

Metro North Hospital and Health Service

ANNUAL REPORT

2024–2025

DELIVERING
FOR QUEENSLAND



Queensland
Government

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Information about consultancies, overseas travel, the Queensland language services policy, and complaints is available at the Queensland Government Open Data website (<https://data.qld.gov.au>). Metro North Hospital and Health Service (Metro North Health) has no data to report on consultancies in 2024–2025.

Accessibility

Public Availability

Where possible, readers are encouraged to download the report online at: www.metronorth.health.qld.gov.au

Where this is not possible, printed copies are available using one of the contact options below:

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Interpreter Services Statement

Metro North Health is committed to providing accessible services to the community from culturally and linguistically diverse backgrounds.

If you have difficulty in understanding the annual report, please contact us on 07 3647 9702 and we will arrange an interpreter to communicate the report to you effectively.

Information Security

This document has been security classified using the Queensland Government Information Security Classification Framework (QGISC) as UNCLASSIFIED – FINAL VERSION and will be managed according to the requirements of the QGISC.

Metro North Health recognises the importance of the natural environment and our responsibility to minimise our impact on it. We aim to reduce consumption of resources and make use of recycling initiatives wherever practical.

Aboriginal 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

We acknowledge the Traditional Custodians of the land on which we work and live, the Turrbal, Ugarapul, Jinibara and Kabi Kabi people. We pay our respects to their Elders, past, present, and emerging, and extend our gratitude for their enduring connection to this land.

We also wish to acknowledge the Aboriginal and Torres Strait Islander staff of Metro North Health. Your presence, contributions, and perspectives are deeply valued and integral to our community and work. We recognise the rich cultural heritage and ongoing contributions you bring, and we are committed to supporting and honouring this within our organisation.

Metro North Health is proud to recognise the cultural diversity of our workforce. May we continue to work together with respect and understanding, fostering a supportive environment for all our consumers and their families.

Recognition of Australian South Sea Islanders

Metro North Health formally recognises the Australian South Sea Islanders as a distinct cultural group within our geographical boundaries.

Metro North 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.

Health Equity

Metro North Health is committed to providing equity of access to high quality health care services and building relationships based on inclusion with Aboriginal and Torres Strait Islander peoples and their communities and remains committed to achieve life expectancy parity for Aboriginal peoples and Torres Strait Islander peoples by 2031.



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

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2024-2025 and financial statements for Metro North 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 98 of this annual report.

Yours sincerely

Bernard Curran
Chair
Metro North Hospital and Health Board

01 / 09 / 2025

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Queensland Government's objectives for the community

Metro North Hospital and Health Service (Metro North Health) supports the Queensland Government's objectives for the community – *Health services when you need them*.

Metro North Health is working with Queensland Health and the hospital and health services to achieve this by:

- Restoring health services when Queenslanders need them most through transparent and targeted investment with real-time data
- Boosting frontline health services
- Driving resources where they're needed most
- Improving our EDs
- Reopening regional maternity wards
- Fast-tracking access to elective surgeries, and
- Helping patients to be seen faster.

From the Board Chair and Chief Executive

Metro North Health continued to deliver care across our six hospital and extensive community, mental health and oral health services throughout 2024-2025. During the year patients received care on 2,787,833 occasions, compared to 2,698,302 in the previous year.

Across Metro North's emergency departments, we received 345,021 presentations, 1.5% higher than last year. Additionally, we had 73,226 Minor Injury and Illness Clinic presentations at our three Satellite Health Centres.

Metro North continued to deliver the statewide Virtual Emergency Care Service which treated 35,202 patients. This included 12,775 people in the Metro North catchment.

We delivered 3,126,828 outpatient occasions of service, including 153,475 initial service events, and cared for 2,218 patients through Hospital in the Home. Metro North treated 26,612 out of catchment referrals, reflecting our support for the whole HHS network.

Our surgical teams provided 53,181 emergency and elective surgeries. This includes a 6 per cent increase in emergency surgeries. Another 2,282 public hospital patients received their elective surgery in the private system through Surgery Connect, an 83.7 per cent increase on the previous year.

We met this growth in demand with a \$4.67 billion investment in care, an increase of \$363 million on the previous year. Despite this we posted a budget deficit of \$23.7 million, which represents 0.5 of a per cent of the total budget or the equivalent of less than two days of care delivery. This deficit was driven by the need to open additional beds due to winter and subacute activity, increased staff sick leave, and increased non-labour costs.

Metro North Health cares for a population of more than 1 million people in the northern Brisbane, Moreton Bay and Somerset regions. Our workforce continues to grow along with demand. Metro North employs 25,641 people, equivalent to 20,751 full time roles. By far with largest proportion of our staff are either frontline health workers or directly supporting frontline workers. Our frontline and frontline support workforce grew by 5.5% to 24,657 compared to 23,369 last year. We also converted 220 temporary and casual employees to permanent roles.

In January we refreshed the Metro North Strategic Plan, updating our vision and articulating our priorities to achieve our goals of:

- A workplace to be your best
- Research and innovation shaping the future of health
- A connected care system
- Health equity, and
- Delivering exceptional care.

Our staff and clinical councils play an important role in supporting staff wellbeing, organisational culture, and patient and staff safety. This year they were actively engaged in staff wellness and engagement initiatives, as well as supporting the organisation to ensure the refreshed Metro North Strategic Plan was relevant and resonated at all levels of the organisation. Pride in Metro North also plays an essential role in supporting and advocating

for patients and staff who are members of the LGBTIQ+ community.

In addition to the Strategic Plan, Metro North reviewed the Health Equity Strategy and developed an anti-racism campaign to ensure staff and patients from culturally and linguistically diverse backgrounds feel welcome and safe in our environment.

Metro North continues to actively plan for our future needs with significant infrastructure projects. We opened our third Satellite Health Centre at Bribie Island (Yarun) in July 2024 and commenced cancer care services from the site in March.

Planning is underway for the Redcliffe and The Prince Charles Hospital expansions, and Queensland Cancer Centre. Construction work continued on the 1500 space car park at The Prince Charles Hospital. Caboolture Hospital redevelopment moved to refurbishing hospital wards. The hospital is also planning for a dedicated paediatric outpatient building.

Partnership continued to be a strong focus and we joined RBWH Foundation in celebrating its 40th anniversary as a critical partner of our health service. We also maintained our relationships with The Common Good, Brisbane North PHN including our joint Health Alliance, and with academic The University of Queensland, Queensland University of Technology, Griffith University, and Australian Catholic University. Our university partners along with QIMR Berghofer play an essential role in clinical, research and education across our service, particularly the Herston Health Precinct. We continue to work closely with Australian Unity, our campus partner in the Herston Quarter.

In 2025-2026 we will continue to progress the great work we have achieved with our Disability Services Action Plan, our partnering with consumers strategy, and our Aboriginal and Torres Strait Islander Elders and community.



Bernard Curran
Chair, Metro North Health Board



Dr Elizabeth Rushbrook
Acting Chief Executive, Metro North Health

About us

Established on 1 July 2012, Metro North Health is an independent statutory body overseen by a local Hospital and Health Board under the *Hospital and Health Boards Act 2011 (Qld)*. The *Metro North Health Strategic Plan 2024-2028* (the Strategic Plan) outlines our future direction to 2028. This is the first year to report on the new Strategic Plan.

Strategic direction

The following key opportunities will be pursued to deliver on our future directions:

Achieving health equity: Lead efforts in achieving health equity for Aboriginal and Torres Strait Islander peoples.

Strengthening the voice of the patient: Leverage the co-design approach for health equity to involve broader and diverse consumers in the design and delivery of health services.

Working with our partners: More networked care across the health continuum and across sectors to increase effective, integrated and sustainable out-of-hospital care models with partners.

Developing our workforce: Pursue opportunities for new workforce models underpinned by education and training to meet the growing and changing community needs for health services.

Leading across the state: Provide leadership, creativity and agility to influence innovative service delivery across the broader health network.

Elevating research and innovation: Advance knowledge and technology across the care continuum to transform healthcare and accelerate the translation of research into clinical practice.

Planning for our community growth: Optimise planned infrastructure investment to meet community service needs.

Commitment to sustainability: Embed environmental sustainability in everything we do.

Through the directions of the Strategic Plan, Metro North Health has a demonstrated and ongoing commitment to respect, protect and promote human rights for everyone, everywhere, every day.

Vision, Purpose, Values

Vision

Excellent healthcare, working together, strong and healthy communities.

Purpose

Together with our community and partners, deliver services informed by research and innovation to improve the health outcomes of our community.

Values

The Metro North Health values reflect the Queensland Government values of Customers first, Ideas into action, Unleash potential, Be courageous, and Empower people.

Our values and behaviours will hold us to account to our community and to ourselves.

Our values are:

- Respect
- Teamwork
- Compassion
- High performance
- Integrity.

Priorities

The Strategic Plan comprises four objectives:

- To always put people first.
- To improve health equity, access, quality, safety and health outcomes.
- To deliver value-based health services through a culture of research, education, learning and innovation.
- To be accountable for delivery of sustainable services, high performance and excellent patient outcomes.

The Strategic Plan demonstrates Metro North Health's commitment to improving health outcomes for Aboriginal and Torres Strait Islander peoples and measures progress against the Health Equity Strategy 2022-2025.

The Strategic Plan objectives will be achieved by the delivery of the following specific strategies:

To always put people first

- Listen to consumers, their carers, staff and partners and involve them in organisational development, governance and decision-making.
- Provide our staff with support, education, training and development opportunities.
- Provide physically and psychologically safe and healthy workplaces and care environments underpinned by a system of fair and ethical decision making for staff and patients.
- Optimise the diversity of our workforce with a focus on those transitioning into and

out of the workforce.

- Develop leadership capabilities of our workforce.

To improve health equity, access, quality, safety and health outcomes

- Develop services close to home with a networked approach to evidence-based service delivery that supports equitable care and continuity of care across and within primary, community, and hospital care.
- Develop strategic partnerships that translate to operational impact.
- Create system capacity through workforce, infrastructure, technology, service development and redesign.
- Build capability to assess patients cultural, social and physical needs, and partner with other sectors for a holistic response.
- Implement integrated digital solutions across Metro North Health.
- Minimise risk by planning for continuity of service delivery.
- Strengthen patient safety systems by fostering a culture of organisation wide learning from variations in care, patient harm and patient feedback.

To deliver value-based health services through a culture of research, education, learning and innovation

- Implement sustainable models of care that provide services in the community and/or home and reduce avoidable demand for hospital services.
- Embed conversations in health in service delivery to empower a diversity of consumers as partners in their health care.
- Leverage strategic collaborations to generate new knowledge through research, evaluating what others have learnt and actively bringing this knowledge into practice.
- Create an environment that promotes innovative approaches to support our people in continuous improvement and organisational learning.
- Collaborate with partners to identify the future workforce and to respond to changing clinical placement requirements.

To be accountable for delivery of sustainable services, high performance and excellent patient outcomes

- Deliver models of service delivery that make most effective use of available and future resources including redirecting investment where evidence supports new or alternative practices.
- Embed a culture of transparency and clinical accountability.
- Embed robust governance processes over programs and projects to attain best possible outcomes.
- Embed a culture of striving to achieve or exceed our Service Agreement Performance Measures.

- Work with our partners to ensure an appropriate balance in health investment between prevention, management and treatment.

Aboriginal and Torres Strait Islander Health

The *Metro North Health Equity Strategy 2022-2025* describes our commitment to drive health equity, eliminate institutional racism across the public health system and achieve life expectancy parity for Aboriginal and Torres Strait Islander peoples by 2031.

Performance snapshot

- Discharge Against Medical Advice (DAMA) rate was 3.09 per cent, slightly higher than the previous year.
- Failure to Attend (FTA) / Missed Opportunity to Treat (MOTT) rate was 9.8 per cent, a slight improvement from the previous year of 10.0 per cent.
- Did Not Wait (DNW) rate in emergency departments (ED) was consistent with the previous year of 4.6 per cent.
- ED Left After Treatment Commenced (LATC) rate was consistent with the previous year of 9.9 per cent.
- Total Potentially Preventable Hospitalisations (PPH) Separations was 11.1 per cent, improving from 11.4 per cent in the previous year. PPH Separations for Diabetes Complications was 2.1 per cent, improving from 2.6 per cent the previous year.
- 622 Aboriginal and Torres Strait Islander babies were born with 89.9 per cent of healthy birth weight (equal or above 2499gm). Whilst the number of births were similar to the previous year, the Healthy Birth weight rate improved by 1.6 per cent.
- 418 Aboriginal and Torres Strait Islander Women gave birth in a Metro North facility.
- Caboolture, Kallangur and Bribie Satellite Health Centres collectively had 6,405 Minor Injury and Illness Clinic (MIIC) presentations from Aboriginal and Torres Strait Islander community members comprising 9.5 per cent of the total presentations.

Key Priority Area – Eliminate Racism

- Respect@Work is the platform for reporting discrimination and racism complaints. It will be ready to receive racism-related reports by 30 June 2025. An intake process is being developed, with a focus on ensuring cultural safety for those making complaints.
- Launched the Metro North Anti-Racism Policy and the Aboriginal and Torres Strait Islander Anti-Racism Policy.
- Metro North Health launched a bold campaign **Stop Racism. It Starts with Me**. The campaign, unveiled at the launch of the second phase of the Metro North Health Equity Strategy, is designed to address unconscious bias and institutionalised racism in healthcare for Aboriginal and Torres Strait Islander peoples. The campaign was co-designed with Aboriginal and Torres Strait Islander staff, patients, and community

members, as part of truth-telling and focusing on what racism looks like, sounds like, and feels like. 31 Ambassadors are supporting staff by championing our anti-racism agenda across the directorates, providing awareness and leading brave conversations.

- Enhanced the Have Your Say staff survey to benchmark and assess cultural integrity of Metro North biannually. The survey was released to staff in May 2025.
- Multiple Executive Directors have successfully developed and implemented Aboriginal and Torres Strait Islander cultural events calendars tailored to their service areas. These calendars are shared with staff via the intranet, staff bulletins, meeting invites, and local communications channels to ensure widespread awareness and participation.
- Commemorated NAIDOC Week celebrations, National Close the Gap Day, and Mabo Day with several community events aimed at reconnecting and celebrating with our Elders, community members and staff, highlighting efforts to achieve health equity for Aboriginal and Torres Strait Islander peoples.
- Queensland Ambulance Service is now an active member of the Aboriginal and Torres Strait Islander Oversight Committee.
- *Our Journey Towards Health Equity Funding Program*, supported implementation of five projects, with these projects three HWF4, one AO8, one AO6 and one NG11 were employed permanently. The five projects were:
 - Building capacity to address institutional racism and implement Cultural Capability Framework
 - Growing Community Connections – Diabetes Wellness
 - Provide accessible and culturally safe kidney care
 - Ngarrama Redcliffe Midwifery Group
 - Expansion of Health Workers in Emergency at Royal Brisbane and Women's Hospital.
- Metro North Health's Accurate Identification Training was developed and launched in the Talent Management System (TMS) system, with 1,125 staff members completing the training.
- Metro North Health works with key partners including the University of Queensland, QUT, Griffith University, CSIRO, and Sunshine Coast Hospital and Health Service. Through the RAUGH partnership with UQ's Institute for Urban Indigenous Health, we are currently supporting eight active research projects focused on improving health outcomes for Aboriginal and Torres Strait Islander peoples.

Key priority area – Access and Engagement

- Nujum Jawa Crisis Stabilisation Unit doors opened in March 2025, located next to The Prince Charles Hospital's emergency department, the service is open 24/7 so people can receive specialised and intensive mental health crisis care in a place that feels more culturally safe than the emergency department.
- UROC and HOPE clinics are now business as usual with 262 patients seen in UROC clinics, 422 in HOPE clinics, and 511 tele-cardiac investigations completed to date.

- Women's Business Shared Pathway operates in multiple locations across Metro North Health catchment including Morayfield, Deception Bay, Pine Rivers and Nundah. Since 2020, 852 Aboriginal and/or Torres Strait Islander women have accessed the service.
- The Deadly Feet program continues to engage community members through outreach at 34 community events. 321 individuals participated in foot health screening and 116 self-referred for formal review, representing 18 per cent of all referrals.
- Mental Health, assertive community follow-up 7 days a week for Aboriginal and Torres Strait Islander clients. Hospital in the Home (HITH) provides acute care at home. Referral pathways to Wayback support services have been established. Aboriginal and Torres Strait Islander Mental Health Worker roles are visible and operational.
- STARS has delivered a dedicated First Nations Gastroenterology patients list since 2024.
- Redcliffe Hospital, Healthy Ageing Clinic launched led by a geriatrician.
- Redcliffe Hospital secured \$4.1M in funding secured over five years through the Growing Deadly Families initiative to support the Redcliffe Ngarrama Midwifery Group Practice (MGP). Ngarrama Community and Consumer Advisory Group established to support governance and co-design.
- Perinatal and Infant Mental Health team now has two Aboriginal and Torres Strait Islander Health Workers and one Community Engagement Officer. The Community Engagement Officer works closely with maternity services, especially with the pilot of the *Baby Coming You Ready* program.
- The Better Together Health Van is helping bring culturally safe care to communities that are hard to reach. Clinics have been run in places like Kilcoy and Cherbourg, with services like Deadly Feet and dental checks now happening regularly. The van also supports health education and screenings at community events like the Murri Carnival and NAIDOC Community Days. Partnerships with local organisations have helped set up ongoing clinics and connect with families, children, and Elders.
- The Medicine Stream is helping make palliative care more culturally safe for Aboriginal and Torres Strait Islander people. They've hired two staff focused on First Nations care, worked with community teams to improve services, and helped design a grief and bereavement model. Regular meetings with First Nations leaders help guide improvements, and practical items like Kam Biman blankets and mobile screens are being added to support culturally respectful care.
- Caboolture Hospital ensure Aboriginal and Torres Strait Islander women and families receive comprehensive support through referrals to the Child Protection Unit (CPU) and the Ngarrama Social Worker.
- Cultural Support Plans are now being utilised across the organisation to support patient care.
- The Hospital Avoidance and Community (HAC) model of care was co-designed with IUIH and MATSICHS. This model incorporates a family-centred approach, including

care for older family members and access to family support services such as respite care.

Key priority area – Workforce Development

- 28 Deadly Start trainees commenced in July 2024 and 21 cadets supported across Nursing, Midwifery, and Allied Health.
- Increase in Identified Leadership positions, welcoming Director, Aboriginal and Torres Strait Islander Mental Health, Director, Royal Brisbane and Women's Hospital Aboriginal and Torres Strait Islander Health Services, Director, Redcliffe Hospital Aboriginal and Torres Strait Islander Health Services and Identified Nursing and Midwifery Director – Women's, Children's and Families.
- "Empower Pathways" Aboriginal and Torres Strait Islander Recruitment Principles endorsed.
- New governance structure to support the recruitment and hiring of all Identified roles across the organisation.
- Talent Portal established to connect candidates with culturally capable staff.
- 75 Aboriginal and Torres Strait Islander staff attended the *Better Together Staff Gathering and Deadly Awards* in December 2024 and 60 attended in February 2025.
- 32 Aboriginal and Torres Strait Islander women attended the Women's Cultural Gathering in October 2024.
- 50 community members attended the Murri Movember Men's Health Day in November 2024.
- Metro North Staff Excellence Awards 2024, two categories dedicated to Aboriginal and Torres Strait Islander Health – First Nations Staff and Improving First Nations Health. These awards recognised Aboriginal and Torres Strait Islander staff also in excellence in integrated care and non-clinical excellences in operations.
- Two Aboriginal and Torres Strait Islander staff members graduated from the Executive Leadership Program (ELP).
- One Aboriginal and Torres Strait Islander staff member is currently a Shadow Senior Executive Team member.
- Social and Emotional Wellbeing Programs completed 92 occasions of service and 96 site visits, supporting staff across multiple locations.
- 17 sessions were delivered to equip managers with skills to provide culturally safe leadership and supervision through the Middle Managers Program.
- 12 Virtual Courageous Conversation About Race sessions with 293 Metro North staff participating.
- 23,499 Metro North staff completed the Cultural Practice Program Orientation.
- 2,353 Metro North staff completed the Cultural Practice Program four hours face to face.
- Work towards Metro North mandating the completion of 4-hour face to face Cultural Practice Program and 1 hour face to face Identification training,

- Metro North Allied Health and Nursing performance development plan templates updated to include cultural capability and racial equity training.

Key priority area – Community Partnerships and Engagement

- Establishing and facilitating Yarning Circles and culturally safe community engagement platforms across their respective services.
- Incorporation of Aboriginal and Torres Strait Islander perspectives into the design of new facilities across multiple sites. Engagement with Traditional Owners and Aboriginal and Torres Strait Islander communities has guided planning, co-design, and cultural enhancements, including healing gardens, cultural artwork, and environmental audits. Facilities such as RBWH, Caboolture, Kilcoy, Woodford, Redcliffe, TPCH, STARS, Mental Health, and Community and Oral Health.
- The Metro North Health Aboriginal and Torres Strait Islander Community and Consumer Engagement Framework and Working with the Aboriginal and Torres Strait Islander Community Practical Guide provides a culturally grounded, strengths-based approach to engaging with Aboriginal and Torres Strait Islander peoples. It recognises the importance of self-determination, cultural identity, and community leadership in shaping health services that are safe, respectful, and responsive.
- A total of 315 people attended the Health Equity Community Consultations held in September 2024 and April 2025, with an additional 250 attendees at the Health Equity Showcase in November 2024.
- 2024 Metro North Health Aboriginal and Torres Strait Islander Health Year in Review launched at the November Health Equity Showcase.
- Four Talk-About Newsletters released between July 2024 and June 2025.
- Joint Regional Needs Assessment (JRNA) conducted through a comprehensive survey and targeted engagement with Aboriginal and Torres Strait Islander community members, resulting in a total of 169 respondents.
- Ongoing engagement with Traditional Owners continues to strengthen relationships and cultural understanding, with dedicated efforts to connect senior executives directly with community leaders.

Our community-based and hospital-based services

Metro North Health provides the full range of health services including rural, regional and tertiary teaching hospitals. It covers an area more than 4,000 square kilometres and extends from the Brisbane River to north of Kilcoy.

Services to patients throughout Queensland, northern New South Wales and the Northern Territory, incorporating all major health specialties including medicine, surgery, psychiatry, oncology, women's and newborns, trauma and more than 30 sub-specialties.

A comprehensive and diverse range of health services are delivered from:

- Royal Brisbane and Women's Hospital (RBWH) and The Prince Charles Hospital (TPCH): tertiary/quaternary referral facilities, providing advanced levels of healthcare

which are highly specialised, such as heart and lung transplantation, genetic health and burns treatment.

- Redcliffe and Caboolture hospitals: major community hospitals providing a comprehensive range of services.
- Kilcoy Hospital: a regional community hospital.
- Surgical, Treatment and Rehabilitation Service (STARS): a 100-bed public health facility located at Herston.
- Satellite health centres in the communities of Bribie Island (Yarun), Caboolture (Kabul) and Kallangur (Kalangoor) which provide local residents minor injuries and illness clinic, oral health services, medical imaging and Aboriginal and Torres Strait Islander Health Hub. Kidney Health Services and the Healthy Ageing Assessment and Rehabilitation Team is provided at Kalangoor while Kabul offers sleep services and consultation as well as Older Persons Mental Health Services and Caboolture Adult Mental Health Services. Yarun offers Kidney Health Services, Medical Imaging as well as Perinatal and Outpatient Mental Health Services.
- Virtual Emergency Department (statewide), available 7 days a week for people needing urgent non-life threatening care.
- Mental health, community, and oral health services: provided from many sites including hospitals, community health centres, residential and extended care facilities, mobile service teams and the Oral Health Centre School of Dentistry in partnership with The University of Queensland (UQ).
- A dedicated public health unit focused on preventing disease, illness and injury and promoting health and wellbeing across the community.
- Woodford Correctional Centre: provides offender health services.
- The statewide Clinical Skills Development Service is one of the world's largest providers of healthcare simulation training.
- Health support services to Norfolk Island as part of a formal Intergovernmental Agreement between the Commonwealth and Queensland governments.

