the Integrated Workforce Management program, providing an electronic rostering solution for nursing and midwifery staff. The platform standardises rostering practices across Metro South Health, enabling roster efficiencies and compliance with relevant awards.

Workforce diversity is comparable to Metro South population

- As part of Metro South Health's new *Diversity, Equity and Inclusion Action Plan 2025–2028*, in 2025–2026, three staff networks were established for culturally and linguistically diverse staff, staff members with disabilities, and staff who identify as LGBTIQ+. The networks bring together employees with shared lived experiences, identities and passions to build connection, visibility and meaningful change across the workplace.
- A record number of Deadly Start trainees commenced in 2025–2026, 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.
- In November 2025, Beaudesert Hospital welcomed its first Deadly Start Administration Trainee, supporting First Nations people accessing care while providing hands-on experience in healthcare.
- In 2026, the Language Badge initiative was expanded to include Social Work students on placement at Metro South Health. As part of the initiative, staff and students wear badges to identify the languages other than English they speak, including Auslan, to celebrate diversity, enhance cultural inclusion, and help patients from culturally

and linguistically diverse backgrounds feel more at home and supported.

Improved workforce capacity

- Throughout 2025–2026, Metro South Health welcomed hundreds of interns and graduates across medical, nursing and midwifery, and allied health professions to help us continue delivering exceptional patient care while fostering the growth and development of budding healthcare professionals.
- In 2025–2026, 29 school-based traineeships commenced in a range of occupations across Metro South Health.
- In 2025–2026, Metro South Health continued its work experience program for year 10 students with 109 students taking part in 2025 and 112 students taking part in 2026.
- 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.
- In 2025–2026, Metro South Health continued to grow the number of nurse practitioners across the health service, strengthening the future of nursing and ensuring more people have access to advanced, patient-centred care. There are currently 112 nurse practitioners working across Metro South Health.
- Logan Hospital held a student industry day in September 2025, giving high school students interested in a career in health a firsthand look at the many career pathways available at the hospital.
- Redland Hospital welcomed its first Allied Health Clinical Education Support Officer, one of only a handful of positions of its kind in Queensland, to support students, recent graduates and clinical educators across allied health fields such as physiotherapy, dietetics and speech pathology.

- In 2025–2026, midwifery graduates across the health service learnt essential techniques in a safe, supportive learning environment under the guidance of experienced midwives at graduate skills days.
- Princess Alexandra Hospital is helping grow the next generation of Nuclear Medicine Technologists through a new partnership with the Royal Melbourne Institute of Technology (RMIT) University, allowing local students to pursue their passions while staying close to home. The Bachelor of Medical Radiation (Nuclear Medicine – Industry Practice) is the first degree of its kind to be offered in Queensland and is aimed at creating a pipeline of skilled workers in the state.

Improved workforce wellbeing and safety

- In July 2025, the MSH Nurture Network was created by a group of passionate caregivers at Metro South Health who wanted to provide a supportive peer network to assist others who may have challenges, concerns, questions or need to connect about parenthood, caring commitments and work.
- In October 2025, Metro South Health launched the *Occupational Violence Readiness Action Plan 2025–2027*. The plan focuses on four practical pillars: Prevent, Respond, Recover and Research. This plan brings our existing and new initiatives together in a clear strategy to guide our work over the next two years. It sets out our shared vision to create a safe environment – physically and psychologically – for staff, patients, consumers and visitors.
- In October 2025, the new Safety Essentials in the Emergency Department initiative was launched across the health service. It features practical education sessions to strengthen our workforce's preparedness to occupational violence. This program was

- developed and shaped by frontline teams across the health service.
- In November 2025, Metro South Health launched its *Musculoskeletal Disorder (MSD) Action Plan 2025–2027*, empowering staff to take the lead in managing manual task risks and preventing injuries.
 - In January 2026, Metro South Health launched a new *Mental Health and Wellbeing Framework 2025–2028*. The framework outlines how the health service will care for the wellbeing of staff, and focuses on five areas – physical, psychological, social, workplace, and financial – helping to create a workplace where everyone feels safe, included, valued, and able to flourish.
 - Metro South Health introduced a new Wellbeing Hub website, providing a streamlined and accessible entry point to wellbeing tools, support pathways, and micro-learning.
 - In early 2026, two occupational violence prevention research projects began in the PA Hospital emergency department focusing on improving occupational violence and staff safety. These projects align closely with the health service's new *Occupational Violence Readiness Action Plan*.
 - In February 2026, the new Logan Hospital Precinct Police Beat officially opened, following six years of dedicated partnership between the hospital and the Queensland Police Service. The service supports the safety of staff, patients, families and visitors.
 - Logan and Beaudesert Health Service expanded its Clinical Supervision program, training a new group of Clinical Supervisors in partnership with Community and Oral Health Services. Clinical supervision provides nurses and midwives with a confidential and supportive space to reflect on their practice. The process strengthens clinical capability, builds confidence and supports wellbeing, while helping ensure safe and consistent care across all settings.

- In March 2026, the 'MSH Notify' pilot project began at QEII and Logan hospitals. The new incident communication system is to send immediate, desktop messages for incidents that may impact on staff and patient safety. The MSH Notify pilot was funded by the Queensland Health Workforce Strategy program as an occupational violence prevention initiative.
- In May 2026, Princess Alexandra Hospital's Food Services Department implemented a new Hotspot Manual Tasks Risk Management program to deliver safer manual handling practices, more robust training, and a safer work environment.

We improve health equity for our community

Improved cultural safety, quality and inclusivity

- In 2025, Metro South Health undertook a project to translate key consumer information resources into other languages, Auslan and 'Easy Read' formats. Resources are now available for topics including informed consent, financial consent, the Australian Charter of Healthcare Rights, Ryan's Rule, Have Your Say (consumer feedback), and Independent Patient Rights Advisers.
- In 2025–2026, the number of oral health services provided to First Nations clients increased across the health service, strengthening access to culturally appropriate oral health care.
- In 2025–2026, Metro South Health unveiled several new artworks at various locations across the health service including Redland Hospital's new Intensive Care Unit and Princess Alexandra Hospital's Spinal Injuries Unit courtyard, reinforcing the organisation's commitment to cultural safety and inclusivity.
- A unique 12-week block-style gym program was offered at Inala's Southern Queensland Centre of Excellence in 2025–2026, blending safe physical activity with health education and strong community

connection. The program is tailored for Aboriginal and Torres Strait Islander clients and their families.

- Beaudesert Hospital, together with a local artist, led a cultural initiative known as 'Art and Healing' that connects men to culture, community, and healing through art. The initiative provides a safe place for men to exist without judgment, reconnect with their identity, and build meaningful connections.
- In July 2025, QEII Hospital hosted its inaugural Marumba (good) Health Gathering for staff, patients and visitors to share in a morning of cultural connection. The First Nations cultural healing and yarning gathering joins a successful rollout across Princess Alexandra, Redland and Logan hospitals.
- In September 2025, local children were welcomed to the community at Beaudesert Hospital's first 'Welcome Baby to Country' ceremony, a milestone connecting healthcare and culture.
- In late 2025, Metro South Health launched the new Journey Onward map – a visual resource for Aboriginal and Torres Strait Islander consumers to access information about health services.
- Logan's richly diverse community supported by Metro South Health's Health Equity and Access Team came together to create the *Healthy New Communities* cookbook that blends cultural heritage with healthy living.
- In January 2026, school-aged Aboriginal and Torres Strait Islander children received free health check-ups including vision, hearing, oral health, immunisations and other key assessments at Inala Indigenous Health's Back to School Day.
- In February 2026, Logan Hospital officially launched a new video resource for its Muslim patients, celebrating the hospital's commitment to culturally inclusive care. Developed by Metro South Health's Health Equity and Access

Team in partnership with Logan Hospital's Food Services team, the video takes viewers behind the scenes of halal food preparation and is an important step towards building trust and strengthening cultural safety within the community we serve.

- In March 2026, Metro South Health launched its new *First Nations Health Equity Strategy 2025–2028*. Developed through extensive community consultation, this strategy is built on four guiding principles: workforce, co-design, education and training, and communication. These principles will help us drive meaningful, culturally responsive change for First Nations peoples.
- In March 2026, Redland Hospital launched a research project to co-design a Yarning Tool with Aboriginal and Torres Strait Islander community members. The project aims to create a more culturally safe way for community members to share their stories, values and what matters most when accessing healthcare.
- For the first time in May 2026, Logan Hospital held a Saturday ENT clinic, delivering health care services to First Nations children. Logan Hospital staff were joined by staff from the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care to identify patients requiring hearing tests and other services. Due to the success of the health equity initiative, additional clinics will be held in the future.

Improved equity of access to services

- In 2025–2026, Metro South Health established a new Youth Advisory Council, aiming to provide a voice for young people in the healthcare system and ensure a seamless transition from paediatric to adult care. The council is supported by Youth Project Support Officers and together, they are working to amplify the voices of young people in healthcare planning and delivery.

The first Youth Health Forum was held by the health service in June 2026.

- Throughout 2025–2026, Community and Oral Health Services hosted mobile dental vans at various locations in the Metro South region including Yarrabilba, Flagstone, Park Ridge, Eagleby, Loganholme and Waterford. New mobile dental vans were also established at the Redlands Health Centre, Redlands College and across the Moreton Bay Islands, making oral healthcare more accessible for the community.
- Throughout 2025–2026, 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 2025–2026, an ACP initiative, Take the First Step, was rolled out across Metro South Health, encouraging people to think about their future healthcare wishes.
- Following successful pilot programs, in 2025–2026, Metro South Addiction and Mental Health Services expanded its Exercise Physiology program across the service, helping people improve their physical and mental health outcomes through physical activity.
- Princess Alexandra Hospital welcomed its first First Nations Cancer Nurse Navigator in July 2025, making a meaningful difference to Aboriginal and Torres Strait Islander patients undergoing cancer treatment at the hospital.
- In July 2025, Logan Hospital's emergency department officially launched Metro South Health's first dedicated Women's Hub to better support women experiencing sensitive health concerns. The first-of-its-kind hub was developed in response to powerful feedback from

patients, sparking a complete reimagining of how care is delivered to women in crisis.

- In July 2025, Redland Hospital introduced a new assessment space for people who have experienced sexual assault, allowing them to access specialist care closer to home. The private room is designated to Metro South Health's Sexual Assault Response Team, a 24/7, health service-wide model that provides trauma-informed care, forensic assessment and psychosocial support for victim-survivors aged 14 years and over.
- In August 2025, the Auditory Brainstem Response testing service was expanded to Logan Hospital, allowing families in the Logan region to access specialised hearing assessments closer to home.
- In September 2025, Metro South Health introduced the first Sexual and Reproductive Health Nurse Practitioner based at Eight Mile Plains Satellite Health Centre's Minor Injury and Illness Clinic to support patients to take charge of their health and improve long-term outcomes across the community.
- In October 2025, the Metro South Older Adults Liaison Team launched a new pilot program, aiming to enhance nutrition knowledge, cooking confidence, exercise skills, and overall physical and functional capacity among older adults in the community.
- Metro South Health's Comprehensive Aged Residents Emergency Partners in Assessment Care and Treatment (CAREPACT) program delivered its tenth Nurse Practitioner Masterclass in November 2025 as part of the Brisbane South PHN partnership to improve the care journey for residents of aged care homes when they become acutely unwell.
- Metro South Health, in partnership with Torres and Cape HHS and Cairns and Hinterland HHS, strengthened collaboration to deliver a new endoscopy service for Cooktown Multipurpose Health

Service, helping bring care closer to home for rural patients.

