



SERVICE DELIVERY STATEMENTS

Queensland Health



2023–24 Queensland Budget Papers

1. Budget Speech
 2. Budget Strategy and Outlook
 3. Capital Statement
 4. Budget Measures
- Service Delivery Statements
- Appropriation Bills
- Budget Overview
- Regional Action Plans

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Service Delivery Statements

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Health Portfolio

Portfolio overview

Minister for Health, Mental Health and Ambulance Services and Minister for Women
The Honourable Shannon Fentiman MP

Assistant Minister for Health and Regional Health Infrastructure
Brittany Lauga MP

Department of Health
Director-General: Shaun Drummond

Queensland Ambulance Service
Commissioner: Craig Emery

The Minister for Health, Mental Health and Ambulance Services and Minister for Women is also responsible for:

Cairns and Hinterland Hospital and Health Service
Chief Executive Officer: Leena Singh

Central Queensland Hospital and Health Service
Chief Executive Officer: Emma McCahon

Central West Hospital and Health Service
Chief Executive Officer: Anthony West

Children's Health Queensland Hospital and Health Service
Chief Executive Officer: Frank Tracey

Darling Downs Hospital and Health Service

Chief Executive Officer: Annette Scott

Gold Coast Hospital and Health Service

Chief Executive Officer: Ron Calvert

Mackay Hospital and Health Service

Acting Chief Executive Officer: Charles Pain

Metro North Hospital and Health Service

Chief Executive Officer: Jackie Hanson

Metro South Hospital and Health Service

Acting Chief Executive Officer: Noelle Cridland

North West Hospital and Health Service

Acting Chief Executive Officer: Sean Birgan

South West Hospital and Health Service

Chief Executive Officer: Anthony Brown

Sunshine Coast Hospital and Health Service

Chief Executive Officer: Peter Gillies

Torres and Cape Hospital and Health Service

Chief Executive Officer: Beverley Hamerton

Townsville Hospital and Health Service

Chief Executive Officer: Kieran Keyes

West Moreton Hospital and Health Service

Chief Executive Officer: Hannah Bloch

Wide Bay Hospital and Health Service

Chief Executive Officer: Deborah Carroll

The Council of the Queensland Institute of Medical Research

Director and Chief Executive Officer: Fabienne Mackay

Queensland Mental Health Commission

Commissioner: Ivan Frkovic

Office of the Health Ombudsman

Ombudsman: Lynne Coulson Barr

Health and Wellbeing Queensland

Chief Executive Officer: Robyn Littlewood

Additional information about these agencies can be sourced from:

www.health.qld.gov.au

www.ambulance.qld.gov.au

www.qimrberghofer.edu.au

www.qmhc.qld.gov.au

www.oho.qld.gov.au

www.hw.qld.gov.au

Queensland Health

Overview

As part of the machinery-of-government changes, effective 18 May 2023 there were changes to the following functions:

- Office for Women was transferred from the Department of Justice and Attorney-General.

Queensland Health is comprised of the Department of Health, the Queensland Ambulance Service (QAS) and 16 independent Hospital and Health Services (HHSs) situated across the state. The remainder of the Queensland Health portfolio includes the Queensland Mental Health Commission, the Office of the Health Ombudsman, the Council of the Queensland Institute of Medical Research (QIMR Berghofer) and Health and Wellbeing Queensland.

The development and implementation of a Queensland Health Outcomes Framework has continued in 2023 and assists the shift towards a health system that incentivises patient outcomes over activity focussing on values-based health care, collaboration, and innovation. The Outcomes Framework provides a clear linkage of funding to the delivery of outcomes in system and care domains; define clear accountability for delivery; and allows evaluation of specific funded programs, increasing transparency of investment and disinvestment decisions.

Queensland is not unique in facing complex challenges in delivering quality health care over the next decade. Queensland Health has adopted a vision “to be a dynamic and responsive health system where our workforce is valued and empowered providing world-class health care to all Queenslanders”.

Supporting this vision are 4 system outcomes, forming key objectives for Queensland Health:

- Queenslanders have access to quality and safe health care and equitable health outcomes
- Queenslanders have overall improved health, a good start to life, healthy ageing and a good end of life experience
- Queensland has an innovative, connected and sustainable health system, and
- the Queensland Health workforce is valued, respected and empowered to lead the delivery of world-class health services each working at the top of their scope of practice

Over the next decade, key system priorities will enable the delivery of better care in the hospital when it's needed and more care in our communities.

The focus for Queensland Health in 2023–24 is to improve patients' access to care through improving ambulance responsiveness and reducing ramping, improving emergency department access, improving access to surgery and specialist clinics as well as boosting women's health care and mental health care. To support this a suite of programs and initiatives are being implemented. Highlights are:

1. Improving ambulance responsiveness and reducing ramping through initiatives such as expanding the Clinical Hub directing Triple zero (000) callers to the most appropriate place for health advice, improving how we respond to assist Queenslanders experiencing a mental health crisis, as well as building and redeveloping ambulance infrastructure.
2. Improving emergency department through initiatives such as bringing online additional capacity, continuing to expand the provision of virtual healthcare and implementing programs which improve access to beds such as embedding Transit Lounges and extending operating hours.
3. Improving access to surgery and specialist clinics by utilising nursing, midwifery, and allied health extended scope of practice and other alternative pathways for specialist clinics and continuing the planned care recovery initiative to address backlogs created during the COVID-19 pandemic.
4. Boosting women's health care including the development of a 10-year Queensland Women's and Girls Health Strategy, Implementing the Women's Health Workforce Action Plan, Growing Deadly Families Strategy, and Termination of Pregnancy Action Plan, continuing rural and regional birthing services and strengthening expansion of outreach obstetric and gynaecology services and delivering trauma-informed domestic and family violence (DFV) training to the frontline health workforce, participation in DFV High Risk Teams and enhanced participation by mental health, alcohol and other drug service in DFV High Risk Teams.
5. Boosting Mental Health Care including implementing *Better Care Together: a plan for Queensland's state-funded mental health alcohol and other drug services to 2027* and creating new, diverse and more services to support children, adolescents and young people with acute and crisis presentations, including suicidality, those with eating disorders and those engaged in the youth justice system.

Alongside *Better Care Together*, is the *Queensland Mental Health Commission's Achieving Balance: The Queensland Alcohol and Other Drugs Plan 2022–27*. *Achieving Balance* outlines strategic priorities that reflect the far-reaching effects of problematic alcohol and other drugs use, and the important contribution that a wide range of government agencies and the non-government and private sectors can make to achieve better outcomes for Queenslanders.

Over 2023–24, Queensland Health will continue initiatives under Making Tracks to improve the health and wellbeing of First Nations Queenslanders and undertake planning and development of actions to achieve continuity of care for birthing services in regional and remote Queensland.

The Voluntary Assisted Dying (VAD) scheme has been successfully implemented with access commencing on 1 January 2023. This scheme provides an additional end-of-life care option and is delivered by practitioners in both the public and private health care systems, giving eligible Queenslanders more control over the timing and circumstances of their death.

Alongside this is the continuing implementation of the 5-year Palliative and End-of-Life Care Strategy and Queensland Health Specialist Palliative Care Workforce Plan. The Palliative and End-of-Life Care Strategy aims to provide care that is person centred, compassionate, equitable and accessible to all Queenslanders. The Workforce Plan will build and develop the Queensland Health specialist palliative care workforce to deliver more services across Queensland, including in regional and remote areas.

Queensland continues to invest in our health workforce. Employment agreements covering most frontline and non-frontline staff have been certified. These agreements ensure Queensland Health staff receive some of the best pay and conditions in comparison to other jurisdictions. These wages and conditions assist Queensland Health in recruiting and retaining our valuable workforce.

We are building our future workforce through initiatives such as expanding health pathways from school-based traineeships to university programs, partnering with universities to guide program requirements to meet future workforce needs, and providing financial assistance to support student nurses and midwives to undertake placements in rural and regional areas. The Queensland Government is also implementing a workforce attraction scheme incentivising interstate health workers to move to Queensland. Furthermore, there are additional incentives for doctors who take up a job in regional and remote Queensland.

In last year's Budget, the government provided a significant investment of \$9.785 billion to increase bed capacity across the state, under the *Health and Hospitals Plan* which will deliver 3 new hospitals, 11 major hospital expansions and a new cancer centre. In 2023–24, Queensland Health will continue delivery of this ambitious program, which has now awarded more than \$3 billion of contracts to deliver expansions in Brisbane, Ipswich, Mackay, Logan, Townsville and Cairns.

Several redevelopments of Queensland public hospitals will be operationalised in 2023–24. The 7 Satellite Hospitals will open and treat lower complexity patients who are coming to Emergency Departments. The facilities are at Caboolture, Kallangur, Ripley, Eight Mile Plains, Tugun, Bribie Island and Redlands. The Accelerated Infrastructure Delivery Program will provide additional bed capacity at QEII, Redland and Gold Coast University Hospital as well as addressing Emergency Department pressures at Robina Hospital through the Emergency Department Fast Track. Major redevelopments at Caboolture and Logan Hospitals will also provide additional bed capacity at these already busy facilities.

In 2023–24, the Office for Women continues collaborating with other agencies progressing 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. This includes exploring government's purchasing power to drive increased gender equality and facilitate grants to support community led initiatives supporting gender equality.

Budget highlights

In the 2023–24 Queensland Budget, the government is providing:

- additional funding of \$2.888 billion over 5 years to address demand and cost pressures and support a suite of programs and initiatives to improve ambulance responsiveness and reduce wait times for emergency care, surgery and specialist clinics, as well as boosting women’s health care and mental health care. This funding increase will also support:
 - the operating requirements for the Satellite Hospitals and the Logan and Caboolture Hospital expansions
 - trauma informed domestic and family violence training for frontline health workers across Queensland
 - continuing initiatives under Making Tracks towards Achieving Health Equity with First Nations People 2021–2025
 - increasing support for maternity birthing services in regional and rural locations as well as strengthening outreach obstetrics and gynaecology services
 - an additional 200 ambulance operatives
- increased funding of \$70.3 million over 4 years to support an increase to the Patient Travel Subsidy Scheme (PTSS) to assist with offsetting current cost of living pressures and support financially vulnerable Queenslanders in accessing the clinical care they need
- additional funding of \$81.2 million over 4 years to support and expand forensic DNA service delivery, and to design and establish the new Queensland forensic science agency. This includes a dedicated retrospective case and sample review function and support for retrospective DNA testing and analysis required following case review
- \$150 million for the demolition and replacement of the existing Redland Hospital mental health facility
- additional funding of \$2.1 million in 2023-24 for grants to support girls’ and women’s participation and pathways in male dominated industries and a partnership with Future Women to deliver Jobs Academy, and support for women re-entering the workforce following impacts of domestic and family violence.

Further information about new policy decisions can be found in *Budget Paper No. 4: Budget Measures*.

Performance statement

Inpatient Care

Objective

To provide safe, timely, appropriately accessible, patient-centred care that maximises the health outcomes of patients.

Description

Inpatient care includes a broad range of services provided to patients under a formal admission process and can refer to care provided in hospital and/or in a patient's home.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ¹	<2	0.8	≤1.0
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	87.5%	>98%
• Category 2 (90 days) ³	..	70.0%	..
• Category 3 (365 days) ³	..	70.8%	..
Median wait time for elective surgery treatment (days) ²			
• Category 1 (30 days)	..	18	..
• Category 2 (90 days)	..	70	..
• Category 3 (365 days)	..	294	..
• All categories	..	40	..
Percentage of admitted patients discharged against medical advice ⁴			
• Non-Aboriginal and Torres Strait Islander patients	0.8%	1.07%	0.8%
• Aboriginal and Torres Strait Islander patients	1.0%	3.07%	1.0%
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ⁵	\$5,241	\$5,602	\$5,486
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,6}			
• Category 1 (30 days)	48,555	50,179	55,153
• Category 2 (90 days) ³	..	36,233	..
• Category 3 (365 days) ³	..	20,260	..
Total weighted activity units (WAU) - Acute Inpatients ⁷	1,485,746	1,456,226	1,538,361

Notes:

1. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2022 and 31 December 2022.
2. In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.

3. Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
4. 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 2022–23 Estimated Actual is based on admitted patient data for the period 1 July 2022 to 28 February 2023.
5. The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. The 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
6. Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
7. The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.

Outpatient Care

Objective

To deliver timely coordinated care, clinical follow up and appropriate discharge planning throughout the patient journey, inclusive of service delivery using innovative technology that maximises the health outcomes of patients.

Description

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.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of specialist outpatients waiting within clinically recommended times ¹			
• Category 1 (30 days)	65%	54.6%	65%
• Category 2 (90 days) ²	..	41.1%	..
• Category 3 (365 days) ²	..	71.3%	..
Percentage of specialist outpatients seen within clinically recommended times ³			
• Category 1 (30 days)	83%	78.1%	83%
• Category 2 (90 days) ²	..	51.2%	..
• Category 3 (365 days) ²	..	66.1%	..
Efficiency measure			
Not identified	..	..	..
Other measures			
Number of Telehealth outpatients service events ⁴	283,232	315,400	318,134
Total weighted activity units (WAU) - Outpatients ⁵	446,186	446,231	462,986

Notes:

1. Waiting within clinically recommended time is a point in time performance report. The 2022–23 Estimated Actual is as at 30 April 2023.
2. Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
3. In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Seen in time 2022–23 Estimated Actual is for the period 1 July 2022 to 30 April 2023.
4. Telehealth 2022-23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023-24 Targets are generally set on the first 6 months of 2022-23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023-24 without the influences of COVID.
5. The 2022–23 Target/Estimate varies from the published 2022–23 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.

Emergency Care

Objective

To minimise early mortality and complications, through timely diagnosis and treatment of acute and urgent illness and injury.