Metro North Health delivers a number of statewide services which require a high degree of specialisation and complexity:

- Adult Burns Service Clinical Statewide Service
- Queensland Eating Disorder Service (adults) Clinical Statewide Service
- Clinical Genetics Clinical Statewide Service
- Heart Transplant (adults) Clinical Statewide Service
- Lung Transplant (adults) Clinical Statewide Service
- Hospital Alcohol and Drug Services (adults) Clinical Statewide Service
- NeoRESQ Retrieval Services (Neonates) Clinical Statewide Service
- CAR-T cell service (adults) Clinical Statewide Service

- Queensland – The Radiopharmaceutical Centre of Excellence (Q-TRACE) Statewide Clinical Support Service
- Pelvic exenteration (PE) surgery.

In addition to statewide services, the RBWH hosts the Queensland Adult Specialist Immunisation Service (QASIS) which provides vaccination advised to Queenslanders over 16 years of age with complex medical conditions as well as those who have experienced or are at risk of an adverse event following immunisation.

Metro North Health issued 25,625 car parking passes in 2024-2025 to patients and their families and carers valued at \$292,523.72 under the *Hospital Car Parking – Patient and Carer Car Parking Concessions Standard*.

Targets and challenges

With health services delivered to a catchment population of more than 1 million people, Metro North Health is the largest health service in Australia. Our footprint extends across Queensland, northern New South Wales, and the Northern Territory for several critical clinical services in these communities. We deliver a range of emergency, surgical, specialist and outpatients services to patients in all hospital and health services across Queensland.

Growing community need: Increasing pressure on available funding (including own source revenue), constraints of current funding models with increased cost of supply (labour and non labour including low value care) may impact ability to respond to service demand and community needs and expectations.

Sustainability: Lack of attention to natural and built environment in Metro North, the changing climate, natural disasters and the scale and frequency of global events including pandemics and conflicts will impact on our ability to respond to the health needs of our community and capitalise on opportunities when presented.

System and Partner Dependencies: Relationships and interfaces across the system may not be adequately managed to deliver the most effective, efficient and sustainable health services.

Digital Transformation and Cyber Security: Failure to successfully execute digital transformation would adversely impact patient outcomes, service delivery, research and clinical partnerships and organisational viability. Inadequate processes to prevent and/or respond to cyber threats may result in loss or corruption of sensitive information and cause critical service disruption compromising patient care and organisational performance.

Assets and Infrastructure: Ageing infrastructure with inadequate funding may lead to Metro North carrying an increasing liability for building asset performance resulting in impacts on clinical service delivery. Failure to maintain assets and essential systems would adversely impact patient and services outcomes and security of critical infrastructure.

Workforce: There is a growing gap between workforce supply and community demand with traditional solutions insufficient and no longer fit for purpose. Failure to take a system-wide approach to workforce solutions, considering current staff wellbeing, future demand and technological impacts will result in an ongoing deterioration of the workforce ecosystem.

Community confidence: Inability to meet our community expectations can lead to community loss of confidence in Metro North Health which will impact on our reputation and the health and wellbeing of our community.

Our services will support equity of access and health outcomes for all, particularly those who are at most risk of poorer health outcomes. With innovative partnerships across the health sector, we will work collectively to achieve health equity for our Aboriginal and Torres Strait Islander community and other communities with health disparities.

We will focus on approaches that will improve the wellbeing and retention of our staff which will enable us to improve the patient experience and work with our partners to better connect care and improve outcomes. We will work with our existing partners, our diverse community and develop new partnerships to deliver responsive, integrated, connected and quality frontline services to strengthen the delivery of public health care for the people and communities we serve.

Governance

Our people

Board membership

The Metro North Health Board (the board) is appointed by the Governor in Council on the recommendation of the Minister for Health, Mental Health and Ambulance Services and Minister for Women and is responsible for the governance activities of the organisation, deriving its authority from the *Hospital and Health Boards Act 2011 (Qld)* and the *Hospital and Health Boards Regulation 2023 (Qld)*.

The functions of the board include:

- Developing the strategic direction and priorities for the operation of Metro North Health.
- Monitoring compliance and performance.
- Ensuring safety and quality systems are in place which are focused on the patient experience, quality outcomes, evidence-based practice, education, and research.
- Developing plans, strategies, and budgets to ensure the accountable provision of health services.
- Ensuring risk management systems are in place and overseeing the operation of systems for compliance and risk management reporting to stakeholders.
- Establishing and maintaining effective systems to ensure that the health services meet the needs of the community.

The board comprises independent members, strengthening local decision-making and accountability for health policies, programs, and services within Metro North Health. Each board member brings a wealth of experience and knowledge in public, private and not-for-profit sectors with a range of clinical, health and business experience.

During 2024-2025, the membership of the board did not change.

A schedule of board member attendance at board and statutory committee meetings for 2024-2025 is available on page 23.

Board meetings for 2024-2025 were held at locations including Brighton Health Campus, RBWH, STARS, Caboolture Hospital, TPCH, Nundah Community Health Centre, Kilcoy Hospital, Rosemount Health Campus, and the heritage-listed Edith Cavell building located in the Herston Health Precinct.

The board held consumer engagement sessions at several board meetings to hear feedback from patients, health consumers and community members. The board also visited clinical and non-clinical areas and engaged with staff during board meetings at all facilities including the Public Health Unit and Multicultural Health Team.

Chairs and members of government bodies (whether they are paid or unpaid) are eligible to be reimbursed for reasonable out-of-pocket-expenses including domestic travel, accommodation costs, motor vehicle allowances and meals. Out- of-pocket expenses incurred by the board in 2024-2025 are provided on page 23.

Board committees

The following legislated committees support the functions of the board, each operating with terms of reference describing the purpose, role, responsibilities, composition, structure, and membership.

Executive Committee

The role of the Executive Committee is to support the board by working with the Chief Executive to progress strategic issues and ensure accountability in the delivery of services within Metro North Health.

The committee oversees the development of the Strategic Plan and monitors performance, the development of the clinician, consumer and community engagement strategies and the primary healthcare protocol and works with the Chief Executive in responding to critical and emergent issues.

Committee membership: Bernard Curran (Chair), Dr Meg Cairns, Dr PJ Sobhanian and Dr Peter Aitken PSM.

Safety and Quality Committee

The role of the Safety and Quality Committee is to provide strategic leadership in relation to clinical governance. The committee oversees the safety, quality and effectiveness of health services and monitors compliance with plans and strategies, while promoting improvement and innovation for the safety and quality of services within Metro North Health.

Committee membership: Dr Meg Cairns (Chair), Bernard Curran, Linda Lavarch, Dr Peter Aitken PSM, and Dr Shea Spierings.

Risk and Audit Committee

The role of the Risk and Audit Committee is to oversee the internal and external audit function and matters relating to risk and compliance for financial, accounting, and legislative requirements.

The committee provides independent assurance and assistance to the board on the risk, control and compliance frameworks and external accountability responsibilities as prescribed in the *Financial Accountability Act 2009*, *Auditor-General Act 2009*, *Financial Accountability Regulation 2009* and *Financial and Performance Management Standard 2019*.

The committee observed the terms of its charter and had due regard to the *Queensland Treasury Audit Committee Guidelines*.

Committee membership: Dr PJ Sobhanian (Chair), Adrian Carson AM, Bernard Curran, Honourable Jane Prentice, and Dr Meg Cairns.

Finance and Performance Committee

The role of the Finance and Performance Committee is to oversee the financial performance, systems, risk, and requirements of Metro North Health.

The committee reviews the financial strategy, financial policies, annual operating plans and capital budgets, cash flows and business plans to ensure alignment with key strategic priorities and performance objectives.

Committee membership: Dr Peter Aitken PSM (Chair), Aimee McVeigh, Bernard Curran, Nera Komaric, and Dr PJ Sobhanian.

Hospital Foundations

In accordance with the *Hospital Foundations Act 2018*, the Chair or a representative of the Chair is a member of the Hospital and Health Service Hospital Foundation. During 2024-2025, Nera Komaric represented the board on TPCF Foundation (The Common Good), and the Honourable Jane Prentice on the RBWH Foundation.

Other board committees (non-legislated committees)

Board First Nations Health Equity Committee

The role of the Board First Nations Health Equity Committee is to support the board by:

- Monitoring the implementation of the *Metro North Health Equity Strategy 2022-2025*.
- Meeting the requirements set out in the *Hospital and Health Boards Act 2011* and *Hospital and Health Boards Regulation 2023* for achieving health equity for First Nations peoples.

Committee membership: Adrian Carson AM (Chair), Bernard Curran, and Dr Shea Spierings.

Board Consumer & Community Advisory Committee

The purpose of the Board Consumer and Community Engagement Committee is to oversee and guide consumer and community engagement in the development and strategic direction of Metro North Hospital and Health Services, ensuring that the perspectives of diverse demographics and the influence of social determinants of health are duly considered, and that their input shapes critical decisions and initiatives.

Committee membership: Aimee McVeigh (Chair) and Nera Komaric.

Health Alliance Joint Board Committee

The role of the Health Alliance Joint Board Committee is to work collaboratively across Metro North Health and Brisbane North PHN boards to address the health needs of our population by building on the strength of our entire primary, secondary, and tertiary health network.

Metro North Health committee members: Bernard Curran, Linda Lavarch and Dr Meg Cairns.

Table 1 Government bodies reporting

Name of Government body	<i>Metro North Hospital and Health Service</i>
Act or instrument	<i>Hospital and Health Boards Act 2011</i>
Functions	Reported throughout the Annual Report

Achievements	Reported throughout the Annual Report
Financial reporting	Refer to p.57 of Annual Report

REMUNERATION					
Position	Name	Meetings/session attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Chair	Bernard Curran	30 (13 Board / 17 Committee)	\$85,714 pa	\$4,000 pa Committee Chair \$3,000 pa Committee Member	\$112,000
Board Member	Adrian Carson AM	14 (11 Board / 3 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$54,000
Board Member	Aimee McVeigh	16 (10 Board / 6 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$54,000
Board Member	Hon Jane Prentice	18 (13 Board / 5 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$54,000
Board Member	Linda Lavarch	16 (11 Board / 5 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$54,000
Board Member	Dr Meg Cairns	25 (13 Board / 12 Committee)	\$44,503 pa	\$4,000 pa Committee Chair \$3,000 pa Committee Member	\$62,000
Board Member	Nera Komaric	18 (11 Board / 7 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$57,000
Board Member	Dr Peter Aitken	28 (11 Board / 17 Committee)	\$44,503 pa	\$4,000 pa Committee Chair \$3,000 pa Committee Member	\$62,000
Board Member	Dr Poya (PJ) Sobhanian	26 (13 Board / 13 Committee)	\$44,503 pa	\$4,000 pa Committee Chair \$3,000 pa Committee Member	\$62,000
Board Member	Dr Shea Spierings	18 (12 Board / 6 Committee)	\$44,503 pa	\$3,000 pa Committee Member	\$54,000
No. scheduled meetings	Board (13); Executive Committee (4); Safety & Quality Committee (6); Risk & Audit Committee (5); Finance & Performance Committee (7).				
Total out of pocket expenses	\$420.75				

Board members

Bernard Curran BBus (QUT), FCA, FAICD, FTIA

Board Chair and Chair, Executive Committee

Appointed: 18 May 2018

Current term: 1 April 2024 to 31 March 2026

Chair, Finance and Performance Committee 18 May 2018 to 31 May 2020

Chair, Risk and Audit Committee 31 May 2020 to 31 March 2024

Bernard Curran is a Chartered Accountant and has practised in the areas of taxation and business advisory for a range of clients and industry sectors including healthcare.

He retired as a Partner of BDO on 30 June 2021 after 30 years and continues with the firm in a consulting role. Bernard has held directorships on a number of private company boards and serves as chair and a member of a number of Advisory Boards.

Bernard holds a Bachelor of Business – Accountancy from QUT. During 2017 he was appointed an Executive in Residence – Visiting Fellow for the Accountancy School at QUT. He is a Fellow of Chartered Accountants Australia & New Zealand, a Fellow of the Australian Institute of Company Directors, and Fellow of the Taxation Institute of Australia.

Bernard has also been actively involved in serving on not-for-profit Boards. He was the Chair of Crèche and Kindergarten Association Limited from 2012 to 2017. He also served as a Director of Australian Children's Education & Care Quality Authority during 2014 and 2015.

He became a Director of The Prince Charles Hospital Foundation in 2008 and became Chair of its Board in 2012 until December 2018. In 2017, he was appointed to the Board of Governors of the Queensland Community Foundation. In 2022, he joined the Management Committee of Caxton Legal Centre, and is currently the Treasurer.

Dr Meg Cairns MBBS, FRACGP, GAICD

Deputy Chair and Chair, Safety and Quality Committee

Appointed: 1 April 2022

Current term: 1 April 2024 to 31 March 2026

Dr Melissa (Meg) Cairns is a specialist general practitioner with over 30 years' experience, currently practising in Ashgrove. Prior to that, she worked in Queensland Health hospitals in Brisbane and Maryborough, and in General Practice in Brisbane and Toowoomba.

Meg is also a GP Liaison Officer with Metro North Health, Chair of the Brisbane North Primary Health Network (PHN) Clinicians' Advisory Group and a Member of the Brisbane North PHN Clinical Council.

Meg is a member of a number of Metro North Health and Queensland Health committees including the Queensland Maternal and Perinatal Quality Council, and the Queensland Paediatric Quality Council. She is a senior lecturer at The University of Queensland, Faculty of Medicine. Meg is passionate about improving patient care through collaboration across health sectors and through effective communication and education.

Meg holds a Bachelor of Medicine, Bachelor of Surgery from the University of Queensland, is a Fellow of the Royal Australian College of General Practitioners and is a Graduate of the Australian Institute of Company Directors.

Adrian Carson AM GCertHServMgt

Member and Chair, Board First Nations Health Equity Committee

Appointed: 18 May 2017

Current term: 1 April 2024 to 31 March 2028

Adrian Carson joined Metro North Health in May 2017 and has nearly 30 years' experience in Aboriginal and Torres Strait Islander health across government and non-government organisations. As the former Chief Executive Officer (CEO) of the Institute for Urban Indigenous Health, Adrian held a leading role in the coordination of planning, development and delivery of comprehensive primary healthcare and integrated social support services to Aboriginal and Torres Strait Islander communities across South East Queensland.

He has served as CEO of Queensland Aboriginal and Islander Health Council (QAIHC), the peak body for the Aboriginal and Torres Strait Islander community controlled health sector in Queensland, and has previously worked with both the Queensland and Australian Governments. Adrian has held directorships on the National Aboriginal Community Controlled Health Organisation (NACCHO), the QAIHC, Health Workforce Queensland and the Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd.

Adrian holds a Graduate Certificate in Health Service Management from Griffith University and is completing a Master of Business Administration from The University of Queensland. In 2024, Adrian was made a Member of the Order of Australia (AM) for significant service to Indigenous health through research and development programs. He is currently Principal with Create Health Advisory.

Aimee McVeigh LLM, LLB, B Com, Grad Dip, Legal Prac, GAICD

Member and Chair Board Consumer and Community Engagement Committee

Appointed: 1 April 2024

Current term: 1 April 2024 to 31 March 2028

Aimee McVeigh is the Chief Executive Officer of QCOS (Queensland Council of Social Service) and a strong advocate for equality, opportunity, and wellbeing for all Queenslanders. As a community lawyer and human rights advocate, Aimee led the successful campaign for a Human Rights Act for Queensland. Aimee has qualifications in communications and law, attaining a Master of Laws (International and Public Law) from the University of Melbourne.

Her work as a lawyer focussed on human rights and discrimination, guardianship, estate planning, child protection and domestic violence. Prior to joining QCOS, she worked in various senior and advisory roles, including at the Disability Royal Commission, Disability Law Queensland and the Aboriginal and Torres Strait Islander Women's Legal and Advocacy Service.

Aimee has been engaged by the United Nations Special Rapporteur on the rights of Indigenous peoples as a gender advisor and has worked with a number of non-profit organisations in Queensland, including during the Child Abuse Royal Commission. She was also a state finalist for the 2017 Australian of the Year Awards, and a finalist for the 2019 Australian Human Rights Commission Human Rights Medal.

She has worked across a range of project streams including, child protection, domestic and family violence services, family and relationship services and disability services.

Honourable Jane Prentice

Member and Board Representative of RBWH Foundation

Appointed: 1 April 2024

Current term: 1 April 2024 to 31 March 2028

The Honourable Jane Prentice is a former Australian politician who served as a member of the House of Representatives from 2010 to 2019, representing the Division of Ryan in Queensland. In 2016 Jane was appointed to serve as the Assistant Minister for Social Services with specific responsibility for the National Disability Insurance Scheme (NDIS).

Prior to her election to Federal Parliament, Jane served for 10 years as a Councillor for the Brisbane City Council ward of Walter Taylor. She was also Leader of the Opposition and in 2006 Jane was appointed by the Lord Mayor to chair the City's Water and Sewerage Infrastructure Assets Review. In 2008 Jane was appointed to Civic Cabinet to Chair Public and Active Transport and Economic Development for Brisbane City Council.

Jane is passionate about using the skills gleaned from years in private enterprise and her extensive political network to support her many voluntary roles including the Queensland Eye Institute Foundation, Zonta International and Friends of BUSHkids. Jane is also the President of Scouts Queensland and President of Tennis Queensland.

Before entering public life, Jane owned and managed a successful convention and event management firm and was responsible for organising many of Queensland's largest events.

Linda Lavarch LLB; Grad Dip, Leg Prac

Member

Appointed: 1 April 2024

Current term: 1 April 2024 to 31 March 2028

Linda has had a diverse career spanning legal, political, union, and advisory roles, as well as extensive experience in organisational governance and strategic leadership.

She was a Labor Party member of the Queensland Parliament from 1997 to 2009, representing the seat of Kurwongbah in Brisbane's outer northern region. Throughout her political tenure Linda undertook pivotal roles such as the Parliamentary Secretary to the Minister for State Development and Innovation, the Minister for Energy, and the Minister for Aboriginal and Torres Strait Islander Policy, culminating in her appointment as Minister for Justice and Attorney-General. After retiring from the Queensland Parliament Linda joined the team at the Australian Centre for Philanthropy and Nonprofit Studies (ACPNS) at QUT co-ordinating a Nonprofit Law project aimed at streamlining the laws that regulate charities and not-for-profits in Australia. She has remained connected to ACPNS and now serves as Chair of the Centre's Advisory Board. From 2015 to 2021, Linda served as the Director of Member and Specialist Services with the Queensland Nurses and Midwives' Union (QNMU).

Currently, Linda holds the position of non-executive Director on QNMU Law an incorporated legal practice established by the QNMU.

Additionally, Linda serves as the Chair of the State Government Work Health and Safety (WHS) Board which advises the Minister for Industrial Relations on the safety and well-being of workers across the state. Linda's extensive experience serving on Boards also includes being Chair of the Board of Screen Queensland (2018-2022), Deputy Chair of the Australian Cervical Cancer Foundation (ACCF) (2008-2018) and a Director of Hockey Queensland (2007-2012). Linda is also the current President of Volunteering Queensland.

With a deep commitment to serving the community and advancing the wellbeing of individuals, Linda has across legal, parliamentary, union and board roles, promoted and contributed to access to justice, the rights and wellbeing of workers, medical research, and reforms to maximise the impact of the philanthropic sector in Australia.

Nera Komaric LLB, MPH

Member and Board Representative of TPCH Foundation

Appointed: 18 May 2021

Current term: 1 April 2024 to 31 March 2026

Nera Komaric has over three decades of experience in the community and health sectors, both within Australia and internationally. She is a co-founder and Director of World Wellness Group, a primary health care social enterprise focused on achieving health equity by providing health and wellness services and working to enhance the healthcare system. Nera is also an Adjunct Senior Fellow in the School of Clinical Medicine's Primary Care Clinical Unit at The University of Queensland.

Her career has included leading the statewide program for Culturally and Linguistically Diverse (CALD) populations and the Chronic Disease Strategy, where she was instrumental in developing innovative strategies for managing chronic diseases among CALD populations. She was notably appointed as the Croatian Government's Focal Point in the European Migration Network. Prior to this, Nera consulted with international and national authorities, including the Organisation for Economic Cooperation and Development (OECD), with a focus on combating human trafficking, particularly for sexual exploitation. She has also extensively worked with newly arrived migrants and refugees and co-founded the Centre for Research, Education, Sexual Violence, and Services for Survivors in Croatia.

Nera's background spans law, primary health care, public health, and health research. Her career encompasses the design, establishment, and delivery of services, research and evaluation projects, policy development, and strategy implementation in areas such as CALD health, integrated models of health care for CALD communities, chronic disease prevention and management, workforce development, and health services research. Her primary interests are in social justice and the application of evidence-based practices, with a particular focus on vulnerable populations.

Dr Peter Aitken PSM MBBS, FACEM, EMDM, MClinEd, DrPH, EMBA(Hons), GAICD

Member and Chair, Finance and Performance Committee

Appointed: 1 April 2024

Current term: 1 April 2024 to 31 March 2028

Dr Peter Aitken has a background as an emergency physician with additional qualifications in clinical education, disaster health and business administration, and most recently was the Executive Director of the Disaster Management Branch in Queensland Health.

He has a long history in emergency and disaster health, across operations and service delivery, teaching and research, and management. He has also served with multiple academic programs, professional committees and research groups within Australia and overseas including as Adjunct Professor with QUT, the World Association for Disaster and Emergency Medicine (board member and Vice President), and as Chief Medical Officer for St John Ambulance Australia. He was a leader within his organisation and across government for the duration of the global COVID-19 pandemic, providing clarity, direction and perspective to colleagues and counterparts alike through a variety of roles such as Deputy Chief Health Officer and briefly as Chief Health Officer.

Peter's strength is bringing people and agencies together to contribute to the goal of keeping communities safe and healthy.

Dr Poya John Sobhanian BDSc (UQ), GAICD

Member and Chair, Board Risk and Audit Committee

Appointed: 1 April 2024

Current term: 1 April 2024 to 31 March 2026

Dr Poya John Sobhanian (PJ) graduated from the University of Queensland as a Dentist in 2010. As a clinician he is a strong advocate of partnerships and patient-powered preventative healthcare. PJ has undertaken further training and qualifications in Governance from the Australian Institute of Company Directors, and in Data Privacy and Technology from Harvard Business School.

PJ has an entrepreneurial commercial background through his former private dental practice, Sunvalley Dental. He also has extensive, high-level, board experience as a non-executive director across a range of industries including health, local government, natural resources and transport.

PJ previously served as a board member of the Central Queensland Hospital and Health Service (CQHHS) for eight years, and as Chair of the Audit and Risk Committee of CQHHS for over four years. PJ has also served on the boards, and audit and risk committees, of Gladstone Area Water Board and Gladstone Ports Corporation. He was also an independent local government councillor at Gladstone Regional Council, where he was the Chair of Commercial Services Committee, leading oversight on Council businesses such as the airport and water services, and strategically driving sustainable economic development.

Dr Shea Spierings BA (Hons), PhD, GAICD

Member

Appointed: 1 April 2024

Current term: 1 April 2024 to 31 March 2028

Dr Shea Spierings is the Director of the Knowledge and Research Centre for the IUIH Network in South East Queensland, Australia's first Aboriginal community controlled research centre. Here he leads a network-wide program of research, monitoring, and evaluation in partnership with key stakeholders across South East Queensland.

Shea is an experienced company director with three current appointments. He serves as Chair of Country to Coast Queensland, responsible for ensuring primary healthcare access for 900,000 people across Central Queensland, Wide Bay and the Sunshine Coast, and as a Board Member of Health and Wellbeing Queensland. He has previously worked across a variety of sectors including academia, foreign policy, construction and security.

Shea holds a Bachelor of Arts (Hons) and Doctor of Philosophy (PhD) from The University of Queensland, and is a Graduate of the Australian Institute of Company Directors.

Executive management

The board appoints the Health Service Chief Executive (HSCE), noting that the appointment is not effective until approved by the Minister under section 33 (2) of the *Hospital and Health Boards Act 2011*. The board delegates the administrative function of Metro North Health to the HSCE and those officers to whom management is delegated.

