

ANNUAL REPORT

2024–2025

Annual Report 2024-25 - Department of Health

Published by the State of Queensland (Queensland Health), September 2025

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Purpose

The Annual Report provides detailed information about the Department of Health's financial and non-financial performance for 2024–25. It has been prepared in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and the Annual Report requirements for Queensland Government agencies for the 2024–25 reporting period. The report has been prepared for the Minister to submit to Parliament.

The Annual Report aligns to the Department of Health Strategic Plan 2021–2025 and the 2024–25 Service Delivery Statements. It has been prepared to provide insight into the Department of Health's governance arrangements, financial health, and strategic direction for stakeholders, community groups and staff.

The Department of Health is the commonly used term for Queensland Health. Queensland Health is the legally recognised body responsible for the overall management of Queensland's public health system. All references to the Department of Health refer to Queensland Health.

Open data

Information about consultancies, overseas travel, Queensland Language Services Policy, and the Charter of Victims' Rights Complaints is available on the Queensland Government Open Data website at www.data.qld.gov.au



Interpreter accessibility

The Queensland Government is committed to providing accessible information and services to Queenslanders from all cultural and linguistic backgrounds. If you have difficulty understanding the Annual Report, you can contact us on 07 3234 0111 or free call 13 QGOV (13 74 68) and we will arrange an interpreter to communicate the report to you.

www.qld.gov.au/languages

Attribution

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Published by the State of Queensland
(Department of Health) 2025
ISSN: 1838-4110

Letter of compliance

2 September 2025

The Honourable Tim Nicholls MP

Minister for Health and Ambulance Services

1 William Street
Brisbane QLD 4000

Dear Minister,

I am pleased to submit, for presentation to the Parliament, the Annual Report 2024–25 and financial statements for the Department of Health.

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.
- The detailed requirements set out in the Annual Report Requirements for Queensland Government agencies.

A checklist outlining compliance with the annual reporting requirements can be found at page 121 of this annual report.

Yours sincerely



Dr David Rosengren
Director-General
Queensland Health

Acknowledgement of Country

The Department of Health acknowledges the Traditional and Cultural Custodians of the lands, waters, and seas across Queensland. We pay our respects to Elders past and present, while recognising the role of current and future leaders in shaping a better health system.

We value the culture, traditions, and contributions Aboriginal and Torres Strait Islander peoples have made to our communities and recognise that our collective responsibility as government, communities and individuals is to ensure equity and equality, recognition, and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society.

The department acknowledges the First Nations peoples of Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and supports the cultural knowledge, determination, and commitment of Aboriginal and Torres Strait Islander communities in caring for their health and wellbeing.

Director-General's Foreword

The past year has been one of significant progress, challenge, and renewed commitment across Queensland Health. We have seen the strength of our workforce, the resilience of our communities, and the critical importance of our commitment to deliver world-class healthcare to Queenslanders, no matter where they live.

Our people have stepped up in extraordinary ways. Across the state our frontline workers slept at hospitals, relied on generator power and battled against flood waters to keep services running during weather events such as Cyclone Alfred and severe flooding in Western and Northern Queensland. Through it all, our staff continued to deliver exceptional care to Queenslanders with professionalism and compassion. Their commitment reflects the heart of Queensland Health.

Our work across regional, rural, and remote Queensland is making a tangible difference in people's lives. In Doomadgee our efforts in treating rheumatic heart disease are nation leading and in Longreach we are helping patients stay closer to home and connected to their communities with the opening of a new renal dialysis unit.

Within this financial year we also marked 10 years since the opening of the Queensland Children's Hospital, a milestone that celebrates not just a state-of-the-art facility, but a decade of excellence in paediatric care by thousands of dedicated staff.

We have launched the Open Hospitals website to provide real-time transparency to the public and rebranded Satellite Health Centres, reinforcing our dedication to accessible, community-based care. In addition, the Queensland Government's investment in our hospitals to deliver more than 2,600 new beds for Queenslanders enables us to scale up our workforce, improve access, and plan boldly for the future.

Looking ahead, our focus shifts to optimising emergency and acute care flow, reducing elective surgery wait times, and reforming our workforce model to ensure long-term sustainability. We must remain responsive and future focussed to meet the growing and changing needs of our population.

The release of the Department of Health Strategic Plan 2025–2029 formalises this vision and outlines how we will achieve these goals. The plan is guided by 5 key priorities: workforce, sustainability, access, innovation, and health assets. These priorities will drive our work as we build a sustainable healthcare system to ensure that Queenslanders continue to receive the care they expect and deserve.

To everyone in Queensland Health, thank you. Your work is valued, your impact is real, and together, we are shaping the future of health in this state.



Dr David Rosengren
Director-General

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1. Our Organisation

About us

The Department of Health (hereon referred to as ‘the department’) provides strategic leadership and direction to the Queensland public health system.

The Department delivers expert health system governance, statewide clinical health support services, information and communication technologies, health promotion and disease prevention strategies, urgent patient retrieval services, health infrastructure, and corporate support services for the employment of more than 130,000 Queensland Health staff.

As part of an integrated Queensland Health system that supports the delivery of world-class health services, the department provides leadership and partnerships with the 16 Hospital and Health Services (HHSs) across the state, and with consumers, clinicians and external providers of health and social services. A key element of the department’s role is in the pursuit of healthcare innovations that result in improved outcomes for patients and Queensland communities.

Our vision

A dynamic and responsive health system where our workforce is valued and empowered to provide world-class healthcare to all Queenslanders.

Our purpose

To provide highly effective health system leadership.

Our focus areas

- Maximise wellbeing
- Care in the community
- Care in the hospital

Our values

To enable this vision, the Queensland public sector has transformed from a focus on compliance to a value-led way of working. The following five values underpin behaviours that will support and enable better ways of working and result in better outcomes for Queenslanders:

- Customers first.
- Ideas into action.
- Unleash potential.
- Be courageous.
- Empower people.

Our strategic plan and system priorities

The Department of Health’s Strategic Plan 2021–25 (2025 update) provides the overall vision and direction for the health system and sets out our long-term objectives with reportable key performance indicators (KPIs) to map and track the department’s progress and performance. The department’s operational plan details the specific actions and critical success factors required to deliver on the strategic plan.

There are 7 system priorities identified within the strategic plan 2025 update.

- **Reform** – Delivering connected, equitable, sustainable and integrated healthcare.
- **First Nations** – Placing First Nations peoples at the centre of healthcare design and delivery.
- **Workforce** – A responsive, skilled and valued workforce where our people feel supported.
- **Consumer safety and quality** – Delivering safe and quality healthcare that supports consumers to achieve better health.
- **Health services** – Sustainable, personalised healthcare that delivers outcomes that matter most to patients and the community.
- **Public services** – Delivering quality advice to government to drive an agile, future-focused health policy agenda.
- **Research** – A health system where research and innovation are encouraged, supported and enabled.

The plan is supported with appropriate governance and reporting mechanisms in place to enable sound decision-making, accountability and undergo independent scrutiny.

Following the 2024 state election, the department held an internal review of its Strategic Plan 2021–25 (2024 update) to reflect the new government's objectives for the community. The revised plan (2025 update) was subsequently endorsed and published in May 2025.

Our opportunities and challenges

In delivering our strategic plan and system priorities, opportunities and challenges were identified.

- **Sustainable health system:** Building capacity to meet current and future demand.
- **Connected services:** Redesigning patient flow and models of care through a coordinated network of partners.
- **Workforce:** Attracting, developing and retaining a responsive and agile workforce.
- **Leadership, accountability and culture:** Structuring the system to support shared decision-making, collaboration and collective accountability.
- **Equity of access and outcomes:** Safe and quality patient care and equitable access to care.
- **Digital transformation:** Accelerating our statewide capacity to deliver digitally enabled care.
- **Funding:** Deploying flexible funding models delivered in partnership.
- **Infrastructure:** Delivering quality healthcare facilities through capital and asset strategy and management.

Our contribution to Queensland

Following the change of government in October 2024, the department has ensured its focus remains in alignment with the new government's objectives for the community. Of relevance to Queensland Health:

Health services when you need them

- Restoring health services when Queenslanders need them most through transparent and targeted investment with real-time data, boosting frontline health services, driving resources where they are needed most, improving our emergency departments, reopening regional maternity wards, fast-tracking access to elective surgery, and helping patients to be seen faster.

While the remaining objectives hold specific meaning to other state agencies, the department is also committed to taking opportunities across the spectrum of our business in which to contribute to whole-of-government outcomes for:

- Safety where you live
- A better lifestyle through a stronger economy
- A plan for Queensland's future

Our commitment with First Nations peoples

The Department of Health is committed to delivering a health system that acknowledges the Traditional and Cultural Custodians of the Lands and Waterways on which we work and live and pays respect to the First Nations Elders past and present. We recognise the efforts of our past and current Aboriginal and Torres Strait Islander staff. The Department of Health is committed to achieving health parity, health equity and attaining life expectancy parity by 2031 by having more First Nations health workforces across the health system and listening to their voices for a better-coordinated health system.

Our commitment to human rights

We will respect, protect, and promote human rights in our decision making and actions.

Machinery of government 2024-25

Machinery of government changes effective 01 July 2024, based on the *Public Service Departmental Arrangements Order (No.9) 2024*, that saw the following departmental business unit transfer to Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism (DWATSIPM)

- Office for Women transferred to DWATSIPM effective from 1 November 2024

Left the department	Date of transfer	Related annual report**
Office for Women	1 November 2024	AAO No.2 - 2024

*Financial statements for the period 1 July 2024 – 30 October 2024 can be found in the Department of Health Annual Report.

*Financial statements for the period 1 November 2024 – 30 June 2025 can be found in the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism.

#Non-financial performance for the period 1 July 2024 – 30 October 2024 can be found in the Department of Health Annual Report.

#Non-financial performance for the period 1 November 2024 – 30 June 2025 can be found in the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism.

Our organisational structure

Queensland Health comprises the Department and 16 statutory HHSs. The department provides leadership and direction to the health system. Through collaboratively enabling and contributing to the health system, it works with HHSs to deliver safe, responsive, and high-quality services for Queenslanders.

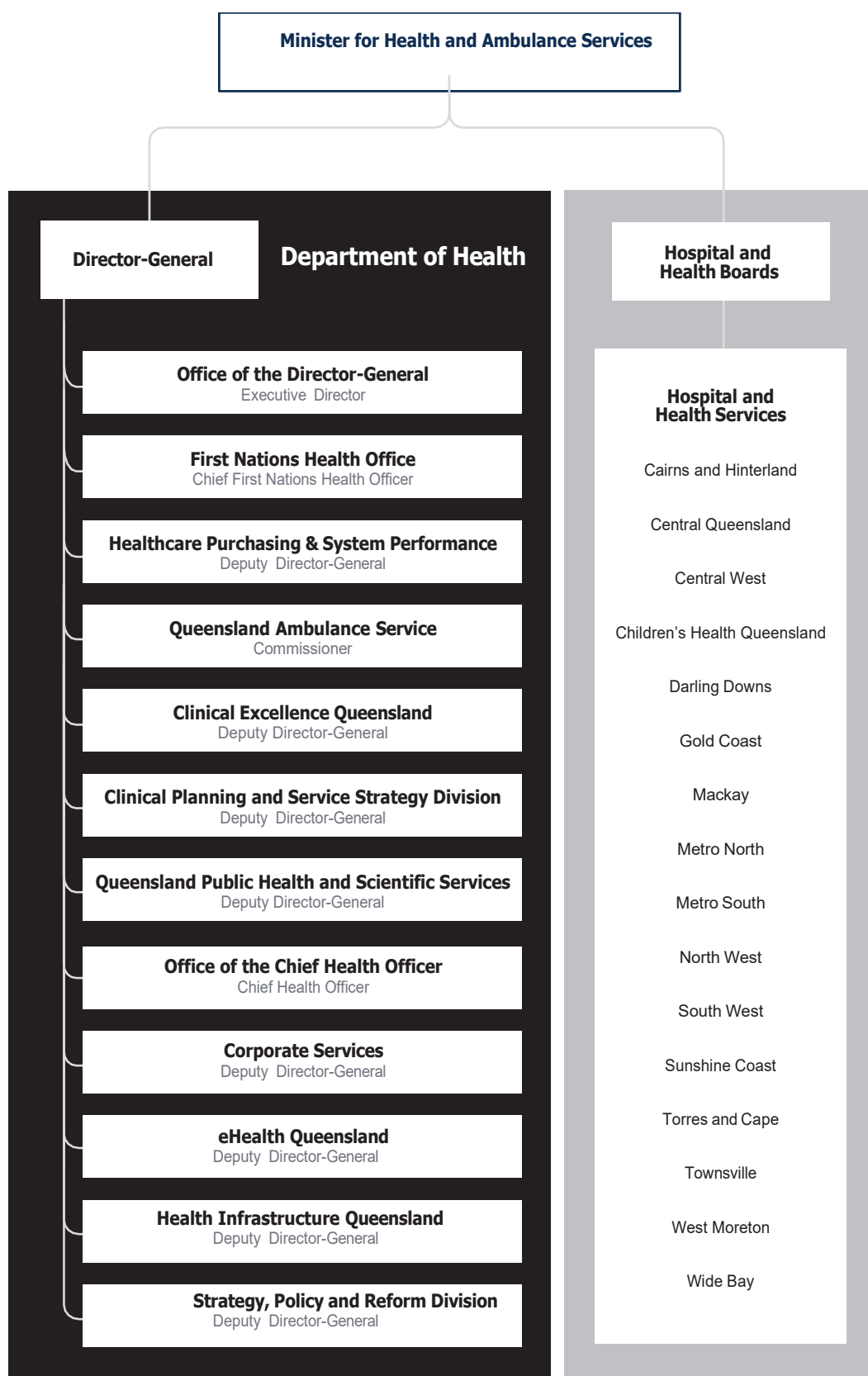
Several changes in executive leadership occurred across 2024-25. In October 2024, a new government was elected, and new Health Minister appointed. Other changes included the appointment of a new Director-General and members of the executive leadership team. Changes in executive officers included:

- Director-General
 - Michael Walsh: December 2023 – 31 October 2024
 - Dr David Rosengren: 1 November 2024
- Deputy Director-General Health Infrastructure Queensland

- Priscilla Radice: 1 August 2022 – 22 December 2024
 - Paul Emmett: Acting from 23 December 2024 - 22 July 2025
- Chief Health Officer
 - Dr John Gerrard 13 December 2021 – 12 December 2024
 - Dr Heidi Carroll: Appointed from 13 December 2024
- Deputy Director-General Clinical Planning and Service Strategy
 - Colleen Jen: 12 September 2022 – 15 December 2025
 - Jodi Hallas: Acting from 16 December 2024
- Deputy Director-General Healthcare Purchasing and System Performance
 - Melissa Carter: 28 February 2022 - 24 November 2024
 - Naomi Hebson: Acting from 27 November 2024
 - Appointed 7 April 2025
- Deputy Director-General Corporate Services Division
 - Damian Green: Acting from 22 May 2023
 - Appointed from 21 November 2024
- Deputy Director-General Strategy, Policy and Reform Division
 - Patricia Matthias: 27 May 2024 – 4 August 2024
 - Peta Bryant: From 5 August 2024
- Deputy Director-General eHealth Queensland
 - Dr Tanya Kelly: Acting from 2 May 2023
 - Appointed from 1 July 2025

In March 2025, the Director-General announced a realignment of the department's organisational structure to ensure it is best placed to deliver on the new government's vision for Queensland. The department began consultation on an internal Business Case for Change across the organisation on 12 March 2025, which is being implemented from 1 July 2025.

The following diagram sets out the 2024-25 organisational structure.



Authorised by the Director-General, Queensland Health
12-06-25

Office of the Director-General

As a division of the Department of Health, the Office of the Director-General (ODG) provides leadership, direction and coordination to support the health system to deliver safe, responsive and high-quality health services for Queenslanders.

The ODG ensures the Director-General and Minister receive coordinated, accurate and timely advice across a range of executive government functions, including the annual estimates process. This is achieved through strong partnerships and engagement with the Department of Health, Hospital and Health Services, the Queensland Ambulance Service, and other government departments and agencies.

As of 30 June 2025, the ODG comprised:

- Internal Audit Unit
- Ethical Standards Unit
- Ministerial and Executive Services Unit
- System Support Services Unit

Organisational changes for 2024–25

- Mr Michael Walsh served as Director-General from 24 July 2023 until 31 October 2024.
- Dr David Rosengren commenced as Director-General on 1 November 2024.
- In 2024–25, planning was undertaken to support the transfer of the Cabinet and Parliamentary Services (CAPS) unit from the Strategy, Policy and Planning Division to the Office of the Director-General. The transfer took effect on 1 July 2025, at the beginning of the 2025–26 financial year.
- Corporate Services Division, Governance Assurance and Information Management Branch underwent an internal Business Case for Change that took effect as of 30 September 2024. The Internal Audit Unit was realigned from the GAIM Branch to the Director-General's Office.

Director-General

Dr David Rosengren
MBBS, FACEM

Dr David Rosengren commenced as Director-General, Queensland Health, on 1 November 2024. He is a Senior Staff Specialist in Emergency Medicine with more than 30 years'

clinical and leadership experience across both public and private hospital sectors.

Alongside his clinical work, Dr Rosengren has held senior executive roles overseeing large-scale delivery and performance of acute public hospital services. His previous roles include:

- Chief Operating Officer, Queensland Health
- Executive Director, Royal Brisbane and Women's Hospital
- Chief Operating Officer, Metro North Hospital and Health Service
- Acting Executive Director, Organisational Development, Gold Coast Hospital and Health Service

Dr Rosengren has held multiple representative roles with the Australasian College for Emergency Medicine and led the Metropolitan Emergency Department Access Initiative in 2012. He also served as Chair of the Queensland Clinical Senate from 2012 to 2019.

First Nations Health Office

The First Nations Health Office (FNHO) co-designs, leads and advocates for a culturally safe, equitable and responsive health system that meets the needs identified by First Nations Queenslanders.

In partnership with Aboriginal and Torres Strait Islander leaders from across the public health system and the Aboriginal and Torres Strait Islander community-controlled health sector, the First Nations Health Office is driving a suite of legislative, policy and service delivery reforms across the health system to achieve equity, eliminate institutional racism and attain life expectancy parity by 2031.

As of 30 June 2025, the FNHO comprised:

- Office of the Chief First Nations Health Officer
- Engagement and Monitoring Branch
- Strategy and Policy Branch
- Office of the Chief Aboriginal and Torres Strait Islander Health Workforce Officer
- First Nations Workforce Branch.

Organisational changes for 2024–25

Ms Rica Lacey was appointed Queensland Health's inaugural Chief Aboriginal and Torres Strait Islander Health Workforce Officer from 23 September 2024.

A Business Case for Change, released 12 March 2025, proposed:

- Office of the Chief Aboriginal and Torres Strait Islander Health Workforce Officer, including the First Nations Workforce Branch, move to the Health Workforce Division
- First Nations Health Office move under the System Policy and Planning Division.

This change will take effect from 1 July 2025.

Chief First Nations Health Officer

Haylene Grogan

MBA, MA (Aboriginal Affairs), BSN, GCMgt, GradDipAboriginal Studies, CertMidwifery, and GradCertNursing

Haylene Grogan is a very proud KukuYalanji and Tagalaka woman with Italian heritage. She has more than 40 years of public sector experience, mostly in the Aboriginal and Torres Strait Islander

health and Aboriginal and Torres Strait Islander affairs portfolios, having held executive positions in the Queensland, New South Wales and Commonwealth Governments.

By exercising her leadership skills and building strong relationships and partnerships, Haylene has guided the development and implementation of various legislative, policy and service reforms across Australia. Through ongoing advocacy, she has grown the number of First Nations peoples working in the system, strengthened First Nations voices within the system and fostered a more culturally appropriate and equitably funded system.

Office of the Chief Health Officer

The Office of the Chief Health Officer (OCHO) supports the Chief Health Officer by providing strategic advice and guidance on a range of matters relevant to the health of Queenslanders and discharging the statutory obligations of the role. The OCHO ensures coordinated, accurate and timely advice is available to the Chief Health Officer (CHO) through partnerships and engagement across the department, HHSs and other government departments and agencies.

The OCHO works in collaboration with partners across the health system to drive health outcomes for Queenslanders by:

- working as a system leader to influence the delivery of quality population and public health services that are appropriate, accessible and integrated.
- providing strategic leadership and direction through the development, contribution to and monitoring of policies and legislation seeking to improve the health of Queenslanders.
- operating as part of a networked system, exemplified in the way we engage with Hospital and Health Services, and other government and community partners to deliver quality health services.

As of 30 June 2025, the OCHO comprised:

- Office of the Chief Health Officer
- Disaster Management Branch
- Assisted Reproductive Technology Unit
- Private Health Regulation Unit.

Organisational changes for 2024–25

In December 2024, Dr John Gerrard's term as the Chief Health Officer (CHO) concluded, and Dr Heidi Carroll became the CHO.

Dr Carroll was previously the Executive Director of the Communicable Diseases Branch within Queensland Public Health and Scientific Services.

On 5 August 2024, the Assisted Reproductive Technology Unit (ARTU) was formed in the OCHO. ARTU is responsible for the implementation and ongoing regulatory compliance and enforcement of the Assisted Reproductive Technology Act 2024.

Chief Health Officer

Dr Heidi Carroll
MBBS MPH FAFPHM FASLM JD

Dr Carroll was appointed as Chief Health Officer in December 2024.

Dr Carroll brings 30 years of experience as a medical professional to the role of Chief Health Officer, 20 years of which have been dedicated to public health. As a public health physician, she has worked in a variety of settings across different HHSs and departmental portfolios, including the Communicable Diseases Branch and public health units in West Moreton, Logan and Metro South.

Dr Carroll's interest in public health began in 1996 when she was involved in managing the first Australian case of Australian bat lyssavirus.

Since then, she has been involved in many incident responses including Japanese encephalitis virus (JEV), Mpox, COVID-19, swine flu, zika, measles and flood events.

Queensland Public Health and Scientific Services

Queensland Public Health and Scientific Services (QPHaSS) brings together diverse system leadership and service delivery functions that promote health, prevent disease and manage risk. QPHaSS comprises of 3 key pillars including public health, clinical and scientific diagnostics and testing, and biomedical technology services.

Across the pillars, QPHaSS has a multidisciplinary workforce that provides medical specialties of pathology and forensic medicine, scientific testing, key system support functions, the surveillance, prevention and control of communicable diseases, healthcare associated infections and public health risks in Queensland. QPHaSS leads statewide planning and coordination of programs and services to prevent, diagnose and control diseases, hazards and harmful practices. QPHaSS also enhances protective health factors to promote the overall health and wellbeing of Queenslanders.

As of 30 June 2025, QPHaSS comprised:

- Finance and Performance Management
- Pathology Queensland
- Biomedical Technology Services
- Health Protection and Regulation Branch
- Communicable Diseases Branch
- Public Health Intelligence Branch
- Strategy and Coordination Branch
- Prevention Strategy Branch.

Organisational changes for 2024–25

The following organisational changes occurred in Communicable Diseases Branch:

Immunisation Unit

Following a Business Case for Change process, the Immunisation Unit was restructured into a three-team structure (Policy, Strategy and Engagement, Clinical Governance and Workforce Capability, and Vaccine and Service Provider Governance).

Blood Borne Viruses and Sexually Transmissible Infections (BBV STI) Unit.

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A Business Case for Change process was undertaken which recommended the unit be split into 3 teams:

- BBV/STI Public Health Nursing
- Policy, Programs and Planning
- Engagement and Partnerships.

Implementation of Business Case for Change recommendations will be finalised in the next reporting period.

Deputy Director-General, Queensland Public Health and Scientific Services

Nick Steele

BA (Hons) Economics

Nick Steele has an economics degree from the University of Leeds, is a member of the Australian Institute of Company Directors, and has dual membership with Certified Public Accountant Australia and the Chartered Institute of Public Finance and Accountancy in the United Kingdom.

Nick is a senior executive with more than 23 years' experience working in public health systems in the United Kingdom and Australia.

Healthcare Purchasing and System Performance Division

The Healthcare Purchasing and System Performance (HPSP) Division purchases public health and human services from service providers and manages performance associated with purchasing decisions to optimise health gains, reduce inequalities, drive sustainability and maximise our health system's efficiency and effectiveness.

The division works with service providers and other areas in the department to ensure health funding is used effectively to meet government priorities, deliver value to the consumer, and support the delivery of high quality, safe and sustainable health services. HPSP manages service agreements with the HHSs contracts for private providers and non-government organisations (NGO) delivering health and social services on behalf of the government.

HPSP is also responsible for capturing and analysing performance data and designing and preparing system performance reports. These guide and inform performance monitoring and purchasing decisions. The division collects, validates, processes and maintains major corporate data collections and data assets and providing validated health data to the Australian Government and other national funding and health information authorities.

As of 30 June 2025, HPSP comprised:

- Office of the Deputy Director-General
- Community Services Funding Branch
- Contract and Performance Management Branch
- Healthcare Purchasing and Funding Branch
- Statistical Services Branch
- System Performance Branch.

Organisational changes for 2024–25

On 24 November 2024, Melissa Carter resigned from the Deputy Director-General Healthcare Purchasing and System Performance Division with Naomi Hebson commencing as Acting Deputy Director-General from 27 November 2024.

On 6 April 2025, Naomi Hebson was appointed as Deputy Director-General.

During 2024-25, the following organisational structure changes were made in HPSP:

- In January 2025, the role of Executive Director Funding and System Performance was introduced as a key leadership role to provide strategic oversight of contemporary healthcare purchasing models and patient costing developments.
- HPSP undertook a Business Case for Change in the Community Services Funding Branch to realign staff reporting arrangements.

There are no expected changes to HPSP as a result of the 2025 Business Case for Change.

Deputy Director-General, Healthcare Purchasing System Performance Division

Naomi Hebson

BNurs, MBM, MHsM, GC Policy Analysis, GAICD

Naomi is a dynamic healthcare leader with a passion for driving innovation and transforming care delivery. With extensive experience in health policy, commissioning and strategic purchasing, she is committed to creating sustainable healthcare models that prioritise efficiency, quality, and patient outcomes.

As the Deputy Director-General Healthcare Purchasing and System Performance Division, Naomi is committed to using the commissioning framework to support the delivery of outcome focused healthcare and future sustainability.

Queensland Ambulance Service

Through the delivery of timely and patient-focused ambulance services, the QAS forms an integral part of the primary healthcare sector in Queensland. Operating as a statewide service within the department, QAS is accountable for the delivery of pre-hospital ambulance response services, emergency and non-emergency pre-hospital patient care and transport services, interfacility ambulance transports, aeromedical retrieval and transfer services, casualty room services, confidential health assessment and information services, and the planning and coordination of multi-casualty incidents and disasters.

QAS delivers ambulance services from 313 response locations through 8 regions and 17 districts, with districts being aligned to the state's HHS boundaries. QAS has 8 operation centres located throughout Queensland that manage emergency call-taking, emergency operational deployment and dispatch, and the coordination of non-urgent patient transport services.

The QAS also incorporates the Health Contact Centre (HCC) and Retrieval Services Queensland (RSQ).

HCC provides confidential health assessment and information services 24 hours a day, 7 days a week using multi-channel delivery models. The HCC also provides clinical support directly to the community and in support of HHSs and the department, and is staffed by nurses, health practitioners and counsellors to ensure consumers receive safe, quality, and responsive health advice.

RSQ ensures the safe, timely, and equitable provision of vital aeromedical retrieval and emergency telehealth services. Their associated education services reach and support all Queensland Health rural, remote, and regional healthcare clinicians and facilities.

QAS works in partnership with 135 active local ambulance committees across the state, whose members volunteer their time to support our communities.

As of 30 June 2025, the QAS comprised:

- Office of the Commissioner
- Office of the Chief Operating Officer
- Operations – South (incorporating 5 regions)

- Operations – North and Rural and Remote (incorporating 3 regions)
- Office of the Medical Director
- Corporate Services
- Health Contact Centre
- Strategic Operations
- Retrieval Services Queensland.

Organisational changes for the 2024–25

There were no significant organisational changes to the Division within 2024–25.

Commissioner, Queensland Ambulance Service

Craig Emery (ASM)
EMPA

Craig Emery was appointed Commissioner in February 2022. As Commissioner, Craig provides leadership for QAS in its delivery of timely, quality and appropriate patient-focused ambulance services to Queensland.

As Commissioner, Craig has led a range of significant initiatives across QAS and the broader health system, including the development and implementation of the QAS Strategy 2022–27, the QAS Workforce Plan and a range of innovative service delivery improvements. These include the expansion of the QAS Clinical Hub, QAS Mental Health Co-Responder Program, introduction of the QAS Complex and Frequent Presenters Program and QAS Falls Co-Response Program.

Clinical Excellence Queensland

Clinical Excellence Queensland (CEQ) partners with HHSs, clinicians and consumers to drive measurable improvements in patient care through the continual pursuit of excellence. The key priorities of the division include:

- engaging with health professions through established health provision advice bodies to improve healthcare;
- developing legislation, guidelines and standards that govern the work of health professions;
- implementing models of care that keep patients well and ensure they are seen in a timely manner in the appropriate setting;
- measuring care outcomes and assisting HHSs to measure the quality, safety, accessibility and effectiveness of the services they provide;
- monitoring and supporting HHSs to minimize patient harm and reduce unwarranted variations in healthcare;
- implementing initiatives that improve patient care.

In undertaking this work, CEQ partners with HHSs, health professionals within the public system, professional representative bodies, unions and consumers.

As of 30 June 2025, CEQ comprised:

- Healthcare Improvement Unit
- Mental Health, Alcohol & Other Drugs Branch
- Office of Prisoner Health & Wellbeing
- Office of Rural and Remote Health
- Office of the Chief Allied Health Officer
- Office of the Chief Dental Officer
- Office of the Chief Medical Officer
- Office of the Chief Midwife Officer
- Office of the Chief Nurse Officer
- Office of the Deputy Director-General
- Patient Safety & Quality

Organisational changes for 2024-25

There were no significant organisational changes to the Division within 2024-25.

Deputy Director-General, Clinical Excellence Queensland

Dr Helen Brown

MB BCH BAO, FRACP, MPhil

Dr Helen Brown has over 20 years of clinical and leadership experience in neurology and stroke care. She holds a medical degree from the National University of Ireland, Galway, a neurology fellowship from the Royal Australasian College of Physicians and Australian and New Zealand Association of Neurologists, and a Master of Philosophy from Griffith University.

Prior to taking on the role of Deputy Director-General Clinical Excellence Queensland in 2022, Helen was the Director of Neurology and Stroke at the Princess Alexandra Hospital from 2014–2021. Helen then transitioned to the roles of Clinical Director of the Neurosciences Division at the Royal Brisbane and Women's Hospital and Director of the Neurosciences Research Institute at Metro North Health. Helen continues to practice clinically in the Neurology Department at the Royal Brisbane and Women's Hospital.

Corporate Services Division

Corporate Services Division (CSD) provides innovative, integrated and professional corporate services and works closely with the department's divisions and Hospital and Health Services (HHSs) to ensure business outcomes support the delivery of quality health services. CSD also collaboratively supports the state's health system through strategy, expert advice and services related to statewide budgeting and financial management.

As of 30 June 2025, CSD comprised:

- Office of the Deputy Director-General (ODDG)
- Finance Branch
- Legal Branch
- Governance, Assurance and Information Management (GAIM) Branch
- Human Resources Branch
- Corporate Enterprise Solutions
- Supply Chain Branch
- System Procurement
- Business Services Branch

Organisational changes for 2024-25

Across 2024, the GAIM Branch underwent an internal Business Case for Change that took effect as of 30 September 2024. Implementation included delivery of a new service model to integrate previously separate corporate governance functions. The Business Case for Change also included realignment of other identified functions beyond those of corporate governance.

The Internal Audit Unit was realigned from the GAIM Branch to the Director-General's Office. The Corporate Facilities Unit was realigned from the ODDG to the GAIM Branch. The governance functions relating to management of health service directives and policy were realigned from the Strategy, Planning, and Reform Division to form part of the new Planning, Performance and Reporting Unit within the GAIM Branch.

The Procurement and Supply Chain Optimisation Portfolio initiatives transitioned to business-as-usual functions across System Procurement, Supply Chain, Finance and Corporate Enterprise Solution Branches.

Human Resources Advisory Services (HRAS) underwent an internal BCFC and undertook a comprehensive review of the team and its key functions. The new HRAS structure comprises four overarching service areas, each dedicated to specific human resource functions, Employment Relations and Business Partnering, HR Services, Health, Safety and Rehabilitation and HR Projects.

Deputy Director-General Corporate Services Division

Damian Green
BEc (Hons), BA, FAIDH, FCHSM

Damian Green is the Deputy Director-General, CSD in Queensland Health. CSD partners with its clients to provide contemporary expert advice and specialist corporate solutions to the Department and HHSs.

Previously Damian was Deputy Director-General, eHealth Queensland and led Queensland's public health digital modernisation agenda, including virtual healthcare, digital hospitals and digital uplift in rural and remote Queensland.

Damian has held the role of Executive Director, Digital Transformation and Chief Information Officer, Gold Coast Hospital and Health Service. Damian led the delivery of Gold Coast Health's 2-year journey to become a fully digital hospital.

Damian is an Adjunct Professor at the School of Business Strategy and Innovation, Griffith University. He is Board Chair of the Australasian Institute of Digital Health and a Board Director, Gold Coast Primary Health Network.

Clinical Planning and Service Strategy Division

Clinical Planning and Service Strategy Division (CPSS) is responsible for delivering clinical service strategy and planning, workforce strategy and planning and leadership, mental health strategy and planning and precision medicine and research functions to improve health services available to the Queensland community, optimise health gains, reduce inequalities, and maximise the efficiency and effectiveness of the health system.

The division collaborates with health system leaders, Hospital and Health Services (HHSs), clinical networks, key healthcare service providers, research and academic organisations, state and Commonwealth agencies as well as non-government organisations and other divisions.

As of 30 June 2025, CPSS comprised:

- Office of the Deputy Director-General
- Mental Health Alcohol and Other Drugs Strategy and Planning Branch
- Office of Research and Innovation
- System Planning Branch
- Workforce Strategy Branch

Organisational changes for 2024-25

Colleen Jen was the Deputy Director-General of CPSS from September 2022 to December 2024 (retired). Colleen was an executive and health professional with over 40 years' experience working in the health sector.

In October 2024, a Workforce Planning Advisory team was established within Workforce Strategy Branch to provide support HHSs undertaking workforce planning, with an initial focus on supporting planning requirements for Queensland Health's capital pipeline.

Acting Deputy Director-General, Clinical Planning and Service Strategy Division

Jodi Hallas
BASc, MEd (Lead & Mgmt)

Jodi Hallas commenced as the Acting Deputy Director-General, CPSS in December 2024. Jodi has a diverse career background that includes extensive experience in designing and

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implementing health service, infrastructure and workforce strategy and planning across Australia and New Zealand. She has over 30 years' experience across public, private and non-government sectors. With a Bachelor of Science clinical undergraduate degree and post graduate qualifications including, a Masters in Education, Leadership and Change Management. Jodi is excited to explore opportunities to further investigate ideas to advance the ambitious workforce agenda for Queensland.

eHealth Queensland

eHealth Queensland (eHQ) is advancing healthcare through the use of digital technologies and is responsible for the modernisation of vital information and communication technology (ICT) to enable improved healthcare across Queensland Health. This is achieved by:

- advising on statewide eHealth innovation, strategy, planning, standards, architecture and governance. It is responsible for delivering clinical, corporate and infrastructure ICT programs in line with Queensland Health's vision and investment priorities.
- providing modern ICT infrastructure and customer support for desktops, mobiles, smart devices, telehealth, data centres, networks and security.
- enhancing engagement with the recipients of its services within Queensland Health including HHSs.
- leading, guiding, identifying and implementing digital solutions to drive improvements in the safety, quality and efficiency of healthcare services.
- accountability for eHQ ICT service and performance across the system.
- partnering with HHSs and the Department to ensure their priorities are enabled by digital innovation and technologies.
- leading the development and implementation of information management, cyber security and digital strategies, policies, and standards across Queensland Health.
- developing a service model that is responsive to the changing context of health service delivery, emerging technologies and models of care and local HHS needs.

As of 30 June 2025, eHealth Queensland comprised:

- Office of the Deputy Director-General
- Delivery Services Branch
- Digital Health Branch (Chief Clinical Information Officer)
- Enterprise Technology Service Branch
- Operations and Performance Branch
- Strategy, Architecture and Information Services Branch

Organisational changes for 2024-25

There were no significant organisational changes to the division within 2024-25.

Deputy Director-General, eHealth Queensland

Dr Tanya Kelly

MBBS BMedSc FANZCA MBA DipGovt
DipProjMat GAICD CHIA

Dr Tanya Kelly was appointed as Deputy Director-General on 1 July 2025. She was Acting Deputy Director-General at eHealth Queensland from May 2023. Dr Kelly has an active role in leadership and strategic direction for digital health across the statewide eHealth program. A fellow of the Australian and New Zealand College of Anaesthetists (FANCA), Dr Kelly is an experienced and active senior clinician who has held clinical leadership roles including as Director of Anaesthesia and Perioperative Medicine and Clinical Director for Digital Transformation within the Sunshine Coast HHS.

Beyond her clinical practice, Dr Kelly has qualifications in clinical redesign, business, and is a Certified Health Informatician (CHIA). Dr Kelly is also a member of the Australian E-Health Research Centre Board, a joint venture between Commonwealth Scientific and Industrial Research Organisation (CSIRO) and Queensland Health, and the Australian Digital Health Agency Board.

Health Infrastructure Queensland

Health Infrastructure Queensland (HIQ) plans and delivers flexible, future-fit infrastructure that enables sustainable world-class healthcare to all Queenslanders. Partnering across the ecosystem, HIQ innovate and design people-centred infrastructure that supports Hospital and Health Services (HHSs).

The division provides client-focused support to achieve quality-built environment solutions for the individual needs of its clients. In partnership with HHSs, HIQ plans and delivers the Queensland Health capital program, provides expert advice to effectively manage assets and property, and monitors and reports on the performance of our statewide capital programs which involves working with key partners such as asset management programs and teams.

The division undertakes significant infrastructure business case planning on behalf of the system and leads the delivery of major infrastructure projects. It also leads the development of practical and innovative solutions to mitigate disruption and risk to the delivery of the health portfolio capital program. This includes developing design principles to support consistent, high quality health service delivery through standardised spaces informed by past learnings, future trends and clinical evidence.

As of 30 June 2025, HIQ comprised:

- Office of the Deputy Director-General
- Infrastructure Planning and Delivery (3 streams)
- Operations
- Strategy and Commercial
- Program Management.

Organisational changes for 2024-25

Priscilla Radice resigned as Deputy Director-General, HIQ Health Infrastructure Queensland in December 2024 and Paul Emmett was announced as the Acting Deputy Director General in December 2024.

Receipt of the Independent Review into the Capacity Expansion Program recommended organisational change within HIQ which was accepted by the Department in March 2025 and Annual Report 2024–25 – Department of Health

will be implemented throughout the next financial year.

Acting Deputy Director-General, Health Infrastructure Queensland

Paul Emmett
BSC(Hons) Design, MPH (Health Planning)
DipProjMgt

Paul Emmett is a highly experienced leader in infrastructure planning, architecture, and healthcare development, with nearly 2 decades of expertise shaping the built environment. Paul plays a pivotal role in the strategic planning and delivery of major health infrastructure projects across Queensland.

Previously, Paul was the Executive Director of Infrastructure Planning and Delivery at HIQ, where he oversaw large-scale healthcare projects to ensure they met the highest standards of efficiency, functionality, and patient-centred design. Before transitioning to the public sector, he held key leadership roles, including Studio Principal at Conrad Gargett, where he specialised in social infrastructure.

With a career spanning architecture, design, and project leadership in Australia, United Kingdom, and Ireland, Paul brings a wealth of expertise in creating environments that enhance both operational excellence and human experience. His contributions to the field have been recognised through public lectures and industry engagements, making him a sought-after speaker on topics related to healthcare infrastructure, sustainability, and innovation in design.

Strategy, Policy and Reform Division

Strategy, Policy and Reform Division (SPRD) is responsible for driving the reform agenda for public health in Queensland. SPRD works closely with other divisions in the department and other Queensland Government agencies to ensure public health services and reforms across the Queensland Health system, including with non-government partners, align with whole-of-government priorities. SPRD also works with the Commonwealth Government, and other state and territory governments, to progress national health reforms.

The key functions of SPRD include developing policy and legislation, leading the development of sustainable funding strategies and reform initiatives that align with Queensland Government priorities, designing engaging communication strategies and campaigns to implement public health initiatives, and leading the cabinet and parliamentary services for Queensland Health.

As of 30 June 2025, SPRD comprised:

- Office of the Deputy Director-General
- Cabinet and Parliamentary Services
- Funding Strategy and Intergovernmental Policy Branch
- Reform Office
- Strategic Communications Branch
- System Policy Branch
- Special Projects, including the Integration Management Unit

Organisational changes for 2024-25

In December 2023, Queensland Health established an agile tactical unit, the Integration Management Unit (IMU), to continue implementing the 123 recommendations accepted by Government from the Sofronoff Commission of Inquiry Report (2022), specifically, the recommendation of establishing a new Queensland forensic agency with statutory office holders in the Department of Justice portfolio.

The *Public Service Departmental Arrangements Notice (No. 9) 2024* transferring the Forensic Science Queensland business unit and associated staff from Queensland Health to the Department of Justice took effect on 1 July 2024.

Under the Statement of Intent, in 2024-25, Queensland Health continued to provide systems and services to ensure the continuity of Forensic Science Queensland operations. In alignment with government funding for this purpose, the IMU will cease on 30 June 2025 with residual activities managed through business-as-usual activities through the Corporate Services Division (CSD).

The System Policy Branch Business Services Business Case for Change was implemented in October 2024. The Business Case for Change transferred the System Policy Branch Business Services Team (3FTE) from SPRD to the Business Services Branch (CSD).

In November 2024, System Policy Branch within SPRD, established the Long-Stay Policy and Program (LSPP) Unit to consolidate policy and program functions related to long-stay patients and provide enhanced strategic oversight to improve patient outcomes. The LSPP Unit is also responsible for implementing the Long-Stay Rapid Response program.

Deputy Director-General, Strategy, Policy and Reform Division

Peta Bryant
B Arts (Honours I), B Economics, CPA

Peta Bryant is a collaborative leader with a strong record in leading multidisciplinary teams to develop health and human services policy. Peta's public service career began in the Commonwealth Government's Department of Finance before transitioning to the Queensland Public Service.

Peta's leadership roles across the public and private sector have spanned a diverse range of areas including economic modelling, health service planning, program evaluations, national reform, and intergovernmental relations.

Peta was appointed as Queensland Health's Deputy Director-General, Strategy, Policy and Reform Division in August 2024.

Our people

Workforce profile

The Department of Health is committed to developing a workforce that is valued, respected and empowered to lead and support the delivery of world class health services.

The department provides system leadership for people matters across Queensland Health, supporting the system to achieve the Government's objectives to deliver safe and quality healthcare for all Queenslanders. The department supports the system in all matters related to workforce - through expertise on key state-wide issues and the establishment of policy, planning, monitoring, and identification and evaluation of priorities.

The department also delivers a range of human resource services and support via the advisory services function to attract, retain and build workforce capability, develop and maintain statewide employment arrangements, and monitor and manage workforce performance.

At the centre of health care service delivery is the health workforce. The health workforce in Queensland, as in other Australian and international jurisdictions, is under pressure from increased demand and changing expectations, but also due to its own evolving profile and unique geographical landscape. Queensland Health continues to invest in its healthcare workforce with the implementation of key initiatives focused on attraction, building pipelines of talent, staff wellbeing, retention and new and innovative ways to work and deliver care.

The below workforce numbers are based on PSC MOHRI data; and for QH and DOH are as of 30 June 2025; and QAS as of 30 June 2025. As workforce size constantly fluctuates, these figures may differ from figures collated at different times of the financial year.

Grand Total QH FTE as at the end of 2024-25	115,743.84
Specific DOH FTE	9,789.99
Specific QAS FTE	6,023.54
This FTE represents Hospital and Health Services	95,006

(Variance of 4,614 FTE in the AFS. The AFS reflects HHS staff directly engaged by the Department, 95,600)

Table 1- Total staffing 2024-25	
Headcount	Total number: 17,093
Fulltime equivalent (FTE)	Total number: 15,813.53
Table 2- Occupation types by FTE	
Corporate	35.42%
Frontline and frontline support	64.58%
Table 3 - Appointment type by FTE	
Permanent	87.26%

Temporary	10.74%	
Casual	1.04%	
Contract	0.97%	
Table 4 - Employment status by headcount		
Fulltime	79.58%	
Parttime	11.97%	
Casual	0.96%	
Table 5 - Gender data		
	Headcount number	% of total workforce
Woman	10,137	59.30%
Man	6,928	40.53%
Non-binary	27	0.16%
Other	1	0.01%
Table 6 - Diversity target group data		
	Headcount number	% of total workforce
Women	10,137	59.30%
Aboriginal Peoples and Torres Strait Islander Peoples	365	2.14%
People with disability	532	3.11%
Culturally and Linguistically Diverse (speaks a language other than English at home)	1,685	9.86%
Table 7 - Target group data for women in leadership roles		
	Headcount number	% of total workforce
Senior Officers (classified and s122 equivalent combined)	210	55.56%
Senior Executive Service and Chief Executives (classified and s122 equivalent combined)	83	51.88%

Note: Due to Machinery of Government (MOG) Office for Women being transferred from Queensland Health to Department of Women, Aboriginal and Torres Strait Islander Partnerships, and Multiculturalism from 1 November 2024, growth has been impacted by a reduction of 9.4 FTE and 10 HC from 1 January 2024 to June 2025 in the reporting system.