Description

Emergency care is provided by a wide range of facilities and providers from remote nurse run clinics, general practices, ambulance services, retrieval services, through to Emergency Departments (EDs). EDs are dedicated hospital-based facilities specifically designed and staffed to provide 24-hour emergency care.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	62.2%	>80%
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> • Category 1 (within 2 minutes) • Category 2 (within 10 minutes) • Category 3 (within 30 minutes) • Category 4 (within 60 minutes) • Category 5 (within 120 minutes) 	100% 80% 75% 70% 70%	100% 65.4% 64.6% 76.8% 93.5%	100% 80% 75% 70% 70%
Percentage of patients transferred off stretcher within 30 minutes ²	90%	61.2%	90%
Median wait time for treatment in emergency departments (minutes) ^{1,3}	..	16	..
Efficiency measure			
Not identified	..	..	..
Other measure			
Total weighted activity units (WAU) - Emergency Department ⁴	349,084	321,849	366,144

Notes:

1. Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
2. Patient off stretcher 2022–23 Estimated Actual is for the period 1 July 2022 to 30 April 2023.
3. 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.
4. The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.

Sub and Non-Acute Care

Objective

To provide specialised multidisciplinary care that aims to optimise patients' functioning and quality of life.

Description

Sub and non-acute care comprises rehabilitation care, palliative care, geriatric evaluation and management care, psychogeriatric care and maintenance care.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measure			
Not identified	..	..	..
Efficiency measure			
Not identified	..	..	..
Other measure			
Total weighted activity units (WAU) - Sub-acute ¹	155,046	174,195	165,844

Notes:

1. The 2022–23 Target/Estimate varies from the published 2022–23 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.

Mental Health and Alcohol and Other Drugs Services

Objective

To provide comprehensive, recovery-oriented mental health, drug and alcohol services to improve the mental health and wellbeing of all Queenslanders and minimise the impact of substance misuse in Queensland communities.

Description

Mental Health Services deliver assessment, treatment and rehabilitation services in community, inpatient and extended treatment settings to provide appropriate care for symptoms of mental illness and facilitate recovery. Alcohol, Tobacco and Other Drug Services provide prevention, treatment and harm reduction responses in community-based services.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ¹			
• Aboriginal and Torres Strait Islander	<12%	16.2%	<12%
• Non-Aboriginal and Torres Strait Islander	<12%	11.2%	<12%
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%	57.8%	>65%
• Non-Aboriginal and Torres Strait Islander	>65%	62.2%	>65%
Efficiency measure			
Not identified	..	..	..
Other measures			
Percentage of the population receiving clinical mental health care ³	>2.1%	2.2%	>2.1%
Ambulatory mental health service contact duration (hours) ⁴	>956,988	761,019	>956,988
Queensland suicide rate (number of deaths by suicide/100,000 population) ⁵	..	15.6	..
Total weighted activity units (WAU) - Mental Health ⁶	151,638	131,268	155,809

Notes:

- Mental Health readmissions 2022–23 Estimated Actuals are for the period 1 July 2022 to 28 February 2023.
- 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 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Percentage of the population receiving clinical mental health care measure 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.
- Queensland suicide rate is the 5-year rolling average for the period 2017–2021. No annual targets for this measure were set as progress is expected over the long-term.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.

Prevention, Primary and Community Care

Objective

To prevent illness and injury, address health problems or risk factors and protect the good health and wellbeing of Queenslanders.

Description

These services are provided by a range of healthcare professionals in socially appropriate and accessible ways and 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 and self-management support.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of the Queensland population who consume alcohol at risky and high risk levels ^{1,2,3}			
• Persons	21.9%	22.0%	21.3%
• Male	31.6%	32.3%	31.3%
• Female	12.7%	12.2%	11.8%
Percentage of the Queensland population who smoke daily ^{1,3}			
• Persons	10.1%	10.4%	10.1%
• Male	10.7%	11.8%	11.4%
• Female	9.5%	9.1%	8.8%
Percentage of the Queensland population who were sunburnt in the last 12 months ^{1,3}			
• Persons	47.8%	49.3%	47.8%
• Male	53.0%	54.6%	53.0%
• Female	43.0%	44.3%	43.0%
Annual notification rate of HIV infection ⁴	2.5	2.0	<3.0
Vaccination rates at designed milestones for children 1–5 years ⁵			
• all children 1 year	95%	92.7%	95%
• all children 2 years	95%	91.0%	95%
• all children 5 years	95%	93.4%	95%
Percentage of target population screened for			
• breast cancer ⁶	51.7%	52.1%	52.1%
• cervical cancer ⁷	..	..	67.6%
• bowel cancer	39.1%	37.5%	42.5%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter ⁸	59.8%	59.8%	59.6%
Ratio of potentially preventable hospitalisations (PPH) - rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations ⁹	1.65	1.70	1.65
Percentage of women who, during their pregnancy, were smoking after 20 weeks ^{10,11}			
• Non-Aboriginal and Torres Strait Islander women	6.0%	6.5%	6.0%
• Aboriginal and Torres Strait Islander women ¹¹	35.0%	30.5%	28.0%

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation ¹⁰			
• Non-Aboriginal and Torres Strait Islander women	97.0%	97.1%	98.0%
• Aboriginal and Torres Strait Islander women ¹²	91.0%	92.0%	93.0%
Percentage of babies born of low birth weight to ¹⁰			
• Non-Aboriginal and Torres Strait Islander women	4.6%	5.0%	4.6%
• Aboriginal and Torres Strait Islander women	7.3%	9.6%	7.3%
Percentage of public general dental care patients waiting within the recommended timeframe of 2 years ¹³	85%	99.7%	85%
Percentage of oral health Weighted Occasions of Service which are preventative ¹⁴	15%	17.3%	15%
Efficiency measure			
Not identified	..	..	..
Other measures			
Number of rapid HIV tests performed ¹⁵	5,600	6,326	6,000
Number of adult oral health Weighted Occasions of Service (ages 16+) ^{16,17}	2,782,000	2,834,000	2,736,000
Number of children and adolescent oral health Weighted Occasions of Service (0–15 years) ^{16, 17}	1,200,000	896,000	1,200,000
Total weighted activity units (WAU) - Prevention and Primary Care ¹⁸	51,832	50,527	48,076

Notes:

1. The survey measures 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 2009 NHMRC alcohol guidelines.
3. The most recent results for sunburn are from 2020 while alcohol consumption and smoking results are from 2022.
4. The annual notification rate of HIV infection 2022–23 Estimated Actual is based on the data during the period 1 January 2022 to 31 December 2022.
5. The Vaccination Rates 2022–23 Estimated Actual is an estimate based on the coverage during the period 1 July 2022 to 31 March 2023.
6. Participation rates in BreastScreen Queensland program have been falling since 2008–09. The decline is greatest in women aged 50–54 years. This has long term consequences as clients are more likely to screen in the future if they have screened in the past. However, Queensland rates are similar to the national average in 2018–19 based on latest published data.
7. A 2022–23 Estimate was not applicable due to change in the screening interval from 2 years to 5 years. The transition period is now over so this target has been reintroduced.
8. There is significant random variation in the size of cancer detected from year to year and therefore a 3-year average is used to calculate this measure. The 2022–23 Estimated Actual is based on the 3-year average for financial years 2018–19 to 2020–21, calculated in April 2023. The 2023–24 Target/Estimate is based on the 3-year average for financial years 2019–20 to 2021–22, calculated in April 2023.
9. The 2023–24 Target/Estimate is based on a trajectory to achieve PPH parity with other Queenslanders by 2033. The 2022–23 Estimated Actual is based on admitted patient data for the period 1 July 2022 to 28 February 2023.
10. Antenatal services, smoking and low birth weight measures Estimated Actuals for 2022–23 are based on perinatal data for the period 1 July 2022 to 28 February 2023.
11. Rates of smoking in pregnant Aboriginal and Torres Strait Islander women post 20 weeks gestation have been decreasing since 2005–06 when the rate was 51.8 per cent, representing an average decrease of approximately one per cent per annum.
12. While the 2022–23 Estimated Actual is close to the 2022–23 Target/Estimate, a number of the Hospital and Health Services (HHSs) have reached the target and over time there has been sustained long term improvement in the proportion of Aboriginal and Torres Strait Islander women attending 5 or more antenatal appointments since 2002–03 when the rate was 76.7 per cent.
13. General dental care patients waiting within recommended timeframe 2022–23 Estimated Actual is as at 31 March 2023.
14. Oral Health measures 2022–23 Estimated Actual is based on actual performance from 1 July 2022 to 31 March 2023.
15. The HIV rapid test 2022–23 Estimated Actual is based on the period 1 January 2022 to 31 December 2022.
16. Oral Health measures 2022–23 Estimated Actual is a 12-month projection based on actual performance from 1 July 2022 to 31 March 2023.
17. The Target/Estimate for adult oral health Weighted Occasions of Service (ages 16+) is slightly lower than the 2022–23 Target/Estimate primarily due to a reduction in expected Child Dental Benefits Schedule (CDBS) revenue which funds additional adult oral health services.

17. The Estimated Actual for children and adolescents for 2022–23 is lower than the Target/Estimate, primarily due to an extended recovery period following the COVID-19 pandemic, however activity has improved since 2021–22 and continues to increase.
18. The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.

Office for Women

Objective

To ensure that women and girls across all cultures, backgrounds and age groups fully participate in the social, economic and broader community of Queensland.

Description

The Office for Women promotes gender equality for women and girls, leads and facilitates projects to support, promote and protect women's rights, interests, leadership and wellbeing.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
<i>Effectiveness measures</i>			
Percentage of women appointed to Queensland Government Boards ¹	50%	56%	50%
<i>Efficiency measures</i>			
Not identified	..	..	..

Notes:

1. As a result of the machinery-of-government (MoG) changes effective 18 May 2023, the Office for Women function and women on boards service standard has been transferred to Queensland Health and was previously presented in the Department of Justice and Attorney-General 2022–23 Service Delivery Statement.
2. The service area name, objective and description has consequently been updated to reflect this change.

Departmental budget summary

The table below shows the total resources available in 2023–24 from all sources and summarises how resources will be applied by service area and by controlled and administered classifications.

Queensland Health and Hospital and Health Services	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CONTROLLED			
Income			
Appropriation revenue ¹	13,846,208	14,982,403	15,379,942
Other revenue	8,202,195	8,555,084	8,772,652
Total income	22,048,403	23,537,487	24,152,594
Expenses			
Inpatient Care	10,229,054	11,103,046	11,346,793
Outpatient Care	2,626,044	2,717,435	2,906,765
Emergency Care	2,269,805	2,560,876	2,605,650
Sub and Non-Acute Care	1,020,681	1,115,824	1,136,265
Mental Health and Alcohol and Other Drug Services	2,184,883	2,282,764	2,335,952
Prevention, Primary and Community Care	2,616,366	2,648,244	2,657,766
Ambulance Services	1,097,570	1,109,298	1,159,551
Office for Women	..	..	3,852
Total expenses	22,044,403	23,537,487	24,152,594
Operating surplus/deficit	4,000	..	..
Net assets	13,671,513	14,735,132	15,448,389
ADMINISTERED			
Revenue			
Commonwealth revenue	..	..	..
Appropriation revenue	71,129	71,535	57,055
Other administered revenue	4	4	4
Total revenue	71,133	71,539	57,059
Expenses			
Transfers to government	..	..	..
Administered expenses	71,133	71,539	57,059
Total expenses	71,133	71,539	57,059
Net assets	..	..	..

Note:

1. Includes state and Australian Government funding.

Staffing

The table below shows the Full Time Equivalents (FTEs) as at the 30 June in the respective years.

Queensland Health and Hospital and Health Services	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	105,686	105,686	106,743

Capital program

The Queensland Health capital program delivers built infrastructure and digital technologies to enable the delivery of safe, high-quality health services to Queenslanders. In 2023-24, the total capital investment is \$1.638 billion.

Hospital and health facility project highlights in 2023–24 include:

- \$9.785 billion over 6 years for the Queensland Health Capacity Expansion Program which will deliver around 2,200 additional beds. This includes:
 - new hospitals in Bundaberg, Toowoomba and Coomera
 - new Queensland Cancer Centre, which will be based within the Herston Health Precinct at the Royal Brisbane and Women’s Hospital
 - hospital expansions at the following 11 sites across Queensland: Redcliffe Hospital, Ipswich Hospital (Stage 2 Expansion), Townsville University Hospital, Logan Hospital (Stage 2 Expansion), QEII Hospital, Princess Alexandra Hospital, The Prince Charles Hospital, Cairns Hospital, Mackay Hospital, Robina Hospital and Hervey Bay Hospital
- \$269.3 million over 2 years to increase bed capacity under the Accelerated Infrastructure Delivery Program. This program will deliver 289 beds across 7 projects in the Metro South, Gold Coast, West Moreton and Cairns and Hinterland Hospital and Health Services, and will use off-site construction and standard designs to reduce time to commissioning
- \$45.6 million for the Building Rural and Remote Health Program Phase 1 to address ageing infrastructure at Camooweal, St George, Morven, Charleville and Blackwater, and provide a safe and contemporary environment for the communities' health services
- \$10.3 million for the planning and initiatives under a new 5-year plan for state-funded Mental Health Alcohol and Other Drug Services – Better Care Together
- \$346.5 million under the Sustaining Capital Program will be distributed across Hospital and Health Services and the Department of Health for a range of minor capital projects and replacement of health technology equipment
- \$121.4 million as part of the Building Better Hospitals program which includes the Caboolture Hospital Redevelopment (\$34.4 million), the Ipswich Hospital Expansion Stage 1A (\$4.7 million), the Logan Hospital Expansion Stage 1 (\$82 million) and the Logan Hospital Maternity Services Upgrade (\$0.4 million)
- \$78.9 million in 2023–24 as part of the \$376.9 million Satellite Hospitals Program to deliver satellite hospitals to Bribie Island, Caboolture, Eight Mile Plains (Brisbane South), Kallangur (Pine Rivers), Tugun (Gold Coast), Ripley (Ipswich) and Redlands
- \$84.9 million in 2023–24 will be invested in ICT to support the safe and efficient provision of health services that enable the successful delivery of health care and business services across Queensland
- QAS are investing \$105.3 million in enabling critical infrastructure to support essential frontline services to provide timely, quality, and appropriate patient focused pre-hospital emergency and non-emergency care and services to the community. This includes:
 - \$48.3 million to progress the planning and construction phases for new ambulance stations at Caloundra South, Lawnton and Morayfield, the new Ripley Ambulance Station and West Moreton District Office, replacement of the North Rockhampton Ambulance Station and Central Queensland Regional Office and the new Burdell Ambulance Station and the North Queensland and Townsville District Office
 - \$28.3 million to commission 144 new and replacement ambulance vehicles including the continued rollout of power assisted stretchers and \$1.5 million for the fit out of emergency response vehicles.