The HSCE's responsibilities are:

- Managing the performance and activity outcomes for Metro North Health.
- Providing strategic leadership and direction for the delivery of public sector health services in the hospital and health service.
- Promoting the effective and efficient use of available resources in the delivery of public sector health services in the hospital and health service.
- 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.

Executive team

Chief Executive, Adjunct Professor Jackie Hanson BNSc

Jackie has extensive leadership experience in executive, strategic and senior operational roles spanning more than 20 years across public health systems in Queensland and South Australia.

Through strong leadership and influence, Jackie has led successful transformations within South Australia in her role as the CEO of Northern Adelaide Public Health Network. As Executive Director Operations and Chief Operating Officer at Sunshine Coast Hospital and Health Service, she has also made significant achievements strengthening staff engagement and redesigning care.

Throughout her career, from the bedside to Chief Executive, Jackie's commitment has remained focussed on increasing access and equity particularly for Aboriginal and Torres Strait Islander peoples, ensuring high quality safe services and improving patient outcomes and experience through the healthcare system, research, innovation, and partnerships both nationally and internationally across a wide range of sectors.

Jackie is a respected leader with a collaborative style and people focused approach which strongly aligns with the Metro North Health values of Respect, Integrity, Compassion, High Performance and Teamwork. She holds a Bachelor in Nursing Science and previously was a registered nurse specialising in the fields of peri-operative, clinical care and neurosurgery.

Chief Operating Officer, Stephen Eaton MSc, BSc (hons), ACMA

Originally from the United Kingdom, Stephen brings more than 20 years of operational leadership experience to the role of Chief Operating Officer for Metro North Health. Most recently, he was Chief Operating Officer for Townsville Hospital and Health Service where in addition to day-to-day operational performance and significant infrastructure and clinical improvements, he led the health service's response and recovery to COVID, cyclones, and flooding.

Stephen's extensive experience includes strategic, operational, governance and financial management roles in the private, international aid, and public healthcare sectors in the UK, Europe, Southeast Asia, and Queensland.

As Metro North Health COO, Stephen's portfolio includes providing effective strategy, leadership, and direction for Metro North's clinical and operational services to ensure quality health care delivery and continuous improvement. These services include Metro North's six hospitals, three satellite health centres, and community, oral, public health and mental health services.

He holds a Master of Science in Public Health, specialising in Health Services Management and a Bachelor of Science (Hons) in Mathematics for Management.

Chief Finance and Corporate Officer, Robert Graham (acting) BAacct (Accounting)

Robert joined Metro North with three decades of business-facing management experience. He has worked in various roles in private and public healthcare, during which time he was involved in the support and enabling of business.

Robert has a grounded understanding of the Queensland public health system having been Chief Finance Officer and Chief Operating Officer in multiple health jurisdictions. He has led successful business improvement programs and supported HHSs in their return to sustained and efficient growth. He holds a Bachelor of Accounting and is a Fellow of the Australian College of Health Service Executives.

He leads the development of Metro North Health's financial strategy and the management of financial risks and opportunities. His portfolio includes Business Advisory, Financial Control, Health Funding and Analysis, Legal Services, Health Information Policy, and Governance.

Executive Director Clinical Governance, Adjunct Associate Professor, Grant Carey-Ide, RN, EMPA

Grant provides strategic leadership, direction, and day to day management of Metro North Health's governance, quality and risk functions to optimise quality health care, statutory and policy compliance and continuously improving business outcomes.

Grant is an experienced health leader, having worked across three Australian jurisdictions. He is a registered nurse by profession and holds an Executive Masters degree in Public Administration. He has worked across acute, community and mental health settings, and is passionately committed to patient safety and the quality-of-care health services provide, as well as the achievement of health equity for First Nation peoples.

He provides strategic leadership for clinical governance, patient safety, quality improvement, risk, and compliance management as well as the Clinical Skills Development Service.

Executive Director Clinical Services, Dr Jason Jenkins MBBS, FRACS General Surgery, FRACS Vascular Surgery

Jason is a Vascular Surgeon within Metro North Health and is the RBWH Director of Vascular Surgery. In addition, he is the Executive Director of the MNH Surgery and the Director of Procedural Services for STARS.

He graduated from Sydney University in 1987 and commenced work at St Vincent's Hospital in Sydney before moving to The Prince Charles Hospital in 1990. Awarded FRACS in General Surgery in 1994 while working at RBWH. In 1996 Jason was awarded FRACS in Vascular surgery. He has worked for the past 35 years in Metro North.

Jason is responsible for monitoring and strategically directing the performance of Metro North Health's clinical streams, including provision of data sets to help understand issues and opportunities for clinical performance across Metro North Health.

Clinical Services work with the Primary Health Networks (PHN) around community programs and partnerships. Clinical Services also manages the development, implementation and reporting of clinical projects and models of care across Metro North Health, as well as innovation programs and ideas via the Helix Hub and relevant parties.

Chief Digital Health Officer Dr Jason Brown BDS (Hons) MBBS FRACS

Dr Jason Brown is a burns and general surgeon, the Director of the Stuart Pegg Adult Burns Centre (RBWH), and the Chief Digital Health Officer, Metro North Health.

He started in Queensland Health working in rural and remote dental practice in 1996. His association with Metro North Health started in 2006 as a general surgery trainee, taking up a position in the burns service at RBWH in 2012. He is passionate about delivering innovative, person-centred healthcare and optimal patient outcomes.

He is also currently the clinical lead for the Burns Research Program at the Herston Biofabrication Institute (HBI), where he leads a diverse team that is focussed on projects aimed at improving burns care through translational research.

As the Chief Digital Health Officer Jason leads *Digital Metro North* which implements the HHS's strategic ICT initiatives and oversees the functions of data, analytics, and application

development; clinical informatics, training and adoption; Queensland Digital Academy; portfolio services; digital operations; governance and strategic initiatives.

Chief People and Culture Officer, Brett Bourke (acting)

Brett delivers strategic human resources leadership for more than 25,000 people working in geographically dispersed locations across Metro North Health.

Brett provides strategic and operational leadership of recruitment and advisory services, workplace relations, health and safety, systems and reporting, organisational development strategy and programs, health workforce reform and transformation, and business improvement.

He has a strong background in leadership, having held several corporate roles in the private sector, tertiary education and public sector in Queensland and Tasmania. He is an experienced employment and industrial relations specialist who has a strong understanding of contemporary workforce planning, building capability, talent acquisition and workplace health and safety. Brett joined Metro North Health as General Manager Workplace Relations in 2019.

Executive Director Aboriginal and Torres Strait Islander Health Sherry

Holzapfel BNur, MMid, MAppMgt

Sherry Holzapfel is a proud Yidinji woman from the Atherton Tablelands and has cultural bloodline connections with the Kuku-Thaypan tribe from Laura, the Gungarri tribe from Mitchell and the Butchulla tribe from K'gari (Fraser Island).

Sherry has over 25 years of extensive health experience, working in a variety of roles including health worker, registered nurse and midwife, management and senior leadership roles within Queensland Health and the Aboriginal community-controlled primary health care sector.

Sherry's priority is community and clients. She demonstrates daily that their voices, lived experience and stories are heard. Sherry listens and learns with her community and follows through by ensuring better health outcomes, improved access, and the delivery of culturally appropriate services.

Sherry led the implementation of the Metro North Health Equity Strategy which made history as the first strategy of its kind launched across the state. She worked in true co-design and consultation with the community and stakeholders and remains committed to achieving life expectancy parity for Aboriginal peoples and Torres Strait Islander peoples by 2031.

Sherry holds a Bachelor of Nursing and a Master of Midwifery from the University of Southern Queensland (USQ) and a Master of Applied Management at University of Newcastle. She was awarded the 2021 USQ Alumni of the Year for Health and Wellbeing.

Chief Medical Officer, Dr Liz Rushbrook, CSC, MBBS, MHA, FRACMA, RANR

Dr Liz Rushbrook is a specialist medical administrator who graduated Medicine from The University of Queensland in 1994. She has extensive medical and military experience and is a fellow of the Royal Australasian College of Medical Administrators.

Liz provides professional leadership of the medical workforce in the areas of workforce planning, strategic direction and innovation, professional education, workforce development and research.

Liz initially worked as a young doctor in Queensland before serving in the Royal Australian Navy. She rose steadily through the Navy ranks as a Medical Officer to Commodore, serving ashore and afloat before returning to Queensland in 2016. She is passionate about emergency and disaster management, business continuity, medical workforce wellbeing, and management and clinical governance.

Liz separately serves as a Member and Director of the Australian Medical Council (Member with experience as a Senior Executive of an Australian Public Hospital) and as a Director (and Chair) of Disaster Relief Australia.

Chief Nursing and Midwifery Officer Adjunct Professor Alanna Geary RN BN MHS_c FACN

Adjunct Professor Alanna Geary has a nursing and midwifery career spanning more than 40 years and has worked in various specialties including surgery, intensive care, orthopaedics, general medicine, infection control and cancer care.

Alanna provides professional leadership and service oversight for nurses and midwives across Metro North Health in the areas of workforce planning, strategic direction and innovation, professional education, workforce development, research and academy.

Alanna holds a Master of Health Science, and is an Adjunct Professor at Queensland University of Technology, University of Queensland, Griffith University and Australian Catholic University. In 2022, Alanna won Healthcare Alumnus of the Year for Griffith University and was Highly Commended Alumnus in Health and Wellbeing, University of Southern Queensland. She is a Fellow of the Australian College of Nursing.

Chief Allied Health Practitioner, Perry Judd (acting) BPhy, GCHlthSc.(Hlth Svs Mgmt)

Perry Judd is Metro North's Acting Chief Allied Health Practitioner. His substantive role as Director of Allied Health Services at The Prince Charles Hospital encompasses nutrition and dietetics, occupational therapy, physiotherapy, podiatry, psychology, social work, speech pathology and many other health professionals. He has a keen interest and passion for research translation and innovation, and been the recipient of numerous research support and quality improvement awards.

Perry provides professional, strategic direction and operational influence to oversee the successful delivery of complex transformational and change programs within allied health to ensure optimal patient care and outcomes. He sponsors the Collaborative for Allied Health Research, Learning and Innovation (CAHRLI) for over 35 allied health professions and roles.

Perry has the executive portfolio for improving the health outcomes for people living with a disability and multicultural health.

Executive Director Office of the Chief Executive and Communications, Vivienne Hassed

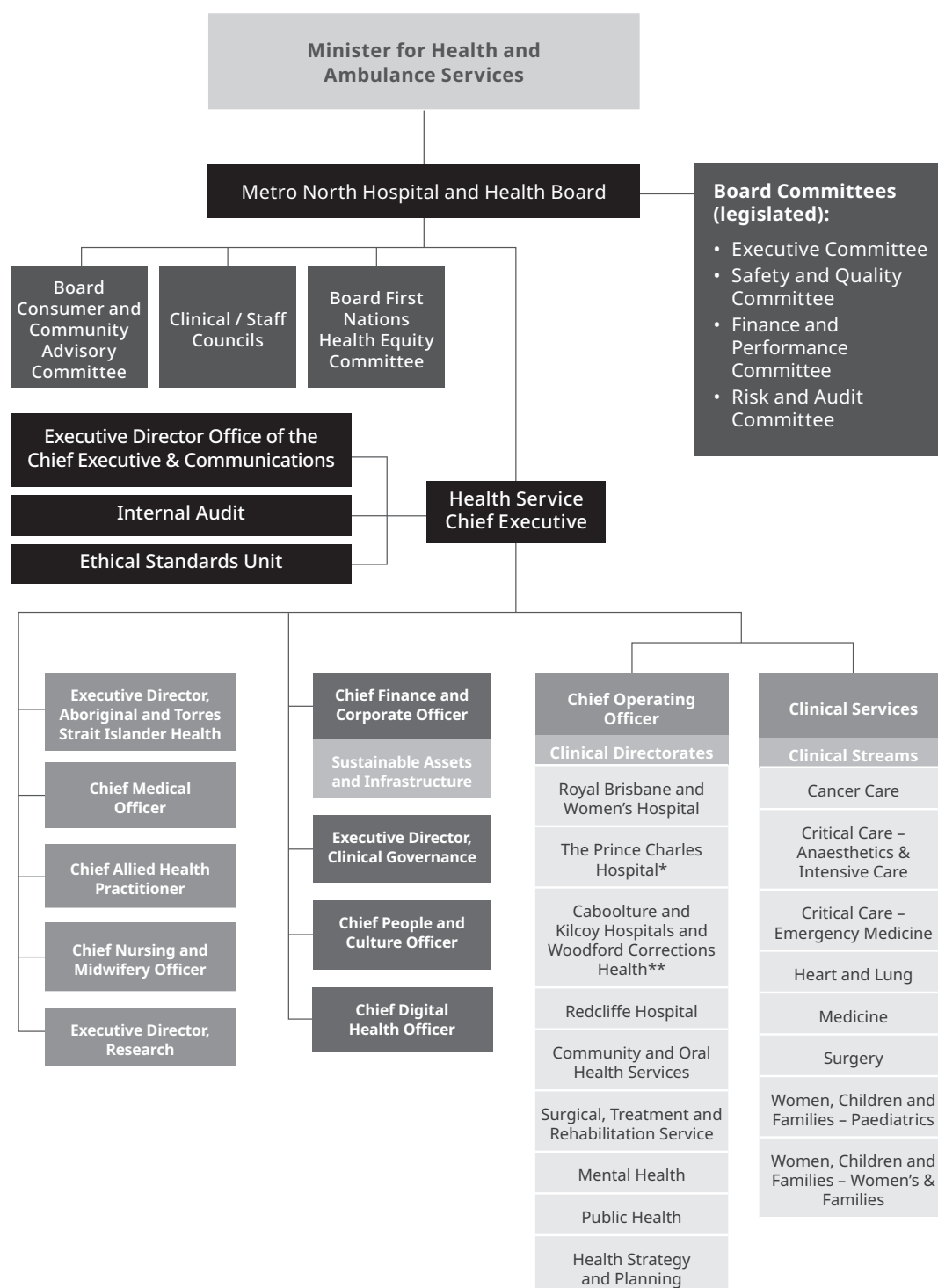
Vivienne has extensive experience in the Queensland public sector, leading small teams across a range of departments. Her versatility and proven ability in problem solving,

planning, and capacity for network building are coupled with an extensive knowledge of the Queensland and Australian health systems.

Vivienne is committed to increasing operational performance and high-quality outcomes through strategic reform, business improvement, and effective collaboration and engagement with stakeholders. She provides strategic advice and leadership in the development and implementation of Metro North Health's priorities, challenges, and opportunities.

Vivienne has qualifications in public sector management.

Organisational structure



* Governance of Kallangur (Kalangoor) Satellite Health Centre (TPCH)

** Governance of Bribie Island (Yarun) Satellite Health Centre and Caboolture (Kabul) Satellite Health Centre

Workforce Profile

The Metro North Health workforce comprises 20,751.22 MOHRI full time equivalent employees and a headcount of 25,641 people. Over 95% of the workforce is in frontline or frontline support roles.

Total Staffing	#
Headcount	25,641
Paid FTE	20,751.22

Occupation Types by FTE	%
Corporate	4.68%
Frontline and Frontline Support	95.32%

Appointment Type by FTE	%
Permanent	76.24%
Temporary	20.39%
Casual	3.23%
Contract	0.14%

Employment Status by Headcount	%
Full-time	46.69%
Part-time	47.43%
Casual	5.88%

Figure 1: Gender

Gender*	Number (Headcount)	Percentage of total workforce (Calculated on headcount)
Woman	18,956	73.93%
Man	6,637	25.88%
Non-binary	48	0.19%
Another term	0	0.00%
Not disclosed	0	0.00%

* Where data available

Figure 2: Diversity target group data*

Diversity Groups*	Number (Headcount)	Percentage of total workforce (Calculated on headcount)
Women	18,956	73.93%
Aboriginal Peoples and Torres Strait Islander Peoples	501	1.95%

People with disability	628	2.45%
Culturally and Linguistically Diverse – Speak a language at home other than English ^	4,349	16.96%

* To ensure privacy, in tables where there are less than 5 respondents in a category, specific numbers must be replaced by <5.

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

Figure 3: Target group data for Women in Leadership Roles*

	Women (Headcount)	Women as percentage of total leadership cohort (Calculated on headcount)
Senior Officers (Classified, s122 and s155 combined)	39	60.94%
Senior Executive Service, High-level senior executives and Chief Executives (Classified, s122 and s155 combined)	12	38.71%

* 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

The *Metro North Health Strategic Workforce Plan 2020-2025* was developed in accordance with the Australian Council on Healthcare Standards 13 Workforce Planning and Management, Queensland Government's Performance Management Framework and the EQuIP National program. The Plan continues to guide workforce strategy activities across Metro North Health, including the progression and refinement of the Metro North Health Workforce Reform Roadmap.

Key achievements for 2024-2025

- Implemented the Metro North Health Respect at Work Strategy in response to the release of Queensland Government *Preventing & Responding to Sexual Harassment Directive* including:
 - Chief Executive Statement of Commitment and the development of staff training
 - Developed a stand-alone Sexual Harassment Policy
 - Developed a people-centred and trauma-informed prevention and response plan to respond to sexual harassment in the workplace, and

- Developed a project plan and resources for the launch of Phase 2 of Respect @ Work – Anti-Discrimination on 1 July 2025 in response to amendments of the *Anti-Discrimination Act 1991 (Qld)*.
- Metro North continued its commitment to providing values-based health and safety services that supports an expanding workforce, increased service delivery commitments and ensures a proactive positive safety culture through collaboration and engagement with key highlights including:
 - Redesign and continuous improvement of Metro North Health Safety Management System to align to ISO45001; legislative instruments and Queensland Health safety management system requirements.
 - Proactive incident and risk management through the development, implementation and launch of the Health and Safety Interactive Dashboards providing leaders with real time oversight and management of hazard, incident and WorkCover data and reports to support due diligence requirements and build safety capability and understanding.
 - Statewide Occupational Violence Leadership role in the delivery of occupational violence MAYBO training, risk management strategies, occupational violence solutions and statewide advisory services throughout Queensland Health.
 - Extensive design, development and leadership of the Metro North Psychosocial Risk Management Framework including the Metro North Risk Assessment and Action Plan, the Aboriginal and Torres Strait Islander Health Risk Assessment and Action Plan, and the Child Protection Work Risk Assessment and Action Plan.
- Integrated Workforce Management (IWM) rostering system rolled out for all nursing and midwifery staff with 532 Organisational Units and over 11,400 staff showing significant reductions in over and underpayments. Stage 4 planning now underway for the remaining cohorts of staff.
- Built on the success of Metro North Health's inaugural Aboriginal and Torres Strait Islander Leadership Program, with additional leadership modules delivered in partnership with First Nations leaders, Elders, and mentors. The program saw an increase in participation and completion rates, and a growing network of alumni contributing to service design and policy input.
- Completed the Metro North Equity and Diversity Audit Reports (2024 and 2025) and now conducting Metro North Health's first two comprehensive Equity and Diversity Audit to identify barriers and enablers to workforce inclusion. The resulting Audit Report guided the first Diversity Equity Inclusion Action Plan, which is annually updated in line with findings from successive Equity & Diversity Audit Reports.
- Refined the Deadly Start Program and Expanded Support Structures and supported the orientation of 35 trainees in 2025 and celebrated the graduation of 25 students in 2024. Program refinements were made based on participant feedback, and MNH Nursing and Allied Health teams, with the implementation of improved onboarding processes, dedicated cultural mentorship, and structured supervisor training now embedded. Metro North also played a key role in supporting the statewide expansion of the program to other HHSs.
- Piloted Inclusive Employment Pathways and Cultural Protocols and delivered targeted employment work experience pilot programs to support workforce participation for Aboriginal and Torres Strait Islander peoples with disability. Pilot programs trialled tailored onboarding, flexible rostering, peer mentoring approaches, and simplified recruitment process.

- The “Sorry Business and Sad News” Guideline co-designed with community and internal stakeholders, now adopted as best practice for culturally safe bereavement and leave management.
- Launched and embedded Metro North’s Anti-Racism Policy underpinned by a system-wide awareness campaign to strengthen cultural safety and call out racism in the workplace. Resources were developed for staff, line managers, and executive leaders, and included lived experience stories and allyship tools.
- Supported LGBTQIA+ Inclusion through Pride in Metro North, delivered the second year of the Pride in Metro North program, with staff participation increasing by 44 per cent. Initiatives included Pride Ally training, visibility campaigns, gender inclusive wording within multiple policy and procedural documents, and the inclusion of LGBTQIA+ perspectives in leadership programs and staff networks.
- Supported disability inclusion through *MN ENABLE* (Employees Navigating Access, Barriers, Leadership and Equity), stood up the second Employer Support Working Group (the first being Pride in MN) with an initial group of 55 employees. Initiatives include disability awareness training, co-design participation in the Disability Recruitment Audit, and the inclusion of persons with disability perspectives across facilities and directorates in Metro North.
- Metro North is the largest Australian organisation ever to have completed the Disability Recruitment Audit, conducted by the National Disability Recruitment Coordinator (NDRC). The MN ENABLE (staff with disability working group) took a co-designed approach to implement suggestions and findings.

Early retirement, redundancy and retrenchment

No redundancy or retrenchment packages were paid during the period. There were two employees granted ill health retirement during the year pursuant to Section 107, of the *Public Sector Act 2022 (Qld)*.

Open data

Metro North Health has Open Data to report on Overseas Travel and the Queensland Language Services Policy and the data can be found on the Queensland Government Open Data Portal <https://www.data.qld.gov.au/>.

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

Our risk management

Metro North Health has an established risk management framework and processes aimed at identifying, assessing, and mitigating risks to achieving business objectives. Quarterly reports are submitted to the Board Risk and Audit Committee (BRAC), with bi-monthly reports also provided to the Board Safety and Quality Committee (BSQ) noting movement in risk registration with emphasis on very high and high rated risks and changes in legislation.

Monthly risk and quarterly compliance reports are presented at Senior Executive Management Team (SET) meetings as standing agenda items along with emerging risks.

As part of continuous improvement, a review of historical practices was undertaken following internal audit findings to ascertain Metro North Health's current position on the risk maturity continuum. Opportunities were identified that have supported the organisation to fully adopt the contemporary practice of proactively identifying potential risks and implementing mitigation measures to minimise disruption to services should the identified risk eventuate. Metro North Health has embarked on a transformation journey to improve risk maturity. The transformation requires a change in the perception of risks from something that can go wrong to enablers to achieve objectives and deliver services by proactively identifying potential impediments (risks), planning and implementing solutions, workarounds, and contingency plans (controls) to ensure continued delivery of services should the identified potential impediment eventuate. This will align risk management activities with real-world risks which is more effective than managing individual risks in isolation.

Key Achievements for 2024-2025

A Metro North Health Risk and Compliance Transformation Oversight Group (Oversight Group) with advisory and governance responsibilities has been established. The Oversight Group comprises key representatives across the organisation. The primary purpose of the group is to promote organisational alignment by considering matters to provide strategic oversight and guidance on key transformation decisions and act as change leaders across the organisation. New members were appointed to the Metro North Health Board in 2024 and the induction process included presentations on the risk and compliance management framework and key activities.

The risk maturity journey has commenced with the clarification of roles and responsibilities in line with *ISO31000:2018 Standards Three Lines of Defence Model*, including articulation of the governance framework encompassing staff, management, the Risk and Compliance Team, Internal Audit, board committees, external audit and regulators.

A plain-language guide articulating the purpose of risk management as a strategic enabler to achieving objectives and delivering services has been created and will be published on the staff intranet.

To encourage risk management dialogue and consideration, a standing agenda item of Emerging Risk discussion was added to senior executive team monthly meetings. Internal briefs were updated to include risk management, collaboration and value for money (VfM) sections to further support risk-based and sustainable decision-making.

Continued consideration of key Metro North Health strategic and operational risks is part of the annual internal audit program. The audit function has adopted a Board approved audit plan that is agile and enables an efficient response to emergent risks noted during the year. Given the organisation's move to various digital platforms and ongoing cyber risks, there is an annual review of the Information Security Management System Framework including more focused reviews over specific IT and cyber risks.