- In line with the *Child Safe Organisations Act 2024*, Metro South Health became a Child Safe Organisation in January 2026, affirming the organisation's commitment to creating a safe and supportive environment for the children and young people who are in our care or visiting our facilities.
- The Statewide Office of Advance Care Planning, a Queensland Health service hosted by Metro South Health, reached a significant milestone in February 2026 with 250,000 ACP documents received from Queenslanders.
- In February 2026, Logan's Youth Step Up Step Down service held an open day for local health professionals and partners to tour the facility and raise awareness of the important mental health services it provides to young people.
- In March 2026, Princess Alexandra Hospital helped strengthen renal services in North West Queensland by welcoming two new nurses for specialised haemodialysis training before they began their roles in Mt Isa. The initiative was a valuable opportunity for the nurses to learn within a tertiary hospital, gaining hands-on experience in a complex, high-acuity environment.
- In April 2026, the first ostomy-friendly toilet was introduced at Princess Alexandra Hospital which includes accessible hand hygiene, a bench for people to place their ostomy products on for changes, a clinical waste bin, as well as mirrors to help with changes. The toilet modification is an important step forward in inclusive, patient-centred care.

Harnessing digital health to improve access, insights and results

Improved access to virtual care

- In September 2025, Beaudesert Hospital began offering bowel preparation appointments via Telehealth for eligible endoscopy patients, making it easier for

patients to attend appointments and reducing the need for multiple trips to the hospital before their procedure.

- Access to Telehealth services among First Nations consumers has moderated after a sharp increase (30 per cent) last year. The proportion of First Nations consumers accessing virtual care services is stable at 5.65 per cent (1,243 episodes of care as at December 2025). Metro South Health continues to focus on improvements in culturally appropriate patient resources and enhanced staff training initiatives aimed at supporting diversity and promoting health equity.
- In March 2026, a new on-demand video service trial began at five Community and Oral Health Services pilot sites as part of Metro South Health's commitment to providing faster and easier access to interpreter services. Consumers who require an interpreter to support their healthcare are connected to a qualified interpreter via video link for the duration of their appointment. The trial was extended to QEII Hospital's emergency department in April 2026, with plans to roll out to the remainder of the health service in the coming year.
- Metro South Health continues to respond to increasing demand for virtual care services, delivering 66,297 service events in 2025–2026, an increase of 4.2 per cent on the year prior.

Data insights inform patient care

- In October 2025, Princess Alexandra Hospital began trialling a next generation digital platform designed to transform perioperative care pathways through automation, predictive analytics, and seamless coordination. In partnership with Atidia Health, the Patient Optimizer empowers surgical teams to deliver safer, more efficient care by digitising workflows.

- Metro South Health developed several new dashboards and analytical products to enhance clinical and non-clinical decision-making, including the Allied Health Dataset, Emergency Department Dataset, the MSH Longstay Dashboard and the Palliative Care Outcome Collaborative Dashboard.
- In March 2026, Metro South Health hosted the second annual AI in Healthcare Symposium. The event was attended by 1,350 clinicians, academics and industry leaders. The symposium showcased the emergent and potential use of AI in informing patient care.
- Digital Health and Informatics progressed a robotic automation trial supporting Primary Care Partnerships Unit referral workflows, exploring the automated creation of waitlist appointments, patient correspondence, and upload of referral documents into the ieMR system. The end trial report was delivered in April 2026, with broader implementation planned for mid-2026.
- A new secure and modern platform has been developed and implemented to support clinicians and patients within the Kidney and Transplant Service. The Kidney and Transplant Service Information System (KATSIS) platform facilitates the care of patients with chronic kidney failure, including those on dialysis or receiving a kidney transplant. The platform went live in May 2026.

Improved interface/usability for our community (patient experience)

- During 2025–2026, Metro South Health piloted an Ambient AI Scribe in selected clinical areas. Ambient AI Scribe uses artificial intelligence to securely listen to clinician-patient consultations and generate clinical notes for review. The system does not retain an audio recording of the consultation. The platform assists clinicians to create referral letters, assessments and other follow-up documentation – helping reduce

time spent on administration and allowing more focus on patient care. The pilot found 92 per cent of clinicians reported reduced administrative burden, and 70 per cent of patients reported that their clinicians listened carefully, spent more time with them, and encouraged them to ask questions. Following the successful pilot, the technology will be rolled out across the organisation in the second half of 2026.

- In 2025–2026, the Pyxis rollout continued to transform medication management across Metro South Health. There are currently 121 devices used across the health service, with more than 200 expected by 2028, making it one of the largest fleets in Queensland.
- In September 2025, T-Pro, a digital platform used for the dictation and transcription of medical outpatient letters was implemented across all Metro South Health facilities. The new system improves the accuracy and quality of medical letters, reduces the time taken to communicate between specialists and healthcare providers, and removes burdensome workarounds for managing letters in the ieMR.
- In December 2025, the Refer Your Patient website was enhanced to make finding referral information easier for GPs and ultimately streamlining the referral process.
- 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. As of March 2026, the services have experienced a 116 per cent increase in activity compared to the same period of the year prior.

Our care delivers great experiences and great outcomes

Improved patient experience and outcomes

- In 2025–2026, Metro South Oral Health Services provided care to 24,375 children and 37,822 adults which translates to 49,362 occasions of service for children and 100,352 occasions of service for adults.
- In 2025–2026, several improvements were delivered across Metro South Oral Health Services including new dental chairs at QEII Hospital, a refurbishment at Kingston, a new milling machine at the Dental Laboratory, and a new Orthopantomogram (OPG) machine at Beenleigh to enhance diagnostic capability within the region.
- In 2025–2026, Metro South Health's Domestic and Family Violence (DFV) Specialist Workforce Team focused on enhancing the health service's response to DFV through trauma-informed care, staff training and education sessions, building a network of DFV Champions, and integrating with the broader DFV sector, to create safer, more supportive environments for patients and staff.
- In 2025–2026, Metro South Health commenced implementation of the statewide Supporting Healthier Pregnancies Initiative, which aims to embed chronic disease prevention practices in public antenatal care.
- In July 2025, a new Patient Safety Net program was launched in Metro South Health. The Patient Safety Net is a statewide escalation process designed to strengthen the way we address patient safety concerns and empower all staff to raise their concerns.
- After a successful pilot in 2024, the Hot Thickened Fluids initiative was rolled out at QEII Hospital in July 2025, enhancing nutritional outcomes and consumer experience.
- Patients at Redland Hospital who had no access to reading glasses can now enjoy books, magazines and puzzles thanks to a collaboration between Bayside Health Service's Eat Walk Engage team, the Redland Hospital Auxiliary, and the hospital's Sunflower Volunteers. The volunteers hand out reading glasses as part of their weekly rounds supporting patients across the hospital.
- In August 2025, Redlands Satellite Health Centre began offering a new treatment option, giving local patients more flexibility in how they receive critical immunoglobulin treatment. Subcutaneous Immunoglobulin (SCIg) therapy is now offered to eligible patients as part of a new model of care that reduces the need for hospital visits.
- In August 2025, Princess Alexandra Hospital rolled out an immersive virtual reality coffee shop to help people translate the skills and strategies learnt in therapy to everyday environments. The 'Communication Café' project is a collaboration between Queensland Health and UQ, in partnership with the RECOVER Injury Research Centre and support from the Queensland Aphasia Research Centre.
- In September 2025, Redland Hospital strengthened its maternity services by providing up-to-date, advanced training in vacuum-assisted delivery, a procedure designed to improve safety and outcomes for mothers and babies. The training forms part of Metro South Health's ongoing commitment to ensuring local families have access to the highest quality obstetric care.
- In September 2025, Logan Hospital became the first facility in Metro South Health to provide 24/7 social work support in its emergency department, ensuring support is always available to patients and families.
- Logan Hospital's ENT Outpatient Service was recognised as one of Australia's leading users of the Tristel Trio Trace system – a milestone that highlights the team's

- ongoing commitment to excellence in infection control.
- In October 2025, the LEADS High-Risk Foot Service based at Logan Hospital was recognised as a Centre of Excellence in diabetes care by the National Association of Diabetes Centres. The award is an important recognition of the dedication and collaboration the team has invested to build the interprofessional, high-risk foot service for the community. The service also assists patients in West Moreton, Darling Downs and South West HHSs.
 - In a Queensland first for public hospitals, teams at Princess Alexandra and QEII hospitals performed their first robotic-assisted orthopaedic surgeries using the Johnson & Johnson VELYS Robot. The introduction of this new technology improves outcomes and recovery times for patients and reinforces Metro South Health's commitment to innovation, excellence, and providing world-class care to the community we serve.
 - In February 2026, the Queensland Kidney Transplant Service based at Princess Alexandra Hospital performed the 1000th living donor kidney transplant.
 - In March 2026, Princess Alexandra Hospital officially opened its new state-of-the-art endoscopy reprocessing galley, strengthening infection prevention standards and safety for patients having scoping procedures. The purpose-built space supports the safe cleaning and high-level disinfection of endoscopic equipment used in over 14,000 procedures each year.
 - In March 2026, Logan Hospital's Geriatric Emergency Medicine Unit and Skywalker Volunteer Program were named as one of four finalists in the Premier's Delivering for Queensland Awards. The team's hard work and outstanding dedication to Queenslanders was recognised in the 'Delivering world-class health care' category.
 - In April 2026, QEII Hospital began offering robotic surgery for gynaecological procedures using the da Vinci® Xi Robot, marking a major step forward for public access to robotic surgery in Brisbane.
 - In May 2026, Logan Hospital performed its first intravenous drug provocation test through the Anaesthetic Allergy Clinic. The highly specialised procedure tests whether a drug is safe for patients who had previously experienced an allergic reaction or anaphylaxis under general anaesthesia.
 - In June 2026, the Central Sterile Services Department at Princess Alexandra Hospital was expanded, almost doubling the floorspace, to better service one of the state's busiest surgical hospitals.
 - In June 2026, Metro South Health launched its *Addiction and Mental Health Services Plan 2026–2031*, outlining its approach to meeting the growing demand for specialist addiction and mental health services across the Metro South region. The plan aligns with Metro South Health's *Health Service Plan 2024–2028* and the *Brisbane South Joint Regional Mental Health, Suicide Prevention, Alcohol and Other Drug Plan 2025–2030*.

Improved timeliness of care delivery

- In 2025–2026, Metro South Health built on the Clinical Networks that were established in the previous year to enhance health service planning and the coordination of clinical services across Metro South Health. Clinical Service Plans for the Surgical, Emergency, Diabetes and Endocrinology, Older Persons, Cancer, and Gastroenterology networks were developed, in line with the Hospital Expansion Program across the health service.
- In late 2025, the Collaborative Pharmacist Medication Prescribing model was introduced in Metro South Health, allowing specially trained pharmacists to prescribe medications in partnership with doctors and nurse practitioners. The

new model is designed to improve patient safety and support faster, more efficient care.