The table below shows the capital purchases by the agency in the respective years.

	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
Total capital investment	1,537,112	1,526,623	1,638,431

Notes:

1. Total capital investment in 2022–23 Budget includes \$5.1 million for the Council of the Queensland Institute of Medical Research (QIMR).
2. Total capital investment in 2023–24 includes \$7.7 million for the QIMR.

Further information about the Department of Health capital outlays can be found in *Budget Paper No. 3: Capital Statement*.

Budgeted financial statements

An analysis of Queensland Health's budgeted financial statements, inclusive of the Department of Health, Queensland Ambulance Service and the Hospital and Health Services, is provided below.

Departmental income statement

2023–24 total expenses are estimated to be \$24.153 billion, representing an increase of \$2.109 billion or 9.6 per cent from the 2022–23 Budget.

Departmental balance sheet

Queensland Health's major assets are in property, plant and equipment (\$15.704 billion), whilst its main liabilities relate to employee benefits (\$1.426 billion) and payables of an operating nature (\$828 million).

Reporting Entity Financial Statements

Reporting Entity comprises:

- Queensland Health and Hospital and Health Services (excluding Administered)

Reporting entity income statement

Queensland Health and Hospital and Health Services	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
Appropriation revenue	13,846,208	14,982,403	15,379,942
Taxes	..	..	..
User charges and fees	1,645,734	1,781,901	1,730,235
Royalties and land rents	..	..	..
Grants and other contributions	6,445,281	6,660,808	6,936,298
Interest and distributions from managed funds	2,486	4,509	4,551
Other revenue	107,622	105,788	99,576
Gains on sale/revaluation of assets	1,072	2,078	1,992
Total income	22,048,403	23,537,487	24,152,594
EXPENSES			
Employee expenses	14,526,681	15,163,688	15,926,695
Supplies and services	5,935,175	6,680,048	6,690,713
Grants and subsidies	193,314	193,022	96,550
Depreciation and amortisation	1,056,091	1,056,196	1,078,286
Finance/borrowing costs	49,086	50,568	49,664
Other expenses	258,404	332,034	288,132
Losses on sale/revaluation of assets	25,652	61,931	22,554
Total expenses	22,044,403	23,537,487	24,152,594
Income tax expense/revenue	..	..	..
OPERATING SURPLUS/(DEFICIT)	4,000	..	..

Reporting entity balance sheet

Queensland Health and Hospital and Health Services	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	782,820	1,142,566	1,085,272
Receivables	980,905	912,457	971,378
Other financial assets	..	..	..
Inventories	365,079	341,116	348,344
Other	122,901	126,607	126,041
Non-financial assets held for sale	..	..	..
Total current assets	2,251,705	2,522,746	2,531,035
NON-CURRENT ASSETS			
Receivables	85,760	85,154	78,156
Other financial assets	73,072	70,133	70,133
Property, plant and equipment	14,133,107	14,969,585	15,703,502
Deferred tax assets	..	..	..
Intangibles	394,932	413,007	440,858
Other	6,957	29,821	29,821
Total non-current assets	14,693,828	15,567,700	16,322,470
TOTAL ASSETS	16,945,533	18,090,446	18,853,505
CURRENT LIABILITIES			
Payables	720,825	826,481	828,120
Current tax liabilities	..	..	..
Accrued employee benefits	1,369,232	1,322,740	1,426,151
Interest bearing liabilities and derivatives	48,122	59,959	58,594
Provisions	184	134	134
Other	94,724	49,137	49,396
Total current liabilities	2,233,087	2,258,451	2,362,395
NON-CURRENT LIABILITIES			
Payables	..	807	267
Deferred tax liabilities	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	961,046	977,383	927,519
Provisions	..	..	..
Other	79,887	124,184	120,446
Total non-current liabilities	1,040,933	1,102,374	1,048,232
TOTAL LIABILITIES	3,274,020	3,360,825	3,410,627
NET ASSETS/(LIABILITIES)	13,671,513	14,729,621	15,442,878
EQUITY			
TOTAL EQUITY	13,671,513	14,729,621	15,442,878

Reporting entity cash flow statement

Queensland Health and Hospital and Health Services	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	13,831,521	14,899,045	15,373,713
User charges and fees	1,635,611	1,662,799	1,697,712
Royalties and land rent receipts	..	..	..
Grants and other contributions	6,349,617	6,810,543	6,838,029
Interest and distribution from managed funds received	2,486	4,509	4,551
Taxes	..	..	..
Other	610,810	714,408	696,819
Outflows:			
Employee costs	(14,452,017)	(15,057,136)	(15,834,959)
Supplies and services	(6,345,756)	(7,347,657)	(7,208,356)
Grants and subsidies	(193,314)	(185,066)	(97,701)
Borrowing costs	(49,304)	(50,204)	(49,360)
Taxation equivalents paid	..	..	..
Other	(272,020)	(295,765)	(305,050)
Net cash provided by or used in operating activities	1,117,634	1,155,476	1,115,398
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	1,812	1,842	2,725
Investments redeemed	..	..	..
Loans and advances redeemed	5,615	7,452	4,933
Outflows:			
Payments for non-financial assets	(1,530,328)	(1,500,016)	(1,630,363)
Payments for investments	..	..	..
Loans and advances made	..	247	..
Net cash provided by or used in investing activities	(1,522,901)	(1,490,475)	(1,622,705)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,205,075	1,254,395	1,377,316
Outflows:			
Borrowing redemptions	(10,737)	(10,737)	(11,636)
Finance lease payments	(38,711)	(40,189)	(40,526)
Equity withdrawals	(854,299)	(881,967)	(875,141)
Dividends paid	..	..	..
Net cash provided by or used in financing activities	301,328	321,502	450,013
Net increase/(decrease) in cash held	(103,939)	(13,497)	(57,294)
Cash at the beginning of financial year	886,759	1,156,063	1,142,566
Cash transfers from restructure	..	..	..
Cash at the end of financial year	782,820	1,142,566	1,085,272

Department of Health

Overview

The vision of the Department of Health (the department) is to provide a world class health system for all Queenslanders. The department's purpose is to provide highly effective health system leadership.

The department delivers expert health system governance, statewide clinical health support services, information and communication technologies, health promotion and disease prevention strategy, urgent patient retrieval services, health infrastructure planning and corporate support services for the employment of over 100,000 Queensland Health staff.

The department provides strategic leadership and direction to the Queensland public health system and is committed to partnerships with the 16 Hospital and Health Services (HHSs) across the state, with consumers, clinicians and external providers of health and social services including Mater Health.

In 2022–23 the department has undergone a structural shift to enable the delivery of our vision to be a cohesive health system manager which supports the delivery of high-quality and compassionate health care to Queenslanders.

This has provided benefits for the whole system including:

- fostering functional collaboration
- supporting efficient operations and financial sustainability
- ensuring reliable and consistent information is readily available
- increasing accountability in decision making
- creating system collaboration and increasing input from frontline services
- ensuring services are delivered in the right place, at the right time, with the right resources, and
- strengthening partnerships at the national, state and other government agency levels.

The department is leading Queensland Health's reform program working closely with HHSs, Queensland Ambulance Service (QAS), clinicians, Primary Health Networks, consumers, and other stakeholders. Together, we are developing and implementing lasting reform to Queensland's health system to ensure it can meet current and future demand, and continue to provide free, world-class, value-based and equitable health care to all Queenslanders.

A key part of the reform program will be supporting improvements to ambulance responsiveness, waiting times for emergency care, surgery and specialist clinics as well as boosting women's health care and mental health care. The department has commenced implementation of the recommendations arising from the *Commission of Inquiry into Forensic DNA testing in Queensland* supporting the design and establishment of a new Queensland forensic science agency and developing a dedicated retrospective case and sample review function to ensure the integrity of the justice system.

Contribution to the government's objectives for the community

The department supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Department service area

The service area within the department aligns with the following department objectives:

Department's objectives	Department's service area
<p>Promote and protect the health of all Queenslanders where they live, learn, work and play</p> <p>Interconnected system governance and partnerships with primary care, which drive co-designed models of care and care pathways to support Hospital and Health Services</p> <p>Advance Health Equity with First Nations people</p> <p>Health reform that plans for a sustainable future</p>	<p>Queensland Health Corporate and Clinical Support</p> <p>To support the delivery of safe and responsive services for Queenslanders</p>

Department highlights

In 2023–24, the department will:

- continue to lead the system-wide reform agenda to embed and accelerate system-wide improvements in health, targeted to achieve greater sustainability and affordability so the health system is operating at its optimal potential
- continue to lead the capital program to support a 15-year pipeline of priorities and infrastructure projects for Queensland Health incorporating the: the delivery of the Satellite Hospitals, Capacity Expansion Program (delivery of 2,220 beds over 6 years); the Accelerated Infrastructure Delivery Program (delivery of 289 beds over 2 years); and the Building Rural and Remote Health Program Phase 2 (delivery of 26 replacement health facilities across Queensland)
- complete a detailed business case on the redevelopment of the Spinal Injuries Unit at the Princess Alexandra Hospital
- optimise our system to leverage and implement opportunities to create efficiency and deliver health care that responds to expectations around workforce (including incentivising health care workforce to move to rural and remote areas), embeds technology into the system, empowers consumers, and delivers equitable and accessible care closer to home
- address essential maternity services in key regional centres to ensure that people can stay near their homes to deliver and welcome the next generation of Queenslanders, thereby growing Queensland's decentralised populations in a sustainable manner
- continue to implement the recommendations of the Commission of Inquiry into Forensic DNA Testing in Queensland
- continue to improve transparency of performance reporting across the health system.

Performance statement

Queensland Health Corporate and Clinical Support

Objective

To support the delivery of safe and responsive services for Queenslanders.

Description

The responsibilities of this service area are to:

- provide direction to the promotion of health and delivery of public health services in consultation with HHSs and other health service providers and stakeholders
- manage statewide policy, planning, industrial relations and major capital works
- purchase health services
- monitor the performance of individual HHSs and the system as a whole
- employ departmental staff and non-prescribed HHS staff
- provide diagnostic, scientific and clinical support services which enable the provision of frontline health services.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of Wide Area Network (WAN) availability across the state ¹			
• Metro	99.8%	99.91%	99.8%
• Regional	95.7%	99.85%	95.7%
• Remote	92.0%	97.04%	92.0%
Percentage of high level ICT incidents resolved within specified timeframes ²			
• Priority 1	80%	80%	80%
• Priority 2	80%	72.3%	80%
Efficiency measures			
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5 per cent unfavourable tolerance ³	95%	88%	95%
Percentage of correct, on time pays ⁴	98%	99.85%	98%
Other measures			
Percentage of initiatives with a status reported as "action required" (Red) ^{5,6}	<15%	9%	<15%
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 ⁷	100%	100%	100%

Notes:

1. The Wide Area Network (WAN) 2022–23 Estimated Actual represents average monthly availability across the period from July 2022 to 30 April 2023.
2. The high-level ICT incidents resolved 2022–23 Estimated Actual is calculated across the period 1 July 2022 to 30 April 2023. Figures include downgraded incidents.
3. The percentage of capital infrastructure projects delivered on budget and within time 2022–23 Estimated Actual is based on data as at April 2023.
4. Payroll Transactional Services reports the SDS Measure by pay period. The current actual percentage is based on pay period 01_2223 (26 June 2022) to current pay period 20_2223 (29 March 2023).

5. The service standard is derived from the Queensland Health ICT initiatives reported on the Queensland Government Digital Projects Dashboard and reflects the percentage of Queensland Health ICT initiatives that are reporting "action required" (or Red) in a specific reporting period. An Estimated Actual percentage lower than the Target/Estimate (which represents the historic threshold for "action required") is desirable and is a proxy indicator of sound portfolio performance. The 2022–23 Estimated actual percentage is based on the February 2023 Queensland Government Digital Projects Dashboard update.
6. The 2022–23 Estimated actual percentage is based on the February 2023 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.

Staffing

The table below shows the Full Time Equivalents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Department of Health	8,428	8,498	8,689
Queensland Ambulance Service	5,283	5,555	5,556
Total FTEs	13,711	14,053	14,245

Notes:

1. Corporate FTEs are allocated across the service to which they relate.
2. The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments, and therefore cannot be allocated by Service Area.

Controlled income statement

Queensland Health	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
Appropriation revenue	13,846,208	14,982,403	15,379,942
Taxes	..	..	..
User charges and fees	12,395,129	12,882,536	13,471,786
Royalties and land rents	..	..	..
Grants and other contributions	6,228,946	6,420,611	6,696,348
Interest and distributions from managed funds	1,254	2,028	2,035
Other revenue	29,777	17,778	17,606
Gains on sale/revaluation of assets	900	930	900
Total income	32,502,214	34,306,286	35,568,617
EXPENSES			
Employee expenses	12,452,601	12,999,994	13,698,409
Supplies and services	19,636,797	20,863,530	21,673,545
Grants and subsidies	183,303	181,642	89,217
Depreciation and amortisation	165,784	52,100	51,860
Finance/borrowing costs	990	990	904
Other expenses	49,109	99,503	52,939
Losses on sale/revaluation of assets	1,630	38,805	1,743
Total expenses	32,490,214	34,236,564	35,568,617
OPERATING SURPLUS/(DEFICIT)	12,000	69,722	..