Key Challenges

Metro North Health is the largest hospital and health services provider in Australia, with multi-site operations. This naturally comes with varying priorities, challenges, practices and associated sub-cultures. The ongoing challenge is to ensure that a standardised risk culture and systems are in place to align risk management practices with service delivery and real-world risk in a complex and resources challenged environment.

Cultural change from problem solving, a reactive approach, to re-framing the consideration of risk strategically, a proactive approach, continues to be embedded through this change in philosophy. There will be iterative improvements towards an even more risk aware culture.

Ministerial Direction

The *Hospital and Health Boards Act 2011* (section 44) requires annual reports to state each direction given by the Minister to the HHS during the financial year and the action taken by the HHS as a result of the direction. During the 2024-2025 period, no directions were given to Metro North Health.

Internal audit

The internal audit function provides an independent and objective assurance and consulting service to management and the board. The audits undertaken are risk-based and are designed to evaluate and improve the effectiveness of risk management, control, and governance processes. The function operates with due regard to Queensland Treasury's Audit Committee Guidelines, a board-approved Charter and contemporary internal audit standards. Overall service delivery and audit operations are aligned with the Institute of Internal Auditors – Australia, International Professional Practices Framework (IPPF). The IPPF provides a proven, professional, ethical, and defensible audit framework. This framework supports the delivery of effective, efficient, and economical audits.

Annual and strategic audit plans are developed in consideration of the board's risk management (strategic and operational risks) and governance processes, designed and maintained by management. The audit team adopts a broad mix of clinical and non-clinical audits that considers compliance requirements and operational and efficiency-based audits to inform business process improvements. Following consultation with management and members of the Risk and Audit Committee, the audit plans are approved by the board.

The delivery of audits is assisted through a co-source partnership arrangement. The firm provides subject matter experts and lead audits requiring specialist knowledge and skills. Although the function liaises regularly with the Queensland Audit Office (QAO) it remains independent of the QAO.

Key achievements for 2024–2025

During the period, Internal Audit finalised¹ 8 internal audits (another two audits are at various stages of progress) covering both clinical and non-clinical risk areas including:

- Patient experience – compliments and complaints
- Review of pharmacy systems, procurement and inventory management
- Payroll – Review of leave management
- MNH's conformance with Information Security Management System and essential eight requirements / 2023-2024 ISMS Assurance Report
- Review of section 408E *Criminal Code Act 1899* breaches and mitigating actions
- Management of SAC 1 and 2 clinical incidents at TPOCH
- Review of MNH's Security of Critical Infrastructure framework
- Review of identification and access card controls across MNH

The Institute of Internal Auditors – Australia (IIA) was engaged to undertake an independent review of the audit function (assessing audit services to management, value add to MNH and compliance to the IPPF requirements). The IIA concluded, full compliance by the function to all 52 IPPF Standards and audit are adding value and contributing to improving business operations.

During the reporting period, Internal Audit responded to ongoing requests from the organisation for general audit advice on policy, frameworks, required controls and consideration of management risks.

External scrutiny

The operations of Metro North Health are subject to regular scrutiny and validation from external agencies.

National Safety and Quality Health Service (NSQHS) Standards

During 2024 and 2025, all Metro North Health acute hospitals, mental health services and community and oral health services, and Satellite Health Centres (with the exception of Bribie Island Satellite Health Centre which will be undertaking assessment in July 2025), were successfully assessed under the short notice model of accreditation against the National Safety and Quality Healthcare Standards (NSQHS) by the Australian Council on Healthcare Standards (ACHS) with all assessments receiving overwhelmingly positive feedback and achieving re-accreditation.

¹ Finalised – Audit report has been considered and approved for release by 30 June 2025 by the Chief Executive and Risk and Audit Committee.

Aged Care Quality Standards

Metro North Health has two residential aged care facilities, Cooinda House (a 60-bed facility at Redcliffe) and Gannet House (a 40-bed facility at Brighton). Both facilities are subject to assessment against the Aged Care Quality Standards by the Aged Care Quality and Safety Commission. Cooinda House is currently accredited until 20 October 2027 and Gannet House until 29 November 2025. The new *Aged Care Act* and implementation of the new strengthened Aged Care Quality Standards has been deferred to 1 November 2025. Community and Oral Health Aged Care leadership team have completed a gap analysis and action plan to ensure required updates and changes are implemented in preparation for this change.

Australian Government National Standards for Disability Services

Metro North Health's Halwyn Centre provides permanent residential care and respite care for clients with both intellectual and physical disabilities.

The Rehabilitation Engineering Centre (REC) at STARS is the only professional engineer-led service of its kind in Queensland and one of only a few in Australia and works to improve the quality of life of Queenslanders with disabilities. The REC is a registered NDIS provider and provides advice, builds or modifies assistive technology and mobility equipment to suit patients' personal needs.

The Metro North Health Behavioural Emergency Response Team (BERT) is an interdisciplinary outreach and crisis response team, which works collaboratively alongside the person who has an intellectual and/or neurodevelopmental disability with complex and challenging behaviour and their carers/service providers to better manage their behaviours and primary health needs. The BERT Service operates as a single point of contact for communication, engagement, education, and coordination of client care for parents and carers, disability service care staff, local hospital clinicians (including emergency department and ward clinicians and NDIS leads), Queensland Ambulance Service officers, GPs, National Disability Insurance Agency (NDIA) and the Queensland Police Service.

The Halwyn Centre, Rehabilitation Engineering and Behavioural Emergency Response Team (BERT) are subject to external accreditation under the Australian Government National Standards for Disability Services. In 2024, these services underwent National Disability Insurance Scheme (NDIS) certification against the NDIS Practice Standards by the AQC Group to contribute to MNH's re-registration as NDIS providers with the NDIS Commission. NDIS accreditation was granted on 8 November 2024.

External reviews

In May 2024, an independent Part 9 service review under the *Hospital and Health Boards Act 2011* regarding the mental health adult inpatient unit at TPCH was commissioned. Review recommendations are progressively being implemented.

An independent review of the statewide Heart and Lung services, commissioned by the Health Service Chief Executive, commenced in July 2024 to identify opportunities for improvement and assuring compliance to policy and legislative requirements in relation to transplant services. Implementation of the recommendations which is monitored through the oversight committee which is supported by two sub-committees – a Consumer Advisory Group and a Clinician Advisory Group.

Auditor-General reports

In 2024-2025, a Parliamentary report tabled by the Auditor-General broadly considered the financial audit results of Queensland health entities including Metro North Health. The report was:

- Health 2024 (Report 8: 2024-25).

In addition, several other audits were undertaken by the Auditor-General during the year that referenced the health sector, good public sector governance or noted risk areas for agencies to address going forward. The following reports were used by Metro North Health to further inform its service delivery:

- 2024 status of Auditor-General's recommendations (Report 1: 2024-25)
- Delivering forensic medical examinations (follow-up audit) (Report 2: 2024-25)
- Preparing for the Brisbane Games (Report 5: 2024-25)
- Managing Queensland's regional water quality (Report 7: 2024-25)
- Major projects 2024 (Report 9: 2024-25).

The recommendations contained within the Auditor-General's reports were considered by key stakeholders and action was taken to implement them, where appropriate.

Information systems and record keeping

As a State Government agency, Metro North Health is required to meet the requirements of the *Public Records Act 2023 (Qld)*, as well as standards and specifications issued by Queensland State Archives (QSA). The *Public Records Act 2023 (Qld)*, commenced on 5 December 2024 replacing the *Public Records Act 2002 (Qld)*. The mandatory standards which are currently being developed are not anticipated to commence until April 2026.

In early 2025 two policies (Corporate Records & Digitisation Disposal) and one guideline (Corporate Records, Identification and Capture) were reviewed and updated to reflect the new changes in the Act. The policies and guidelines set out the requirements of recordkeeping practices that all staff must adhere to.

Metro North Health's approved corporate recordkeeping system is Content Manager. This system is managed in partnership by the eHealth Queensland eDRMS Platform and CIMT. In 2024-2025 there were 650,777 records saved into Content Manager by staff across Metro North Health. This is an increase of 16 per cent compared to the previous financial year where 560,965 records were saved.

As of 30 June 2025, there were 783 users in Content Manager, this was a 31 per cent increase compared to 597 users in the previous financial year.

In May 2025, Content Manager was upgraded to version 24.4. This was a project in conjunction with the Department of Health and other hospital and health services across Queensland. The upgrade sustained our operational efficiency, ensuring access to vendor support crucial for sound ICT governance.

A key focus of the CIMT is increasing awareness of corporate recordkeeping obligations and information policy across Metro North Health. New animated training videos were developed and uploaded onto the CIMT Intranet site on the following topics:

- *Public Records Act 2023*
- Managing Identity Documents
- Corporate Information Management Team Introduction.

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

During the 2024-2025 financial year, the Metro North Health has an informed opinion that information security risks were actively managed and assessed against the Metro North Health's risk appetite with appropriate assurance activities undertaken in line with the requirements of the Queensland Government Enterprise Architecture (QGEA) Information security policy (IS18:2018).

Queensland Public Sector ethics

Metro North Health continues to uphold the principles of the *Public Sector Ethics Act 1994*: Integrity and impartiality; Promoting the public good; Commitment to the system of government; and Accountability and transparency. The Code of Conduct for the Queensland Public Service, which is based on these four legislative principles, applies to all Queensland Health staff, including Metro North Health.

In the 2024-2025 reporting period, it was mandatory to complete code of conduct training on an annual basis to remain compliant. As at 30 June 2025, a total of 22,168 staff** (84.5 per cent) were compliant with the Code of Conduct online training course, which provides education on workplace bullying, sexual harassment and discrimination, ethics, integrity, and accountability.

On 30 June 2025, 1,385 (85.5 per cent) of current line managers were compliant with this training.

** The Metro North Talent Management System (TMS) records the number of staff who have completed training. The total number is based on the number of active accounts.

Our Human Rights Commitment

Metro North Health remains steadfast in its commitment to respecting, protecting, and promoting human rights as a cornerstone of delivering equitable, person-centred healthcare. We recognise that upholding human rights is essential to enabling individuals to live healthy, dignified lives and is central to our role as Queensland's largest public health service.

Guided by the *Human Rights Act 2019* (Qld), our approach to care continues to evolve, ensuring that human rights are embedded in every aspect of our operations – from clinical decision-making to policy development and service delivery. We are committed to fostering a culture where human rights are not only understood but actively championed across all levels of our organisation.

Key achievements in 2024–2025

Over the past year, Metro North Health has deepened its human rights culture and strengthened organisational capability through a range of initiatives:

- **Embedding Human Rights in Practice**
We continue to resolve complaints with genuine consideration of the human rights impacted, ensuring our responses reflect compassion, respect, and integrity. Our approach prioritises early resolution and meaningful engagement with consumers.
- **Advancing Health Equity and Cultural Safety**
Building on the Metro North Health Equity Strategy 2022–2025, we have expanded our Health Equity Training programs and launched a culturally safe health navigation service in Moreton Bay to support First Nations communities in navigating their healthcare journey. This initiative upholds the cultural rights of Aboriginal and Torres Strait Islander peoples.
- **Policy Development and Review**
Human rights considerations continue to be systematically embedded in all newly developed and revised policies. A key example is the *Minimising Restrictive Practices* policy, which is designed to uphold human rights by actively seeking to reduce – and where possible, eliminate – the use of restrictive practices across Metro North Health.
- **Education and Capability Building**
Staff across all facilities continue to access human rights education through the Metro North Health Training Management System and Queensland Health’s iLearn platform. In addition, face-to-face workshops are offered to foster deeper understanding and practical application of human rights principles.
- **Strategic Alignment and Organisational Culture**
The Metro North Strategic Plan 2024–2028 reinforces our human rights commitment by embedding it into our vision of ‘creating healthier futures together.’ This plan guides our decision-making and ensures that human rights are central to our culture, workforce development, and service innovation.

By embedding human rights into the fabric of our organisation, Metro North Health is not only meeting legislative obligations but also shaping a compassionate, inclusive, and equitable health system for all.

Number of complaints received which were assessed as having a human rights component		69*
Outcome of the complaints	<ul style="list-style-type: none">• 10 complaints were resolved between the organisation and the complainant at the frontline.• 36 complaints were resolved internally after engaging with the consumer and staff within the health service.• Nine complaints being managed by Metro North Health remain open and unresolved.• One complaint was made to the QHRC under the <i>Human Rights Act 2019</i> (Qld) in which no further action was taken and the matter was closed by	

	<p>the QHRC.</p> <ul style="list-style-type: none"> • 13 complaints were made to the Queensland Human Rights Commission under the <i>Human Rights Act 2019</i> (Qld) and referred for conciliation. Of these: <ul style="list-style-type: none"> ○ One complaint has been referred to the Queensland Civil and Administrative Tribunal and is ongoing. ○ Four complaints have been referred to the Queensland Industrial Relations Commission and are ongoing.
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* This number includes human rights complaints and was compiled based on data received from across the health service. Due to differences in definitions, the data reported to the Department of Health may vary slightly from the figures presented above.

Confidential information

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

During the 2024-2025 reporting period, two disclosures of confidential information were authorised. Both disclosures were for the purposes of appointment of external reviewers for analysis of clinical safety incidents.

Performance

Non-financial performance

Key Performance Indicators – achievements

Progress in 2024-2025 toward achieving the four objectives of the Strategic Plan is outlined below.

Objective 1 – To always put people first

All Directorates demonstrate at least three codesign initiatives with consumers for organisational development per annum.	Across the seven directorates there has been a decrease in the number of progressed or commenced co-design initiatives, with 38 compared to 84 in the previous reporting period (2023 - 2024). Many of the co-design initiatives reported in the last reporting period have been completed and integrated into business-as-usual operations.
Demonstrated action to patient survey and other feedback results.	<p>Twice yearly reporting on patient feedback enables Metro North Health to learn from themes, trends, and areas for improvement.</p> <p>Examples of action in response to patient feedback:</p> <p>Changes to the layout of the waiting room in the Kallangur Minor Illness and Injury Clinic to improve access to Kidney Services for patients using a wheelchair and to provide seating for patients waiting to be triaged.</p> <p>Caboolture Hospital renovations to the paediatric ward to create a more calming and nurturing environment for children and their families.</p> <p>TPCH purchased earplugs for patients to assist with noise levels in surgical wards at night.</p> <p>The RBWH Emergency and Trauma Centre (ETC) Ambassador role commenced in January 2025, to improve safety and security of staff and patients.</p> <p>Redcliffe Hospital Maternity Services introduced a Consumer Engagement Committee and are undertaking a review of all consumer brochures.</p> <p>STARS improved patient information prior to appointments and procedures to help ensure patients are better informed about what to expect.</p> <p>The General Practice Oral Health Service, is producing brochures/consumer information to help patients understand the treatment process.</p>

Improved staff engagement and satisfaction results by 5 per cent each survey (every two years).	<p>Metro North Health undertakes the employee engagement (HYS) survey every 2 years. Results for the next survey will be available from mid July 2025.</p> <p>A Have Your Say Action Plan was implemented to address key areas of improvement.</p>
Demonstrated action to staff engagement survey results for every service/business unit across Metro North Health.	<p>Metro North wide action plan targeting four areas:</p> <ul style="list-style-type: none"> • Improved safety at work • Improved support for staff • Responsive leadership • Staffing and workloads
Comparable Metro North service/workforce diversity compared to Metro North population diversity.	<p>Aboriginal and Torres Strait Islander peoples comprise 1.96 per cent of the Metro North Health workforce compared to 2.6 per cent in the catchment. The number of employees has increased by 8.2 per cent since the previous year.</p> <p>People from culturally and linguistically diverse backgrounds comprise 17.0 per cent of the Metro North Health workforce compared to 12 per cent in Queensland.</p> <p>People with a disability comprise 2.44 per cent of the Metro North Health workforce compared to 22.9 per cent in Queensland.</p> <p>Metro North Health submitted the second Metro North Health Equity and Diversity Audit Report which was requested by the Office of Special Commissioner, Equity and Diversity (OSC).</p>

Objective 2 – To improve health equity, access, quality, safety and health outcomes

Increased access to local services for Caboolture and Redcliffe residents with:	
<ul style="list-style-type: none"> • 60 per cent of admitted services provided close to home each year. • 75 per cent of outpatient services provided close to home or via telehealth. 	<p>56 per cent of admitted services were provided close to home for Caboolture residents and 55.2 per cent for Redcliffe residents.</p> <p>61.1 per cent of outpatient services were provided close to home or via telehealth for Caboolture residents and 63.1 per cent for Redcliffe residents.</p>
At least 80 per cent of Health Equity Strategy actions due for completion in a particular year have a status of “on track” at the March progress reporting period.	<p>Metro North Health Equity Strategy 2022-2025 (as at March 2025) implementation status showed:</p> <ul style="list-style-type: none"> • 74.4 per cent (96 out of 129 actions) of all actions reported to be on track • 15 per cent completed • 2.3 per cent delayed

	<ul style="list-style-type: none"> • 0 per cent at risk of delay • 4.7 per cent not yet commenced • 3.1 per cent ceased/changed. <p>All actions indicated as delayed, ceased/changed, or not yet commenced have been transitioned directly into the 2025-2028 Health Equity Strategy or further refined to better align with future timelines and strategic direction.</p>
ieMR rollout progressing to schedule and within budget to complete rollout in all facilities in Metro North by 2027.	<p>The Enterprise Scheduling system has been rolled out to all facilities.</p> <p>The full ieMR suite has been enabled at three satellite health centres (Caboolture, Kallangur and Bribie Island), Redcliffe Hospital, Caboolture Hospital, Kilcoy Hospital and Community Services.</p> <p>Preparations are on track to deliver ieMR at Metro North Health's two largest quaternary hospitals RBWH and TPCH by 2027.</p>
100 per cent of Serious Clinical Incidents and Sentinel Events are reviewed within mandated timeframes with a focus on identifying opportunities for improvement.	<p>Metro North Health reported a total of 5 sentinel events in 2024–2025. This is a decrease from 7 reported in the previous reporting period.</p> <p>Of the 131 SAC 1 clinical incident analyses due in 2024 - 2025, 71 (54.2 per cent) were completed within the 90 day legislated timeframe. In comparison, in the previous year, 101 SAC 1 clinical incident analyses were required with 42 (41.6 per cent) completed within the 90 day legislated timeframe.</p>
Objective 3 – To deliver value-based health services through a culture of research, education, learning and innovation	
Increase patient participation in Metro North Health clinical trials and clinical research by 10 per cent each year.	<p>130 new Site-Specific-Assessments (SSA) for clinical trials were authorised in 2024. Of those, 93 (72 per cent) were drug trials, 11 (8 per cent) were device trials and 26 (20 per cent) were other clinical trials. This represents an increase of 12 per cent in the overall number of new clinical trials authorised in Metro North between 2023 (116) and 2024 (130).</p> <p>Metro North continues to work with Queensland Health to procure a statewide Clinical Trials Management (CTMS) solution and will be the first pilot site once ready for implementation.</p> <p>Metro North research output is transforming clinical care with 1,452 journal articles published in 2024 and \$442 million in National Health and Medical Research Council (NHMRC) and Medical Research Future Fund (MRFF) grants awarded over the last decade.</p>
Increase the percentage of new Senior Medical Officer (SMO) appointments with a higher degree	<p>The percentage of new SMO appointments with additional higher qualifications at Australian Qualification Framework Level 8 (or equivalent) or higher was 51.5 per</p>

towards a target of 50 per cent.	cent. This represents an increase from 2023-2024 performance of 48.3 per cent.
At least 90 percent of inpatients indicate “yes definitely” to being involved as much as desired in treatment and care decisions.	82 per cent of responses answered “yes, definitely” to being as involved as much as desired in decisions. Results vary among Metro North hospitals ranging from 76 per cent from Redcliffe Hospital to 89 per cent at STARS. The PREMS state-wide collection ceased in December 2024 as the system was decommissioned. The Department of Health are leading a piece of work to procure a new system with PREMS expected to be collected from September 2025. Metro North Health commenced collection of an interim PREMs from 1st December 2024. Between 1 December 2024 and 30 June 2025 an Interim PREMS survey tool was used by Patient Experience Managers to collect feedback from inpatients across Metro North inpatient facilities. 77 per cent of responses answered “yes, definitely” to being as involved as desired in decisions. Results vary among Metro North Hospitals ranging from 65 per cent at Redcliffe Hospital to 90 per cent at STARS.
Completed Climate Risk Assessments and Decarbonisation Pathway Plans for all key Metro North sites by 30 June 2025	Climate Risk Assessment scan cycle for key MN sites was completed in 2024 with a detailed cycle underway for all sites over a 3 year period. Decarbonisation Pathway plan initial scoping project undertaken in 2024. Actions to reduce emissions across sites includes TPCD Dishwasher replacement, LED transition, Brighton BMS replacement, Electric vehicle transition, and solar installation.

Objective 4: To be accountable for delivery of sustainable services, high performance and excellent patient outcomes

Achieve sustainable positive financial results.	Metro North Health achieved a deficit financial result of \$23.7 million which is 0.5% of our annual budget for the year ended 30 June 2025. This was mainly due to capacity constraints associated with long stay patients requiring aged care beds as well as an increased acute care demand requiring more flex/over-census beds than budgeted.
All project documentation will include an evaluation framework.	Healthcare Excellence and Innovation use an evaluation framework against all projects. Projects are supported across Metro North Health to develop evaluation frameworks. Examples include the

	Older Persons Emergency Network, Outpatient Waitlist Solution (OWLS), Increasing Participation Pilot, the GP Liaison Officer Program (GPLO), GP with Special Interest Models (GPwSI) and Brain and Spinal Cord Injury Program (BaSCI).
The achievement of our Service Agreement Performance Measures.	<p>Metro North Health has delivered on health care activity requirements under the Service Agreement with the Department of Health.</p> <p>Elective surgery waitlist stabilisation and reducing the waitlist by load sharing across hospitals, auditing the elective surgery waitlists, and referring patients to private providers through the Surgery Connect program.</p> <p>Patient Off Stretcher Time (POST) improved over the reporting period from 57.1 per cent to 59.2 per cent.</p> <p>Growth in emergency department presentations of 2 per cent over the reporting period with the highest growth in presentations at Caboolture Hospital (6.2 per cent).</p>

Service Standards

Metro North Health is responsible for providing public hospital and health services including medical, surgical, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical and clinical support services, as well as community health and oral health services.

Performance in 2024-2025 is outlined in the table below.

Metro North Hospital and Health Service	2024–2025 Target	2024–2025 Actual
<i>Effectiveness measures</i>		
Percentage of emergency department patients seen within recommended timeframes		
• Category 1 (within 2 minutes)	100%	100%
• Category 2 (within 10 minutes)	80%	72%
• Category 3 (within 30 minutes)	75%	64%
• Category 4 (within 60 minutes)	70%	75%
• Category 5 (within 120 minutes)	70%	92%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	50%
Percentage of elective surgery patients treated within the clinically recommended times		
• Category 1 (30 days)	>98%	83%
• Category 2 (90 days)	>95%	71%
• Category 3 (365 days)	>95%	86%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ¹	≤1.0	0.7

Metro North Hospital and Health Service	2024–2025 Target	2024–2025 Actual
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ²	>65%	59.4%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ³	<12%	6.7%
Percentage of specialist outpatients waiting within clinically recommended times ⁴		
• Category 1 (30 days)	56%	58%
• Category 2 (90 days) ⁵	..	44%
• Category 3 (365 days) ⁵	..	83%
Percentage of specialist outpatients seen within clinically recommended times		
• Category 1 (30 days)	81%	72%
• Category 2 (90 days) ⁵	..	45%
• Category 3 (365 days) ⁵	..	80%
Median wait time for treatment in emergency departments (minutes) ⁶	..	18
Median wait time for elective surgery treatment (days)	..	47
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities ⁷	\$5,899	\$5,985
Other measures		
Number of elective surgery patients treated within clinically recommended times		
• Category 1 (30 days)	12,449	10,370
• Category 2 (90 days)	11,156	8,518
• Category 3 (365 days)	6,717	5,799
Number of Telehealth outpatients service events ⁸	99,000	103,930
Total weighted activity units (WAU) ^{9,10}		
• Acute Inpatients	324,084	327,955
• Outpatients	120,677	121,753
• Sub-acute	34,089	39,335
• Emergency Department	79,710	64,966
• Mental Health	33,627	60,323
• Prevention and Primary Care	7,894	9,119
Ambulatory mental health service contact duration (hours) ¹¹	>171,919	141,119
Staffing ¹²	20,114	20,751

1. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Actual rate is based on data reported between 1 July 2024 and 31 March 2025 as at 15 May 2025.
2. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Mental Health rate of community follow up 2024–2025 Actuals are as at 19 August 2025.
3. Mental Health readmissions data is as at 19 August 2025.
4. Waiting within clinically recommended time is a point in time performance measure. 2024–2025 Actual

is as at 1 July 2025.

5. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–2025 Targets for category 2 and 3 patients are not applicable.
6. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
7. Cost per WAU is reported in QWAU Phase Q27 and is based on data extracted on 18 August 2025.
8. Telehealth data is as at 20 August 2025.
9. All measures are reported in QWAU Phase Q27. Data as at 18 August 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target can occur.
10. The Mental Health 2024–2025 Actual differs from the 2024–2025 Target due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–2026. Activity targets for Community Mental Health were incorporated into 2024–2025 Targets following publication of the 2024–2025 Service Delivery Statements, to support Queensland's preparations for the planned national transition in 2025–2026.
11. Ambulatory Mental Health service contact duration data is as at 19 August 2025.
12. In alignment with PSC reporting guidelines, only one employment record per employee is reported. For employees with concurrent employment, the arrangement with the highest percentage of work is reported. This may result in a minor variance where staff work across multiple Hospital and Health Services.

Financial summary

Metro North returned a deficit of \$23.7 million for the year ending 30 June 2025.

Metro North has delivered on health care activity requirements under the Service Agreement with the Department of Health.

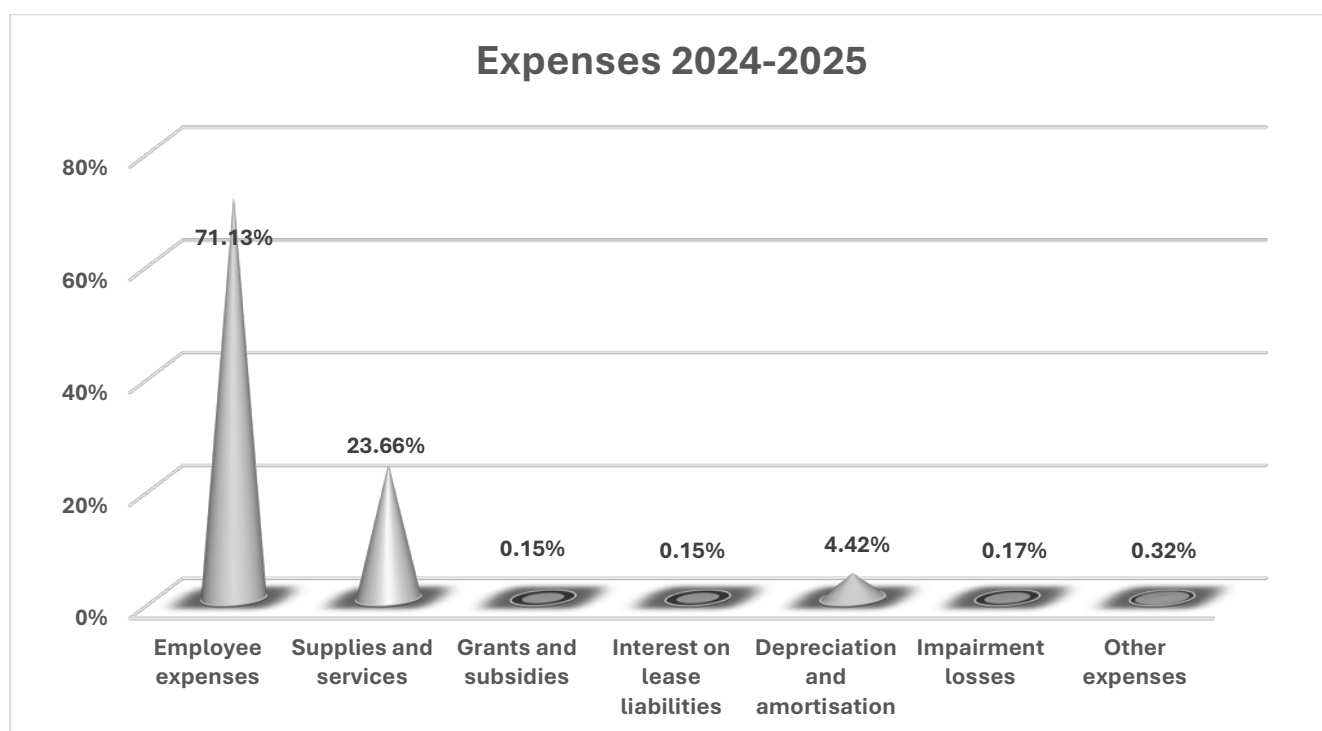
Revenue and expenditure

Metro North's income is derived from two major sources:

- Department of Health funding for public health services (including Commonwealth contributions)
- own source revenue.

Metro North's total revenue was \$4.677 billion, which is an increase of \$363 million (8.42 per cent) from the prior year.

- Activity-based funding for hospital services represented 71.1 per cent (\$3.324 billion) of total revenue
- Block and other Department of Health funding represented 17.49 per cent (\$818 million) of total revenue
- Own source revenue represented 7.28 per cent (\$340.5 million) of total revenue
- Total expenses were \$4.701 billion, averaging at \$12.9 million a day for providing public health services. Total expenditure increased by \$388.8 million (9.02 per cent) from last financial year.



Assets and liabilities

Metro North's asset base amounts to \$3.144 billion, with 73.84 per cent or \$2.322 billion of this invested in property, plant and equipment. The right to use the STARS building for the current 20-year term of the lease represents \$355 million, with the remaining balance (\$467.0 million) held in cash, receivables, inventory, intangibles and prepayments.

Metro North's liabilities total \$828.3 million consisting of payables, employee benefits and \$388.6 million lease liability related to STARS. Total equity, at 30 June 2025, was \$2.316 billion (prior year \$2.283 billion).

Financial outlook

Metro North has an operating budget of \$4.807 billion for 2025-2026, which is an increase on prior year revenue of \$392.6 million.

A number of significant capital projects will be continuing in 2025-2026 including, the finalisation of the Caboolture Hospital redevelopment, focussing on selected refurbishment of the existing hospital building, which includes establishment of a new chemotherapy service and the completion of the new car parks at The Prince Charles Hospital.

Metro North will also work with community and partners on the planning, design and delivery for Redcliffe Hospital expansion, The Prince Charles Hospital expansion and the Queensland Cancer Centre.

Deferred maintenance

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

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

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

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

As of 30 June 2025, the Metro North HHS has reported unfunded backlog, postponed capital maintenance and forecast capital renewal of \$865.946 million:

- \$43.226 million in deferred operational maintenance expenditure (OPEX), and
- \$800.875 million in postponed capital maintenance expenditure (CAPEX).

- \$221.844 million in reported forecast lifecycle replacements, renewals, and refurbishments.

The Metro North HHS has the following strategies in place to mitigate any risks associated with this deferred maintenance including:

- Focusing the HHS minor capital budget to replace the highest priority end-of-life building components
- Continuing to advocate for and seek assistance from the Timely Investment Infrastructure Maintenance (TIIM) Program formerly the Sustaining Capital Program
- Undertaking regular review of asset conditions and updating the estimate of deferred maintenance on a rolling three-year program
- Maintaining a register of deferred maintenance including lifecycle replacement issues
- Updating the Annual Strategic Maintenance Plan (SMP) and the related Strategic Asset Management Plan (SAMP) which outlines the planned maintenance activities both capital and operating expenditure, for the current year and the forward two-year program
- Advocating for enhanced operational maintenance budgets across the HHS noting the need to balance the continuing frontline service demand applying financial pressure to HHS operations.

Forecast lifecycle costs are planned future asset replacements, renewals, and refurbishments. These costs are often planned as capital expenditure and may be reported as a consolidated figure. Forecasts are based on expected asset deterioration and required asset condition standards.

As at 30 June 2025, the Metro North Health had reported forecast lifecycle replacements, renewals, and refurbishments of \$221.844 million.

Metro North Hospital and Health Service

Financial Statements – 30 June 2025

Metro North Hospital and Health Service
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for the year ended 30 June 2025

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Metro North Hospital and Health Service
Statement of comprehensive income
for the year ended 30 June 2025

		2025 Actual \$'000	2025 Budget \$'000	Budget Variance* \$'000	2024 Actual \$'000
	Notes				
Income					
User charges and fees	A1-1	350,534	323,308	27,226	333,528
Funding for the provision of public health services	A1-2	4,141,736	3,952,656	189,080	3,821,047
Grants and other contributions	A1-3	32,904	29,462	3,442	30,243
Goods and services received below fair value	A1-4	34,992	31,958	3,034	30,810
Other revenue	A1-5	117,268	76,511	40,757	98,397
Total Revenue		4,677,434	4,413,895	263,539	4,314,025
Gain/(loss) on disposal/re-measurement of assets		(463)	26	(489)	(631)
Total income		4,676,971	4,413,921	263,050	4,313,394
Expenses					
Employee expenses	A2-1	573,099	538,414	(34,685)	528,763
Health service employee expenses	A2-2	2,770,523	2,637,186	(133,337)	2,541,601
Supplies and services	A3-1	1,112,231	1,003,572	(108,659)	1,027,278
Grants and subsidies		7,005	1,993	(5,012)	3,558
Interest on lease liabilities		7,095	8,710	1,615	7,426
Depreciation and amortisation	B3,B6	207,582	189,295	(18,287)	180,775
Impairment losses		8,217	10,621	2,404	9,781
Other expenses	A3-2	14,894	24,130	9,236	12,649
Total expenses		4,700,646	4,413,921	(286,725)	4,311,831
Operating result		(23,675)	-	(23,675)	1,563
Other comprehensive income					
<i>Items that will not be reclassified subsequently to operating result</i>					
Increase/(Decrease) in asset revaluation surplus	B5-1	32,021	-	32,021	94,733
Total other comprehensive income		32,021	-	32,021	94,733
Total comprehensive income		8,346	-	8,346	96,296

*An explanation of major variances is included at Note F1

Metro North Hospital and Health Service
Statement of financial position
as at 30 June 2025

	Notes	2025 Actual \$'000	2025 Budget \$'000	Budget Variance* \$'000	2024 Actual \$'000
Current assets					
Cash and cash equivalents	B1	284,732	237,481	47,251	274,635
Receivables	B2-1	126,541	83,712	42,829	119,905
Inventories		29,900	26,890	3,010	28,716
Prepayments		19,614	16,464	3,150	15,636
Total current assets		460,787	364,547	96,240	438,892
Non-current assets					
Property, plant and equipment	B3-1	2,321,731	1,996,316	325,415	2,267,101
Right-of-use assets	B6-1	354,975	353,568	1,407	379,313
Intangible assets		5,807	3,303	2,504	7,404
Prepayments		789	544	245	232
Total non-current assets		2,683,302	2,353,731	329,571	2,654,050
Total assets		3,144,089	2,718,278	425,811	3,092,942
Current liabilities					
Payables	B4-1	355,011	328,152	26,859	333,755
Lease liabilities	B6-2	20,464	20,273	191	25,169
Accrued employee benefits		26,961	15,591	11,370	17,640
Contract liabilities		56,428	4,846	51,582	48,463
Total current liabilities		458,864	368,862	90,002	425,027
Non-current liabilities					
Lease liabilities	B6-2	368,113	351,569	16,544	382,590
Other liabilities		1,357	2,551	(1,194)	1,954
Total non-current liabilities		369,470	354,120	15,350	384,544
Total liabilities		828,334	722,982	105,352	809,571
Net assets		2,315,755	1,995,296	320,459	2,283,371
Equity					
Contributed equity		1,281,094	1,064,372		1,257,056
Accumulated surplus/(deficit)		167,006	190,021		190,681
Asset revaluation surplus	B5-1	867,655	740,903		835,634
Total equity		2,315,755	1,995,296	320,459	2,283,371

*An explanation of major variances is included at Note F2

Metro North Hospital and Health Service
Statement of changes in equity
for the year ended 30 June 2025

	Accumulated surplus/ (deficit) \$'000	Asset revaluation surplus \$'000	Contributed equity \$'000	Total equity \$'000
Balance as at 1 July 2023	189,118	740,901	1,160,050	2,090,069
Operating result for the year	1,563	-	-	1,563
Other comprehensive income				
Increase/(decrease) in asset revaluation surplus	-	94,733	-	94,733
Total comprehensive income for the year	1,563	94,733	-	96,296
Transactions with owners:				
Equity injections - minor capital funding	-	-	192,519	192,519
Equity withdrawals - depreciation and amortisation	-	-	(180,776)	(180,776)
Non-appropriated equity asset injections/(withdrawals)	-	-	85,263	85,263
Net transactions with owners	-	-	97,006	97,006
Balance at 30 June 2024	190,681	835,634	1,257,056	2,283,371
Balance as at 1 July 2024	190,681	835,634	1,257,056	2,283,371
Operating result for the year	(23,675)	-	-	(23,675)
Other comprehensive income	-	-	-	-
Increase/(decrease) in asset revaluation surplus	-	32,021	-	32,021
Total comprehensive income for the year	(23,675)	32,021	-	8,346
Transactions with owners:				
Equity injections - minor capital funding	-	-	176,345	176,345
Equity withdrawals - depreciation and amortisation	-	-	(207,582)	(207,582)
Non-appropriated equity asset injections/(withdrawals)	-	-	55,275	55,275
Net transactions with owners	-	-	24,038	24,038
Balance at 30 June 2025	167,006	867,655	1,281,094	2,315,755

The accompanying notes form part of these statements.

Metro North Hospital and Health Service
Statement of cash flows
for the year ended 30 June 2025

	Notes	2025 Actual \$'000	2025 Budget \$'000	Budget Variance* \$'000	2024 Actual \$'000
Cash flows from operating activities					
<i>Inflows</i>					
User charges and fees		350,576	378,205	(27,629)	344,372
Funding for the provision of public health services		3,948,554	3,952,656	(4,102)	3,672,860
Grants and other contributions		68,663	29,439	39,224	30,387
Interest received		2,633	1,903	730	2,246
Other revenue		95,781	5,788	89,993	76,776
GST received		8,023	-	8,023	6,846
GST input tax credits from ATO		75,120	39,723	35,397	71,048
<i>Outflows</i>					
Employee expenses		(3,334,301)	(3,175,600)	(158,701)	(3,090,684)
Supplies and services		(1,100,117)	(954,036)	(146,081)	(1,033,435)
Grants and subsidies		(7,005)	(1,993)	(5,012)	(3,560)
Interest payments on lease liabilities		(7,095)	(8,710)	1,615	(7,426)
Other expenses		(14,685)	(23,673)	8,988	(12,274)
GST paid		(74,920)	(39,749)	(35,171)	(70,234)
GST remitted to ATO		(7,886)	-	(7,886)	(6,881)
Net cash from/(used by) operating activities	CF-1	3,341	203,953	(200,612)	(19,959)
Cash flows from investing activities					
<i>Inflows</i>					
Sales of property, plant and equipment		564	(17)	581	1,897
<i>Outflows</i>					
Payments for property, plant and equipment		(149,019)	(6,682)	(142,337)	(179,993)
Payments for intangible assets		(702)	-	(702)	(363)
Net cash from/(used by) investing activities		(149,157)	(6,699)	(142,458)	(178,459)
Cash flows from financing activities					
<i>Inflows</i>					
Equity transferred		176,345	22,448	153,897	192,519
<i>Outflows</i>					
Lease payments		(20,432)	(26,948)	6,516	(20,013)
Equity withdrawals		-	(189,295)	189,295	-
Net cash from/(used by) financing activities		155,913	(193,795)	349,708	172,506
Net increase/(decrease) in cash and cash equivalents		10,097	3,459	6,638	(25,912)
Cash and cash equivalents at the beginning of the financial year		274,635	234,022	40,613	300,546
Cash and cash equivalents at the end of the financial year	B1	284,732	237,481	47,251	274,635

*An explanation of major variances is included at Note F3

Metro North Hospital and Health Service
Statement of cash flows
for the year ended 30 June 2025

NOTES TO THE STATEMENT OF CASH FLOWS

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

	2025 \$'000	2024 \$'000
Surplus/(deficit) for the year	(23,675)	1,563
Adjustments for:		
Non-cash equity withdrawal - depreciation funding	(207,582)	(180,776)
Depreciation and amortisation expense	207,582	180,775
Write-on of property, plant and equipment previously not recognised	-	(1,481)
Impairment loss	2,608	12,338
Net losses on disposal of property, plant and equipment	463	631
Changes in assets and liabilities:		
(Increase)/decrease in trade receivables	(6,973)	10,882
(Increase)/decrease in GST receivables	337	779
(Increase)/decrease in inventories	(1,184)	(2,235)
(Increase)/decrease in prepayments	(4,535)	567
Increase/(decrease) in payables	17,443	(35,244)
Increase/(decrease) in accrued salaries and wages	9,033	(20,422)
Increase/(decrease) in contract liabilities and unearned revenue	7,368	11,223
Increase/(decrease) in other employee benefits	288	102
Increase/(decrease) in funding payable	2,168	1,339
Increase/(decrease) in provisions	-	-
Net cash from/(used by) operating activities	3,341	(19,959)

CF-2 Non-Cash investing and financing activities

	Opening balance \$'000	New leases/borrowings \$'000	Interest expense \$'000	Cash repayments \$'000	Closing balance \$'000
2025					
Lease liabilities	407,759	1,250	7,095	(27,527)	388,577
2024					
Lease liabilities	427,320	452	7,426	(27,439)	407,759

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

BASIS OF FINANCIAL STATEMENT PREPARATION

GENERAL INFORMATION

Metro North Hospital and Health Service (Metro North) was established on 1 July 2012, as a not-for-profit statutory body under the *Hospital and Health Boards Act 2011* (Qld). Metro North is responsible for providing public sector health services in the area assigned under the *Hospital and Health Boards Regulation 2023* (Qld).

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

The head office and principal place of business of Metro North is:

Level 14, Block 7

Royal Brisbane and Women's Hospital

Herston QLD 4029

For information in relation to the health service please call (07) 3646 8111, email metronorthfeedback@health.qld.gov.au or visit Metro North's website at: <https://www.health.qld.gov.au/metronorth/about/contact-us>

STATEMENT OF COMPLIANCE

Metro North has prepared these financial statements in compliance with section 62(1) of the *Financial Accountability Act 2009* (Qld) and section 39 of the *Financial and Performance Management Standard 2019* (Qld).

These financial statements are general purpose financial statements and have been prepared on an accrual basis in accordance with Australian Accounting Standards and Interpretations. In addition, the financial statements comply with *Queensland Treasury's Financial Reporting Requirements* for Queensland Government Agencies for reporting period beginning after 1 July 2024 and other authoritative pronouncements.

With respect to compliance with Australian Accounting Standards and Interpretations, Metro North has applied those requirements applicable to a not-for-profit entity. Except where stated, the historical cost convention is used.

PRESENTATION MATTERS

Currency and rounding

Amounts included in the financial statements are in Australian dollars and rounded to the nearest \$1,000 or, where that amount is \$500 or less, to zero, unless disclosure of the full amount is specifically required. Some totals may not add due to rounding.

Current/Non-current classification

Assets and liabilities are classified as either 'current' or 'non-current' in the statement of financial position and associated notes.

Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as 'current' when they are due to be settled within 12 months after the reporting date, or Metro North 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.

AUTHORISATION OF FINANCIAL STATEMENTS FOR ISSUE

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

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

SECTION A

NOTES ABOUT OUR FINANCIAL PERFORMANCE

A1 REVENUE

A1-1: User charges and fees

	2025	2024
	\$'000	\$'000
Revenue from contracts with customers		
Hospital fees	152,900	141,074
Pharmaceutical Benefits Scheme	147,951	151,294
Sales of goods and services	39,608	34,074
Rental income	10,075	7,086
Total	350,534	333,528

Accounting policy – User charges and fees

Revenue from contracts with customers is recognised when Metro North transfers control over a good or service to the customer or third-party beneficiary. Revenue from hospital fees and the sales of services is comprised of private healthcare services, research, and training services respectively. Services are provided over time, with customers simultaneously receiving and consuming the benefits provided during that period. Metro North does not invoice for services rendered until the end of the service delivery period and recognises revenue progressively as the services are provided each month and a contract asset representing its right to consideration for services delivered but not yet billed.

Revenue from sales of goods and pharmaceutical benefit scheme comprises the sale of retail and pharmacy products and is recognised on transfer of the goods to the customer, which is the sole performance obligation.

A1-2: Funding for the provision of public health services

	2025	2024
	\$'000	\$'000
National Health Reform		
Revenue from contracts with customers		
Activity based funding	3,323,521	3,108,978
Total revenue from contracts with customers	3,323,521	3,108,978
Block funding	322,154	291,764
Depreciation funding	207,582	180,776
Other funding	288,479	239,529
Total revenue from other funding public health services	818,215	712,069
Total	4,141,736	3,821,047

Accounting policy – Funding for the provision of public health services

Funding is provided predominantly from the Department of Health for specific public health services purchased by the Department of Health in accordance with a service agreement. The Australian Government pays its share of National Health funding directly to the Department of Health, for on forwarding to the Hospital and Health Service. The service agreement is reviewed periodically and updated for changes in activities and prices of services delivered by Metro North. The signed agreements are published on the Queensland Government website and are publicly available.

Cash from the Department of Health is received fortnightly for State payments and monthly for Commonwealth payments and is recognised as revenue as the performance obligations under the service agreement are discharged. Commonwealth funding to Metro North in 2025 was \$1.4B (2024: \$1.3B).

Activity-based funding

Activity based funding is based on an agreed number of activities per the service agreement and a state-wide price by which relevant activities are funded. Ordinarily, activity-based funding is recognised as public health services are delivered. At the end of the financial year, an agreed technical adjustment between the Department of Health and Metro North may be required for the level of services performed above or below the agreed levels, which may result in a receivable or unearned revenue. This technical adjustment process is undertaken annually according to the provisions of the service agreement and ensures that the revenue recognised in each financial year reflects Metro North's delivery of health services.

Block funding

Block funding is not based on levels of public care activity. It is received for services agreed in the service agreement. Block funding does not have sufficiently specific performance obligations whereby Metro North can determine and assign transaction prices. Accordingly, it is recognised as revenue on receipt.

Depreciation funding

The service agreement between the Department of Health and Metro North dictates that depreciation and amortisation charges that are incurred by Metro North are funded by the Department of Health via non-cash revenue. This transaction is shown in the Statement of changes in equity as an equity withdrawal, \$207.6M in 2025 (2024: \$180.8M).

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

A1 REVENUE (continued)

Other funding

Other funding includes services that are either funded by agreements other than National Health Reform Agreement or the sole responsibility of Queensland Government. This includes Public Health, Alcohol Tobacco and Other Drugs, Aged Care programs such as Residential Aged Care, Aged Care Assessment Program and Transition Care Program, Offender Health Services, Patient Transport, Disability Residential Care Services, and some Community Health Programs. Receipts are recognised up-front as revenue in accordance with AASB 1058.

Revenue is recognised as a receivable in Note B2 for any technical adjustments to the service agreement made at year end. Revenue amounts are recognised as a payable (refund) in Note B4 for unspent funds.

A1-3: Grants and other contributions

Accounting policy – Grants and other contributions

Grants, contributions and donations are non-exchange transactions where Metro North does not directly give approximately equal value to the grantor. Where the agreement is enforceable and contains sufficiently specific performance obligations for Metro North to transfer goods or services to a third-party on the grantor's behalf, the transaction is accounted for under AASB 15 *Revenue from Contracts with Customers*. In this case, revenue is initially deferred (as a contract liability) and recognised as or when the performance obligations are satisfied.