- In March 2026, the intensive care unit at Redland Hospital introduced a cardiac ultrasound (Echocardiography) machine allowing teams to quickly assess and manage complex heart conditions in a non-invasive and pain-free way at the bedside.
- In June 2026, Princess Alexandra Hospital's In-reach Rehabilitation team reached a milestone by supporting its 1,000th patient. The innovative model of care brings specialist rehabilitation services to acute wards, helping patients begin their recovery earlier and reducing the amount of time spent in hospital.

Optimised patient journey (transition in and out of MSH)

- In 2025–2026, the health service implemented the SAFEST Patient Journey Home project, a framework developed by Clinical Excellence Queensland to help hospitals improve patient flow and improve access to care across the health system. SAFEST Patient Journey Home blends six evidence-based principles to reduce delays and length of stay, and achieve better patient outcomes.
- In July 2025, Queensland's first Rapid Access Service for Known Patients of General Medicine was established at Princess Alexandra Hospital, with more than 15 patients each week diverted from a hospital bed and instead provided with a tailored care plan to get them back home on the same day.
- Logan Hospital introduced a new initiative to reduce wait times for patients who require a permanent pacemaker implant. Patients can now have the procedure performed at the Princess Alexandra Hospital before returning to Logan Hospital the same day for recovery closer to home. Previously, Logan Hospital patients needing an implant were transferred to the Princess

Alexandra Hospital and stayed there for recovery. The new approach offers a more streamlined experience for patients.

- Patients recovering from surgery at Logan Hospital now benefit from a new inpatient model of care, Perioperative Evaluation and Recovery Medicine (PERM), that provides tailored support for those with complex medical and social needs. The PERM model is the first initiative of its kind in Queensland and allows for shorter hospital stays and fewer readmissions.
- In late 2025, Metro South Health, in collaboration with Brisbane South PHN held the Building Better Health Together workshop to shape more connected care across the region. The workshop brought together GPs, the leads of Metro South Health's clinical networks, and executive representatives and focused on how services can work more closely together across six key clinical areas: cancer, diabetes, emergency, gastroenterology, older persons and surgical services.
- Metro South Health's Extended Practice Authority Registered Nurse Program successfully demonstrated that protocolised care delivered by senior nurses in emergency departments is safe and effective, improving patient flow and informing plans for statewide expansion.

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 2025–2026 to conduct mosquito surveillance as part of the Zika Mozzie Seeker project.
- In 2025–2026, Metro South Health's Zika Mozzie Seeker project became a key partner with QIMR Berghofer in two major Australian research grant projects combining genomics, public health and citizen science. Both projects aim to better protect Australians from invasive

mosquitoes and mosquito-borne diseases. As part of the research, the Metro South Public Health Unit will be assisting QIMR Berghofer and Brisbane State Secondary School College to develop and deliver a novel school STEM learning module on these mosquitoes.

- In May 2026, Metro South Health introduced Australia's first HHS-wide Community Jury for Aboriginal and Torres Strait Islander Health Research. The project brings Metro South researchers together with First Nations representatives, with the vision to co-design more culturally responsible and responsive research in the region.

Increased research and innovation funding for our priorities

- In 2025–2026, close to \$3 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 first of its kind clinical trial designed by Metro South Addiction and Mental Health Services took out top honours at the Queensland Health Research Excellence Showcase. The showcase awarded the randomised control trial designed to explore the use of semaglutide (commonly known by brand names Ozempic and Wegovy) in people living with schizophrenia.
- The SNACK Study, funded through the Metro South Research Support Scheme evaluated the feasibility, acceptability and preliminary effectiveness of two dietary interventions – pre-prepared meals and meal kits – for individuals with schizophrenia. Findings from this trial will inform future larger randomised controlled trials that have the potential to influence policy and improve health outcomes for this vulnerable population.
- A new study led by a team from Metro South Health established a tool to evaluate the impact of consumer partnerships on health service governance. The study

explored a way to quantify the effectiveness of involving consumer partners on NSQHS Standard Committees – a relatively new but vital area in healthcare governance.

- Supported by a Metro South Health Novice Research Grant, a project was conducted in 2025–2026 to evaluate the impacts of weekly Delta Therapy Dogs visits for patients, visitors and staff in the intensive care unit at Princess Alexandra Hospital.
- Research undertaken at QEII Hospital in 2025–2026 helped identify practical ways to strengthen compassion-centred care and enhance the patient experience. The mixed-methods research project, funded by a Metro South Health Research Support Scheme grant, aimed to address gaps in peer-reviewed evidence guiding the delivery of person-centred compassionate care, with a focus on improving healthcare quality, safety and wellbeing for patients.

Evidence of translation of research into clinical practice

- In 2025–2026, four INNOVATE Grants were awarded to Metro South Health staff to accelerate the translation of research into practice. The grants were part of Metro South Health's Research Translation and Innovation Initiative and were funded by the Study, Education, and Research Trust Account (SERTA).
- In July 2025, QEII Hospital recruited the first Australian patient to participate in the international Pathway of Low Anterior Resection Syndrome (LARS) relief after Surgery (POLARIS) trial. The two-year study recruited 1,500 UK participants and 500 Australian participants who have undergone a high or low anterior resection for colorectal cancer in the last 10 years and are experiencing LARS.
- A Queensland-based clinical trial showed promising signs of a safe, effective new weight loss approach for people living with kidney disease. In July 2025, a Metro South

Health researcher shared findings from a Metro South and Metro North study exploring intensive weight loss for people with kidney disease and obesity.

- A clinical trial conducted at Redland Hospital found a nerve block technique could provide effective and safe anaesthesia for patients requiring manipulation to realign their broken or dislocated arms, with longer-lasting pain relief when compared to traditional methods.
- In 2025–2026, a clinical trial for adults with obesity undergoing colorectal cancer surgery began across Metro South Health. The Preoperative Intervention and Management for Excess weight (PRIME) project was funded through the 2026 Metro South Health Research Support Scheme with a Fellowship Grant and will use a remotely delivered dietitian-led very low-calorie diet clinic as a preoperative weight loss intervention for patients.

Staff are engaged in innovation and research

- In 2025–2026, Metro South Health launched the new Research Development Service, helping staff transform their ideas into high-quality, ethically sound research projects that can improve health outcomes.
- In November 2025, the new *Research and Innovation Strategy 2025–2030* was launched, reinforcing Metro South Health's legacy of research and innovation that continues to deliver benefits for the patients and communities we serve. The strategy was developed in collaboration with our research community, partners, clinicians, and lived experience advisors.
- 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 2025–2026, events included the Princess Alexandra Hospital Health Symposium, the Logan and

Beaudesert Health Service 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, the AI in Healthcare Symposium, and the Multicultural Health Symposium.

- In 2025–2026, staff members from Logan Hospital's emergency department were awarded grants through the Emergency Medicine Foundation's Queensland Research Program for two key projects. Advancing Sustainable Practices in Research for Emergency Medicine (ASPIRE) focuses on building research skills and strengthening the department's research culture, while the Trans-Oesophageal Echocardiography to guide Management of cardiac arrest: a Preliminary Outcomes study (TEMPO) explores a novel ultrasound technique to improve cardiac arrest care. Together, these projects are helping build a stronger foundation for research within the emergency department.
- In February 2026, Metro South Health and Metro North Health strengthened partnerships by hosting the third joint Allied Health Research Symposium (THRIVE 2026). The symposium brought together more than 200 clinicians, researchers, university partners, and consumer co-researchers from across Queensland for a day of knowledge sharing and networking.
- In April 2026, Metro South Health hosted its first Research and Innovation Roundtable, taking an important step in strengthening research and innovation across the region. The event brought together partners from across the health, research and education sectors, with a shared goal of improving healthcare for the community.
- In June 2026, a Redland Hospital staff member was awarded an Emergency Medicine Foundation

Emerge Grant for new research aimed at improving care for patients presenting to the emergency department experiencing both suicidality and homelessness. The mixed-methods study will explore trends, barriers and opportunities to improve care for vulnerable patients.

Protecting our future through sustainability

Balanced operating position

Commentary regarding Metro South Health's financial position is provided on page 72.

Build and access funding opportunities

Metro South Health accessed significant capital funding for new and refurbished infrastructure during 2025–2026, which resulted in the following achievements:

- In July 2025, the new Meadowbrook Health Centre opened, joining a growing list of facilities delivering high-quality healthcare closer to home. The centre – located across the road from Logan Hospital – provides a new Minor Injury and Illness Clinic, designed to ease pressure on the hospital's emergency department, as well as Women's Health Services. The opening of the centre was made possible through \$33.4 million in capital funding from the Commonwealth Government under the Community Health and Hospitals Program, with ongoing service delivery funded by the Queensland Government.
- In September 2025, Logan Hospital completed a refurbishment to part of its mental health service as the final part of the Logan Hospital stage 1 expansion project. The refurbishment included the opening of a new mental health ward, Ward 2R, providing an additional six new single rooms with ensuites and upgraded staff and patient amenities.
- As part of the Princess Alexandra Hospital expansion project, in August 2025, a new treatment area

for the Medical Assessment and Planning Unit was unveiled, purpose-built for future Cancer Care Services.

- In August 2025, QEII Hospital's upgraded ground floor staff amenities opened.
- In October 2025, a new Intensive Care Unit opened at Redland Hospital, bringing critical care closer to home for the Redlands Coast community.
- As part of the Queensland Spinal Cord Injury Service (QSCIS) Enhancement Project, the revitalised dining room and kitchen of the Spinal Injuries Unit at Princess Alexandra Hospital officially reopened in November 2025.
- In December 2025, the Spinal Injuries Unit at Princess Alexandra Hospital completed a complex system rollout with the latest inpatient bedside technology within the 40-bed ward. The upgrade to the rehabilitation space was delivered as part of the QSCIS-Enhancement Project.
- In April 2026, construction work began on expanding Redland Hospital's Transit Lounge to help patients move through hospital sooner and improve access to emergency care. The Transit Lounge will be renamed the Transit Care Hub.
- In May 2026, a 13-chair Cancer Care Services facility was opened at Logan Hospital.
- Construction continued on new multi-level car parks for QEII and Logan hospitals.
- Planning and negotiation activities progressed for the development of a new or expanded multi-level carpark at Princess Alexandra Hospital.
- The structural phases of the Logan, Princess Alexandra and QEII hospital expansion projects – being delivered under the Queensland Government's *Hospital Rescue Plan* – were all completed, with interior construction and fit out now underway. Once completed, these three projects will deliver more than

450 additional inpatient beds, along with expanded clinical and support services to meet future demand.

We reduce our impact on the environment

- In August 2025, Metro South Health launched its first *Environmental Sustainability Plan 2025–2030*. The new plan sets out an ambitious vision to become a Net Zero organisation by 2050, in line with the Queensland Government's commitment to a cleaner, healthier future.
- In 2025–2026, Metro South's Southern Moreton Bay Islands Community Partnership Service launched an environmental initiative by collecting discarded cans and bottles in the area for recycling.
- In September 2025, Logan Hospital's Retail Food Services team was recognised with the Health and Wellbeing Queensland Excellence in Sustainability Award, part of the inaugural A Better Choice Healthcare Awards. From reducing food waste and improving packaging, to working with environmentally responsible suppliers, the team has embedded sustainable practices into every part of their service.
- QEII Hospital hosted its inaugural Clinical Market Swap Day event in September 2025 where staff were invited to gather and exchange their unused consumables, stationery, and non-asset equipment to promote resource sharing between departments for things that would otherwise go to waste.
- In March 2026, Logan Hospital's emergency department launched the Gloves Off initiative, which reduces unnecessary use of non-sterile gloves to support safer, more sustainable care.
- In June 2026, a new 'Ideas Tree' initiative was launched at Logan Hospital for staff to contribute ideas for a greener future, reflecting a shared commitment to sustainability.
- In 2025–2026, QEII Hospital began work on a room service on demand project which is set to reduce food waste within the hospital. The initiative is set to be launched in August 2026 and aligns strongly with the Metro South Health *Environmental Sustainability Plan 2025–2030* and global efforts to improve food security and environmental health.