Controlled balance sheet

Queensland Health	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	144,852	390,997	315,451
Receivables	1,643,514	1,591,792	1,708,785
Other financial assets	..	..	..
Inventories	243,153	215,083	221,162
Other	62,536	61,496	59,703
Non-financial assets held for sale	..	..	..
Total current assets	2,094,055	2,259,368	2,305,101
NON-CURRENT ASSETS			
Receivables	85,760	85,368	78,370
Other financial assets	73,072	70,133	70,133
Property, plant and equipment	2,101,736	1,851,177	2,211,952
Intangibles	377,435	389,052	419,722
Other	6,675	29,026	29,026
Total non-current assets	2,644,678	2,424,756	2,809,203
TOTAL ASSETS	4,738,733	4,684,124	5,114,304
CURRENT LIABILITIES			
Payables	512,064	536,427	539,633
Accrued employee benefits	1,320,666	1,239,465	1,363,601
Interest bearing liabilities and derivatives	2,980	2,596	2,660
Provisions	..	..	..
Other	56,296	373	373
Total current liabilities	1,892,006	1,778,861	1,906,267
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	77,655	62,964	58,815
Provisions	..	..	..
Other	..	59	59
Total non-current liabilities	77,655	63,023	58,874
TOTAL LIABILITIES	1,969,661	1,841,884	1,965,141
NET ASSETS/(LIABILITIES)	2,769,072	2,842,240	3,149,163
EQUITY			
TOTAL EQUITY	2,769,072	2,842,240	3,149,163

Controlled cash flow statement

Queensland Health	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	13,831,521	14,899,045	15,373,713
User charges and fees	12,358,210	12,801,104	13,382,137
Royalties and land rent receipts	..	..	..
Grants and other contributions	6,132,166	6,571,342	6,597,045
Interest and distribution from managed funds received	1,254	2,028	2,035
Taxes	..	..	..
Other	321,832	525,601	377,467
Outflows:			
Employee costs	(12,384,835)	(12,936,407)	(13,585,948)
Supplies and services	(19,829,147)	(21,292,904)	(21,939,123)
Grants and subsidies	(182,152)	(171,030)	(89,217)
Borrowing costs	(990)	(990)	(904)
Other	(50,384)	(118,847)	(58,117)
Net cash provided by or used in operating activities	197,475	278,942	59,088
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	1,650	672	1,650
Investments redeemed	..	..	..
Loans and advances redeemed	5,615	7,444	4,933
Outflows:			
Payments for non-financial assets	(1,503,910)	(1,455,365)	(1,619,376)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(1,496,645)	(1,447,249)	(1,612,793)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	2,095,382	2,258,491	2,403,742
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(3,248)	(3,248)	(4,085)
Equity withdrawals	(896,885)	(930,334)	(921,498)
Net cash provided by or used in financing activities	1,195,249	1,324,909	1,478,159
Net increase/(decrease) in cash held	(103,921)	156,602	(75,546)
Cash at the beginning of financial year	248,773	234,395	390,997
Cash transfers from restructure	..	..	..
Cash at the end of financial year	144,852	390,997	315,451

Administered income statement

Queensland Health	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
Appropriation revenue	71,129	71,535	57,055
Taxes	..	..	..
User charges and fees	..	..	..
Royalties and land rents	..	..	..
Grants and other contributions	..	..	..
Interest and distributions from managed funds	..	..	..
Other revenue	4	4	4
Gains on sale/revaluation of assets	..	..	..
Total income	71,133	71,539	57,059
EXPENSES			
Employee expenses	..	..	..
Supplies and services	..	..	..
Grants and subsidies	71,133	71,539	57,059
Depreciation and amortisation	..	..	..
Finance/borrowing costs	..	..	..
Other expenses	..	..	..
Losses on sale/revaluation of assets	..	..	..
Transfers of Administered Revenue to Government	..	..	..
Total expenses	71,133	71,539	57,059
OPERATING SURPLUS/(DEFICIT)	..	..	..

Administered balance sheet

Queensland Health	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	5	2	2
Receivables	..	..	..
Other financial assets	..	..	..
Inventories	..	..	..
Other	..	..	..
Non-financial assets held for sale	..	..	..
Total current assets	5	2	2
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	..	..	..
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	..	..	..
TOTAL ASSETS	5	2	2
CURRENT LIABILITIES			
Payables	1	1	1
Transfers to Government payable	4	1	1
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	5	2	2
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	5	2	2
NET ASSETS/(LIABILITIES)	..	..	..
EQUITY			
TOTAL EQUITY	..	..	..

Administered cash flow statement

Queensland Health	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	71,129	71,535	57,055
User charges and fees	..	..	..
Royalties and land rent receipts	..	..	..
Grants and other contributions	..	..	..
Interest and distribution from managed funds received	..	..	..
Taxes	..	..	..
Other	4	4	4
Outflows:			
Employee costs	..	..	..
Supplies and services	..	..	..
Grants and subsidies	(71,133)	(71,539)	(57,059)
Borrowing costs	..	..	..
Other	..	..	..
Transfers to Government	..	..	..
Net cash provided by or used in operating activities	..	..	..
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	..	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
Net cash provided by or used in financing activities	..	..	..
Net increase/(decrease) in cash held	..	..	..
Cash at the beginning of financial year	5	2	2
Cash transfers from restructure	..	..	..
Cash at the end of financial year	5	2	2

Queensland Ambulance Service

Overview

The Queensland Ambulance Service (QAS) was established by the *Ambulance Service Act 1991* and is the principal provider of pre-hospital emergency medical care and ambulance transport services in Queensland. The QAS is an integral part of the primary health care sector in Queensland.

The QAS's vision is Excellence in Ambulance Services and its purpose is to deliver timely, quality and appropriate, patient-focused ambulance services to the Queensland community.

The QAS delivers ambulance services from 304 response locations across Queensland. Statewide ambulance services are coordinated through operations centres. There are 8 operations centres throughout Queensland that are responsible for emergency call taking, operational deployment and dispatch and coordination of non-urgent patient transport services.

The QAS also incorporates Retrieval Services Queensland, which coordinates all aeromedical retrieval and transport services, and the Health Contact Centre, which provides 24/7 health assessment and information services using phone and online delivery models.

Key deliverables

In 2023–24, the QAS will:

- continue to build the capacity and capability of the workforce by continuing the Queensland Government's commitment for an additional 535 ambulance operatives during this term of government to meet continuing growth in demand for ambulance services and pre-hospital emergency medical care
- recruit an additional 200 ambulance operatives to provide the Queensland community with increased frontline ambulance services and greater access to emergency health care
- enhance health access and patient outcomes through the continued implementation of the QAS Clinical Hub, providing secondary triage for Code 2 patients and improved real-time clinical safety oversight of ambulance operations
- commission 144 new and replacement ambulance vehicles
- progress the planning and construction phases for new or replacement ambulance stations at Caloundra South, Lawnton, Morayfield, Sandgate, Springwood, Beenleigh, Pimpama, the new Ripley Ambulance Station and West Moreton District Office, replacement of the North Rockhampton Ambulance Station and Central Regional Office, and the new Burdell Ambulance Station and Townsville District Office
- continue to undertake planning and construction phases for new or redeveloped Operations Centres for the Cairns Ambulance Station and Operations Centre and the Southport Ambulance Station and Gold Coast Operations Centre (Coomera).

Performance statement

Ambulance Services

Objective

To provide timely, quality and appropriate, patient-focused ambulance services to the Queensland community.

Description

The Queensland Ambulance Service achieves this objective by providing pre-hospital ambulance response services, emergency and non-emergency pre-hospital patient care and transport services, inter-facility ambulance transport, casualty room services, and planning and coordination of multi-casualty incidents and disasters.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Time within which code 1 incidents are attended - 50th percentile response time (minutes) ¹			
• Code 1A	8.2	8.7	8.2
• Code 1B	8.2	11.6	8.2
• Code 1C	8.2	13.1	8.2
Time within which code 1 incidents are attended - 90th percentile response time (minutes) ¹			
• Code 1A	16.5	17.2	16.5
• Code 1B	16.5	23.3	16.5
• Code 1C	16.5	26.0	16.5
Percentage of Triple Zero (000) calls answered within 10 seconds ¹	90%	93.54%	90%
Percentage of non-urgent incidents attended to by the appointment time ¹	70%	80.0%	70%
Percentage of patients who report a clinically meaningful pain reduction ¹	85%	82.2%	85%
Patient experience ²	97%	95%	97%
Efficiency measures			
Gross cost per incident ³	\$862	\$895	\$896
Percentage of calls to 13 HEALTH answered within 20 seconds ⁴	80%	82.61%	80%

Notes:

1. The 2022–23 Estimated Actuals for Queensland Ambulance Service measures are for the period 1 July 2022 to 30 April 2023.
2. The 2022–23 Estimated Actual figure for the patient experience percentage is reported from the 2021–22 performance in the Council of Ambulance Authorities (CAA) Report released in September 2022.
3. The variance between the 2022–23 Estimated Actual and the 2022–23 Target/Estimate reflects additional costs associated with frontline staff enhancements to meet increasing demand for ambulance transport services, wage increases and increased operating costs due to inflationary pressures.
4. The 2022–23 Estimated Actual is based on the period 1 July 2022 to 3 May 2023.

Controlled income statement

Queensland Ambulance Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
Appropriation revenue	1,030,034	1,031,670	1,079,278
Taxes	..	..	..
User charges and fees	35,268	42,261	45,498
Royalties and land rents	..	..	..
Grants and other contributions	34,218	33,317	32,675
Interest and distributions from managed funds	..	..	..
Other revenue	1,150	1,150	1,200
Gains on sale/revaluation of assets	900	900	900
Total income	1,101,570	1,109,298	1,159,551
EXPENSES			
Employee expenses	855,445	879,947	966,881
Supplies and services	189,180	175,353	137,769
Grants and subsidies	..	41	..
Depreciation and amortisation	42,446	42,551	43,799
Finance/borrowing costs	..	..	..
Other expenses	8,869	9,103	9,359
Losses on sale/revaluation of assets	1,630	2,303	1,743
Total expenses	1,097,570	1,109,298	1,159,551
OPERATING SURPLUS/(DEFICIT)	4,000	..	..

Controlled balance sheet

Queensland Ambulance Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	44,414	79,312	72,469
Receivables	28,091	35,697	36,394
Other financial assets	..	..	..
Inventories	..	..	..
Other	10,958	7,098	3,892
Non-financial assets held for sale	..	..	..
Total current assets	83,463	122,107	112,755
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	598,377	614,487	669,931
Intangibles	7,947	6,310	7,687
Other	..	..	..
Total non-current assets	606,324	620,797	677,618
TOTAL ASSETS	689,787	742,904	790,373
CURRENT LIABILITIES			
Payables	18,650	20,168	20,168
Accrued employee benefits	39,240	41,170	42,889
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	240	373	373
Total current liabilities	58,130	61,711	63,430
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	58,130	61,711	63,430
NET ASSETS/(LIABILITIES)	631,657	681,193	726,943
EQUITY			
TOTAL EQUITY	631,657	681,193	726,943

Controlled cash flow statement

Queensland Ambulance Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	1,030,034	1,021,025	1,079,278
User charges and fees	33,535	39,855	43,755
Royalties and land rent receipts	..	..	..
Grants and other contributions	27,091	26,002	25,266
Interest and distribution from managed funds received	..	..	..
Taxes	..	..	..
Other	1,150	1,150	1,200
Outflows:			
Employee costs	(856,750)	(882,928)	(962,653)
Supplies and services	(188,723)	(174,896)	(137,769)
Grants and subsidies	..	(41)	..
Borrowing costs	..	..	..
Other	(1,742)	(1,788)	(1,950)
Net cash provided by or used in operating activities	44,595	28,379	47,127
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	1,650	1,650	1,650
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(81,694)	(52,710)	(105,325)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(80,044)	(51,060)	(103,675)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	19,742	24,742	51,277
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(1,572)	(1,572)	(1,572)
Net cash provided by or used in financing activities	18,170	23,170	49,705
Net increase/(decrease) in cash held	(17,279)	489	(6,843)
Cash at the beginning of financial year	61,693	78,823	79,312
Cash transfers from restructure	..	..	..
Cash at the end of financial year	44,414	79,312	72,469

Cairns and Hinterland Hospital and Health Service

Overview

The Cairns and Hinterland Hospital and Health Service's (HHS) vision is excellent and sustainable healthcare for all in Far North Queensland. Our purpose is working together for best-practice care that improves health outcomes and equity for our communities.

Contribution to the government's objectives for the community

The agency supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the Cairns and Hinterland HHS aligns with the following agency objectives:

HHS's objectives	HHS's service area
<p><i>Our care:</i> We work to enable safe and equitable healthcare delivered closer to home through our partnerships and together with communities</p> <p><i>First Peoples health:</i> We recognise the valuable cultural knowledge of our First Peoples and through our partnerships, we will strive to improve health and wellbeing outcomes for First Peoples communities</p> <p><i>Our sustainability:</i> With our people, our places and our technology, we will deliver efficient and sustainable healthcare and services</p>	<p>Cairns and Hinterland Hospital and Health Service</p> <p>To deliver public hospital and health services for the Cairns and Hinterland community</p>

Key deliverables

In 2023–24, Cairns and Hinterland HHS will:

- provide connected and innovative services to achieve sustainable solutions to deliver safe, quality and cost-effective health care. This includes the implementation of key programs aimed at transforming services with the vision for a world class health system for all Queenslanders
- progress the government's investment in health infrastructure in the region
- ensure *First Peoples Health Equity Strategy* priorities are evident and embedded throughout services
- in collaboration with the Northern Queensland Primary Health Network, develop a regional health plan based on the Local Area Needs Assessment, that meets the needs of the community.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Performance statement

Cairns and Hinterland Hospital and Health Service

Objective

To deliver public hospital and health services for the Cairns and Hinterland community.

Description

The Cairns and Hinterland HHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	72%	80%
	75%	69%	75%
	70%	72%	70%
	70%	89%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	67%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	90%	>98%
	..	62%	..
	..	71%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.8	<=1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁵	>65%	58.7%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	13.5%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	83%	52%	83%
	..	35%	..
	..	71%	..
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	77%	74%	77%
	..	51%	..
	..	62%	..
Median wait time for treatment in emergency departments (minutes) ^{1,10}	..	18	..
Median wait time for elective surgery treatment (days) ²	..	33	..