Strategic workforce planning and performance

Talent attraction and retention strategies

Queensland Health remains focused on delivering a world class, safe and sustainable health care system; and working towards achieving a significant resourcing investment to the public health system by 2032. It is predicted that by 2032, Queensland's population may reach almost 6.5 million people. This population growth creates massive demand for health services and healthcare workers. Addressing this challenge requires multi-faceted attraction and retention strategies. During 2024-25 key highlights included:

- the 'We are Queensland Health' national recruitment campaign and the 'Make a Healthy Career Move' international recruitment campaign
- participation in the Downunder Live Careers Fairs in Manchester, Birmingham and London in October 2024, generating 16 offers of employment for clinical workforce across the state.
- partnering with Check-UP to deliver the #GoHealth Careers Fair – in Cairns (March 2025) and Brisbane (June 2025) – to attract school students to careers in health
- exhibits at university careers fairs, including the University of Queensland, Griffith University, and The Big Meet in March 2025
- the school-based traineeship program, with 35 students placed in the Department of Health
- a focus on incentive schemes
- creating psychosocially safe and supportive workplaces
- improving and investing in occupational violence prevention
- providing supportive leadership and development opportunities
- enhancing employee mobility
- improved terms and conditions of employment
- continued commitment to job security
- exploring new ways of delivering healthcare including new models of care.

Leadership and capability, and public sector values

With a focus on fostering leadership, accountability, and collaboration within Queensland's health system the development of the Department's leaders is integral to the delivery of high-quality healthcare.

In August 2024, Leader Connect was launched to connect and engage with leaders across the department. The Deputy Director-General, Corporate Services Division and the Chief Human Resources Officer led the first live virtual event to recognise the role of leaders in the department.

In September 2024, the New Leader Pathway was launched, offering a comprehensive leadership development and support for new or developing leaders looking to enhance their leadership skills, and for current leaders seeking to refresh their leadership knowledge within the department. Structured around 3 capability groups, it equips leaders to lead themselves, inspire their teams, and drive organisational success effectively.

The department also continues to deliver a range of programs designed specifically to grow leaders across Queensland Health including:

- the Executive Leadership Development Program which fosters and develops a talent pool of senior executive leaders equipped to lead a complex adaptive health system within an increasingly volatile, uncertain and ambiguous climate
- the Next Generation program which enhanced and uplifts the proficiency of the next generation of future executives.

These programs and initiatives are aligned with the public sector values and the leadership competencies for Queensland.

Effective workforce planning is a key enabler for Queensland Health's success in building a pipeline of health workers for the future to achieve strategic outcomes. Recognising this challenge, a dedicated workforce planning advisory team has been established with the key purpose of partnering with Hospital and Health Service (HHS) and Department of Health stakeholders to build workforce planning capability across the system. A strategic workforce planning framework with supporting tools has been implemented for Queensland Health, that provides practical tools and templates needed to plan and build the workforce of the future.

The Workforce Strategy Branch (WSB) partners with HHSs and the Queensland Ambulance Service to deliver a range of programs targeting their specific strategies and priorities to support their leadership and workforce capability development. Their individualised plans are outlined in their annual capability development strategies.

- In 2024-25, approximately 11,880 participants attended our HHS partnership programs, with 96% rating the program quality as good or excellent, and 83% indicating confidence the learning and skills gained would be transferable to the workplace.

Early retirement, redundancy, and retrenchment

No redundancy, early retirement or retrenchment packages were paid to employees by the Department of Health in 2024-25.

Employee performance management framework

The Department actively develops new initiatives focused on leadership, performance and development. 44 performance and growth training sessions were delivered in 2024-2025 with over 606 employees attending a range of sessions including:

- Understanding performance
- Performance and development plans
- Driving your development and growth
- Meaningful conversations training
- Coaching and feedback
- Recognising our people.

89 leaders participated in the Performance Practice Program (two-day program) which aims to further develop team leaders by offering participants the most up to date business and management practices here in the department, whilst also developing essential people skills to successfully foster a highly functioning team.

These offerings provide crucial support for leaders and employees to reach their full potential through ongoing learning, growth and development.

Employment relations

During 2024-2025, negotiations commenced for 6 certified agreements to provide a framework for fair and balanced outcomes while supporting the delivery of high-quality services for Queenslanders.

In 2024-25, Queensland Health implemented and completed the following commitments in enterprise agreements:

- the completion of the Gender Equity Project - a commitment under the *Nurses and Midwives' (Queensland Health and Department of Education) Certified Agreement (EB11) 2022* - providing

recommendations into gender-related inequities with the aim to optimise access to flexible work arrangements and provide better support to employees with caring responsibilities

- implementation of the Best Practice Rostering Guideline - a commitment of *Queensland Public Health Sector Certified Agreement (No. 11) 2022 (EB11)* – which inform roster compliance and support fatigue minimisation.
- completion of the Workplace Conduct Review – a commitment in EB11 - to analyse and review the Queensland Health bullying and harassment framework to determine whether it is fit for purpose for the operational officer employee stream.

The department continues to provide statewide guidance and support on employment arrangements, including complex employment relations advice, reports, management of discipline matters, performance matters and public service appeal advocacy.

Employee wellbeing and inclusion

Employee wellbeing and inclusion continues to be a significant focus for the department. Throughout 2024-25 the department targeted capability uplift in psychosocial safety, wellbeing, sexual safety, and cultural safety to support healthy and safe workplaces and increase employee retention.

The department continues to deliver, develop and support mental health and psychosocial hazards awareness programs for leaders and staff, both system-wide and within the department.

Psychosocial, mental health and wellbeing – medical workforce

Queensland Health is committed to developing a responsive, skilled and valued workforce where people feel safe, can thrive and perform at their best to deliver safe care and quality health services to Queenslanders. We are committed to fostering workplaces that are free from harm, harassment and discrimination.

During 2024-25, Queensland Health continued to embed its Mental Health and Wellbeing Framework which provides the infrastructure to support Queensland Health workplaces in aligning, developing and implementing workplace mental health and wellbeing strategies and initiatives.

As the system leader for safety and wellbeing, a range of initiatives to support workforce wellbeing have been developed including:

- awareness and capability building programs in workplace mental health and psychosocial hazards risk management for leaders and all staff
- mental health stigma reduction training for all workforce, in development through the Centre for Mental Health Learning
- system-wide leadership programs for wellbeing
- policy updates to enhance wellbeing support – including managing health, injury and disability and addressing workplace conduct, discrimination and harassment
- development of additional guidelines to support the management of psychosocial hazards in the workplace
- dedicated resourcing of a systemwide wellbeing projects team to support the delivery of workforce wellbeing imperatives
- commencement of a project relating to medical officer fatigue and a review of fatigue management systems for the broader workforce
- review of system-wide occupational violence prevention training.

Queensland Health continues to demonstrate system-level leadership in supporting the psychosocial, mental health and wellbeing needs of the medical practitioner workforce. The Queensland Health Medical Workforce

Wellbeing Reference Group provides strategic guidance on initiatives designed to minimise risk, encourage early health-seeking behaviours, and foster a positive and safe workplace culture for medical practitioners and medical students.

In 2024–25, the Reference Group — comprising representatives across the medical career continuum, from students to senior executives — identified key priorities to inform the development of a dedicated medical workforce wellbeing project within the department. In alignment with the Medical Practitioner Workforce Plan for Queensland, the department extended its partnership with Mater Education Queensland to further develop the Mind(re)set online wellbeing education and training program.

Newly released modules cover topics such as mental health, wellbeing and burnout mitigation, self-care, managing workload stress, conflict de-escalation, career planning, and foundational skills for new supervisors. The modules are available to all junior doctors and medical students via Queensland Health's learning management system, iLearn. In line with the focus on employee wellbeing, the Department, working with HHSs, has developed the new *Recover Well Work Well Strategy* to enhance early intervention recovery and return to work for injured or ill staff and improve wellbeing and rehabilitation outcomes for injured and ill workers.

Activities in the Departmental to support staff wellbeing include completion of five comprehensive psychosocial risk assessments in high-risk areas within the Department and delivery of a pilot training program to enhance supervisors' psychosocial capabilities.

The department also won a National Safety Award for the Best Communication of a Safety Message. This was a collaborative effort between the North Queensland Distribution Centre team and the Department's safety and rehabilitation team, ensuring staff transitioned into a purpose-built physical facility that also supports mental health.

Development of human resource practitioners

The department also plays a role in developing the capability of human resources (HR) practitioners across Queensland Health. During 2024-25 a range of programs and resources were developed to assist HR practitioners in supporting line managers and decision makers, with an overall objective to build HR capability in the case management of employee matters. The programs and resources included:

- training on a range of topics including employee conversions, mental health first aid, workplace investigations, discipline, suspension, grievance management and human rights
- development workshops including the ongoing delivery of the HR in Practice Program which builds HR practitioners' capability and knowledge in the areas of performance management, complex case management, legislation and the Queensland Health policy and employment frameworks – 33 participants completed the program in 2024-25.
- delivery of 11 webinar-based HR practitioner education sessions with an average of 115 HR practitioners attending each session.

Sexual harassment prevention and focus on sexual safety

The department has been leading the system to ensure compliance across the agency in meeting the responsibilities associated with the prevention of sexual harassment and implementing the recommendations of the *Statewide Review of Sexual Safety* (released in February 2025). These positive duty requirements for preventing and responding to sexual and gender-based harassment are included in section 47C of the *Sex Discrimination Act* (Cth) 1984 and the *Work Health and Safety (sexual harassment) Amendment Regulation 2024*.

Of note is the establishment of the statewide sexual harassment contact officer network on 1 July 2024; and, working with HHSs, the development of an organisation-wide sexual harassment prevention plan.

Human resource capability

A bi-monthly webinar-based HR practitioner education series is held and is facilitated by guest speakers and designed to improve the skills and knowledge base of HR practitioners across the state.

From July 2024 to June 2025, the team facilitated 11 HR practitioner information sessions with an average of 115 HR practitioners attending each session.

The sessions covered the following topics:

- Independent medical examinations
- tips for drafting show cause notices
- Public Interest disclosures
- suspension under the new *Public Sector Act 2022*
- complex case management
- Probation
- responding to employee charges and convictions.

Public Sector Ethics Act 1994

The Code of Conduct for the Queensland Public Service applies to all Queensland Health staff. The Code of Conduct is based on the 4 ethics principles in the *Public Sector Ethics Act 1994*:

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

Training and education in relation to the Code of Conduct and ethical decision making are part of the mandatory training provided to all employees at the start of employment and then every year thereafter.

Code of Conduct training (redeveloped to Working Ethically from 1 April 2025) is provided online. The course focuses on the 4 ethics principles, competencies relating to fraud, corruption, misconduct and public interest disclosures, bullying, sexual harassment and discrimination. During 2024–25, 6374 employees in the department completed this training.

The department has a workplace conduct and ethics policy that outlines the obligations of management and employees to comply with the Code of Conduct. Staff are encouraged to contribute to creating a professional and productive work culture within Queensland Health, characterised by the absence of any form of unlawful or inappropriate behaviour.

2. Our Performance

Financial highlights

The Department of Health's purpose is to provide leadership and direction, and to work collaboratively to enable the health system to deliver quality services that are safe and responsive for Queenslanders. To achieve this, seven major health services are delivered to reflect the Department's planning priorities articulated in the *Department of Health Strategic Plan 2025-2029*. These services are: Acute Inpatient Care; Emergency Care; Integrated Mental Health Services; Outpatient Care; Prevention, Primary and Community Care; Ambulance Services and Sub and Non-Acute Care.

How the money was spent

The Department's expenditure by major service is displayed on page 8 within the financial statements section. The percentage share of these services for 2024-25 is as follows:

- Inpatient Care – 44.6%
- Prevention, Primary and Community Care – 13.9%
- Outpatient Care – 13.3%
- Emergency Care – 9.7%
- Mental Health and Alcohol and Other Drug Services – 9.7%
- Sub and Non-Acute Care – 5.4%
- Ambulance Services – 3.4%

The Department reported an operating deficit of \$689.109 million in 2024-25 after having delivered on all agreed major services.

The Department, through its risk management framework and financial management policies, is committed to ensuring optimal financial outcomes and delivering sustainability of services. In addition, the Department's financial risk of contingent liabilities resulting from health litigations is mitigated by its insurance with the Queensland Government Insurance Fund.

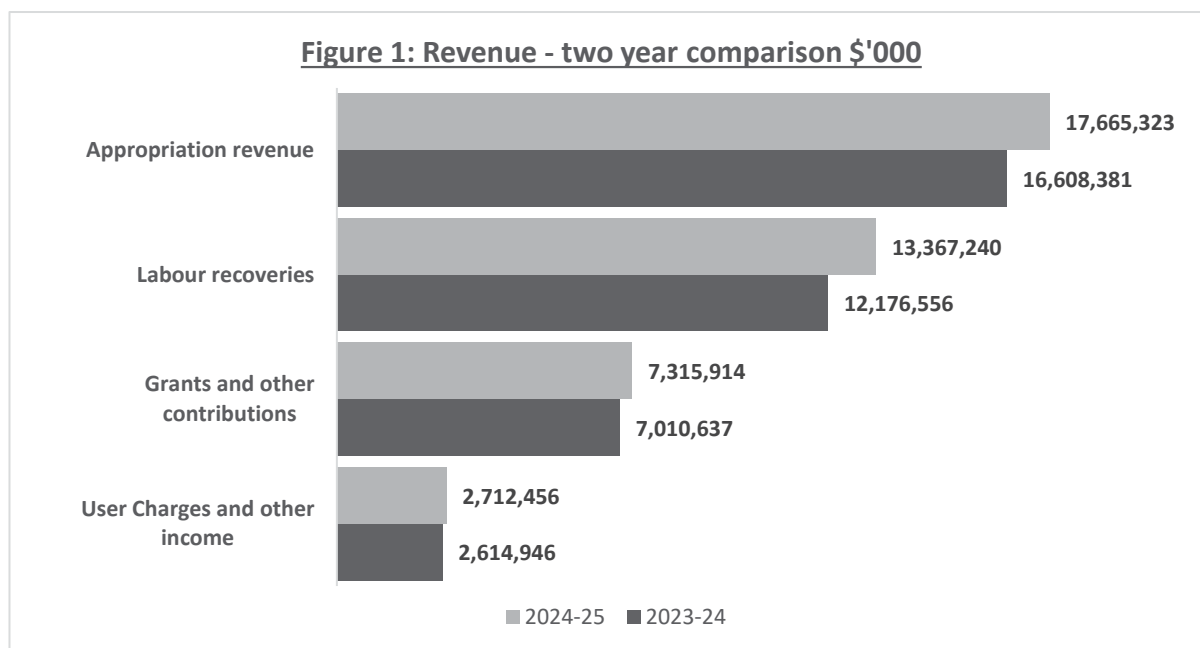
Income

The Department's income includes operating revenue as well as internally generated revenue. The total income from continuing operations for 2024-25 was \$41.061 billion, an increase of \$2.650 billion (or 6.9%) from 2023-24. Revenue is sourced from four main areas:

- Appropriation revenue of \$17.665 billion (or 43.0%), which includes State Appropriation and Commonwealth Appropriation.
- Labour recoveries of \$13.367 billion (or 32.6%). The Department is the legal employer of the majority of health staff working for HHSs. The cost of these staff is recovered through labour recoveries income, with a corresponding employee expense.

- Grants and other contributions of \$7.316 billion (or 17.8%) which includes National Health Reform Funding (NRHA) from the Australian Government.
- User charges and other income of \$2.712 billion (or 6.6%), which mainly consists of recoveries from the Hospital and Health Services (HHSs) for items such as drugs, pathology and other fee for service categories. It also includes revenue from other States for cross-border patients, the Department of Veteran Affairs and other revenue.

Figure 1 provides a comparison of revenue in 2024-25 and 2023-24.



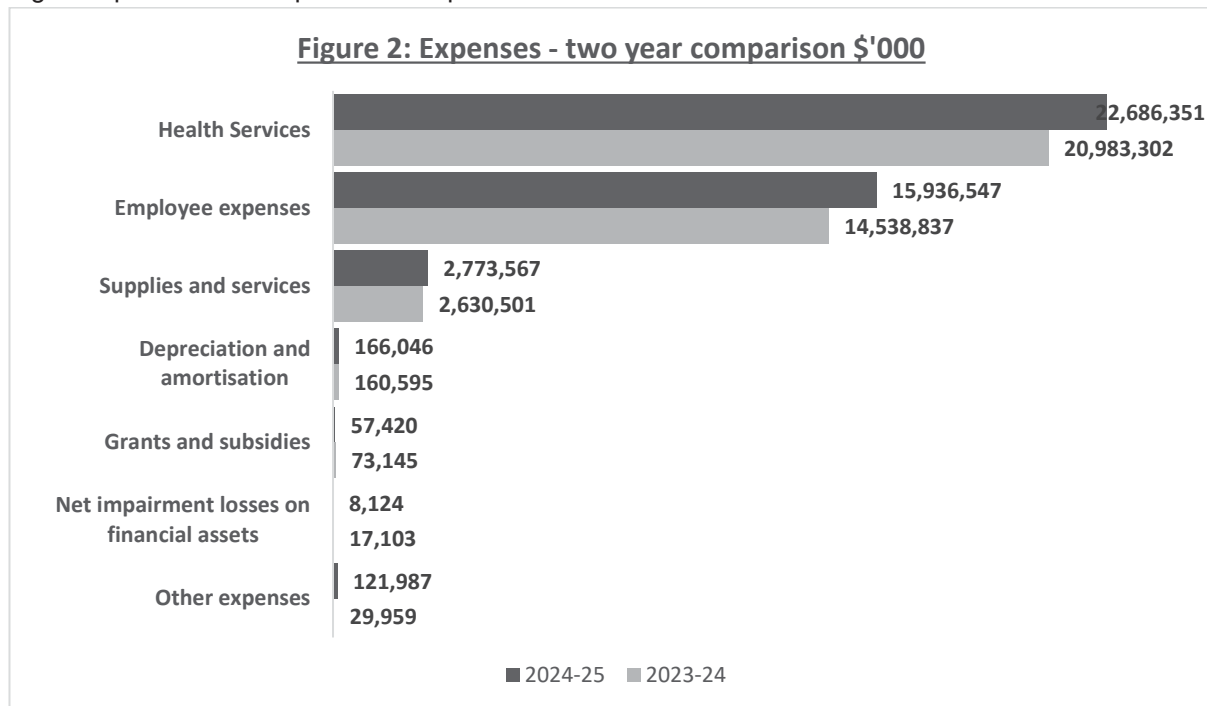
The major movements in revenue earned in 2024-25, when compared to 2023-24 includes:

- Labour recoveries – the increase of \$1.191 billion (9.8%), is largely due to the impact of negotiated enterprise bargaining agreements recognised during the year, and the increase in full-time-equivalent (FTE) employees due to an increase in demand for health services, driven by factors such as both a growing and ageing population in Queensland.
- Grants and other contributions – the increase of \$305.277 million (4.4%) relates largely to an increase of \$302.519 million in Commonwealth funding due to increased health care demands from an increasing Queensland population and inflation impacts.
- User charges and other income – the increase of \$97.510 million (3.7%) is largely due to increased drug purchases and other clinical supplies by HHSs driven by increased demand and inflation related price increases, and increased recoveries from HHSs for information technology (IT) supplies and services and telecommunications charges driven by increased demand to meet service delivery needs.

Expenses

Total expenses for 2024-25 were \$41.750 billion, which is an increase of \$3.317 billion (or 8.6%) from 2023-24.

Figure 2 provides a comparison of expenses in 2024-25 and 2023-24.



The major movement in expenses incurred in 2024-25, when compared to 2023-24 includes:

- Health Services – the increase of \$1.703 billion (8.1%) is mainly due to additional funding paid to HHSs and Mater Hospital for the provision of health service delivery across Queensland.
- Employee expenses – the increase of \$1.398 billion (9.6%), is largely due to the impact of negotiated enterprise bargaining agreements recognised during the year, and the increase in FTE employees due to an increase in demand for health services, driven by factors such as both a growing and ageing population in Queensland.
- Supplies and services – the increase of \$143.066 million (5.4%) is largely driven by increased demand for drugs and other clinical supplies, the expansion of vaccination programs, an increase in IT and telecommunications services and supply delivery, all driven by increased demand, system user growth and increased inflation costs. The increase is also partly related to an increase in inter-entity non-capital expenses, primarily related to reimbursement of capital related expenditure incurred by HHSs;
- Grants and subsidies – the decrease of \$15.725 million (21.5%) is largely due to the cessation of COVID-19 grant programs during 2023-24.

Deferred and Postponed 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 department reported:

- \$2,753,140 in deferred operational maintenance expenditure, and
- \$35,724,570 in postponed capital maintenance expenditure.

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

- Continue to prioritise and deliver works within the available Timely Investment in Infrastructure Maintenance funding
- Increase operational maintenance budgets to ensure asset risks continue to be managed effectively and existing assets are maintained to desired standards.

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

As of 30 June 2025, the Department did not have any reported forecast lifecycle replacements, renewals, and refurbishments. The Department is working toward improved asset management processes in line with opportunities identified in the Queensland Audit Office report, Health 2024. As these improvements are implemented it is likely that reported deferred, postponed, and forecast maintenance values will undergo material change as a result.

Chief Finance Officer Statement

Section 77 (2)(b) of the *Financial Accountability Act 2009* requires the Chief Finance Officer of the Department of Health to provide the Accountable Officer with a statement as to whether the department’s financial internal controls are operating efficiently, effectively and economically.

For the financial year ended 30 June 2025, a statement assessing the department’s financial internal controls has been provided by the Chief Finance Officer to the Director-General.

The statement was prepared in accordance with Section 54 of the Financial and Performance Management Standard 2019. The statement was also provided to the department’s Audit and Risk Committee.

Strategic Objectives and Performance

Partnerships and collaboration

The department prioritises collaboration with stakeholders to create effective and impactful policies, strategies, programs, and services that meet the needs of Queenslanders.

Across 2024-25, partnerships have involved community-led engagement with a focus on priority populations including women, First Nations peoples, Culturally and Linguistically Diverse (CALD) communities, and people with disability. Success in this area has included the launch of a disability awareness campaign, engaging with several HHSs to address Rheumatic Heart Disease (RHD), and co-creating a Sexually Transmitted Infections prevention campaign for First Nations audiences. Other partnering to address syphilis infections and promote truth-telling around racism have also been a focus of attention.

The department continues to build on the success of the collaborative establishment; the Queensland Commonwealth Partnership (QCP), which brings together the Queensland Department of Health, the Commonwealth Department of Health and Aged Care, Primary Health Networks, HHSs, health consumers, and the community-controlled sector to solve complex problems that cannot be progressed in isolation. The QCP has jointly progressed foundational work in joint needs assessment and planning, joint data and analytics, and joint governance mechanisms.

The department also values research and evidence as a foundation for health policy, planning and service delivery. Academic research institutes partnered with the department to conduct extensive data analysis on women and girls' health, priority communities, and priority health action areas to inform the Queensland Women and Girls' Health Strategy 2032.

Strategic objective 1

Drive equitable health outcomes by improving access to quality and safe healthcare and pursuing gender equity across government

- Progress implementation of the *First Nations First Strategy 2032* to achieve excellence in care and health equity for all First Nations people in Queensland
- Deliver reforms to improve health outcomes for priority cohorts, including people with disability, LGBTIQ+ communities, children and young people, and culturally and linguistically diverse communities
- Progress implementation of *Queensland Women and Girls' Health Strategy 2032* to improve the health and wellbeing of all women and girls, with a focus on our priority communities
- Improvement in the life expectancy of First Nations people.
- Improvement in patient reported experience.
- A reduction in potentially preventable hospitalisations.

Queensland Women and Girls' Health Strategy 2032

The following strategy actions have been delivered in support of the Queensland Women and Girls' Health Strategy 2032

Partnered with Metro South, Metro North, Sunshine Coast and Central Queensland HHSs to open four nurse-led walk-in clinics in Brisbane Inner City, Mount Gravatt, Gympie and Gladstone.

Assisted Reproductive Technology Service Model has been developed and internal consultation completed.

Statewide and Endometriosis Service Model has been developed and underwent internal consultation. Implementation approach is currently under consideration.

Pilot Women's Comprehensive Breast Clinics in two sites in partnership with HHSs

Clinic commenced 10 June 2025, providing access to a range of services focused on breast health. These clinics utilise advanced imaging technologies and engage specialised clinical teams to provide a comprehensive and coordinated approach to breast care.

Work collaboratively with HHSs and other key stakeholders to deliver BreastScreen Reform Project

Since the reform project began 12 months ago, the following has been achieved

- Strengthened clinical governance and oversight of reader cancer detection performance, following an independent review by Queensland Health Internal Audit Team of the BSQ Reader Quality Assurance Panel.
- Clinical oversight and management over a clinical function of the Statewide Coordinated Reading Model (SCRM) operations and statewide reading timeliness.
- BreastScreen Queensland Strategic Plan 2025-32 (BSQ32) which articulates 59 priority actions and strategic directions for the BSQ program to deliver over the next eight years to help reduce the burden of breast cancer in Queensland.
- Permanent appointment of the BSQ State Radiologist, after being vacant since July 2022.
- A new program governance structure with a dedicated program director role, simplified committee portfolios with remunerated chair roles, led by frontline or independent clinicians.
- Functional alignment of the BSQ State Coordination Unit and complementary statewide services to deliver on responsibilities aligned to National Accreditation Standards.
- Funding for the delivery of a diagnostic clinic in response to stakeholder feedback on service delivery.
- Having a responsive, skilled and valued workforce that is future ready, through the development of a Radiologist Fellowship Program and embedded 4th year Queensland University of Technology Medical Imaging

Student Pathway with BSQ Services to attract new graduates to a career in breast imaging.

Integrate First Nations specific KPIs and stretch access targets into the commissioning framework; focused on ensuring First Nations health equity, and incentivising workforce models and community-based models of investment

KPIs have been developed with the ability to be disaggregated by First Nations status, enabling visibility of equity gaps across access, experience, and outcomes. These have been included in service agreements for FY24-25 and FY25-26. Indicators have been selected for their strength in highlighting where systemic inequities exist.

Performance against these targets, along with solution identification, will be a standing agenda item in performance review meetings, led by the Deputy Director-General Healthcare Purchasing and System Performance and the Chief First Nations Health Officer — ensuring visibility, accountability, and action at service level.

Deliver policy advice and related projects to the disability reform agenda emerging from the Disability Royal Commission which reported in September 2023 and National Disability Insurance Scheme (NDIS) Review which was reported in December 2023

Launched the Department of Health Disability Service Plan 2025-2028 in June 2025, which includes initiatives such as the release of new disability awareness training available to all staff, and the state-wide release of the enhanced Julian's Key Health Passport.

Review the role, scope and function of the Queensland Health child protection workforce

Delivered an assessment of current state of the Queensland Health child protection workforce and identified recommendations to build the capacity and capability of the Queensland Health child protection workforce. This was achieved following consultation with over 300 staff across 16 HHSs to ensure a sustainable and supported workforce to meet future demand.

Promote improved First Nations outcomes through infrastructure

Delivered and published a new First Nations Design Framework in September 2024, providing clear guidance for the planning, design, and construction of healthcare facilities that respectfully consider the needs, culture, and perspectives of First Nations communities.

Strategic objective 2

Promote improved overall health and wellbeing, a good start to life, healthy ageing and a good end-of-life experience

- Progress implementation of the First 2,000 Days program as part of the Queensland Government's Putting Queensland Kids First Strategy.
 - Advance healthcare and outcomes for people experiencing mental ill health, problematic alcohol and other drug use, and mental health crisis by implementing Better Care Together – a plan for Queensland's state funded mental health, alcohol and other drug services to 2027.
 - Lead Queensland's contribution to the establishment of the Australian Centre for Disease Control.
 - Deliver preventative health campaigns and improve access to immunisation and screening programs.
 - Implement reforms and initiatives to reduce smoking and e-cigarette use.
 - Implement reforms to improve public aged care services and enhance the wellbeing of older Queenslanders.
- An increase in the proportion of babies born with healthy birthweight.
 - An increase in immunisation rates.
 - An increase in the rates of cancer screening.
 - Decreased e-cigarette use.

Bolster older adult community mental health services

Increased funding has been distributed across 11 HHSs to enhance existing services.

Facilitate Queensland Health's participation relating to the establishment of the Australian Centre for Disease Control

The Chief Health Officer attended the Senior Officials Group meeting in June 2025. This was the first meeting since 2024 to discuss progress on the Annual Report 2024–25 – Department of Health

establishment of the Australian Centre for Disease Control. This is on track for launch in 2026.

Deliver preventative health campaigns and improve access to immunisation and screening programs

Queensland introduced state-funded immunisation programs for meningococcal B and respiratory syncytial virus (RSV) in early 2024, which continue in 2025. Queensland also continued to offer free influenza vaccination to all Queenslanders aged six months and older in 2025. The Population Health Promotion Screening team recently completed an economic evaluation of the Bowel Under-screened Messaging Project, which quantified the health and system benefits to increase bowel screening kit returns, via a personalised SMS reminder.

Partner with Queensland Primary Health Networks (PHNs) and Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) to increase cancer screening participation rates (including cervical self-collection, bowel cancer screening), particularly for high priority populations

During 2023-25 the Cancer Screening Unit collaborated with five Queensland PHNs to increase cervical screening participation. The initiatives aimed to enhance awareness among general practitioners (GPs) and their preparedness to offer self-collection as a method to engage women who are under-screened or have never been screened.

A notable success was seen in the Darling Downs PHN region, where self-collection rates and overall cervical screening rates doubled by the end of the project.

Building on this work, the Population Health Promotion Screening Unit is currently collaborating with all 7 Queensland PHNs to strengthen and expand GP partnerships through the Queensland PHN Cancer Screening Partnerships initiative. This collective effort is driving increased participation in cervical and bowel cancer screening by promoting self-collection for cervical screening and improving access to bowel screening kits through the alternative access model.

In addition, QPHaSS has been working closely with both PHNs and ATSICCHOs to support the successful rollout and ongoing delivery of the

National Lung Cancer Screening Program (NLCSP) from 1 July 2025. Engaging with these groups is critical to ensuring the program reaches priority populations and is implemented effectively at the local level. This collaborative approach supports a more equitable and coordinated rollout of the NLCSP, ultimately improving early diagnosis and health outcomes for those most at risk of lung cancer.

Establish robust foundations and readiness for Lung Cancer Screening Program in line with national commencement by July 2025

QPHaSS is leading efforts to ensure Queensland is ready to deliver the NLCSP and maximise its benefits.

Queensland-specific modelling estimates approximately 54,000 people may participate in the program in the first year, with potentially up to 1,000 lung cancer cases detected earlier than they otherwise would have been. This modelling has informed a number of activities to support preparedness of the Queensland health system, including:

- Work completed to date includes demand modelling, needs assessments, and service capacity analyses. This work has informed a proposed mobile screening model for Queensland.
- Early engagement has taken place with rural and remote HHSs and the Queensland Aboriginal and Islander Health Council to test this model and proposed locations for mobile screening services. QPHaSS is also working with key partners including Heart of Australia (commissioned by the Commonwealth to deliver mobile screening in rural and remote areas), HHSs, and the ATSI CCHO sector more broadly to support planning for these services.
- Also based on the demand modelling, needs assessments, and service capacity analyses undertaken, the Queensland Cancer Lead, is working with QPHaSS and relevant Queensland Clinical Networks to develop best-practice models of care for managing lung nodules and other incidental findings, ensuring the system and HHSs are prepared to deliver timely, coordinated follow-up care.

- Concurrently, QPHaSS is progressing readiness activities including integration planning for radiology and pathology information systems with the National Cancer Screening Register, and development of a Queensland Health-specific data and evaluation framework to support consistent data capture and inform continuous program improvement.

Implement the Smoking Product Supplier Licensing Scheme

The Smoking Product Supplier Licensing Scheme (SPSLS) was introduced to improve state-wide compliance monitoring capability for the wholesale and retail supply of smoking products. The SPLS project delivered an ICT system that:

- allows smoking product suppliers to apply, renew and manage their smoking product supply licence online.
- provides a searchable public register of licenced businesses.
- includes reporting capability linked to compliance and enforcement.

The project was delivered within timeframe and under budget across four stages:

- Licence application
- Licence renewals
- Public Register of licences
- Reporting capability

In 2024–25 the system reporting capability was progressed and integrated into business-as-usual activity. The final project review found that all expected benefits were achieved, the system had been successfully integrated, and that the SPLS ICT system design was fit-for-purpose having been well received by retailers and wholesalers.

Support implementation of national vaping reforms in Queensland

This project implemented Queensland's response to the national vape reforms that ban the importation, manufacture, supply, and commercial possession of non-therapeutic vapes.

The project:

- progressed amendments to state legislation to align state controls with national vape reforms.

- introduced significant new penalty infringement notices for illegal vape supply which are the highest in the country.
- provided enforcement teams with training in new investigative and enforcement powers.
- strengthened and formalised cooperative arrangements with state and national agencies tasked with regulation of vapes including Queensland Police Service, Australian Border Force and Therapeutic Goods Administration.
- undertook communication and education to maximise community and business understanding and compliance with the national vape reforms.

The project has delivered strong legislative mechanisms and collaborative arrangements that have allowed Queensland to undertake significant enforcement action on illicit vapes with more than 349,000 vapes seized between November 2024 and 30 June 2025.

Cross-government collaboration to reduce youth smoking and vaping

In 2024–25, Prevention Strategy Branch took a leading role in driving a collaborative, cross-government response to reduce tobacco and vape use across Queensland, with a strong focus on protecting young people. Aligned with the Queensland Government Response to *Report No. 38 – Vaping: An inquiry into reducing rates of e-cigarette use in*

Queensland, Queensland Health delivered a series of impactful initiatives and contributed meaningfully to national and state-level reform.

- Designed, implemented and evaluated the Pathways to Cessation program in 32 state high schools. This program combined evidenced-based, best-practice training workshops for nominated staff, including the School Based Youth Health Nurse to increase skills, knowledge and practice to have a supportive and informative discussion with adolescents aged 12-18 on issues relating to vaping, and encourage individuals to contact Queensland's Quitline services for ongoing cessation support. The program also provided access to intensive quit support through Quitline for parents, caregivers, siblings, and all Queensland Education staff.

- Conducted a comprehensive cessation services gap analysis and identified critical service delivery gaps, especially for priority and vulnerable populations. This analysis now underpins strategic planning for a more inclusive and effective cessation support framework across Queensland.
- Expanded the Queensland Quitline's intensive support program by providing targeted investment in improving access to tailored vaping and tobacco smoking cessation support from Quitline for individuals aged under 30 years.
- Strengthened national collaboration on cessation services as an active member of the National Quitline Advisory Group, Queensland Health helped shape national priorities and align efforts across jurisdictions, contributing to consistent and high-impact support services nationwide.
- Led cross-sector coordination through the Youth Smoking and Interagency Advisory Group. Successfully coordinated the delivery of multiple cross-agency actions, creating greater alignment, reducing duplication, and enhancing impact across portfolios.

Outcomes and benefits:

- Improved youth engagement and early intervention through in-school programs and targeted supports.
- Increased access to cessation services. Referrals to Quitline in the period 1 July 2024–30 April 2025, were received from 995 people requiring cessation support aged under 30 years.
- Enhanced state and national collaboration, building stronger, unified approaches to tackle youth vaping.
- Data-driven planning enabled by service gap analysis will support long-term system improvements.

The work delivered this year lays a strong foundation for sustained impact and cross-sector success into 2025–26 and beyond.

Quitline service delivery to support implementation of reforms and initiatives to reduce smoking and e-cigarette use.

The Health Contact Centre's Quitline service exceeded its target of delivering 10,000 single session quit support sessions with a total of 12,134 single session completed in the 2024-25 financial year. The Quitline service also delivered 6,292 intensive quit support programs including access to free Nicotine Replacement Therapy to Queenslanders (this is just slightly below the target of 6,700).

Quitline service to identify participants for lung cancer screening research and offer a randomised control trial new intervention.

The Health Contact Centre's Quitline service is participating in the Max Up medical research trial to maximise uptake of lung cancer screening and smoking cessation outcomes.

As of week ending 28 June 2025, 2306 eligible Quitline clients have been offered the Max Up trial since commencing in September 2024. 76.11% had consented to receive more information and 226 participants have been successfully onboarded to the trial.

Strategic objective 3

Enable an innovative, connected and sustainable health system that meets the needs of Queenslanders

- Implement integrated and accessible technology, digital health and analytics initiatives
 - Plan and deliver flexible future-fit infrastructure that enhances user experience through innovation and standardisation
 - Deliver timely, quality, patient-focused ambulance services
 - Develop and expand the use of co-designed consumer-focused and sustainable models of care
 - Drive operational efficiency and sustainability of the health system through responsive corporate support services and implementation of adaptable, sustainable funding and commissioning approaches
 - Progress research initiatives including implementation of the Research Strategy 2032 to translate ideas into technologies and models of care
 - Mitigate and adapt to climate risks by adopting positive interventions across the health system, including improved uptake of renewable energy and better management of waste products
- Increased rollouts of the integrated electronic Medical Record (ieMR) solution.
 - Increased uptake of Queensland's telehealth program.
 - Improved standardisation across the Queensland Health capital infrastructure portfolio.
 - A reduction in carbon emissions produced by Queensland Health.

environment including access to integrated therapeutic, educational, and recreational services.

- The department supported the Cairns and Hinterland HHS to develop a detailed local model of care focusing on delivering enhanced patient care, improved outcomes, and more efficient service delivery.
- The local model of care was co-designed in collaboration with people who have lived experience, as well as with First Nations, clinical, operational, and policy representatives. It provides a contemporary evidence-based framework for the design of the unit (capital and services) informed by the physical, developmental, psychological, and cultural needs of adolescents.

Inform the policy and planning of new technologies and models of care as well as early signs of potential important public health risks or opportunities for investment

The Queensland Health Genomics Program completed its second year of implementation with the Office of Research and Innovation (ORI), Queensland Public Health and Scientific Services and eHealth Queensland, and provided Queensland's feedback on the refresh of the National Health Genomics Policy Framework with the Commonwealth Government.

ORI has actively worked with the Department of State Development, Infrastructure and Planning and Queensland Investment Corporation to identify opportunities for new investment, such as in the Boggo Road Innovation Precinct and other precincts which were being promoted to international investors by the Queensland Government delegation at the BIO2025 Conference in Boston in June 2025.

The Queensland Technology Future Fund supported the piloting and evaluation of medical and digital technology solutions with anticipated or demonstrated positive impacts for patients and the healthcare system informing planning and policy for new technologies and models of care and associated disinvestment.

Revise the model of service for the new Cairns Adolescent Acute Mental Health Unit

- The new unit will offer a comprehensive range of services in a dedicated, age-appropriate

Develop a mutually beneficial commercialisation and co-funding partnership model with universities, medical research institutes and industry stakeholders to build research activity.

The following have been developed:

- industry Commercialisation Term Sheet and Commercialisation Agreement templates.
- university Collaborative Research and Commercialisation Agreement and Project Agreement templates in consultation with Queensland universities (University of Queensland, Queensland University of Technology, James Cook University).
- a revised Queensland Health Guideline for Management, Protection, and Commercialisation of Intellectual Property has been developed in consultation with internal stakeholders.
- a Genomics Open Innovation Prize.

Develop a targeted First Nations' consumer and community engagement action plan for research

Planning has commenced on a collaborative research project with Central Queensland University to develop principles and resources for the engagement and conduct of research with First Nations consumer and communities. The project is called Equity of Research for First Nations People and will be delivered over an 18-month timeframe. A steering committee of First Nations researchers and clinicians will guide the project and support the development of the resulting action plan.

Embed clinical trials including teletrials into practice to deliver alternative and lifesaving treatment

Funding distributed across all 16 HHSs for 2 years as teletrial coordinators Nurse Grade 6 and Nurse Grade 7 in Central West, South West and North West HHSs.

The Regional Clinical Trial Coordination Centre hosted by Townsville HHS with clinical trial coordinators employed strategically to ensure statewide coverage and support for regional, rural and remote HHSs in the start-up phase of teletrials through to patient recruitment for teletrials. Across Queensland, 42 teletrials in oncology and other clinical specialties including sexual health, respiratory, palliative care, cardiovascular and endocrinology are currently in progress. Across 62 satellite sites and 37 primary sites, 971 patients have been recruited and 1052 staff have accessed teletrials training.

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Increase rollouts of the integrated electronic medical record solution enabling more connected and integrated care for patients

The Caboolture Hospital successfully implemented the statewide ieMR on 7 May 2025. The Kilcoy Hospital successfully went live with the ieMR on 2 June 2025.

The Prisoner Electronic Medical Record Project has successfully implemented the ieMR solution in 10 correctional centres across Queensland in financial year 2024-25.

The Hub and Spoke project successfully implemented the (ieMR) across a further 25 facilities in Queensland inclusive of the Cairns Base Hospital advanced uplift in financial year 2024-25.

Realtime data - eHealth Queensland (under the governance of HPSP) supported the technical delivery of the public reporting portal of real-time hospital data (which was a requirement of the new government to be published in the first 100 days). This initiative included standing up, developing and implementing the public reporting website which went live in February 2025.

Continue to progressively enhance The Viewer to provide additional capabilities and to expand access to support optimised care and integration across the care continuum

The Viewer release 10.7 (a statewide system to allow the viewing of clinical documents and medical information) was successfully deployed which includes new functionality to enable Child Development Services Report and Assessment from Central Queensland and Wide Bay HHS, ICU Discharge Summaries from Caboolture, Health Passport chart summaries from Cairns respiratory thoracic (asthma action plan) from Children's Health Queensland, and Wound Stoma Letters from Redcliffe.

The Viewer/Health Provider Portal v1.9.4 release was also successfully deployed which includes key administration, usability, and performance improvements. As part of this release, user registration history and verification changes, along with external validator tools, were applied.

The team has also been providing ongoing external user support post the QDI transition where the Queensland Government's QGov was changed to Queensland Digital Identity (QDI) transition for The Viewer-Health Provider Portal user authentication.

Continue to increase maturity in managing current and emerging security risks to protect information and the delivery of healthcare services across Queensland Health aligned to horizon 1 deliverables outlined in the Queensland Health Cyber Security Strategy (2022-2031)

The Cyber Security Strategy supports the safe delivery of health services by ensuring foundational cyber capabilities are in place to meet current service needs and future needs for scaling digital services for health consumers and the clinical and business workforce. In FY24-25 more than 100 firewalls have been updated and major infrastructure replacements have seen Children's Health Queensland and Sunshine Coast HHS core firewalls replaced as part of platform modernisation and consolidation.

Culture and awareness remain key in achieving cyber safety with 112 cyber ambassadors supporting our workforce through cyber safety support and awareness led by eHealth Queensland's Cyber Culture and Awareness team in Cyber Security Group.

Cyber operations capability has matured through security incident and event management improvements to reduce false positives and support a focus on incidents and threat management. This is underpinned by regular cyber exercises to ensure a readiness posture to support cyber incident management.

Cyber risk advice has supported key clinical programs and initiatives such as the Virtual Emergency Care Services (VECS) and new integrations focused on supporting patient workflows and services per Digital Health 2031 directions. Platform uplift of privileged access management and application control operationalisation supported capability improvements to help protect against key threats and maintain cyber hygiene. This will continue to be improved in 2025-26 in line with Queensland Health Cyber Strategy priorities.

Deliver rural and remote priority items to support improvements across health services

eHealth Queensland is working closely with the rural and remote HHSs on a program of work to improve the digital capabilities of their facilities, improving patient care and enhancing clinical tools. The program of work is prioritised by the health service.

The Building Rural and Remote Health Program (BRRHP) also supports rural and regional communities by replacing ageing infrastructure, ensuring people have access to the healthcare they need now and into the future.

Through a health infrastructure co-design approach, new models of care and services can improve the patient experience and outcomes, while supporting sustainable health service delivery. BRRHP also improves the delivery of care to local communities, supports staff attraction and retention, and reduces ongoing maintenance costs.

Improving business continuity and communications

These initiatives include the provision of reliable network services to rural and remote facilities by providing bandwidth upgrades and automatic backup services in case there are interruptions to the main network connection. Due to the remoteness of many facilities this is using modern low earth orbit satellite services that provide a high-speed backup service. This project is planned to cover more than 100 sites across the state and is already delivering benefits.

The value of this has been proven recently when the Yellagumimarra Hospital Doomadgee facility and Mornington Island Hospital facility lost their primary connection, the system automatically changed to the back-up service – and the local staff continued to work unaware that there was an issue. Before this service the facility would not have had connectivity to critical systems or very low speed connections impacting patients and staff.

In addition, the main network links for many remote locations have been or are currently being updated to more reliable and faster speed connections to support the remote connectivity requirements, digital systems and telehealth services being used in rural

and remote healthcare. So far more than 160 sites have been upgraded.

Staff wellbeing

Another part of this program is to support the retention of the rural and remote workforce by providing Wi-Fi for onsite staff accommodation. This will allow staff to use this service afterhours to keep in contact with friends and family, and to support further study and streaming. Rural and remote locations do not have the same mobile coverage as the main cities, and this can add to the feeling of isolation for staff at those facilities. This initiative was initially implemented at Roma Hospital, with positive feedback regarding improved experience when provided to onsite staff accommodation.

A number of rural and remote facilities provide tele-chemotherapy and renal services to patients and requires those patients to stay in the facility for several hours. eHealth Queensland designed a new service to support these patients to have uninterrupted access to Wi-Fi internet at these facilities and will be rolling it out in the coming months. This service is anticipated to improve overall patient experience where long periods of time are spent receiving treatment and enables improved access to online streaming, reading, study and connectivity with family/friends whilst in care.

Information sharing

A unique service provided by some rural and remote HHSs is the provision of general practice/primary healthcare working in an ecosystem of health providers including the Royal Flying Doctor Service and Aboriginal Medical Services. This means information sharing is a priority to ensure that clinicians have access to essential clinical information to support the best decisions for their patients.