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 2025–2026

Metro South Hospital and Health Service	2025–2026 Target	2025–2026 Actual
Effectiveness measures		
Percentage of emergency department patients seen within recommended timeframes - 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% 67% 63% 75% 91%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	42%
Percentage of elective surgery patients treated within the clinically recommended times - Category 1 (30 days) - Category 2 (90 days) - Category 3 (365 days)	>98% >95% >95%	81% 72% 77%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ¹	≤1.0	0.7
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ²	>65%	62.8%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ³	<12%	7.9%
Percentage of specialist outpatients waiting within clinically recommended times ⁴ - Category 1 (30 days) - Category 2 (90 days)⁵ - Category 3 (365 days)⁵	45%	39% 37% 74%
Percentage of specialist outpatients seen within clinically recommended times - Category 1 (30 days) - Category 2 (90 days)⁵ - Category 3 (365 days)⁵	75%	70% 39% 61%
Median wait time for treatment in emergency departments (minutes) ⁶	..	14

Median wait time for elective surgery treatment (days) ⁷	..	36
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities ⁸	\$6,166	\$6,004
Other measures		
Number of elective surgery patients treated within clinically recommended times ⁹ - Category 1 (30 days) - Category 2 (90 days) - Category 3 (365 days)	11,748 8,306 4,135	10,372 7,018 3,414
Number of Telehealth outpatients service events ¹⁰	52,000	45,585
Total weighted activity units (WAU) ¹¹ - Acute Inpatients - Outpatients - Sub-acute - Emergency Department - Mental Health - Prevention and Primary Care	285,822 102,890 46,720 66,336 55,647 7,600	282,976 105,547 54,433 69,263 52,538 9,490
Ambulatory mental health service contact duration (hours) ¹²	>174,933	141,519
Staffing ¹³	17,779	18,055.82

Notes:

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

13. In alignment with PSC reporting guidelines, only one employment record per employee is reported. For employees with concurrent employment, the arrangement with the highest percentage of work is reported. This may result in a minor variance where staff work across multiple Hospital and Health Services.

Financial summary

Metro South Health's operational result is a deficit of \$20.692 million for the year ending 30 June 2026. This represents a 0.49 per cent variance against revenue of \$4.209 billion.

The 2025–2026 financial year demonstrated Metro South Health's ongoing commitment to delivering safe, high-quality and accessible healthcare to our growing and diverse community. Throughout the year, the organisation responded to unprecedented demand for services while maintaining a strong focus on improving patient access, reducing waitlists and progressing key strategic priorities.

Metro South Health recorded an operating deficit as escalating service demand, sustained investment in patient care, and ongoing global inflationary pressures increased the cost of delivering healthcare beyond available funding. Throughout the year, the organisation remained focused on balancing its financial responsibilities with its commitment to ensuring patients continued to receive timely, high-quality care.

Revenue and expenditure

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

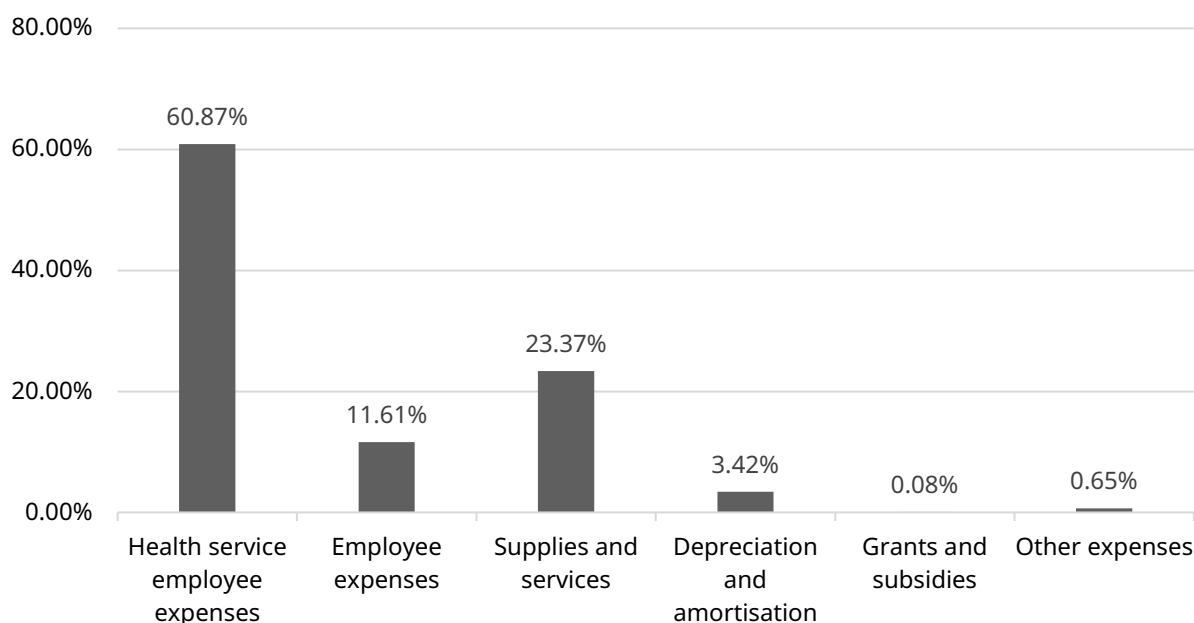
1. Department of Health funding for public health services (including Commonwealth contributions).
2. Own source revenue.

Metro South Health's total income was \$4.209 billion, which is an increase of \$274.509 million (6.98 per cent) from 2024–2025:

- The activity-based funding for hospital services was 81.07 per cent or \$3.412 billion.
- Block and other Department of Health funding was 7.4 per cent or \$311.623 million.
- Commonwealth grants and other grants funding was 1.81 per cent or \$76.058 million for health services.
- Own source revenue was 8.99 per cent or \$378.520 million.
- Other revenue and gain were 0.73 per cent or \$30.635 million.

The total expenses were \$4.230 billion, averaging at \$11.589 million a day for providing public health services. Total expenditure increased by \$277.891 million (7.03 per cent) from last financial year.

Graph 1: Expenses 2025–2026



Assets and liabilities

Metro South Health's asset base amounts to \$2.329 billion. 89.57 per cent or \$2.086 billion of this is invested in property, plant and equipment, service concession building and right-of-use assets. The remaining balance of \$242.995 million is held in cash, receivables, inventory, contract assets and other assets.

Metro South Health's liabilities total \$353.958 million and consist of payables, employee benefits, contract liabilities, other liabilities and lease liabilities, leaving an equity base of \$1.975 billion.

Asset maintenance and renewal

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

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

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

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

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

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

Both operational and capital quantities are reported.

As of 30 June 2026, Metro South Health reported:

- \$81.864 million in deferred maintenance, and
- \$1,157.35 million in postponed capital renewal.

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

- risk-based prioritisation within the Timely Investment Infrastructure Maintenance (TIIM) program allocation
- increasing operational maintenance budgets
- seeking additional funding through whole-of-government processes
- non-asset solutions such as partnerships or outsourcing
- 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 asset lifecycle models, expected asset deterioration and required asset condition standards.

As of 30 June 2026, Metro South Health expects forecast lifecycle replacements, renewals, and refurbishments of \$625.722 million over the period 2026–27 to 2029–30.

Financial statements

Metro South Health
For the year ended 30 June 2026

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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 2026

		2026	2026		2025
	Notes	Actual \$'000	Original Budget \$'000	Budget Variance* \$'000	Actual \$'000
Income from continuing operations					
Funding for public health services	A1-1	3,723,908	3,663,057	60,851	3,473,124
User charges and fees	A1-2	378,520	357,201	21,319	364,526
Grants and other contributions	A1-3	76,058	66,782	9,276	75,207
Other revenue	A1-4	30,058	15,112	14,946	21,060
Total revenue		4,208,544	4,102,152	106,392	3,933,917
Gain on disposal or re-measurement of assets		577	82	495	695
Total income from continuing operations		4,209,121	4,102,234	106,887	3,934,612
Expenses from continuing operations					
Employee expenses	A2-1	491,260	472,245	19,015	450,990
Health service employee expenses	A2-2	2,574,492	2,453,121	121,371	2,351,654
Supplies and services	A2-3	987,702	941,955	45,747	988,117
Grants and subsidies	A2-4	3,431	3,136	295	4,295
Interest on lease liabilities	B12	611	199	412	244
Depreciation and amortisation	B6,B7,B12	144,673	158,824	(14,151)	133,030
Impairment losses		10,434	1,713	8,721	7,406
Other expenses	A2-5	17,210	71,041	(53,831)	16,186
Total expenses from continuing operations		4,229,813	4,102,234	127,579	3,951,922
Operating result for the year		(20,692)	-	(20,692)	(17,310)
Other comprehensive income					
<i>Items that will not be reclassified subsequently to operating result</i>					
Increase in asset revaluation surplus	B13	42,193	-	42,193	66,147
Total other comprehensive income		42,193	-	42,193	66,147
Total comprehensive income		21,501	-	21,501	48,837

*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 2026

		2026	2026	Budget	2025
	Notes	Actual	Original	Variance*	Actual
		\$'000	Budget	\$'000	\$'000
			\$'000		
Assets					
Current assets					
Cash and cash equivalents	B1	111,405	113,312	(1,907)	115,356
Receivables	B2	54,844	91,320	(36,476)	51,125
Contract assets	B3	36,744	-	36,744	35,428
Inventories	B4	28,598	24,558	4,040	26,170
Other assets	B5	11,404	8,960	2,444	10,233
Total current assets		242,995	238,150	4,845	238,312
Non-current assets					
Intangibles		-	-	-	30
Property, plant and equipment	B6	2,036,496	2,177,465	(140,969)	1,675,233
Service concession assets	B7	28,892	-	28,892	28,996
Right-of-use assets	B12	20,615	-	20,615	6,293
Total non-current assets		2,086,003	2,177,465	(91,462)	1,710,552
Total assets		2,328,998	2,415,615	(86,617)	1,948,864
Liabilities					
Current liabilities					
Payables	B8	308,000	285,990	22,010	284,070
Accrued employee benefits	B9	13,745	12,941	804	8,641
Contract liabilities	B10	2,809	-	2,809	7,996
Lease liabilities	B12	1,369	1,148	221	1,352
Other liabilities	B11	1,231	1,163	68	1,224
Total current liabilities		327,154	301,242	25,912	303,283
Non-current liabilities					
Lease liabilities	B12	20,212	4,448	15,764	5,650
Other liabilities	B11	6,592	6,345	247	7,755
Total non-current liabilities		26,804	10,793	16,011	13,405
Total liabilities		353,958	312,035	41,923	316,688
Net assets		1,975,040	2,103,580	(128,540)	1,632,176
Equity					
Contributed equity	B14	1,367,075	1,516,481	(149,406)	1,045,712
Accumulated surplus/(deficit)		(28,671)	(13,469)	(15,202)	(7,979)
Asset revaluation surplus	B13	636,636	600,568	36,068	594,443
Total equity		1,975,040	2,103,580	(128,540)	1,632,176

*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 2026

	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
	Notes	Accumulated surplus/(deficit) \$'000	Asset revaluation surplus \$'000	Contributed equity \$'000	Total equity \$'000
Balance at 1 July 2025		(7,979)	594,443	1,045,712	1,632,176
Net effect of changes in accounting policies					-
Operating result					
Operating result from continuing operations		(20,692)	-	-	(20,692)
Other comprehensive income					
Increase in asset revaluation surplus	B13	-	42,193	-	42,193
Total comprehensive income for the year		(20,692)	42,193	-	21,501
Transactions with owners as owners:					
Equity asset transfers	B14	-	-	373,725	373,725
Equity injections	B14	-	-	91,149	91,149
Equity withdrawals	B14	-	-	(143,511)	(143,511)
Net transactions with owners as owners		-	-	321,363	321,363
Balance at 30 June 2026		(28,671)	636,636	1,367,075	1,975,040

The accompanying notes form part of these financial statements.