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$4,972	\$5,456	\$5,170
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	3,092	3,520	3,742
• Category 2 (90 days) ³	..	1,514	..
• Category 3 (365 days) ³	..	799	..
Number of Telehealth outpatients service events ¹³	10,529	10,286	11,640
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	100,052	94,717	105,576
• Outpatients	28,770	26,813	29,795
• Sub-acute	12,039	11,809	12,060
• Emergency Department	23,417	24,146	24,776
• Mental Health	8,555	8,764	9,106
• Prevention and Primary Care	3,297	3,008	3,297
Ambulatory mental health service contact duration (hours) ¹⁵	>72,247	47,566	>72,247

Notes:

- Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2022 and 31 December 2022.
- Mental Health rate of community follow up 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Mental Health readmissions 2022–23 Estimated Actuals are for the period 1 July 2022 to 28 February 2023.
- Waiting within clinically recommended time is a point in time performance report. The 2022–23 Estimated Actual is as at 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Seen in time 2022–23 Estimated Actual is for the period 1 July 2022 to 30 April 2023.
- 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.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
- Telehealth 2022-23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023–24 Targets are generally set on the first six months of 2022–23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023–24 without the influences of COVID.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.

15. Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalentents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	5,245	5,529	5,598

Income statement

Cairns and Hinterland Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	1,159,037	1,219,593	1,278,221
Grants and other contributions	11,493	11,961	12,080
Interest and distributions from managed funds	12	9	9
Other revenue	8,556	8,559	8,645
Gains on sale/revaluation of assets	..	..	..
Total income	1,179,098	1,240,122	1,298,955
EXPENSES			
Employee expenses	142,120	115,057	118,448
Supplies and Services:			
Other supplies and services	263,196	327,210	349,908
Department of Health contract staff	678,937	700,213	728,222
Grants and subsidies	..	..	..
Depreciation and amortisation	63,528	70,552	75,644
Finance/borrowing costs	..	582	540
Other expenses	29,489	24,680	24,348
Losses on sale/revaluation of assets	1,828	1,828	1,845
Total expenses	1,179,098	1,240,122	1,298,955
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Cairns and Hinterland Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	11,705	14,200	15,248
Receivables	27,782	31,857	32,560
Other financial assets	..	..	..
Inventories	6,861	4,351	4,258
Other	4,688	4,417	4,451
Non-financial assets held for sale	..	..	..
Total current assets	51,036	54,825	56,517
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	834,841	1,065,752	1,163,471
Intangibles	..	6	..
Other	..	..	..
Total non-current assets	834,841	1,065,758	1,163,471
TOTAL ASSETS	885,877	1,120,583	1,219,988
CURRENT LIABILITIES			
Payables	69,685	79,164	80,296
Accrued employee benefits	775	444	493
Interest bearing liabilities and derivatives	521	1,992	2,047
Provisions	..	..	..
Other	551	1,830	1,834
Total current liabilities	71,532	83,430	84,670
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	1,121	13,694	12,492
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	1,121	13,694	12,492
TOTAL LIABILITIES	72,653	97,124	97,162
NET ASSETS/(LIABILITIES)	813,224	1,023,459	1,122,826
EQUITY			
TOTAL EQUITY	813,224	1,023,459	1,122,826

Cash flow statement

Cairns and Hinterland Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,156,633	1,217,189	1,275,800
Grants and other contributions	11,493	11,961	12,080
Interest and distribution from managed funds received	12	9	9
Other	24,326	24,329	24,415
Outflows:			
Employee costs	(142,071)	(115,008)	(118,399)
Supplies and services	(956,868)	(1,042,091)	(1,092,865)
Grants and subsidies	..	(67)	..
Borrowing costs	..	..	..
Other	(29,489)	(24,680)	(24,348)
Net cash provided by or used in operating activities	64,036	71,642	76,692
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	..	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	14	944	1,687
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(14)	(944)	(1,687)
Equity withdrawals	(63,528)	(70,552)	(75,644)
Net cash provided by or used in financing activities	(63,528)	(70,552)	(75,644)
Net increase/(decrease) in cash held	508	1,090	1,048
Cash at the beginning of financial year	11,197	13,110	14,200
Cash transfers from restructure	..	..	..
Cash at the end of financial year	11,705	14,200	15,248

Central Queensland Hospital and Health Service

Overview

The vision of the Central Queensland Hospital and Health Service (HHS) is to deliver great care for Central Queenslanders by living our values of Care, Integrity, Respect and Commitment. Our purpose is great people, delivering quality care and improving health.

Contribution to the government’s objectives for the community

The agency supports the government’s objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the Central Queensland HHS aligns with the following agency objectives:

HHS’s objectives	HHS’s service area
<p>Great Care, Great Experience: Safe, compassionate care, delivered to the highest standards, close to home, with consumers at the heart of all we do</p> <p>Great Learning and Research: Great place to learn, research and shape the future direction of healthcare</p> <p>Great Partnerships: Working collaboratively with our partners to deliver great care and improve the health of Central Queenslanders</p> <p>Sustainable Future: Securing the future of great healthcare with efficient, effective, affordable and sustainable services</p>	<p>Central Queensland Hospital and Health Service</p> <p>To deliver public hospital and health services for the Central Queensland community.</p>

Key deliverables

In 2023–24, Central Queensland HHS will:

- deliver service improvements to meet the community’s health needs with the right staff delivering the right safe service in the right place at the right time
- focus on key improvement initiatives to promote contemporary models of care
- increase utilisation of virtual modalities of care to increase use of hospital avoidance measures
- continue Connected Community Pathways programs to support hospital avoidance and community-based care models
- continue planned care recovery with the focus on reducing the number of long waiting patients
- continue expansion of the *Better Care Together* programs focusing improvement on mental health services to meet the needs of the community, including capital projects to develop fit for purpose infrastructure needs.

¹ To find out more, go to www.qld.gov.au and search “Government’s objectives for the community.”

Performance statement

Central Queensland Hospital and Health Service

Objective

To deliver public hospital and health services for the Central Queensland community.

Description

The Central Queensland HHS is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	73%	80%
	75%	65%	75%
	70%	77%	70%
	70%	92%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	70%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	81%	>98%
	..	51%	..
	..	46%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	1.2	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁵	>65%	51.1%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	10.7%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	47%	98%
	..	34%	..
	..	55%	..
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	78%	98%
	..	41%	..
	..	53%	..
Median wait time for treatment in emergency departments (minutes) ^{1,10}	..	16	..
Median wait time for elective surgery treatment (days) ²	..	56	..

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$4,953	\$5,719	\$5,367
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	1,876	1,285	1,552
• Category 2 (90 days) ³	..	709	..
• Category 3 (365 days) ³	..	401	..
Number of Telehealth outpatients service events ¹³	20,981	18,191	19,755
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	54,070	47,838	51,428
• Outpatients	15,179	11,719	14,190
• Sub-acute	5,925	6,431	5,978
• Emergency Department	20,706	19,392	21,279
• Mental Health	5,192	4,586	5,007
• Prevention and Primary Care	2,703	2,557	2,703
Ambulatory mental health service contact duration (hours) ¹⁵	>38,352	29,791	>38,352

Notes:

- Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2022 and 31 December 2022.
- Mental Health rate of community follow up 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Mental Health readmissions 2022–23 Estimated Actuals are for the period 1 July 2022 to 28 February 2023
- Waiting within clinically recommended time is a point in time performance report. The 2022–23 Estimated Actual is as at 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Seen in time 2022–23 Estimated Actual is for the period 1 July 2022 to 30 April 2023.
- 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.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
- Telehealth 2022-23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023-24 Targets are generally set on the first six months of 2022-23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023–24 without the influences of COVID.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.

15. Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	3,444	3,492	3,506

Income statement

Central Queensland Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	726,492	750,859	780,607
Grants and other contributions	24,183	26,229	26,229
Interest and distributions from managed funds	12	15	15
Other revenue	3,069	2,698	2,698
Gains on sale/revaluation of assets	..	27	27
Total income	753,756	779,828	809,576
EXPENSES			
Employee expenses	85,300	82,906	86,127
Supplies and Services:			
Other supplies and services	213,909	225,743	229,900
Department of Health contract staff	398,941	418,197	434,016
Grants and subsidies	570	537	551
Depreciation and amortisation	39,159	44,051	43,896
Finance/borrowing costs	..	6	..
Other expenses	15,421	14,443	14,630
Losses on sale/revaluation of assets	456	86	456
Total expenses	753,756	785,969	809,576
OPERATING SURPLUS/(DEFICIT)	..	(6,141)	..

Balance sheet

Central Queensland Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	2,623	5,896	5,052
Receivables	10,244	14,585	14,351
Other financial assets	..	..	..
Inventories	5,860	5,025	5,053
Other	1,587	1,099	1,153
Non-financial assets held for sale	..	..	..
Total current assets	20,314	26,605	25,609
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	447,865	457,200	472,540
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	447,865	457,200	472,540
TOTAL ASSETS	468,179	483,805	498,149
CURRENT LIABILITIES			
Payables	33,547	45,219	44,090
Accrued employee benefits	950	1,225	1,256
Interest bearing liabilities and derivatives	708	2,169	2,169
Provisions	..	..	..
Other	64	1,071	1,071
Total current liabilities	35,269	49,684	48,586
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	121	36	36
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	121	36	36
TOTAL LIABILITIES	35,390	49,720	48,622
NET ASSETS/(LIABILITIES)	432,789	434,085	449,527
EQUITY			
TOTAL EQUITY	432,789	434,085	449,527

Cash flow statement

Central Queensland Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	726,889	751,514	781,004
Grants and other contributions	16,463	19,235	19,235
Interest and distribution from managed funds received	12	15	15
Other	17,009	16,638	16,638
Outflows:			
Employee costs	(85,269)	(82,875)	(86,096)
Supplies and services	(627,886)	(658,894)	(678,952)
Grants and subsidies	(570)	(537)	(551)
Borrowing costs	..	(6)	..
Other	(8,404)	(8,152)	(8,339)
Net cash provided by or used in operating activities	38,244	36,938	42,954
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	71	128	98
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	71	128	98
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	34	34	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(26)	(26)	..
Equity withdrawals	(39,159)	(44,051)	(43,896)
Net cash provided by or used in financing activities	(39,151)	(44,043)	(43,896)
Net increase/(decrease) in cash held	(836)	(6,977)	(844)
Cash at the beginning of financial year	3,459	12,873	5,896
Cash transfers from restructure	..	..	..
Cash at the end of financial year	2,623	5,896	5,052

Central West Hospital and Health Service

Overview

The Central West Hospital and Health Service's (HHS) vision is to be leaders in far-reaching healthcare.

Our purpose is to deliver safe, quality and accessible rural and remote healthcare services to the people of Central West Queensland.

Drawing on the resilience and resourcefulness of our experienced and committed people, we work collaboratively with our partners, within and outside the healthcare system, to overcome distance and make a difference in the lives of the people in our care.

We combine our knowledge and experience with an entrepreneurial spirit, which is uniquely part of the Central West, to provide proactive health programs for our communities and enhance our emergency responsiveness as we strive to deliver the best possible outcomes.

Contribution to the government's objectives for the community

The agency supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the Central West HHS aligns with the following agency objectives:

HHS's objective	HHS's service area
Lead and empower an engaged, valued and skilled workforce to deliver integrated prevention, primary and acute healthcare services and continuously improve delivery of safe, quality, consumer focused health care and health outcomes	Central West Hospital and Health Service To deliver public hospital and health services for the Central West community

Key deliverables

In 2023–24, Central West HHS will:

- deliver the new renal Haemodialysis Unit at Longreach Hospital
- upgrade the Longreach Hospital's pathology and pharmacy departments to extend the existing building to accommodate the new Haemodialysis Unit. The upgrades will also ensure both areas support new equipment coming online and ensure they remain fit for purpose
- grow and strengthen the voice of consumers, including First Nations peoples and continue to deliver on the actions of the Health Equity Strategy
- work to ensure relevant actions from the Central West Hospital and Health Service Plan 2020–2025 are on track
- activate clinician and staff engagement across the organisation.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Performance statement

Central West Hospital and Health Service

Objective

To deliver public hospital and health services for the Central West community.

Description

The Central West HHS is responsible for providing public hospital and health services including acute care, general surgery, emergency care, medical, paediatrics, gynaecology, obstetrics, maternity and mental health.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	95%	80%
	75%	97%	75%
	70%	98%	70%
	70%	99%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	93%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	92%	>98%
	..	85%	..
	..	98%	..
Median wait time for treatment in emergency departments (minutes) ^{1,4}	..	1	..
Median wait time for elective surgery treatment (days) ²	..	127	..
Efficiency measure			
Not identified	..	..	..
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,5}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	41	28	29
	..	40	..
	..	140	..
Number of Telehealth outpatients service events ⁶	4,426	4,049	3,974
Total weighted activity units (WAU) ⁷			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	2,460	2,447	2,615
	2,379	2,527	2,400
	260	491	277
	1,146	1,212	1,200
	39	65	42
	158	224	145
Ambulatory mental health service contact duration (hours) ⁸	>2,016	1,761	>2,016

Notes:

1. Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
2. In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
3. Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
4. 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.
5. Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
6. Telehealth 2022-23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023-24 Targets are generally set on the first six months of 2022-23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023-24 without the influences of COVID.
7. The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.
8. Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalent (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	441	446	455

Income statement

Central West Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	90,554	97,714	100,239
Grants and other contributions	2,529	3,632	3,716
Interest and distributions from managed funds	..	2	2
Other revenue	479	491	343
Gains on sale/revaluation of assets	7	7	7
Total income	93,569	101,846	104,307
EXPENSES			
Employee expenses	8,990	10,879	11,274
Supplies and Services:			
Other supplies and services	29,034	31,023	28,944
Department of Health contract staff	46,340	48,645	53,135
Grants and subsidies	..	..	..
Depreciation and amortisation	7,315	8,466	8,715
Finance/borrowing costs	14	30	15
Other expenses	1,790	2,096	2,146
Losses on sale/revaluation of assets	86	78	78
Total expenses	93,569	101,217	104,307
OPERATING SURPLUS/(DEFICIT)	..	629	..