Under this initiative, a project is underway to improve the sharing of information from primary healthcare/general practice systems within rural and remote HHSs. This includes sharing information with The Viewer. This system is used widely internally to Queensland Health but importantly is accessible externally to authorised health providers.

Adding primary healthcare/general practice information to The Viewer will close the loop between rural and remote HHSs and their partners by providing essential clinical information to both Queensland Health clinicians and external healthcare providers.

This initiative also includes sharing of primary healthcare/general practice information with My Health Record, improving the sharing of information with patients as well as other healthcare providers as appropriate and if consented to.

Health service reporting

Data and information are often in different systems and having an easy-to-use dashboard to help manage their facilities and operations is a priority. A team at eHealth Queensland has been developing dashboards specifically designed for rural and remote information which brings together over 130 clinical and administrative measures across disparate systems to a single location.

The ability to view local information at the fingertips of rural and remote staff assists with managing the performance of local facilities in near real time rather than using arduous manual processes. The dashboards (13 in total) include measures for emergency departments, outpatients and waitlists and potentially preventable hospitalisations. Together this program will deliver significant improvements to rural and remote health facilities, integrated, accessible, reliable and always available communications, information sharing with health partners and information available at fingertips. These important foundations will help rural and remote teams deliver the best care for rural and remote patients and support staff wellbeing.

Plan and provide upgraded underpinning ICT services to support virtual care initiatives

The Telehealth Asset Replacement FY23-25 project successfully replaced 111 prioritised, highly utilised, and critical videoconference systems that are currently end of life and out of vendor support and warranty, ensuring continuity of service for telehealth equipment used for clinical care across Queensland.

This supports Queensland Health's telehealth strategy to enable consumer-centred care delivery for any model of care or physical location. Telehealth services ensure patients have timely access to clinical care, allowing consultation to take place from any location that has an internet or phone connection.

Examine complications in patients arising 12 months after a notifiable respiratory infection (e.g. COVID-19 or influenza)

The Office of the Chief Health Officer has extracted data from the relevant systems and commenced analysis. However, the secondment of specialist staff has delayed detailed analysis in June 2025 and will resume in July 2025.

Work collaboratively with HHSs to drive progress towards net zero targets, including ICT and clean energy infrastructure

Queensland Health has achieved installation of solar photovoltaic (PV) systems on 50 hospital facilities. To date, 59 have been installed, with a further 5 approved for installation.

Type 2 energy audits have been conducted at 54 sites across Queensland Health to target high-value energy and emissions reduction investments.

The procurement of the Energy and Environmental Management System (EEMS) is in its final stage. The EEMS is a robust, auditable, compliant, analytic software solution that can report on greenhouse gas emissions and other environmental impacts and financial costs to understand the related risks and opportunities.

Develop the Queensland Health Resource Recovery Strategy (2025-2028), to improve resource recovery and reduce waste across the system including a focus on rural and remote HHSs

The new Department of Health's Waste and Recycling Plan 2024-2026 has been released to provide direction on waste management strategies. This is also supported by the development of a waste assessment tool to support the department and HHSs.

Support HHSs to build a climate resilient hospital and health system and enhance their capacity to protect public health

Facilitation of customised and targeted climate risk assessment and adaptation planning workshops for a regional and a metropolitan HHS using the Queensland Health climate change adaptation planning guidelines.

Development of additional supporting tools to support HHSs in their climate risk assessment and adaptation planning.

Supported HHS engagement and coordination with local councils, public health units and physicians to address public health impacts of climate change.

Partner with principle aeromedical retrieval service providers and the Brisbane Airport Corporation in the construction of an aeromedical hub at Brisbane Airport.

Queensland Health continues to advocate with key project partners to meet practical completion milestones.

Deliver timely ambulance services to Queenslanders in critical need as reflected in response times.

For the 2024-25 financial year, the response time performance for Code 1A was 8.6 minutes at the 50th percentile.

Deliver timely ambulance services to Queenslanders in critical need as reflected in timely call taking.

For the 2024-25 financial year, the Triple Zero (000) grade of service achieved was 90.43%. The results were achieved with a 3.77% increase in demand from the previous financial year.

Deliver timely ambulance services to Queenslanders in critical need by assessing patient experience.

Overall patient satisfaction was 98% for 2024, as reported by the Council of Ambulance Authorities in September 2024.

Deliver timely ambulance services to Queenslanders in critical need by responding to 13 HEALTH calls.

In partnership with Smart Service Queensland, the Health Contact Centre provides general health information and screening in response to calls to 13 HEALTH. These calls are answered by customer service agents and 78.26% of calls were answered within 20 seconds.

The Health Contact Centre's connecting care team to provide waitlist management services to HHSs to support accurate waitlist information and maximise efficient use of hospital resources through appointment confirmation services.

The Health Contact Centre has continued to deliver online and intensive waitlist audits and appointment confirmation services in FY2024-25. The connecting care team has completed 7,167 appointment confirmations and 94,396 waitlist audits.

Commence data linkage between Queensland Health Master Linkage File and Queensland Master Patient Index to support information requirements across clinical and administrative data systems

This project is building the scaffolding to allow the department to combine structured data from sources across Queensland Health with detailed clinical information from the ieMR systems in digital hospitals. This information supports decision making, planning and research to improve how health services are delivered.

Contribute to national strategic data linkage initiatives to support National Health Reform Agreement priority work relating to a National Health Data System and understanding intersection between hospital and disability, aged and primary care services

This program of work is enabling Queensland Health to draw on information from across traditional service delivery and information silos to understand patient journeys and better coordinate services. Major achievements include working with key stakeholders to design a roadmap for sharing and linking primary and acute care data in Queensland, sharing hospital data for inclusion in a new national disability data asset and linkage that provide insight into the social determinants of health.

Continue implementation of a new statewide Clinical Coding Solution project to improve efficiencies in workflow, data availability and coding automation practice

In 2024 the Clinical Coding Solution project released the public offer to provide a statewide computer-assisted coding solution, reaching a global audience. Stakeholders continue to unpack complex dependencies and workflows associated with clinical coding and prepare the statewide workforce for the technology and workflow modernisation in readiness for planned implementation.

Develop a new 3-year service level agreement between the department and HHSs

A 2025-26 2027-28 8 HHS Service Agreement had been negotiated and executed by all HHSs by 30 June in accordance with *Hospital and Health Boards (HHB) Act 2011* timeframes and requirements.

Continue development of a 10-year Commissioning and Funding Needs Plan, including future demand projections in line with known projects coming online to determine gaps

A 10-year commissioning and Funding Needs Plan has been developed to provide strategic insights into future funding requirements.

This plan provides a pathway to inform the state's healthcare system by investing in infrastructure, workforce, technology and preventative care, with a strong focus on personalised and equitable services.

Establish a (NGO) Operating Framework that supports integration of services and commissioning through transparency and partnership with HHSs in alignment with the strategy and system priorities

The Operating Framework was finalised and approved by the Director-General in September 2024.

The NGO Operating Framework aims to facilitate partnerships across the health system and provides a principles-based approach to establishing roles and responsibilities across HHSs and the department when partnering with NGOs to deliver services. An implementation program is now underway to embed the NGO Operating

Framework principles across the department and with HHSs.

Develop program level standardisation of design inputs to deliver high levels of operational efficiencies

Delivered the revised critical infrastructure requirements realigned to the Queensland Health design principles, with publication scheduled for early 2025-26.

Delivered the Queensland Health Building Information Modelling (BIM) Digital Asset Strategy 2024-26. Delivered a BIM common data environment to support collaborative data sharing between delivery teams, HHSs and internal HIQ areas including furniture, fixtures and equipment, ICT and planning teams.

Deliver the Integrated Workforce Management (IWFM) project

The IWFM project has now successfully rolled out electronic rostering to more than 68,000 rostered employees (predominately nursing and midwifery) at all 16 HHSs. By removing duplicated processes and work effort, 125 FTE back-office roles were repurposed to perform roster support for frontline managers. Early benefits realisation is demonstrating positive results with significant improvements in staff empowerment, pay outcomes, roster efficiencies, and enhanced workforce data insights.

Deliver an enhanced statewide digital passport

The Digital Passport project was established to support the mobility of staff across a large and complex health system including HHSs and the department. Stage one of the project is complete, and a digital passport solution has been delivered in *myHR*, the department's HR system. Following completion of this stage, the focus of the project is now shifting to progressing a single credentialling solution and single learning management solution to better support the value of the digital passport in the future.

Implement the Procurement Transformation Program

- Implementation of a standardised classification framework using United Nations Standard Products and Services Code and GS1 codes within the System Procurement purchasing catalogue.
- Implementation of a clinical engagement model that ingrates clinical expertise into statewide procurement activities.
- Establishment of the Queensland Health Product Endorsement Committee that will oversee the final validation of medical products for statewide usage which satisfy a set of commercial and clinical criteria.
- Rollout of the Queensland Government's new tendering solution (Vendor Panel) across Queensland Health.

Establish common use supply arrangements with a diverse supplier base that promotes spending with Aboriginal and Torres Strait Islander businesses

A First Nations Procurement Strategy and Action Plan with objectives and milestones has been developed and is anticipated for release in July 2025.

Establish common use supply arrangements with a diverse supplier base that promotes spending with local buy and spend with Queensland small and medium enterprises

A Small and Family Business Procurement Strategy and Action Plan are under development. Increased engagement with the Department of Customer Services, Open Data and Small and Family Business has been undertaken to investigate opportunities to increase spend with small and family businesses.

Provide resilient and sustainable supply chain services

Navigation of significant supply disruptions.

Product supply disruptions happen regularly and are generally navigated with simple measures such as turning to an alternative supplier and/or similar product.

Global supply chains remain challenging due to factors such as raw material shortages, manufacturing disruptions, and quality and regulatory issues.

During the 2024-25 financial year, 21 significant supply disruptions and product alerts affecting HHSs have been managed by the Supply Chain Branch for Queensland Health under the Branch's Critical Issues Management Framework.

Many of these significant disruptions have been resolved (return to normal supply) and ongoing supply disruptions are being closely managed to ensure continuity of care. Additional controls have been activated including advanced demand planning and forecasting capability to enhance active monitoring, contingency planning and identification of appropriate alternative products.

Deliver the Pay Enhancement Program to streamline and enhance the payroll operating environment and optimise pay outcomes for customers

The Pay Enhancement Program has been established to streamline and improve the payroll operating environment, ensuring optimal pay outcomes for our valued customers. The program has successfully delivered several initiatives to improve the efficiency of the pay process and simplify the experience for employees and line managers.

This included a new streamlined ad hoc payment request process for employees, a communication campaign to support the education of payroll processes, and enhancements to processes and the *myHR* self-service solution to support simplification of the submission of pay related requests.

Implement the Supply Chain Optimisation Workstream

The Portable Data Entry Unit barcode scanners upgrade replaced the existing fleet of 500+ barcode scanners used by more than 600 supply, administrative and clinical staff across HHSs and Pathology Queensland (PQ) to manage stock and order consumables.

The new mobile devices securely integrate with existing Queensland Health finance, business and logistics systems providing hospital-based users with real-time information while uplifting inventory management across Queensland Health.

New devices were piloted at selected sites identified by each HHS and PQ in October 2024, prior to the commencement of full rollout in November 2024.

Rollout of all devices was completed in January 2025 prior to the Windows 11 upgrade, mitigating the risk of the old fleet ceasing to operate. The project was formally closed in March 2025, within schedule and under budget.

<p>Strategic objective 4</p> <p>Support a responsive, skilled and valued workforce that is empowered to lead the delivery of world class health services</p>
<ul style="list-style-type: none"> • Progress implementation of the Healthy Workforce Strategy for Queensland to 2032 to build a supported workforce to deliver high-quality healthcare across Queensland • Support the health system to effectively plan future workforce requirements through a dedicated Department of Health workforce planning advisory team • Enhance staff capability to provide high-quality, person-centred, safe and affirming services to victims of domestic violence and other priority cohorts • Implement whole-of-system programs and practices to address occupational violence, mental health and wellness, and managing psychosocial hazards
<ul style="list-style-type: none"> • Improved workforce satisfaction and culture • Increased representation of First Nations people in the workforce • Increased participation in leadership and career development programs

Health Workforce Strategy

The Health Workforce Strategy will be closed out and superseded by the System-wide Health Workforce Plan (workforce plan).

A draft System-wide Health Workforce Plan has been developed and shared with Queensland Health leadership for initial commentary. To support its finalisation, a comprehensive gap analysis is being undertaken to identify critical areas of need both now and into the future, ensuring an evidence-based sustainable workforce plan to 2032.

Implement a dedicated Queensland Health workforce planning advisory team and strategic workforce planning framework

The Strategic Workforce Planning Framework has been developed and is being implemented. A team of 4 FTE positions have been established within the

Workforce Strategy Branch to support implementation of the framework and workforce planning in the HHSs.

Commence service delivery at Yarrabah Digital Service Centre providing on-Country employment opportunities for First Nations people

This action was closed in quarter one as funding ceased to progress in this financial year.

Develop and implement a Queensland Health Domestic and Family Violence Capability Framework and release comprehensive updates to the Domestic and Family Violence Toolkit of Resources for Health Workers

The Domestic and Family Violence (DFV) Capability Framework was launched and a comprehensively updated DFV toolkit of eLearning modules and resources to uplift the capability of the Queensland Health workforce in responding to DFV.

A DFV Health Forum was held in June 2025 to assist with the rollout of the DFV capability framework and new toolkit products. The forum was attended by HHS clinicians responsible for DFV responses and key partners from other Queensland Government agencies.

Provide frontline health staff across Queensland with training and resources to uplift capability in providing high-quality, person-centred, safe and affirming services to LGBTQIA+ people.

A LGBTQIA+ DFV training and resource pack for frontline health workers and GPs was developed in partnership with the LGBTQIA+ DV Awareness Foundation. This pack aimed to raise awareness of the high rates and types of DFV in LGBTQIA+ relationships and the unique health needs of LGBTQIA+ people.

The training equips users with essential knowledge and skills to:

- recognise the specific dynamics of DV in LGBTQIA+ relationships.
- understand the barriers LGBTQIA+ individuals face when seeking help for DV.
- use inclusive language and terminology when discussing DV.

- provide culturally competent care and support to LGBTQIA+ individuals experiencing DV.

In August 2024, training and communications were released by the department to HHSs via:

- a memo to Executive Directors of Workforce in HHSs who requested training be uploaded into local learning management systems.
- distribution of key messages to staff about the training and to promote uptake via a multi-modal communication strategy.

Implement the Aboriginal and Torres Strait Islander Health Workforce Certified Agreement 2023

The Certified Agreement was certified on 21 June 2024 and supports an empowered responsive, skilled and valued Aboriginal and Torres Strait Islander health workforce with the introduction of a new classification structure that has resulted in the attraction, retention, and growth of the health workforce stream across the system by approximately 23%.

Queensland Health has ensured all payroll implementation activities have occurred, resulting in all health workforce roles transitioning to a new classification structure. A payroll activity to implement the higher education incentive was completed resulting in recognition and financial reward being applied to health workforce professionals with relevant additional and beneficial qualifications.

Additional development of the classification structure is underway and will result in enhanced alignment of health workforce roles with existing and emerging needs of health services and raise visibility of the health workforce professions across the system. The implementation of an ongoing job evaluation methodology will follow, ensuring working to the top of their scope of practice. This work, along with the development of policies and guidelines relating to best practice rostering and workload management will finalise implementation of the agreement.

Undertake an independent review of workplace culture (sexual safety) across Queensland Health

An independent review was undertaken which considered the adequacy of Queensland Health's sexual harassment and misconduct policies and identified areas for improvement to make Queensland Health workplaces safer. The review was finalised ahead of time, with the final report published in March 2025. Recommendations in the report are being actioned across Queensland Health.

Implement the Mental Health and Wellbeing Framework

Queensland Health has delivered a number of key strategic initiatives and programs over the year which support the implementation of the Mental Health and Wellbeing Framework (the framework) and enhancement of workplace wellbeing more broadly across the Queensland Health system.

This includes publishing the Queensland Health Recover Well Work Well Strategy designed to enhance system capabilities to provide early intervention and improved return to work outcomes for injured or ill employees.

An e-learning awareness and capability-building program for leaders and staff in mental health, wellbeing, and the management of psychosocial risks will be available across the system as foundational learning from 30 June 2025.

Delivery of a continuing professional development-accredited professional practice program for workplace health and safety and/or human resource (HR) practitioners with a lead role in psychosocial risk management activities, designed to enhance capabilities to review, implement, evaluate and continuously improve integrated psychosocial risk management practices commenced in June 2025.

A new Psychosocial Risk Management Guideline was designed to provide specific guidance on managing psychosocial risks within Queensland Health's work health safety and wellbeing management system. Consultation on the guideline will commence in the 2025–26 financial year.

Other achievements include:

- the enhancement of workplace hazard and incident reporting

- procurement of accredited workplace wellbeing leader and practitioner training
- development of an organisational-level workplace Sexual Harassment Prevention Plan
- support for implementation of system-wide workplace wellbeing programs and initiatives for the medical and nursing workforces
- an updated fatigue management policy in line with EB11 commitments.

Other whole-of-government plans and specific initiatives

Plan/initiative/strategy	Key achievements in 2024-25
Long-Stay Rapid Response	<p>The Long-Stay Rapid Response (LSRR) program is an internal funding and escalation pathway for HHSs to support long-stay patients to safely discharge from hospital and prevent non-medically required hospital presentations or admissions. The LSRR program is funded for \$4 million per annum until 2025–26 under the 2022–23 Queensland Health and Hospitals Plan, and \$3.5 million per annum until 2027–28 under the 2023–24 Queensland State Budget.</p> <p>In financial year 2024–25, the LSRR program expanded to administer the Preventing Avoidable Presentation of Older People (PAPOP) program which is funded for \$2 million per annum until 2027–28 under the Commonwealth’s Strengthening Medicare package. The PAPOP program specifically delivers hospital avoidance solutions for people over the age of 65 at risk of a preventable admission or presentation to acute health services.</p> <p>In 2023–24, the LSRR program supported 371 patients to leave hospital, saving approximately 27,417 bed days with an estimated bed day cost saving of \$52,740 million (when calculated at the bed day cost of \$2,072 per day and minus investment into the program). This financial year (as of 10 June 2025 and inclusive of PAPOP outcomes), the LSRR program has supported 266 people to leave hospital and 155 patients to avoid hospital, saving approximately 35,728 bed days, at an estimated bed day cost saving of \$76,389 million (when calculated at the bed day cost of \$2,284 and minus investment into the program).</p> <p>As of 10 June 2025, the LSRR program has supported 1,297 patients to leave hospital or avoid an unnecessary hospital admission since the program’s commencement in 2021, saving approximately 92,505 bed days with an estimated bed day cost saving of \$181,864 million (when calculated at the bed day cost per financial year and minus investment into the program).</p>
Queensland Health- Queensland Civil and Administrative Tribunal (QH-QCAT) Hospital Hearings Program Expansion	<p>The QH-QCAT hospital and hearings program supports the delivery of in-hospital QCAT hearings for hospital inpatients with impaired capacity. The program, hosted by Metro North HHS, received an additional \$6.5 million in the Queensland State Budget 2024–25 to reduce wait times for a patient waiting for guardianship hearings.</p> <p>Following the implementation of the expansion, wait times for a hearing have reduced significantly, where patients were waiting an average of 29 day for a hearing, compared to 64 days in September 2024. The average wait time for a QCAT hearing outside of hospital is 273 days.</p>
Medical Aids Subsidy Scheme Expansion (Disability Reform)	<p>The Medical Aids Subsidy Scheme received \$6.475 million in the Queensland State Budget 2024–25 to deliver a 12-month pilot to support targeted vulnerable cohorts of younger persons needing assistive technology outside of the National Disability Insurance Scheme. As of 15 April 2025, the pilot had received a total of 342 applications.</p>

<p>Whole-of-Government Domestic Family and Sexual Violence (DFSV) Reform Agenda</p>	<p>The Queensland Government is delivering a whole-of-government domestic, family and sexual violence (DFSV) reform agenda in response to:</p> <ul style="list-style-type: none"> • the Women's Safety Justice Taskforce Hear Her Voice Reports 1 and 2 • the Domestic and Family Violence Prevention Strategy Fourth Action Plan • recommendations from the Domestic and Family Violence Death Review and Advisory Board • Prevent. Support. Believe – Queensland's framework to address sexual violence – Second action plan 2023–24 to 2027–28 • Queensland Audit Office's Keeping people safe from domestic and family violence (Report 5: 2022–23). <p>The department is responsible for leading the Queensland Health response to all recommendations that Queensland Health has responsibility for in partnership with relevant areas across the department. Queensland Health was tasked to deliver or support delivery of 93 recommendations across the DFSV reform agenda and accepted lead or co-lead responsibility for 55 of these recommendations.</p> <p>As of 30 June 2025, 48 of the Queensland Health led or co-led recommendations have been delivered, with 11 of these delivered in the 2024–25 financial year.</p> <p>During 2024–25, significant progress was made in delivering recommendations relating to responding to sexual violence including developing a clear, transparent, plain language guide for police, legal practitioners and judicial officers on the use and interpretation of forensic analysis of DNA samples in sexual violence and other cases.</p>
<p>Contribution to Inquiry into Elder Abuse in Queensland</p>	<p>In December 2024, the Legislative Assembly established a Parliamentary Inquiry to explore the nature and extent of elder abuse in Queensland and the effectiveness of the Queensland Government's responses, as part of the government's First 100 Days Plan. The Inquiry was referred to the Education, Arts and Communities Committee.</p> <p>The Department of Health led the Queensland Health written briefing and work to inform a public hearing as part of the Inquiry process in early 2025. Queensland Health will continue to monitor the work of the committee and contribute to any further advice for the Inquiry or the Department of Families, Seniors, Disability Services and Child Safety as lead agency.</p> <p>The Department of Families, Seniors, Disability Services and Child Safety, will coordinate a whole of government response to the Inquiry Report, which is anticipated to be handed down in late 2025.</p>
<p>Multicultural Health Policy and Action Plan</p>	<p>In September 2024, Queensland Health released the Multicultural Health Policy and Action Plan (MHPAP) 2024–2029. The policy and action plan aims to ensure equitable, culturally appropriate healthcare for people from multicultural backgrounds.</p> <p>During 2024–25, 3 key priorities were progressed.</p>

	<ul style="list-style-type: none"> • Implementation of the Multicultural Health Liaison Officer program, including recruitment of 9 new roles across Queensland to support patients from multicultural backgrounds navigate the healthcare system. • Enhancement of refugee health through the recruitment of 5 additional nurses across refugee health services in Queensland, and the development of refugee health nurse training modules. • Finalisation of a new approach to the whole-of-government language services common use arrangement which embeds stronger quality assurance and quality management mechanisms. The new arrangement will commence in July 2025.
Putting Queensland Kids First	<p>In June 2024, \$501.9 million was committed to cross-government priorities under Putting Queensland Kids First (PQKF). Of this, \$247.4 million over 4 years was committed to 8 health programs including an uplift of child and family health services and child development services, and statewide expansion of programs including community hearing screening and sustained health home visiting.</p> <p>During the 2024–25 period, several key initiatives were delivered:</p> <ul style="list-style-type: none"> • rollout of sustained health homes visiting to Sunshine Coast HHS, Townsville HHS, and the Gold Coast HHS, with West Moreton HHS due to go live in July 2025 • major uplift in child and family health services in Gold Coast HHS, Sunshine Coast HHS, Townsville HHS and West Moreton HHS • expansion of community hearing screening to Townsville HHS, Metro North HHS and Darling Downs HHS • introduction of a child health post-graduate scholarship program with 30 nurses undertaking this qualification under a scholarship in 2025 • all HHSs who deliver a community-based child development service received funding to locally design enhancements for their existing services and workforce pipelines • supporting healthier pregnancies initiative (SHPI) of the PQKF Plan is focused on improving the current and future health of pregnant women and their children through strengthening and embedding preventive health practices within public antenatal care, focused on chronic disease risk factors (smoking/vaping, alcohol, nutrition, physical activity) and immunisations in pregnancy <ul style="list-style-type: none"> ○ The initiative is in the inception phase, with initial governance mechanisms and the statewide SHPI coordination team in place. Around half of the 16 new clinical midwife consultant positions in HHSs are onboard (as of April 2025) and others under recruitment, with an active community of practice in place

	<ul style="list-style-type: none"> ○ establishment of contracts with non-government organisations Baby Give Back and A Brave Life as part of the essential material basics for new parents initiative.
Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027	<p>Better Care Together was launched in October 2022 and sets the strategic direction and priorities across the state funded mental health alcohol and other drug service system.</p> <p>Key initiatives were delivered through Better Care Together in 2024–25:</p> <ul style="list-style-type: none"> • An additional 5 new beds were established as part of the 53-bed adult acute inpatient mental health unit at Cairns Base Hospital to provide assessment and treatment for people with a mental illness over the age of 18 that require inpatient care. • An additional 14 new beds are operational as part of the 64-bed adult acute inpatient mental health unit at Ipswich Hospital to provide assessment and treatment for people with a mental illness over the age of 18 that require inpatient care. • A 28-bed residential treatment service for adults was established in Bundaberg. This includes 8 withdrawal management beds and 20 rehabilitation treatment beds to better meet the need for specialist treatment in Wide Bay and surrounding regions. This service opened in March 2025 and is delivered by Lives Lived Well – a specialist non-government organisation. • A Crisis Support Space was established at Maryborough Hospital. Crisis Support Spaces provide peer and clinical support to people experiencing mental health crisis in a therapeutic setting as an adjunct and alternative to emergency departments. • Six short stay beds and 6 chairs were opened at a new Crisis Stabilisation Unit at The Prince Charles Hospital to provide intensive multi-disciplinary treatment and support for people experiencing mental health crisis. • A co-designed Safety and Quality Improvement Framework for Queensland mental health, alcohol and other drug services was launched in September 2024. This framework supports a learning culture and promotes improved health outcomes for people receiving care from these services.
Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019–2025	<p>The Growing Deadly Families Strategy has a vision that all Aboriginal and Torres Strait Islander babies in Queensland are born healthy into strong resilient families.</p> <p>The recurrently funded program has expanded this year to an additional 3 HHSs (a total of 9 HHSs currently funded) and 4 Aboriginal and Torres Strait Islander Community Controlled Health Organisations (a total of 8 currently funded). All have a focus on decreasing smoking rates, increasing birth weight and increasing antenatal visits.</p>
Queensland Women and Girls' Health Strategy 2032	<p>As a commitment under the Queensland Women's Strategy 2022–27, Queensland Health has developed the Queensland Women and Girls' Health Strategy 2032 (the strategy) and investment plan to respond to the health needs of women and girls, address the wider determinants of women and girls' health, and improve health equity.</p>

	<p>The strategy recognises that improving the health and wellbeing of Queensland women and girls is the foundation to ensuring women and girls are able to fully participate in their social, cultural and economic lives.</p> <p>Launched on 4 March 2023, the strategy is backed by an initial \$247 million investment over 5 years. Implementation of the strategy commenced in late 2023–24.</p> <p>The women and girls' health improvement program of work now includes more than 30 health-related initiatives and sub-initiatives developed under the Queensland Women and Girls' Health Strategy 2032 and investment plan. This program of work supports women and girls to more readily navigate the healthcare system and receive timely, effective care. It also supports patient flow through the hospital system through the provision of lower-acuity care in the community, preventing or delaying the need for hospital-based care and enabling the broader clinical workforce to maximise the scope of care they can deliver through training.</p> <p>Through 2024–25:</p> <ul style="list-style-type: none"> • four initiatives completed • six initiatives have become business as usual and are ongoing • twenty-two initiatives have commenced.
Palliative and End-of-Life Care Strategy	<p>In addition to its ongoing investment in Queensland's palliative care system, the Queensland Government has committed approximately \$171 million for palliative care reform through until 2025–26. The investment of this funding is being driven by the Palliative and End-of-Life Care Strategy and complementary Queensland Health Specialist Palliative Care Workforce Plan. The funding is being used to expand and strengthen palliative care services for Queenslanders.</p> <p>The implementation of the strategy is on track to meet workforce recruitment targets. Key initiatives that have been achieved include:</p> <ul style="list-style-type: none"> • more than 158 FTE permanent palliative care specialist positions have been recruited, strengthening interprofessional care including medical, nursing, allied health, and Aboriginal and Torres Strait Islander Health Workers • one hundred and ten (110) clinicians were supported to complete palliative care post-graduate education • the Specialist Palliative Rural Telehealth service (SPaRTa) received recurrent funding and expanded their service to include weekends and public holidays, allowing increased access to specialist palliative care via telehealth for regional and rural Queenslanders • since being established in July 2023, the community-based service (Uniting Care) has supported 914 people to receive palliative care at home in regional and rural Queensland and the service expanded this year to include personal care and respite care.
Queensland's One Health approach for management of zoonotic incidents	<p>Queensland Health, Biosecurity Queensland and Workplace Health and Safety Queensland continue to operate under a Memorandum of Understanding for the management of zoonotic incidents. In 2024-25 the agencies:</p>

	<ul style="list-style-type: none"> • collaborated to support the response to an outbreak of Japanese encephalitis • commenced a review of the agreement including consideration to expand to another government department to enable a more joined up approach to emerging zoonotic incidents.
Queensland National Bowel Cancer Screening Program Participation Strategy	<p>The Population Health Promotion Screening team (PHPS) has partnered with health promotion staff in HHSs to develop, implement and evaluate statewide strategies and innovative projects to increase participation of bowel screening.</p> <p>Alternative access model (AAM) supports the primary health care sector to adopt and offer AAM and enables eligible people to receive a bowel cancer screening kit from their GP or healthcare providers (HCPs). In 2024-25, over 1,200 AAM kits were issued with a 38% kit return rate.</p> <p>Queensland Health's Participant Follow Up Function for bowel cancer screening, followed up approximately 8,990 Queenslanders who returned a positive screening result but were yet to visit their doctor and or complete their follow up testing procedures.</p> <p>The development of the Screen2Save workplace educational and behavioural change platform will allow Queensland Health to conduct a trial in industries with high rates of under-screening for bowel cancer, such as construction and mining. Screen2Save will be launched in the 2025-26.</p>
Newborn Bloodspot Screening Expansion	<p>The Newborn Bloodspot Screening (NBS) Expansion (amended) Federation Funding Agreement – Health from 2024 through to 2028 will provide \$11.2 million directly to Queensland to manage and strengthen NBS program governance pathways that support the implementation of new conditions as agreed by state Health Ministers.</p> <p>To receive the program expansion and management payment, the target conditions must be met within two years of Health Ministers' endorsement.</p> <p>Additionally, under the federation funding agreement (FFA) schedule, annual progress reports are submitted outlining progress on the addition of conditions to NBS and provide data against 6 key performance indicators measuring recruitment, screening and diagnosis.</p> <ul style="list-style-type: none"> • Indicator 1, 99% of the 60,000 babies born in Queensland each year participate in NBS (Pathology Queensland, 2023). • Indicator 2, percentage of samples collected by duration after birth (24-48 hrs) - 90.1 % (Pathology Queensland, 2023). • Indicator 3, percentage of cards received by the laboratory within the agreed timeframe – 85.22% (Pathology Queensland, 2023). • Indicator 4, the definition of unsuitable differs by jurisdictions, making comparison challenging. However, 'unsuitable' bloodspot card samples can be due to the quality of the bloodspot card being compromised, such as incorrect timing of bloodspot sample collection, incorrect method of collection and/or mishandling of the bloodspot sample card post-collection. Approximately 0.92% of samples received by a laboratory for screening were deemed unsuitable for use and ranged from 0.28 to 1.75%.

	<ul style="list-style-type: none"> Indicator 5, Nationally, 350 babies with a rare condition were detected through NBS. Of the 350 babies, 176 were diagnosed with endocrine disorders, 60 with metabolic disorders and 114 with other disorders (including immune and neuromuscular disorders). Indicator 6, percentage of clinical critical results notified within the agreed timeframe - 90.9% (Pathology Queensland, 2023).
National Lung Cancer Screening Program (NLCSP)	<p>Queensland Public Health and Scientific Services (QPHaSS) has been working to ensure Queensland is ready to deliver one of the most significant public health initiatives in decades – the NLCSP, set to commence on 1 July 2025. The NLCSP will offer low-dose computed tomography (CT) scans to eligible individuals aged 50–70 with a history of smoking, aiming to detect lung cancer earlier, when treatment is more effective. Participants will be referred by authorised practitioners and assessed using a risk-based nodule management protocol, with 2 new Medicare Benefits Schedule (MBS) items introduced to support bulk billing and encourage eligible participants' uptake.</p> <p>Queensland-specific modelling forecasts around 54,000 people could take part in the program in its first year alone, with up to 1,000 lung cancer cases potentially detected earlier than they otherwise would have been.</p> <p>To ensure no Queenslanders miss out, QPHaSS is collaborating with key partners such as Heart of Australia (HoA), which was commissioned by the Commonwealth Government to deliver mobile screening services to rural and remote areas, the Aboriginal Community Controlled Health sector, and HHSs. At this stage, a mobile truck is expected to be made available to Queensland to commence mobile screening services from June 2026.</p> <p>The Queensland cancer lead has been working with QPHaSS around the development of best-practice models of care for managing lung nodules and other findings expected under the program to ensure our system and HHS partners are prepared to provide timely, coordinated follow-up care.</p> <p>Concurrently, QPHaSS is progressing other key readiness activities, including engagement to support integration of radiology and pathology information systems with the National Cancer Screening Register, and developing a Queensland Health specific data and evaluation framework to support consistent data capture and generate insights that will inform continuous improvement of the program over time.</p> <p>This transformative initiative directly supports the Queensland Cancer Strategy, improving access and outcomes for high-risk groups, and QPHaSS is proud to be at the forefront of this vital work.</p>
BreastScreen Queensland Reform Project	<p>The BreastScreen Queensland Reform Project was commissioned in August 2023 in response to significant stakeholder feedback about concerns within the operation of the program, including clinical safety, governance and role clarity. The project was completed in November 2024 and delivered the following achievements:</p> <ul style="list-style-type: none"> Strengthened clinical governance and oversight of reader cancer detection performance, following an independent review of the reader quality assurance panel. Clinical oversight and management of a clinical function of the SCRM operations and statewide reading timeliness.

	<ul style="list-style-type: none"> • BSQ32 was developed to bring together all key aspects necessary to the reform with priority actions to deliver over the next 8 years across 4 focus areas: service delivery, client experience, access and participation, workforce, and research, technology and innovation. • Permanent appointment of a BSQ State Radiologist after being vacant since July 2022. • A strengthened program governance framework with a dedicated program director role, simplified committee portfolios with remunerated chair roles and robust perspectives and insights within committee membership. • Functional alignment of the state coordination unit and complementary statewide support services and key clinical roles co-locating to deliver on responsibilities aligned to national accreditation requirements, with new operating arrangements beginning on 1 October 2024. • Funding for the delivery of a women's comprehensive diagnostic clinical trial in response to stakeholder feedback on service delivery.
Medical Imaging Central Support Unit	<p>The Medical Imaging Central Support Unit (MI CSU) was established in January 2025 following endorsement from the Senior Leadership Forum and Executive Leadership Team to network specific service components relating to medical imaging service delivery across Queensland Health. Since its inception the MI CSU has delivered the following:</p> <ul style="list-style-type: none"> • Formal governance structure for the Future Medical Imaging Services Model with the establishment of a Medical Imaging Sponsorship Group and a Medical Imaging Clinical Reference and Advisory Group. • Recruitment of a core MICSU team including a program director, manager, program coordinator and data analyst. • Extensive engagement with key internal and external stakeholders to ensure active collaboration across the HHSs, broader Queensland Health network and with medical imaging service providers across the state. • Commencement of Project work also commenced, focusing on 3 key areas: <ul style="list-style-type: none"> ○ Strategic Procurement Reform – addressing challenges in current fragmented contracting arrangements and developing a statewide strategic approach to the procurement of medical imaging services with a statewide service level agreement expected to be implemented by 1 July 2026. ○ Data and System Improvement Metrics – developing a standardised framework for statewide medical imaging performance metrics and building a statewide medical imaging performance dashboard to improve visibility of system performance and to support improved data-driven decision making.

	<ul style="list-style-type: none"> ○ Overflow reporting – conducting a feasibility assessment of a statewide overflow reporting model to optimise overflow radiology reporting pathways across HHSs.
Genomics and Precision Health – A strategic 5-year roadmap 2021–2026	<p>The Genomics and Precision Health – A strategic 5-year roadmap 2021–2026 (roadmap) is an innovative blueprint for coordinated actions by Queensland Health and its partners to embed genomics and precision health in the Queensland health system. It was developed in response to 'The future of genomics in Queensland – a policy position for the advancement of genomics within the health system'. It identifies 7 priority areas:</p> <ul style="list-style-type: none"> • person and family-centred care • services • resources • workforce • data and biobanking • research • industry. <p>Queensland Health initiated the statewide genomics strategic program in 2023–24 to deliver the roadmap through an action plan implemented by the Office of Research and Innovation, QPHaSS and eHealth Queensland. This program aims to develop a genomics-empowered workforce, enhance genomic testing capabilities, and provide leadership in the generation, translation and application of genomics research into standard healthcare practices to drive personalised healthcare interventions for Queenslanders.</p>
Queensland Health Statewide Artificial Intelligence Plan and Statewide Artificial Intelligence Framework	<p>The Statewide Artificial Intelligence (AI) Plan and AI Framework were approved by the Queensland Health Executive Leadership Team (ELT) in December 2024.</p> <p>The AI plan aims to provide a unified approach to advancing AI integration within Queensland Health over the next three years. AI driven solutions provide an opportunity to ensure workforce is utilised in areas of highest need while AI solutions complement our scarce workforce resources, improve scalability through innovation, and help reduce duplication of effort. To fully ensure the people of Queensland benefit from AI, the Plan will facilitate responsible and ethical AI adoption that prioritises patient safety and ensures AI does not perpetuate existing inequities within the system.</p> <p>The purpose of the AI framework is to provide a comprehensive guide that supports a standardised, consistent, and evidence-based process to be applied to planning, implementation, evaluation, and governance of AI advancements across Queensland Health. Importantly, the framework complements and builds on Whole-of-Government AI policy requirements. The framework provides tools, techniques, and templates to assess AI projects throughout the AI project lifecycle based on end-to-end lifecycle best practices. The lifecycle is made up of six stages with key activities under each stage. Importantly, this approach can be streamlined depending on the size and scale of the AI initiative.</p>

Statewide Robotics Plan 2024-29	<p>The Statewide Robotics Plan was finalised in July 2024, providing a visionary 5-year roadmap to leverage robotics technology for the benefit of patients across the state, and the sustainability of our health care system.</p> <p>With a focus on patient-centred care, workforce development, collaboration and innovation, this Plan aims to drive forward-thinking initiatives that enhance efficiency, accessibility and quality, and lays the foundation for long-term adoption and integration of robotics within Queensland's healthcare ecosystem.</p>
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Service delivery statements (SDS)

Acute inpatient care

Queensland Health	2024–2025 Target	2024–2025 Actual
Effectiveness measures		
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ¹	≤1.0	0.7
Percentage of elective surgery patients treated within the clinically recommended times		
Category 1 (30 days)	>98%	86.1%
Category 2 (90 days)	>95%	74.5%
Category 3 (365 days)	>95%	83.5%
Median wait time for elective surgery treatment (days)		
Category 1 (30 days)	..	18
Category 2 (90 days)	..	69
Category 3 (365 days)	..	262
All categories	..	42
Percentage of admitted patients discharged against medical advice ²		
Non-Aboriginal and Torres Strait Islander patients	0.8%	1.3%
Aboriginal and Torres Strait Islander patients	1.0%	3.4%
Efficiency measure		
Average cost per weighted activity unit for Activity Based Funding facilities ³	\$5,937	\$6,032
Other measures		
Number of elective surgery patients treated within clinically recommended times		
Category 1 (30 days)	59,849	53,200
Category 2 (90 days)	53,043	42,715
Category 3 (365 days)	27,626	25,051
Total weighted activity units (WAU) – Acute Inpatients ⁴	1,593,543	1,627,459

Note:

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. Current performance for Aboriginal and Torres Strait Islander patients is not meeting the target and is likely to take longer than initially projected to achieve. However, given statewide rates have historically been above 3.5 per cent and approaching 4 per cent, there has been an improvement. The 2024–2025 Actual is based on admitted patient data for the period 1 July 2024 to 31 May 2025.
3. Cost per WAU is reported in QWAU Phase Q27 and is based on data extracted on 18 August 2025.
4. 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.

Outpatient care

Queensland Health	2024–2025 Target	2024–2025 Actual
Effectiveness measures		
Percentage of specialist outpatients waiting within clinically recommended times ¹		
Category 1 (30 days)	65%	57.1%
Category 2 (90 days) ²	..	41.8%
Category 3 (365 days) ²	..	76.9%
Percentage of specialist outpatients seen within clinically recommended times		
Category 1 (30 days)	83%	76.9%
Category 2 (90 days) ²	..	46.3%
Category 3 (365 days) ²	..	69.1%
Efficiency measure		
Not identified		
Other measures		
Number of Telehealth outpatients service events ³	355,607	380,490
Total weighted activity units (WAU) – Outpatients ⁴	504,281	554,265

Note:

1. Waiting within clinically recommended time is a point in time performance measure. 2024–2025 Actual is as at 1 July 2025.
2. 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.
3. Telehealth data is as at 20 August 2025.
4. 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.

Emergency care

Queensland Health	2024–2025 Target	2024–2025 Actual
Effectiveness measures		
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	>80%	58.9%
Percentage of emergency department patients seen within recommended timeframes		
Category 1 (within 2 minutes)	100%	99.9%
Category 2 (within 10 minutes)	80%	73.5%
Category 3 (within 30 minutes)	75%	68.9%
Category 4 (within 60 minutes)	70%	79.0%
Category 5 (within 120 minutes)	70%	93.8%
Percentage of patients transferred off stretcher within 30 minutes ¹	90%	62.8%
Median wait time for treatment in emergency departments (minutes) ²	..	14
Efficiency measure		
Not identified		
Other measure		
Total weighted activity units (WAU) – Emergency Department ³	419,818	388,817

Note:

1. Patient off stretcher 2024–2025 data is as at 14 August 2025.
2. 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.
3. 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.

Sub-acute and non-acute care

Queensland Health	2024–2025 Target	2024–2025 Actual
Effectiveness measure		
Not identified		
Efficiency measure		
Not identified		
Other measure		
Total weighted activity units (WAU) – Sub-acute ¹	194,539	226,961

Note:

1. 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.

Mental health, alcohol and other drug services

Queensland Health	2024–2025 Target	2024–2025 Actual
Effectiveness measures		
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ¹		
Aboriginal and Torres Strait Islander	<12%	10.1%
Non-Aboriginal and Torres Strait Islander	<12%	8.4%
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ²		
Aboriginal and Torres Strait Islander	>65%	59.6%
Non-Aboriginal and Torres Strait Islander	>65%	63.4%
Efficiency measure		
Not identified		
Other measures		
Percentage of the population receiving clinical mental health care ³	>2.1%	2.1%
Ambulatory mental health service contact duration (hours) ⁴	>956,988	824,626
Queensland suicide rate (number of deaths by suicide/100,000 population) ⁵	..	11.8
Total weighted activity units (WAU) – Mental Health ^{6,7}	149,013	285,136

Note:

1. Mental Health readmissions data is as at 19 August 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. Percentage of the population receiving clinical mental health care measure 2024–2025 Actuals are for the period 1 July 2024 to 30 June 2025 using most recently available estimated resident population (ERP) from the Australian Bureau of Statistics (as at December 2024).

4. Ambulatory Mental Health service contact duration data is as at 19 August 2025.
5. Queensland suicide rate is the most recently available (2023 calendar year) age standardised rate per 100,000 population data from the Australian Bureau of Statistics (ABS) Website. Please note, data is counted per registration year, so may not be directly comparable to previous submissions which were determined by reference year and presented as a 5-year rolling average. No annual targets for this measure were set as progress is expected over the long-term.
6. 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.
7. 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.