Otherwise, the grant or contribution 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 or acquire non-financial assets to be controlled by Metro North. Special purpose capital grants are recognised as a contract liability when received, and subsequently recognised progressively as revenue as Metro North satisfies its obligations under the grant through construction or acquisition of the asset.

Grants and other contributions recognised as revenue from contracts with customers

Metro North receives specific purpose recurrent grants for the provision of Transition Care Services, Organ and Tissue Donation and Transplantation Services under Commonwealth funding programs. It also receives Commonwealth funding under grants and other contributions for the provision of residential aged care services under Commonwealth nursing home benefit funding \$13.1M (2024: \$12.4M). These agreements require Metro North to provide an agreed level of care to a specified number of eligible patients with funding determined based on services provided. Revenue is initially deferred as a contract liability and recognised as or when the performance obligations are satisfied.

Donations

This revenue stream consists of donations, gifts and bequests of cash or non-current assets for the purposes of benefiting the patient experience, staff education or research. Use of these funds is restricted, and any unspent money is held separately until it is expended for the above purposes. Refer to Note D3 for details.

Other grants

Metro North receives a number of grants from government, industry and community entities. These grants include contributions from the Motor Accident Insurance Commission (MAIC) \$2.2M (2024: \$2.0M) to support research at the jointly funded Trauma Institute and the Commonwealth Department of Health Radiation Oncology Health Program Grants (ROHPG) program \$1.4M (2024: \$1.4M).

A1-4: Services received below fair value

Accounting policy – Services received below fair value

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

During 2024-2025, Metro North received services below fair value from the Department of Health in the form of payroll, accounts payable and banking services. These services are essential to Metro North's operations and would have been procured if they were not received for free. The fair value of these services amounted to \$35M in 2025 (2024: \$30.8M). An equal amount to services received below fair value revenue is recognised as other expenses. Refer to Note A3-1 for the corresponding disclosure.

Metro North also receives services from volunteers who greet, direct and escort hospital patients and visitors, provide basic administrative support and assistance with role playing for some clinical skills development programs. While greatly appreciated, these donated services are not recognised because their fair value has been assessed as immaterial and they would not have been purchased if they had not been donated.

A1-5: Other revenue

	2025	2024
	\$'000	\$'000
Health service employee expense recoveries	23,324	22,883
Other recoveries	54,377	46,908
National disability insurance scheme	8,251	7,470
Car parks	10,504	9,829
Other revenue	20,812	11,307
Total	117,268	98,397

Accounting policy – Health service employee expense recoveries and other recoveries

Recovery income is received as reimbursement of goods, services or staff provided by Metro North to other hospital and health services and government agencies. Revenue is recognised on a gross basis at cost (i.e. no margin attached) when or as the good or service is transferred to the other entity under AASB 15 *Revenue from Contracts with Customers*.

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

A2 EMPLOYEE EXPENSES

A2-1: Employee expenses

	2025	2024
	\$'000	\$'000
Employee benefits		
Wages and salaries	404,314	361,427
Annual leave levy	55,669	53,983
Employer superannuation contributions	47,392	54,497
Long service leave levy	11,162	10,542
Termination benefits	436	1,291
Employee related expenses		
Workers compensation premium	31,609	27,229
Other employee related expenses	22,517	19,794
Total	573,099	528,763

	2025	2024
	No.	No.
Full-Time Equivalent Employees	1,106	991
Total	1,106	991

Accounting policy – Employee benefits

Employer superannuation contributions, annual leave levies and long service leave levies are regarded as employee benefits.

Workers' compensation insurance is a consequence of employing employees and is recognised separately as employee related expenses. Wages and salaries due but unpaid at reporting date are recognised in the statement of financial position at current salary rates.

As Metro North expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted amounts.

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

Employer superannuation contributions are paid to the Government Division of the Australian Retirement Trust (formerly Queensland Government's QSuper fund), or an alternative employee-nominated choice of superannuation fund, for all employees and include superannuation contributions to self-managed superannuation funds. Australian Retirement Trust is the default superannuation scheme for Queensland Government employees. The Australian Retirement Trust scheme has defined contribution and defined benefit categories, where the rates for the latter are determined by the Treasurer on the advice of the State Actuary. Contributions are expensed in the period in which they are paid, or payable and Metro North's obligation is limited to the value of those contributions paid.

The provisions for annual leave and long service leave and the liability for superannuation obligations are reported on a whole-of government basis pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

A2-2: Health service employee expenses

	2025	2024
	\$'000	\$'000
Health service employee expenses	2,770,523	2,541,601
Total	2,770,523	2,541,601

	2025	2024
	No.	No.
Full-Time Equivalent Health Service Contract Labour	19,670	18,752

Accounting policy – Health service employee expenses

Effective 15 June 2020, all non-executive employees of Metro North (i.e. other than senior executives, senior medical officers and visiting medical officers) became employees of the Director – General, Queensland Health. Salary and wages and associated expenses for these staff are the responsibility of the Department of Health and as such are reported in those financial statements.

The Department of Health on-charges the cost of employing these staff to Metro North through health service employee expenses. Any amounts due to the Department of Health but not yet paid at year end are recognised as payables of Metro North.

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

A2 EMPLOYEE EXPENSES (continued)

A2-3 Key management personnel disclosures

Metro North's responsible Minister is identified as part of its key management personnel. The Ministers responsible for the financial year were the Honourable Shannon Fentiman, the Minister for Health, Mental Health and Ambulance Services and Minister for Women, 18 May 2023 – 27 October 2024 and the Honourable Timothy Nicholls, Minister for Health and Ambulance Services, 1 November 2024 - current.

The following details for non-Ministerial key management personnel reflect those Metro North positions that had authority and responsibility for planning, directing and controlling activities during 2024-25 and 2023-24, further information about these positions can be found in the Annual Report.

Position	Position Responsibility
Board	
Non-executive Board Chair	Provide strategic leadership, guidance and effective oversight of management, operations and financial performance.
Non-executive Deputy Board Chair	Provide strategic leadership, guidance and effective oversight of management, operations and financial performance
Non-executive Board Member	Provide strategic leadership, guidance and effective oversight of management, operations and financial performance.
Executive Management	
Chief Executive	Responsible for the strategic direction and the efficient, effective and economic administration of the Health Service.
Chief Operating Officer	Responsible for providing operational leadership, direction and day to day management, including infrastructure of Metro North to optimise quality health care and business outcomes.
Executive Director, Strategy, Planning, Assets, Infrastructure and Strategic Developments	Responsible for strategically leading the development of Metro North's core health service strategy and planning, consumer engagement and infrastructure functions in the context of Metro North Health. The Executive Director of Strategy, Planning, Assets, Infrastructure and Strategic Developments position ceased to exist from 8 August 2024 and the responsibilities moved to the Chief Finance and Corporate Officer and Chief Operating Officer positions.
Chief Finance and Corporate Officer	Responsible for development and execution of strategy and full accountability with respect to financial stewardship, management of the asset portfolio, legal, information technology, commercial matters and procurement.
Chief People and Culture Officer	Responsible for recruitment, development and retention of a high performing and diverse workforce. Foster a healthy, safe and inclusive work environment that maximises individual and organisational potential.
Executive Director Clinical Services	Responsible for monitoring and strategically directing the budgetary and activity performance of Metro North's clinical streams and assist the Health Service Chief Executive and other Executive Directors in effective management of not only the Clinical Streams but also Metro North as an entity.
Executive Director, Clinical Governance, Safety, Quality and Risk	Provide strategic leadership, direction and day to day management of Metro North's governance, quality and risk functions to optimise quality health care, statutory and policy compliance and continuously improving business outcomes.

Remuneration policy

Minister remuneration

Metro North does not incur any expense in relation to the Minister. 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 Whole of Government Consolidated Financial Statements, which are published as part of the Report on State Finances.

Board

The remuneration of members of the Board is approved by Governor-in-Council as part of the terms of appointment. Each member is entitled to receive a fee, with the exception of appointed public service employees unless otherwise approved by the Queensland Government. Members may also be eligible for superannuation payments.

Executive management

Section 74(1) of the *Hospital and Health Boards Act 2011* provides that each person appointed as a Health Executive must enter into a contract of employment. The Health Service Chief Executive must enter into the contract of employment with the Chair of the Board for the Hospital and Health Service and a Health Executive employed by a Hospital and Health Service must enter into a contract of employment with the Health Service Chief Executive. The contract of employment must state the term of employment (no longer than 5 years per contract), that if the person's employment as a health executive continues to the end of the term, a further contract may be entered into, the person's functions and any performance criteria as well as the person's classification level and remuneration entitlements.

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

A2 EMPLOYEE EXPENSES (continued)

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

- Short-term employee benefits which include: **Monetary benefits** – consisting of base salary, allowances and leave entitlements paid and provided for the entire year or for that part of the year during which the employee occupied the specified position. Amounts disclosed equal the amount expensed in the Statement of comprehensive income. **Non-monetary benefits** – consisting of provision of vehicle and expense payments together with fringe benefits tax applicable to the benefit.
- Long-term employee benefits include long service leave accrued.
- Post-employment benefits include superannuation contributions.
- Redundancy payments are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu on termination, regardless of the reason for termination.
- There were no performance bonuses paid in the 2024-25 financial year (2024: \$nil).

Board remuneration

Name	Short-term employee expenses		Post-employment benefits	Total expenses
	Monetary expenses	Non-monetary expenses		
	\$'000	\$'000	\$'000	\$'000
2024-25				
Non-executive Board Chair Mr Bernard Curran (01/04/2024)	99	-	13	112
Non-executive Deputy Board Chair Dr Melissa (Meg) Cairns (01/04/2022)	55	-	7	62
Non-executive Board Member Mr Adrian Carson (18/05/2017)	48	-	6	54
Ms Nermina (Nera) Komaric (18/05/2021)	51	-	6	57
Aimee McVeigh (01/04/2024)	48	-	6	54
Hon. Jane Prentice (01/04/2024)	48	-	6	54
Linda Lavarch (01/04/2024)	48	-	6	54
Dr Peter Aitken (01/04/2024)	55	-	7	62
Dr Poya John Sobhanian (01/04/2024)	55	-	7	62
Dr Shea Spierings (01/04/2024)	48	-	6	54
Total Remuneration	555	-	70	625

¹ On 1 April 2024 Mr Bernard Curran commenced as Non-executive Board Chair. Prior to that, Mr Bernard Curran was a Non-executive Board member from 18 May 2018.

² On 26 September 2024 Dr Melissa (Meg) Cairns commenced as Non-executive Deputy Board Chair. Prior to that, Dr Melissa (Meg) Cairns was a Non-executive Board member from 1 April 2022.

Metro North has reimbursed Board members a total of \$420.75 (2024: \$204.55) for out-of-pocket expenses incurred whilst travelling on approved Board business including attendance at Board meetings.

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

A2 EMPLOYEE EXPENSES (continued)

Board remuneration (continued)

Name	Short-term employee expenses		Post-employment benefits	Total expenses
	Monetary expenses	Non-monetary expenses		
	\$'000	\$'000	\$'000	\$'000
2023-24				
Non-executive Board Chair				
Mr Bernard Curran (01/04/2024) ¹	24	-	3	27
Mr Jim McGowan (18/05/2020) ²	74		12	86
Non-executive Deputy Board Chair				
Dr Kim Forrester (18/05/2013) ²	41	-	6	47
Non-executive Board Member				
Mr Adrian Carson (18/05/2017)	50	-	7	57
Mr Bernard Curran (18/05/2018) ¹	39		6	45
Dr Melissa (Meg) Cairns (01/04/2022)	52		8	60
Ms Nermina (Nera) Komaric (18/05/2021)	51		7	58
Aimee McVeigh (01/04/2024)	12		1	13
Hon. Jane Prentice (01/04/2024)	12		1	13
Linda Lavarch (01/04/2024)	12		1	13
Dr Peter Aitken (01/04/2024)	13	6	2	21
Dr Poya John Sobhanian (01/04/2024)	13		2	15
Dr Shea Spierings (01/04/2024)	12		1	13
Ms Bonny Barry (18/05/2016) ²	38	-	6	44
Mr Geoff Hardy (18/05/2016) ²	39	-	6	45
Professor Mary-Louise Fleming (18/05/2016) ²	40	-	7	47
Mr Neil Roberts (18/05/2019) ²	38	-	6	44
Dr Robert Franz (18/05/2019) ²	38	-	6	44
Total Remuneration	598	6	88	692

¹ On 1 April 2024 Mr Bernard Curran commenced as Non-executive Board Chair. Prior to that, Mr Bernard Curran was a Non-executive Board member from 18 May 2018.

² The Board term for Jim McGowan, Dr Kim Forrester, Mr Geoff Hardy, Ms Bonny Barry, Professor Mary-Louise Fleming, Mr Neil Roberts and Dr Robert Franz, ceased on 31 March 2024.

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

A2 EMPLOYEE EXPENSES (continued)

Executive remuneration

Position	Short-term employee benefits		Long-term benefits	Post-employment benefits	Termination benefits	Total remuneration
	Monetary benefits	Non-monetary benefits				
	\$'000	\$'000				
2024-25						
Health Service Chief Executive (to 30/06/2025)	461	-	11	55	-	527
Health Service Chief Executive (Acting) (27/05/2025 - 23/06/2025)	56	-	1	6	-	63
Executive Director, Strategy, Planning, Assets, Infrastructure and Strategic Developments (to 07/08/2024) ¹	39	-	(1)	(3)	2	37
Chief Operating Officer (to 10/02/2025) ³	215	-	5	22	167	409
Chief Operating Officer (Acting) (27/01/2025 - 30/06/2025)	137	-	3	16	-	156
Chief Finance and Corporate Officer (to 06/02/2025)	169	-	2	12	5	188
Chief Finance and Corporate Officer (Acting) (03/02/2025 - 30/06/2025)	119	-	3	14	-	136
Chief People & Culture Officer (Acting) (01/07/2024 - 06/09/2024)	48	28	1	4	-	81
Chief People & Culture Officer (Acting) (06/09/2024 - 06/10/2024)	21	-	-	2	-	23
Chief People & Culture Officer (Acting) (07/10/2024 - 30/06/2025)	187	-	4	21	-	212
Executive Director Clinical Services (Acting) (01/07/2024 - 26/08/2024) (28/09/2024 - 27/10/2024)	77	-	2	8	-	87
Executive Director Clinical Services (Acting) (26/08/2024 - 27/09/2024) (13/12/2024 - 05/01/2025) (06/03/2025 - 13/03/2025) (07/04/2025 - 20/04/2025) (23/06/2025 - 30/06/2025)	64	-	1	5	-	70
Executive Director Clinical Services (Acting) (28/10/2024 - 30/06/2025) ²	227	-	5	24	-	256
Executive Director, Clinical Governance, Safety, Quality and Risk (to 30/06/2025)	251	-	6	29	-	286
Total	2,071	28	43	215	174	2,531

¹ The Executive Director of Strategy, Planning, Assets, Infrastructure and Strategic Developments position ceased to exist from 8 August 2024 and the responsibilities moved to the Chief Finance and Corporate Officer and Chief Operating Officer positions.

² The Executive Director Clinical Services role was filled for 40 hours per fortnight.

³ Termination benefits for the former Chief Operating Officer included a special payment. This special payment has not been included in Note A3-2.

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

A2 EMPLOYEE EXPENSES (continued)

Executive remuneration (continued)

Position	Short-term employee benefits		Long-term benefits	Post-employment benefits	Termination benefits	Total remuneration
	Monetary benefits	Non-monetary benefits				
	\$'000	\$'000				
2023-24						
Health Service Chief Executive (to 30/06/2024)	417	-	10	56	-	483
Chief Operating Officer (to 30/06/2024) ²	330	-	8	43	-	381
Chief Operating Officer (Acting) (17/07/2023 - 20/08/2023)	32	-	1	8	-	41
Chief Operating Officer (Acting) (11/03/2024 - 19/03/2024) (24/04/2024 - 26/05/2024)	42	-	1	5	-	48
Executive Director, Strategy, Planning, Assets, Infrastructure and Strategic Developments (to 30/06/2024)	260	1	6	35	-	302
Chief Finance and Corporate Officer (to 30/06/2024)	270	-	6	36	-	312
Chief People & Culture Officer (to 19/08/2023) ¹	115	-	2	14	131	262
Chief People & Culture Officer (Acting) (19/02/2024 - 30/06/2024) ¹	87	22	2	10	-	121
Executive Director Clinical Services (Acting) (to 30/06/2024) ³	306	-	7	42	-	355
Executive Director, Clinical Governance, Safety, Quality and Risk (to 30/06/2024)	231	-	5	28	-	264
Total	2,090	23	48	277	131	2,569

¹ The Chief People and Culture Officer position was vacant between 20 August 2023 and 18 February 2024.

² Includes salaries and wages whilst relieving as Health Service Chief Executive between 24 April 2024 to 09 June 2024 whilst Chief Executive was on leave.

³ The Executive Director Clinical Services role was filled for 40 hours per fortnight.

A3 OTHER EXPENSES

A3-1: Supplies and services

	2025 \$'000	2024 \$'000
Clinical supplies and services	291,976	259,384
Drugs	202,844	201,749
Pathology, blood and parts	138,980	131,734
Catering and domestic supplies	71,797	69,494
Repairs and maintenance	65,412	60,352
Communications	46,850	54,071
Computer services	54,332	38,788
Insurance	33,107	31,662
Consultants and contractors - clinical	21,769	21,436
Electricity and other energy	20,198	19,369
Professional services	25,178	22,045
Fee for service (private health providers)	29,664	11,620
Rental expenses	11,382	8,632
Facility management fee	10,120	8,875
Building services	7,215	7,246
Patient travel	8,861	8,285
Consultants and contractors - non-clinical	9,940	11,013
Minor works including plant and equipment	5,357	5,822
Services received below fair value	34,989	30,810
Other	22,260	24,891
Total	1,112,231	1,027,278

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

A3 OTHER EXPENSES (continued)

Accounting policy – Goods and services received below fair value

During 2024-25 Metro North received services below fair value from the Department of Health in the form of payroll, accounts payable and banking services. Under AASB 1058 *Income of Not-for-Profit Entities* contributions of goods and services are recognised only if the goods or services would have been purchased if they had not been donated and their fair value can be measured reliably.

Metro North satisfied both requirements and therefore the fair value of the services received is recognised as revenue with a corresponding expense in the financial statements.

Refer to Note A1-4 for disclosure of the corresponding income recognised for services received below fair value.

Accounting policy – Insurance

Metro North 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.

A3-2: Other expenses

Audit expenses

Total audit fees paid or payable to the Queensland Audit Office relating to the 2024-25 financial year were \$380,000 (2024: \$367,830). There were no non-audit services included in this amount.

Special payments

Special payments include ex-gratia expenditure and other expenditure that Metro North is not contractually or legally obligated to make, under a contract or otherwise, to other parties. In compliance with the *Financial and Performance Management Standard 2019* (Qld), Metro North maintains a register setting out the details of all reportable special payments greater than \$5,000.

The total of all special payments (including those of \$5,000 or less) is within the category of other expenses in the financial statements. In 2024-25, ex-gratia payments of \$151,477 (2024: \$1,043,560) were made, consisting of reportable payments totalling \$119,004 (2024: \$995,307) and a number of smaller non-reportable payments consisting of compensation for the loss of or damage to patients' personal belongings and reimbursement of medical expenses. Reportable payments ranging from \$5,600 to \$64,326 were made to 4 individuals relating to out of court settlements, patient medical claims and financial assistance.

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

SECTION B

NOTES ABOUT OUR FINANCIAL POSITION

B1 CASH AND CASH EQUIVALENTS

B1-1: Cash and cash equivalents

	2025	2024
	\$'000	\$'000
Cash at bank and on hand	241,212	236,188
Cash on deposit	43,520	38,447
Total	284,732	274,635

Cash on deposit represents cash contributions from external entities and other benefactors in the form of gifts, bequests, donations and legacies for specific purposes. This also includes Metro North's holding of Refundable Aged Care Deposits. These funds are deposited with Queensland Treasury Corporation and set aside for specific purposes underlying the contribution. Cash on deposit is at call and is subject to floating interest rates. The annual effective interest rate is 4.64% (2024: 4.82%).

Accounting policy – Cash and cash equivalents

For the purpose of the Statement of financial position and the Statement of cash flows, cash assets include all cash and cheques receipted but not yet banked at reporting date as well as deposits at call with financial institutions. Metro North's bank account is grouped within the whole-of-government set-off arrangement with the Queensland Treasury Corporation and, as a result, does not earn interest on surplus funds nor is it charged interest or fees for accessing its approved cash overdraft facility. Interest earned on the aggregate set-off arrangement balance accrues to the consolidated fund.

B2 RECEIVABLES

B2-1: Receivables

	2025	2024
	\$'000	\$'000
Trade receivables	90,810	74,984
Less: Allowance for impairment	(7,698)	(6,877)
Accrued interest and other	2	23
Trade receivables (net of allowance for impairment)	<u>83,114</u>	<u>68,130</u>
 GST receivable	 6,684	 6,884
GST payable	<u>(778)</u>	<u>(641)</u>
	<u>5,906</u>	<u>6,243</u>
 Funding public health services	 37,521	 45,532
Total	126,541	119,905

Movements in the allowance for impairment loss

Balance at beginning of the year	6,877	9,433
Amounts written off during the year	(4,585)	(8,221)
Increase/(decrease) in allowance recognised in operating result	5,407	5,665
Total	7,698	6,877

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

B2 RECEIVABLES (continued)

B2-2: Impairment of receivables

	Gross receivables	Loss rate	Expected credit losses
	\$'000		\$'000
2025			
Trade receivables			
Current	34,370	-	-
1 to 30 days overdue	11,491	2%	263
31 to 60 days overdue	10,205	2%	216
61 to 90 days overdue	6,979	3%	201
> 90 days overdue	27,765	25%	7,021
Total	90,810		7,700

	Gross receivables	Loss rate	Expected credit losses
	\$'000		\$'000
2024			
Trade receivables			
Current	20,875	-	-
1 to 30 days overdue	12,119	2%	264
31 to 60 days overdue	8,270	1%	120
61 to 90 days overdue	5,487	2%	124
> 90 days overdue	28,233	23%	6,371
Total	74,984		6,879

Accounting policy – Receivables

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

Trade receivables are due for settlement within 30 days. They are presented as current assets unless collection is not expected for more than twelve months after the reporting date. Due to the short-term nature of current receivables, their carrying amount is assumed to approximate the amount invoiced. All credit and recovery risk associated with trade receivables has been provided for in the Statement of financial position.

Key judgements and estimates – Recoverability of trade receivables: Judgement is required in determining the level of provisioning for customer debts.

The loss allowance for trade and other debtors reflects lifetime expected credit losses and incorporates reasonable and supportable forward-looking information. Economic changes impacting Metro North's debtors and relevant industry data form part of the impairment assessment. Metro North uses a provision matrix to measure the expected credit losses on trade and other debtors. Loss rates are calculated separately for groupings of customers with similar revenue profiles and historical loss patterns experienced on past revenue transactions. Consideration is given to reasonable and supportable forward-looking information and related business processes that may impact the future recovery of those receivables and may result in an adjustment to the historical loss rates for the affected customer groupings if the impact is expected to be material.

Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation, default or delinquency in payments (more than 90 days overdue or more than 120 days in the case where the account is with a health fund), past experience, and management judgement are considered indicators that the trade receivable is impaired.

Where there is no reasonable expectation of recovering an amount owed by a debtor, the debt is written-off by directly reducing the receivable against the loss allowance. If the amount of debt written off exceeds the loss allowance, the excess is recognised as an impairment loss. The amount of impairment losses recognised for receivables is disclosed above.

Disclosure – Receivables

At 30 June 2025, \$7.9M (2024: \$8.9M) of non-contract receivables were included in the receivables balance.