Balance sheet

Central West Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	1,583	(2,031)	(2,080)
Receivables	1,046	1,724	1,730
Other financial assets	..	..	..
Inventories	741	719	738
Other	317	442	450
Non-financial assets held for sale	..	..	..
Total current assets	3,687	854	838
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	110,354	124,395	124,540
Intangibles	..	677	157
Other	..	..	..
Total non-current assets	110,354	125,072	124,697
TOTAL ASSETS	114,041	125,926	125,535
CURRENT LIABILITIES			
Payables	5,518	5,798	5,712
Accrued employee benefits	159	165	236
Interest bearing liabilities and derivatives	742	631	595
Provisions	..	..	..
Other	..	..	..
Total current liabilities	6,419	6,594	6,543
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	539	521	156
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	539	521	156
TOTAL LIABILITIES	6,958	7,115	6,699
NET ASSETS/(LIABILITIES)	107,083	118,811	118,836
EQUITY			
TOTAL EQUITY	107,083	118,811	118,836

Cash flow statement

Central West Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	90,543	97,453	100,228
Grants and other contributions	1,558	2,402	2,455
Interest and distribution from managed funds received	..	2	2
Other	2,327	2,339	2,192
Outflows:			
Employee costs	(8,958)	(10,850)	(11,203)
Supplies and services	(77,079)	(82,092)	(83,604)
Grants and subsidies	..	..	..
Borrowing costs	(14)	(30)	(15)
Other	(819)	(1,643)	(1,387)
Net cash provided by or used in operating activities	7,558	7,581	8,668
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(1)	149	(1)
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	(1,087)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(1)	(938)	(1)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	717	604	631
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(717)	(604)	(632)
Equity withdrawals	(7,315)	(8,466)	(8,715)
Net cash provided by or used in financing activities	(7,315)	(8,466)	(8,716)
Net increase/(decrease) in cash held	242	(1,823)	(49)
Cash at the beginning of financial year	1,341	(208)	(2,031)
Cash transfers from restructure	..	..	..
Cash at the end of financial year	1,583	(2,031)	(2,080)

Children’s Health Queensland Hospital and Health Service

Overview

Children’s Health Queensland (CHQ) is a specialist paediatric quaternary level hospital and health service committed to ‘leading life-changing care for children and young people - for a healthier tomorrow’. To realise this vision, CHQ continues to improve the health and wellbeing of children and young people through world-class care, research, advocacy and leadership.

Contribution to the government’s objectives for the community

The agency supports the government’s objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the CHQ aligns with the following agency objectives:

HHS’s objectives	HHS’s service area
<p>Value all people - create an inclusive environment where all people feel valued, safe, engaged, and empowered</p> <p>Generate knowledge and innovate - build and harness creativity, research, technology, and collective expertise to prepare for the future</p> <p>Perform at our best every time - adopt and improve to achieve sustainable high-quality outcomes</p>	<p>Children’s Health Queensland Hospital and Health Service</p> <p>To deliver specialist statewide hospital and health services for children and young people from across Queensland and northern New South Wales</p>

Key deliverables

In 2023–24, CHQ will:

- deliver the 2023–2024 financial year activities as described in the *CHQ Aboriginal and Torres Strait Islander Health Equity Strategy* and associated implementation plan. This includes the delivery of a codesigned CHQ Aboriginal and Torres Strait Islander Workforce Plan which aligns with Queensland Health’s *First Nations Health Strategy*
- deliver and operationalise a youth community health hub at Dakabin, in partnership with key stakeholders
- establish the Head to Health Kids Hub (H2HK-Q) alongside consortia partners to deliver an innovative and integrated approach to providing holistic child and family mental health and wellbeing care
- optimise alternative models of service delivery and hospital avoidance models to improve access to the right professional, at the right place, at the right time. This includes the statewide integration and digital expansion of Early Parenting Services to provide earlier access and better integration of care in the First 2000 Days
- continue to work in partnership with the broader system and Hospital and Health Services to evolve models of service delivery that meet the needs of children and young people across the state. This includes addressing learnings of the CHQ Statewide Services review and emerging Southeast Queensland Paediatric Plan to develop a CHQ Clinical Services Plan.

¹ To find out more, go to www.qld.gov.au and search “Government’s objectives for the community.”

Performance statement

Children's Health Queensland Hospital and Health Service

Objective

To deliver specialist statewide hospital and health services for children and young people from across Queensland and northern New South Wales.

Description

The Children's Health Queensland HHS provides the following services:

- secondary, tertiary and quaternary paediatric services at the Queensland Children's Hospital
- statewide paediatric service co-ordination and support
- child and youth community health services including child health, child development, and child protection services
- Hospital in the Home services
- child and youth mental health services
- outreach children's specialist services across Queensland
- paediatric education and research
- leadership and advocacy for children's health service needs across the state, nationally, and internationally.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	87%	80%
• Category 3 (within 30 minutes)	75%	73%	75%
• Category 4 (within 60 minutes)	70%	82%	70%
• Category 5 (within 120 minutes)	70%	93%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	65%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	98%	>98%
• Category 2 (90 days) ³	..	52%	..
• Category 3 (365 days) ₃	..	55%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	1.3	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁵	>65%	58.8%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	20.1%	<12%

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
• Category 1 (30 days)	98%	64%	98%
• Category 2 (90 days) ⁸	..	40%	..
• Category 3 (365 days) ⁸	..	85%	..
Percentage of specialist outpatients seen within clinically recommended times ⁹			
• Category 1 (30 days)	98%	80%	98%
• Category 2 (90 days) ⁸	..	40%	..
• Category 3 (365 days) ⁸	..	53%	..
Median wait time for treatment in emergency departments (minutes) ^{1,10}	..	13	..
Median wait time for elective surgery treatment (days) ²	..	84	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,573	\$6,134	\$5,685
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	1,562	1,862	1,858
• Category 2 (90 days) ³	..	2,369	..
• Category 3 (365 days) ³	..	1,318	..
Number of Telehealth outpatients service events ¹³	16,124	14,579	16,689
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	64,843	62,122	68,347
• Outpatients	17,326	19,837	16,483
• Sub-acute	2,266	2,184	2,536
• Emergency Department	8,835	8,754	9,386
• Mental Health	4,418	3,718	4,664
Ambulatory mental health service contact duration (hours) ¹⁵	>65,767	61,683	>65,767

Notes:

- Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2022 and 31 December 2022.
- Mental Health rate of community follow up 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Mental Health readmissions 2022–23 Estimated Actuals are for the period 1 July 2022 to 28 February 2023
- Waiting within clinically recommended time is a point in time performance report. The 2022–23 Estimated Actual is as at 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.

9. In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Seen in time 2022–23 Estimated Actual is for the period 1 July 2022 to 30 April 2023.
10. 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.
11. The 2022–23 Target/Estimate varies from the published 2022–23 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The variation in difference of Cost per WAU to target is a result of the growing costs associated with specialised paediatric care including drugs not covered on PBS for children, additional costs associated with the COVID-19 pandemic and the use of emerging, innovative therapies such as genomic testing that yields better long term care for children. 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
12. Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
13. Telehealth 2022-23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023–24 Targets are generally set on the first six months of 2022-23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023-24 without the influences of COVID.
14. The 2022–23 Target/Estimate varies from the published 2022–23 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.
15. Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalentents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	3,981	4,068	4,100

Income statement

Children's Health Queensland Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	911,119	949,919	975,368
Grants and other contributions	9,649	11,797	12,093
Interest and distributions from managed funds	199	199	204
Other revenue	3,459	6,625	3,546
Gains on sale/revaluation of assets	..	..	..
Total income	924,426	968,540	991,211
EXPENSES			
Employee expenses	127,768	137,113	144,876
Supplies and Services:			
Other supplies and services	213,847	231,239	215,737
Department of Health contract staff	501,544	506,193	537,007
Grants and subsidies	2,470	2,470	2,532
Depreciation and amortisation	70,509	72,878	73,460
Finance/borrowing costs	..	..	..
Other expenses	15,788	16,593	17,024
Losses on sale/revaluation of assets	500	550	575
Total expenses	932,426	967,036	991,211
OPERATING SURPLUS/(DEFICIT)	(8,000)	1,504	..

Balance sheet

Children's Health Queensland Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	11,827	21,397	25,849
Receivables	22,171	23,356	23,662
Other financial assets	..	..	..
Inventories	8,653	6,927	6,966
Other	3,980	2,905	2,921
Non-financial assets held for sale	..	..	..
Total current assets	46,631	54,585	59,398
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,005,530	1,100,276	1,047,797
Intangibles	6,550	5,859	5,042
Other	..	..	..
Total non-current assets	1,012,080	1,106,135	1,052,839
TOTAL ASSETS	1,058,711	1,160,720	1,112,237
CURRENT LIABILITIES			
Payables	64,990	65,289	69,860
Accrued employee benefits	2,296	2,252	2,494
Interest bearing liabilities and derivatives	..	45	45
Provisions	..	..	..
Other	1,777	829	829
Total current liabilities	69,063	68,415	73,228
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	69,063	68,415	73,228
NET ASSETS/(LIABILITIES)	989,648	1,092,305	1,039,009
EQUITY			
TOTAL EQUITY	989,648	1,092,305	1,039,009

Cash flow statement

Children's Health Queensland Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	909,516	946,816	974,605
Grants and other contributions	2,607	4,926	5,050
Interest and distribution from managed funds received	199	199	204
Other	8,334	11,500	8,421
Outflows:			
Employee costs	(128,898)	(136,877)	(144,634)
Supplies and services	(716,781)	(740,614)	(753,221)
Grants and subsidies	(2,470)	(2,470)	(2,532)
Borrowing costs	..	..	..
Other	(8,746)	(9,722)	(9,981)
Net cash provided by or used in operating activities	63,761	73,758	77,912
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	(20)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	(20)	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(70,509)	(72,878)	(73,460)
Net cash provided by or used in financing activities	(70,509)	(72,878)	(73,460)
Net increase/(decrease) in cash held	(6,748)	860	4,452
Cash at the beginning of financial year	18,575	20,537	21,397
Cash transfers from restructure	..	..	..
Cash at the end of financial year	11,827	21,397	25,849

Darling Downs Hospital and Health Service

Overview

The Darling Downs Hospital and Health Service's (HHS) vision is caring for our communities - healthier together. Our purpose is to provide accessible and sustainable care no matter where you live in our region.

Contribution to the government's objectives for the community

The agency supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service areas

The service area within the Darling Downs HHS aligns with the following agency objectives:

HHS's objectives	HHS's service area
<p>Our services are aligned with our priorities to ensure better health outcomes for all in the Darling Downs region</p> <p>We will transform our services to deliver accessible and sustainable care</p> <p>Our resources, systems and processes are designed to support the delivery of care</p> <p>Ensure our consumers, their information and our people are safe</p>	<p>Darling Downs Hospital and Health Service</p> <p>To deliver public hospital and health services for the Darling Downs community.</p>

Key deliverables

In 2023–24, Darling Downs HHS will:

- deliver the First Nations Health Equity Strategy implementation plan in collaboration with our First Nations communities and partners
- ensure our services meet the needs of our local communities and align with government priorities
- complete the Baillie Henderson campus day theatres project and commission services.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Performance statement

Darling Downs Hospital and Health Service

Objective

To deliver public hospital and health services for the Darling Downs community.

Description

The Darling Downs HHS is responsible for providing public hospital and health services including acute care, general surgery, emergency care, medical, paediatrics, gynaecology and obstetrics.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	67%	80%
	75%	61%	75%
	70%	78%	70%
	70%	95%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	77%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	98%	>98%
	..	87%	..
	..	51%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.4	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁵	>65%	63.1%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	13.6%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	88%	98%
	..	64%	..
	..	76%	..
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	96%	98%
	..	78%	..
	..	64%	..
Median wait time for treatment in emergency departments (minutes) ^{1,10}	..	15	..
Median wait time for elective surgery treatment (days) ²	..	42	..

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,322	\$5,602	\$5,516
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	2,168	2,065	2,058
• Category 2 (90 days) ³	..	2,632	..
• Category 3 (365 days) ³	..	310	..
Number of Telehealth outpatients service events ¹³	15,376	19,183	21,188
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	63,298	65,066	65,150
• Outpatients	15,079	15,722	16,552
• Sub-acute	7,698	11,562	8,330
• Emergency Department	21,936	24,104	23,821
• Mental Health	15,803	13,722	15,943
• Prevention and Primary Care	3,269	3,148	2,995
Ambulatory mental health service contact duration (hours) ¹⁵	>72,612	52,649	>72,612

Notes:

- Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2022 and 31 December 2022.
- Mental Health rate of community follow up 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Mental Health readmissions 2022–23 Estimated Actuals are for the period 1 July 2022 to 28 February 2023.
- Waiting within clinically recommended time is a point in time performance report. The 2022–23 Estimated Actual is as at 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Seen in time 2022–23 Estimated Actual is for the period 1 July 2022 to 30 April 2023.
- 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.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
- Telehealth 2022-23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023–24 Targets are generally set on the first six months of 2022–23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023–24 without the influences of COVID.

14. The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.
15. Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalentents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	5,170	5,156	5,209

Income statement

Darling Downs Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	958,736	1,008,648	1,055,986
Grants and other contributions	48,381	56,693	53,624
Interest and distributions from managed funds	138	445	445
Other revenue	2,607	3,186	3,030
Gains on sale/revaluation of assets	..	..	..
Total income	1,009,862	1,068,972	1,113,085
EXPENSES			
Employee expenses	121,927	127,099	133,989
Supplies and Services:			
Other supplies and services	218,132	256,104	266,471
Department of Health contract staff	602,937	605,725	637,788
Grants and subsidies	2,984	4,060	1,728
Depreciation and amortisation	42,116	48,845	51,021
Finance/borrowing costs	88	141	152
Other expenses	20,384	20,025	20,637
Losses on sale/revaluation of assets	1,294	1,915	1,299
Total expenses	1,009,862	1,063,914	1,113,085
OPERATING SURPLUS/(DEFICIT)	..	5,058	..