Prevention, primary and community care

Queensland Health	2024–2025 Target	2024–2025 Actual
Effectiveness measures		
Percentage of the Queensland population who consume alcohol at risky and high risk levels (2020 guidelines) ^{1,2}	35.3%	36.4%
Male	47.4%	48.9%
Female	23.8%	24.5%
Percentage of the Queensland population who smoke daily ¹		
Persons	9.8%	8.9%
Male	11.0%	9.8%
Female	8.6%	8.1%
Percentage of the Queensland population who were sunburnt in the last 12 months ¹		
Persons	46.4%	44.6%
Male	51.4%	48.9%
Female	41.5%	40.5%
Annual notification rate of HIV infection ³	<3.0	2.9
Vaccination rates at designed milestones for children 1–5 years		
all children 1 year	95%	90.3%
all children 2 years	95%	88.9%
all children 5 years	95%	92.0%
Percentage of target population screened for		
breast cancer ⁴	52.1%	51.2%
cervical cancer ⁵	67.6%	62.3%
bowel cancer ⁶	42.5%	38.8%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter ⁷	59.6%	59.0%
Ratio of potentially preventable hospitalisations (PPH) – rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations ⁸	1.65	1.74

Queensland Health	2024–2025 Target	2024–2025 Actual
Percentage of women who, during their pregnancy, were smoking after 20 weeks ^{9,10}		
Non-Aboriginal and Torres Strait Islander women	5.0%	4.3%
Aboriginal and Torres Strait Islander women ¹⁰	28.0%	31.4%
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation ⁹		
Non-Aboriginal and Torres Strait Islander women	98.0%	97.5%
Aboriginal and Torres Strait Islander women ¹¹	93.0%	91.3%
Percentage of babies born of low birth weight to ⁹		
Non-Aboriginal and Torres Strait Islander women	4.6%	4.8%
Aboriginal and Torres Strait Islander women	7.3%	10.4%
Percentage of public general dental care patients waiting within the recommended timeframe of two years ¹²	85%	99.3%
Percentage of oral health Weighted Occasions of Service which are preventative ¹²	15%	18.3%
Efficiency measure		
Not identified		
Other measures		
Number of rapid HIV tests performed ¹³	6,000	8,624
Number of adult oral health Weighted Occasions of Service (ages 16+) ^{12,14}	2,736,000	2,931,171
Number of children and adolescent oral health Weighted Occasions of Service (0–15 years) ^{12,14}	1,200,000	919,433
Total weighted activity units (WAU) – Prevention and Primary Care ¹⁵	43,255	48,100

Note:

1. The survey service standards are population measures from a representative survey sample, and as such there is a year-to-year variation. Point estimates such as these are not indicative of statistical trends.
2. Risky alcohol consumption is based on the 2020 NHMRC alcohol guidelines. The 2020 guidelines recommend healthy adults consume no more than 10 standard drinks per week and no more than 4 standard drinks on any one day. The most recent results for risky alcohol consumption are from 2022–2023.
3. The annual notification rate of HIV infection (per 100,000 population) 2024–2025 Actual is based on the data during the period 1 January 2024 to 31 December 2024.
4. The BreastScreen Queensland Strategic Plan 2025–2032 has a participation rate goal of 60%. For breast and bowel cancer screening participation, 2024–2025 Actual performance is based on the number of clients attending over a two-year period. Participation in each two-year period is attributed to a financial year (i.e. the 2022–2023 biennial period (the most recent data available) is reported as the actual participation rate for 2024–2025 financial year). This approach ensures the most up to date data is published. For cervical screening, estimates are based on five years with 2019–2023 participation estimates use for the 2024–2025 financial year.
5. For cervical screening, estimates are based on five years with 2019–2023 participation estimates use for the 2024–2025 financial year.
6. There is significant random variation in the size of cancer detected from year to year and therefore a three-year average is used to calculate this measure. The 2024–2025 Actual is based on the 3-year average for financial years 2020–2021 to 2022–2023.
7. There is significant random variation in the size of cancer detected from year to year and therefore a three-year average is used to calculate this measure. The 2024–2025 Actual is based on the 3-year average for financial years 2020–21 to 2022–23.
8. The 2024–2025 Actual is based on admitted patient data for the period 1 July 2024 to 31 May 2025.

9. Antenatal services, smoking and low birth weight Actuals for 2024–2025 are based on perinatal data for the period 1 July 2024 to 31 May 2025.
10. Percentages of smoking in pregnant Aboriginal and Torres Strait Islander women post 20 weeks gestation have been decreasing since 2005–2006 when the rate was 51.8 per cent, representing an average decrease of approximately one percentage point per annum.
11. While the 2024–2025 Actual is close to the 2024–2025 Target, a number of the Hospital and Health Services (HHSs) have reached the target and overtime there has been sustained long term improvement in the proportion of Aboriginal and Torres Strait Islander women attending five or more antenatal appointments since 2002–2003 when the rate was 76.7 per cent.
12. Oral Health 2024–2025 Actual is based on actual performance from 1 July 2024 to 30 June 2025.
13. The HIV rapid test 2024–2025 Actual is based on the data during the period 1 January 2024 to 31 December 2024.
14. The Actual for children and adolescents for 2024–2025 is lower than the Target, primarily due to an extended recovery period following COVID–19., however activity has improved since 2021–22 and continues to increase.
15. 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.

Queensland Health corporate and clinical support

Department of Health	2024–2025 Target	2024–2025 Actual
Effectiveness measures		
Percentage of Wide Area Network (WAN) availability across the state ¹		
Metro	99.8%	99.71%
Regional	95.7%	99.74%
Remote	92.0%	98.31%
Percentage of high level ICT incidents resolved within specified timeframes ²		
Priority 1	80%	0%
Priority 2	80%	33%
Efficiency measures		
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5% unfavourable tolerance ³	95%	84%
Percentage of correct, on time pays ⁴	98%	99.36%
Other measures		
Percentage of initiatives with a status reported as "action required" (Red) ⁵	<15%	4.5%
Percentage of formal reviews undertaken on Hospital and Health Service responses to significant negative variance in Variable Life Adjusted Displays (VLAD) and other National Safety and Quality indicators ⁶	100%	100%

Note:

1. The Wide Area Network (WAN) 2024–2025 Actual represents average monthly availability across the period from 1 July 2024 to 30 June 2025. Metro availability is lower than target as a result of recent significant weather events (cyclone and flooding) impacting South East Queensland facilities. In addition, recent investment in Starlink satellite backup services has contributed to higher than set target outcomes at many rural and remote facilities.
2. In this period one priority 1 ICT incident was reported and was not resolved within the specified timeframe for priority 1 incidents (i.e. within 2 hours). On 10 May 2025, users of the integrated electronic Medical Record (ieMR) and Prisoner Electronic Medical Record (PEMR) reported issues across the state with accessing the system. The root cause was identified and remediated by the vendor, with the outage lasting 5.5 hours. No patient harm was reported as a result of this incident. Compared to the previous year result there has been a significant overall reduction by 47 per cent of ICT incidents reported from 243 to 131 major incidents. This result reflects increased stability across Queensland Health statewide critical ICT services. In this period the top three high level ICT

3. incidents relate to network, telephony and AUSLAB disruptions. This result is mostly attributed to the ICT major incidents in:
1) regional, rural and remote facilities pending external third-party vendor and telecommunications provider support resolution. These facilities often present inherent difficulties in 3rd parties and Telecommunication Carriers ability to attend sites and restore services within specified timeframes; and 2) AUSLAB (laboratory information system) that have all related to vendor infrastructure issues, and system management practices. To support consistent, high value and safe clinical care, connectivity needs to be highly reliable and resilient. To achieve this and alignment to the Queensland Digital Clinical Charter and the Digital Strategy for Rural and Remote Healthcare, Queensland Health has multiple improvement initiatives underway, including the satellite backup program.
4. The percentage of capital infrastructure projects delivered on budget and within time 2024–2025 Actual is based on data as at 30 June 2025. Projects scheduled to be delivered have been impacted by adverse weather events and latent conditions delaying delivery together with all of the matters identified in the independent review of the then Capacity Expansion Program (CEP). The new Government's Hospital Rescue Plan was announced on 23 April 2025.
5. Payroll Transactional Services reports the SDS Measure by pay period. The current actual percentage is based on pay period 01_24/25 (3 July 2024) to pay period 26_24/25 (18 June 2025).
6. The 2024–2025 Actual percentage is based on the April 2025 Queensland Government Digital Projects Dashboard update.
7. Formal reviews by statewide clinical experts are undertaken on HHS responses to significant negative variance in VLADs and other National Safety and Quality indicators to independently assess the adequacy of the response and action plans and to escalate areas to address if required.

Queensland Ambulance Service

Queensland Ambulance Service	2024–2025 Target	2024–2025 Actual
Effectiveness measures		
Time within which code 1 incidents are attended – 50th percentile response time (minutes) ¹		
Code 1A	8.2	8.6
Code 1B	8.2	11.5
Code 1C	8.2	13.6
Time within which code 1 incidents are attended – 90th percentile response time (minutes) ¹		
Code 1A	16.5	17.4
Code 1B	16.5	22.8
Code 1C	16.5	26.5
Percentage of Triple Zero (000) calls answered within 10 seconds ¹	90%	90.43%
Percentage of non-urgent incidents attended to by the appointment time ¹	70%	76.2%
Percentage of patients who report a clinically meaningful pain reduction ¹	85%	77.1%
Patient experience ²	97%	98%
Efficiency measures		
Gross cost per incident ³	\$1,049	\$1,049
Percentage of calls to 13 HEALTH answered within 20 seconds ¹	80%	78.26%

Note:

1. The 2024–2025 Actuals for Queensland Ambulance Service standards are for the period 1 July 2024 to 30 June 2025.
2. The 2024–2025 Actual figure for the patient experience percentage is reported from the 2023–24 performance in the Council of Ambulance Authorities (CAA) Report released in September 2024.
3. The variance between the 2024–2025 Actual and the 2024–2025 Target reflects revised projected incident numbers for 2024–2025. The increase in the target gross cost per incident from the 2024–2025 to 2025–26 reporting periods is approximately 3% and is due to Enterprise Bargaining and cost escalations applied.

Public health (Department of Health) regulator performance

Queensland Government regulators whose regulatory activities impact businesses, particularly small businesses, are required to publicly report annually on their regulatory performance against five regulator model practices (RMPs)¹. All regulator performance reports are published on the Queensland Productivity Commission's website².

The Queensland Government Regulator Performance Framework (the framework), available on the Queensland Productivity Commission website, is part of the Queensland Government's commitment to maintain community and environmental safeguards through effective and efficient regulatory practice, without unnecessary compliance burden.

The framework sets out the following five regulator model practices:

1. Ensure regulatory activity is proportionate to risk and minimises unnecessary burden
2. Consult and engage meaningfully with stakeholders
3. Provide appropriate information and support to assist compliance
4. Commit to continuous improvement
5. Be transparent and accountable in actions.

Consistent with model practice five, 'Be transparent and accountable in actions', this report outlines the Department's performance during 2024–25 in administering public health portfolio legislation (Table 1), against the five regulator model practices.

Introduction

In 2024-2025, the department's Queensland Public Health and Scientific Services Division (QPHaSS), had primary responsibility for administering the public health (portfolio) legislation listed in Table 1. The main purpose of this legislation is to protect and promote public health by safeguarding the Queensland community from potential harm or illness caused by dangerous pathogens, hazardous substances or harmful practices.

QPHaSS administered this suite of public health legislation, either solely or in collaboration with other areas of the Department, namely the Office of the Chief Health Officer (in relation to the *Private Health Facilities Act 1999*), and in partnership with Hospital and Health Service (HHS) Public Health Units (PHUs) and local governments.

Regulator activities are also conducted in close cooperation with other Queensland and national government regulators, including the Department of Primary Industries, Safe Food Production Queensland, Resources Safety and Health Queensland, Workplace Health and Safety Queensland, Therapeutic Goods Administration, the Australian Health Practitioner Regulation Agency (Aphra) and law enforcement agencies.

Regulated entities comprise individuals, organisations and businesses operating across a broad spectrum of the Queensland community.

Key regulator activities include providing education and guidance, granting approvals and licences, registering equipment and premises, receiving and managing notifications and complaints, conducting investigations, compliance monitoring and enforcement.

¹ For further information about the Regulator Performance Framework, see [Queensland-Government-Regulator-Performance-Framework.pdf](#)

² Copies of previous Regulator Performance Reports are available at [Regulator performance framework - Queensland Productivity Commission](#)

Table 1: Public health (portfolio) legislation

Act	Subordinate legislation
<i>Food Act 2006</i>	Food Regulation 2016
<i>Medicines and Poisons Act 2019</i>	Medicines and Poisons (Medicines) Regulation 2021 Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021 Medicines and Poisons (Pest Management Activities) Regulation 2021
<i>Pharmacy Business Ownership Act 2001</i> <i>Pharmacy Business Ownership Act 2024</i>	- -
<i>Private Health Facilities Act 19993</i>	Private Health Facilities Regulation 2016 Private Health Facilities (Standards) Amendment Notice 2019
<i>Public Health Act 2005</i>	Public Health Regulation 2018
<i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>	Public Health (Infection Control for Personal Appearance Services) Regulation 2016 Public Health (Infection Control for Personal Appearance Services) (Infection Control Guideline) Notice 2013
<i>Radiation Safety Act 1999</i>	Radiation Safety Regulation 2021 Radiation Safety (Radiation Safety Standards) Notice 2021
<i>Tobacco and Other Smoking Products Act 1998</i>	Tobacco and Other Smoking Products Regulation 2021
<i>Transplantation and Anatomy Act 1979</i>	Transplantation and Anatomy Regulation 2017
<i>Water Fluoridation Act 2008</i>	Water Fluoridation Regulation 2020

Regulator model practices (RMP)

RMP 1: Ensure regulatory activity is proportionate to risk and minimises unnecessary burden

Supporting principles

- A proportionate approach is applied to compliance activities, engagement, and regulatory enforcement actions.
- Regulators do not unnecessarily impose on regulated entities.
- Regulatory approaches are updated and informed by intelligence so that effort is focused on risk.

Overview

The department administers health portfolio legislation in accordance with the department's *Legislative Compliance Management Framework* (LCMF), which promotes risk-based, intelligence driven and proportionate

approaches for administering, monitoring, and enforcing compliance with legislation. The LCMF promotes clarity and consistency of regulatory approaches and aligns with the five regulator model practices in the Queensland Government Regulator Performance Framework. The LCMF includes a standard for monitoring and enforcing compliance with portfolio legislation.

Licensing and approvals

A focus for public health program areas is identifying opportunities to streamline regulatory processes (such as the granting of licences, certificates and approvals) and to not impose unnecessary costs on individuals, businesses and government agencies, including through reform of public health legislation.

A wide range of licences and approvals are granted under public health legislation. Table 2 indicates the number of licences and approvals granted during the 2024-25 financial year.

Table 2: Licences and approvals granted by Queensland Health during 2024-25

Act	Number	%*
<i>Food Act 2006</i>	101	0.2%
<i>Radiation Safety Act 1999</i>	17,269	38.0%
<i>Medicines and Poisons Act 2019 (poisons)</i>	398	0.9%
<i>Medicines and Poisons Act 2019 (medicines)</i>	19,646	43.3%
<i>Medicines and Poisons Act 2019 (pest management)</i>	2,677	5.9%
<i>Tobacco and Other Smoking Products Act 1998</i>	5,298	11.7%
<i>Transplantation and Anatomy Act 1979</i>	7	0.0%
Total	45,396	100%

Sources: MAPLE (Management Applications, Permits, Licensing related events), QScript and program area corporate records

*Due to rounding, percentages may not add up to 100%

Compliance monitoring and enforcement activities

Each year public health program areas, in consultation with HHS PHUs, develop risk-based, intelligence-driven compliance plans for each Act in the suite of public health portfolio legislation. These plans include proactive compliance monitoring (e.g. surveys, audits and inspections) and education activities, as well as enforcement strategies that support harm minimisation without unnecessarily placing a compliance burden on industry or regulated entities.

During the 2024-25 financial year, Queensland Health authorised officers appointed under public health legislation received and responded to over 4,200 complaints and potential breaches of legislation. They also undertook 2,339 inspections or audits and 2,530 investigations to assess compliance.

A total of 1,582 reports to the chief executive were received, as required under the Medicines and Poisons Act. Of these reports, 522 were for failure to give a prescription and 740 reports were for lost or stolen medicines.

The regulatory action taken in response to complaints or findings of non-compliance is guided by a risk-based, escalating decision tool (i.e. enforcement matrix) to ensure consistent and proportionate enforcement action. A mix of tools are used, ranging from education, advice or warnings to more serious enforcement actions such as orders, prescribed infringement notices or prosecutions which may result in a significant fine or penalty. The

chosen regulatory action depends on the relative severity, likelihood of harm and any history of non-compliance. The more serious the actual or potential harm or consequence is, and the greater the likelihood of the non-compliance being repeated by the offender, the greater the intervention and enforcement action.

Table 3 shows the range of enforcement actions undertaken by authorised officers during 2024–25. Compliance monitoring and enforcement activity under the Tobacco and Other Smoking Products Act and Medicines and Poisons Act was largely in response to the supply of illicit tobacco and vaping products.

Table 3: Public health legislation enforcement actions by Queensland Health 2024-25

<i>Act</i>	Written advice or warning	Notice** or Public Health Order	Prescribed Infringement Notice	Seizure	Administrative Action	Legal proceedings (prosecutions)	Total	%*
<i>Food Act 2006</i>	16	12	8	0	0	1	37	0.6
<i>Medicines and Poisons Act 2019</i>	1,112	143	1	10	27	13	1,306	20.5
<i>Public Health Act 2005</i>	7	0	0	0	0	0	7	0.1
<i>Radiation Safety Act 1999</i>	73	60	0	6	0	0	139	2.2
<i>Tobacco and Other Smoking Products Act 1998</i>	236	668	3,254	724	1	3	4,886	76.6
<i>Transplantation and Anatomy Act 1979</i>	5	0	0	0	0	0	5	0.1
Grand Total	1,449	883	3,263	740	28	17	6,380	100%
%*	23%	14%	51%	12%	0%	0%	100%	

Sources: MAPLE and program area corporate records

* Due to rounding, percentages may not add up to 100%

** Includes compliance, remedial or improvement notices

Examples

Further examples that demonstrate alignment of regulatory activities with this regulator model practice (RMP 1) are included below.

Food Act 2006

- Progressed a proposal to amend the Food Regulation 2016 to appropriately control significant public health risks associated with contaminated food and foodborne illness and to ensure emerging food trends have regulatory oversight.

Medicines and Poisons Act 2019 – Medicines

- Released a fact sheet on cosmetic injectables to support understanding and compliance with existing regulatory requirements under the Medicines and Poisons Act.

Private Health Facilities Act 1999

- Developed the Healthcare Authorisation and Regulatory Compliance portal to support private health facilities with a safe and secure way to share information to the Private Health Regulation Unit.

Public Health Act 2005

- Commenced planning and policy work for a targeted review of the Public Health Act.
- Progressed amendments to Schedule 1 of the Public Health Regulation 2018 including making 'vibrio parahaemolyticus' a notifiable condition and changing the name of the notifiable condition, 'monkeypox (MPX)' to 'mpox'.
- Provided oversight of statewide mosquito-based surveillance programs, including supporting local governments and PHUs to conduct mosquito surveillance activities and providing laboratory diagnostics to assess the public health risk of mosquito borne diseases in the Queensland Community.

Public Health (Infection Control for Personal Appearance Services) Act 2003

- Made and implemented the Public Health (Infection Control for Personal Appearance Services) (Infection Control Guidelines) Notice 2024 which establishes the 'Infection control guidelines for personal appearance services 2024'.

Radiation Safety Act 1999

- Progressed a proposal to amend the Radiation Safety Regulation 2021 to expand the classes of persons who are 'prescribed licensees' for use licences. This will enable these persons to enter the workforce without delay and remove an unnecessary regulatory barrier to cross-border practice. The proposal is also seeking to update the standard conditions for radiation practice in dental services. This will ensure the conditions reflect contemporary requirements for radiation sources used in dentistry.

Tobacco and Other Smoking Products Act 1998

- Commenced the smoking product licensing scheme on 1 September 2024 and introduced administrative interim closures (72 hours) and court ordered long-term closures (six months) in November 2024.
- Commenced amendments to allow for the immediate forfeiture of vaping goods which shortened the forfeiture process and removed the need for the storage of vaping goods after seizure.
- Introduced prescribed infringement notices for illicit tobacco and nicotine supply and possession offences to combat the illicit tobacco trade in Queensland and reduce the requirement for court prosecutions to be undertaken.

Transplantation and Anatomy Act 1979

- Delivered an online compliance system to streamline monitoring and reporting of compliance with the Transplantation and Anatomy legislation for internal and external stakeholders.
- Developed a position for the supply of human tissue for ethically approved research activities, to minimise unnecessary regulatory burden. This position outlines that researchers involved in Human Research Ethics Committee approved research projects do not need a permit for the supply of human tissue where suppliers seek cost recovery only for the collection, processing, storage and transport of the tissue, with no costs attributed to the tissue itself.

RMP 2: Consult and engage meaningfully with stakeholders

Supporting principles

- Formal and informal consultation mechanisms are in place to allow for stakeholder input.
- Engagement is undertaken in ways that help regulators develop a genuine understanding of the regulated operating environment.
- Cooperative and collaborative relationships are established with stakeholders, including other regulators, to promote trust and improve the efficiency and effectiveness of the regulatory framework.

Overview

In undertaking regulator functions, the department recognises the importance of consulting and engaging meaningfully with a broad range of stakeholders to achieve desired regulatory outcomes and community health benefits.

Public health program areas routinely consult with stakeholders to maintain good communication channels and trusted working relationships. Communication strategies are aimed at informing stakeholders about proposed changes to legislation and policy and seeking feedback before and after implementation of changes. Relationships are maintained with key stakeholders to ensure potential risks or improvement opportunities are identified as early as possible.

Open and active engagement and communication occurs internally across Queensland Health, and externally with co-regulators, industry stakeholders, statutory agencies, regulated entities and the public. This is achieved through a range of formal and informal consultation mechanisms (for example webinars, seminars, face-to-face and online meetings, educational presentations, correspondence, and seeking feedback during inspection or consultation processes). Also, through regular or ad hoc information and feedback forums, including participation and engagement in formal working groups and ministerially appointed advisory groups and committees.

Examples

Examples that demonstrate alignment of regulatory activities with this regulator model practice (RMP 2) are included below.

Food Act 2006

- Consulted with key stakeholders, including the general public, relevant government agencies, food laboratories, professional organisations and food and beverage industry associations, regarding amendments to revise and update the list of prescribed contaminants to improve food safety outbreak detection sensitivity and enhance regulatory harmonisation across the States and Territories.
- Collaborated with other food regulation authorities in Australia and New Zealand to ensure compliance and enforcement with food standards are implemented and enforced consistently.
- Added *Clostridium difficile* and contaminants in herbs and spices to the emerging issues register in consultation with key national food regulatory agencies.

Medicines and Poisons Act 2019 – Medicines

- Developed a Medicinal Cannabis Action Plan in consultation with internal stakeholders prior to release to external stakeholders.

- Undertook a survey of HHS stakeholders to investigate understanding of medicines loss reporting requirements and identify potential process improvement opportunities. Survey results will be used to promote discussion with the HHSs and PHUs to support them in meeting their regulatory obligations.
- Continued to coordinate formal meetings of the Monitored Medicines Regulation Health Liaison Group with the Office of the Health Ombudsman and the Australian Health Practitioner Regulation Agency to develop a joint understanding of agency functions in relation to monitored medicines. This initiative assists each agency to achieve their functions through information sharing, collaboration on responses to risks and joint monitoring of outcomes.
- Consulted with a wide range of stakeholders in the beauty/cosmetic industry to support and clarify regulatory obligations relating to business models consistent with the Medicines and Poisons Act.

Medicines and Poisons Act 2019 – Poisons

- Participated in Therapeutic Goods Administration ‘Advisory Committee on Chemical Scheduling’ meetings to provide advice and make recommendations on the level of access required for chemicals.
- Targeted engagement with key stakeholders, for example universities and drinking water service providers, who hold a current substance authority to ensure these authorities are fit for purpose.

Pharmacy Business Ownership Act 2001

- Continued participation with the Pharmacy Premises Registering Authorities of Australia (PPRAA), a forum of State and Territory pharmacy premises authorities. The PPRAA provides an opportunity for jurisdictions to share information and build consistency across jurisdictions in relation to the registration and regulation of pharmacy business premises.
- Undertook comprehensive stakeholder engagement and communication to prepare the sector for the commencement of the *Pharmacy Business Ownership Act 2024* and the introduction of a new licensing scheme for pharmacy business ownership.

Public Health Act 2005

- Provided webinars to assist drinking water service providers with understanding and preparing feedback on the proposed changes to the per- and polyfluoroalkyl substances (PFAS) health guideline values within the National Health and Medical Research Council’s (NHMRC) Australian Drinking Water Guidelines.
- Communicated with key stakeholders regarding the proposal to amend the Public Health Act and supporting regulation to transition the notification of all diagnoses of notifiable dust lung disease from the Queensland Notifiable Dust Lung Disease Register to the National Occupational Respiratory Disease Registry.
- Consulted with First Nations stakeholders across Queensland to prepare and implement the *First Nations Environmental Health Strategy 2024-29*. The strategy focuses on development of co-designed community environmental health plans, strengthened workforce through continued investment in and support for a local sustainable First Nations workforce, integrated service delivery through a collaborative approach and continued investment in sustainable environmental health infrastructure that is fit for place and fit for purpose.

Public Health (Infection Control for Personal Appearance Services) Act 2003

- Convened meetings with all the national peak industry bodies for the tattoo industry. These meetings provided the Department with valuable information on contemporary and emerging tattooing equipment, industry practices and emerging business models.
- Commenced the development of a stakeholder communication and engagement strategy to:
 - engage and support local governments with their devolved responsibilities under the Act
 - engage with relevant peak industry bodies to raise awareness of the personal appearance service providers' infection control obligations while providing personal appearance services and identify industry trends.

Radiation Safety Act 1999

- Consulted with a range of stakeholders on the proposal to amend the Radiation Safety Regulation to expand the classes of persons who are 'prescribed licensees' for use licences, and to also update the standard conditions for radiation practice in dental services.
- Continued contact with Resources Safety and Health Queensland, Workplace Health and Safety Queensland, and the Department of Environment, Tourism, Science and Innovation to discuss matters of common interest relevant to radiation safety.

Tobacco and Other Smoking Products Act 1998

- Established and maintained key contacts with health and law enforcement agencies and initiated regular compliance-related meetings for the sharing of vital intelligence and joint operational planning.
- Continued implementation of the online portal for the community to submit Tobacco and Other Smoking Product Act complaints.
- Evaluated a local smoking cessation program for Aboriginal and Torres Strait Islander residents on Thursday Island.

Transplantation and Anatomy Act 1979

- Established a Queensland Health advisory group to discuss key priority areas for reform to harmonise human tissue legislation across the country, and any potential gaps and improvements to the operation of the Transplantation and Anatomy Act, to inform input into the Australian Law Reform Commission Review of Human Tissue Laws.
- Consulted with the Assisted Reproductive Technology Unit to inform potential changes to advertising criteria under the Transplantation and Anatomy Act to best align the criteria with the *Assisted Reproductive Technology Act 2024* (Qld).

RMP 3: Provide appropriate information and support to assist compliance

Supporting principles

- Clear and timely guidance and support is accessible to stakeholders and tailored to meet the needs of the target audience.
- Advice is consistent, and where appropriate, decisions are communicated in a manner that clearly articulates what is required to achieve compliance.
- Where appropriate, regulatory approaches are tailored to ensure compliance activities do not disproportionately burden particular stakeholders (for example small business) or require specialist advice.

Overview

Public health program areas within the department are actively committed to supporting stakeholders and regulated entities to understand and achieve compliance, with public health legislation, through the provision of useful, accurate, and timely information.

Public health program areas recognise the value of compliance tools at the lower level of regulator intervention, including education campaigns, engagement and advice, and guidance material. Online information, on both the department and other Queensland Government websites, and dissemination of tailored and targeted information assists with enabling compliance.

Other information and support tools, provided in response to identified or potential non-compliance with public health legislation, include issuing warning letters, compliance notices and other advice as necessary to clarify expectations, change behaviour and achieve compliance.

Examples

Examples that demonstrate alignment of regulatory activities with this regulator model practice (RMP 3) are included below.

Food Act 2006

- Completed a comprehensive review of key web pages supporting consistent, statewide administration of the Food Act, including review and update of roles and responsibilities, food industry updates and alerts, and food irradiation pages.
- Published a new guideline for local governments on how to risk classify food businesses and published circulars to local governments and PHUs regarding notification of food safety supervisors, food handler training requirements, and the new horticulture standards.
- Continued to review and update food safety information on The Food Pantry, Queensland's one-stop portal for food safety for Queensland regulators, food businesses and consumers.

Medicines and Poisons Act 2019 – Medicines

- Undertook engagement with relevant stakeholders to inform them of the introduction of exemptions to mandatory checking of QScript requirements and amendments to the Monitored Medicines Standard.
- Published the Medicines in beauty treatment/cosmetic business fact sheet to assist and support the cosmetic industry in understanding regulatory obligations. Following extensive engagement with industry the fact sheet was revised to further clarify obligations.
- Continued to provide consistent advice whilst continuing to engage and correspond within reasonable timeframes to cosmetic industry professionals regarding Queensland Health's position on the cosmetic injectables industry compliance models.
- Published a new therapeutic vapes factsheet to assist prescribers and pharmacists in understanding the legislative changes associated with therapeutic vapes due to Commonwealth vaping reforms.

Medicines and Poisons Act 2019 – Poisons

- Reviewed and maintained information relating to poisons and pest management on the Queensland Health website and provided advice to PHUs on appropriate compliance interventions for investigations related to poisons and pest management, including the review of legal proceedings.

- Produced resources to support the operational response to Japanese encephalitis virus (JEV) risk by both local governments and PHUs including:
 - Guidelines for mosquito surveillance and control in response to JEV
 - Communication resources to support community engagement

Pharmacy Business Ownership Act 2001

- Maintained online guidelines, education and training materials to support industry knowledge of compliance obligations under the Pharmacy Business Ownership Act.

Private Health Facilities Act 1999

- Provided follow up for any non-compliance identified with the private health legislation, include issuing show cause and non-compliance notices and other advice as necessary to clarify expectations and to achieve compliance.

Public Health Act 2005

- Published Harmful Algal Bloom (cyanobacteria) frequently asked questions to assist drinking water service providers identify and manage harmful algal blooms in drinking water source water and storage.
- Supported PHUs to undertake investigations into complex infection control incidents through the provision of timely and expert advice.
- Held monthly teleconferences with Queensland Health infection control practitioners to promote transparency and consistency of regulatory practice under the Public Health Act for communicable disease management.
- Supported industry to manage their infection control risks through refining existing resources to support compliance obligations under the Act and other relevant regulatory obligations such as the Australian Commission on Safety and Quality in Health's 'Preventing and Controlling Infections Standard'.
- Reviewed and maintained information for local governments relating to asbestos and provided public health advice to local governments responding to incidents relating to asbestos in the community.
- Provided public health advice to PHUs conducting environmental evaluations in response to lead exposure.
- Provided specialist technical advice to PHUs and local governments responding to JEV outbreak through mosquito surveillance and control.

Public Health (Infection Control for Personal Appearance Services) Act 2003

- Published the Infection control guidelines for personal appearance services.
- Enhanced communication with local government regulatory partners through the development and launch of the 'Appearance Matters: personal appearance services email update'. The purpose of the Appearance Matters updates are to showcase new and emerging cosmetic trends and tools, provide a platform for addressing frequently asked questions and keep local governments informed of new resources.

- Developed resources for use by local government regulatory partners to support industry to understand their responsibilities under the Act and how to manage infection control risks whilst providing personal appearance services.

Radiation Safety Act 1999

- Supported radiation businesses to navigate licence application and compliance requirements under the Radiation Safety Act.

Tobacco and Other Smoking Products Act 1998

- Continued funding 13QGOV to provide information about the smoking laws; support retailers, liquor-licensed venues, facilities, and community organisations to comply with the laws; and facilitate the provision of free signage.
- Maintained the Business Queensland website to provide information to retailers and wholesalers of smoking products to support compliance with licensing requirements.
- Delivered campaigns, school-based initiatives, and enhanced cessation support to help prevent smoking uptake by young people and assist smokers on their journey to quit smoking.
- Partnered with external agencies to share intelligence, conduct joint operations and set strategies for tobacco compliance.

Transplantation and Anatomy Act 1979

- Developed key resources and supported stakeholders in navigating the new online compliance system to monitor compliance under the Transplantation and Anatomy legislation.

RMP 4: Commit to continuous improvement

Supporting principles

- Regular review of the approach to regulatory activities, collaboration with stakeholders and other regulators, to ensure it is appropriately risk based, leverages technological innovation and remains the best approach to achieving policy outcomes.
- Where possible, reform of regulatory activities is prioritised on the basis of impact on stakeholders and the community.
- Staff have the necessary training and support to effectively, efficiently and consistently perform their duties.

Overview

The department has a strong commitment to continuous improvement of regulatory activities, approaches, and practices. This commitment consists of ensuring all staff appointed under public health legislation, have the necessary training and support to effectively and consistently perform their administrative, technical, scientific and regulatory duties.

The department also strives to continually improve regulatory activities through technological innovations (including contemporary ICT solutions), supporting research, and engaging with and learning from regulatory communities of practice.

Public health program areas implement continuous reflection and review processes, including benchmarking against best practice standards and regulatory approaches, to reduce the regulatory burden and maximise public health outcomes for the community.

Examples

Examples that demonstrate alignment of regulatory activities with this regulator model practice (RMP 4) are included below.

Review of approach to regulatory activities

- Conducted a twelve-month review of the Centre for Public Health Regulatory Excellence (CPHRE). The CPHRE will work collaboratively with key stakeholders to progress areas for improvement identified during the review and to continue to foster excellence in public health regulatory systems, practice and policy.
- Continued the statewide roll-out of body-worn cameras and a digital evidence management system for public health authorised officers.
- Commenced a statewide project to transition from a paper-based prescribed infringement notice (PIN) administration system to an electronic prescribed infringement notice management system (ePIN project), for offences under public health legislation.

Training and support for authorised persons

- Procured and delivered additional Certificate IV in Government Investigations training for 25 authorised officers appointed under public health legislation.
- Commenced a review of pre-appointment training for public health authorised officers with the aim of streamlining and modernising content and delivery through an online learning platform.
- Continued to maintain and enhance the electronic data management system for appointments (for example of authorised persons, inspectors, contact tracing officers etc) under public health legislation, enabling efficient processing, tracking and reporting on the number and type of appointments under public health legislation. As shown in Table 4, there were 769 appointments under public health legislation as of 30 June 2025.

Table 4: Number and type of appointments as at 30 June 2025

Type of appointment	Number of appointments	%
Contact tracing officers	508	66%
Vector control inspectors	17	2%
Authorised persons/inspectors including authorised officers with multiple appointments, emergency officers (general), radiation safety officers, other	203	26%
Medical officers, including emergency officers (medical)	41	5%
Total	769	100%

Source: MAPLE and Program area corporate records

Food Act 2006

- Continued to support local government in administration of the Food Act through participation in local and regional environmental health working groups, timely response to requests for advice, and maintenance of guidance documents on the local government secure site.

Medicines and Poisons Act 2019 – Medicines

- Continued liaison with the Office of Drug Control (ODC) and the Therapeutic Goods Administration (TGA) to review and enhance issues related to medicinal cannabis, including refining wholesale licensing conditions.
- Commenced a range of legislative amendments to support innovative models of care to improve patient outcomes and enable continued delivery of high-quality services across Queensland. Examples include:
 - expanding the list of immunisation medicines that health professionals can administer under their respective extended practice authorities
 - enabling registered nurses to deal with scheduled medicines for persons-in-custody of a custodial facility and to administer or give a treatment dose of certain first responder medicines when undertaking hospital-based ambulance activities
 - establishing controls around therapeutic vapes being sold by pharmacists in community pharmacies to align with amendments made as part of the Commonwealth vaping reforms.

Medicines and Poisons Act 2019 – Poisons

- Conducted a workshop with PHUs on the current compliance approach to poisons and pest management and continued the review of processes associated with the application, assessment and approval of licences and general approvals issued under the Medicines and Poisons Act for poisons, prohibited substances and pest management.

Pharmacy Business Ownership Act 2001

- Continued consultation with industry stakeholders to support compliance outcomes in relation to aspects of pharmacy business and medicines management.
- The *Pharmacy Business Ownership Act 2024* was passed by Parliament on 19 March 2024. When it commences in full the new Act will repeal and replace the *Pharmacy Business Ownership Act 2001*, modernising the legislation which will enable the implementation of the recommendations from the Queensland Audit Office and the Parliamentary Inquiry into the establishment of a pharmacy council and transfers of pharmacy ownership in Queensland.

Private Health Facilities Act 1999

- Ongoing monitoring of regulatory methods, practices and standards and liaison with other regulatory agencies in other jurisdictions to provide the best regulatory outcomes.

Public Health Act 2005

- Completed a project to identify training opportunities to increase PHU staff skills and knowledge in relation to infection control risks associated with the delivery of declared health services.
- Explored options for improved mosquito sample submission and invested in improved processes underpinning data management for statewide mosquito-based arbovirus surveillance programs.

Radiation Safety Act 1999

- Implemented digitally generated decision notices for Approvals to Relocate, as part of a larger project to move towards more efficient, paperless processes for assessing Approval to Acquire and Approval to Relocate applications.
- Provided advice to relevant stakeholders about a national draft Radiation Protection Series document available for public consultation. This draft code seeks to unify and modernise the existing two codes of practice that are relevant to portable density/moisture gauges and fixed radiation gauges, into a single code. It is expected that, if published, it will become a requirement to comply with the code in Queensland.
- Continued to develop geospatial capabilities by providing further training for central data positions in Google Earth Engine and engaged a vendor to develop ArcGIS tools to assist with geocoding data to facilitate the mapping of licensees and other associated matters of interest.

Tobacco and Other Smoking Products Act 1998

- Explored opportunities for streamlining enforcement processes to support long term store closures for businesses supplying illicit tobacco and vaping goods and/or unlicensed supply.
- Liaised with law enforcement agencies using their skills and knowledge to enhance regulatory practices by authorised persons through training sessions.
- Implemented new processes and tools to undertake enforcement actions including for the suspension and cancellation of licences and interim store closures for businesses supplying illicit tobacco and vaping goods and/or unlicensed supply.
- Used ArcGIS to facilitate the mapping of tobacco licensees and non-compliant retailers.

Transplantation and Anatomy Act 1979

- Worked with developers to refine the online compliance reporting system, to streamline the biennial compliance monitoring and reporting for the Transplantation and Anatomy legislation.
- Consulted with the Assisted Reproductive Technology Unit to inform changes to advertising criteria under the Transplantation and Anatomy Act to align the criteria with the Assisted Reproductive Technology Act.
- Participated in the Australian Law Reform Commission review of human tissue laws, to modernise and harmonise legislation across jurisdictions and reform legislation to best support modern evidence-based clinical practice.

Water Fluoridation Act 2008

- Enabled 45 Queensland Health authorised officers to complete a one-day water fluoridation micro-credential course to better understand the operation of water fluoridation dosing infrastructure and requirements of the Queensland Water Fluoridation Code of Practice.

RMP 5: Be transparent and accountable in actions

Supporting principles

- Where appropriate, regulatory frameworks and timeframes for making regulatory decisions are published to provide certainty to stakeholders.
- Decisions are provided in a timely manner, clearly articulating expectations and the underlying reasons for decisions.
- Indicators of regulator performance are publicly available.

Overview

The department promotes the principles of transparent and accountable regulatory practice. Divisional procedures require regulatory compliance and enforcement decisions, along with the reasons and the evidence relied upon in reaching decisions, to be clearly documented.

Regulatory processes, standards and timeframes for making regulatory decisions (such as granting licences and approvals) are provided in transparent and accessible formats (for example in written advice, published on the web). For instance, all applications for authorities or licences that are refused are given a detailed explanation of the reasons for the decision and the applicant is given an avenue to appeal the decision. For all authorities or licences that are granted with conditions, justification is provided for imposing the conditions. This transparent and accountable approach provides clarity and certainty to stakeholders and regulated entities.

The department strives to ensure decisions in administering regulation are objective, made in an unbiased manner and that any conflicts of interest are appropriately managed in the respective decision-making process.

The department also maintains public health regulatory documents, including enforcement guidelines and Act-specific compliance plans, which outline regulatory strategy and regulatory performance targets, in a central location on the intranet (the Public Health Operational and Regulatory Toolbox) and on a local government secure site portal. These resources are readily available for the department and HHS staff, PHU authorised officers, other regulatory staff and our local government regulatory partners, to promote consistent, best practice decision making and regulatory practice.

In addition, a range of regulatory documents are also published across Queensland Health and Queensland Government websites. Public health program areas continue to increase the amount of information that is publicly available online about regulatory approaches and activities and report publicly on regulatory performance through this annual regulatory performance report and other relevant public platforms.

Examples

Examples that demonstrate alignment of regulatory activities with this regulator model practice (RMP 5) are included below.

Food Act 2006

- Continued to publish the *Monitoring and enforcement of the Food Act 2006* guideline. The guideline provides guidance on the division of responsibilities between local government and Queensland Health under the Food Act. The guideline outlines the parts of the legislation for which the regulatory agencies are responsible, examines various examples/issues relating to the safety of food encountered by the public and discusses the suite of enforcement tools available under the Food Act.

- Completed the *2023-2024 Local Government Food Act 2006* report. This report provides information on Local Government food regulatory activities under the Food Act and has been made publicly available on the Queensland Health website.

Medicines and Poisons Act 2019 – Medicines

- Provided detailed explanation to applicants of any decisions to refuse to grant applications for substance authorities, with clear articulation of their right to seek an internal review of the decisions. Detailed explanations of internal review decisions were also provided to applicants, including notification of their right to pursue an external review of the decisions.

Medicines and Poisons Act 2019 – Poisons

- Implemented internal monitoring of substance authorities to track the progress and quality assurance of the processing of substance authority applications under the Medicines and Poisons Act. This internal monitoring and tracking ensure decisions are made and communicated to applicants in a timely manner when further information is required to process the application.

Pharmacy Business Ownership Act 2001

- Maintained publication of approved forms on the Queensland Health website to facilitate compliance with the *Pharmacy Business Ownership Act 2001*. Additionally, website content, fact sheets and guidelines are up-to-date and available to external stakeholders, including information relating to the new legislation and implementation.

Private Health Facilities Act 1999

- Provided access to the Healthcare Authorisation and Regulatory Compliance (HARC) portal for all key personnel from the private health facilities in Queensland to permit a standardised approach to reporting and the approval process for stakeholders.

Public Health Act 2005

- Prepared the fifth (2023-24) annual report of the Queensland Notifiable Dust Lung Disease Register (NDLD Register).
- Formalised program governance and data custodianship relevant to statewide mosquito-based surveillance programs to enhance quality reporting and data sharing amongst stakeholders.

Public Health (Infection Control for Personal Appearance Services) Act 2003

- Published the Public Health (Infection Control for Personal Appearance Services) Act report on local government activities 2023-24. The report provides Local Government with a statewide picture of the administration and enforcement of the legislation relating to personal appearance services in Queensland.

Radiation Safety Act 1999

- Maintained the requirement for all regulatory compliance decisions made under the Radiation Safety Act, reasons for the decisions and the evidence relied upon in reaching the decisions to be clearly documented.

Tobacco and Other Smoking Products Act 1998

- Developed and implemented a disclosure of information process to support information-sharing with agencies to support compliance with the Tobacco and Other Smoking Products Act and other Commonwealth and State laws regulating smoking products.
- Maintained a public register of current smoking supplier product licences for retail and wholesale supply.
- Established a licensing committee to review licence applications with documented processes and forms, including management of internal reviews.

Transplantation and Anatomy Act 1979

- Provided stakeholder access to advertising criteria for egg and sperm donors to ensure compliance with the Transplantation and Anatomy Act.
- Published criteria required for legislative compliance for schools of anatomy and guidelines on the Queensland Health website.

3. Our Governance

Executive Leadership Team

Role, function and responsibilities

The Executive Leadership Team (ELT) supports the Director-General to provide leadership, direction and guidance to the Department of Health and oversee its strategic function, capabilities and effective operation.

Membership as of 30 June 2025

- Director-General (Chair)
- Executive Director, Office of the Director-General
- Chief Health Officer
- Chief First Nations Health Officer
- Commissioner, Queensland Ambulance Service
- Deputy Director-General, Clinical Excellence Queensland
- Deputy Director-General, Clinical Planning and Service Strategy
- Deputy Director-General, Corporate Services Division
- Deputy Director-General, eHealth Queensland
- Deputy Director-General, Healthcare Purchasing and System Performance
- Deputy Director-General, Health Infrastructure Queensland
- Deputy Director-General, Strategy, Policy and Reform Division
- Deputy Director-General, Queensland Public Health and Scientific Services
- Chief Finance Officer, Corporate Services Division.

ELT strategic member:

- Executive Director, Strategic Communications Branch.

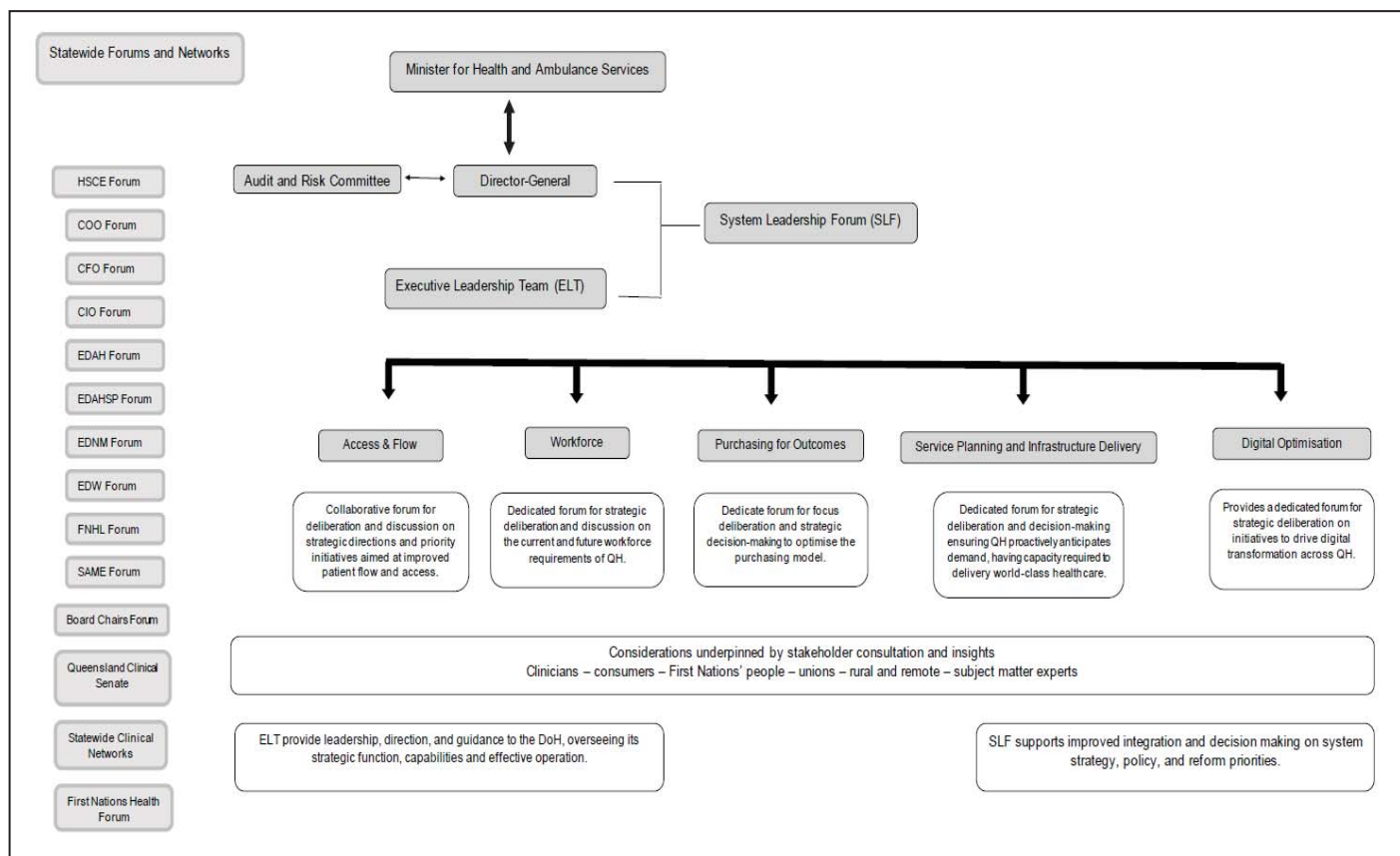
The ELT met fortnightly on a Thursday for the 2024-25 reporting period. There were no changes to ELT meeting arrangements following the October 2025 state election.