Metro South Health
STATEMENT OF CASH FLOWS
For the year ended 30 June 2026

	Notes	2026 Actual \$'000	2026 Original Budget \$'000	Budget Variance* \$'000	2025 Actual \$'000
Cash flows from operating activities					
<i>Inflows:</i>					
Funding for public health services		3,575,780	3,505,474	70,306	3,346,977
User charges and fees		361,773	355,507	6,266	351,886
Grants and other contributions		44,066	40,231	3,835	44,034
Interest received		1,333	450	883	1,345
GST input tax credits from ATO		58,524	56,645	1,879	63,793
GST collected from customers		10,873	8,077	2,796	11,493
Other receipts		26,553	13,376	13,177	17,315
<i>Outflows:</i>					
Employee expenses		(486,042)	(470,576)	(15,466)	(449,645)
Health service employee expenses		(2,550,756)	(2,453,121)	(97,635)	(2,341,818)
Supplies and services		(959,630)	(925,989)	(33,641)	(971,864)
Grants and subsidies		(3,431)	(3,136)	(295)	(4,064)
GST paid to suppliers		(57,148)	(56,968)	(180)	(63,885)
Interest payments on lease liabilities		(611)	(199)	(412)	(244)
GST remitted to ATO		(10,952)	(7,969)	(2,983)	(11,266)
Other		(16,593)	(44,574)	27,981	(15,336)
Net cash provided by/(used in) operating activities	CF-1	<u>(6,261)</u>	<u>17,228</u>	<u>(23,489)</u>	<u>(21,279)</u>
Cash flows from investing activities					
<i>Inflows:</i>					
Sale of property, plant and equipment		1,053	82	971	1,103
<i>Outflows:</i>					
Payments for property, plant and equipment		(87,353)	-	(87,353)	(132,491)
Net cash used in investing activities		<u>(86,300)</u>	<u>82</u>	<u>(86,382)</u>	<u>(131,388)</u>
Cash flows from financing activities					
<i>Inflows:</i>					
Equity injections	B14	91,149	1,418	89,731	118,495
<i>Outflows:</i>					
Lease payments		(2,539)	(1,219)	(1,320)	(2,864)
Net cash provided by financing activities		<u>88,610</u>	<u>199</u>	<u>88,411</u>	<u>115,631</u>
Net increase/(decrease) in cash and cash equivalents		(3,951)	17,509	(21,460)	(37,036)
Cash and cash equivalents at the beginning of the financial year		115,356	95,803	19,553	152,392
Cash and cash equivalents at the end of the financial year	B1	<u>111,405</u>	<u>113,312</u>	<u>(1,907)</u>	<u>115,356</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 2026

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

	2026 \$'000	2025 \$'000
Operating result from continuing operations	(20,692)	(17,310)
<i>Non-cash items:</i>		
Depreciation/amortisation expense	144,673	133,030
Depreciation and amortisation funding	(143,511)	(131,867)
Service concession arrangements revenue	(1,163)	(1,163)
Assets written (on)/off	(825)	(1,380)
Impairment loss on property, plant and equipment	151	13
Net (gain)/loss on sale of property, plant and equipment	(97)	(129)
Services below fair value	31,546	30,526
Donations services below fair value	(31,545)	(30,526)
<i>Change in assets and liabilities:</i>		
(Increase)/decrease in trade and other receivables	(7,869)	(2,953)
Increase/(decrease) in loss allowance in trade receivables	4,149	91
(Increase)/decrease in inventories	(2,428)	(1,902)
(Increase)/decrease in contract assets	(1,316)	10,204
(Increase)/decrease in prepayments	(1,171)	(1,043)
Increase/(decrease) in contract liabilities and unearned revenue	(5,179)	(6,916)
Increase/(decrease) in accrued employee expenses	5,104	1,232
Increase/(decrease) in accrued health service employee expenses	23,850	9,950
Increase/(decrease) in payables	62	(11,136)
Net cash provided by/ (used in) operating activities	(6,261)	(21,279)

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 2025* 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* (Cath) (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

	2026 \$'000	2025 \$'000
Activity based funding	3,412,285	3,092,240
Block funding	168,113	249,017
Depreciation funding	143,510	131,867
	3,723,908	3,473,124

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 in 2025-26 was \$1,262.522 million (2025: \$1,195.965 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. The current Service Agreement is for the period 2025-26 to 2027-28.

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

	2026 \$'000	2025 \$'000
Revenue from contracts with customers		
Hospital fees	145,795	136,307
Sale of goods and services	107,758	105,572
Pharmaceutical benefit scheme reimbursements	120,811	118,878
Other user charges and fees		
Rental income	4,156	3,769
	378,520	364,526

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 from operating leases 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

	2026 \$'000	2025 \$'000
Revenue from contracts with customers		
Transition care program grant	14,022	13,626
Nursing home grant	13,243	12,633
Other grants - contracts with customers	10,322	11,344
	<u>37,587</u>	<u>37,603</u>
Other grants and contributions		
Other specific purpose grants	3,157	2,607
Other grants	3,185	3,545
Donations services below fair value*	31,545	30,526
Donations**	584	926
	<u>76,058</u>	<u>75,207</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 2025-26 estimated by the Department of Health were \$31.545 million (2025: \$30.526 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. As at 30 June 2026, a contract asset of \$1.296 million (\$2025: \$3.304 million) was recorded for services provided and funding is yet to be received.
- 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 2026, for other grants \$1.025 million (2025: \$1.454 million) contract liabilities has been recorded for services to be delivered in the next financial year and \$1.257 million (2025: \$0.580 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 2026

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 \$0.197 million unspent funds as at 30 June 2026. 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 2026-27 financial year.

NOTE A1-4: OTHER REVENUE

	2026 \$'000	2025 \$'000
Interest	1,333	1,345
Health service employee expense recoveries*	19,137	14,154
General recoveries	6,707	1,959
Service concession arrangements revenue**	1,163	1,163
Other revenue	1,718	2,439
	<u>30,058</u>	<u>21,060</u>

*Health service employee expense recoveries are 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

	2026 \$'000	2025 \$'000
Employee benefits		
Wages and salaries*	382,779	351,453
Employer superannuation contributions	43,027	39,479
Annual leave levy/expense	50,913	46,207
Long service leave levy/expense	10,059	9,248
Termination benefits	149	119
	<u>486,927</u>	<u>446,506</u>
Employee related expenses		
Workers compensation premium	4,219	4,370
Other employee related expenses	114	114
	<u>491,260</u>	<u>450,990</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
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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

	2026 \$'000	2025 \$'000
Health service employee expenses*	2,546,406	2,323,760
Health service employee related workers compensation premium	21,945	22,199
Other health service employee related expenses	6,141	5,695
	<u>2,574,492</u>	<u>2,351,654</u>

FULL TIME EQUIVALENT EMPLOYEES

	2026	2025
Number of employees**	897	844
Number of health service employees**	17,162	16,530
	<u>18,059</u>	<u>17,374</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.

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.

Metro South Health
Notes to the Financial Statements
For the year ended 30 June 2026

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

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

	2026 \$'000	2025 \$'000
Consultants and contractors	21,320	23,814
Electricity and other energy	14,888	14,766
Patient travel	2,041	1,511
Other travel	3,835	3,582
Building services	13,077	12,774
Computer services	46,380	46,563
Motor vehicles	1,350	1,229
Communications	18,717	17,445
Repairs and maintenance	68,932	65,627
Minor works including plant and equipment	5,091	5,022
Rent expenses*	21,773	19,797
Lease expenses	835	1,017
Drugs	166,297	164,418
Clinical supplies and services	442,875	450,648
Catering and domestic supplies	45,872	44,040
Insurance payment to the Department of Health**	29,652	26,917
Inter entity hospital and health service supplies and services***	37,548	38,725
Services below fair value****	31,545	30,526
Other	15,674	19,696
	987,702	988,117

*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 2025-26 estimated by the Department of Health were \$31.545 million (2025: \$30.526 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 2026

NOTE A2-4: GRANTS AND SUBSIDIES

	2026 \$'000	2025 \$'000
Home and community health services	2,350	2,404
Medical research and education programs	1,081	1,891
	<u>3,431</u>	<u>4,295</u>

NOTE A2-5: OTHER EXPENSES

	2026 \$'000	2025 \$'000
External audit fees*	337	322
Other audit fees	14	145
Insurance	308	219
Inventory written off	225	122
Losses from the disposal of non-current assets	480	568
Special payments - ex-gratia payments**	59	68
Other legal costs	816	749
Journals and subscriptions	159	183
Advertising	1,172	1,330
Interpreter fees	11,088	9,347
Grants returned	405	199
Other	2,147	2,934
	<u>17,210</u>	<u>16,186</u>

* Total audit fees relating to Queensland Audit Office for the 2025-26 financial year are quoted to be \$0.322 million (2025: \$0.322 million) for financial statements and \$0.015 million for other audit fees. There are no non-audit services included in this amount.

** Metro South Health in 2025-26 financial year made 26 special-ex-gratia payments (2025:31) for less than \$5,000 to staff and patients for other compensations and for their lost property. In 2025-26 there were 3 payments (2025:4) for and in excess of \$5,000 to 1 patient for lost property (\$5,913) and compensation payment for 2 patients for clinical complaints (\$25,500).

Metro South Health in 2024-25 financial year made 31 special-ex-gratia payments for less than \$5,000 to staff and patients for other compensations, patients for settlement of clinical complaints and for their lost property whilst in hospital care. In 2024-25 there were 4 payments 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).

B NOTES ABOUT FINANCIAL POSITION

B1 Cash and cash equivalents

	2026 \$'000	2025 \$'000
Cash at bank and on hand	83,820	90,302
24 hour call deposits	27,585	25,054
	<u>111,405</u>	<u>115,356</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% (2025: 4.35% 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 5.18% (2025: 4.55%). Cash assets include all cash receipted 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 2026

B2 Receivables

	2026 \$'000	2025 \$'000
Trade debtors	59,127	50,239
Queensland Health debtors	1,243	965
Less: Loss allowance	(10,341)	(6,192)
	<u>50,029</u>	<u>45,012</u>
 GST receivable	 5,843	 7,220
GST payable	(1,028)	(1,107)
Net receivable	<u>54,844</u>	<u>51,125</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 2026 is \$59.557 million (2025: \$50.206 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.