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

B3 PROPERTY PLANT AND EQUIPMENT

B3-1: Property, plant and equipment - Balances and reconciliations of carrying amount

	Land Level 2*	Buildings Level 3**	Buildings Level 2**	Plant and equipment ***	Capital works in progress	Total
2025	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Gross	450,455	4,050,001		578,241	244,584	5,323,281
Less: Accumulated depreciation	-	(2,657,559)		(343,991)	-	(3,001,550)
Carrying amount at 30 June 2025	450,455	1,392,442	-	234,250	244,584	2,321,731

Represented by movements in carrying amount:

Carrying amount at 1 July 2024	448,925	1,089,227	-	232,775	496,174	2,267,101
Transfers in from other Queensland Government entities	1,530	51,551	-	1,673	-	54,754
Acquisitions		1,042	-	28,619	119,358	149,019
Disposals	-	-	-	(1,027)	-	(1,027)
Transfers out to other Queensland Government entities	-	-	-	(442)	-	(442)
Transfers between classes #	-	350,811	-	20,137	(370,948)	-
Net revaluation increments	-	32,021	-	-	-	32,021
Depreciation expense	-	(132,210)	-	(47,485)	-	(179,695)
Carrying amount at 30 June 2025	450,455	1,392,442	-	234,250	244,584	2,321,731

	Land Level 2*	Buildings Level 3**	Buildings Level 2***	Plant and equipment ****	Capital works in progress	Total
2024	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Gross	448,925	3,448,352	-	550,522	496,174	4,943,973
Less: Accumulated depreciation	-	(2,359,125)	-	(317,747)	-	(2,676,872)
Carrying amount at 30 June 2024	448,925	1,089,227	-	232,775	496,174	2,267,101

Represented by movements in carrying amount:

Carrying amount at 1 July 2023	440,983	1,024,011	394	241,404	352,075	2,058,867
Transfers in from other Queensland Government entities	9,710	70,929	-	4,624	-	85,263
Acquisitions	-	803	-	35,058	144,132	179,993
Recognition of assets not previously recognised	-	1,481	-	-	-	1,481
Disposals	(1,536)	(98)	-	(894)	-	(2,528)
Transfers between classes #	-	427	(394)	-	(33)	-
Net revaluation increments	(232)	94,965	-	-	-	94,733
Depreciation expense	-	(103,291)	-	(47,417)	-	(150,708)
Carrying amount at 30 June 2024	448,925	1,089,227	-	232,775	496,174	2,267,101

*Level 2 land assets comprise land with observable inputs in an active market. Level 2 building assets are buildings with an active market.

**Level 3 building assets are special purpose built with limited alternative uses and/or substantial customisation e.g. hospitals where unobservable inputs are more significant to determining fair value.

***Assets with a fair value of \$394K previously recognised in the Level 2 fair value hierarchy were valued using the same methodology as the Level 3 Buildings during 2023-24 and transferred to Level 3 leaving no remaining buildings categorised as Level 2.

****Plant and equipment is held at cost, except for Heritage and Cultural assets which are held at fair value and are valued at \$0.98M (2024: \$0.98M).

Transfers represent capitalisation of commissioned assets during the year.

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

B3 PROPERTY PLANT AND EQUIPMENT (continued)

B3-2 Accounting policies – Recognition

Capitalisation and 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 for financial reporting purposes in the year of acquisition.

Class	Threshold
Land	\$1
Buildings and Land Improvements*	\$10,000
Plant and Equipment	\$5,000

*Land improvements undertaken by Metro North are included with buildings.

Items with a lesser value are expensed in the year of acquisition.

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

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

Acquisition

Plant and equipment are initially recorded at consideration plus any other cost directly incurred in bringing the asset ready to use. Items or components that form an integral part of an asset are recognised as a single (functional) asset.

Where assets are received free of charge from another Queensland Government entity, 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, other than from an involuntary transfer from another Queensland Government entity, are recognised at their fair value at date of acquisition in accordance with AASB 116 *Property, Plant and Equipment*.

B3-3: Accounting policies - Measurement

Measurement at historical cost

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

Measurement of fair value

Land and buildings are measured at fair value in accordance with AASB 116 *Property, Plant and Equipment*, AASB 13 *Fair Value Measurement* and Queensland Treasury's *Non-Current Asset Policies for the Queensland Public Sector*.

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

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

Fair value inputs

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

Observable inputs are relevant publicly available data, for example, published sales data for land.

Unobservable inputs are data, assumptions and judgements that are not available publicly, but are relevant to the characteristics of the assets being valued. Unobservable inputs are used to the extent that sufficient relevant and reliable observable inputs are not available for similar assets and liabilities.

Significant unobservable inputs used by Metro North include, but are not limited to:

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

Metro North Hospital and Health Service
Notes to the financial statements
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B3 PROPERTY PLANT AND EQUIPMENT (continued)

B3-3: Accounting policies – Measurement (continued)

Fair value measurement hierarchy

This note explains the judgements and estimates made in determining the fair values of land and buildings that are recognised and measured at fair value in the financial statements. Metro North classify inputs to fair value into three levels prescribed under AASB 13 *Fair Value Measurement*.

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

None of Metro North's valuations are eligible for categorisation into level 1 of the fair value hierarchy.

Asset category	Fair value hierarchy	Details
<i>Land</i>	Level 2	Fair value of land is based on publicly available data on recent sales of similar land in nearby localities. Adjustments were made to the sales data to take into account the location of the land, its size, street/road frontage and access and any significant restrictions. Land is measured at fair value utilising either independent revaluation or applying an interim revaluation methodology using an appropriate index.
<i>Buildings – Non-health service delivery</i>	Level 2	Non-health service delivery buildings are measured at the value that reflects the likely exit price in the principal market for an asset of this type, with valuations based on recent sales in the relevant areas.
<i>Buildings – Health service delivery (special purpose)</i>	Level 3	Reflecting the specialised nature of health service buildings and on-hospital-site residential facilities, for which there is no active market, fair value is determined using the current replacement cost methodology.

Valuation methodology

In 2021-22 Metro North returned to a rolling revaluation process, where the fair values of all buildings are comprehensively reviewed at least every five years. All buildings in the current rolling program were completed in 2023-24. In 2024-25 Metro North engaged AECOM to independently assess the fair value of the Caboolture Hospital Redevelopment Project buildings that were capitalised on 1 July 2024 to Level 3 Buildings.

Land will continue to be independently assessed and fair value determined on a rolling five-year valuation program. Any assets held at fair value not scheduled for independent assessment in the current year will continue to be revalued on an annual basis using the appropriate and relevant indices provided by independent experts.

Key judgement:

The key assumption in using the current replacement cost for the valuation of specialised buildings is determining a replacement cost of a modern-day equivalent. The methodology makes a further adjustment to total estimated life taking into consideration physical and technical obsolescence impacting on the remaining useful life to arrive at a current replacement cost via straight-line depreciation. The valuations were prepared on a componentised basis by rolling up building elements into eight specialised building components to be individually reflected in the asset register as sub-assets of a primary building asset. A componentisation Framework was developed in consultation with AECOM in 2023-24 for Building and Land Improvement assets to serve as a guide, outlining the elements to be captured under each component, thereby streamlining the valuation process.

To estimate the replacement costs of each component, each element was quantified. The measurement of each element uses 'key quantities' including building footprint or gross floor area (also used as the roof area), girth of the building, height of the building, number and height of staircases and number of lifts and number of floors.

These key quantities have been measured from drawings and verified via an onsite inspection taking into account managements instructions to replace, upgrade or maintain these buildings. Furthermore, during the valuation process Metro North agreed on the useful lives with the valuer with reference to the current buildings condition and potential funding available in the future.

Use of indices

Indices used for land assets were supplied by the State Valuation Service (SVS) with reference to notional apportionment of where the market is seeing growth, land sales, the ability and cost to develop land, and the expected return on development for the Brisbane and surrounding Southeast Queensland areas.

The indices used for building assets were provided by AECOM, the independent valuer based on local construction prices for the Brisbane and surrounding Southeast Queensland areas.

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

B3 PROPERTY PLANT AND EQUIPMENT (continued)

B3-3: Accounting policies – Measurement (continued)

Use of comprehensive valuations

If a class of asset experiences significant and volatile changes in fair value (i.e. where indicators such as property market and construction cost movements suggest that the value of the class of assets may have changed significantly from one reporting period to the next), it is subject to such revaluations in the reporting period.

Results of valuation

In 2024-25, land valuation was reviewed by the State Valuation Service which recommended an indexation decrement of \$3.89M equating to a cumulative percentage change of -0.9%. As the recommended change was less than 5% of the reported asset balances and no indicators exist that the asset class has experienced a significant and volatile change in value since the last revaluation, Metro North have not revalued Land in 2024-25 in accordance with the requirements of the *Non-Current Asset Policies for the Queensland Public Sector*.

Buildings capitalised on 1 July 2024 as a result of the Caboolture Hospital Redevelopment Project were comprehensively revalued during 2024-25 to ensure consistent application of the valuation methodologies. This comprehensive revaluation resulted in a \$36.1M decrement (2024: \$32M increment).

The valuation of all buildings not comprehensively revalued in 2024-25 (excluding heritage listed and new builds) were considered via indexation resulting in an indexation movement of 7%, a \$68.13M increment (2024: \$63M increment). The total movement for buildings for 2024-25 was \$32M, leaving a Revaluation Surplus for Buildings and Site Improvements as at the 30 June 2025 of \$738.7M.

Accounting for changes in fair value

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

Metro North has adopted the gross method of reporting assets. This method restates separately the gross amount and related accumulated depreciation of the assets comprising the class of revalued assets (current replacement cost). Accumulated depreciation is restated proportionally in accordance with the independent advice of the appointed valuer.

B3-4: Accounting policies - Depreciation

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

Buildings are recognised via componentisation and depreciated on a straight-line basis, using the remaining useful lives of the building's components. This process provides more reliable and relevant information to users of the financial statements and asset managers. Where significant components have materially different lives from the complex asset, the impact may materially affect the depreciation recognised during the financial year.

Plant and Equipment is depreciated on a straight-line basis to reflect the consistent and even consumption of the service potential of these assets over their useful life to Metro North.

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

Key judgement:

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

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

Class	Depreciation rates
Buildings	2.5% - 3.33%
Plant and Equipment	5.0% - 33.33%

B3-5: Accounting policies - Impairment

Impairment assessment

As a not-for-profit entity, the majority of Metro North's buildings are held for the continuing use of their service capacity and not for the generation of cash flows. Such assets are typically specialised in nature. In accordance with AASB 136, where such assets are measured at fair value under AASB 13, that fair value is effectively deemed to be the recoverable amount and therefore the impairment requirements of AASB 136 do not apply to this asset class. For assets measured at cost, no impairment loss was recognised in 2024-25 (2024: \$nil).

Metro North Hospital and Health Service
Notes to the financial statements
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B4 LIABILITIES

B4-1: Payables

	2025	2024
	\$'000	\$'000
Trade creditors	316,731	296,425
Other creditors	19,450	20,668
Funding repayable	18,830	16,662
Total	355,011	333,755

Accounting policy – Payables

Payables are recognised upon receipt of the goods or services ordered and are measured at the agreed purchase/contract price, gross of applicable trade and other discounts. Amounts owing are unsecured and are generally settled within the creditor's normal payment terms.

Funding repayable represents amounts recognised in the end of year technical adjustment as owing to the Department of Health at the end of each year for services not delivered during the year. Refer to Note A1-2 for further detail on funding of public health services.

B5 EQUITY

B5-1: Asset revaluation surplus

2025	Land	Buildings	Heritage & Cultural Assets	Total
	\$'000	\$'000	\$'000	\$'000
Balance 1 July 2024	128,455	706,671	508	835,634
Revaluation increments/(decrements)	-	32,021	-	32,021
Balance 30 June 2025	128,455	738,692	508	867,655

2024	Land	Buildings	Heritage & Cultural Assets	Total
	\$'000	\$'000	\$'000	\$'000
Balance 1 July 2023	128,687	611,707	508	740,902
Revaluation increments/(decrements)	(232)	94,965	-	94,733
Balance 30 June 2024	128,455	706,672	508	835,635

*Heritage and Cultural Assets are included within Plant and Equipment B3-1 Property Plant and Equipment

Accounting policy – Revaluation surplus

The asset revaluation surplus represents the net effect of revaluation movements in assets. Refer to Note B3 for full disclosure.

Metro North Hospital and Health Service
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B6 RIGHT-OF-USE ASSETS AND LEASE LIABILITIES

B6-1: Right-of-use assets

	Land and buildings \$'000	Plant and equipment \$'000	Total \$'000
2025			
Cost	456,635	28,241	484,876
Less: Accumulated depreciation	(106,540)	(23,361)	(129,901)
Carrying amount at 30 June 2025	350,095	4,880	354,975
Represented by movement in carrying amount:			
Carrying amount at 1 July 2024	371,985	7,328	379,313
Additions	1,250	-	1,250
Depreciation	(23,140)	(2,448)	(25,588)
Carrying amount at 30 June 2025	350,095	4,880	354,975

	Land and buildings \$'000	Plant and equipment \$'000	Total \$'000
2024			
Cost	455,385	28,241	483,626
Less: Accumulated amortisation	(83,400)	(20,913)	(104,313)
Carrying amount at 30 June 2024	371,985	7,328	379,313
Represented by movement in carrying amount:			
Carrying amount at 1 July 2023	394,547	9,792	404,339
Additions	452	-	452
Depreciation	(23,014)	(2,464)	(25,478)
Carrying amount at 30 June 2024	371,985	7,328	379,313

B6-2: Lease liabilities

	2025 \$'000	2024 \$'000
Current		
Lease liabilities	20,464	25,169
Total current	20,464	25,169
Non-current		
Lease liabilities	368,113	382,590
Total non-current	368,113	382,590
Total	388,577	407,759

Accounting policy – Leases as a lessee

Right-of-use assets

Metro North measures right-of-use assets from concessionary leases at cost on initial recognition, and measures all right-of-use assets at cost subsequent to initial recognition. Metro North 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.

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

When measuring the lease liability, Metro North uses its incremental borrowing rate as the discount rate where the interest rate implicit in the lease cannot be readily determined. To determine the incremental borrowing rate, Metro North uses loan rates provided by Queensland Treasury Corporation that correspond to the commencement date and term of the lease.

Metro North Hospital and Health Service
Notes to the financial statements
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B6 RIGHT-OF-USE ASSETS AND LEASE LIABILITIES (continued)

(i) Details of leasing arrangements as lessee

Category/class of lease arrangement	Description of arrangement
Plant and equipment leases	Metro North leases a number of medical equipment items located at STARS. These leases generally have a 7 year term.
Buildings	Metro North leases the STARS building from Australian Unity. The initial term of the lease is 20 years with an option to extend this lease by two periods of 10 years each (up to 40 years in total). At 30 June 2025 Metro North is not reasonably certain that either of the options will be exercised so the lease is accounted for based on the initial 20 year term. Under the agreement Australian Unity also provides service and maintenance on the building. The amounts paid for these services are not included in the value of the lease. Metro North also leases office accommodation from private sector providers where alternative premises are not available.

(ii) Office accommodation and motor vehicles

The Queensland Government Accommodation Office (QGAO) within the Department of Housing and Public Works provides Metro North with access to office accommodation under a government-wide framework. QFleet within the Department of Housing and Public Works provides Metro North with access to motor vehicles under a similar government wide framework. These arrangements are categorised as procurement of services rather than as leases because QGAO and QFleet have substantive substitution rights over the assets. The related service expenses are included as "Rental expenses" in Note A3-1.

Surgical, Treatment and Rehabilitation Service (STARS) lease

Located at the former Royal Children's Hospital site at Herston, the Herston Quarter is being developed under a consortium led by Australian Unity.

Australian Unity's scope of work includes the construction of a new hospital "STARS", which was delivered under a public-private partnership lease arrangement with Metro North. The building provides an approximate 35,000 sqm facility which includes 100 rehabilitation beds, special purpose rehabilitation support areas, and a surgical and endoscopic centre with a thirty-two-bed surgical inpatient room, seven operating theatres, three endoscopy rooms and recovery spaces.

The land on which STARS is constructed is owned by Metro North and leased to Australian Unity for 99 years.

Commercial acceptance by Metro North of the STARS building occurred on 4th November 2020, at which time the parties entered into a lease for an initial 20-year period, with an option to extend this lease by two periods of 10 years (40 years in total). At the commencement date, the lease liability was calculated as the present value of the future lease repayments, discounted using the QTC fixed rate loan interest rate at that date for the period which aligns with the length of the lease agreement.

Additional operating leases have been entered for equipment relating to the operation of STARS.

The total undiscounted estimated future cash outflows relating to the cost of leasing including the STARS building and related equipment items are shown below:

	2025 \$'000	2024 \$'000
Outflows		
Not later than 1 year	28,175	27,883
Later than 1 year but not later than 5 years	109,140	109,254
Later than 5 years but not later than 10 years	140,531	138,454
Later than 10 years	161,869	190,818
Total estimated cash outflows	439,715	466,409

Other contractual expenditure commitments relating to the operation of STARS are as follows:

	2025 \$'000	2024 \$'000
Outflows		
Not later than 1 year	8,928	9,000
Later than 1 year but not later than 5 years	55,945	42,792
Later than 5 years but not later than 10 years	88,612	78,161
Later than 10 years	121,076	153,609
Total estimated cash outflows	274,561	283,562

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B7 PUBLIC PRIVATE PARTNERSHIPS

Metro North does not have any arrangements that fall within the scope of AASB 1059 *Service Concession Arrangements*.

Metro North has some arrangements that fall within the definition of Public Private Partnerships (PPPs) as outlined in Queensland Treasury's *Financial Reporting Requirements*.

Facility	Counterparty	Term of Agreement	Commencement Date
RBWH Butterfield Street Car Park	International Parking Group Pty Limited	30 years	January 1998
STARS	Australian Unity	20 years + 2 x 10 year extension options	November 2020

RBWH Butterfield Street Car Park

A \$2.5M up-front payment for rent of land on which the car park has been built was received at the commencement of car park operations in January 1998. This amount was transferred to the Royal Brisbane and Women's Hospital Foundation via a Deed of Assignment in June 1998. Rental income of \$0.3M plus CPI per annum to January 2019 increasing to \$0.6M plus CPI per annum for the remainder of the lease period, as well as other payments when gross car park receipts exceed particular targets, were also assigned under the same Deed of Assignment to the Royal Brisbane and Women's Hospital Foundation.

In September 2023 a Deed of Variation was entered, in which Metro North was assigned the contractual rights and obligations to receive the cashflows. In accordance with the agreement, the revenue is then transferred to the Royal Brisbane and Women's Hospital Foundation.

Under this agreement, the Department of Health and Metro North staff are entitled to concessional rates when using the car park.

The building is recognised as a non-current asset in Note B3 and as shown in Note B7-1 below. Metro North has also recognised unearned revenue in relation to this agreement. Metro North incurs depreciation expense in relation to this building which is offset by depreciation funding from the Department of Health. Metro North does not retain any cash revenue in relation to this car park, however the pass-through of revenue to the Royal Brisbane and Women's Hospital Foundation and the unwinding of unearned revenue representing the progressive recognition of the fair value of the asset is accounted for as non-cash revenue as shown in Note B7-2 below.

STARS

As outlined in Note B6, Metro North has entered into an agreement with a consortium led by Australian Unity for the construction of the STARS facility.

This arrangement is recognised as a lease and accounted for in accordance with AASB 16 *Leases*. Disclosure, including Metro North's commitment to make future lease and other payments to the private sector entity are outlined in Note B6. Metro North has the option to purchase the STARS facility at market value at the expiration of the initial 20 year lease and each of the two 10 year options (if exercised). Metro North does not hold any ownership interest in the building unless or until it purchases it from the private sector entity.

All public health services provided at STARS are under the direction and control of Metro North.

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B7 PUBLIC PRIVATE PARTNERSHIPS (continued)

B7-1 PPPs AASB 1059

Some PPPs are not service concession arrangements within the scope of AASB 1059. Other accounting standards and policies apply to these arrangements and are described for each arrangement below.

B7-1: PPPs outside AASB 1059

	2025 \$'000	2024 \$'000
Assets		
Buildings		
RBWH Butterfield Street Car Park	30,281	28,400
Total Assets	30,281	28,400
Liabilities		
Unearned revenue		
RBWH Butterfield Street Car Park	1,954	2,551
Total Liabilities	1,954	2,551

B7-2 Operating statement impact

The operating statement impact for each material public private partnership arrangement is as follows.

	Butterfield St \$'000	Total \$'000
2024-25		
Revenue		
Car park	2,031	2,031
Depreciation funding	1,533	1,533
Amortisation of unearned revenue	597	597
Expenses		
Grant to Foundation	(2,031)	(2,031)
Depreciation expenses	(1,533)	(1,533)
Net impact on operating result	597	597
2023-24		
Revenue		
Car park	2,191	2,191
Depreciation funding	1,400	1,400
Amortisation of unearned revenue	597	597
Expenses		
Grant to Foundation	(2,198)	(2,198)
Depreciation expenses	(1,400)	(1,400)
Net impact on operating result	590	590

Metro North Hospital and Health Service
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SECTION C

NOTES ABOUT RISKS AND OTHER ACCOUNTING UNCERTAINTIES

C1 FINANCIAL RISK DISCLOSURES

C1-1: Financial instrument categories

Metro North has the following categories of financial assets and financial liabilities

Category	Notes	2025 \$'000	2024 \$'000
Financial assets			
Cash and cash equivalents	B1	284,732	274,635
Receivables	B2-1	126,541	119,905
Total		411,273	394,540
Financial liabilities			
Lease liabilities	B6-2	388,577	407,759
Payables	B4-1	355,011	333,755
Total		743,588	741,514

Accounting policy – Financial instruments

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

Metro North holds financial instruments in the form of cash and cash equivalents and receivables (excluding prepayments) and payables.

C1-2 Financial risk management

Metro North's activities expose it to a variety of financial risks – credit risk, liquidity risk and interest rate risk.

(a) Credit risk

Credit risk is the potential for financial loss arising from a counterparty defaulting on its obligations. The maximum exposure to credit risk at balance date is equal to the gross carrying amount of the financial asset, inclusive of any allowance for impairment. The carrying amount of financial assets, which are disclosed in more detail in Note B2, represents the maximum exposure to credit risk at the reporting date.

No financial assets and financial liabilities have been offset and presented net in the Statement of financial position, except for Goods and Services Tax (GST). No collateral is held as security and no credit enhancements relate to financial assets held by Metro North.

There are no significant concentrations of credit risk.

(b) Liquidity risk

Liquidity risk is the risk that Metro North will not have the resources required at a particular time to meet its obligations to settle its financial liabilities.

Metro North is exposed to liquidity risk through its trading in the normal course of business and aims to reduce the exposure to liquidity risk by ensuring that sufficient funds are available to meet employee and supplier obligations at all times. An approved debt facility of \$39.5M (2024: \$39.5M) under the whole-of-government banking arrangements to manage any short-term cash shortfalls has been established. No funds had been withdrawn against this debt facility as at 30 June 2025.

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

Category	2025 \$'000	< 1 year \$'000	1 – 5 years \$'000	> 5 years \$'000	2024 \$'000	< 1 year \$'000	1 – 5 years \$'000	> 5 years \$'000
Payables	355,011	355,011			333,755	333,755		
Lease liabilities	439,715	28,175	109,140	302,400	466,409	27,883	109,254	329,272
Total	794,726	383,186	109,140	302,400	800,164	361,638	109,254	329,272

(c) Interest rate risk

Metro North has interest rate exposure on its 24-hour call deposits however there is no risk on its cash deposits.

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

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

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

(d) Economic dependency

Metro North has prepared these financial statements on a going concern basis which assumes it will be able to meet its financial obligations as and when they fall due. Metro North is economically dependent on funding received from its service agreement with the Department of Health.

The service agreement provides performance targets and terms and conditions in relation to provision of funding commitments and agreed purchased activity for this period. The Board and management of Metro North believe that the terms and conditions of its funding arrangements under the service agreement will provide Metro North sufficient cash resources to meet its financial obligations for at least the next financial year.

Metro North has no intention to liquidate or cease operations. Under section 18 of the *Hospital and Health Boards Act 2011*, Metro North represents the State of Queensland and thus has all the privileges and immunities of the State in this respect.