Integrated System Governance Boards and Committees (ISG)

Governance arrangements for Queensland Health must comply with the *Hospital and Health Boards Act 2011* and the *Financial Accountability Act 2009*, particularly where governing entities inform financial decisions. Our system governance model relies on fostering relationships across the network and is subject to scrutiny by the Queensland Audit Office, central agencies and Minister.

The system governance arrangements are detailed in the below diagram.

Queensland Health System Governance



HSCE – Health Service Chief Executives Forum

COO - Chief Operating Officers Forum

CIO – Chief Information Officers Forum

EDAH – Executive Directors of Allied Health Forum

EDAHSP – Executive Directors of Allied Health Service Planning Forum

EDNM – Executive Directors of Nursing and Midwifery Forum

EDW – Executive Directors of Workforce Forum

FNHL – First Nations Health Leads Forum

SAME – Strategic Asset Management Executive Forum

There may be other forums that are not reflected in this structure.

ISG Boards and Committees

- Queensland Public Health and Scientific Services Advisory Board
- System Leadership Forum

Other Boards, Councils and Committees

- Audit and Risk Committee
- Sexual Health Ministerial Advisory Committee (disbanded in March 2025)
- Mount Isa Lead Management Committee
- Voluntary Assisted Dying Review Board
- Better Care Together Plan Assurance Committee.
- Children's Health Advisory Committee

Statutory bodies

- Hospital and Health Services (HHSs) (16)
- Hospital Foundations (13)
- QIMR Berghofer Medical Research Institute (QIMR)
- Office of the Health Ombudsman
- Health and Wellbeing Queensland
- Voluntary Assisted Dying Review Board
- Mental Health Court
- Mental Health Review Tribunal
- Panels of Assessors (19)
- Queensland Board of the Medical Board of Australia
- Queensland Board of the Nursing and Midwifery Board of Australia
- Queensland Mental Health Commission
- Queensland Mental Health and Drug Advisory Council
- Queensland Pharmacy Business Ownership Council
- Radiation Advisory Council
- West Moreton Health Foundation, formerly Ipswich Hospital Foundation, changed its name due to legislation effective 3 May 2025.

Queensland Public Health and Scientific Services (QPHaSS) Advisory Board	
Act or instrument	Terms of Reference
Functions	<p>The QPHaSS Advisory Board endorses and provides independent expertise into strategic directions of the division and supports oversight of key operational priorities and performance in line with best practice.</p> <p>The advisory board is the governance mechanism for objective, qualified and high-quality advice to support the Deputy Director-General to deliver strategy and functions that promote health, prevent disease and manage risk across Queensland.</p>
Achievements	<ul style="list-style-type: none"> • Endorsed QPHaSS Strategic Plan • Endorsed QPHaSS Future Policy Agenda • Endorsed Immunisation Strategy • Endorsed Breast Screen Queensland Reform
Membership	<p>Board Chair</p> <ul style="list-style-type: none"> • Dr Debra Graves, Board Chair (Independent) <p>Board Members (Independent)</p> <ul style="list-style-type: none"> • Dr Tarun Weeramanthri, President, Public Health Association of Australia • Director-General, Department of Agriculture and Fisheries • Ms Renee Williams, Torres and Cape HHS Board Chair, CEO Torres Health Indigenous Corporation <p>Board Members (Queensland Health)</p>

	<ul style="list-style-type: none">• Chief Health Officer• Deputy Director-General, Clinical Excellence Queensland• Deputy Director-General, Corporate Services Division• Chief Executive, Gold Coast Hospital and Health Service• Chief Executive, Cairns and Hinterland Hospital and Health Service• Chief Executive, Central West Hospital and Health Service <p>Officer of the Board</p> <ul style="list-style-type: none">• Deputy Director-General, QPhaSS Division				
Financial reporting	<ul style="list-style-type: none">• \$2,555 (GST exclusive) for Convene Licenses for distribution of meeting papers• \$24,445 (GST exclusive) for Independent Members remuneration fees• \$576 (GST exclusive) for Catering and travel expenditure				
Remuneration					
Position	Name	Meetings/sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Chair Independent	Dr Debra Graves	5	\$2,250 per meeting	N/A	\$13,295
Independent Member	Dr Tarun Weeramanthri	4	\$1,200 per meeting	N/A	\$6,000
Independent Member	Ms Renee Williams	3	\$1,200 per meeting	N/A	\$5,150
No. scheduled meetings/sessions		5 meetings were held between July 2024 and June 2025.			
Total out of pocket expenses		Nil			

The Department of Health Audit and Risk Committee (ARC)	
Act or instrument	<i>Financial Accountability Act 2009</i> , the Financial Accountability Regulation 2019 and the Financial and Performance Management Standard 2019.
Functions	<p>The Department of Health Audit and Risk Committee (ARC) operates in accordance with its Charter, having due regard for Queensland Treasury's Audit Committee Guidelines: Improving Accountability and Performance (the Guidelines).</p> <p>The role of the committee is to provide the Director-General of Queensland Health with independent advice and assurance in the areas of:</p> <ul style="list-style-type: none"> statewide health system risk, Department of Health risk, internal control, audit, governance, performance management and compliance,

	<ul style="list-style-type: none">The department's external accountability responsibilities prescribed in relevant legislation and standards including the <i>Financial Accountability Act 2009</i>, the Financial Accountability Regulation 2019 and the Financial and Performance Management Standard 2019.				
Achievements	<p>Key achievements for 2024-25 include:</p> <ul style="list-style-type: none">endorsement of the Annual Internal Audit Plan for 2025–26 prior to approval by the Director-General and monitored the ongoing delivery of the 2024–25 Internal Audit Plan.endorsement of the Annual Financial Statements for 2023–24 prior to sign-off by the accountable officer.endorsement of the Information Standard 18 (IS18:2018) annual return prior to sign-off by the Director-General.provision of direction on Departmental business matters relating to business performance, improvement activities, internal control structures, strategic and corporate risk issues, project governance and accountability matters.oversight of implementation of recommendations from both internal audit and external audit activities.oversight of large Departmental projects.established increased focus on system-wide risks and their management. <p>The Chair of the Audit and Risk Committee is also a member of the Queensland Hospital and Health Boards Finance and Audit Committee (QFAC).</p>				
Membership	<p>Committee members:</p> <ul style="list-style-type: none">Chair – Dan HuntIndependent member – Katrina PlattIndependent member – Colin CassidyIndependent member – Louise PrychidczukCorporate Sponsor – Damian GreenClinical expertise – Chris RafteryQAS – David Hartley <p>In addition to the committee members, several standing invitees regularly attend meetings, including:</p> <ul style="list-style-type: none">Director-GeneralChief Finance OfficerChief Audit OfficerExecutive Director, Governance, Assurance and Information ManagementRepresentatives from the Queensland Audit Office (QAO) <p>It is noted that from 1 July 2025, in accordance with the Queensland Treasury guidelines the ARC will be fully comprised of external committee members; with all departmental employees included as standing invitees.</p>				
Financial reporting	<p>\$2,920 (GST exclusive) for Convene Licences for distribution of meeting papers.</p> <p>\$51,750 (GST exclusive) for committee members remuneration fees.</p>				
Remuneration					
Position	Name	Meetings/sessions attendance	Approved annual,	Approved sub-committee	Actual fees received

			sessional or daily fee	fees if applicable	
Chair (Independent)	Dan Hunt	11	\$2,250(ex GST) per ARC meeting \$1,000(ex GST) per QFAC meeting	N/A	\$27,750(excl. GST)
Independent Member	Katrina Platt	11	\$1,200 (ex GST)	N/A	\$12,000(excl. GST)
Independent Member	Colin Cassidy	6	\$1,200 (ex GST)	N/A	\$6,000(excl. GST)
Independent Member	Louise Prychidz uk	7	\$1,200 (ex GST)	N/A	\$6,000(excl. GST)
Member (Corporate Sponsor)	Damian Green	9	N/A	N/A	N/A
Member (Clinical expertise)	Chris Raftery	8	N/A	N/A	N/A
Member (QAS) (current)	David Hartley	2	N/A	N/A	N/A
Member (QAS) From July 24 to Feb 25	Stephen Zsombok	5	N/A	N/A	N/A
No. scheduled meetings/sessions	The ARC held 11 meetings during the 2024-25 financial year.				
Total out of pocket expenses	Nil				

Sexual Health Ministerial Advisory Committee (SHMAC) – dissolved March 2025	
Act or instrument	Terms of Reference
Functions	Provides advice to the Minister for Health, Mental Health and Ambulance Services and Minister for Women (the Minister) on sexual and reproductive health-related matters in the context of the Queensland Sexual Health Framework and associated action plans (HIV, hepatitis B, hepatitis C, sexually transmissible infections (STIs), and Aboriginal and Torres Strait Islander blood borne Viruses and STIs.
Achievements	Summarised key achievements from 1 July 2024 to 29 March 2025: <ul style="list-style-type: none"> Endorsed recommendations for grants to be awarded in Round 5 of the Sexual Health Research Fund (SHRF), supporting the Department to invest more than \$306,000 in translational research projects across a range of sexual health topics, priority populations, and diverse geographical areas.

	<ul style="list-style-type: none">Supported the introduction of independent peer reviewers to evaluate SHRF applications, enhancing assessment independence and transparency.Focused stakeholder engagement on sexual health issues experienced by people living in rural, regional and remote Queensland through several invited briefings on sexual health service delivery in northern and central Queensland. <p>Published a Committee Report Card summarising achievements during their final term on the health.qld.gov.au/public-health/topics/sexual-health/strategy website.</p>				
Membership	Members <ul style="list-style-type: none">Gold Coast Health and Hospital Board Chair (Chair)Consultant in Infectious Diseases and Microbiology (Deputy Chair)Pre-Eminent Specialist, Obstetrics and Gynaecology, Metro North Hospital and Health Service (HHS; MNHHS)Assistant Director-General, Strategic Engagement, Department of EducationSex Worker AdvocatePublic Health Physician Sexual Health, MNHHSMedical Director, Child and Youth Mental Health Service, Children’s Health Queensland <p>Standing invited observer(s):</p> <ul style="list-style-type: none">The Minister for Health and Ambulance Services and nominated representative/sCo-chairs, Queensland Sexual Health Clinical Network, Queensland HealthCommunicable Diseases Branch Executive, Queensland Public Health and Scientific ServicesDirector, Blood Borne Viruses and STIs Unit, Queensland Public Health and Scientific Services				
Financial reporting	Nil				
Remuneration					
Position	Name	Meetings/sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Chair	Emeritus Professor Cindy Shannon AM	3 SHMAC 2 Research Sub-Committee (as Chair)	\$390 daily chair fee \$300 daily member fee	50% of daily fee for meetings of 4 hours or less	Chair eligible but declines remuneration payments.
Member	Associate Professor Anthony Allworth	3 SHMAC 2 Research Sub-Committee	\$300 daily member fee	50% of daily fee for meetings of 4 hours or less	\$1,350
Member	Candi Forrest	3 SHMAC	\$300 daily member fee	50% of daily fee for meetings of 4 hours or less	\$900
Member	Professor Rebecca Kimble	1 SHMAC	N/A	N/A	Queensland public service employee – ineligible for remuneration

Member	Dr Diane Rowling	2 SHMAC	N/A	N/A	Queensland public service employee – ineligible for remuneration
Member	Dr Stephen Stathis	2 SHMAC	N/A	N/A	Queensland public service employee – ineligible for remuneration
Member	Hayley Stevenson	3 SHMAC	N/A	N/A	Queensland public service employee – ineligible for remuneration
No. scheduled meetings/sessions	Sexual Health Ministerial Advisory Committee – 3 Research Sub-Committee – 2				
Total out of pocket expenses	\$186.26 in 'out of pocket' costs were claimed by remuneration-eligible members during FY2024-25, relating to travel expenses and mileage.				

Voluntary Assisted Dying Review Board	
Act or instrument	<i>Voluntary Assisted Dying Act 2021</i> and Voluntary Assisted Dying Regulation 2022
Functions	<p>The Voluntary Assisted Dying Review Board oversees, monitors and reports on the operation of voluntary assisted dying in Queensland. It promotes compliance with the <i>Voluntary Assisted Dying Act 2021</i> (the Act) and continuous improvement in the compassionate, safe and practical operation of the Act.</p> <p>The Voluntary Assisted Dying Review Board has 5 key functions under section 117 of the Act:</p> <ul style="list-style-type: none"> • Retrospectively review each completed voluntary assisted dying case to ensure the process complied with the Act. • Refer any identified issues to relevant entities, including the Coroner, Queensland Police Service and Office of the Health Ombudsman. • Record and keep prescribed information about requests for voluntary assisted dying. • Inform government about the operation of the Act, including through an annual report. • Consult with the community, undertake research, and make strategic recommendations to improve voluntary assisted dying in Queensland
Achievements	The key achievements of the Voluntary Assisted Dying Review Board will be outlined in its 2024-25 annual report.
Membership	Members are listed below in the remuneration table.
Financial reporting	The Department of Health is the accountable authority for the financial management of the Voluntary Assisted Dying Review Board. The financial activity of the Voluntary Assisted Dying Review Board is included in the Department's financial statements.
Remuneration	

Position	Name	Meetings/sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Chair	Associate Professor Helen Irving	12	\$43,357 pa	N/A	\$43,357pa
Deputy Chair	Professor Eleanor Milligan	9	\$24,946 pa	N/A	\$24,946 pa
Member	Dr Jennifer Brown	8	\$24,946 pa	N/A	\$24,946 pa
Member	Dr John (Will) Cairns OAM	12	\$24,946 pa	N/A	\$24,946 pa
Member	Ms Donisha Duff OAM	8	\$24,946 pa	N/A	\$24,946 pa
Member	Professor Lisa Nissen	10	\$24,946 pa	N/A	\$24,946 pa
Member	Mr John Payne	12	\$24,946 pa	N/A	\$24,946 pa
Member	Mr Geoff Rowe	9	\$24,946 pa	N/A	\$24,946 pa
Member	Professor Lindy Willmott	9	\$24,946 pa	N/A	\$24,946 pa
No. scheduled meetings/sessions	There were 12 scheduled Review Board meetings between 1 July 2024 and 30 June 2025.				
Total out of pocket expenses	<p>\$313.08 in out- of- pocket costs were claimed by remuneration-eligible members during FY2024-25, relating to travel expenses.</p> <p>\$2,539.45 in incidental and meal allowances were paid to remuneration-eligible members during FY2024-25, relating to Board- related travel.</p>				

Notes:

- 1.Meeting/session attendance refers to full regularly scheduled Voluntary Assisted Dying Review Board meetings and does not include additional special-purpose meetings such as planning workshops, sub-committee meetings and out-of-session attendance by members at other forums, including conferences, symposiums and community of practice. The Chair also meets weekly with the Queensland Health Voluntary Assisted Dying Unit and regularly with Queensland Health leadership.
2. Members are paid fortnightly. This is the FY2024–25 figure which will have been paid in full at time of tabling.

Radiation Advisory Council	
Act or instrument	<i>Radiation Safety Act 1999</i>
Functions	<p>Section 162 of the Act outlines the functions of Council as follows:</p> <ol style="list-style-type: none"> 1. To examine, and make recommendations to the Minister about, the following: <ol style="list-style-type: none"> (a) the operation and application of the Act; (b) proposed amendments of the Act; (c) radiation safety standards;

	<p>(d) issues relating to radiation; and</p> <p>(e) research into radiation practices carried out, and the transport of radioactive materials, in the State.</p> <p>2. To advise the Chief Executive about the merits of applications for review of decisions made under the Act and referred to the Council by the Chief Executive.</p> <p>3. To oversee the operation of the Council's committees.</p>
Achievements	Details can be found in the Radiation Advisory Council's Annual Report 2024–25.
Membership	Details can be found in the Radiation Advisory Council's Annual Report 2024–25.
Financial reporting	The Radiation Advisory Council is required to prepare its own annual report. Details can be found in Radiation Advisory Council's Annual Report 2024–25. Financial transactions are included in the Department of Health's Annual Report 2024-25.

Remuneration

In 2016, the Council transitioned to Level 3 within the Regulation, Administration and Advice Category of the Remuneration Procedures for Part-time Chairs and Members of Queensland Government Bodies. Consistent with the Remuneration Procedures, annual fees of \$2,500 for the Chair and \$2,000 for Members were approved by the Governor-in-Council.

Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub- committee fees if applicable	Actual fees received
Chairperson	Dr Stuart Ramsay	2	\$2,500	N/A	\$2,000
Deputy Chairperson	Dr Emily Farrell	3	\$2,000	N/A	No fees paid to date
Member	Dr Philip Chan	1	\$2,000	N/A	\$2,000
Member	Dr Raahib Dudhia	2	\$2,000	N/A	No fees paid to date
Member	Mrs Naomi Gibson	3	\$2,000	N/A	\$2,000
Member	Dr Matthew Griffiths	2	\$2,000	N/A	\$2,000
Member	Mr Frank Harris	2	\$2,000	N/A	\$2,000
Member	Ms Helene Jacmon	3	\$2,000	N/A	\$2,000
Member	Dr John Richards	2	\$2,000	N/A	\$2,000
Member	Ms Jade Vellacott	3	\$2,000	N/A	\$2,000
CHO – ex officio member	Dr John Gerrard (until	0	N/A	N/A	N/A

	November 2024)				
CHO – ex officio member	Dr Heidi Carroll (from December 2024)	0	N/A	N/A	N/A
No. scheduled meetings/sessions	Meetings are held bimonthly or as circumstances require. Out of session work also occurs as required. There were 3 Radiation Advisory Council meetings between 1 July 2024 and 30 June 2025. Out of session work also occurred during this time.				
Total out of pocket expenses	Details can be found in the Radiation Advisory Council's Annual Report 2024–25.				

Mount Isa Lead Health Management Committee	
Act or instrument	Terms of Reference
Functions	The Mount Isa Lead Health Management Committee (MLHMC) is chaired by the Chief Health Officer and is comprised of representatives from Queensland Government agencies, Glencore Mount Isa Mines, State and Commonwealth Members of Parliament, Mount Isa City Council and Mount Isa Hospital and Health Service (HHS). The primary function of the MLHMC is to provide strategic management of environmental health risks arising from lead to the residents of Mount Isa, in particular young children who are most vulnerable to lead in the environment.
Achievements	<p>Protecting children from exposure to lead is important to lifelong good health. Lead can be harmful to people of all ages, but the risk of health effects is highest for unborn babies and children under 5 years of age. Even low levels of lead in blood have been shown to negatively affect a child's development.</p> <p>The Point of Care Testing (PoCT) program, including the capillary blood lead testing program undertaken by North West HHS, continues to be supported by the Mount Isa community as the preferred method of measuring a child's blood lead level.</p> <p>During 2024–25, the PoCT program undertook 201 tests (until 23 April). This represents 154 individual children being tested during 2024–25, with several children having more than one test during this period.</p> <p>The results of the tests undertaken identified:</p> <ul style="list-style-type: none"> • 91 children had blood lead levels <5 µg/dL • 4 children had blood lead levels ≥ 5 µg/dL but < 10 µg/dL • 18 children had blood lead levels ≥ 10 µg/dL <p>The PoCT program allows 'at risk' children to be more readily identified at an early stage and referred to their general practitioner for follow-up treatment as appropriate.</p> <p>The MLHMC is continuing its focus on implementing the <i>Mount Isa Lead Health Management Strategic Plan 2021–2025 (the Plan)</i>. Key activities being undertaken</p>

	within the Plan include developing Mount Isa Blood Lead Management Guidelines and health guidelines for surface lead deposition, and enhancing the accessibility and reliability of point-of-care blood lead testing for young children, specifically for First Nations children living in Mount Isa.
Membership	<ul style="list-style-type: none"> • Chief Health Officer - Department of Health (Chair) • Federal Representative (Member for Kennedy) • State Representative (Member for Traeger) • Mayor – Mount Isa City Council • Chair - North West Hospital and Health Board • Chief Executive – North West Hospital and Health Service • Commissioner – Queensland Family and Child Commission • Deputy Director-General - Department of Environment and Science • Commissioner for Mine Safety and Health – Department of Resources • General Manager Health, Safety, Environment, and Community Relations – Glencore Mount Isa Mines • Executive Director – Health Protection and Regulation Branch, Department of Health • Director, Environmental Hazards Unit – Health Protection and Regulation Branch, Department of Health
Financial reporting	N/A, as no payments are made to the Mount Isa Lead Health Management Committee.
Remuneration	
No. scheduled meetings/sessions	Annual
Total out of pocket expenses	N/A, as no payments are made to the Mount Isa Lead Health Management Committee.

Children's Health Advisory Committee	
Act or instrument	<i>Hospital and Health Boards Act 2011</i>
Functions	The Children's Health Advisory Committee provides system-wide stewardship of health and wellbeing services for infants, children and young people. The Committee's purpose is to coordinate efforts across the Queensland Health system in progressing the government's priorities for children's health and wellbeing services. The Committee will strengthen governance of health and wellbeing services for children across Queensland, and connectivity between experts in service delivery, planning and policy development for children's health services.
Achievements	The Children's Health Advisory Committee has been established and has met four times. Terms of Reference have been agreed to by members, as well as reporting arrangements. Members have commenced regular reporting.
Membership	<ul style="list-style-type: none"> • Deputy Director-General, Clinical Planning and Service Strategy Division (Chair) • Deputy Director-General, Strategy, Policy and Reform Division • Health Service Chief Executive (HSCE), Children's Health Queensland HHS • HSCE, Central West HHS

	<ul style="list-style-type: none">• Executive Director, Aboriginal and Torres Strait Islander Engagement, Children's Health Queensland HHS• Co-chairs, Queensland Child and Youth Clinical Network• Co-chairs, Directors of Paediatrics Group• Chair, Queensland Paediatric Quality Council• Chief Executive Officer, Health Consumers Queensland• North Queensland representative• Chief Executive Officer, Health and Wellbeing Queensland				
Financial reporting	N/A				
Remuneration					
Nil					
Position	Name	Meetings/sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
No. scheduled meetings/sessions	Four				
Total out of pocket expenses	Nil				

Statutory bodies

Hospital and Health Services (16)	
Act or instrument	<i>Hospital and Health Boards Act 2011</i>
Functions	<p>The 16 Hospital and Health Services (HHSs) are accountable for the delivery of public HHSs in Queensland.</p> <p>They operate and manage a network of public HHSs within a defined geographic or specialised area. HHSs are statutory bodies with expertise-based Hospital and Health Boards (HHBs), accountable to the local community and the Queensland Parliament via the Minister for Health and Ambulance Services.</p>
Annual reporting arrangements	HHSs are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the HHS's respective annual reports for 2024-25.
Hospital and Health Boards (HHBs)	
Act or instrument	Hospital and Health Boards Act 2011
Functions	<p>HHBs govern and control the HHSs for which the board has been established. HHSs are the principal providers of public health services. There are 16 HHBs:</p> <ul style="list-style-type: none"> • Cairns and Hinterland HHB • Central Queensland HHB • Central West HHB • Children's Health Queensland HHB • Darling Downs HHB • Gold Coast HHB • Mackay HHB

	<ul style="list-style-type: none"> • Metro North HHB • Metro South HHB • North West HHB • South West HHB • Sunshine Coast HHB • Torres and Cape HHB • Townsville HHB • West Moreton HHB • Wide Bay HHB.
Annual reporting arrangements	As per the HHS annual reporting arrangements.
Hospital Foundations (13)	
Act or instrument	<i>Hospital Foundations Act 2018</i>
Functions	<p>Hospital foundations help their associated hospitals provide improved facilities, education opportunities for staff, research funding and opportunities, and support the health and wellbeing of communities. They are administered by voluntary boards appointed by the Governor in Council on the recommendation of the Minister for Health and Ambulance Services. There are 13 Queensland Hospital Foundations:</p> <ul style="list-style-type: none"> • Bundaberg Health Services Foundation • Children's Hospital Foundation Queensland • Central Queensland Hospital Foundation • Far North Queensland Hospital Foundation • Gold Coast Hospital Foundation • Mackay Hospital Foundation • PA Research Foundation • The Prince Charles Hospital Foundation • Royal Brisbane and Women's Hospital Foundation • Sunshine Coast Health Foundation • Toowoomba Hospital Foundation • Townsville Hospital Foundation • West Moreton Health Foundation formerly Ipswich Hospital Foundation – effective 3 May 2025
Annual reporting arrangements	Hospital Foundations are required to prepare their own annual reports, including independently audited financial statements. Details can be found in the Hospital Foundations' respective annual reports for 2024-25.
QIMR Berghofer Medical Research Institute (QIMR)	
Act or instrument	<i>Queensland Institute of Medical Research Act 1945</i>
Functions	QIMR was established to ensure the proper control and management of the institute established to carry out research into any branch of medical science.
Annual reporting arrangements	QIMR is required to prepare its own annual report, including independently audited financial statements. Details can be found in the QIMR's Annual Report 2024-25.
Office of the Health Ombudsman	

Act or instrument	<i>Health Ombudsman Act 2013</i>
Functions	Office of the Health Ombudsman is Queensland's health service complaints agency. The Office is led by the Health Ombudsman, which is a statutory appointment under the <i>Health Ombudsman Act 2013</i> . Amongst other things, the Health Ombudsman's functions are to receive and take relevant action on health service complaints and identify, investigate and deal with health service issues and report on systemic issues.
Annual reporting arrangements	The Office of the Health Ombudsman is required to prepare its own annual report, including independently audited financial statements. Details can be found in the Office of the Health Ombudsman's Annual Report 2024-25.
Health and Wellbeing Queensland (HWQld)	
Act or instrument	<i>Health and Wellbeing Queensland Act 2019</i>
Functions	Health and Wellbeing Queensland (HWQld) was established to improve the health and wellbeing of the Queensland population. HWQld has a focus on reducing the burden of chronic diseases by targeting risk factors for those diseases such as poor nutrition, low physical activity and obesity, and reducing health inequity.
Annual reporting arrangements	HWQld is required to prepare its own annual report, including independently audited financial statements. Details can be found in HWQld's Annual Report 2024-25.
Mental Health Court	
Act or instrument	<i>Mental Health Act 2016</i>
Functions	The Mental Health Court is constituted by judges of the Supreme Court of Queensland. The Court is assisted by one or two assisting clinicians. The primary function of the court is to determine questions of unsoundness of mind, fitness for trial and diminished responsibility in relation to persons charged with criminal offences. The court is also the appeal body to the Mental Health Review Tribunal, another statutory body established under the Act. In addition, the court has special powers of inquiry into the lawfulness of the detention of persons in authorised mental health facilities.
Annual reporting arrangements	The Mental Health Court is required to prepare its own annual report. Details can be found in the Mental Health Court's Annual Report 2024-25. Financial transactions are included in the Department of Health's Annual Report 2024-25.
Mental Health Review Tribunal	
Act or instrument	<i>Mental Health Act 2016</i>
Functions	The primary role of the Mental Health Review Tribunal is to provide an independent review of treatment authorities, forensic orders (under the <i>Forensic Disability Act 2011</i>), treatment support orders, fitness for trial and the detention of minors in high-security units. The tribunal also hears applications for examination authorities, the approval of regulated treatment and the transfer of particular patients into and out of Queensland. The Tribunal is also the appeal body against decisions of the Chief Psychiatrist or the administrator of an Authorised Mental Health Service.
Annual reporting arrangements	The Mental Health Review Tribunal is required to prepare its own annual report. Details can be found in the Mental Health Review Tribunal's Annual Report 2024-

	25. Financial transactions are included in the Department of Health's Annual Report 2024-25.
Queensland Mental Health Commission	
Act or instrument	<i>Queensland Mental Health Commission Act 2013</i>
Functions	The primary function of the Queensland Mental Health Commission is to drive ongoing reform towards a more integrated, evidence-based recovery-orientated mental health, alcohol and other drugs system in Queensland.
Annual reporting arrangements	The Queensland Mental Health Commission is required to prepare its own annual report, including independently audited financial statements. Details can be found in the Queensland Mental Health Commission's Annual Report 2024-25.
Queensland Mental Health and Drug Advisory Council	
Act or instrument	<i>Queensland Mental Health Commission Act 2013</i>
Functions	The Queensland Mental Health and Drug Advisory Council (QMHDAC) provides advice to the Queensland Mental Health Commission (the Commission) on mental health or substance misuse issues either on its own initiative or at the Commission's request and can make recommendations to the Commission regarding its functions.
Annual reporting arrangements	In its annual report, the Commission must include details of each recommendation made by the QMHDAC during the financial year, and action taken by the Commission in response to the recommendation, and any statement about the conduct of the QMHDAC's business provided to the Commission by the QMHDAC for inclusion in the Commission's Annual Report.
Queensland Pharmacy Business Ownership Council	
Act or instrument	<i>Pharmacy Business Ownership Act 2024</i>
Functions	On 1 September 2024, the Queensland Pharmacy Business Ownership Council (PBOC) was established under the <i>Pharmacy Business Ownership Act 2024</i> (the Act). The PBOC is responsible for regulating pharmacy business ownership in Queensland. The functions of the PBOC include making decisions on applications relating to pharmacy business licences, changing, suspending and cancelling pharmacy business licences, monitoring and enforcing compliance with the Act, advising the Minister on matters relating to the Act, administering the Queensland Pharmacy Business Ownership Council Fund under the Act, keeping a register of licensed pharmacy businesses and any other function given to the PBOC under this or another Act.
Annual reporting arrangements	The PBOC is required to prepare its own annual report. Details can be found in the Queensland Pharmacy Business Ownership Council Annual Report 2024-25.

Independent statutory bodies and authorities

Panels of assessors	
Act or instrument	<i>Health Ombudsman Act 2013</i>
Functions	<p>Panels of assessors are established to assist the Queensland Civil and Administrative Tribunal (QCAT) by providing expert advice to judicial members hearing disciplinary matters relating to health care practitioners. There are 19 Queensland panels of assessors:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Health Practitioners Panel of Assessors • Chinese Medicine Practitioners Panel of Assessors. • Chiropractors Panel of Assessors • Dental Hygienists, Dental Therapists and Oral Health Therapists Panel of Assessors • Dentists Panel of Assessors • Dental Prosthetists Panel of Assessors • Medical Practitioners Panel of Assessors • Medical Radiation Practitioners Panel of Assessors • Midwifery Panel of Assessors. • Nursing Panel of Assessors • Occupational Therapists Panel of Assessors • Optometrists Panel of Assessors • Osteopaths Panel of Assessors • Paramedics Panel of Assessors • Pharmacists Panel of Assessors • Physiotherapists Panel of Assessors • Podiatrists Panel of Assessors • Psychologists Panel of Assessors • Public Panel of Assessor
Annual reporting arrangements	Details can be found in QCAT's Annual Report 2024-25.
Queensland Board of the Medical Board of Australia	
Act or instrument	<i>Health Practitioner Regulation National Law Act 2009</i>
Functions	The Queensland Board of the Medical Board of Australia is responsible for making registration and notification decisions about individual medical practitioners, based on national policies and standards, on behalf of the Medical Board of Australia.
Annual reporting arrangements	Details can be found in the Australian Health Practitioner Regulation Agency's (AHPRA) Annual Report 2024-25.
Queensland Board of the Nursing and Midwifery Board of Australia	
Act or instrument	<i>Health Practitioner Regulation National Law Act 2009</i>
Functions	The Queensland Board of the Nursing and Midwifery Board of Australia makes decisions about nurses, midwives and students regarding registration, endorsement and notation, as well as compliance (registration standards, conditions), based on national policies and standards, on behalf of the Nursing and Midwifery Board of Australia.

Annual reporting arrangements	Details can be found in the Australian Health Practitioner Regulation Agency's (AHPRA) Annual Report 2024-25.
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Risk management and assurance

Risk management

The department's executive leadership team oversees risk management and receives quarterly risk reports compiled in line with the department's risk management framework. This aligns to the *AS/NZS ISO 31000:2018 Risk Management – Guidelines*. The framework aims to embed risk management into the governance arrangements of the department to support us in achieving our strategic and operational objectives.

The Audit and Risk Committee also receive quarterly risk management reporting to support it in its oversight of risk management.

Strategic challenges and opportunities that have the potential to impact the department's ability to fulfil system priorities, Ministerial Charter/s and Queensland Health's vision are used to inform strategic and operational planning. They help to determine priorities and inform the distribution of finite resources. Risks are regularly monitored to support decision making across the department.

External scrutiny

During 2024-25, the Queensland Audit Office (QAO) published the following reports to Parliament that directly related to the Department of Health.

Tabled date	Audit name	Objective
20 September 2024	Report 1: 2024-25 2024 status of Auditor-General's recommendations	The Queensland Audit Office makes recommendations to state and local government entities to support better delivery of public services and improve the lives of Queenslanders. In this report, QAO share insights from their analysis of entities' reported progress against the recommendations QAO made. QAO highlight common challenges and opportunities for the public sector and how entities can improve their systems and practices. There were no additional recommendations made in this report.
27 September 2024	Report 2: 2024-25 Delivering forensic medical examinations (follow-up audit)	Queensland Health has a statewide all-hours service to provide sexual assault victims with clinical and forensic care and support. In June 2019, in the QAO audit Delivering forensic services, QAO found opportunities to improve these services. This audit examines whether Queensland Health has effectively planned and progressed implementing recommendations and directions to improve the delivery of forensic medical examinations. QAO did not follow up the other recommendations from their 2018–19 report, including those related to deoxyribonucleic acid (DNA) testing. The government announced changes resulting from the 2022 Commission of Inquiry into Forensic DNA Testing in Queensland, which meant it was not an

		<p>appropriate time for QAO to follow up on related recommendations.</p> <p>The Delivering forensic medical examinations (follow-up audit) included three recommendations:</p> <ol style="list-style-type: none"> 1. Queensland Health implements its performance reporting framework to ensure victims of sexual assault are provided with timely and professional clinical care (Chapter 2) in accordance with the Ministerial Direction – Crisis Care Process. This should include: <ul style="list-style-type: none"> • developing and implementing reporting tools that allow each HHS to consistently record the time a victim commences a clinical care pathway, and any reasons for delay • regularly assessing whether HHSs are complying with the direction and delivering timely clinical care. 2. Queensland Health ensures suitably trained forensic medical examiners are available across the state to provide timely forensic medical examinations to victims of sexual assault (Chapter 3). This should include: <ul style="list-style-type: none"> • monitoring the overall demand for forensic medical examinations across the state and implementing effective strategies to address any gaps in service • ensuring there is appropriate numbers and distribution of qualified forensic medical examiners to meet local needs, including those who specialise in delivering paediatric services to child victims of sexual assault • continuing to deliver training to doctors and nurses – including in regional, rural, and remote areas – in how to deliver forensic medical examinations, prepare court reports, and present evidence in court. 3. Queensland Health improves its monitoring and reporting of the performance of HHSs in delivering forensic medical examinations to victims of sexual assault (Chapter 3). This should include: <ul style="list-style-type: none"> • developing and implementing reporting tools that allow each HHS to consistently record the time a hospital performs a forensic medical examination (as distinct from commencing a clinical care pathway), and the reasons for any delays • regularly assessing whether HHSs deliver timely and effective forensic medical examinations • ensuring forensic medical examiners are given feedback about the quality of the samples they take during an examination.
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15 January 2025	Report 8: 2024-25 Health 2024	<p>This report summarises the audit results of Queensland Health entities, which include the Department of Health and 16 hospital and health services (HHSs). It also summarises the audit results for 13 hospital foundations, 4 other statutory bodies, and 2 entities controlled by other health entities. Health 2024 included two recommendations:</p> <ol style="list-style-type: none"> 1. the Department of Health updates its 'Asset Management Key Terms paper' to clearly define key asset maintenance terms, 2. the Department of Health and HHSs report the values against each of these terms in their annual reports, <ul style="list-style-type: none"> o deferred maintenance o postponed capital maintenance o forecast life cycle replacement, renewals, and refurbishments (if applicable).
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Internal audits

Queensland Health's Internal Audit Unit provides risk-based assurance and advisory services to the Director-General, the Audit and Risk Committee (ARC) and senior management. During the 2024-25 financial year, the unit operated under a co-sourced service delivery model endorsed by the ARC.

All internal audit work is performed in line with the department's Internal Audit Charter, developed in accordance with the Financial and Performance Management Standard 2019, the Institute of Internal Auditor's (IIA), International Professional Practices Framework (IPPF) and Queensland Treasury's guidelines. The Internal Audit Unit's annual audit plan is endorsed by the Audit and Risk Committee and approved by the Director-General.

The chief audit officer, as head of the unit, is appropriately qualified as a Fellow of Certified Public Accountants Australia (FCPA). The function is monitored by the ARC to ensure it operates efficiently, effectively and economically. Objectivity is essential to the effectiveness of the internal audit function. Accordingly, the unit did not have direct authority or responsibility for the activities it reviewed in the 2024-25 financial year.

During 2024-25 the Internal Audit Unit:

- developed and delivered an annual audit plan based on strategic and operational risks, business objectives and client needs
- supported management by providing advice on a range of significant business initiatives
- monitored and reported on the status of the implementation of internal audit recommendations, as well as QAO recommendations associated with their performance audits
- provided reports resulting from internal audits to the ARC and the Director-General
- in September 2024, the function's independence was strengthened with a change in reporting line to the Executive Director, Office of the Director-General which was a recommendation from the external review conducted by the IIA in 2023-24.

Information systems and record keeping

The Department of Health continues its commitment towards improving information management maturity and compliance with the *Public Records Act 2023*.

With the *Public Records Act 2023* commencing in December 2024 several key initiatives were completed to ensure the departmental frameworks continued to align with the new legislation including:

- revising the Corporate Records Management Policy Framework to align with the new legislation, reiterating that the 'Whole-of-Government Records Governance Policy' remains in place until Queensland State Archives introduce Mandatory Standards
- revising the Corporate Records Management Policy Framework to provide further clarification regarding responsibilities for records management across all levels of the organisation
- communication to department staff to reconfirm the use of that Whole-of-Government Records Governance Policy and updates to the Corporate Records Management Framework
- The department's *Introduction to record keeping* iLearn module was revised to align with the new *Public Records Act 2023* the online records
- A new instrument of delegations for the *Public Records Act 2023* was implemented to coincide with the date that this new piece of legislation came into effect

In addition to the activities which occurred to support the introduction of the *Public Records Act 2023*, the department continues to support its commitment to records governance with dedicated resources within the department providing governance, training and advice. During the period of 1 July 2024 to 30 June 2025 a total of 67 training sessions were provided to staff in the department through the corporate information management function.

Work to transition from physical records to a digital record environment is continuing with the electronic document and records management (eDRMS) user base increasing by of 2.25% since 30 June 2024. Maintaining current vendor support technologies continues to be a priority, with the eDRMS upgrading to Content Manager version to Cmv24.4 in May 2025.

The records disposal program has continued, which enables compliance with retention obligations. Disposals are progressed through established procedures with review checks to verify records are being disposed of in line with retention disposals before seeking the final authorised delegate approval.

Information security attestation

The Department of Health continues to mature its security posture to address a global cyber threat environment. The focus of security outcomes is directed towards supporting patient information confidentiality and ICT system integrity and availability which is relied on for health consumer services across Queensland Health.

The department also undertakes an annual information security management system assurance review in line with Queensland Government requirements. Independent audit activities were undertaken for the financial year 2023-24 with attestation submitted in September of the 2024-25 reporting year. All security recommendations arising from the 2023-24 financial year attestation were actively managed with oversight through the ARC.

Government agreements and legislation

Australian Government agencies

The table below provides a summary of key achievements delivered in 2024-25 by Queensland Health under Federation Funding Agreements (formally National Partnership Agreements) with the Australian Government. This is not an exhaustive list of all past and present agreements.

Agreement	Key achievements in 2024-25
Strengthening Medicare Federation Funding Agreement - Preventing Avoidable Presentations of Older People (PAPOP)	Queensland has met the required milestones this financial year to receive \$2 million from the Commonwealth Department of Health and Aged Care to deliver the PAPOP program. The program funds Hospital and Health Services (HHSs) to deliver hospital avoidance solutions for people over the age of 65 at risk of an avoidable admission or presentation to acute health services. The program is delivered through the existing Long-Stay Rapid Response (LSRR) program.
Strengthening Medicare Federation Funding Agreement - Transitional Bed Capacity initiative	Queensland has met the required milestones to initiate the roll out of \$48.48 million to selected HHSs to establish partnerships with private and not-for-profit residential aged care homes to purchase transitional bed capacity based on local need and local availability.
Impact analysis to implement recommendation 66a of the Royal Commission into Aged Care Quality and Safety (Health Chief Executive Forum - cost-shared budget)	In 2024-25, the Health Chief Executive Forum (HCEF) provided Queensland Health with \$150,000 to complete an impact analysis on reform required to provide quality discharge summaries to residential aged care homes within 24 hours initially, then moving toward provision at time of discharge. This includes evidence of receipt of the discharge summaries by residential aged care homes.
Specialist Dementia Care Program	The Specialist Dementia Care Program is a Commonwealth program that funds specialist dementia care units. In 2024-25, there were two units operating for the full year with a third unit opening during the year. As required under the Specialist Dementia Care Program Federation Funding Agreement - Health Schedule in-reach specialist clinical services were provided by relevant HHS for residents of the Specialist Dementia Care Program Unit located within their respective catchment area
Federation Funding Agreement - Hummingbird House	The Federation Funding Agreement - Health Schedule for Hummingbird House (the schedule) provides funding to support the operation of Hummingbird House, which is located in Brisbane and provides specialised paediatric palliative care services. The schedule commits to providing \$900,000 in 2024-25, contingent on the conditions under the Schedule being met.
Specialist Palliative Care in Aged Care (SPACE)	Under the Commonwealth Government's Comprehensive Palliative Care in Aged Care measure, funding has been allocated by the Commonwealth and Queensland Governments to provide new and innovative approaches and expansion of existing models to improve

	<p>palliative and end-of-life care coordination for older people living in residential aged care facilities.</p> <p>Hospital and Health Services have been allocated funding to improve access to specialist palliative care support in residential aged care facilities. A key aim of the project is to increase the capacity and capability of general practice and aged care staff to deliver care at the end of life.</p> <p>Following evaluation of the program funding has been extended through a Federation Funding Agreement between the Commonwealth and Queensland governments.</p>
Adult Public Dental Services	<p>Queensland has met the activity targets under the Federation Funding Agreement on Public Dental Services for Adults which funded around 35,694 additional courses of treatment from 1 April 2024 to 31 March 2025. The Queensland Government accepted a two-year extension of the existing Federation Funding Agreement on Public Dental Services for Adults to 30 June 2025 from the Australian Government.</p>
Lymphoedema Garments and Allied Health Therapy Programs	<p>In 2024-25, the Queensland Government entered a new five-year Federation Funding Agreement with the Australian Government to continue support for people living with lymphoedema. Funding has been allocated to HHSs to improve access to the selection, fitting and monitoring of compression garments as a treatment for lymphoedema where clinical indicated.</p>
Community Health and Hospitals Program	<p>Queensland has achieved all operational mandatory deliverables outlined in the Naso-pharyngeal Aspiration (NPA) schedule specific to the delivery of clinical pilots to improve adult specialist rehabilitation services for people with acquired brain injuries and spinal cord injuries in Queensland from July 2021 to June 2025.</p>
Geriatric Evaluation and Management - Hospital in the Home (GEM-HITH) and Geriatric Evaluation and Management, Rehabilitation - Hospital in the Home (GEMR-HITH).	<p>Under the Commonwealth Government's \$1.2 billion Strengthening Medicare Package, Queensland Health will be provided \$65.2 million over 4 years (from 2024 – 28), enabling 11 HHSs that accepted funding to establish new or expand existing GEM-HITH or GEMR-HITH services.</p> <p>The initiative will increase access to GEM/GEMR-HITH services for older people, reduce avoidable admission/re-admissions of older people to hospital, release in-hospital bed capacity and increase patient satisfaction.</p>
Federation Funding Agreement – Health, Essential Vaccines Schedule	<p>This schedule supports the cost effective and efficient delivery of the National Immunisation Program (NIP) to protect the Australian public from the spread of vaccine-preventable diseases. The NIP is a joint initiative of the Australian Government and the states and territories, making free vaccines available to eligible individuals through a range of vaccination providers nationally. The NIP provides vaccines for eligible individuals against multiple disease groups, ensuring those most at risk are protected.</p>

	Information is not yet available for the 2024-25 assessment period. Queensland was considered to have met four of the five performance benchmarks assessed in 2023-24.
Rheumatic Fever Strategy	<p>Under this agreement, the Commonwealth Department of Health and Aged Care and the National Aboriginal Community Controlled Health Organisation has partnered with the Queensland Government to improve detection, monitoring, and management of acute rheumatic fever (ARF) and rheumatic heart disease RHD in Queensland, working in partnership with Aboriginal and Torres Strait Islander communities or chosen representatives.</p> <p>Achievements in 2024-25 include:</p> <p>the rebuild and launch of the new RHD register and recall system supporting the ongoing clinical management of ARF and RHD patients.</p> <p>integration of the new RHD register with the Notifiable Conditions Register and the Viewer improving data sharing and access to patient information.</p> <ul style="list-style-type: none"> • support for and participation in education sessions to healthcare providers on ARF and RHD including strategies to assist in reducing pain of bicillin injections.
OzFoodNet	The Queensland OzFoodNet site provides fortnightly and annual surveillance reports and outbreak investigation reports to the Commonwealth Department of Health as per the agreement. Ongoing funding is subject to satisfactory annual performance reports. The 2024 annual report was submitted on 30 April 2025 and has been approved by the Commonwealth Department of Health. The 2025 annual report will be due 30 April 2026.
Federation Funding Agreement – Stillbirth Autopsies and Investigations	The Federation Funding Agreement – Stillbirth Autopsies and Investigations has delivered an increase in the perinatal loss workforce through the employment of perinatal pathologists, loss coordinators and related workforce which in turn has demonstrated a significant improvement in the number of outstanding autopsies. The funding also provides financial support to bereaved parents who are required to travel for stillbirth autopsies and investigations.
Federation Funding Agreement – Elimination of trachoma in Indigenous Communities	Under this agreement, the Commonwealth Department of Health and Aged Care and the National Aboriginal Community Controlled Health Organisation has partnered with the Queensland Government to eliminate trachoma nationally as part of the Global Elimination of Trachoma strategy. The Strategy is based on four pillars: Surgery, Antibiotics, Facial Cleanliness and Environmental Activities (SAFE). The program engages with communities previously considered at risk of trachoma in the Torres Strait Islands and north-west Queensland. The program is based on extensive community engagement through local councils, place-based partnership groups, childcare providers and schools, health services and non-governmental organisations.