	2026 \$'000	2025 \$'000
Movements in loss allowance		
Balance at 1 July	6,192	6,101
Increase/(decrease) in allowance recognised in operating result	7,102	4,206
Amounts written off during the year	(2,953)	(4,115)
Balance as at 30 June	<u>10,341</u>	<u>6,192</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

	2026			2025		
	Gross receivables	Loss rate	Expected credit loss	Gross receivables	Loss rate	Expected credit loss
	\$'000	%	\$'000	\$'000	%	\$'000
Trade debtors						
Current	7,501	-	-	8,797	-	-
1 to 30 days overdue	9,964	1.92	(192)	10,898	2.28	(249)
31 to 60 days overdue	6,083	4.97	(302)	6,529	3.02	(197)
61 to 90 days overdue	5,333	9.93	(530)	3,389	9.01	(305)
>90 days overdue	20,792	44.81	(9,317)	13,415	40.56	(5,441)
Total	49,673	20.82	(10,341)	43,028	14.39	(6,192)
Adjustment to trade debtors*	9,454	-	-	7,211	-	-
Total Trade Debtors	59,127	n/a	(10,341)	50,239	n/a	(6,192)
Queensland Health debtors	1,243	-	-	965	-	-
Total Debtors	60,370	n/a	(10,341)	51,204	n/a	(6,192)

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

B3 Contract assets

	2026 \$'000	2025 \$'000
Current		
Contract assets	36,744	35,428

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 2025-26 financial year resulted in an increase of \$1.316 million (2025: decrease \$10.204 million). The increase of \$1.384 million is mainly related to services provided to other Government Entities and private health providers for which revenue is yet to be received, partially offset by a decrease of \$0.068 million for services provided in accordance with the Service Agreement with the Department of Health.

B4 Inventories

	2026 \$'000	2025 \$'000
Inventories held for distribution		
Medical supplies	20,478	18,404
Pharmaceutical supplies	6,810	6,391
Catering and domestic	728	741
Engineering	582	634
	28,598	26,170

Metro South Health
Notes to the Financial Statements
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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

	2026 \$'000	2025 \$'000
Current		
Prepayments	<u>11,404</u>	<u>10,233</u>

B6 Property, plant and equipment

	2026 \$'000	2025 \$'000
Land		
At fair value	<u>392,525</u>	<u>375,438</u>
Buildings		
At fair value	3,725,429	3,209,183
Less: Accumulated depreciation	<u>(2,368,082)</u>	<u>(2,201,357)</u>
	<u>1,357,347</u>	<u>1,007,826</u>
Plant and equipment		
At cost	483,043	464,049
Less: Accumulated depreciation	<u>(264,216)</u>	<u>(259,445)</u>
	<u>218,827</u>	<u>204,604</u>
Capital works in progress		
At cost	<u>67,797</u>	<u>87,365</u>
Total property, plant and equipment	<u>2,036,496</u>	<u>1,675,233</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 are 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 10 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
Notes to the Financial Statements
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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 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 1 July 2025	195,558	179,880	1,007,826	204,604	87,365	1,675,233
Acquisitions	-	-	4,793	43,011	39,550	87,354
Donations received	-	-	-	18	-	18
Disposals	-	-	-	(956)	-	(956)
Transfers in/(out) from other Queensland Government entities*****	-	-	368,922	4,803	-	373,725
Transfers between asset classes	-	-	52,887	6,080	(58,967)	-
Transfer recognised in operating surplus/(deficit)	-	-	-	807	-	807
Revaluation increments/(decrements) to asset revaluation surplus****	8,967	8,120	23,599	-	-	40,686
Impairment losses recognised in operating surplus/(deficit)	-	-	-	-	(151)	(151)
Depreciation charge	-	-	(100,680)	(39,540)	-	(140,220)
Balance at 30 June 2026	204,525	188,000	1,357,347	218,827	67,797	2,036,496

* 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 2025-26 included \$303.991 million of building and equipment relating to the Logan Hospital Expansion Stage 1, \$40.568 million of building and equipment relating to the Redland Hospital Expansion Stage 1, \$10.974 million relating to Princess Alexandra Hospital Spinal Injury Service building and \$18.192 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 level 1) 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 2025-26, Metro South Health's land was valued by McGees Property Brisbane (McGees) using both independent market valuation and indexation. 2025-26 is year 3 of the current land revaluation cycle and the effective date was 30 June 2026. 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 2025-26 resulted in a \$17.087 million or 4.6 % increment (2025: \$15.768 million or 4.4% increment) 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 2025-26 financial year, year 3 of the current revaluation cycle, Jacobs performed comprehensive valuation of 39% (2025: 20%) of the value of Metro South Health's building portfolio of 7 buildings (2025: 61 buildings) and provided an index of 5.5% relevant to the remaining 61% (2025: 80%) of the building portfolio of 143 buildings (2025: 81 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 2026.

The revaluation of buildings for 2025-26 resulted in a \$25.106 million or 1.8% increment (2025: \$48.998 million or 5.1% 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

	2026 \$'000	2025 \$'000
Service concession assets		
Buildings - Fair value	60,019	56,890
Buildings - Accumulated depreciation	(31,127)	(27,894)
	<u>28,892</u>	<u>28,996</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 2024	29,150
Net revaluation increments/(decrements) to asset revaluation surplus	1,381
Depreciation charge	(1,535)
Balance at 30 June 2025	<u>28,996</u>
Liabilities	
Opening balance at 1 July 2024	10,080
Amortisation of unearned revenue	(1,163)
Balance at 30 June 2025	<u>8,917</u>
Service concession assets	
Opening balance at 1 July 2025	28,996
Net revaluation increments/(decrements) to asset revaluation surplus	1,507
Depreciation charge	(1,611)
Balance at 30 June 2026	<u>28,892</u>
Liabilities	
Opening balance at 1 July 2025	8,917
Amortisation of unearned revenue	(1,162)
Balance at 30 June 2026	<u>7,755</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 \$48.6 million. The portion dedicated to the PAH multi-storey car park is 33.4% with an estimated value of \$16.2 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 7 years remaining at 30 June 2026. 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	2026 \$'000	2025 \$'000
Revenue			
Rental income		477	463
Amortisation of unearned revenue	A1-4	1,163	1,163
Expenses			
Depreciation expenses		1,611	1,535
Net impact on operating result		<u>29</u>	<u>91</u>

Estimated future cash flows of the service concession asset

The Princess Alexandra Hospital multi-storey car park	2026 \$'000	2025 \$'000
Cash inflows*		
Not later than 1 year	491	477
Later than 1 year but no later than 5 years	2,115	2,053
Later than 5 years but no later than 10 years	911	1,463
	<u>3,517</u>	<u>3,993</u>

Metro South Health
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B8 Payables

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.

	2026 \$'000	2025 \$'000
Trade creditors	44,027	41,785
Accrued expenses	44,236	46,291
Department of Health payables	219,737	195,994
	308,000	284,070

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*.

	2026 \$'000	2025 \$'000
Salaries and wages accrued	12,429	7,575
Other employee entitlements payable	1,316	1,066
	13,745	8,641

B10 Contract liabilities

	2026 \$'000	2025 \$'000
Contract liabilities	2,809	7,996

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

During the 2025-26 financial year, from the contract liabilities balance of 1 July 2025 \$6.534 million has been recognised as revenue.

Contract liabilities at 30 June 2026 include \$1.784 million (2025: \$6.470 million) which mainly relates to revenue received under the Service Agreement with the Department of Health and \$1.025 million (2025: \$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

	2026 \$'000	2025 \$'000
Current		
Unearned revenue	68	61
Unearned revenue - service concession arrangements*	1,163	1,163
	1,231	1,224
Non-current		
Unearned revenue - service concession arrangements*	6,592	7,755

*Additional information for service concession arrangements refer Note B7.

Metro South Health
Notes to the Financial Statements
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B12 Leases

Leases as lessee

Right-of-use assets	2026	2025
	\$'000	\$'000
Buildings	27,808	19,958
Buildings - accumulated depreciation	(7,193)	(13,665)
	<u>20,615</u>	<u>6,293</u>

Right-of-use assets movement	Buildings
	\$'000
Balance 1 July 2024	7,104
Additions	736
Other adjustments – remeasurement	1,358
Depreciation charge for the year	(2,905)
Balance at 30 June 2025	<u>6,293</u>
Additions	15,975
Other adjustments - remeasurement	1,159
Depreciation charge for the year	(2,812)
Balance at 30 June 2026	<u>20,615</u>

Lease liability	2026	2025
	\$'000	\$'000
Current		
Lease liabilities	1,369	1,352
Non-current		
Lease liabilities	20,212	5,650
	<u>21,581</u>	<u>7,002</u>

Metro South Health
Notes to the Financial Statements
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B12 Leases (continued)

Notes to the Statement of Cash Flows

Changes in liabilities arising from financing activities

	Lease liabilities \$'000
Balance at 1 July 2024	7,772
Non-cash movements:	
New leases acquired during the year	736
Lease interest	244
Lease - other non-cash adjustments	1,358
Cashflows:	
Lease repayments	(3,108)
Balance at 30 June 2025	<u><u>7,002</u></u>
Non-cash movements:	
New leases acquired during the year	15,975
Lease interest	611
Lease - other non-cash adjustments	1,143
Cashflows:	
Lease repayments	(3,150)
Balance at 30 June 2026	<u><u>21,581</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

	2026 \$'000	2025 \$'000
Interest expense on lease liabilities	611	244
Expenses relating to short-term leases (Note A2-3)	835	1,017
	<u>1,446</u>	<u>1,261</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.