C2 COMMITMENTS

Capital expenditure commitments

Material classes of capital expenditure commitments exclusive of anticipated GST, contracted for at reporting date but not recognised in the accounts are payable as follows:

	2025 \$'000	2024 \$'000
Buildings		
Not later than 1 year	111,449	97,149
Later than 1 year but not later than 5 years	1,709	51
Later than 5 years	-	-
Total estimated cash outflows	113,158	97,200

Plant and equipment		
Not later than 1 year	12,312	10,151
Later than 1 year but not later than 5 years	-	-
Later than 5 years	-	-
Total estimated cash outflows	12,312	10,151

C3 CONTINGENCIES

As at 30 June 2025, the following cases were filed in the courts naming the State of Queensland acting through Metro North as defendant:

	2025 Number of cases	2024 Number of cases
Federal Court	1	2
Supreme Court	22	24
District Court	6	9
Magistrates Court	1	1
Tribunals, commissions and boards	11	6
Total	41	42

(a) Litigation in progress

It is not possible to make a reliable estimate of the final amount payable, if any, in respect of the litigation before the courts at this time. Health litigation is underwritten by the Queensland Government Insurance Fund (QGIF). Metro North's maximum exposure is limited to an excess per insurance event up to \$20,000. The majority of the above litigation is covered within Metro North's QGIF policy such that Metro North's net exposure is not expected to be material.

(b) Contractual contingencies

Metro North has entered and received various contractual contingencies through the year, primarily in the form of indemnities. Those indemnities have been given in accordance with the requirements of the *Statutory Bodies Financial Arrangements Act 1982* (Qld) and recorded through the Contingency Management System.

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

C4 FIRST YEAR APPLICATION OF NEW ACCOUNTING STANDARDS OR CHANGE IN ACCOUNTING POLICY

Accounting standards applied for the first time

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

Accounting standards early adopted

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

C5 JOINT ARRANGEMENTS

Metro North has joint control over two arrangements: Herston Imaging Research Facility (HIRF) and the Oral Health Centre (OHC). Both arrangements have been assessed as joint operations.

HIRF is located in Herston, Brisbane, on land that is owned by Metro North. This alliance agreement is with the University of Queensland (UQ), the Council of the Queensland Institute of Medical Research (QIMR) and Queensland University of Technology (QUT).

The OHC is located in Herston, Brisbane, on land owned by UQ, with whom Metro North has an alliance agreement.

The joint arrangements had no contingent liabilities or capital commitments as at 30 June 2024 and 2025.

Accounting policy – Joint Arrangements

A joint operation is an arrangement whereby the parties (joint operators) that have joint control of the arrangement have rights to the assets, and obligations for the liabilities, relating to the arrangement. Joint control is the contractually agreed sharing of control of an arrangement, which exists only when decisions about the relevant activities require the unanimous consent of the parties sharing control. The considerations made in determining joint control are similar to those necessary to determine control over subsidiaries. In relation to its interest in joint operations, Metro North recognises its:

- Assets, including its share of any assets held jointly;
- Liabilities, including its share of any liabilities incurred jointly;
- Revenue from the sale of its share of output arising from the joint operation;
- Share of revenue from the sale of output by the joint operation; and
- Expenses, including its share of any expenses incurred jointly.

C6 SUBSEQUENT EVENTS

There are no matters or circumstances that have arisen since 30 June 2025 that have significantly affected, or may significantly affect Metro North's operations, the results of those operations, or its state of affairs in future financial years.

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

SECTION D

WHAT WE LOOK AFTER ON BEHALF OF THIRD PARTIES

D1 GRANTED PRIVATE PRACTICE

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

Granted Private Practice provides the option for SMOs and VMOs to either assign all of their private practice revenue to Metro North (assignment arrangement) and in return receive an allowance, or for SMOs and VMOs to share in the revenue generated from billing patients and to pay service fees to Metro North (retention arrangement).

All monies received for Granted Private Practice are deposited into separate bank accounts that are administered by Metro North on behalf of the Granted Private Practice SMOs and VMOs. These accounts are not reported in Metro North's Statement of financial position.

All assignment option receipts, retention option services fees and service retention fees are included as revenue in the Statement of comprehensive income of Metro North on an accrual basis. The funds are then subsequently transferred from the Granted Private Practice bank accounts into Metro North operating and general trust bank accounts (for the service retention fee portion).

	2025	2024
	\$'000	\$'000
Receipts		
Billings - (SMOs and VMOs)	57,168	52,762
Interest	182	159
Total receipts	57,350	52,921
Payments		
Hospital and Health Service recoverable administrative costs	35,502	32,063
Payments to medical practitioners	17,296	17,664
Hospital and Health Service education/travel fund	3,660	3,326
Total payments	56,458	53,053
Closing balance of bank account under a trust fund arrangement not yet disbursed and not restricted cash	5,330	4,438

D2 FIDUCIARY TRUST TRANSACTIONS AND BALANCES

Metro North acts in a fiduciary capacity in relation to a number of patient trust bank accounts. Consequently, these transactions and balances are not recognised in the financial statements. Although patient funds are not controlled by Metro North, trust activities are included in the audit performed by the Auditor-General of Queensland.

	2025	2024
	\$'000	\$'000
Patient trust funds		
Opening balance	170	147
Patient trust receipts	7,465	7,352
Patient trust payments	(7,489)	(7,329)
Closing balance (represented by cash)	146	170

D3 RESTRICTED ASSETS

Metro North receives cash contributions primarily from private practice clinicians and external entities for the provision of education, study and research in clinical areas. Contributions are also received from benefactors in the form of gifts, bequests, donations and legacies for specific purposes. At 30 June 2025, an amount of \$43.9M (2024: \$38.4M) in General Trust is set aside for specified purposes defined by the contribution.

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

SECTION E

OTHER INFORMATION

E1 RELATED PARTY TRANSACTIONS

Transactions with Queensland Government controlled entities

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

The following table summarises significant transactions with Queensland Government controlled entities:

E1-1: Related Party Transactions- Department of Health

	2025	2024
	\$'000	\$'000
Revenue received	4,225,128	3,893,379
Expenditure incurred	3,141,141	2,926,276
Receivables	39,861	48,597
Payables	298,470	268,799

E1-2: Related Party Transactions- Queensland Treasury Corporation

	2025	2024
	\$'000	\$'000
Revenue received	1,992	1,756
Expenditure incurred	48	44
Cash and cash equivalents	43,520	38,447
Payables	4	4

(a) Department of Health

Metro North receives funding in accordance with a service agreement with the Department of Health. The Department of Health receives its revenue from the Queensland Government (majority of funding) and the Commonwealth. Metro North is funded for eligible services through block funding, activity-based funding or a combination of both. For further details reference should be made to Note A1-2 Funding for the provision of public health services.

The Department of Health provides a number of services including, ambulatory services, procurement, payroll, pharmacy, biomedical technology services, pathology, superannuation (Australian Retirement Trust) payments, information technology infrastructure and support as well as accounts payable services. Any expenses paid by the Department of Health on behalf of Metro North for these services are recouped by the Department of Health.

(b) Queensland Treasury Corporation

Metro North has bank accounts with the Queensland Treasury Corporation for general trust monies and receives interest and incurs bank fees on these accounts.

Other

There are no other individually significant transactions with related parties.

Transactions with other related parties

All transactions in the year ended 30 June 2025 between Metro North and key management personnel, including their related parties were on commercial terms and conditions and were immaterial in nature.

E2 TAXATION

Metro North 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 North. All FBT and GST reporting to the Commonwealth is managed centrally by the Department of Health, with payments/receipts made on behalf of Metro North reimbursed to/from the Department of Health on a monthly basis. For example, GST credits receivable from, and GST payable to the ATO, are recognised on this basis.

Both Metro North Health and the Department of Health satisfy section 149-25(e) of the *A New Tax System (Goods and Services) Act 1999 (Cth)* (The GST Act) and were able, with sixteen 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.

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

E3 CLIMATE RISK DISCLOSURE

Whole-of Government Climate-related Reporting

The State of Queensland, as the ultimate parent of Metro North, has published a wide range of information and resources on climate related risks, strategies and actions accessible via <https://www.energyandclimate.qld.gov.au/climate> and <http://www.treasury.qld.gov.au/energy-and-climate/>.

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

Climate Risk Assessment – Metro North

Metro North considers climate-related risks when assessing material accounting judgements and estimates used in preparing its financial report. Key estimates and judgements identified include the potential for changes in asset useful lives, changes in the fair value of assets, impairment of assets, the recognition of provisions or the possibility of contingent liabilities.

No adjustments to the carrying value of assets were recognised during the financial year as a result of climate-related risks impacting current accounting estimates and judgements. No other transactions have been recognised during the financial year specifically due to climate-related risks impacting Metro North.

Metro North continues to monitor the emergence of material climate-related risks that may impact the financial statements of Metro North, including those arising under the Queensland Government's Queensland 2035 Clean Economy Pathway, and other Queensland Government climate-related policies or directives.

Metro North's climate-related initiatives resulting from the Queensland Climate Transition Strategy and Climate Action Plan 2030 are published on Metro North's website at <https://metronorth.health.qld.gov.au/wp-content/uploads/2021/04/green-mn-sustainability-strategy-21-26.pdf>

Green Metro North Sustainability Strategy 2021–2026

As the largest health service in Australia Metro North is dedicated to reducing our environmental footprint, promoting public and environmental health, and ensuring our service is resilient to climate change. The strategy has five strategic elements: Green Monitoring; Green Partnerships; Green Facilities; Green Initiatives and Green Workforce. Metro North is committed to identifying major sources of waste and energy use and introducing green initiatives to achieve sustainable change, collaboration with other organisations to improve sustainability performance and innovation within the healthcare sector and integrate environmental sustainability and resilience practices with repairs and maintenance programs and future building and plant and infrastructure projects to create a healthier and more sustainable tomorrow.

Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

SECTION F

BUDGET v ACTUAL COMPARISON

F1 BUDGET VS ACTUAL COMPARISON – STATEMENT OF COMPREHENSIVE INCOME

User charges and fees – The increase relates to higher numbers of private patients, increased funded clinical trials, especially in cancer care at Royal Brisbane and Women's Hospital, and higher Pharmaceutical Benefits Scheme reimbursement from increased patient activity and drug costs.

Funding for the provision of public health services – The increase reflects regular in-year amendments to the service agreement with the Department of Health including enterprise bargaining agreement items, initiatives to assist with demand pressures and increased bed capacity, Better Care Together, Nurse led walk in clinics, Virtual Emergency Care Service and an increase in depreciation expense.

Other Revenue – The increase relates to differences in accounting treatment of salary recoveries, which are recognised as credits to expenditure in budget but revenue in actuals.

Employee expenses – Refer below to Health service employee expenses explanation.

Health service employee expenses – the increase relates primarily to regular in-year amendments to the service agreement with the Department of Health including enterprise bargaining agreement items, initiatives to assist with demand pressures and increased bed capacity, Better Care Together, Nurse led walk in clinics and Virtual Emergency Care Service. Staff costs also reflect costs related to integrated electronic medical records (ieMR) implementation which are recovered from the Department of Health. Increased staffing costs also reflect higher levels of sick leave in line with increase acute respiratory illness in the community and also reflect the additional costs of caring for patients clinically ready for discharge but requiring aged care or NDIS placements.

Supplies and Services – the increase relates primarily to regular in-year amendments to the service agreement with the Department of Health including outsourced beds to assist with demand pressures, Better Care Together, Nurse led walk in clinics and Virtual Emergency Care Service. The service did feel the impact of inflationary pressures with some contracts being impacted by multiple years of price increases. Prices increased at a higher rate than the escalation included in Activity Based Funding mechanisms.

Other Expenses – the variance relates to a general other expenses provision provided for in the original budget which did not eventuate in 2024-25 actuals.

F2 BUDGET VS ACTUAL COMPARISON – STATEMENT OF FINANCIAL POSITION

Cash and cash equivalents – the variance to budget is due to cash held for funding deferrals and timing differences in current assets and current liabilities.

Receivables – the variance to budget is due of the recognition of year end accrued funding receivables from the Department of Health, including Chimeric Antigen Receptor T-Cell (CAR)-T, specific labour entitlements and other various amendments.

Property, Plant and Equipment – the variance relates to the transfer of assets from the Department of Health for minor capital, sustaining capital and health technology which are part of the Timely Investment Infrastructure Maintenance Program. Other variances relate to timing differences of major capital projects such as the Caboolture Hospital Redevelopment and The Prince Charles Hospital Car Park and increases to the asset revaluation surplus.

Payables – The variance to budget is predominantly due to the timing of accounts payable invoices and payments and recognition of year end accrued funding clawbacks and output to equity capital swaps to the Department of Health.

Contract Liabilities - The variance to budget relates to deferrals of revenue from 2024-25 to 2025-26 with the Department of Health, to be recognised as a contract liability under AASB15 – Revenue from Contracts with Customers.

F3 BUDGET VS ACTUAL COMPARISON – STATEMENT OF CASH FLOWS

Other Revenue – Refer to Note F1 for further explanation.

Employee expenses – Refer to Note F1 for further explanation.

Supplies and Services – Refer to Note F1 for further explanation.

Payments for property, plant and equipment – The budget recognises only cash outflows for projects funded by Metro North. Metro North pays for all capital purchases and is reimbursed from the Department of Health monthly in arrears for projects that they fund on behalf of Metro North, including the Caboolture Hospital Redevelopment Program, The Prince Charles Hospital Car Park, and the Timely Investment Infrastructure Maintenance Program.

Cash flow from equity transferred – The budget recognises no cash impact for Department of Health funded projects. Metro North pays for all capital and is reimbursed for Department of Health funded projects monthly in arrears.

Cash flow from equity withdrawals - The variance to budget relates to depreciation and amortisation funding being treated as a cash item (equity withdrawal) in the budget, however this has been accounted as a non-cash item in the statement of cash flows.

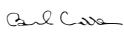
Metro North Hospital and Health Service
Notes to the financial statements
for the year ended 30 June 2025

Management Certificate

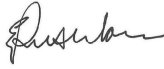
These general purpose financial statements have been prepared pursuant to s62(1) of the *Financial Accountability Act 2009* (Qld) (the Act), section 39 of the *Financial and Performance Management Standard 2019* and other prescribed requirements. In accordance with s62(1)(b) of the Act, we certify that 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 North for the financial year ended 30 June 2025 and of the financial position of Metro North at the end of that year; and


We acknowledge responsibility under s7 and s11 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.

 Digitally signed
by Bernard
Curran MNHHS
Board Chair
Date: 2025.08.26
15:43:31 +10'00'

Mr Bernard Curran
Board Chair
Date: 26 August 2025

 Digitally signed by Dr
Elizabeth Rushbrook, A/
Chief Executive, Metro
North Health
Date: 2025.08.26 14:57:21
+10'00'

Dr Elizabeth
Rushbrook
Acting Chief Executive
Date: 26 August 2025

 Digitally signed by Hari
Iyer, Acting Chief
Finance and Corporate
Officer, Metro North
Health
Mr Hari Iyer
Acting Chief Finance and Corporate Officer
Date: 26 August 2025

INDEPENDENT AUDITOR'S REPORT

To the Board of Metro North Hospital and Health Service

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of Metro North Hospital and Health Service.

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

In my opinion, the financial report:

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

Basis for opinion

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

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

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

Key audit matters

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

Valuation of specialised buildings (\$1,392 million)

Refer to note B3-1 in the financial report.

Key audit matter	How my audit addressed the key audit matter
<p>Buildings were material to Metro North Hospital and Health Service at balance date and were measured at fair value using the current replacement cost method.</p> <p>Metro North Hospital and Health Service performed a comprehensive revaluation of 5 building assets across the Caboolture hospital redevelopment as part of the rolling revaluation program.</p> <p>All other buildings were assessed using relevant indices. The current replacement cost method comprises:</p> <ul style="list-style-type: none"> gross replacement cost, less accumulated depreciation. <p>Metro North Hospital and Health Service derived the gross replacement cost of its buildings at balance date using unit prices that required significant judgements for:</p> <ul style="list-style-type: none"> identifying the components of buildings with separately identifiable replacement costs developing a unit rate for each of these components, including: <ul style="list-style-type: none"> estimating the current cost for a modern substitute (including locality factors and oncosts), expressed as a rate per unit (e.g. \$/square metre) identifying whether the existing building contains obsolescence or less utility compared to the modern substitute, and if so estimating the adjustment to the unit rate required to reflect this difference. <p>The measurement of accumulated depreciation involved significant judgements for determining condition and forecasting the remaining useful lives of building components.</p> <p>The significant judgements required for gross replacement cost and useful lives are also significant for calculating annual depreciation expense.</p> <p>Using indexation required:</p> <ul style="list-style-type: none"> significant judgement in determining changes in cost and design factors for each asset type since the previous revaluation reviewing previous assumptions and judgements used in the last comprehensive valuation to ensure ongoing validity of assumptions and judgements used. 	<p>My procedures included, but were not limited to:</p> <ul style="list-style-type: none"> assessing the adequacy of management's review of the valuation process and results reviewing the scope of the 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: <ul style="list-style-type: none"> modern substitute (including locality factors and oncosts) adjustment for excess quality or obsolescence evaluating the relevance and appropriateness of the indices used for changes in cost inputs by comparing to other relevant external indices evaluating useful life estimates for reasonableness by: <ul style="list-style-type: none"> reviewing management's annual assessment of useful lives at an aggregated level, reviewing asset management plans for consistency between renewal budgets and the gross replacement of assets testing that no building asset still in use has reached or exceeded its useful life enquiring of management about their plans for assets that are nearing the end of their useful life reviewing assets with an inconsistent relationship between condition and remaining useful life where changes in useful lives were identified, evaluating whether the effective dates of the changes applied for depreciation expense were supported by appropriate evidence.

Responsibilities of the entity for the financial report

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

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

Auditor's responsibilities for the audit of the financial report

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

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

This description forms part of my auditor's report.

Report on other legal and regulatory requirements

Statement

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

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

Prescribed requirements scope

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



M Claydon
as delegate of the Auditor-General

28 August 2025
Queensland Audit Office
Brisbane

GLOSSARY

ACHS	The Australian Council on Healthcare Standards	MATSICHS	Moreton Aboriginal and Torres Strait Islander Community Health Service
ADS	Alcohol & Drug Service	Metro North Health	Metro North Hospital and Health Service
AQC Group	NDIS approved quality auditors	MOHRI	Minimum Obligatory Human Resource Information
BERT	Behavioural Emergency Response Team	MRFF	Medical Research Future Fund
CAC	Community Advisory Committee	MRSA	Methicillin-resistant Staphylococcus aureus
CALD	Culturally and linguistically diverse communities	NCTGF	National Clinical Trials Governance Framework
CIMT	Corporate Information Management Team	NDIA	National Disability Insurance Agency
COH	Community and Oral Health Directorate	NDIS	National Disability Insurance Scheme
CRAICCHS	Cherbourg Regional Aboriginal & Islander Community Controlled Health Services	NGO	Non-government organisation
CTMS	Clinical Trials Management Solution	NHMRC	National Health and Medical Research Council
ED	Emergency Department	OECD	Organisation for Economic Cooperation and Development
eDRMS	Electronic document and records management system	PHN	Primary Health Network
EQulP	Evaluation and Quality Improvement Program	POST	Patient Off Stretcher Time
ES	Elective Surgery	PREMS	Patient reported experience and outcome measures
ESM	Enterprise Scheduling Management	QAO	Queensland Audit Office
FTE	Full Time Equivalent	QAS	Queensland Ambulance Service
GP	General Practitioner	QASIS	Queensland Adult Specialist Immunisation Service
HELIX	Healthcare Excellence through Leading Innovation and Collaboration	QGEA	Queensland Government Enterprise Architecture
HOPE	Heart Outreach Program for Health Equity	QSA	Queensland State Archives
HSCE	Health Service Chief Executive	QUT	Queensland University of Technology
HHS	Hospital and Health Service	RAUGH	Research Alliance for Urban Goori Health
ICU	Intensive Care Unit	REC	Rehabilitation Engineering Centre
ieMR	Integrated Electronic Medical Record	RBWH	Royal Brisbane and Women's Hospital
IUIH	Institute for Urban Indigenous Health	S/4HANA	Queensland Health's finance, business and logistics platform
IPPF	International Professional Practices Framework	SAMP	Strategic Asset Management Plan
IWFM	Integrated Workforce Management	SMO	Senior Medical Officer
KPA	Key Performance Area	STARS	Surgical, Treatment and

			Rehabilitation Service
TIN	Treat in Turn	UQ	The University of Queensland
TMS	Talent Management System	UROC	Urban Indigenous Respiratory Outreach Clinics (UROC)
TPCH	The Prince Charles Hospital	WAU	Weighted Activity Unit

Compliance Checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> A letter of compliance from the accountable officer or statutory body to the relevant Minister/s 	ARRs – section 7	p.4
Accessibility	<ul style="list-style-type: none"> Table of contents Glossary 	ARRs – section 9.1	p.5 p.96
	<ul style="list-style-type: none"> Public availability 	ARRs – section 9.2	p.2
	<ul style="list-style-type: none"> Interpreter service statement 	Queensland Government Language Services Policy ARRs – section 9.3	p.2
	<ul style="list-style-type: none"> Copyright notice 	Copyright Act 1968 ARRs – section 9.4	p.2
	<ul style="list-style-type: none"> Information Licensing 	QGEA – Information Licensing ARRs – section 9.5	p.2
General information	<ul style="list-style-type: none"> Introductory Information 	ARRs – section 10	p.9
Non-financial performance	<ul style="list-style-type: none"> Government's objectives for the community and whole-of-government plans/specific initiatives 	ARRs – section 11.1	p.6,7,8
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 11.2	p.10, 47
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 11.3	p.51
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 12.1	p.54
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 13.1	p.34
	<ul style="list-style-type: none"> Executive management 	ARRs – section 13.2	p.28
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 13.3	p.22
	<ul style="list-style-type: none"> Public Sector Ethics 	Public Sector Ethics Act 1994 ARRs – section 13.4	p.44
	<ul style="list-style-type: none"> Human Rights 	Human Rights Act 2019 ARRs – section 13.5	p.44
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 13.6	p.10
Governance – risk management and accountability	<ul style="list-style-type: none"> Risk management 	ARRs – section 14.1	p.38
	<ul style="list-style-type: none"> Audit committee 	ARRs – section 14.2	p.21
	<ul style="list-style-type: none"> Internal audit 	ARRs – section 14.3	p.40
	<ul style="list-style-type: none"> External scrutiny 	ARRs – section 14.4	p.41
	<ul style="list-style-type: none"> Information systems and recordkeeping 	ARRs – section 14.5	p.43
	<ul style="list-style-type: none"> Information Security attestation 	ARRs – section 14.6	p.44
Governance –	<ul style="list-style-type: none"> Strategic workforce planning and performance 	ARRs – section 15.1	p.36

Summary of requirement		Basis for requirement	Annual report reference
human resources	<ul style="list-style-type: none"> • Early retirement, redundancy and retrenchment 	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	p.38
Open Data	<ul style="list-style-type: none"> • Statement advising publication of information 	ARRs – section 16	p.2
	<ul style="list-style-type: none"> • Consultancies 	ARRs – section 31.1	https://data.qld.gov.au
	<ul style="list-style-type: none"> • Overseas travel 	ARRs – section 31.2	https://data.qld.gov.au
	<ul style="list-style-type: none"> • Queensland Language Services Policy 	ARRs – section 31.3	https://data.qld.gov.au
	<ul style="list-style-type: none"> • Charter of Victims' Rights 	<i>VCSVRB Act 2024</i> ARRs – section 31.4	https://data.qld.gov.au
Financial statements	<ul style="list-style-type: none"> • Certification of financial statements 	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	p.92
	<ul style="list-style-type: none"> • Independent Auditor's Report 	FAA – section 62 FPMS – section 46 ARRs – section 17.2	p.93

FAA

Financial Accountability Act 2009

FPMS

Financial and Performance Management Standard 2019

ARRs

Annual report requirements for Queensland Government agencies