	<p>Activities in 2024-25 include:</p> <ul style="list-style-type: none"> • consolidating current elimination status for Queensland communities. • engaging with community stakeholders and working with previously at-risk communities to implement environmental health and other hygiene activities as part of the SAFE. • coordinating activities and facilitating access and engagement across different programs areas to improve service provision. • supporting research and screening activities in other jurisdictions to consolidate a national approach to elimination. • working with national reference group to finalise the national dossier for submission to World Health Organisation to request recognition of national trachoma elimination status.
Federation Funding Agreement – Provision of HIV Treatment for people who are not eligible for Medicare	<p>Under this agreement, the Commonwealth Department of Health and Aged Care partners with the Queensland Government to provide free treatment for people living with HIV who are not eligible for Medicare. This enables increased access to HIV treatment and contributes to supporting the national objective of the elimination of HIV transmission by 2030.</p> <p>In 2024-25 the program provided HIV treatment to 450 eligible people in Queensland through public health services at a cost of \$2.95 million.</p>

Health portfolio acts and subordinate legislation

Health portfolio legislation

The Department administers health portfolio legislation and is committed to ensuring all legislative compliance obligations under this legislation are met.

Legislation	Details	Number of internal breaches
<i>Ambulance Service Act 1991</i> Ambulance Service Regulation 2015	The <i>Ambulance Service Act 1991</i> and the Ambulance Service Regulation 2015 are the primary legislation for the Queensland Ambulance Service (QAS). This serves to: <ul style="list-style-type: none"> • establish QAS • establish membership of QAS • enable and regulate the functions and powers of the ambulance service and its officers. 	During 2024-25, no internal breaches of this legislation were identified
<i>Food Act 2006</i> Food Regulation 2016	The main purposes of the <i>Food Act 2006</i> and the Food Regulation 2016 are to: <ul style="list-style-type: none"> • ensure food for sale is safe and suitable for human consumption • prevent misleading conduct relating to the sale of food • apply the food standards code. 	During 2024-25, no internal breaches of this legislation were identified
<i>Health Transparency Act 2019</i> Health Transparency Regulation 2020	The <i>Health Transparency Act 2019</i> enables the collection and publication of information about public sector health service facilities, private health facilities, and state and private aged care facilities. The collection and publication of this information improves the transparency of the quality and safety of health services provided in Queensland and helps people make better informed decisions about healthcare.	During 2024-25, no internal breaches of this legislation were identified
<i>Hospital and Health Boards Act 2011</i> Hospital and Health Boards Regulation 2023 Hospital and Health Boards (Nursing and Midwifery Workload Management Standard) Notice 2016	The <i>Hospital and Health Boards Act 2011</i> establishes a public health sector system that delivers high-quality hospital and other health services to people in Queensland, having regard to the principles and objectives of the national health system. The Act provides for a wide range of functions and obligations including: <ul style="list-style-type: none"> • appointment of members to Hospital and Health Boards • management and funding of the health system • disclosure of confidential information • appointment of the Chief Health Officer • conduct on health service land 	One

	<ul style="list-style-type: none"> clinical reviews. 	
<i>Mater Public Health Services Act 2008</i>	The <i>Mater Public Health Services Act 2008</i> provides for the Department and Mater to enter into arrangements about the funding and delivery of public health services by Mater hospitals, providing additional public health service capacity to people of Queensland.	During 2024-25, no internal breaches of this legislation were identified
<i>Medicines and Poisons Act 2019</i> Medicines and Poisons (Medicines) Regulation 2021 Medicines and Poisons (Pest Management Activities) Regulation 2021 Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021	The <i>Medicines and Poisons Act 2019</i> ensures: <ul style="list-style-type: none"> particular substances are made, sold, used and disposed of in appropriate, effective and safe ways health risks arising from the use of the substances are appropriately managed persons who are authorised to carry out activities using the substances have the necessary competencies to carry out the activities safely. 	During 2024-25, no internal breaches of this legislation were identified
<i>Pharmacy Business Ownership Act 2001</i>	The <i>Pharmacy Business Ownership Act 2001</i> : <ul style="list-style-type: none"> promotes the professional, safe and competent provision of pharmacy services maintains public confidence in the pharmacy profession. 	During 2024-25, no internal breaches of this legislation were identified
<i>Pharmacy Business Ownership Act 2024</i>	The <i>Pharmacy Business Ownership Act 2024</i> was passed by the Queensland Parliament 28 March 2024. The Act is commencing in stages with full commencement expected in November 2025. The Act, when fully commenced, will repeal the <i>Pharmacy Business Ownership Act 2001</i> .	During 2024-25, no internal breaches of this legislation were identified
<i>Private Health Facilities Act 1999</i> Private Health Facilities Regulation 2016 Private Health Facilities (Standards) Notice 2016	The <i>Private Health Facilities Act 1999</i> provides a framework to protect the health and wellbeing of consumers receiving health services at private health facilities.	During 2024-25, no internal breaches of this legislation were identified
<i>Public Health Act 2005</i> Public Health Regulation 2018	The <i>Public Health Act 2005</i> protects and promotes the health of all Queenslanders.	During 2024-25, no internal breaches of this legislation were identified
<i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>	The purpose of the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> is to minimise the risk of infection	During 2024-25, no internal breaches of this legislation were identified

Public Health (Infection Control for Personal Appearance Services) Regulation 2016	that may result from the provision of personal appearance services.	
Public Health (Infection Control for Personal Appearance Services) (Infection Control Guideline) Notice 2013		
<i>Radiation Safety Act 1999</i> Radiation Safety Regulation 2021 Radiation Safety (Radiation Safety Standards) Notice 2021	The <i>Radiation Safety Act 1999</i> protects people and the environment from the harmful effects of sources of ionising radiation and harmful non-ionising radiation.	During 2024-25, no internal breaches of this legislation were identified
<i>Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Act 2003</i> Research Involving Human Embryos and Prohibition of Human Cloning for Reproduction Regulation 2015	The National Health and Medical Research Council's Embryo Research Licensing Committee (NHMRC ERLC) monitors compliance with legislation and license conditions. Compliance is required under the Department's Research Ethics and Government Health Service Directive and research funding agreements.	During 2024-25, no internal breaches of this legislation were identified
<i>Termination of Pregnancy Act 2018</i>	The <i>Termination of Pregnancy Act 2018</i> provides clarity for women, pregnant people, health practitioners and the community about the circumstances in which a termination is lawfully permitted. The Act: <ul style="list-style-type: none"> • ensures termination of pregnancy is treated as a health issue rather than a criminal issue. • enables reasonable and safe access by women and pregnant people to terminations of pregnancy and to regulate the conduct of registered health practitioners in relation to terminations. • supports a person's right to health, including reproductive health and autonomy. • provides clarity and safety for health practitioners providing terminations of pregnancy. • brings Queensland legislation in line with other Australian jurisdictions. 	During 2024-25, no internal breaches of this legislation were identified
<i>Therapeutic Goods Act 2019</i> Therapeutic Goods Regulation 2021	The <i>Therapeutic Goods Act 2019</i> adopts the <i>Therapeutic Goods Act 1989 (Cwth)</i> and the regulations, order, permissions and	During 2024-25, no internal breaches of this legislation were identified

	<p>manufacturing principles under it as laws of Queensland.</p> <p>The Act ensures national regulatory controls are applied consistently to Queensland-based manufacturers of therapeutic goods.</p>	
<p><i>Tobacco and Other Smoking Products Act 1998</i></p> <p>Tobacco and Other Smoking Products Regulation 2021</p>	<p>The <i>Tobacco and Other Smoking Products Act 1998</i> creates a regulatory framework for the supply of smoking products in Queensland through a licensing system for retailers and wholesalers. Controls include prohibitions of the supply of tobacco and other smoking products to children, restrictions on advertising and promotion of smoking products, and limitations on smoking and e-cigarette use in certain places.</p>	<p>During 2024-25, no internal breaches of this legislation were identified</p>
<p><i>Transplantation and Anatomy Act 1979</i></p> <p>Transplantation and Anatomy Regulation 2017</p>	<p>The <i>Transplantation and Anatomy Act 1979</i> provides for:</p> <ul style="list-style-type: none"> the removal of human tissues for transplantation and other medical and scientific purposes post-mortem examinations the regulation of schools of anatomy the regulation of trade in human tissue other related purposes. 	<p>During 2024-25, no internal breaches of this legislation were identified</p>
<p><i>Voluntary Assisted Dying Act 2021</i></p> <p>Voluntary Assisted Dying Regulation 2022</p>	<p>The <i>Voluntary Assisted Dying Act 2021</i> established a legal framework for voluntary assisted dying in Queensland, allowing eligible people to choose the timing and circumstances of their medically assisted death. The Act also established an independent Voluntary Assisted Dying Review Board to monitor the operation of the Act and review relevant persons' compliance with the requirements of the Act.</p>	<p>During 2024-25, no internal breaches of this legislation were identified</p>
<p><i>Water Fluoridation Act 2008</i></p> <p>Water Fluoridation Regulation 2020</p>	<p>The <i>Water Fluoridation Act 2008</i> promotes good oral health in Queensland by the safe fluoridation of public potable water supplies.</p>	<p>During 2024-25, no internal breaches of this legislation were identified</p>
Legislation	Details	Instruction/Number of Breaches
<p><i>Health and Wellbeing Queensland Act 2019</i></p> <p><i>Health Ombudsman Act 2013</i></p> <p>Health Ombudsman Regulation 2014</p>	<p>The Department is committed to meeting all legislative compliance obligations and applies effective strategies to administer it including:</p> <ul style="list-style-type: none"> providing oversight of statutory appointments made under health portfolio legislation. 	<p>During 2024-25 there were no known reported breaches of the Department's legislative compliance obligations under monitored agency legislation.</p>

<p><i>Health Practitioner Regulation National Law Act 2009</i></p> <p>Health Practitioner Regulation National Law (Queensland)</p> <p>Health Practitioner Regulation National Law Regulation 2018</p> <p><i>Hospital Foundations Act 2018</i></p> <p>Hospital Foundations Regulation 2018</p> <p><i>Mental Health Act 2016</i> (to the extent of administering provisions relevant to the Mental Health Review Tribunal)</p> <p>Mental Health Regulation 2017</p> <p><i>Queensland Institute of Medical Research Act 1945</i></p> <p><i>Queensland Mental Health Commission Act 2013</i></p> <p><i>Voluntary Assisted Dying Act 2021</i> (to the extent of administering provisions relevant to the Voluntary Assisted Dying Review Board)</p> <p>Voluntary Assisted Dying Regulation 2022</p>	<ul style="list-style-type: none"> supporting good board governance and compliance including annual reporting requirements. 	
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Mandatory reporting of confidential information

Section of the Act	Details of disclosure
<i>Hospital and Health Boards Act 2011 and Private Health Facilities Act 1999</i>	
Section 160 of HHBA and Section 147(6) of PHFA	<p>Disclosure of confidential health information to Maritime Safety Queensland (MSQ) to undertake analysis on water transport injuries.</p> <p>The information disclosed consists of 2023-24 financial year data related to hospital admissions for water transport injuries with additional data items to identify HHS of hospital and state/HHS/SA2 of usual residence.</p> <p>MSQ is a division of the Department of Transport and Main Roads (TMR) and is responsible for protecting Queensland's waterways and the people who use them. The ongoing annual data supply to the Planning and Information Management Branch within MSQ, provides a marine safety data intelligence, advisory and support role for the agency and its stakeholders.</p>
Section 160 of HHBA and Section 147(6) of PHFA	<p>Disclosure of Queensland Health's confidential information to Costing and Business Solutions Pty Ltd (CBS).</p> <p>The information disclosed consists of patient-level costing used to identify and analyse Queensland Health activity costs as well as meet national reporting requirements. This data is disclosed to CBS who are engaged to provide a costing application, corresponding data warehouse architecture and system support to Healthcare Purchasing and Funding Branch to ensure continuity of internal and national clinical costing reporting.</p> <p>Data is sourced from the Queensland Health Admitted Patient Data Collection, Queensland Health Non-Admitted Patient Data Collection, Emergency Department Collection, Consumer Integrated Mental Health Activity, Information System for Oral Health, and community activity.</p>
Section 160 of HHBA and Section 147(6) of PHFA	<p>Disclosure of Queensland Health's confidential patient information to the Registry of Births Deaths and Marriages (RBDM).</p> <p>The information disclosed to the RBDM is to help identify incomplete records in the death registration database held by Statistical Services Branch (SSB) and received from RBDM for the period 2020 to 2023. These data contain name, address, date of birth and date of death and will enable data quality checking and ensure completeness of records stored within SSB in order for stakeholders ongoing business needs such as removal of deceased patients from hospital waiting lists. SSB has a Memorandum of Understanding (MOU) with RBDM to receive an electronic copy of all Death Registration notices in order to maintain an accurate death registration database.</p>
Section 160 of HHBA and Section 147(6) of PHFA	<p>Disclosure of Queensland Health's confidential patient information to Department of Transport and Main Roads (TMR) regarding serious road crash injuries in Queensland.</p> <p>The information disclosed to TMR is based on a co-hort of patient-level linked data that have a relevant ICD10-AM morbidity code relating to transport or road injury within the period 1 January 2015 to 31 December 2024. This includes all presentations to emergency Departments and all admissions to hospital from the admitted patient data collection and emergency Department data collection. This data is also linked with Queensland Road Crash</p>

	Database (QRCD) from TMR and Queensland Ambulance Service (QAS). This will allow TMR to examine the precipitating factors for road crash injury and to better understand the longer-term impact of these injuries and produce summary level data reports to stakeholders.
Private Health Facilities Act 1999	
Section 147(6)	<p>Disclosure of confidential health information to the Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR) to enable validation of the patient-level data provided directly by Queensland private hospitals, to ensure a complete and comprehensive registry.</p> <p>The information disclosed consists of identifiable unit record data for admitted patients in Queensland public and private hospitals undergoing select joint replacement surgeries in 2023-24.</p> <p>AOANJRR was established in 1999 and collects information from all hospitals in Australia undertaking joint replacement surgery. AOANJRR evaluates prosthesis effectiveness, provides audit capabilities for surgeons, and can track patients if necessary. The AOANJRR is a prescribed entity listed in the <i>Hospital and Health Boards Regulation 2023</i> and can receive detailed information on patients undergoing joint replacement surgery in Queensland public hospitals.</p>
Ambulance Service Act 1991	
Section 50P(2a)	Disclosed confidential patient information to inform The Child Death Register.
Section 50P(2a)	Disclosed confidential patient information for the study titled Turning Point: Surveillance project to identify prevalence of alcohol, drugs and mental health (suicide) in ambulance presentations.
Public Health Act 2005	
Section 81 of the PH Act 2025	Disclosure of confidential information about lead exposure to both Resources Safety & Health Queensland (RSHQ) and Workplace Health and Safety Queensland (WHSQ), which manage workers' health while undertaking lead work activities. The management of lead exposure at a workplace is regulated under the <i>Work Health and Safety Act 2011</i> or the <i>Mining and Quarrying Safety and Health Act 1999</i> . Sharing occupational lead exposure data with both RSHQ and WHSQ enables the responsible agencies to identify and respond to potential risks. This information helps safeguard the health of workers and may also protect members of the public who could be affected by off-site lead emissions.
Section 81 of the PH Act 2025	Disclosure of confidential information to the Kirby Institute for Infection and Immunity in Society, University of New South Wales in relation to HIV notifications made in Queensland between 1 January 2023 to 31 December 2023. The information was disclosed to inform public health action including the development of strategies to prevent or minimise the transmission of the condition and to monitor the incidence and patterns of HIV. This information was not included in the 2023/24 annual report.
Section 241 of the PH Act 2025	Disclosure of Queensland Cancer Register data to the Chief Executive Officer of Cancer Council Queensland and persons employed by Cancer Council Queensland. Queensland Cancer Register incidence and mortality data including unique person number, unique cancer number, month and year of death and cause of death (if person deceased), site for each cancer the person has, and details of breast or melanoma tumour (if applicable) was disclosed.

	The information was disclosed for the specific purpose of enabling continued epidemiological research to understand patterns and trends in cancer incidence, prevalence, mortality, and survival with a view to identifying areas of improvement or need, and to investigate factors that impact on diagnosis, clinical management, health services delivery and cancer outcomes.
<i>Hospital and Health Boards Act 2011 and Public Health Act 2005</i>	
Sections 81 and 109 of the PH Act and section 160 of the HHB Act.	Disclosure of confidential information to a student from the Australian National University undertaking the 'Master of Philosophy in Applied Epidemiology' (MAE) who was on work placement with the Communicable Diseases Branch. The information was disclosed to allow the students to contribute to the public health functions and activities undertaken by Queensland Health. Tasks undertaken by the students included data collection, analysis, interpretation of data and response to disease outbreaks. This forms part of the core requirements for the MAE program of study.
Sections 81 and 109 of the PH Act and section 160 of the HHB Act.	Disclosure of confidential information about newly diagnosed acute rheumatic fever (ARF) and rheumatic heart disease (RHD) cases, from the Notifiable Condition System (NoCS) database for the purpose of enrolling patients on the Queensland RHD register. Confidential information disclosed includes details about the diagnosis, notification, treatment and clinical management of ARF and RHD patients.

Human Rights Act 2019

Queensland Health is committed to fulfilling its obligations under the *Human Rights Act 2019 (Qld)* and to building a culture that respects, protects and promotes human rights. Actions taken during the reporting period to further the objects of the Act and foster a human rights culture include:

- Provision of customer complaint information sessions with a focus on human rights reporting and other tailored training delivered across the Department by the Chief Legal Counsel, as the Queensland Health Human Rights Champion.
- Updated the customer complaint management framework and internet content for the Department including in relation to human rights.
- Provided feedback to the reviewer leading the independent review of the Act.
- Formalised the incorporation of a human rights assessment when conducting policy reviews.
- Attendance in professional development sessions/webinars regarding the application and interpretation of the Human Rights Act.
- Ongoing project work in relation to reviewing and updating templates documents to ensure appropriate consideration of human rights in decision-making.
- Provided representation on the Human Rights Interdepartmental Committee and S28 Aboriginal and Torres Strait Islander Cultural Rights Subgroup, led by the Department of Justice.
- The Chief Legal Counsel chaired the Human Rights Network with participants from across the public sector health system.
- Celebrated Human Rights Week 2024.

Human rights complaints

A human rights complaint is an allegation the department failed to act or make a decision in a way that is compatible with human rights (section 58(1)(a) of the Act) or failed to give proper consideration to human rights relevant to a decision (section 58(1)(b) of the Act). In the 2024–25 financial year, the department received 332 complaints that were identified as human rights complaints.

Total number of human rights complaints made to the department in 2024-25:

Total number of human rights complaints identified 2024-25	<ul style="list-style-type: none">• 332
Outcome of complaints	<ul style="list-style-type: none">• 33 required further action.• 233 required no further action.• As at 30 June 2025, 66 human rights complaints remain open open/ongoing including one (1) for conciliation.

The department is committed to resolving all complaints, including human rights complaints. The actions taken to deal with and resolve human rights complaints during the year included providing an explanation, offering an apology, making changes to practices or processes, conciliation, further staff training and local management.

Charter of Victims’ Rights

Victims of violent crime (including domestic, family and sexual violence) have rights that government and non-government agencies must uphold.

The Charter of Victims’ Rights describes the treatment victims should receive from Queensland Government agencies and their officers and funded non-government agencies that provide services to victims of crime. The Charter is contained within the *Victims’ Commissioner and Sexual Violence Review Board Act 2024* (Qld) (the Act).

In accordance with annual reporting requirement the Department publishes data of complaints under the Charter of Victims’ Rights through Queensland Government Open Data Portal in lieu of inclusion in the annual report.

4. Definitions

Acronyms and glossary

Acronym	Definition
BSQ	BreastScreen Queensland
CAA	Council of Ambulance Authorities
CCAP	Cultural Capability Action Plan
CEQ	Clinical Excellence Queensland
CHO	Chief Health Officer
CHQ	Children's Health Queensland
CLE	Centre for Leadership Excellence
COAG	Council of Australian Governments
CPSS	Clinical Planning and Service Strategy Division
CSD	Corporate Services Division
DDG	Deputy Director-General
DG	Director-General
DoH	Department of Health
eHQ	eHealth Queensland
ELT	Executive Leadership Team
ESU	Ethical Standards Unit
FNHO	First Nations Health Office
GAIM	Governance Assurance and Information Management
GP	General Practitioner
HIQ	Health Infrastructure Queensland
HHB	Hospital and Health Board
HHS	Hospital and Health Service
HIU	Healthcare Improvement Unit
HPSP	Healthcare Purchasing and System Performance Division
HR	Human Resources
HRB	Human Resources Branch
HWQld	Health and Wellbeing Queensland
ICT	Information and Communication Technology

Acronym	Definition
ieMR	integrated electronic Medical Record
LGBTIQA+	Lesbian, gay, bisexual, transgender/gender diverse, intersex and queer
MESU	Ministerial and Executive Services Unit
MHAODB	Mental Health Alcohol and Other Drugs Branch
MSQ	Maritime Safety Queensland
NDIS	National Disability Insurance Scheme
NGO	Non-government organisations
NHMRC ELC	National Health and Medical Research Council's Embryo Research Licensing Committee
NRT	Nicotine Replacement Therapy
NSW	New South Wales
OCAHO	Office of the Chief Allied Health Officer
OCDO	Office of the Chief Dental Officer
OCFNHO	Office of the Chief First Nations Health Officer
OCHO	Office of the Chief Health Officer
ODG	Office of the Director-General
ODDG	Office of Deputy Director-General
OHSA	Office of Health Statutory Agencies
PAH	Princess Alexandra Hospital
PHNs	Primary Health Networks
PID	Public Interest Disclosure
PSC	Public Service Commission
PSQ	Patient Safety and Quality
QAO	Queensland Audit Office
QAS	Queensland Ambulance Service
QHLB	Queensland Health Leadership Board

Acronym	Definition
QMPQC	Queensland Maternity and Perinatal Quality Council
QPHaSS	Queensland Public Health and Scientific Services
QPS	Queensland Police Service
RACFs	Residential Aged Care Facilities
RBWH	Royal Brisbane and Women's Hospital
SDLO	System and Department Liaison Officer
SPR	System Performance Reporting
SPRD	Strategy, Policy and Reform Division
SSB	Statistical Services Unit

Summary of requirement		Basis of requirement	Annual report reference
Letter of compliance	A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7	Page 3
Accessibility	Table of contents	ARRs – section 9.1	Page 6
	Glossary		Page 125-126
	Public availability	ARRs – section 9.2	Page 2
	Interpreter service statement	<i>Queensland Government Language Services Policy</i> ARRS – section 9.3	Page 2
	Copyright notice	<i>Copyright Act 1968</i> ARRs – section 9.4	Page 1
	Information licensing	<i>QGEA – Information Licensing</i> ARRs – section 9.5	Page 1
General information	Introductory information	ARRs – section 10	Page 9
Non-financial performance	Government's objectives for the community and whole-of-Government plans/specific initiatives	ARRs – section 11.1	Page 10
	Agency objectives and performance indicators	ARRs – section 11.2	Page 33
	Agency service areas and service standards	ARRs – section 11.3	Page 63
Financial performance	Summary of financial performance	ARRs – section 12.1	Page 33
Governance – management and structure	Organisational structure	ARRs – section 13.1	Page 11
	Executive management	ARRs – section 13.2	Page 92
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3	Page 94
	Public Sector Ethics	Public Sector Ethics Act 1994 ARRs – section 13.4	Page 32
	Human Rights	Human Rights Act 1994 ARRs – section 13.5	Page 124
	Queensland public service values	ARRs – section 13.6	Page 9
Governance – risk management and accountability	Risk management	ARRs – section 14.1	Page 109
	Audit committee	ARRs – section 14.2	Page 95
	Internal audit	ARRs – section 14.3	Page 111
	External scrutiny	ARRs – section 14.4	Page 109
	Information systems and recordkeeping	ARRs – section 14.5	Page 111
	Information security attestation	ARRs – section 14.6	Page 112
Governance – human resources	Strategic workforce planning and performance	ARRs – section 15.1	Page 29
	Early retirement, redundancy and retrenchment	Directive No. 04/18 Early Retirement, Redundancy and Retrenchment ARRs – section 15.2	Page 29

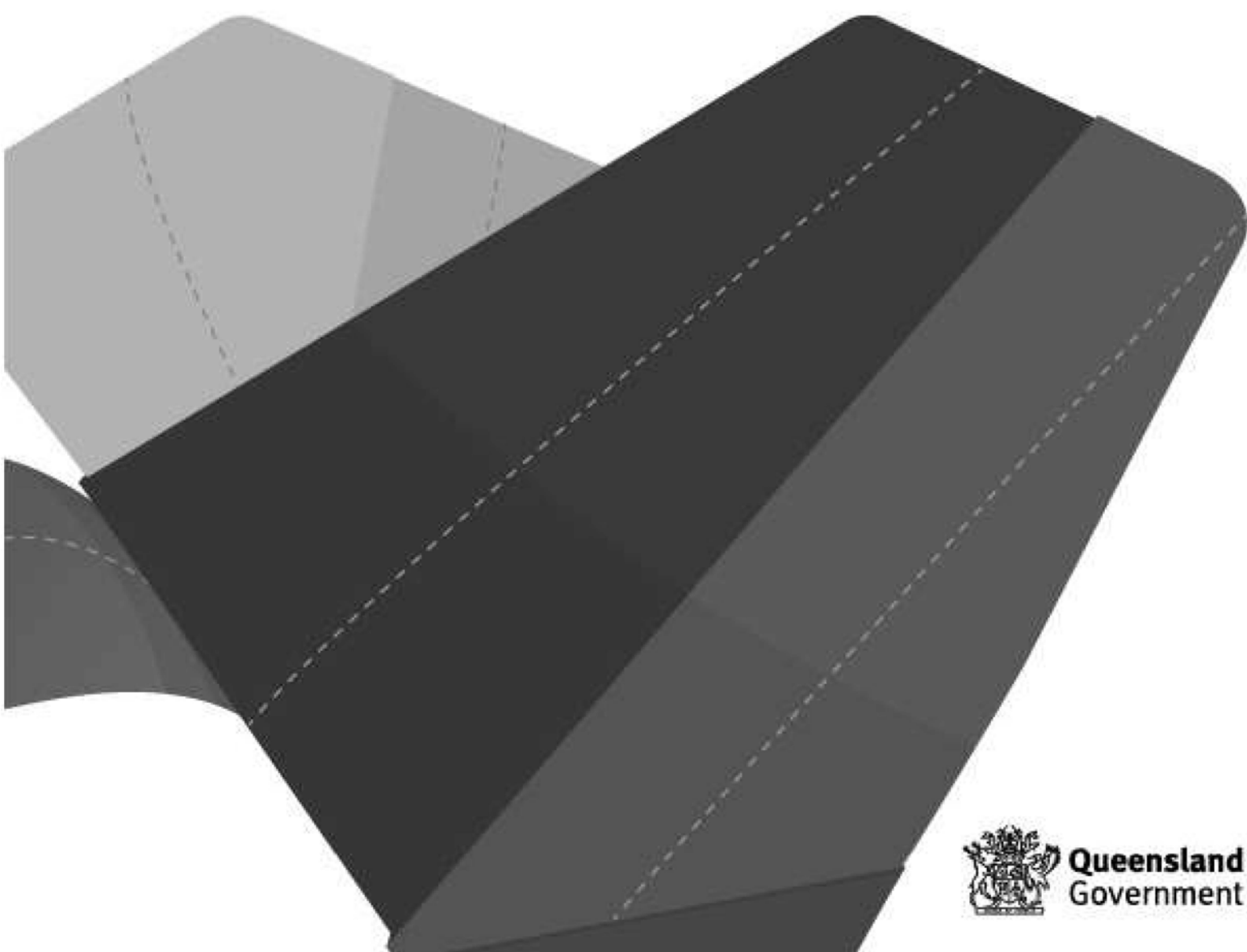
Open data	Statement advising publication of information	ARRs – section 16	Page 2
	Consultancies	ARRs – section 31.1	https://data.qld.gov.au
	Overseas travel	ARRs – section 31.2	https://data.qld.gov.au
	Charter of Victims' Rights	ARRs – section 31.4 <i>VCSVRB Act 2024</i>	https://data.qld.gov.au
	Queensland Language Services Policy	ARRs – section 31.3	https://data.qld.gov.au
Financial statements	Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	Page 129
	Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	Page 167

FAA *Financial Accountability Act 2009*
FPMS *Financial and Performance Management Standard 2019*
ARRs *Annual report requirements for Queensland Government agencies*

5. Financial Statements 30 June 2025

Department of Health

Financial Statements - 30 June 2025



Queensland
Government

Department of Health

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For the year ended 30 June 2025

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General Information

Department of Health (the Department) is a Queensland Government department established under the *Public Sector Act 2022* and its registered trading name is Queensland Health.

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

The head office and principal place of business of the Department is:

1 William Street
Brisbane
Queensland 4000

For information in relation to the Department's financial statements, email FIN_Corro@health.qld.gov.au or visit the Department of Health website at <http://www.health.qld.gov.au>.

Department of Health

Statement of comprehensive income

For the year ended 30 June 2025

	Note	2025 \$'000	Adjusted Budget* 2025 \$'000	2024 \$'000	Ref**	Actual vs budget variance \$'000
REVENUE						
Appropriation revenue	2	17,665,323	17,171,189	16,608,381	i.	494,134
User charges	3	2,636,068	2,270,459	2,548,904	ii.	365,609
Labour recoveries	3	13,367,240	12,762,036	12,176,556		605,204
Grants and other contributions	3	7,315,914	7,279,923	7,010,637		35,991
Other revenue	3	61,313	30,344	56,665	iii.	30,969
Share of gain from associates	22	8,181	-	2,883		8,181
Interest revenue		6,894	360	6,494		6,534
TOTAL REVENUE		41,060,933	39,514,311	38,410,520		1,546,622
EXPENSES						
Employee expenses	4	(15,936,547)	(15,270,726)	(14,538,837)	iv.	(665,821)
Supplies and services	7	(2,773,567)	(2,513,382)	(2,630,501)	v.	(260,185)
Health services	8	(22,686,351)	(21,358,623)	(20,983,302)	vi.	(1,327,728)
Grants and subsidies	9	(57,420)	(135,865)	(73,145)	vii.	78,445
Depreciation and amortisation	16, 17, 18	(166,046)	(177,215)	(160,595)		11,169
Net impairment losses on financial and contract assets		(8,124)	(3,720)	(17,103)	viii.	(4,404)
Other expenses	10	(121,987)	(54,780)	(29,959)	ix.	(67,207)
TOTAL EXPENSES		(41,750,042)	(39,514,311)	(38,433,442)		(2,235,731)
SURPLUS/(DEFICIT) FOR THE YEAR		(689,109)	-	(22,922)		(689,109)
OTHER COMPREHENSIVE INCOME						
Items that will not be reclassified subsequently to surplus/deficit						
Increase/(decrease) in asset revaluation surplus	21	60,460	-	76,869		60,460
OTHER COMPREHENSIVE INCOME FOR THE YEAR		60,460	-	76,869		60,460
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		(628,649)	-	53,947		(628,649)

* Original budget adjusted for Machinery of Government (MoG) function transfers relating to Office for Women and Queensland Ambulance Service ICT (details of these transfers are outlined in Note 1).

** This relates to Actual vs budget comparison commentary section (page 6).

Department of Health

Statement of financial position

As at 30 June 2025

	Note	2025 \$'000	Adjusted Budget* 2025 \$'000	2024 \$'000	Ref**	Actual vs budget variance \$'000
ASSETS						
<i>Current Assets</i>						
Cash and cash equivalents	12	1,524,580	375,002	428,931	x.	1,149,578
Loans and receivables	14	2,378,910	1,926,912	2,765,166	xi.	451,998
Inventories	15	216,939	190,588	211,849	xii.	26,351
Prepayments		109,295	84,606	71,564	xiii.	24,689
Other assets		43,886	-	927	xiv.	43,886
TOTAL CURRENT ASSETS		4,273,610	2,577,108	3,478,437		1,696,502
<i>Non-current Assets</i>						
Loans and receivables	14	109,571	73,455	108,533	xv.	36,116
Property, plant and equipment	16	2,963,939	3,210,546	2,216,791		(246,607)
Right-of-use assets	17	22,212	18,448	19,716		3,764
Intangibles	18	262,290	270,584	281,125		(8,294)
Interests in associates	22	80,488	69,425	72,307	xvi.	11,063
Other assets		30,377	-	75,464	xvii.	30,377
TOTAL NON-CURRENT ASSETS		3,468,877	3,642,458	2,773,936		(173,581)
TOTAL ASSETS		7,742,487	6,219,566	6,252,373		1,522,921
LIABILITIES						
<i>Current Liabilities</i>						
Payables	19	1,768,842	540,831	1,830,812	xviii.	1,228,011
Accrued employee benefits	20	1,472,728	1,548,578	1,344,806		(75,850)
Lease liabilities	17	3,714	1,967	4,187		1,747
Other liabilities		2,829	1,914	1,550		915
TOTAL CURRENT LIABILITIES		3,248,113	2,093,290	3,181,355		1,154,823
<i>Non-current Liabilities</i>						
Lease liabilities	17	58,388	56,703	56,306		1,685
Other liabilities		1,578	-	-		1,578
TOTAL NON-CURRENT LIABILITIES		59,966	56,703	56,306		3,263
TOTAL LIABILITIES		3,308,079	2,149,993	3,237,661		1,158,086
NET ASSETS		4,434,408	4,069,573	3,014,712		364,835
EQUITY						
Contributed equity		3,307,860		1,259,518		
Asset revaluation surplus	21	454,269		411,162		
Retained surpluses		672,279		1,344,032		
TOTAL EQUITY		4,434,408	4,069,573	3,014,712	xix.	364,835

* Original budget adjusted for Machinery of Government (MoG) function transfers relating to Office for Women and Queensland Ambulance Service ICT (details of these transfers are outlined in Note 1).

** This relates to Actual vs budget comparison commentary section (page 6).

Department of Health

Statement of changes in equity

For the year ended 30 June 2025

	Contributed equity \$'000	Asset revaluation surplus \$'000	Retained surpluses \$'000	Total equity \$'000
BALANCE AT 1 JULY 2024	1,259,518	411,162	1,344,032	3,014,712
Surplus/(deficit) for the year	-	-	(689,109)	(689,109)
Increase/(decrease) in asset revaluation surplus	-	60,460	-	60,460
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	-	60,460	(689,109)	(628,649)

Transactions with owners in their capacity as owners:

Equity injections	3,274,147	-	-	3,274,147
Equity withdrawals	(1,262,953)	-	-	(1,262,953)
HHS equity transfers*	418,723	-	-	418,723
Reclassification between equity classes	-	(17,353)	17,353	-
Net assets transferred to the Queensland Police Service	(7,315)	-	-	(7,315)
Net assets transferred from the Queensland Police Service (refer Note 1)	839	-	-	839
Net assets transferred to the Department of Justice (refer Note 1)	(3,966)	-	-	(3,966)
Net assets transferred to the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism (refer Note 1)	(712)	-	-	(712)
Net assets transferred from/(to) HHSs	(370,421)	-	-	(370,421)
Other equity adjustments	-	-	3	3
BALANCE AT 30 JUNE 2025	3,307,860	454,269	672,279	4,434,408

	Contributed equity \$'000	Asset revaluation surplus \$'000	Retained surpluses \$'000	Total equity \$'000
BALANCE AT 1 JULY 2023	779,254	368,198	1,333,051	2,480,503
Surplus/(deficit) for the year	-	-	(22,922)	(22,922)
Increase/(decrease) in asset revaluation surplus	-	76,869	-	76,869
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	-	76,869	(22,922)	53,947

Transactions with owners in their capacity as owners:

Equity injections	1,808,355	-	-	1,808,355
Equity withdrawals	(1,074,053)	-	-	(1,074,053)
HHS equity transfers*	242,550	-	-	242,550
Reclassification between equity classes	-	(33,905)	33,905	-
Net assets transferred from/(to) HHSs	(496,588)	-	-	(496,588)
Other equity adjustments	-	-	(2)	(2)
BALANCE AT 30 JUNE 2024	1,259,518	411,162	1,344,032	3,014,712

Material accounting policies

Non-exchange transfers of assets and liabilities between wholly owned Queensland State Public Sector entities as a result of Machinery-of-Government (MoG) changes are adjusted to contributed equity in accordance with Interpretation 1038 *Contributions by Owners Made to Wholly Owned Public Sector Entities*. Appropriations for equity adjustments are similarly designated. Refer Note 1 for further details regarding listed MoG changes.

* Hospital and Health Services (HHSs) are independent statutory bodies and equity injections should not be taken to indicate control or ownership by the Department. HHS equity transfers represent equity withdrawals for reimbursements of a capital nature, offset by injections mainly relating to depreciation funding.

Department of Health

Statement of cash flows

For the year ended 30 June 2025

	Note	2025 \$'000	Adjusted budget* 2025 \$'000	2024 \$'000	Ref**	Actual vs budget variance \$'000
CASH FLOWS FROM OPERATING ACTIVITIES						
<i>Inflows</i>						
Appropriation revenue receipts		18,375,029	17,170,960	16,064,280	xx.	1,204,069
User charges		2,409,605	2,201,688	2,135,288	xxi.	207,917
Labour recoveries		13,311,485	12,762,036	12,378,683		549,449
Grants and other contributions		7,165,465	7,167,352	7,034,773		(1,887)
GST collected from customers		14,642	13,233	12,745		1,409
GST input tax credits		520,215	381,443	457,243		138,772
Other revenue		65,988	33,285	35,567	xxii.	32,703
Payroll loans and advances recoveries		12,591	3,080	12,019		9,511
<i>Outflows</i>						
Employee expenses		(15,829,935)	(15,185,849)	(14,790,162)		(644,086)
Supplies and services		(2,420,224)	(2,406,328)	(2,127,479)		(13,896)
Health services		(21,359,031)	(21,358,623)	(19,930,687)		(408)
Grants and subsidies		(57,420)	(135,865)	(73,145)	xxiii.	78,445
GST paid to suppliers		(525,213)	(381,443)	(456,786)		(143,770)
GST remitted		(13,815)	(13,233)	(13,143)		(582)
Other expenses		(48,872)	(47,448)	(42,138)		(1,424)
Payroll loans and advances		(27,080)	-	(26,729)		(27,080)
Cash recoupment from HHSs/(payments made on behalf of HHSs)		(51,645)	-	25,256	xxiv.	(51,645)
NET CASH FROM/(USED BY) OPERATING ACTIVITIES	11	1,541,785	204,288	695,585		1,337,497
CASH FLOWS FROM INVESTING ACTIVITIES						
<i>Inflows</i>						
Proceeds from sale of property, plant and equipment		83	1,659	60		(1,576)
<i>Outflows</i>						
Payments for property, plant and equipment		(1,258,747)	(2,103,961)	(896,209)	xxv.	845,214
Payments for intangibles		(24,646)	(28,090)	(32,043)		3,444
NET CASH FROM/(USED BY) INVESTING ACTIVITIES		(1,283,310)	(2,130,392)	(928,192)		847,082
CASH FLOWS FROM FINANCING ACTIVITIES						
<i>Inflows</i>						
Equity injections***		2,964,507	3,089,146	1,838,984	xxvi.	(124,639)
<i>Outflows</i>						
Equity withdrawals***		(2,122,399)	(1,142,970)	(1,875,966)	xxvii.	(979,429)
Lease principal payments		(4,483)	(1,821)	(3,332)		(2,662)
NET CASH FROM/(USED BY) FINANCING ACTIVITIES		837,625	1,944,355	(40,314)		(1,106,730)
NET INCREASE/(DECREASE) IN CASH HELD		1,096,100	18,251	(272,921)		1,077,849
Cash and cash equivalents at the beginning of the financial year		428,931	360,075	701,852		68,856
Cash transfers from restructure		(451)	(3,324)	-		2,873
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	12	1,524,580	375,002	428,931		1,149,578

* Original budget adjusted for Machinery of Government (MoG) function transfers relating to Office for Women and Queensland Ambulance Service ICT (details of these transfers are outlined in Note 1).

** This relates to Actual vs budget comparison commentary section (page 6)

*** Details of the Department's change in liability for equity withdrawals payable/receivable are outlined in Note 2.

The accompanying notes form part of these statements.

Department of Health

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Actual vs budget comparison

Statement of Comprehensive Income

i. The \$494.1M variance in Appropriation revenue is primarily driven by additional funding reclassifications from capital in nature to operating (\$517.1M), increased State funding for non-recurrent initiatives (\$188.9M), and additional depreciation funding (\$114.5M). These increases were partially offset by unspent funding deferred from 2024-25 (\$306.3M) including Mental Health Levy (\$95.9M), Procurement and Supply Chain Optimisation and Data Enhancement (\$37.1M), Institute for Urban Indigenous Health (\$34.1M), Surgery Connect (\$32.5M), Prisoner Health (\$28.5M) and Enterprise Bargaining (\$16.9M).

ii. The \$365.6M variance in User charges is mainly due to higher than budgeted Sale of goods and services (\$298.9M) and Hospital fees (\$68.8M). The increase in Sale of goods and services is largely driven by higher recoveries from Hospital and Health Services for ICT services including application levies, telecommunication costs, and computer equipment (\$136.7M), reflecting increased demand and user growth. Other contributors include cross-border fee revenue recovered from other jurisdictions (\$90.6M) and increased recoveries due to higher pharmaceutical supply (\$41.4M), both attributed to increased demand for health services across the State. The Hospital fees' variance is mainly due to additional Department of Veteran Affairs (DVA) funding received relating both to prior years and also for increased activity in the current year (\$38.5M) and cross-border revenue collected relating to prior years (\$15.5M).

iii. The \$31.0M variance in Other revenue is mainly due to higher reimbursements (\$16.6M) received for Australian Health Practitioner Management and Mental Health and Wellbeing initiatives; grant returns from not-for-profit organisations (\$6.7M), which were driven mainly due to prior year underspends in the Community-based Palliative Care program and ICT services project revenue (\$4.4M) aimed at improving system efficiency and patient safety. These exceeded future period estimates which were made at the time of the budget.

iv. The \$665.8M variance in Employee expenses is due to a combination of salary and wage increases per agreed Enterprise Bargaining Agreements of between 3 and 4 per cent and growth in HHS Full Time Equivalents (FTEs) over the course of the year, fully offset by Labour recoveries. HHS FTEs increased by 5,313, predominantly due to an increase in activity demand, driven by factors such as population growth in Queensland of approximately 2 per cent.

v. The \$260.2M variance in Supplies and services is primarily due to timing differences associated with higher ICT capital program funding reclassified from capital in nature to operating (\$171.1M), increased contractor costs (\$22.9M), increased drug expenditure for growth in vaccination programs (\$20.3M), increases in expenditure related to repairs and maintenance (\$16.9M), and general increase to clinical external services (\$12.0M). These increases largely reflect higher demand for clinical and health services across the State due to population growth in Queensland, rising inflation, and skills shortages across the clinical workforce which increase locum costs.

vi. The \$1.3B variance in Health services is mainly due to additional funding provided to HHSs and the Mater Hospital through in-year Service Agreement amendments to deliver additional activity and services, in order to meet increased demand in health services'. There was also additional investment made in the Surgery Connect Program to ease pressure on elective surgery waiting lists and extending capacity across South-East Queensland during the winter season.

vii. The \$78.4M variance in Grants and subsidies expense is mainly due to the further winding up of the provision of COVID-19 related public health programs, both State and Commonwealth, in private hospitals during the year that had been budgeted for in 2024-25.

viii. The \$4.4M variance in Impairment losses is mainly due to unrecoverable debts not provided for in the budget, including patient treatments and transport costs driven by increased Queensland Ambulance Services (QAS) demand (\$3.1M), and Financial Viability Payments not recoverable from private hospitals and health services (\$1.0M).

ix. The \$67.2M variance in Other expenses is primarily due to the impairment of previously capitalised costs (\$75.2M) for multiple capital projects, following the independent review and assessment undertaken in 2024-25 on the future of the Capital Expansion Program and related capital projects.