	2026 \$'000	2025 \$'000
Less than 1 year	88	72
1 to 2 years	915	1,249
2 to 3 years	837	1,393
3 to 4 years	855	1,456
4 to 5 years	875	1,470
More than 5 years	7,360	9,876
	<u>10,930</u>	<u>15,516</u>

Metro South Health
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B13 Asset revaluation surplus

	2026 \$'000	2025 \$'000
Land		
Balance at the beginning of the financial year	165,699	149,931
Revaluation increment/(decrement)	17,087	15,768
Balance at the end of the financial year	182,786	165,699
Buildings		
Balance at the beginning of the financial year	421,319	372,321
Revaluation increment/(decrement)	23,599	48,998
Balance at the end of the financial year	444,918	421,319
Service concession asset		
Balance at the beginning of the financial year	7,425	6,044
Revaluation increment/(decrement)	1,507	1,381
Balance at the end of the financial year	8,932	7,425
Total balance at the end of the financial year	636,636	594,443

B14 Equity injections and equity withdrawals

	2026 \$'000	2025 \$'000
Balance at the beginning of the financial year	1,045,712	1,018,623
Cash injection for asset acquisitions	91,149	118,495
Equity asset transfers in/(out) from other Queensland Government entities*	373,725	40,462
Non-cash withdrawal for depreciation**	(143,511)	(131,868)
Balance at the end of the financial year	1,367,075	1,045,712

* 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	2026 \$'000	2025 \$'000
Financial assets			
Cash and cash equivalents	B1	111,405	115,356
Financial assets at amortised cost			
Receivables	B2	54,844	51,125
		<u>166,249</u>	<u>166,481</u>
Financial liabilities at amortised cost			
Payables	B8	308,000	284,070
Lease liabilities	B12	21,581	7,002
		<u>329,581</u>	<u>291,072</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 and interest rate 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 (2025: \$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			2026	Contractual maturity			2025
	<1 Year	1-5 Years	>5 Years		<1 Year	1-5 Years	>5 Years	
	\$'000	\$'000	\$'000	Total \$'000	\$'000	\$'000	\$'000	Total \$'000
Payables	308,000	-	-	308,000	284,070	-	-	284,070
Lease liabilities	1,369	9,986	10,226	21,581	1,352	4,425	1,225	7,002
	309,369	9,986	10,226	329,581	285,422	4,425	1,225	291,072

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:

	2026 \$'000	2025 \$'000
Not later than one year	50,169	41,970
Later than one year and not later than five years	1,661	8,336
	51,830	50,306

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 2026, Metro South Health has 18 litigation cases before the courts (2025: 19 cases). There are 200 claims (2025: 176 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 2025-26 financial results and the original budget published in the 2025-26 *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 \$60.851 million from budget includes an additional \$47.857 million for Enterprise Bargaining Agreement funding. An additional \$18.882 million of new funding for Elective and Emergency Theatres, Transit Lounge Expansion, High Cost Therapies and Logan Hospital Chemotherapy expansion. There is \$17.296 million for the reprovision of services including Aged Care Assessment Services, Evolve Therapeutic Services (ETS), Oral Health Federation Funding Agreement, Long Stay Rapid Response (LSRR) and Medical Aids Subsidy Scheme Expansion Deferral. A net increase of \$5.204 million for new and reprovisioned Better Care Together Initiatives. A further net increase of \$4.624 million for Corporate Charges including ieMR, Queensland Government Insurance Fund (QGIF) and equity transfers. This is offset by a decrease of \$18.939 million for the Patient Treatment Services Agreement (PTSA) with Mater Health Services returned to the Department of Health and decrease for Depreciation by \$14.073 million.

D1-2 User charges and fees

The increase of \$21.319 million from budget is due to \$24.56 million increase in hospital fees due to higher than estimated activity levels and \$0.772 increase in lease revenue offset by a reduction of \$4.013 million in sales of goods and services which is the net impact of decreases in Inter-Entity Sales and Tissue and Bone Bank offset by increases predominately within Research Projects, Pharmaceutical Benefit Scheme Reimbursement (PBS), Car Park Fees and External Service Charging.

D1-3 Grants and contributions

The increase of \$9.276 million from budget is due to higher revenue for Donations Services Received Below Fair Value of \$5.078 million, increased revenue for Nursing Home Benefits of \$2.243 million and commonwealth and other grants of \$1.955 million.

D1-4 Other revenue

The increase of \$14.946 million from budget is due to increase in sundry revenue \$13.13 million, higher than budgeted interest revenue of \$0.883 million and net increase in revenue from assets transactions of \$0.933 million.

D1-5 Employee expenses

The increase of \$19.015 million to budget is due to Enterprise Bargaining increments and increases in program funding noted in A1.1 and unfunded activity growth.

D1-6 Health service employee expenses

The increase of \$121.371 million to budget is due to Enterprise Bargaining increments and increases in program funding noted in A1.1 and unfunded activity growth.

D1-7 Supplies and services

The increase of \$45.747 million includes \$31.545 million for services below fair value and \$29.652 million for insurance premium where the budget is held in other expenses. The residual \$15.458 million is attributable to a decrease of \$25.871 million in Outsourced Frontline Service Delivery, decrease of \$1.827 million in Contractors delivering health services and decrease of \$1.691 in Repairs and Maintenance. This is offset by \$13.890 increase in supplies and services, in particular clinical and domestic supply expenses due to increased service demand and activities relating to programs noted in D1-1.

D1-8 Other expenses

The decrease of \$53.831 million is due to services below fair value of \$26.467 million and insurance premium of \$29.339 million included in the budgeted other expenses but the actual expenses are included in supplies and services. This is offset by higher than budgeted sundry expenses \$1.975 million.

D1-9 Operating result for the year

The full year deficit of \$20.692 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 decrease of \$1.907 million in cash position is due to higher than budgeted opening balance of \$19.553 million offset by a decrease to budget of \$21.460 million for the year in line with reported net decrease in the Cash Flow Statement.

D2-2 Receivables and contract assets

The decrease of \$36.476 million in receivables is offset by an increase of \$36.744 million in contract assets due to the budget held in receivables resulting in the net increase of \$0.268 million which is not a material variance.

D2-3 Property, plant and equipment

The decrease of \$140.969 million to budget is due to less than budgeted opening balance of \$359.474 million and disposal of assets of \$0.616 million and depreciation of \$16.217 million. This was offset by higher than budgeted transfers of asset commissioning from the Department of Health of \$143.416 million including the Logan and Redland Hospital expansion projects and the transfer of various assets to Metro South Health facilities. There was higher than budget asset acquisitions of \$87.372 million including Timely Investment Infrastructure Maintenance Program (TIIMS), Health Technology Replacement Program (HTER), Priority Capital Program (PCP) and various refurbishment projects and higher than budgeted impact of the revaluation of the land building portfolio of \$4.550 million.

D2-4 Payables

The increase of \$24.819 million in payables and contract liabilities compared with budget, that includes both, comprises a \$15.437 million higher opening balances, mainly relating to the Department of Health payables for the return of funding associated with delayed program-specific initiatives and Surgery Connect reimbursements and a \$9.382 million increase in the current financial year to budget. The current financial year increase is predominantly due to the Department of Health payables for Enterprise Bargaining funding of \$9.743 million, returns of funding associated with delayed program specific initiatives, including the Evolve Therapeutic and Better Care Together programs of \$2.623 million, a \$1.411 million reclassification between revenue and equity for capital projects, and other net payable movements of \$0.792 million. These increases were offset by a \$5.187 million reduction in contract liabilities, including a \$4.685 million reduction in Department of Health contract liabilities for various health initiatives.

D2-5 Lease liability

The increase of \$15.764 million is due to additional long term leases for accommodation to support the health service delivery.

D2-6 Equity

The decrease of \$128.54 million to budget is due to less than budgeted contributed equity of \$149.406 million and a decrease of \$15.202 million in accumulated surplus/deficit offset by an increase in asset revaluation surplus of \$36.068 million for the 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 \$70.306 million is the cash impact of the variances noted in D1-1.

D3-2 User charges

The increase of \$6.266 million is the cash impact of the variances noted in D1-2.

D3-3 Grants and other contributions

The increase of \$3.835 million is the cash impact of the variances noted in D1-3.

D3-4 Other receipts

The increase of \$13.177 million is the cash impact of the variances noted in D1-4.

D3-5 Employee expenses

The increase of \$15.466 million is the cash impact of the variances noted in D1-5.

D3-6 Health service employee expenses

The increase of \$97.635 million is the cash impact of the variances noted in D1-6.

D3-7 Supplies and services

The increase of \$33.641 million is the cash impact of the variances noted in D1-7.

D3 Budget vs actual comparison – Statement of cashflows continued

D3-8 Other expenses

The decrease of \$27.981 million is the cash impact of the variances noted in D1-8.

D3-9 Payments for property, plant and equipment

The increase of \$87.353 million includes payment for capital projects such as the Timely Investment Infrastructure Maintenance Program (TIIMS), Health Technology Replacement Program (HTER), Priority Capital Program (PCP) and various refurbishment projects at Metro South Health facilities. Refer to Note D3-10.

D3-10 Equity injections

The increase of \$89.731 million is due to the funding arrangement of reimbursement of capital projects such as Timely Investment Infrastructure Maintenance Program (TIIMS), Health Technology Replacement Program (HTER), Priority Capital Program (PCP) and various refurbishment projects at Metro South Health facilities. The capital budget for the Department of Health funded projects is included in the Department of Health's 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 the 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.

E1 Key management personnel and remuneration expenses (continued)

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.

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 2025-26. 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.

E1 Key management personnel and remuneration expenses (continued)

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	
	2026	2025	2026	2025	2026	2025
<i>Chair</i>						
Ms Carmel Monaghan (1 April 2026)	25	-	3	-	28	-
Ms Janine Walker AM (Member 18 May 2016 to 12 October 2017; Chair 13 October 2017 to 31 March 2026)	72	95	9	12	81	107
<i>Deputy Chair</i>						
Mr Matthew Ames (27 September 2024)	54	40	7	5	61	45
<i>Board Members</i>						
Ms Nadia Bromley (1 April 2024)	51	51	6	6	57	57
Mr Colin Cassidy PSM (18 May 2021)	53	52	7	7	60	59
Mrs Julia Hodgkinson (1 April 2026)	13	-	2	-	15	-
Dr Matthew Hope (1 April 2026)*	12	-	2	-	14	-
Dr Elizabeth Rushbrook CSC (1 April 2026)	12	-	2	-	14	-
Dr Vu Tran (1 April 2024)	48	48	6	6	54	54
Mr Matthew Ames (1 April 2022 to 26 September 2024)	-	13	-	2	-	15
Associate Professor Helen Benham (18 May 2019 to 4 July 2025)	-	48	-	6	-	54
Adjunct Associate Professor Donisha Duff (18 May 2016 to 4 April 2022; 1 Dec 2022 to 31 March 2026)	39	51	5	7	44	58
Mr Michael Goss (18 May 2020 to 31 March 2026)	39	50	4	7	43	57
Ms Gail Ker OAM (1 April 2024 to 31 March 2026)	37	48	4	6	41	54
Dr Muhammad Daniyal Mian (1 April 2024 to 31 March 2026)	37	48	4	6	41	54

*This board member is a clinician at Metro South Health and appointed as required from 1 April 2026 to the Board in accordance with the *HHB Act 2011* Section 23(3) requiring at least one Board member to be a clinician of the organisation. This board member also receives remuneration as a clinician however this table only includes the remuneration for the board member position.

E1 Key management personnel and remuneration expenses (continued)

Metro South Hospital and Health Service Executives

The following details for non-Ministerial key management personnel reflect those Metro South Health executive positions that had authority and responsibility for planning, directing and controlling activities during 2025-26 financial year. There is a change in key management personnel since 2025-26 financial year due to restructuring of the executive leadership team. Further information about these positions can be found in the Annual Report.

Position title	Position responsibility
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.
Chief Finance and Sustainability Officer	This position is responsible and accountable for the operation of the financial management system and control environment driving sustainability for Metro South Health. It provides strategic advice and leadership of the financial management, procurement, asset and infrastructure functions for the Hospital and Health Service.
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.
Chief People and Partnerships Officer	This role is responsible for the strategic and operational human resource management of Metro South Health to optimise organisational performance.
Chief Clinical Information Officer	This role is responsible for Metro South Health as a digital health service and involves managing the people, processes and technology used to support digital health care.
Chief Research and Innovation Officer	This role leads the strategic translation of research and innovation into better healthcare access, experience and outcomes for Metro South Health community.
Executive Director Medical Services	This role provides high level strategic and operational medical leadership and advice, to ensure Metro South Health is providing high quality health care and services.
Executive Director Nursing and Midwifery Services	This role provides leadership and expertise for nursing and midwifery services.
Executive Director Allied Health	This role provides leadership and expertise to allied health services.
Executive Director Clinical Governance, Risk and Legal	This role leads the strategy and day to day management of Metro South Health's clinical governance, risk and compliance, and legal functions.
Executive Director Service Expansion	This role provides strategic and operational leadership to our health infrastructure expansion portfolio.
Executive Director Media and Communication	This role leads strategic communication activities for Metro South Health including internal and external communication, media, design, events, project engagement, digital and social media.