Balance sheet

Darling Downs Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	73,039	82,106	88,316
Receivables	6,549	7,557	7,948
Other financial assets	..	..	..
Inventories	7,477	8,618	8,833
Other	5,154	6,110	6,262
Non-financial assets held for sale	..	..	..
Total current assets	92,219	104,391	111,359
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	422,849	529,365	552,078
Intangibles	10	..	..
Other	..	..	..
Total non-current assets	422,859	529,365	552,078
TOTAL ASSETS	515,078	633,756	663,437
CURRENT LIABILITIES			
Payables	72,514	79,666	85,644
Accrued employee benefits	2,000	2,133	3,106
Interest bearing liabilities and derivatives	1,258	1,886	1,564
Provisions	..	..	..
Other	4,490	710	728
Total current liabilities	80,262	84,395	91,042
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	3,384	5,776	4,212
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	3,384	5,776	4,212
TOTAL LIABILITIES	83,646	90,171	95,254
NET ASSETS/(LIABILITIES)	431,432	543,585	568,183
EQUITY			
TOTAL EQUITY	431,432	543,585	568,183

Cash flow statement

Darling Downs Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	958,807	1,004,841	1,055,613
Grants and other contributions	39,099	47,226	44,049
Interest and distribution from managed funds received	138	445	445
Other	17,021	23,883	23,380
Outflows:			
Employee costs	(121,496)	(126,705)	(133,016)
Supplies and services	(832,922)	(872,819)	(919,238)
Grants and subsidies	(2,984)	(4,417)	(1,728)
Borrowing costs	(88)	(141)	(152)
Other	(12,023)	(12,088)	(11,862)
Net cash provided by or used in operating activities	45,552	60,225	57,491
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(253)	(253)	(259)
Investments redeemed	..	..	..
Loans and advances redeemed	..	8	..
Outflows:			
Payments for non-financial assets	..	145	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(253)	(100)	(259)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,801	2,655	1,885
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,801)	(2,655)	(1,886)
Equity withdrawals	(42,116)	(48,845)	(51,021)
Net cash provided by or used in financing activities	(42,116)	(48,845)	(51,022)
Net increase/(decrease) in cash held	3,183	11,280	6,210
Cash at the beginning of financial year	69,856	70,826	82,106
Cash transfers from restructure	..	..	..
Cash at the end of financial year	73,039	82,106	88,316

Gold Coast Hospital and Health Service

Overview

The vision of the Gold Coast Hospital and Health Service (HHS) is to have the best health outcomes in Australia. Our purpose is to be a leader in compassionate, sustainable, highly reliable healthcare with a philosophy of 'Always Care' and values that include putting our community first.

Contribution to the government's objectives for the community

The agency supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the Gold Coast HHS aligns with the following agency objectives:

HHS's objectives	HHS's service area
Deliver world-class care - always Drive future-focused change	Gold Coast Hospital and Health Service To deliver public hospital and health services for the Gold Coast community

Key deliverables

In 2023–24, Gold Coast HHS will:

- deliver on the government election commitment with the opening of the Tugun Satellite Hospital
- progress significant capacity expansion including:
 - complete building and open the 20-space emergency department expansion at Robina Hospital
 - progress building the 40-bed Secure Mental Health Rehabilitation Unit on the Gold Coast University Hospital campus ready for opening in 2024–25
 - build the 70-bed sub-acute expansion at Gold Coast University Hospital
 - working with our partners on the planning, design and delivery for the new Coomera Hospital
 - progress discussions for leased capacity expansion at Robina Hospital
- continue to develop and embed an ambitious and robust transformation agenda to support organisational sustainability aligned with Queensland Health's reform agenda, including alternate and virtual models of care, maximising organisational efficiency and productivity, advancing our digital health program, and collaborating across sectors, providers and stakeholders to achieve a system-based approach to health care and service delivery.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Performance statement

Gold Coast Hospital and Health Service

Objective

To deliver public hospital and health services for the Gold Coast community.

Description

The Gold Coast HHS is responsible for providing public hospital and health services including acute care, general surgery, emergency care, medical, paediatrics, gynaecology and obstetrics.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	56%	80%
	75%	70%	75%
	70%	79%	70%
	70%	92%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	49%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	95%	>98%
	..	74%	..
	..	70%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.6	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁵	>65%	61.7%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	8.8%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	66%	57%	66%
	..	28%	..
	..	60%	..
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	84%	70%	84%
	..	54%	..
	..	56%	..
Median wait time for treatment in emergency departments (minutes) ^{1,10}	..	15	..
Median wait time for elective surgery treatment (days) ²	..	31	..

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,567	\$5,776	\$5,760
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	6,805	6,854	7,030
• Category 2 (90 days) ³	..	4,474	..
• Category 3 (365 days) ³	..	1,630	..
Number of Telehealth outpatients service events ¹³	18,126	24,337	20,721
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	158,103	162,104	164,969
• Outpatients	42,745	45,848	45,251
• Sub-acute	15,575	16,118	16,286
• Emergency Department	40,655	28,714	42,027
• Mental Health	14,101	15,555	14,702
• Prevention and Primary Care	4,446	3,614	4,057
Ambulatory mental health service contact duration (hours) ¹⁵	>90,125	85,088	>90,125

Notes:

- Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2022 and 31 December 2022.
- Mental Health rate of community follow up 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Mental Health readmissions 2022–23 Estimated Actuals are for the period 1 July 2022 to 28 February 2023.
- Waiting within clinically recommended time is a point in time performance report. The 2022–23 Estimated Actual is as at 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Seen in time 2022–23 Estimated Actual is for the period 1 July 2022 to 30 April 2023.
- 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.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
- Telehealth 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023–24 Targets are generally set on the first six months of 2022–23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023–24 without the influences of COVID.

14. The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.
15. Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalentents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	9,189	9,343	9,565

Income statement

Gold Coast Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	1,920,497	2,074,145	2,106,304
Grants and other contributions	12,988	13,169	12,987
Interest and distributions from managed funds	35	110	110
Other revenue	10,876	12,399	12,400
Gains on sale/revaluation of assets	..	171	171
Total income	1,944,396	2,099,994	2,131,972
EXPENSES			
Employee expenses	207,842	220,019	230,878
Supplies and Services:			
Other supplies and services	489,734	544,479	504,356
Department of Health contract staff	1,143,860	1,210,883	1,270,635
Grants and subsidies	..	..	..
Depreciation and amortisation	81,160	102,260	103,878
Finance/borrowing costs	..	..	..
Other expenses	20,615	21,168	21,040
Losses on sale/revaluation of assets	1,185	1,185	1,185
Total expenses	1,944,396	2,099,994	2,131,972
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Gold Coast Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	132,044	143,238	145,070
Receivables	36,830	47,430	47,786
Other financial assets	..	..	..
Inventories	12,851	15,702	15,791
Other	7,966	5,393	5,660
Non-financial assets held for sale	..	..	..
Total current assets	189,691	211,763	214,307
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,552,938	1,676,297	1,799,035
Intangibles	..	9	2
Other	..	..	..
Total non-current assets	1,552,938	1,676,306	1,799,037
TOTAL ASSETS	1,742,629	1,888,069	2,013,344
CURRENT LIABILITIES			
Payables	144,844	163,564	166,102
Accrued employee benefits	3,970	3,190	3,196
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	18,200	18,908	18,908
Total current liabilities	167,014	185,662	188,206
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	39,229	38,247
Total non-current liabilities	..	39,229	38,247
TOTAL LIABILITIES	167,014	224,891	226,453
NET ASSETS/(LIABILITIES)	1,575,615	1,663,178	1,786,891
EQUITY			
TOTAL EQUITY	1,575,615	1,663,178	1,786,891

Cash flow statement

Gold Coast Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,919,196	2,072,844	2,105,003
Grants and other contributions	12,988	12,989	12,987
Interest and distribution from managed funds received	35	110	110
Other	18,926	19,467	19,468
Outflows:			
Employee costs	(207,836)	(220,013)	(230,872)
Supplies and services	(1,639,617)	(1,761,385)	(1,781,014)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(20,615)	(21,168)	(21,040)
Net cash provided by or used in operating activities	83,077	102,844	104,642
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(85)	86	86
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(85)	86	86
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(81,160)	(101,278)	(102,896)
Net cash provided by or used in financing activities	(81,160)	(101,278)	(102,896)
Net increase/(decrease) in cash held	1,832	1,652	1,832
Cash at the beginning of financial year	130,212	141,586	143,238
Cash transfers from restructure	..	..	..
Cash at the end of financial year	132,044	143,238	145,070

Mackay Hospital and Health Service

Overview

Mackay Hospital and Health Service's (HHS) vision is 'Delivering Queensland's Best Rural and Regional Health Care'. Our purpose is to deliver outstanding health care services to our communities through our people and partners.

Contribution to the government's objectives for the community

The agency supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the Mackay HHS aligns with the following agency objectives:

HHS's objectives	HHS's service area
Exceptional patient experiences Excellence in integrated care Sustainable service delivery Inspired People	Mackay Hospital and Health Service To deliver public hospital and health services for Mackay and its surrounding community

Key deliverables

In 2023–24, Mackay HHS will:

- continue to deliver on planned care recovery
- progress the redevelopment of the Sarina Hospital
- progress implementation of the Health Equity Strategy, in collaboration with First Nations community and partners.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Performance statement

Mackay Hospital and Health Service

Objective

To deliver public hospital and health services for Mackay and its surrounding community.

Description

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

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	96%	80%
	75%	87%	75%
	70%	93%	70%
	70%	98%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	71%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	78%	>98%
	..	36%	..
	..	22%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.3	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁵	>65%	52.2%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	22.3%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	70%	56%	70%
	..	36%	..
	..	63%	..
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	81%	66%	81%
	..	31%	..
	..	84%	..
Median wait time for treatment in emergency departments (minutes) ^{1,10}	..	10	..

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Median wait time for elective surgery treatment (days) ²	..	47	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$4,954	\$5,703	\$5,183
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	1,179	1,171	1,474
• Category 2 (90 days) ³	..	385	..
• Category 3 (365 days) ³	..	80	..
Number of Telehealth outpatients service events ¹³	16,874	16,390	18,236
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	46,087	46,511	48,097
• Outpatients	12,070	11,098	12,621
• Sub-acute	4,035	5,376	4,600
• Emergency Department	15,601	13,822	16,063
• Mental Health	4,176	3,412	4,113
• Prevention and Primary Care	1,600	1,659	1,600
Ambulatory mental health service contact duration (hours) ¹⁵	>27,854	25,674	>27,854

Notes:

- Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2022 and 31 December 2022.
- Mental Health rate of community follow up 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Mental Health readmissions 2022–23 Estimated Actuals are for the period 1 July 2022 to 28 February 2023.
- Waiting within clinically recommended time is a point in time performance report. The 2022–23 Estimated Actual is as at 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Seen in time 2022–23 Estimated Actual is for the period 1 July 2022 to 30 April 2023.
- 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.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
- Telehealth 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023–24 Targets are generally set on the first six months of 2022–23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023–24 without the influences of COVID.

14. The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.
15. Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalentents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	2,669	2,691	2,748

Income statement

Mackay Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	541,784	572,174	592,395
Grants and other contributions	15,113	15,564	15,438
Interest and distributions from managed funds	..	..	..
Other revenue	5,270	5,270	5,270
Gains on sale/revaluation of assets	1	1	1
Total income	562,168	593,009	613,104
EXPENSES			
Employee expenses	57,493	58,318	60,651
Supplies and Services:			
Other supplies and services	146,271	160,873	160,916
Department of Health contract staff	315,555	333,590	346,934
Grants and subsidies	10	10	10
Depreciation and amortisation	31,599	34,238	33,024
Finance/borrowing costs	..	..	..
Other expenses	10,926	11,152	11,255
Losses on sale/revaluation of assets	314	314	314
Total expenses	562,168	598,495	613,104
OPERATING SURPLUS/(DEFICIT)	..	(5,486)	..

Balance sheet

Mackay Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	13,276	13,597	14,007
Receivables	13,251	11,901	12,949
Other financial assets	..	..	..
Inventories	3,876	4,033	4,133
Other	4,572	4,700	4,710
Non-financial assets held for sale	..	..	..
Total current assets	34,975	34,231	35,799
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	407,423	374,772	404,721
Intangibles	17	34	24
Other	..	..	..
Total non-current assets	407,440	374,806	404,745
TOTAL ASSETS	442,415	409,037	440,544
CURRENT LIABILITIES			
Payables	31,970	38,697	39,826
Accrued employee benefits	1,274	917	1,058
Interest bearing liabilities and derivatives	758	894	362
Provisions	..	..	..
Other	1,715	1,878	1,878
Total current liabilities	35,717	42,386	43,124
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	35,717	42,386	43,124
NET ASSETS/(LIABILITIES)	406,698	366,651	397,420
EQUITY			
TOTAL EQUITY	406,698	366,651	397,420

Cash flow statement

Mackay Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	542,139	572,529	592,750
Grants and other contributions	10,843	11,082	10,844
Interest and distribution from managed funds received	..	..	..
Other	13,668	13,668	13,668
Outflows:			
Employee costs	(57,352)	(58,177)	(60,510)
Supplies and services	(470,701)	(502,929)	(516,316)
Grants and subsidies	(10)	(10)	(10)
Borrowing costs	..	..	..
Other	(7,236)	(7,250)	(7,241)
Net cash provided by or used in operating activities	31,351	28,913	33,185
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	309	309	309
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(2,000)	(1,588)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(1,691)	(1,279)	309
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	706	633	634
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(706)	(628)	(694)
Equity withdrawals	(31,599)	(34,238)	(33,024)
Net cash provided by or used in financing activities	(31,599)	(34,233)	(33,084)
Net increase/(decrease) in cash held	(1,939)	(6,599)	410
Cash at the beginning of financial year	15,215	20,196	13,597
Cash transfers from restructure	..	..	..
Cash at the end of financial year	13,276	13,597	14,007

Metro North Hospital and Health Service

Overview

The vision for Metro North Health and Hospital Service (HHS) is excellent healthcare, working together, strong and healthy communities. Together with our community and partners, our purpose is to deliver services informed by research and innovation to improve the health outcomes of our community.

Contribution to the government's objectives for the community

The agency supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the Metro North HHS aligns with the following agency objectives:

HHS's objectives	HHS's service area
To always put people first To improve health equity, access, quality, safety and health outcomes To deliver value-based health services through a culture of research, education, learning and innovation To be accountable for delivery of sustainable services, high performance and excellent patient outcomes	Metro North Hospital and Health Service To deliver public hospital and health services for the Metro North community

Key deliverables

In 2023–24, Metro North HHS will:

- continue the Caboolture Hospital redevelopment, with refurbishment in the existing hospital building, including establishment of a new chemotherapy service
- progress commissioning and commencement of services at satellite hospitals at Caboolture, Kallangur and Bribie Island
- work with our partners on the planning, design and delivery for Redcliffe Hospital Expansion, The Prince Charles Hospital Expansion and Queensland Cancer Centre
- progress construction of a new multistorey car park at The Prince Charles Hospital
- continue implementation of the Health Equity Strategy with an annual report on implementation progress
- work with community and partners to address sustainability, and patient outcomes and experience
- drive innovation through new approaches and partnerships.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Performance statement

Metro North Hospital and Health Service

Objective

To deliver public hospital and health services for the Metro North community.