Statement of Financial Position

x. The \$1.1B variance in Cash and cash equivalents is primarily driven by actual net cash from operating activities (\$1.5B), being \$1.3B greater than budgeted; cash outflows used by investing activities (\$1.3B), being \$847.1M less than budgeted; and net cash inflows from financing activities (\$837.6M), being \$1.1B less than budgeted. Refer to the Statement of Cash Flows commentary (page 7) for further details.

xi. The \$452.0M variance in Loans and receivables (Current) is predominately due to Receivables from HHSs (\$1.3B) and Appropriation receivables (\$253.9M), offset by a lower than budgeted Trade receivables (\$1.1B) balance. The detailed allocation between the receivable categories was not able to be accounted for at the time of the budget.

xii. The \$26.4M variance in Inventories is primarily attributable to a reduction in the provision for stock obsolescence, driven by improved stock management practices including more effective vaccine utilisation, and reduced write-offs from lower stock wastage.

xiii. The \$24.7M variance in Prepayments relates to higher than expected prepaid expenditure recognised during the year, compared to future period estimates that were made at the time of the budget.

xiv. The \$43.9M variance in Other assets (Current) is mainly due to the advance payment made to Mater Misericordiae Ltd (\$43.2M) as a capital contribution towards the public portion of their Springfield Stage 2 development, not accounted for at the time of the budget.

xv. The \$36.1M variance in Loans and receivables (Non-current) is primarily due to higher payroll-related receivables than estimated at the time of the budget, largely

Department of Health

Notes to and forming part of the financial statements

For the year ended 30 June 2025

driven by timing differences and the unavailability of actual data during budget preparation.

xvi. The \$11.1M variance in Interests in associates is mainly due to a higher than expected increase in the share of profit recognised from the Translational Research Institute Trust (TRI) for the year.

xvii. The \$30.4M variance in Other assets (Non-current) is primarily due to advance payments made after budget finalisation, including the Brisbane Airport Corporation Aeromedical Hub lease (\$17.5M) and the reclassification of certain prepayments from current to non-current (\$12.8M).

xviii. The \$1.2B variance in Payables is primarily driven by Appropriation payables of (\$757.4M), HHS service payables (\$229.1M), PAYG withholdings (\$186.0M), which were not known at the time of the budget.

xix. The \$364.8M variance in Total Equity is mainly due to changes in the timing and nature of funding related to capital program, additional funding provided for the Sustaining Capital Programs, and exchanges in funds between HHSs and the Department for depreciation and operating expenses.

Statement of Cash Flows

xx. The \$1.2B variance in Appropriation revenue is predominantly due to funding reclassified from capital in nature to operating for the Capital Acquisition Plan (\$607.0M) and eHealth ICT projects (\$302.8M), additional depreciation funding (\$149.7M), additional State funding for the Better Care Program (\$109.0M), Elective Surgery Surge (\$100.0M), and Supporting Older Australians (\$42.5M). These are partly offset by timing adjustments for various activities including clinical and frontline programs (\$142.2M).

xxi. The \$207.9M variance in User charges is mainly due to Sale of goods and services and Hospital fees. The increase in Sales of goods and services (\$138.7M) is due to higher recoveries from HHSs for applications, telecommunications, and computer equipment, as well as an increase in pharmacy recoveries. The Hospital fees variance (\$71.2M) was predominantly due to the recovery of additional DVA funding and cross border fee revenue from another jurisdiction relating to prior years.

xxii. The \$32.7M variance in Other revenue is mostly driven by additional recoveries and reimbursements (\$19.6M) relating to the prior year funding for the Australian Health Practitioner Management and Mental Health and Wellbeing initiatives, and additional grants returned (\$13.2M) relating to underspent prior year funding for the Community-based Palliative Care program.

xxiii. The \$78.4M variance in Grants and subsidies is mainly due to the further winding up of the provision of COVID-19 related public health programs, both State and Commonwealth, in private hospitals during the year than had been budgeted for in 2024-25.

xxiv. The \$51.6M variance in Cash recoupment from HHSs is due to this amount not being known at the time of the budget.

xxv. The \$845.2M variance for Property, plant and equipment is mainly due to changes in the timing and the nature of funding provided for the Department's capital program.

xxvi. The \$124.6M variance in Equity injections is mainly owing to lower actuals than budget due to the difference in the treatment of depreciation funding, offset by additional equity received from Queensland Treasury to cover departmental liquidity exposure resulting from additional expenditure.

xxvii. The \$979.4M variance in Equity withdrawals is mainly due to HHS non appropriated equity transfers relating to capital reimbursement of delivery performed by HHSs on capital programs of \$837.5M.

Department of Health

Statement of comprehensive income by major departmental services

For the year ended 30 June 2025

	Inpatient Care				Emergency Care				Mental Health and Alcohol and Other Drug Services				Outpatient Care				Sub and Non-Acute Care				Prevention, Primary and Community Care				Office for Women*				Ambulance Services				Inter Service/Unit Eliminations				Total Major Departmental Services			
	2025	2024	\$'000	\$'000	2025	2024	\$'000	\$'000	2025	2024	\$'000	\$'000	2025	2024	\$'000	\$'000	2025	2024	\$'000	\$'000	2025	2024	\$'000	\$'000	2025	2024	\$'000	\$'000	2025	2024	\$'000	\$'000	2025	2024	\$'000	\$'000				
REVENUE																																								
Appropriation revenue	7,595,497	7,385,143	1,639,986	1,686,941	1,646,564	1,503,147	2,252,488	1,923,807	924,436	811,309	2,293,358	2,093,128	2,171	7,096	1,310,823	1,197,810	-	-	17,665,323	16,608,381																				
User charges	1,206,844	1,203,269	260,576	274,855	261,622	244,909	357,897	313,448	146,883	132,187	364,390	341,035	-	-	61,571	61,972	(23,715)	(22,771)	2,636,068	2,548,904																				
Labour recoveries	6,208,951	5,838,008	1,340,609	1,333,539	1,345,987	1,188,248	1,841,301	1,520,783	755,682	641,346	1,874,710	1,654,632	-	-	-	-	-	-	13,367,240	12,176,556																				
Grants and other contributions	3,326,245	3,283,741	718,188	750,084	721,069	668,361	986,417	855,405	404,832	360,742	1,143,926	1,076,882	5	337	15,232	15,085	-	-	7,315,914	7,010,637																				
Other revenue	27,411	26,076	5,919	5,956	5,942	5,307	8,129	6,793	3,336	2,865	8,277	7,390	5	4	2,293	2,274	-	-	61,313	56,665																				
Share of gain from associates	3,873	1,280	534	211	744	257	733	240	250	161	2,047	734	-	-	-	-	-	-	8,181	2,883																				
Interest revenue	3,202	3,114	691	711	694	634	950	811	390	342	967	882	-	-	-	-	-	-	6,894	6,494																				
TOTAL REVENUE	18,372,024	17,740,632	3,966,503	4,052,297	3,982,622	3,610,863	5,447,915	4,621,287	2,235,809	1,948,952	5,687,675	5,174,683	2,181	7,437	1,389,919	1,277,140	(23,715)	(22,771)	41,060,933	38,410,520																				

EXPENSES

Employee expenses	7,023,663	6,567,085	1,500,283	1,487,627	1,506,516	1,318,925	2,060,611	1,696,507	842,935	724,614	1,903,816	1,727,793	358	1,198	1,098,364	1,015,087	-	-	15,936,547	14,538,837																					
Supplies and services	1,220,862	1,156,694	225,846	237,673	251,556	232,328	310,190	271,042	120,896	133,839	449,747	426,746	820	1,403	217,363	193,547	(23,715)	(22,771)	2,773,567	2,630,501																					
Health services	10,401,285	10,033,448	2,308,436	2,334,924	2,256,562	2,015,057	3,170,594	2,662,778	1,311,864	1,091,268	3,225,313	2,834,927	-	3,545	12,297	7,355	-	-	22,686,351	20,983,302																					
Grants and subsidies	38	48	5	8	30,172	48,118	7	9	2	6	25,912	24,923	937	-	347	33	-	-	57,420	73,145																					
Depreciation and amortisation	54,155	50,393	7,466	8,299	10,405	10,123	10,254	9,464	3,491	6,355	28,630	28,920	-	-	51,645	47,041	-	-	166,046	160,595																					
Net impairment losses on financial and contract assets	2,356	5,711	325	941	453	1,147	446	1,073	152	720	1,246	3,278	-	-	3,146	4,233	-	-	8,124	17,103																					
Other expenses	54,729	8,726	7,587	1,473	10,529	1,751	10,421	1,679	3,557	1,092	28,788	4,836	36	609	6,341	9,793	-	-	121,987	29,959																					
TOTAL EXPENSES	18,757,089	17,822,106	4,049,948	4,070,945	4,066,193	3,627,449	5,562,524	4,642,552	2,282,897	1,957,894	5,663,452	5,051,423	2,151	6,755	1,389,503	1,277,089	(23,715)	(22,771)	41,750,042	38,433,442																					

(DEFICIT)/SURPLUS FOR THE YEAR

	(385,065)	(81,474)	(83,445)	(18,648)	(83,571)	(16,586)	(114,609)	(21,265)	(47,088)	(8,942)	24,223	123,260	30	682	416	51	-	-	(689,109)	(22,922)																					
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ITEMS THAT WILL NOT BE RECLASSIFIED SUBSEQUENTLY TO SURPLUS/DEFICIT

Increase/(decrease) in asset revaluation surplus	15,294	20,805	2,108	3,426	2,939	4,179	2,896	3,907	986	2,624	8,086	11,940	-	-	28,151	29,988	-	-	60,460	76,869																					
OTHER COMPREHENSIVE INCOME	15,294	20,805	2,108	3,426	2,939	4,179	2,896	3,907	986	2,624	8,086	11,940	-	-	28,151	29,988	-	-	60,460	76,869																					
TOTAL COMPREHENSIVE INCOME	(369,771)	(60,669)	(81,337)	(15,222)	(80,632)	(12,407)	(111,713)	(17,358)	(46,102)	(6,318)	32,309	135,200	30	682	28,567	30,039	-	-	(628,649)	53,947																					

* The Office for Women was transferred out to the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism as a result of a Machinery-of-Government change effective 1 November 2024.

The accompanying notes form part of these statements.

Department of Health

Statement of assets and liabilities by major departmental services

As at 30 June 2025

	Mental Health and Alcohol and Other Drug Services												Sub and Non-Acute Care				Prevention, Primary and Community Care				Office for Women*				Inter Service/Unit Eliminations				Total Major Departmental Services			
	Inpatient Care		Emergency Care		Drug Services		Outpatient Care		Care		Prevention, Primary and Community Care		Women*		Ambulance Services		Eliminations		Services		Total											
	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024				
CURRENT ASSETS	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000				
Cash and cash equivalents	658,014	156,703	142,075	35,796	142,645	31,895	195,138	40,821	80,086	17,215	198,678	44,415	-	706	107,944	101,380	-	-	1,524,580	428,931												
Loans and receivables	1,089,094	1,308,035	235,152	298,786	236,096	266,233	322,977	340,739	132,552	143,697	328,837	370,729	-	-	43,283	46,643	(9,081)	(9,696)	2,378,910	2,765,166												
Inventories	100,766	101,571	21,757	23,201	21,844	20,673	29,883	26,459	12,264	11,158	30,425	28,787	-	-	-	-	-	-	216,939	211,849												
Prepayments	48,182	32,674	10,403	7,464	10,445	6,651	14,289	8,512	5,864	3,590	14,548	9,261	-	-	5,564	3,412	-	-	109,295	71,564												
Other assets	20,385	444	4,401	102	4,419	90	6,045	116	2,481	49	6,155	126	-	-	-	-	-	-	43,886	927												
TOTAL CURRENT ASSETS	1,916,441	1,599,427	413,788	365,349	415,449	325,542	568,332	416,647	233,247	175,709	578,643	453,318	-	706	156,791	151,435	(9,081)	(9,696)	4,273,610	3,478,437												
NON-CURRENT ASSETS																																
Loans and receivables	50,896	52,037	10,989	11,886	11,033	10,591	15,093	13,555	6,194	5,716	15,367	14,748	-	-	-	-	-	-	109,571	108,533												
Interests in associates	37,386	34,667	8,072	7,919	8,105	7,056	11,087	9,031	4,550	3,808	11,288	9,826	-	-	-	-	-	-	80,488	72,307												
Property, plant and equipment	978,753	703,450	211,328	160,685	212,176	143,178	290,255	183,247	119,123	77,279	295,521	199,375	-	-	856,783	749,577	-	-	2,963,939	2,216,791												
Right-of-use-assets	9,639	9,454	2,081	2,159	2,089	1,924	2,858	2,462	1,173	1,038	2,910	2,679	-	-	1,462	-	-	-	22,212	19,716												
Intangibles	121,186	134,033	26,166	30,616	26,271	27,281	35,939	34,915	14,749	14,724	36,591	37,988	-	-	1,388	1,568	-	-	262,290	281,125												
Other assets	14,110	36,181	3,047	8,265	3,059	7,364	4,184	9,425	1,717	3,975	4,260	10,254	-	-	-	-	-	-	30,377	75,464												
TOTAL NON-CURRENT ASSETS	1,211,970	969,822	261,683	221,530	262,733	197,394	359,416	252,635	147,506	106,540	365,937	274,870	-	-	859,633	751,145	-	-	3,468,877	2,773,936												
TOTAL ASSETS	3,128,410	2,569,249	675,471	586,879	678,182	522,936	927,748	669,282	380,753	282,249	944,580	728,188	-	706	1,016,424	902,580	(9,081)	(9,696)	7,742,487	6,252,373												
CURRENT LIABILITIES																																
Payables	792,590	856,851	171,132	195,725	171,820	174,401	235,047	223,207	96,465	94,132	239,312	242,852	-	-	71,558	53,338	(9,081)	(9,696)	1,768,842	1,830,812												
Accrued employee benefits	657,215	620,351	141,903	141,703	142,472	126,264	194,901	161,600	79,989	68,150	198,437	175,823	-	24	57,812	50,891	-	-	1,472,728	1,344,806												
Lease liabilities	1,540	2,006	332	459	333	409	456	523	187	221	464	569	-	-	402	-	-	-	3,714	4,187												
Other liabilities	1,303	743	282	170	283	151	387	193	159	82	394	210	-	-	21	1	-	-	2,829	1,550												
TOTAL CURRENT LIABILITIES	1,452,647	1,479,951	313,649	338,057	314,908	301,225	430,791	385,523	176,800	162,585	438,607	419,454	-	24	129,793	104,230	(9,081)	(9,696)	3,248,113	3,181,355												
NON-CURRENT LIABILITIES																																
Lease liabilities	26,596	26,996	5,743	6,166	5,766	5,495	7,888	7,032	3,237	2,966	8,031	7,651	-	-	1,127	-	-	-	58,388	56,306												
Other liabilities	733	-	158	-	159	-	217	-	89	-	221	-	-	-	-	-	-	-	1,578	-												
TOTAL NON-CURRENT LIABILITIES	27,330	26,996	5,901	6,166	5,925	5,495	8,105	7,032	3,326	2,966	8,252	7,651	-	-	1,127	-	-	-	59,966	56,306												
TOTAL LIABILITIES	1,479,977	1,506,947	319,550	344,223	320,833	306,720	438,896	392,555	180,126	165,551	446,859	427,105	-	24	130,920	104,230	(9,081)	(9,696)	3,308,079	3,237,661												
NET ASSETS	1,648,433	1,062,302	355,921	242,655	357,349	216,216	488,852	276,727	200,627	116,698	497,721	301,082	-	682	885,504	798,350	-	-	4,434,408	3,014,712												

* The Office for Women was transferred out to the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism as a result of a Machinery-of-Government change effective 1 November 2024.

The accompanying notes form part of these statements.

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Major services

Material accounting policies

The revenue and expenses of the Department's corporate services are allocated based on the services they primarily support. These are included in the Statement of comprehensive income by major departmental services.

There were seven major health services delivered by the Department of Health. These support the Department's planning priorities as articulated in the *Department of Health Strategic Plan 2025-2029* and support investment decision making based on the health continuum. In addition to the health services, an additional major service was delivered by Department of Health to the community through the Office for Women. The identity and purpose of each service is summarised as follows:

Inpatient Care

Aims to provide safe, timely, appropriately accessible, patient centred care that maximises the health outcomes of patients. A broad range of services are available to patients under a formal admission process and can refer to care provided in hospital and/or in a patient's home.

Emergency Care

Aims to minimise early mortality and complications through diagnosing and treating acute and urgent illness and injury. This major service is provided by a wide range of facilities and providers from remote nurse run clinics, general practices, retrieval services, through to Emergency Departments.

Mental Health and Alcohol and Other Drug Services

Aims to promote the mental health of the community, prevent the development of mental health problems, and address the harms arising from the use of alcohol and other drugs. This service aims to provide timely access to safe, high quality assessment and treatment services.

Outpatient Care

Aims to deliver coordinated care, clinical follow-up, and appropriate discharge planning throughout the patient journey. Outpatient services are examinations, consultations, treatments or other services provided to patients who are not currently admitted to hospital that require specialist care. Outpatient services also provide associated allied health services (such as physiotherapy) and diagnostic testing.

Sub and Non-Acute Care

Aims to optimise patients functioning and quality of life and comprises rehabilitation care, palliative care, geriatric evaluation and management care, psychogeriatric care and maintenance care.

Prevention, Primary and Community Care

Aims to prevent illness and injury, addresses health problems or risk factors, and protects the good health and wellbeing of Queenslanders. Services include health promotion, illness prevention, disease control, immunisation, screening, oral health services, environmental health, research, advocacy and community development, allied health, assessment and care planning.

Ambulance Services

Aims to provide timely and quality ambulance services which meet the needs of the Queensland community and includes emergency and non-urgent patient care, routine pre-hospital patient care and casualty room services, patient transport, community education and awareness programs and community first aid training. The Queensland Ambulance Service continues to operate under its own corporate identity.

Office for Women

Aims to collaborate with other agencies, to progress a range of initiatives to improve women's economic security. This comprises a range of new programs supporting women into employment and working across government and strengthening gender analysis as part of policy and program development. The Office was transferred to the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism effective 1 November 2024.

Note 1. Material accounting policies

This note provides a list of the material accounting policies adopted in the preparation of these financial statements to the extent they are not disclosed in any of the specific notes that follow this note. These policies have been consistently applied to all the years presented, unless otherwise stated.

Statement of compliance

These general-purpose financial statements have been prepared in compliance with section 38 of the *Financial and Performance Management Standard 2019* and in accordance with Australian Accounting Standards and Interpretations applicable to the Department's not-for-profit entity status. The financial statements comply with Queensland Treasury's financial reporting requirements and authoritative pronouncements for reporting periods beginning on or after 1 July 2024.

Services provided free of charge or for a nominal value

The Department provides free corporate services to Hospital and Health Services (HHSs). These services include payroll, accounts payable and banking. The 2024-25 fair value of these services is estimated to be \$160.2M (\$142.4M for 2023-24) for payroll and \$9.8M (\$9.4M for 2023-24) for banking and accounts payable.

Goods and Services Tax and other similar taxes

Department of Health is a state body, as defined under the *Income Tax Assessment Act 1936*, and is exempt from Commonwealth taxation, with the exception of Fringe Benefits Tax and Goods and Services Tax. The Department satisfies section 149-25(e) of *A New Tax System (Goods and Services) Act 1999* and together with all Hospital and Health Services, forms a "group" for GST purposes.

Special payments

Special payments include ex-gratia expenditure and other expenditure that the Department is not contractually or legally obligated to make, under a contract or otherwise, to other parties. In accordance with the *Financial and Performance Management Standard 2019*, the Department 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.

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 1. Material accounting policies (continued)

Historical cost convention

The financial statements have been prepared on a historical cost basis, except land and buildings which are measured at fair value and certain receivables measured at fair value.

Financial instruments

Financial assets and financial liabilities are recognised in the Statement of financial position when the Department becomes a party to the contractual provisions of the financial instrument. Financial instruments are classified and measured as follows:

- Receivables - held at amortised cost; and
- Payables - held at amortised cost.

The Department currently does not enter into transactions for speculative purposes, or for hedging.

Critical accounting judgement and key sources of estimation uncertainty

The preparation of financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions, and management judgements. The estimates and associated assumptions are based on historical experience and other factors that are considered as relevant and are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised or in the period of the revision and future periods if the revision affects both current and future periods.

Estimates and assumptions that have a potential significant effect are outlined in the following financial statement notes:

- Impairment of financial assets - Note 14 Loans and receivables;
- Allowance for loss of service potential - Note 15 Inventories;
- Estimation of fair values for land and buildings - Note 16 Property, plant and equipment;
- Estimated useful life of intangible assets - Note 18 Intangible assets; and
- Estimation uncertainties and judgements related to lease accounting - Note 17 Leases.

Machinery-of-Government changes**Forensic Science Queensland**

Details of Transfer: The Forensic Science Queensland function transferred from the Department of Health to the Department of Justice.

Basis of transfer: Public Service Departmental Arrangements Notice (No.4) 2024 dated 31 May 2024.

Date of transfer: Effective from 1 July 2024.

The assets and liabilities transferred as a result of this change were as follows:

	\$'000
Assets	
<i>Current Assets</i>	
Cash and cash equivalents	451
Loans and receivables	483
Inventories	882
Total Current Assets	1,816
<i>Non-current Assets</i>	
Property, plant and equipment	3,966
Total Non-current Assets	3,966
Total Assets	5,782
Liabilities	
<i>Current Liabilities</i>	
Payables	1,388
Accrued employee benefits	428
Total Current Liabilities	1,816
Total Liabilities	1,816
Net Assets	3,966

Budgeted appropriation revenue of \$43.2M (controlled) was reallocated from the Department of Health to the Department of Justice as part of the Machinery-of-Government change.

The Department acts as an agent for the Department of Justice and has recovered net expenditure since the date of transfer, including employee expenses, supplies and services, grants and subsidies and other expenses, offset by revenue collected for services performed.

The decrease in net assets of \$3.966M has been accounted for as a decrease in contributed equity as disclosed in the Statement of changes in equity.

Office for Women

Details of Transfer: The Office for Women function transferred from the Department of Health to the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism.

Basis of transfer: Public Service Departmental Arrangements Notice (No.9) 2024 dated 1 November 2024.

Date of transfer: Effective from 1 November 2024.

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 1. Material accounting policies (continued)

The assets and liabilities transferred as a result of this change were as follows:

	\$'000
Assets	
<i>Current Assets</i>	
Cash and cash equivalents	728
Total Current Assets	728
Total Assets	728
Liabilities	
<i>Current Liabilities</i>	
Accrued employee benefits	16
Total Current Liabilities	16
Total Liabilities	16
Net Assets	712

Budgeted appropriation revenue of \$3.3M (controlled) was reallocated from the Department of Health to the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism as part of the Machinery-of-Government changes.

The Department acted for a period following the MoG, as an agent for the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism and has recovered expenditure since the date of transfer including employee expenses, supplies and services and other expenses. The Department had ceased acting as an agent as at 30 June 2025.

The decrease in net assets of \$0.712M has been accounted for as a decrease in contributed equity as disclosed in the Statement of changes in equity.

Queensland Ambulance Service ICT Functions (Tranche 1)

Details of Transfer: The Queensland Ambulance Service ICT function (Tranche 1) transferred from the Queensland Police Service to the Department of Health (Queensland Ambulance Service).

Basis of transfer: Public Service Departmental Arrangements Notice (No.6) 2024 dated 19 August 2024.

Date of transfer: Effective from 1 September 2024.

The assets transferred as a result of this change were as follows:

	\$'000
Assets	
<i>Current Assets</i>	
Other current assets	839
Total Current Assets	839
Total Assets	839
Net Assets	839

The increase in net assets of \$0.839M has been accounted for as an increase in contributed equity as disclosed in the Statement of changes in equity.

New and amended standards adopted

The Department has not applied any new standards or amendments for the first time in the annual reporting period commencing 1 July 2024.

A number of other amendments and interpretations apply for the first time for the year ended 30 June 2025, but do not have any material impact on the Department's financial statements.

New standards and interpretations not yet adopted

The Department is not permitted to early adopt accounting standards unless approved by Queensland Treasury.

The Department has not early adopted any new accounting standards or interpretations that have been published, and that are not mandatory for the 30 June 2025 reporting period.

Climate risk disclosure**Whole-of-Government climate-related reporting**

The State of Queensland, as the ultimate parent of the Department, provides information and resources on climate related strategies and actions.

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.

Departmental accounting estimates and judgements – climate-related risks

The Department considers climate-related risks when assessing material accounting judgements and estimates used in preparing its financial statements. 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 the Department.

Other presentation matters

Comparative information has been restated where necessary to be consistent with disclosures in the current reporting period. Material changes to comparative information have been separately identified in the relevant note where required. Amounts have been rounded to the nearest thousand Australian dollars.

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 2. Appropriation revenue

	2025 \$'000	2024 \$'000
RECONCILIATION OF PAYMENTS FROM CONSOLIDATED FUND TO APPROPRIATED REVENUE RECOGNISED IN OPERATING RESULT		
Original budgeted appropriation	17,172,970	15,373,713
Unforeseen expenditure*	1,204,069	690,567
Transfers (to)/from other departments (redistribution of public business)	(2,010)	-
TOTAL APPROPRIATION RECEIPTS (CASH)	18,375,029	16,064,280
Less: Opening balance appropriation revenue receivable	(619,799)	(541,908)
Add: Closing balance appropriation revenue receivable	147,507	619,799
Add: Opening balance appropriation revenue payable	391,148	857,358
Less: Closing balance appropriation revenue payable	(628,562)	(391,148)
APPROPRIATION REVENUE FOR SERVICES RECOGNISED IN THE STATEMENT OF COMPREHENSIVE INCOME	17,665,323	16,608,381

	2025 \$'000	2024 \$'000
RECONCILIATION OF PAYMENTS FROM CONSOLIDATED FUND TO EQUITY ADJUSTMENT		
Budgeted equity adjustment appropriation	871,841	502,175
Unforeseen expenditure**	808,628	317,149
EQUITY ADJUSTMENT RECEIPTS (CASH)	1,680,469	819,324
Less: Opening balance appropriated equity injection receivable	(113,959)	(53,933)
Add: Closing balance appropriated equity injection receivable	106,346	113,959
Add: Opening balance appropriated equity withdrawal payable	467,217	322,169
Less: Closing balance appropriated equity withdrawal payable	(128,878)	(467,217)
EQUITY ADJUSTMENT RECOGNISED IN CONTRIBUTED EQUITY	2,011,195	734,302

* In 2024-25 unforeseen expenditure was primarily related to reclassified funding from capital to operating in nature (\$909.8M), and additional funding for Better Care Together (\$109.0M), Elective Surgery Surge (\$100.0M) and Supporting Older Australians (\$42.5M).

** In 2024-25 unforeseen expenditure was primarily related to additional State funding provided for sustaining the Department's operations.

Material accounting policies

Appropriations provided under the *Appropriation Act 2024* are recognised as revenue when received, or as a receivable when approved by Queensland Treasury.

Where the Department has an obligation to return unspent (or unapplied) appropriation receipts to Consolidated Fund at year end (a deferred appropriation repayable to Consolidated Fund), a liability is recognised with a corresponding reduction to appropriation revenue, reflecting the net appropriation revenue position with Consolidated Fund for the reporting period.

Where the department has obtained approval to recognise a receivable for additional appropriation receipts from Consolidated Fund at year end (appropriations receivable from Consolidated Fund), a receivable is recognised with a corresponding increase to appropriation revenue, reflecting the net appropriation revenue position with Consolidated Fund for the reporting period.

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 3. Revenue

2025	User charges \$'000	Labour recoveries \$'000	Grants and other contributions \$'000	Other revenue \$'000	Total \$'000
CONTRACTS WITH CUSTOMERS					
Sale of goods and services	2,218,368	-	-	-	2,218,368
Hospital fees	351,925	-	-	-	351,925
Labour recoveries from non-prescribed HHSs	-	13,367,240	-	-	13,367,240
Australian Government - National Health Funding Pool - Activity based funding	-	-	6,126,642	-	6,126,642
Licence charges	-	-	-	5,325	5,325
	2,570,293	13,367,240	6,126,642	5,325	22,069,500
NON-CONTRACT REVENUE					
Hospital fees	58,548	-	-	-	58,548
Rental income	7,227	-	-	-	7,227
Australian Government - National Health Funding Pool - Other funding	-	-	944,955	-	944,955
Other grants and donations	-	-	244,317	-	244,317
Recoveries and reimbursements	-	-	-	23,216	23,216
Grants returned	-	-	-	13,206	13,206
Sale proceeds of non-capitalised assets	-	-	-	1,668	1,668
Net gains from disposal/transfer of non-current assets	-	-	-	1,386	1,386
Other	-	-	-	16,512	16,512
	65,775	-	1,189,272	55,988	1,311,035
TOTAL	2,636,068	13,367,240	7,315,914	61,313	23,380,535

2024	User charges \$'000	Labour recoveries \$'000	Grants and other contributions \$'000	Other revenue \$'000	Total \$'000
CONTRACTS WITH CUSTOMERS					
Sale of goods and services	2,094,761	-	-	-	2,094,761
Hospital fees	375,642	-	-	-	375,642
Labour recoveries from non-prescribed HHSs	-	12,176,556	-	-	12,176,556
Australian Government - National Health Funding Pool - Activity based funding	-	-	5,963,335	-	5,963,335
Quarantine Fees	-	-	-	7	7
Licence charges	-	-	-	5,627	5,627
	2,470,403	12,176,556	5,963,335	5,634	20,615,928
NON-CONTRACT REVENUE					
Hospital fees	72,014	-	-	-	72,014
Rental income	6,487	-	-	-	6,487
Australian Government - National Health Funding Pool - Other funding	-	-	806,822	-	806,822
Other grants and donations	-	-	240,480	-	240,480
Recoveries and reimbursements	-	-	-	9,080	9,080
Grants returned	-	-	-	21,498	21,498
Sale proceeds of non-capitalised assets	-	-	-	1,470	1,470
Net gains from disposal/transfer of non-current assets	-	-	-	1,474	1,474
Other	-	-	-	17,509	17,509
	78,501	-	1,047,302	51,031	1,176,834
TOTAL	2,548,904	12,176,556	7,010,637	56,665	21,792,762

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 3. Revenue (continued)

Material accounting policies

Under AASB 15 *Revenue from Contracts with Customers*, revenue is recognised when an entity transfers control of goods/services to a customer, at the amount to which the entity expects to be entitled. Depending on specific contractual terms, some revenue may be recognised at a point in time (e.g., when control is transferred to the customer), and other revenue may be recognised over the term of the contract (e.g., when the entity satisfies its performance obligations progressively over a period of time).

In assessing the correct accounting treatment of grants revenue, consideration is given as to whether the contract is enforceable and if the performance obligations are sufficiently specific. Where there is no enforceable contract, grants revenue is not recognised under AASB 15 but is recognised under AASB 1058 *Income for Not-for-Profit Entities*.

AASB 1058 guidance is that it is necessary to first determine whether each transaction, or part of that transaction, falls in the scope of AASB 15. Only if AASB 15 does not apply, should AASB 1058 be considered. Under AASB 1058 revenue is recognised immediately on receipt of the funds except for special purpose capital grants received to construct non-financial assets to be controlled by the Department.

User charges and fees are recognised by the Department when delivery of the goods or services in full or in part has occurred. The sale of goods and services includes drugs, medical supplies, linen, pathology, and other services provided to HHSs. Hospital fees mainly comprise interstate patient revenue, Department of Veterans' Affairs revenue, and Motor Accident Insurance Commission revenue.

The Department provides employees to HHSs (HHSs are not prescribed as employers under the *Hospital and Health Boards Act 2011*) to work for the HHSs under a service agreement. These employees remain the employees of the Department and in substance are contracted to the HHS. The Department recovers all employee expenses and associated on-costs from HHSs each fortnight as part of each payroll cycle.

Grants, contributions, and donations revenue arise from non-exchange transactions where the Department does not directly give approximately equal value to the grantor. Where the grant agreement is enforceable and contains sufficiently specific performance obligations, the transaction is accounted for under AASB 15. If these criteria are not met, the grant is accounted for under AASB 1058, whereby revenue is recognised upon receipt of the grant funding, except for special purpose capital grants received to construct non-financial assets to be controlled by the Department. Special purpose capital grants are recognised as unearned revenue when received, and subsequently recognised progressively as revenue as the Department satisfies its obligations under the grant through construction of the asset.

Note 4. Employee expenses

	2025 \$'000	2024 \$'000
Wages and salaries	12,407,925	11,325,247
Employer superannuation contributions	1,547,079	1,386,630
Annual leave levy	1,512,561	1,408,034
Long service leave levy	317,658	287,523
Termination payments	9,662	8,656
Workers' compensation premium	34,145	22,988
Other employee related expenses	107,517	99,759
	15,936,547	14,538,837

Material accounting policies

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

Employer superannuation contributions are paid to the superannuation fund of the eligible employee's choice. For the defined benefit scheme, contributions are paid at rates determined by the Treasurer on the advice of the State Actuary (refer to Note 20). For accumulated contribution plans, the rate is determined based on the relevant Enterprise Bargaining agreement or the employee's contract of employment. Contributions are expensed in the period in which they are paid or payable and the Department's obligation is limited to its contribution to the superannuation funds.

The Department pays premiums to WorkCover Queensland in respect of its obligations for employee compensation.

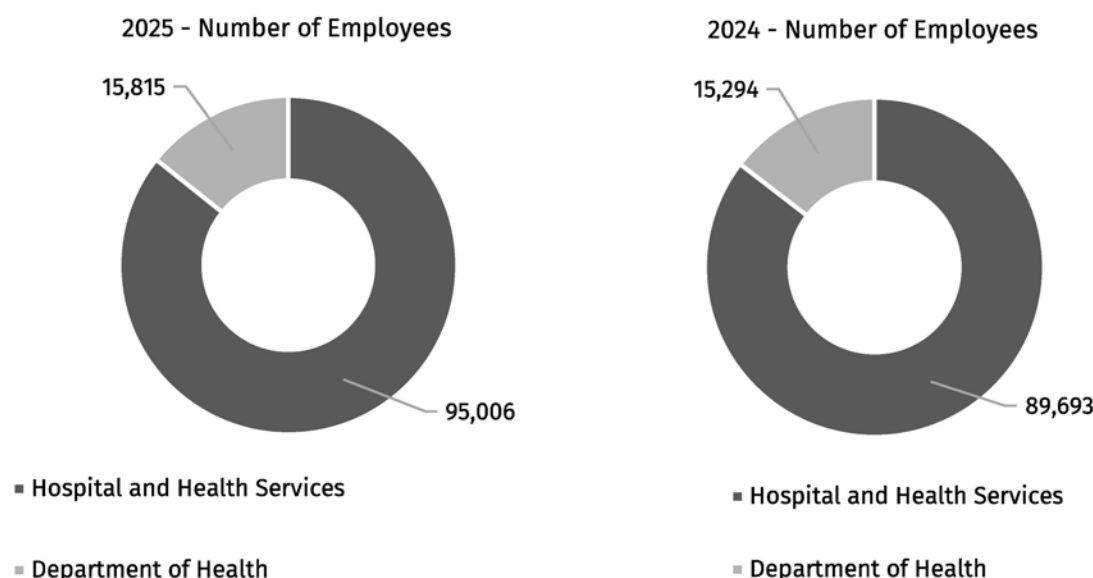
Under current Employer Arrangements, all HHS non-executive employees are employed directly by the Director-General in the Department of Health and contracted to the HHSs.

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 4. Employee expenses (continued)

The number of employees includes full-time employees and part-time employees measured on a full-time equivalent basis as at 30 June 2025. Hospital and Health Service employees are those of the HHS where the employees remain employees of the Department and are effectively contracted to the HHS.



Note 5. Key management personnel disclosures

Key management personnel (KMP) include those positions that had direct or indirect authority and responsibility for planning, directing, and controlling the activities of the Department.

The Department's responsible Minister as at 30 June 2025, is the Minister for Health and Ambulance Services and is identified as part of the Department's KMP. The Minister receives no remuneration or other such payments from the Department. The majority of the Ministerial entitlements are paid by the Legislative Assembly. Ministers are reported as KMP of the Queensland Government, with their aggregate remuneration expenses disclosed in the Queensland Government and Whole of Government Consolidated Financial Statements, which are published as part of Queensland Treasury's Report on State Finances.

Remuneration policy for the Department's other KMP is set by the Queensland Public Sector Commission as provided for under the *Public Sector Act 2022*, the *Hospital and Health Boards Act 2011* and the *Ambulance Service Act 1991*. The remuneration and other terms of employment for the KMP are specified in employment contracts. The contracts may provide for other benefits including a motor vehicle allowance. For 2024-25, the remuneration of KMP generally increased by 4 per cent and none have a remuneration package that includes potential performance payments. The remuneration packages for KMP comprise the following:

Short-term employee benefits

- Base salary, allowances and leave entitlements expensed for the period during which the employee occupied the specified position.
- Non-monetary benefits consisting of the provision of car parking and fringe benefit taxes applicable to other benefits.

Other employee benefits

- Long term employee benefits including long service leave accrued.
- Post-employment benefits including superannuation benefits.
- Termination benefits. Employment contracts only provide for notice periods or payment in lieu of termination. Other agreed lump sum separation payments will also be reported under this category.

For the year ended 30 June 2025

Position title	Short-term benefits						Other employee benefits								
	Monetary benefits			Non-monetary benefits			Long term benefits			Post-employment benefits**			Termination benefits**		
	2025	2024	\$'000	2025	2024	\$'000	2025	2024	\$'000	2025	2024	\$'000	2025	2024	\$'000
Position holder															
Director-General, Department of Health Current: Dr David Rosengren (acting from 1 November 2024 to 2 December 2024, appointed 3 December 2024). Former: Michael Walsh (ceased duties on 31 October 2024). Former: Shaun Drummond (ceased duties on 23 July 2023). Responsible for the overall management of the public sector health system. Responsibilities include State-wide planning, managing industrial relations, major capital works, monitoring service performance and issuing binding health service directives to Services. Chief Operating Officer (Abolished position)* Former: Dr David Rosengren (ceased duties on 28 August 2023). Responsible for playing a key leadership role for the Department in supporting the Director General in setting the strategic business direction and ensuring the achievement of corporate goals. Leads the ongoing response to COVID-19. Supports the Director-General in being the primary point of contact and relationship manager of the Hospital and Health Service Network. Deputy Director-General, Corporate Services Division Current: Damian Green (acting from 22 May 2023, appointed 21 November 2024). Responsible for providing strategic leadership to deliver corporate and operational services, business enhancement and legal services both within the Department and, in certain circumstances, to the broader Queensland public health system. Further responsibilities include leading the Department's financial and human resource services, knowledge management, industrial relations, and asset management policy and activities. Deputy Director-General, Clinical Excellence Queensland Current: Dr Helen Brown Responsible for providing strategic leadership to the patient safety and service quality, clinical improvement and innovation, and research and professional clinical leadership activities of the Department. Deputy Director-General, Healthcare Purchasing and System Performance Division Current: Naomi Hebson (acting from 27 November 2024, appointed 7 April 2025). Former: Melissa Carter (ceased duties 22 November 2024). Interim: Karen Bayntun (acting over various times during the year). Responsibilities include purchasing of clinical activity from service providers and managing the performance of those service providers to achieve whole-of-system outcomes.	440	-	56	-	10	-	52	-	-	-	-	558	-		
	333	675	4	47	-	6	1	25	511	-			849	753	
	-	28	-	-	-	1	-	-	7	-	-	-	-	36	
	-	95	-	2	-	2	-	6	-	352	-	-	457		
	362	355	6	6	8	8	42	51	-	-	-	418	420		
	526	488	6	6	12	11	61	63	-	-	-	605	568		
	179	-	3	-	4	-	21	-	-	-	-	207	-		
	151	333	4	5	3	8	14	43	-	-	-	172	389		
	-	84	-	-	-	2	-	9	-	-	-	-	95		

*** Termination benefits for the former Chief Operating Officer included a special payment, with no requirement for repayment upon future employment within the health system.

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 5. Key management personnel disclosures (continued)

Position title	Short-term benefits			Other employee benefits						Total benefits		
	Monetary benefits \$'000		Non-monetary benefits \$'000	Long term benefits \$'000		Post-employment benefits \$'000		Termination benefits \$'000		2025	2024	
Position holder	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024
Queensland Chief Health Officer <i>Interim:</i> Dr Heidi Carroll (acting from 13 December 2024 to current). <i>Former:</i> Dr John Gerrard (ceased duties 12 December 2024). Responsible for providing leadership to the public health, population health, health protection and other major regulatory activities of the State's health system. Further responsibilities include leading the health information campaigns, disaster coordination, emergency response and emergency preparedness activities for Queensland, overseeing and maintaining the State's capacity to identify and respond to communicable diseases and other health threats. Deputy Director-General, Strategy, Policy and Reform Division <i>Current:</i> Peta Bryant (appointed 5 August 2024). <i>Interim:</i> Patricia Matthias (acting from 15 January 2024 to 28 January 2024 and 25 March 2024 to 4 August 2024). <i>Interim:</i> David Sinclair (ceased duties on 24 March 2024). Responsible for providing strategic leadership to drive the design, execution and evaluation of the strategic agenda for health in Queensland. Commissioner, Queensland Ambulance Service <i>Current:</i> Craig Emery Responsible and accountable for the strategic direction and overall operations of the Queensland Ambulance Service. Deputy Director-General, eHealth Queensland <i>Interim:</i> Dr Tanya Kelly (acting from 2 May 2023 to current). Responsible for providing leadership to all aspects of developing, implementing and maintaining technology initiatives, assuring high performance, consistency, reliability and scalability of all technology offerings. Chief First Nations Health Officer <i>Current:</i> Haylene Grogan Responsible for providing the strategy and direction for improving health outcomes for Aboriginal and Torres Strait Islander Queenslanders and empowering the Aboriginal and Torres Strait Islander health workforce.	302	-	1	-	7	-	33	-	-	-	343	-
	228	550	4	7	5	12	25	64	-	-	262	633
	315	-	16	-	7	-	36	-	-	-	374	-
	22	94	86	-	-	2	2	11	-	-	110	107
	-	226	-	5	-	5	-	29	-	-	-	265
	449	410	-	-	11	11	47	52	-	-	507	473
	398	415	9	6	10	9	43	51	-	-	460	481
	335	346	6	14	8	8	39	44	-	-	388	412

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 5. Key management personnel disclosures (continued)

Position title Position holder	Short-term benefits			Other employee benefits						Total benefits	
	Monetary benefits \$'000		Non-monetary benefits \$'000	Long term benefits \$'000		Post-employment benefits \$'000		Termination benefits \$'000		2025	2024
	2025	2024		2025	2024	2025	2024	2025	2024		
Chief Finance Officer Current: Luan Sadi kaj Responsible for providing both strategic and operational leadership related to all financial management issues within the Department. The Chief Finance Officer (CFO) supervises the finance unit and provides leadership to all finance related personnel. The CFO has statutory accountabilities as outlined in the <i>Financial Accountability Act 2009</i> .	251	231	6	6	5	30	30	-	-	293	272
Executive Director, Office of the Director-General Interim: Melleesa Cowie (acting from 11 November 2024 to current). Interim: Vivienne Hassed (acting from 5 August 2024 to 10 November 2024). Former: Peta Bryant (ceased duties 4 August 2024). Interim: Renaie Tesch (acting over various times during the year). Interim: Jacqueline Heywood (acting from 25 September 2023 to 14 January 2024). Former: Matthew Rigby (ceased duties on 25 August 2023). Responsible for leadership of the Office of the Director-General in the provision of an extensive range of time sensitive, confidential, strategically significant initiatives for the Director-General and Office of the Minister for Health and Ambulance Services.	199 88 27 - - -	- - 95 100 83 37	3 2 - 1 3 -	4 2 1 - 2 -	- - 2 2 2 1	21 10 3 - - -	- - 11 7 9 8	- - - - - -	- - - - - -	227 102 31 - - -	- - 108 110 97 49
Deputy Director-General, Health Infrastructure Queensland Interim: Paul Emmett (acting from 23 December 2024 to current). Former: Priscilla Radice (ceased duties 22 December 2024). Responsible for leading Queensland Health's dedicated Capital Program Delivery function, embracing an innovative and collaborative approach to managing existing assets, leveraging emerging healthcare technology, utilising contemporary building practices and enhanced design processes and overseeing significant investment in built infrastructure.	161 209	- 389	2 4	- 7	- 9	19 21	- 48	- 1	- -	186 240	- 453
Deputy Director-General, Clinical Planning and Service Strategy Interim: Jodi Hallas (acting from 16 December 2024 to current). Former: Colleen Jen (ceased duties 15 December 2024). Responsible for providing strategic leadership to drive the planning and development of system-wide clinical, workforce and mental health planning strategies and functions to improve health services available across the State.	144 193	- 339	6 4	- 7	- 8	16 21	- 42	- -	- -	169 222	- 396
Deputy Director-General, Queensland Public Health and Scientific Services Current: Nicholas Steele Responsible for providing leadership in the surveillance, prevention and control of communicable diseases in Queensland.	287	308	6	4	7	38	39	-	-	338	358

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 6. Related party transactions

Transactions with Queensland Government related entities in the normal course of business

The Department's primary ongoing sources of funding from the Queensland Government for its services are appropriation revenue (refer Note 2) and equity injections (Refer Statement of changes in equity), both of which are provided in cash via Queensland Treasury. As at 30 June 2025, there were outstanding balances for receivables and payables relating to these transactions (refer Notes 14 and 19).