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		Termination expenses \$'000		\$'000	
	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025		
Health Service Chief Executive	529	459	-	-	12	11	59	56	-	-	600	526
Chief Finance and Sustainability Officer	298	284	-	-	6	6	30	33	-	-	334	323
Chief Operating Officer	327	359	-	-	5	9	31	39	1	-	364	407
Metro South Health Executives since 2026*												
Chief People and Partnership Officer**	292	412	-	-	6	6	34	37	-	18	332	473
Chief Clinical Information Officer**	259	270	-	-	6	6	30	28	-	51	295	355
Chief Research and Innovation Officer***	463	-	-	-	11	-	50	-	-	-	524	-
Executive Director Medical Services	594	552	1	1	14	13	64	59	-	-	673	625
Executive Director Nursing and Midwifery Services	329	312	-	-	7	6	37	35	-	4	373	357
Executive Director Allied Health	239	232	-	-	6	5	28	28	-	-	273	265
Executive Director Clinical Governance, Risk and Legal	251	248	-	-	6	6	29	29	-	-	286	283
Executive Director Service Expansion	267	240	-	1	6	6	31	28	-	-	304	275
Executive Director Media and Communication	223	224	-	-	5	5	26	26	-	-	254	255

* The Metro South Health Executive structure has been reviewed and updated for 2025-26 including comparatives for each position.

** Due to the change in executives there are termination payments included for these positions for comparatives in 2024-25.

*** This is a new executive position due to change in the structure of executives in 2025-26.

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

E2 Related party transactions (Continued)

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 2025-26, these services totalled \$316.293 million (2025: \$304.109 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.

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

Transactions identified between Metro South Health and their key management personnel and their related parties during the year ended 30 June 2026 were conducted on normal commercial terms and conditions and were immaterial in nature and amount.

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 2026, amounts of \$27.992 million (2025: \$25.354 million) in general trust and \$31.194 million (2025: \$24.525 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.

	2026 \$'000	2025 \$'000
Fiduciary trust receipts and payments		
Receipts	3,276	3,288
Payments	(3,247)	(3,178)
Increase/(decrease) in net patient trust assets	29	110
 Fiduciary trust assets		
Current assets		
Cash		
Patient trust funds	544	515
Total current assets	544	515

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 receipted 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.

	2026 \$'000	2025 \$'000
Granted private practice receipts and payments		
Receipts		
Private practice receipts*	66,781	61,336
Interest	186	193
Other receipts*	712	486
Total receipts	67,679	62,015
Payments		
Payments to doctors	13,427	11,829
Payments to Metro South Health for recoverable costs	43,867	41,894
Payments to Metro South Health general trust for SERTA	7,526	7,111
Other payments	918	755
Total payments	65,738	61,589
Increase/(decrease) in net granted private practice assets	1,941	426

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

	2026 \$'000	2025 \$'000
Granted private practice assets		
Current assets		
Cash*	6,846	4,905
Total current assets	6,846	4,905

*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 2025-26 Metro South Health recognised \$0.222 million revenue (2025: \$0.204 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 \$1.632 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 \$21.535 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 \$0.061 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 \$0.123 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.treasury.qld.gov.au/policies-and-programs/climate/>.

The Queensland Sustainability Report (QSR) outlines the Queensland Government's approach to managing key Environmental, Social and Governance (ESG) risks and opportunities, including governance structures, major commitments and policies, and how these risks and opportunities are measured, monitored and managed across government. The QSR is supported by comprehensive datasets and data dictionaries. 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 2025-26 had any material impact on the financial statements.

Accounting standards early adopted

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

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. AASB 18 will only affect presentation and disclosure, it will not affect the recognition or measurement of any reported amounts.

In October 2025, the AASB released *Exposure Draft ED 338* which proposed several amendments that, if legislated, would permit relief from the majority of the presentation and disclosure requirements by not-for-profit public sector entities via an explicit accounting policy choice.

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

All other Australian accounting standards and interpretations with future effective dates are not applicable to the Metro South Health.

MANAGEMENT CERTIFICATE OF METRO SOUTH HEALTH

For the year ended 30 June 2026

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

- a) The prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- b) The financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of Metro South Health for the financial year ended 30 June 2026 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.



Carmel Monaghan

Chair
Metro South Hospital and
Health Board

18 August 2026



Noelle Cridland

BN, MN (Leadership)
Health Service Chief Executive
Metro South Health

18 August 2026



Kira Lee

CPA
A/Chief Finance and Sustainability Officer
Metro South Health

18 August 2026

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

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

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

Basis for opinion

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

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

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

Key audit matters

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

Valuation of specialised buildings (\$1.36 Billion)

Refer to Note B6 in the financial report

Key audit matter	How my audit addressed the key audit matter
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. Metro South Hospital and Health Service performed a comprehensive revaluation of approximately 39% of its building assets this year as part of the rolling revaluation program. All other buildings were assessed using relevant indices. The current replacement cost method comprises: - gross replacement cost, less - accumulated depreciation. 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: - identifying the components of buildings with separately identifiable replacement costs - developing a unit rate for each of these components, including: - estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre) - identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so, estimating the adjustment to the unit rate required to reflect this difference. The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components. The significant judgements required for gross replacement cost and useful lives are also significant judgements for calculating annual depreciation expense. Using indexation required: - significant judgement in determining changes in cost and design factors for each asset type since the previous revaluation - reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used.	My procedures included, but were not limited to: - assessing the adequacy of management's review of the valuation process and results - reviewing the scope and instructions provided to the valuer - assessing the appropriateness of the valuation methodology and the underlying assumptions with reference to common industry practices - assessing the appropriateness of the components of buildings used for measuring gross replacement costs with reference to common industry practices - assessing the competence, capabilities and objectivity of the experts used to develop the models - for unit rates, on a sample basis, evaluating the relevance, completeness and accuracy of source data used to derive the unit rate of the: - modern substitute (including locality factors and oncosts) - adjustment for excess quality or obsolescence - evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices - evaluating useful life estimates for reasonableness by: - reviewing management's annual assessment of useful lives - at an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement 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 Board for the financial report

The Board is responsible for:

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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

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

These descriptions form part of my auditor's report.



D J Toma
as delegate of the Auditor-General

20 August 2026

Queensland Audit Office
Brisbane

Glossary

Acronyms

Acronym	Definition
ABF	Activity Based Funding
ACP	Advance Care Planning
AI	Artificial Intelligence
AM	Member of the Order of Australia
ANZ	Australia and New Zealand Banking Group
ASPIRE	Advancing Sustainable Practices in Research for Emergency Medicine
B.Bus Comms	Bachelor of Business/Bachelor of Communication
CA ANZ	Chartered Accountants Australia and New Zealand
CALD	Culturally and Linguistically Diverse
CAR-T	Chimeric Antigen Receptor T-cell therapy
CAREPACT	Comprehensive Aged Residents Emergency Partners in Assessment Care and Treatment
CCC	Crime and Corruption Commission
CEO	Chief Executive Officer
CLE	Centre for Leadership Excellence
CPA	Certified Practising Accountant
CSC	Conspicuous Service Cross
DFV	Domestic and Family Violence
DSS	Decision Support System
EEO	Equal Employee Opportunity
ENT	Ear, Nose and Throat
ERMF	Enterprise Risk Management Framework
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
FTE	Full-Time Equivalent
GI	Gastrointestinal
GP	General Practitioner
HHS	Hospital and Health Service
HR	Human Resources
HSCE	Health Service Chief Executive
ICU	Intensive Care Unit
ieMR	Integrated Electronic Medical Record
ISMS	Information Security Management System
ISO	International Organization for Standardization
IT	Information Technology
KATSIS	Kidney and Transplant Service Information System
KPI	Key Performance Indicator
LARS	Low Anterior Resection Syndrome
LEADS	Logan Endocrine and Diabetes Service

LGBTIQA+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and others
MBA	Master of Business Administration
MOHRI	Minimum Obligatory Human Resource Information
MP	Member of Parliament
MRSA	Methicillin Resistant Staphylococcus Aureus
MSD	Musculoskeletal Disorders
MSH	Metro South Health
NAB	National Australia Bank
NCTGF	National Clinical Trials Governance Framework
NESB	Non-English Speaking Backgrounds
NGOs	Non-Government Organisations
NSQHS	National Safety and Quality Health Service Standards
OAM	Medal of the Order of Australia
PERM	Perioperative Evaluation and Recovery Medicine
PGY1	Post Graduate Year 1
PGY2	Post Graduate Year 2
PGY3	Post Graduate Year 3
PhD	Doctor of Philosophy
PHN	Primary Health Network
PID	Public Interest Disclosure
PRIME	Preoperative Intervention and Management for Excess weight
PSM	Public Service Medal
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
QSCIS	Queensland Spinal Cord Injuries Service
QUT	Queensland University of Technology
RACMA	Royal Australasian College of Medical Administrators
RAPTS	Recruitment, Assessment, Placement, Training and Support Program
RETURN	Refresher, Education, Training and Upskill for Registered and enrolled Nurses Program
RMO	Resident Medical Officer
SBS	Special Broadcasting Service
SCIg	Subcutaneous Immunoglobulin
SERTA	Study, Education, and Research Trust Account
TAFE	Technical and Further Education
TEMPO	Trans-Oesophageal Echocardiography to guide Management of cardiac arrest: a Preliminary Outcomes study
UQ	University of Queensland
WAU	Weighted Activity Unit
WHS	Work Health and Safety

Terms

Term	Definition
<i>Better Together</i> BPA Staff Survey	An organisation-wide staff culture and engagement survey.
Board	Metro South Hospital and Health Board.
Chair	Metro South Hospital and Health Board Chair.
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.
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.
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.
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 118
	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, 50
	Agency service areas and service standards	ARRs – section 11.3	Page 12, 69
Financial performance	Summary of financial performance	ARRs – section 12.1	Page 72
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 44

	Human Rights	<i>Human Rights Act 2019</i> ARRs – section 13.5	Page 46
	Queensland public service values	ARRs – section 13.6	Page 10, 44
Governance – risk management and accountability	Risk management	ARRs – section 14.1	Page 42
	Audit committee	ARRs – section 14.2	Page 22, 43
	Internal audit	ARRs – section 14.3	Page 43
	External scrutiny	ARRs – section 14.4	Page 43
	Information systems and recordkeeping	ARRs – section 14.5	Page 44
	Information Security attestation	ARRs – section 14.6	Page 44
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 42
Open Data	Statement advising publication of information	ARRs – section 16	Page 2, 42
	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 114
	Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	Page 115

FAA	<i>Financial Accountability Act 2009</i>
FPMS	<i>Financial and Performance Management Standard 2019</i>
ARRs	<i>Annual report requirements for Queensland Government agencies</i>
QGEA	<i>Queensland Government Enterprise Architecture</i>
VCSVRB	<i>Victims' Commissioner and Sexual Violence Review Board Act 2024</i>