The Department recognises revenue for goods and services provided to the HHSs. This primarily relates to user charges and labour recoveries (refer Note 3). The labour recoveries relate to employee expenses where under current Employer Arrangements, all HHS non-executive employees are employed by the Director-General in the Department of Health and contracted to the HHSs (refer Note 4). In addition, the Department charges HHSs for central services provided to HHSs such as pathology, drugs and other hospital supplies, ICT support, procurement, and linen (refer Note 3) and provides corporate services below fair value to HHSs (refer Note 1).

The Department procures health services from the HHSs. As at 30 June 2025, there were outstanding balances for receivables and payables relating to these transactions (refer Notes 14 and 19). Expenditure captured and reflected in the table below is representative of the cash funding and depreciation movements that have occurred between the Department and HHSs within the year for hospital and health services. This does not include non-cash entries such as year-end technical adjustments for payables and receivables, reported in other notes to the statements.

Entity	2025 Cash funding \$'000	2025 Depreciation funding \$'000	2025 Total \$'000	2024 Cash funding \$'000	2024 Depreciation funding \$'000	2024 Total \$'000
Cairns and Hinterland HHS	1,278,716	88,832	1,367,548	1,199,632	75,366	1,274,998
Central Queensland HHS	781,618	57,404	839,022	742,402	52,777	795,179
Central West HHS	103,985	8,009	111,994	91,778	9,163	100,941
Children's Health Queensland HHS	929,578	89,782	1,019,360	882,292	76,784	959,076
Darling Downs HHS	1,088,254	65,293	1,153,547	1,048,932	54,217	1,103,149
Gold Coast HHS	2,194,087	135,871	2,329,958	2,063,235	112,442	2,175,677
Mackay HHS	615,596	43,685	659,281	579,029	39,817	618,846
Metro North HHS	3,949,679	207,582	4,157,261	3,675,200	180,776	3,855,976
Metro South HHS	3,329,625	131,867	3,461,492	3,087,923	135,285	3,223,208
North West HHS	259,490	19,906	279,396	240,949	15,467	256,416
South West HHS	195,933	17,593	213,526	177,664	15,632	193,296
Sunshine Coast HHS	1,532,131	193,076	1,725,207	1,440,913	163,849	1,604,762
Torres and Cape HHS	300,031	28,907	328,938	273,684	26,504	300,188
Townsville HHS	1,302,512	86,781	1,389,293	1,215,003	77,666	1,292,669
West Moreton HHS	989,090	45,216	1,034,306	918,116	37,998	956,114
Wide Bay HHS	859,058	35,715	894,773	795,661	32,349	828,010

The Department pays an annual premium to Workcover Queensland for all Divisions which covers all employees of the Department in case of sustaining a work-related injury or illness (refer Note 4). The Department insures with the Queensland Government Insurance Fund (QGIF) (refer Note 10). The Department has bank accounts with Queensland Treasury Corporation for General Trust monies and receives interest and incurs bank fees on these accounts.

The Department receives services from the Department of Housing and Public Works (DHPW) and its commercialised business units. These mainly relate to office accommodation and facilities (leases), QFleet, repairs and maintenance and capital works provided by QBuild. These services were formerly provided by the renamed Department of Housing, Local Government, Planning and Public Works (DHLGPPW) and the abolished Department of Energy and Climate (DEC).

The Department receives shared services provided by the Department of Customer Services, Open Data and Small and Family Business (CDSB). These services were formerly provided by the Department of Transport and Main Roads (DTMR). The Department receives IT services from the Queensland Police Service (QPS).

Individually significant transactions with Queensland Government-related entities

There were no significant individual transactions with Government-related entities outside of transactions in the normal course of business.

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 7. Supplies and services

	2025 \$'000	2024 \$'000
Drugs	801,854	766,925
Clinical supplies and services	579,926	562,928
Repairs and maintenance	253,934	240,641
Computer services	249,482	216,345
Professional services	248,823	214,994
Expenses relating to capital works	247,490	249,235
Consultants and contractors	133,995	127,901
Rental expenses	53,270	56,174
Communications	47,121	44,364
Motor vehicles and travel	40,285	40,400
Freight and office supplies	26,166	22,665
Building services	16,626	19,990
Utilities	15,392	15,764
Advertising	9,231	15,651
Lease expenses	6,905	5,886
Interstate transport levy	6,427	6,165
Catering and domestic supplies	6,314	7,016
Other*	30,326	17,457
	2,773,567	2,630,501

Material accounting policies

Lease expenses include lease rentals for short-term leases, leases of low value assets and variable lease payments.

*The Department receives free information technology services from the Department of Customer Services, Open Data and Small Family Business, for service access by Queensland Ambulance Service to the Government Wireless Network. The fair value of these services for 2024-25 is estimated to be \$7.6M (\$7.7M for 2023-24).

Note 8. Health services

	2025 \$'000	2024 \$'000
Hospital and Health Services	20,930,506	19,513,367
Mater Hospitals	703,656	689,266
Aeromedical services	270,264	197,174
Private health service providers	239,470	139,625
Community health service providers	210,387	163,877
Mental health service providers	161,880	138,065
First Nations health service providers	76,857	49,265
National Blood Authority	68,980	65,516
Other health service providers	24,351	27,147
	22,686,351	20,983,302

Health Services funding is provided predominantly to HHSs for the purchasing of specific public health services required across the State by the Department in accordance with service agreements in place. The Australian Government pays its share of National Health funding directly to the Department, and this is then provided to the HHS by the Department. The service agreements are reviewed periodically and updated for changes in activities and prices of services delivered by HHSs. The signed agreements are published on the Queensland Government website and are publicly available. The Department pays cash to HHSs on a fortnightly basis for State payments and monthly for Commonwealth payments and these are recognised as an expense.

Note 9. Grants and subsidies

	2025 \$'000	2024 \$'000
Medical research programs	25,893	24,895
Mental health and other support services	31,527	48,250
	57,420	73,145

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 10. Other expenses

	2025 \$'000	2024 \$'000
Insurance QGIF	3,103	2,840
Insurance other	4,442	3,289
Impairment of non-current assets	75,256	4,426
Journals and subscriptions	14,249	11,947
Legal costs	8,728	7,411
Audit fees*	1,838	1,617
Special payments**	656	270
Interest - lease liabilities	3,146	3,021
Net (decrease)/increase in allowance for loss of service potential***	(2,290)	(19,625)
Other	12,859	14,763
	121,987	29,959

Material accounting policies

Property losses and liability claim settlement amounts payable to third parties above the \$10,000 insurance deductible and associated legal fees are insured through the Queensland Government Insurance Fund (QGIF). For medical indemnity claims, settlement amounts above the \$20,000 insurance deductible and associated legal fees, are also insured through QGIF. Premiums are calculated by QGIF on a risk basis.

* Queensland Audit Office audit fees for 2024-25 include \$0.9M for financial statements audit (\$0.8M in 2023-24) and \$0.7M for the assurance engagement and other audits (\$0.7M in 2023-24).

** In 2024-25, there were three special payments exceeding \$5,000 (four payments in 2023-24). These included one ex-gratia payment (\$0.5M), one compensation payment (\$0.1M) and one out of court settlement (\$0.01M).

*** Decrease in allowance for loss of service potential in 2023-24 includes an adjustment for the write down of inventory to net realisable value, mostly related to current market price adjustments of Rapid Antigen tests (refer Note 15).

Note 11. Reconciliation of surplus/(deficit) to net cash from operating activities

	2025 \$'000	2024 \$'000
Surplus/(deficit) for the year	(689,109)	(22,922)
Adjustments for:		
Depreciation and amortisation	166,046	160,595
Impairment of non-current and other assets	(461)	(10,462)
Net (gain)/loss on disposal of non-current assets	(1,853)	(1,639)
Share of (gain)/loss - associates	(8,181)	(2,883)
Net impairment losses on financial and contract assets	8,124	17,103
Donated non-cash assets	(147,280)	(153,936)
Non-cash depreciation funding expense	1,255,517	1,106,092
Other non-cash items	27,825	8,048
Changes in assets and liabilities:		
(Increase)/decrease in loans and receivables	415,149	111,096
(Increase)/decrease in inventories	142,190	120,365
(Increase)/decrease in prepayments	7,356	(36,388)
(Increase)/decrease in other financial assets	(43,187)	-
Increase/(decrease) in payables	278,433	(386,264)
Increase/(decrease) in accrued employee benefits	128,359	(214,709)
Increase/(decrease) in unearned revenue	2,857	1,489
Net cash from operating activities	1,541,785	695,585

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 12. Cash and cash equivalents

	2025 \$'000	2024 \$'000
Cash at bank	1,495,419	400,304
24-hour call deposits	9,161	8,627
Fixed rate deposit	20,000	20,000
	1,524,580	428,931

Material accounting policies

Cash and cash equivalents include cash on hand, deposits held at call with financial institutions and other short-term, highly liquid investments with original maturities of one year or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

The Department's operational bank accounts are grouped within the whole-of-government set-off arrangement with the Commonwealth Bank of Australia. The Department does not earn interest on surplus funds and is not charged interest or fees for accessing its approved cash overdraft facility as it is part of the whole-of-government banking arrangements.

The 24-hour call deposit includes the Department's General Trust balance. This balance is currently invested with Queensland Treasury Corporation with approval from the Treasurer, which acknowledges the Department's obligations to maintain sound cash management and investment processes regarding General Trust Funds. For 2024-25 the annual effective interest rate on the 24-hour call deposit was 4.64 per cent per annum (4.82 per cent per annum in 2023-24).

The fixed rate deposit is held with Queensland Treasury Corporation. The Department has the ability and intention to continue to hold the deposit until maturity as the interest earned contributes towards the Queensland Government's objective of promoting high quality health research. During 2024-25 the weighted average interest rate on this deposit was 4.48 per cent per annum (4.25 per cent per annum in 2023-24).

Financial risk is managed in accordance with Queensland Government and departmental policies. The Department has considered the following types of risks in relation to financial instruments:

- Liquidity risk - this risk is minimal as the Department has an approved overdraft facility of \$420.0M under whole-of-government banking arrangements to manage any cash shortfalls.
- Market risk (interest rate risk) - the Department has interest rate exposure on its 24-hour call deposits and fixed rate deposits. Changes in interest rates have a minimal effect on the operating results of the Department.
- Credit risk - the credit risk relating to deposits is minimal as deposits received by the Department are held by the State through Queensland Treasury Corporation and the Commonwealth Bank of Australia. The Department's maximum exposure to credit risk on receivables is their total carrying amount (refer Note 14).

Note 13. Restricted assets

	2025 \$'000	2024 \$'000
General Trust	11,979	11,450
Clinical drug trials	888	620
	12,867	12,070

The Department's General Trust fund balance primarily relates to cash contributions received from Pathology Queensland and from external entities to provide for education, study, and research in clinical areas. Contributions are also received from benefactors in the form of gifts, donations and bequests and are demarcated for stipulated purposes.

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 14. Loans and receivables

	Current	Non-Current	Total	Current	Non-Current	Total
	2025	2025	2025	2024	2024	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
TRADE AND OTHER RECEIVABLES						
Trade receivables	247,632	-	247,632	337,960	-	337,960
Less: Loss allowance for impairment of receivables	(9,010)	-	(9,010)	(45,980)	-	(45,980)
Receivables from HHSs	1,322,029	-	1,322,029	1,231,401	-	1,231,401
Appropriation receivable	253,853	-	253,853	733,758	-	733,758
Grants receivable	3,169	-	3,169	-	-	-
Annual leave reimbursements	408,084	-	408,084	376,736	-	376,736
Long service leave reimbursements	75,234	-	75,234	70,129	-	70,129
Right of use asset lease receivable	1,361	37,738	39,099	1,294	39,099	40,393
Other receivables	499	-	499	513	-	513
	2,302,851	37,738	2,340,589	2,705,811	39,099	2,744,910
PAYROLL RECEIVABLES						
Payroll overpayments	33,969	51,127	85,096	20,227	47,396	67,623
Less: loss allowance for impairment of overpayments	(1,680)	(5,884)	(7,564)	(1,381)	(5,688)	(7,069)
Payroll cash advances	25	-	25	58	-	58
Less: Loss allowance for impairment of payroll cash advances	(14)	-	(14)	(33)	-	(33)
Payroll pay date loan	4,401	30,402	34,803	4,256	33,498	37,754
Less: Pay date loan fair value adjustment	(940)	(3,439)	(4,379)	63	(5,308)	(5,245)
Less: Loss allowance for impairment of pay date loan	-	(373)	(373)	-	(464)	(464)
	35,761	71,833	107,594	23,190	69,434	92,624
GST						
GST input tax credits receivable	41,711	-	41,711	36,753	-	36,753
Less: GST payable	(1,413)	-	(1,413)	(588)	-	(588)
	40,298	-	40,298	36,165	-	36,165
	2,378,910	109,571	2,488,481	2,765,166	108,533	2,873,699

Material accounting policies

Trade and other receivables are recognised as amounts due at the time of the sale or service delivery i.e., the agreed purchase/contract price. Trade receivables are generally settled within 60 days. However, some debt may take longer to recover.

Payroll receivables includes a payroll transitional pay date loan and salary overpayments and advances. No interest is charged on these balances. The pay date loan was to provide a transitional loan equal to two weeks' net pay and was measured at the inception date at fair value calculated as the present value of the expected future cash flows over the

estimated life of the loan, discounted using a risk-free effective interest rate of 3.05 per cent. The loan is considered to be low risk of non-repayment as it is legislatively recoverable from recipients upon cessation of their employment with the Department. The loan is expected to be fully recovered as individuals leave the Department and the majority of the balance remaining is expected to be recovered over the next eight years.

The non-current portion of payroll overpayments has not been discounted to present value as this could not be reliably estimated, due to the uncertainty of the timing of future cash receipts.

Receivables – contract assets

Contract assets arise from contracts with customers and are transferred to receivables when the Department's right to payment becomes unconditional. This usually occurs when the invoice is issued to the customer. The closing balance of receivables arising from contracts with customers at 30 June 2025 is \$243.3M (\$309.9M in 2023-24).

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 14. Loans and receivables (continued)

Loss allowance for impairment of trade and other receivables

The loss allowance for trade receivables reflects lifetime expected credit losses and incorporates reasonable and supportable forward-looking information, including forecast economic changes expected to impact the Department's debtors. The Department's other receivables are mostly from Queensland Government agencies or Australian Government agencies. No loss allowance is recorded for these receivables as they represent high credit rating and are therefore considered low risk for default.

Where the Department has no reasonable expectation of recovering an amount owed by a debtor, the debt is written off by directly reducing the receivable against the loss allowance. This typically occurs after a robust review process and the Department has concluded that the debt is not recoverable. If the amount of debt written off exceeds the loss allowance, the excess is recognised as an impairment loss in the Statement of comprehensive income.

Credit risk exposure of trade and other receivables

The maximum credit risk at reporting date for receivables is the gross carrying amount of those assets. No collateral is held as security and there are no other credit enhancements relating to the Department's receivables. The Department has not experienced any significant delays in receiving payments from other receivables to 30 June 2025, as the majority of the debt is with other government agencies.

The Department uses a provision matrix to measure the expected credit losses on trade receivables. The calculations reflect historical observed default rates calculated using impairments (credit losses) experienced on past sales transactions during the last five years preceding 30 June 2025. This data is consolidated, and a probability rate is calculated based on receivables moving into the next ageing bracket. Based on average rates for the five year period, an expected credit loss calculation matrix is prepared.

Historical default rates are adjusted by reasonable and supportable forward-looking information for expected changes in macroeconomic indicators that affect the future recovery of those receivables. To reflect the expected future changes the following relevant economic factors were considered: Australian GDP Annual Growth Rate; Unemployment Rate; and Australian Government Net Debt to GDP percentage. Accordingly, the historical loss rates have been adjusted based on the expected change in Australia's economic forecast. The credit loss rate is reviewed twice a year.

The total adjusted credit loss rate has been applied to the aged trade receivables (excluding any government and other receivables) to derive the expected credit loss value as at 30 June 2025. Set out below is the Department's credit risk exposure with trade receivables broken down by ageing band.

Loss allowance for impairment of Trade receivables

	Gross receivables	Loss rate	Expected credit losses	Gross receivables	Loss rate	Expected credit losses
	2025	2025	2025	2024	2024	2024
	\$'000	%	\$'000	\$'000	%	\$'000
Ageing						
Not Due	2,478	3.63%	(90)	2,287	4.72%	(108)
0 to 30 days	3,689	2.63%	(97)	1,328	4.37%	(58)
31 to 60 days	1,370	4.38%	(60)	781	6.40%	(50)
61 to 90 days	764	5.24%	(40)	651	11.67%	(76)
91 to 120 days	1,573	7.82%	(123)	1,155	9.35%	(108)
More than 120 days	8,600	100.00%	(8,600)	48,023	94.91%	(45,580)
	18,474		(9,010)	54,225		(45,980)

Loss allowance for impairment and credit risk exposure of payroll receivables

Payroll overpayments that relate to current employees are not considered impaired as the debt is not a credit risk while the debtor remains employed by the Department. Former employees who have not entered into signed agreement plans are considered for impairment. The expected credit loss reflects the anticipated default from former employees without an agreed plan.

The loss allowance for payroll cash advances and the payroll pay date loan similarly reflect the value of terminated employees in relation to the total debt and historically observed data.

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 14. Loans and receivables (continued)

Movement in loss allowance for trade receivables and payroll receivables

2025	Trade receivables \$'000	Payroll over-payments \$'000	Payroll cash advances \$'000	Payroll pay day loan \$'000	Impaired \$'000
Loss allowance as at 1 July 2024	45,980	7,069	33	464	53,546
Increase/(decrease) in loss allowance recognised	378	3,067	(19)	98	3,524
Amounts realised during the year	(37,348)	(2,572)	-	(189)	(40,109)
Loss allowance as at 30 June 2025	9,010	7,564	14	373	16,961

2024	Trade receivables \$'000	Payroll over-payments \$'000	Payroll cash advances \$'000	Payroll pay day loan \$'000	Impaired \$'000
Loss allowance as at 1 July 2023	47,874	5,095	60	473	53,502
Increase/(decrease) in loss allowance recognised	(1,317)	5,420	(27)	97	4,173
Amounts realised during the year	(577)	(3,446)	-	(106)	(4,129)
Loss allowance as at 30 June 2024	45,980	7,069	33	464	53,546

Note 15. Inventories

	2025 \$'000	2024 \$'000
Medical supplies and drugs	148,883	163,613
Less: Allowance for loss of service potential	(29,323)	(42,116)
	119,560	121,497
Non-medical, engineering and other	91,347	84,578
Catering and domestic	6,032	5,774
	216,939	211,849

Material accounting policies

Inventories are measured at weighted average cost, adjusted for obsolescence, other than general vaccine stock which is measured at cost on a first in first out basis. Inventory is held at the lower of cost and net realisable value.

Inventories consist mainly of pharmacy and general medical supplies held for sale to HHSS.

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 16. Property, plant and equipment

2025	Land \$'000	Buildings \$'000	Plant and equipment \$'000	Capital works in progress \$'000	Total \$'000
Gross	257,180	1,474,568	989,205	1,758,419	4,479,372
Less: Accumulated depreciation	-	(830,096)	(685,337)	-	(1,515,433)
Carrying amount at end of period	257,180	644,472	303,868	1,758,419	2,963,939

<i>Categorisation of fair value hierarchy</i>	<i>Level 2 & 3</i>	<i>Level 3</i>
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Movement					
Carrying amount at start of period	244,138	582,658	289,773	1,100,222	2,216,791
Additions	5,607	391	36,479	1,216,958	1,259,435
Donations received	-	-	6	-	6
Donations made	-	-	(10)	-	(10)
Disposals	-	(1)	(4,129)	-	(4,130)
Revaluation increments/(decrements)	8,953	51,507	-	-	60,460
Transfers (to)/from HHSs	(1,928)	(357,794)	(10,699)	-	(370,421)
Transfers (to)/from intangibles	-	-	(625)	116	(509)
Transfer (to)/from the Department of Justice	-	-	(3,966)	-	(3,966)
Transfers between classes	410	403,711	79,580	(483,701)	-
Impairment capital works in progress	-	-	-	(75,176)	(75,176)
Depreciation expense	-	(36,000)	(82,541)	-	(118,541)
Carrying amount at end of period	257,180	644,472	303,868	1,758,419	2,963,939

2024	Land \$'000	Buildings \$'000	Plant and equipment \$'000	Capital works in progress \$'000	Total \$'000
Gross	244,138	1,331,393	960,907	1,100,222	3,636,660
Less: Accumulated depreciation	-	(748,735)	(671,134)	-	(1,419,869)
Carrying amount at end of period	244,138	582,658	289,773	1,100,222	2,216,791

<i>Categorisation of fair value hierarchy</i>	<i>Level 2 & 3</i>	<i>Level 3</i>
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Movement					
Carrying amount at start of period	262,909	528,305	271,818	796,192	1,859,224
Additions	990	597	50,523	844,099	896,209
Donations received	-	-	11	-	11
Disposals	-	(27)	(2,666)	-	(2,693)
Revaluation increments/(decrements)	13,929	62,940	-	-	76,869
Transfers (to)/from HHSs	(38,025)	(444,122)	(14,440)	-	(496,587)
Transfers (to)/from intangibles	-	-	399	-	399
Transfers between classes	4,335	467,859	67,875	(540,069)	-
Depreciation expense	-	(32,894)	(83,747)	-	(116,641)
Carrying amount at end of period	244,138	582,658	289,773	1,100,222	2,216,791

Material accounting policies

Property, plant and equipment are initially recorded at cost plus any other costs directly incurred in bringing the asset to the condition ready for use. Items or components that form an integral part of an asset and are separately identifiable are recognised as a single asset. Significant projects undertaken on behalf of HHSs which are completed within the financial year are valued and transferred to the HHS at fair value. The cost of items acquired during the financial year has been determined by management to materially represent the fair value at the end of the reporting period.

Assets received for no consideration from another Queensland Government agency are recognised at fair value, being the net book value recorded by the transferor immediately prior to the transfer. Assets acquired at no cost, or for nominal consideration, other than a transfer from

another Queensland Government entity, are initially recognised at their fair value by the Department at the date of acquisition.

The Department recognises items of property, plant and equipment when they have a useful life of more than one year and have a cost or fair value equal to or greater than the following thresholds:

- \$10,000 for Buildings (including land improvement)
- \$1 for Land
- \$5,000 for Plant and equipment

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 16. Property, plant and equipment (continued)

Depreciation (representing a consumption of an asset over time) is calculated on a straight-line basis (equal amount of depreciation charged each year). The residual (or scrap) value is assumed to be zero, with the exception of ambulances. Annual depreciation is based on the cost or the fair value of the asset and the Department's assessments of the remaining useful life of individual assets. Land is not depreciated as it has an unlimited useful life. Assets under construction (work in progress) are not depreciated until they are ready for use.

The Department's buildings have total useful lives ranging from 10 to 60 years, with exceptions up to 109 years; for plant and equipment the total useful life is between 2 and 26 years, with exceptions up to 52 years:

- 2 to 20 years for Computer equipment, and Office furniture & equipment, with exceptions up to 42 years
- 2 to 20 years for Medical equipment, with exceptions up to 50 years
- 3 to 26 years for Engineering equipment, with exceptions up to 52 years
- 3 to 17 years for Vehicles, with exceptions up to 19 years

Fair Value Measurement

Land and buildings are measured at fair value, which are reviewed each year to ensure they are materially correct. Land and buildings are comprehensively revalued once every five years, or whenever volatility is detected, with values adjusted for indexation in the interim years. Fair value measurement of a non-current asset is determined by taking into account its highest and best use, which is its current use as the asset is neither classified as held-for-sale under AASB 5 *Non-current Assets Held for Sale and Discontinued Operations*, nor is it highly probable that the asset will be used for an alternative purpose. All assets of the Department for which fair value is measured in line with the fair value hierarchy, take into account observable and unobservable data inputs.

Observable inputs, which are used in Level 2 ratings, are publicly available data relevant to the characteristics of the assets being valued, such as published sales data for land and residential dwellings. Unobservable inputs are data, assumptions, and judgements not available publicly, but relevant to the characteristics of the assets being valued and are used in Level 3 ratings. Significant unobservable inputs used by the Department include subjective adjustments made to observable data to take account of any specialised nature of the buildings (i.e., laboratories, stations and heritage listed), including historical and current construction contracts (and/or estimates of such costs), and assessments of technological and external obsolescence and physical deterioration as well as remaining useful life. Unobservable inputs are used to the extent that sufficient relevant and reliable observable inputs are not available for similar assets.

Reflecting the specialised nature of health service buildings, fair value is determined using current replacement cost methodology. Current replacement cost represents the price that would be received for the asset, based on the estimated cost to construct a substitute asset of comparable utility,

adjusted for obsolescence. This requires identification of the full cost of a replacement asset, adjusted to take account of the age and obsolescence of the existing asset. The cost of a replacement asset is determined by reference to a current day equivalent asset, built to current standards and with current materials.

The Department's land and buildings are independently and professionally valued by Acumentis Pty Ltd (qualified valuers) and AECOM (qualified quantity surveyors) respectively. The Department also revalues significant, newly commissioned assets in the same manner to ensure that they are transferred to HHSs at fair value.

Any revaluation increment arising on the revaluation of an asset is credited to the asset revaluation surplus of the appropriate 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 expensed to the extent it exceeds the balance, if any, of the revaluation surplus. On revaluation, accumulated depreciation is restated proportionately with the change in the carrying amount of the asset and any change in the estimate of remaining useful life.

Impairment of non-current assets

All non-current assets held at cost are assessed for indicators of impairment on an annual basis. If an indicator of impairment exists, the Department determines the asset's recoverable amount (higher of value in use and fair value less costs of disposal). Any amounts by which the asset's carrying amount exceeds the recoverable amount is considered an impairment loss.

Land

The fair value of land was based on publicly available data including recent sales of similar land in nearby localities. In determining the values, adjustments were made to the sales data to consider the land's size, street/road frontage and access and any significant factors such as land zoning and easements. Land zonings and easements indicate the permissible use and potential development of the land.

The revaluation program resulted in a \$8.7M increment (\$6.3M increment in 2023-24) to the carrying amount of land. For land not subject to comprehensive valuations, indices of between 3.20 to 5.30 per cent were applied, which were sourced from Acumentis Pty Ltd.

Buildings

The Department recognises five heritage buildings held at value of \$4.2M (five buildings at value of \$4.2M in 2023-24).

An independent fully comprehensive revaluation of 195 buildings and site improvements was performed during 2024-25. In accordance with new Queensland Health guidelines regarding Environmental Sustainability Design (ESD), the valuer has included consideration for these requirements in their comprehensive revaluations of all buildings and site improvements in 2024-25. This needs to be factored into the requirements of the particular asset.

For all remaining buildings and site improvements not subject to independent fully comprehensive revaluations during 2024-25, indices of between 6.0 (Rural/remote zones) to 9.0 (South East Queensland, Metropolitan and Regional zones) per cent were instead applied, which were sourced from AECOM.

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 16. Property, plant and equipment (continued)

Indices are based on inflation (rises in labour, plant, and material prices) across the industry and account for regional variances due to specific market conditions. The state of Queensland generally has seen above market price increases during the past year that were largely driven by higher demand for property due to buyer behaviours, net immigration from other states and construction cost increases from interruptions to supply chains. The building valuations for 2024-25 resulted in a net increment to the building portfolio of \$32.0M (\$33.4M increment in 2023-24).

Capital work in progress

The Department is responsible for managing major health infrastructure projects for the HHSs. During the construction phase these projects remain on the Department's Statement of financial position as a work in progress asset. Significant, newly commissioned assets are firstly transferred to the Department's building class, revalued to fair value, and then transferred to the respective HHS. Other commissioned assets are transferred from the Department's work in progress to the respective HHS which recognises assets in their relevant asset class.

Note 17. Leases

a) Lessee

This note provides information for leases where the Department is a lessee. For leases where the Department is a lessor, refer Note 17 (b).

(i) The statement of financial position shows the following amounts relating to leases:

Right-of-use assets

2025	Buildings \$'000	Equipment \$'000	Total \$'000
Gross	31,093	123	31,216
Less: Accumulated depreciation	(8,900)	(104)	(9,004)
Carrying amount at end of period	22,193	19	22,212

Movement

Carrying amount at start of period	19,657	59	19,716
Additions	1,759	-	1,759
Re-measurements	4,331	-	4,331
Depreciation expense	(3,554)	(40)	(3,594)
Carrying amount at end of period	22,193	19	22,212

2024	Buildings \$'000	Equipment \$'000	Total \$'000
Gross	25,003	123	25,126
Less: Accumulated depreciation	(5,346)	(64)	(5,410)
Carrying amount at end of period	19,657	59	19,716

Movement

Carrying amount at start of period	13,003	101	13,104
Additions	7,288	-	7,288
Re-measurements	1,658	-	1,658
Depreciation expense	(2,292)	(42)	(2,334)
Carrying amount at end of period	19,657	59	19,716

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 17. Leases (continued)

Lease liabilities

	2025	2024
	\$'000	\$'000
Current	3,714	4,187
Non-current	58,388	56,306
	62,102	60,493

Material accounting policies

The Department as lessee

For any new contracts entered into, the Department considers whether a contract is, or contains, a lease. A lease is defined as a contract, or part of a contract, which conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration. To apply this definition the Department assesses whether the contract meets three key evaluations which are whether:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to the Department;
- the Department has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract; and
- the Department has the right to direct the use of the identified asset throughout the period of use. The Department also assesses whether it has the right to direct how and for what purpose the asset is used throughout the period of use.

The majority of lease contracts are held with the Department of Housing and Public Works (DHPW) or non-specialised, commercial office accommodation through the Queensland Government Accommodation Office (QGAO) and residential accommodation through the Government Employee Housing (GEH) program.

Amendments to the framework agreements that govern QGAO and GEH result in the above arrangements being exempt from lease accounting under AASB 16 *Leases*. This is due to DHPW having substantive substitution rights over the non-specialised, commercial office accommodation, and residential premises assets used within these arrangements. These services continue to be expensed.

Motor vehicles provided under QFleet program are exempt from lease accounting under AASB 16. This is due to DHPW holding substantive substitution rights for vehicles provided under the scheme. Costs for these services continue to be expensed as supplies and services expenditure when incurred.

Measurement and recognition of leases as a lessee

At lease commencement date, the Department recognises a right-of-use asset and a lease liability on the balance sheet. The right-of-use asset is measured at cost, which is made up of the initial measurement of the lease liability, any initial direct costs incurred by the Department, an estimate of any costs to dismantle and remove the asset at the end of the

lease, and any lease payments made in advance of the lease commencement date (net of any incentives received).

The Department depreciates the right-of-use assets on a straight-line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The Department also assesses the right-of-use asset for impairment when such indicators exist.

At the commencement date, the Department measures the lease liability at the present value of the lease payments unpaid at that date, discounted using the interest rate implicit in the lease if that rate is readily available or the Department's incremental borrowing rate. Queensland Treasury have mandated that unless an implicit rate is stated in the lease, that agencies are to use incremental borrowing rates and further mandates that Queensland Treasury Corporation's Fixed Rate Loan rates are to be used as the incremental borrowing rate that correspond to the commencement date and term of the lease.

Lease payments included in the measurement of the lease liability are made up of fixed payments (including in substance fixed payments), variable payments based on an index or rate, amounts expected to be payable under a residual value guarantee and payments arising from options reasonably certain to be exercised.

Subsequent to initial measurement, the liability is reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in in-substance fixed payments. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or Statement of comprehensive income if the right-of-use asset is already reduced to zero.

The Department has elected to account for short-term leases and leases of low-value assets using the practical expedients. Instead of recognising a right-of-use asset and lease liability, the payments in relation to these are recognised as an expense in the Statement of comprehensive income on a straight-line basis over the lease term.

The total cash outflow for lease principal payments in 2024-25 was \$4.5M (\$3.3M in 2023-24).

Refer Note 10 for the lease liability interest expense.

The Department holds an occupancy lease with Translational Research Institute Pty Ltd (TRI). The Department acts as a lessor by sub-leasing a portion of the leased property (Refer Note 17 (b)). Under AASB 16 the Department recognises transactions as both lessee and lessor.

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 17. Leases (continued)

Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. The

lease agreements do not impose any covenants other than the security interests in the leased assets that are held by the lessor. Leased assets may not be used as security for borrowing purposes.

b) Lessor

The Department acts as a lessor by sub-leasing floor space in the TRI building to the University of Queensland. The sub-lease with the lessor is for the same term as that for the Department on the head lease. The sub-lease expires in 2043.

(i) The Statement of financial position shows the following amounts relating to lessors:

Lease receivable (refer Note 14)

	2025	2024
	\$'000	\$'000
Current	1,361	1,294
Non-current	37,738	39,099
	39,099	40,393

(ii) Amounts recognised in the Statement of comprehensive income

The statement of comprehensive income shows the following amounts relating to lessors:

	2025	2024
	\$'000	\$'000
Rentals received from operating leases (included in Other revenue)	7,227	6,487
Interest received (included in Interest revenue)	2,045	2,109
	9,272	8,596

The Department has assessed that the sub-lease is a finance lease after considering the indicators of a finance lease in AASB 16. Accordingly, as a sub-lessor the Department has applied the following accounting policy:

- derecognises a portion of the right-of-use asset relating to the head lease that it transfers to the sub-lessee, and recognises the net investment in the sublease as a receivable; and

- retains the total lease liability relating to the head lease in its statement of financial position, which represents the lease payments owed to the head lessor; and
- recognises during the term of the lease the finance income on the sublease.

The Department also assesses the receivable for impairment.

c) Maturity analysis

Minimum lease cash payments to be made on the lease liability and received on the sub-lease are as follows:

	Lease liability payments to be made		Lease receivable payments to be received	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
In year 1	6,798	7,169	3,339	3,339
In year 2	6,611	5,955	3,339	3,339
In year 3	6,215	5,761	3,339	3,339
In year 4	5,103	5,350	3,339	3,339
In year 5	4,892	4,528	3,339	3,339
Later than 5 years	63,593	63,392	43,403	46,742
	93,212	92,155	60,098	63,437

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 18. Intangibles

	Software purchased		Software generated		Software work in progress		Total	
	2025	2024	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Gross	123,561	122,522	655,115	660,765	48,733	43,782	827,409	827,069
Less: Accumulated amortisation	(118,714)	(115,725)	(446,405)	(430,219)	-	-	(565,119)	(545,944)
Carrying amount at end of period	4,847	6,797	208,710	230,546	48,733	43,782	262,290	281,125

Represented by movements in carrying amount:

Carrying value at 1 July	6,797	9,986	230,546	250,352	43,782	37,690	281,125	298,028
Additions	558	-	27	307	24,061	31,736	24,646	32,043
Disposals	-	-	(14)	(2,499)	-	-	(14)	(2,499)
Transfers (to)/from property, plant & equipment	625	-	-	(399)	(116)	-	509	(399)
Transfers between classes	-	-	18,927	21,217	(18,927)	(21,217)	-	-
Write-off of software work in progress	-	-	-	-	(67)	(4,427)	(67)	(4,427)
Amortisation expense	(3,133)	(3,189)	(40,776)	(38,432)	-	-	(43,909)	(41,621)
Carrying amount at end of period	4,847	6,797	208,710	230,546	48,733	43,782	262,290	281,125

Material accounting policies

Intangible assets are only recognised if their cost is equal to or greater than \$100,000. Intangible assets are recorded at cost, which is, purchase price plus costs directly attributable to the acquisition, less accumulated amortisation, and impairment losses. Internally generated software includes all direct costs associated with the development of that software. All other costs are expensed as incurred. Intangible assets are amortised on a straight-line basis over their estimated useful life with a residual value of zero. The estimated useful life and amortisation method are reviewed periodically, with the effect of any changes in estimate being accounted for on a prospective basis.

The total useful life for the Department's software ranges from 2 to 17 years, with exceptions up to 28 years. The Department controls registered intellectual property, in the form of patents, designs and trademarks, and other unregistered intellectual property, in the form of copyright. At the reporting dates these intellectual property assets do not meet the recognition criteria as their values cannot be measured reliably.

Note 19. Payables

	2025	2024
	\$'000	\$'000
Appropriations payable	757,440	858,365
Trade payables	589,202	508,454
HHS payables	229,147	285,926
PAYG withholdings	187,856	173,565
Other payables	5,197	4,502
	1,768,842	1,830,812

Material accounting policies

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

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 20. Accrued employee benefits

	2025	2024
	\$'000	\$'000
Salaries and wages accrued	783,533	687,496
Annual leave levy payable	457,331	445,484
Long service leave levy payable	107,517	99,557
Other employee entitlements payable	124,347	112,269
	1,472,728	1,344,806

Material accounting policies

Wages and salaries due but unpaid at reporting date are recognised at current salary rates and are expected to be fully settled within 12 months of reporting date. These liabilities are recognised at undiscounted values. Provisions for annual leave, long service leave and superannuation are reported on a whole-of-government basis pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

Note 21. Asset revaluation surplus

	Land	Land	Buildings	Buildings	Total	Total
	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at start of period	119,286	111,656	291,876	256,542	411,162	368,198
Asset revaluation increment/(decrement)	8,953	13,929	51,507	62,940	60,460	76,869
Asset revaluation transferred to retained surplus*	-	(6,299)	(17,353)	(27,606)	(17,353)	(33,905)
Carrying amount at end of period	128,239	119,286	326,030	291,876	454,269	411,162

* Represents transfers via Equity for revaluation increments/(decrements) on land & building assets recorded by the Department of Health in its capacity as the asset management administrator.

Note 22. Interests in associates

Associates

The Department has two associated entities - Translational Research Institute Pty Ltd (TRI) and Translational Research Institute Trust (TRI Trust). The Department does not control either entity but does have significant influence over the financial and operating policy decisions. The Department uses the equity method to account for its interest in associates.

Translational Research Institute Pty Ltd (the Company) is the trustee of the TRI Trust and does not trade.

The objectives of the TRI Trust are to maintain the Translational Research Institute Facility (TRI Facility), and to operate and manage the TRI Facility to promote medical study, research, and education.

TRI has a 31 December year end. TRI's financial statements for the 12 months 1 July 2024 to 30 June 2025, endorsed by the TRI Board, are used to apply the equity method. There have been no changes to accounting policies or any changes to any agreements with TRI since 31 December 2024. The information disclosed below reflects the amounts presented in the financial statements of TRI and not the Department's share of those amounts. Where necessary, they have been amended to reflect adjustments made by the Department, including fair value adjustments and modifications for differences in accounting policy.

Joint Operations

The Department, through Queensland Ambulance Service (QAS), has a joint operation agreement with the Queensland Fire Department (QFD), entitled "Co-location of Kedron Park Facility". The agreement provides for the co-location, management, and operation of the Emergency Services Complex, located at Kedron, Queensland. In accordance with the agreement, the Department has a 39.6% share of net assets jointly owned with QFD.

The Department is a partner to the Australian e-Health Research Centre (AEHRC) joint operation. The current agreement runs to 30 June 2027. The Department has no rights to the net assets or liabilities of the AEHRC, except a return of cash contributions in limited circumstances. The Department makes a cash contribution of \$1.5M per annum.

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 22. Interests in associates (continued)

Entity	Ownership Interest	
Translational Research Institute Pty Ltd (the Company)		
Incorporated in Australia on 12 June 2009	25 shares of \$1 per share (25% shareholding)	
Translational Research Institute Trust (TRI Trust)		
Incorporated in Australia on 16 June 2009	25 units with equal voting rights (25% of voting rights)	
	2025 \$'000	2024 \$'000
SUMMARISED STATEMENT OF COMPREHENSIVE INCOME		
Revenue	80,724	58,003
Expenses	(48,000)	(46,472)
SURPLUS/(DEFICIT)	32,724	11,531
Other comprehensive income	-	-
TOTAL COMPREHENSIVE INCOME	32,724	11,531
THE DEPARTMENT'S SHARE OF TOTAL COMPREHENSIVE INCOME	8,181	2,883

The summarised financial information of the TRI Trust is set out below:

	2025 \$'000	2024 \$'000
SUMMARISED STATEMENT OF FINANCIAL POSITION		
Current assets	42,742	51,219
Non-current assets	313,605	271,041
TOTAL ASSETS	356,347	322,260
Current liabilities	16,949	17,003
Non-current liabilities	17,448	16,031
TOTAL LIABILITIES	34,397	33,034
NET ASSETS	321,950	289,226
THE DEPARTMENT'S SHARE OF NET ASSETS	80,488	72,307

Note 23. Contingencies

Guarantees

As at 30 June 2025 the Department held guarantees of \$187.1M (\$89.1M in 2023-24) from third parties which are related to capital projects. These amounts have not been recognised as assets in the financial statements.

Litigation in progress

At 30 June 2025, the Department had 26 litigation cases before the courts. As civil litigation is underwritten by the QGIF, the Department's liability in this area is limited up to \$20,000 per insurance event. The Department's legal advisers and management believe it would be misleading to estimate the final amount payable (if any) in respect of litigation before the courts at this time. Queensland's *Human Rights Act 2019* (the Act) protects 23 human rights. Under section 97 of the Act, public entities are required to include the number of human rights complaints received. For the year ended 30 June 2025, Queensland Health received 41 human rights complaints, of which there were 19 related cases remaining open.

Mater Springfield

The Department has entered into a Services Framework Agreement with Mater Misericordiae Ltd (Mater) that will, at a date in the future, see the Department purchase health delivery services utilising the expanded Mater Springfield Hospital.

Under the proposed agreement, the Department will be required to provide funding towards the capital costs associated with the expansion of the site, along with the service delivery funding. The term and value of the funding is contingent on the final negotiated service agreement and is therefore not currently fully known.

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Note 23. Contingencies (continued)

Management is actively monitoring the progress of the Mater Springfield Development. At the point at which the services agreement is reached, and health service activity begins to be undertaken, the appropriate recognition of these arrangements will be accounted for in the Department's financial statements.

Note 24. Commitments for expenditure

	Capital 2025 \$'000	Capital 2024 \$'000	Leases 2025 \$'000	Leases 2024 \$'000
Committed at reporting date but not recognised as liabilities, payable:				
Within 1 year	1,479,827	931,590	56,623	54,799
1 year to 5 years	1,258,487	40,919	111,467	110,169
More than 5 years	-	-	4,821	18,017
	2,738,314	972,509	172,911	182,985

Significant leases are entered into by the Department as a way of acquiring access to office accommodation facilities. Lease terms, for these leases, extend over a period of 1 to 7 years. The Department has no options to purchase any of the leased spaces at the conclusion of the lease. Some leases do provide the option for a right of renewal at which time the lease terms are renegotiated. Lease payments are generally fixed but do contain annual inflation escalation clauses upon which future year rentals are determined, with rates ranging between 2 to 4 per cent. As described in Note 17, not all leases entered into are required to be recognised under AASB 16, and these have been disclosed as lease commitments in the table above.

Note 25. Administered transactions and balances

Material accounting policies

The Department administers, but does not control, certain resources on behalf of the Queensland Government. In doing so it has responsibility and is accountable for administering related transactions and items but does not have the discretion to deploy the resources for the achievement of the Department's objectives.

Amounts appropriated to the Department for transfer to other entities are reported as administered appropriation items.

Administered transactions and balances are comprised primarily of the movement of funds to the Queensland Office of the Health Ombudsman, the Queensland Mental Health Commission and Health and Wellbeing Queensland.

	2025 \$'000	Original Budget 2025 \$'000	2024 \$'000	Ref	Actual vs budget variance \$'000
Administered revenues					
Administered item appropriation	92,712	88,887	78,292	i.	3,825
Taxes, fees and fines	2,153	4	920		2,149
Total administered revenues	94,865	88,891	79,212		5,974
Administered expenses					
Grants	92,712	88,891	78,292	i.	3,821
Other expenses	2,153	-	920		2,153
Total administered expenses	94,865	88,891	79,212		5,974
Administered assets					
Current					
Cash	308	12	153		296
Total administered assets	308	12	153		296
Administered liabilities					
Current					
Payables	308	12	153		296
Total administered liabilities	308	12	153		296

Notes to and forming part of the financial statements

For the year ended 30 June 2025

Actual vs budget comparison

i. The variance (\$3.8M) for Administered appropriation and Grants relates to Health and Wellbeing Queensland mostly due to additional funding for Life Education Queensland.

Note 26. Reconciliation of payments from Consolidated Fund to Administered revenue

	2025	2024
	\$'000	\$'000
Budgeted appropriation	88,887	57,055
Unforeseen expenditure	3,825	21,237
Administered revenue recognised in Note 25	92,712	78,292

Note 27. Activities and other events

There were no other material events after the reporting date of 30 June 2025 that have a bearing on the Department's operations, the results of those operations or these financial statements.

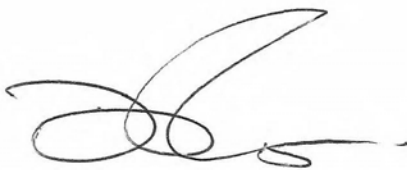
Management Certificate

For the year ended 30 June 2025

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

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

The Director-General, as the Accountable Officer of the Department, acknowledges responsibility under s.7 and s.11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.



Dr David Rosengren – Director-General
Department of Health

Date 25/8 /2025



Luan Sadikaj CPA – Chief Finance Officer
Department of Health

Date 25/8 /2025

INDEPENDENT AUDITOR'S REPORT

To the Accountable Officer of the Department of Health

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of the Department of Health.

The financial report comprises the statement of financial position and statement of assets and liabilities by major departmental services as at 30 June 2025, the statement of comprehensive income, statement of changes in equity, statement of cash flows and statement of comprehensive income by major departmental services 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 department'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 department 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.

Responsibilities of the accountable officer for the financial report

The Accountable Officer 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 Accountable Officer determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

The Accountable Officer is also responsible for assessing the department's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless it is intended to abolish the department 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/ar4.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 department's transactions and account balances to enable the preparation of a true and fair financial report.



Rachel Vagg
Auditor-General

26 August 2025

Queensland Audit Office
Brisbane