Description

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

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	62%	80%
	75%	51%	75%
	70%	69%	70%
	70%	90%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	53%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	92%	>98%
	..	81%	..
	..	86%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.7	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁵	>65%	60.7%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	10.2%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	56%	51%	56%
	..	52%	..
	..	84%	..
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	81%	79%	81%
	..	49%	..
	..	71%	..
Median wait time for treatment in emergency departments (minutes) ^{1,10}	..	25	..
Median wait time for elective surgery treatment (days) ²	..	36	..

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,205	\$5,521	\$5,460
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	10,276	11,141	11,807
• Category 2 (90 days) ³	..	8,796	..
• Category 3 (365 days) ³	..	6,691	..
Number of Telehealth outpatients service events ¹³	48,622	85,984	72,000
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	306,180	306,877	316,178
• Outpatients	108,817	105,997	111,320
• Sub-acute	29,439	34,959	30,847
• Emergency Department	63,631	51,092	67,620
• Mental Health	33,367	26,931	34,468
• Prevention and Primary Care	9,738	10,407	8,786
Ambulatory mental health service contact duration (hours) ¹⁵	>171,919	115,339	>171,919

Notes:

- Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2022 and 31 December 2022.
- Mental Health rate of community follow up 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Mental Health readmissions 2022–23 Estimated Actuals are for the period 1 July 2022 to 28 February 2023.
- Waiting within clinically recommended time is a point in time performance report. The 2022–23 Estimated Actual is as at 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Seen in time 2022–23 Estimated Actual is for the period 1 July 2022 to 30 April 2023.
- 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.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
- Telehealth 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023–24 Targets are generally set on the first six months of 2022–23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023–24 without the influences of COVID.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.

15. Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	18,675	18,675	18,965

Income statement

Metro North Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	3,565,205	3,793,937	3,938,375
Grants and other contributions	47,446	50,072	51,078
Interest and distributions from managed funds	389	972	986
Other revenue	3,794	6,181	4,438
Gains on sale/revaluation of assets	11	784	728
Total income	3,616,845	3,851,946	3,995,605
EXPENSES			
Employee expenses	426,517	451,919	482,796
Supplies and Services:			
Other supplies and services	777,928	889,217	880,046
Department of Health contract staff	2,175,830	2,273,071	2,364,969
Grants and subsidies	764	1,420	783
Depreciation and amortisation	156,474	165,602	171,840
Finance/borrowing costs	8,291	8,291	8,498
Other expenses	63,079	67,701	78,512
Losses on sale/revaluation of assets	7,962	7,962	8,161
Total expenses	3,616,845	3,865,183	3,995,605
OPERATING SURPLUS/(DEFICIT)	..	(13,237)	..

Balance sheet

Metro North Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	116,643	234,350	210,491
Receivables	90,505	82,813	86,163
Other financial assets	..	..	..
Inventories	22,513	24,196	24,401
Other	21,614	14,595	14,881
Non-financial assets held for sale	..	..	..
Total current assets	251,275	355,954	335,936
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	2,160,995	2,200,309	2,171,984
Intangibles	8,672	9,472	5,413
Other	282	495	495
Total non-current assets	2,169,949	2,210,276	2,177,892
TOTAL ASSETS	2,421,224	2,566,230	2,513,828
CURRENT LIABILITIES			
Payables	226,776	257,728	276,803
Accrued employee benefits	15,110	55,224	28,025
Interest bearing liabilities and derivatives	22,311	27,086	27,086
Provisions	..	..	..
Other	7,330	5,376	5,376
Total current liabilities	271,527	345,414	337,290
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	387,640	395,948	369,000
Provisions	..	..	..
Other	..	3,148	3,148
Total non-current liabilities	387,640	399,096	372,148
TOTAL LIABILITIES	659,167	744,510	709,438
NET ASSETS/(LIABILITIES)	1,762,057	1,821,720	1,804,390
EQUITY			
TOTAL EQUITY	1,762,057	1,821,720	1,804,390

Cash flow statement

Metro North Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	3,553,960	3,794,511	3,926,932
Grants and other contributions	21,159	23,737	24,085
Interest and distribution from managed funds received	389	972	986
Other	43,517	45,904	44,161
Outflows:			
Employee costs	(424,566)	(413,494)	(509,995)
Supplies and services	(2,988,191)	(3,193,992)	(3,266,180)
Grants and subsidies	(764)	(1,420)	(783)
Borrowing costs	(8,291)	(8,291)	(8,498)
Other	(36,792)	(104,973)	(51,568)
Net cash provided by or used in operating activities	160,421	142,954	159,140
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(30)	743	686
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(13,391)	(18,224)	(7,345)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(13,421)	(17,481)	(6,659)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	21,929	21,929	22,448
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(26,429)	(26,429)	(26,948)
Equity withdrawals	(156,474)	(165,602)	(171,840)
Net cash provided by or used in financing activities	(160,974)	(170,102)	(176,340)
Net increase/(decrease) in cash held	(13,974)	(44,629)	(23,859)
Cash at the beginning of financial year	130,617	278,979	234,350
Cash transfers from restructure	..	..	..
Cash at the end of financial year	116,643	234,350	210,491

Metro South Hospital and Health Service

Overview

Metro South Hospital and Health Service's (HHS) vision is to be Australia's exemplar public healthcare service. Our purpose is quality healthcare every day.

Contribution to the government's objectives for the community

The agency supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the Metro South HHS aligns with the following agency objectives:

HHS's objectives	HHS's service area
Provide equitable access to excellent care Deliver great value Lead by innovating and collaborating	Metro South Hospital and Health Service To deliver public hospital and health services for the Metro South community

Key deliverables

In 2023–24, Metro South HHS will:

- implement staged decant planning and the continuation of construction and commissioning activities to enable the 206-bed expansion of Logan Hospital
- undertake operational commissioning activities and commence delivery of services within the new modular ward (2Q) at Logan Hospital and at the Eight Mile Plains Satellite Hospital
- support delivery and preparations for commissioning of the Logan Urgent Specialist Care Centre at Meadowbrook
- facilitate the delivery of services in the new Ward 4A and Ambulatory Care Hub at the QEII Hospital
- enable expanded renal services at the Princess Alexandra Hospital via operational commissioning of the additional beds within the High Dependency Dialysis Unit and the Limited Care Dialysis Unit
- support delivery and preparations for commissioning of Stage 1 of the Redland Hospital Expansion
- undertake operational commissioning activities and commence delivery of services within the new modular ward at Redland Hospital and at the new Redlands Satellite Hospital at Weinam Creek
- work with our partners on the planning, design and delivery for the Logan, QEII and Princess Alexandra Hospitals.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Performance statement

Metro South Hospital and Health Service

Objective

To deliver public hospital and health services for the Metro South community.

Description

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

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	58%	80%
	75%	63%	75%
	70%	78%	70%
	70%	93%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	52%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	82%	>98%
	..	69%	..
	..	65%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	1.2	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁵	>65%	61.2%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	11.8%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	45%	42%	45%
	..	36%	..
	..	65%	..
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	75%	73%	75%
	..	48%	..
	..	60%	..
Median wait time for treatment in emergency departments (minutes) ^{1,10}	..	16	..
Median wait time for elective surgery treatment (days) ²	..	35	..

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,230	\$5,311	\$5,516
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	9,105	9,257	10,631
• Category 2 (90 days) ³	..	5,633	..
• Category 3 (365 days) ³	..	2,635	..
Number of Telehealth outpatients service events ¹³	29,841	32,096	36,602
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	248,933	236,369	255,255
• Outpatients	92,258	89,287	95,424
• Sub-acute	36,932	38,017	41,672
• Emergency Department	49,641	50,438	52,227
• Mental Health	25,580	20,763	26,775
• Prevention and Primary Care	9,395	9,843	8,954
Ambulatory mental health service contact duration (hours) ¹⁵	>174,933	136,025	>174,933

Notes:

- Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2022 and 31 December 2022.
- Mental Health rate of community follow up 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Mental Health readmissions 2022–23 Estimated Actuals are for the period 1 July 2022 to 28 February 2023.
- Waiting within clinically recommended time is a point in time performance report. The 2022–23 Estimated Actual is as at 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Seen in time 2022–23 Estimated Actual is for the period 1 July 2022 to 30 April 2023.
- 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.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
- Telehealth 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023–24 Targets are generally set on the first six months of 2022–23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023–24 without the influences of COVID.

14. The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.
15. Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalentents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	14,408	14,776	15,437

Income statement

Metro South Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	2,957,181	3,068,998	3,281,908
Grants and other contributions	52,585	54,477	54,477
Interest and distributions from managed funds	29	143	143
Other revenue	12,623	13,379	13,379
Gains on sale/revaluation of assets	123	128	128
Total income	3,022,541	3,137,125	3,350,035
EXPENSES			
Employee expenses	335,051	340,180	364,002
Supplies and Services:			
Other supplies and services	717,448	730,646	784,635
Department of Health contract staff	1,795,910	1,867,114	2,007,121
Grants and subsidies	1,452	1,524	921
Depreciation and amortisation	112,404	134,332	131,403
Finance/borrowing costs	167	308	255
Other expenses	56,140	58,049	59,985
Losses on sale/revaluation of assets	3,969	3,969	1,713
Total expenses	3,022,541	3,136,122	3,350,035
OPERATING SURPLUS/(DEFICIT)	..	1,003	..

Balance sheet

Metro South Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	63,623	63,305	77,221
Receivables	67,734	66,415	67,651
Other financial assets	..	..	..
Inventories	22,985	22,007	22,152
Other	4,263	7,751	7,751
Non-financial assets held for sale	..	..	..
Total current assets	158,605	159,478	174,775
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,316,154	1,411,564	1,462,304
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	1,316,154	1,411,564	1,462,304
TOTAL ASSETS	1,474,759	1,571,042	1,637,079
CURRENT LIABILITIES			
Payables	192,970	198,770	211,398
Accrued employee benefits	7,255	6,630	8,530
Interest bearing liabilities and derivatives	2,471	2,508	1,082
Provisions	..	..	..
Other	1,163	1,163	1,163
Total current liabilities	203,859	209,071	222,173
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	5,606	7,289	6,207
Provisions	..	..	..
Other	10,079	10,051	8,860
Total non-current liabilities	15,685	17,340	15,067
TOTAL LIABILITIES	219,544	226,411	237,240
NET ASSETS/(LIABILITIES)	1,255,215	1,344,631	1,399,839
EQUITY			
TOTAL EQUITY	1,255,215	1,344,631	1,399,839

Cash flow statement

Metro South Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	2,957,681	3,065,564	3,287,579
Grants and other contributions	29,250	30,171	30,633
Interest and distribution from managed funds received	29	143	143
Other	41,274	64,823	66,103
Outflows:			
Employee costs	(333,151)	(338,280)	(362,102)
Supplies and services	(2,532,972)	(2,682,260)	(2,833,630)
Grants and subsidies	(1,452)	(1,501)	(921)
Borrowing costs	(167)	(308)	(255)
Other	(37,501)	(41,916)	(43,726)
Net cash provided by or used in operating activities	122,991	96,436	143,824
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	123	128	128
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(5,002)	(10,116)	(34)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(4,879)	(9,988)	94
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	2,671	2,810	2,763
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(2,671)	(2,502)	(2,508)
Equity withdrawals	(111,286)	(133,186)	(130,257)
Net cash provided by or used in financing activities	(111,286)	(132,878)	(130,002)
Net increase/(decrease) in cash held	6,826	(46,430)	13,916
Cash at the beginning of financial year	56,797	109,735	63,305
Cash transfers from restructure	..	..	..
Cash at the end of financial year	63,623	63,305	77,221

North West Hospital and Health Service

Overview

North West Hospital and Health Service (HHS) is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services to the north-west Queensland community.

Its vision is to lead the delivery of safe, sustainable healthcare in its unique region with its diverse partners and communities. Its purpose is to partner with its communities to improve health outcomes by delivering valued, high-quality and sustainable health services that are close to home.

Contribution to the government's objectives for the community

The agency supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the North West HHS aligns with the following agency objectives:

HHS's objectives	HHS's service area
<p>Provide high-quality healthcare to all people of our region, as close to home as we can so together we become Healthier People</p> <p>Work with our partners, stakeholders and communities to hear their voices and act on feedback so together we form Collaborative Partnerships</p> <p>Making the best use of its resources, delivering effective and efficient healthcare for north-west Queensland so we have Sustainable Resources.</p>	<p>North West Hospital and Health Service</p> <p>To deliver public hospital and health services for the North West Queensland community.</p>

Key deliverables

In 2023–24, North West HHS will:

- operationalise the *North West Hospital and Health Service Health Equity Strategy 2022–2025*
- stabilise clinical service delivery capability in the focus areas of surgical, orthopaedics and ophthalmology
- continue to implement the delivery of the *Health Workforce Strategy 2017–2026*, the *North West Hospital and Health Service Nursing and Midwifery Workforce Strategy*, and the *North West Aboriginal and Torres Strait Islander Workforce Strategy 2019–2026*
- support Normanton Hospital, Doomadgee Hospital, Camooweal Primary Healthcare Centre and Dajarra Primary Healthcare Centre redevelopment activities
- implement patient flow manager
- continue to implement the *Better Care Together* mental health and alcohol and other drugs initiatives.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Performance statement

North West Hospital and Health Service

Objective

To deliver public hospital and health services for the North West Queensland community.

Description

The North West HHS is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	88%	80%
	75%	83%	75%
	70%	85%	70%
	70%	98%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	86%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	93%	>98%
	..	94%	..
	..	81%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	1.2	≤1.0
Percentage of specialist outpatients waiting within clinically recommended times ⁵			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁶ Category 3 (365 days)⁶ 	98%	41%	98%
	..	56%	..
	..	56%	..
Percentage of specialist outpatients seen within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁶ Category 3 (365 days)⁶ 	98%	72%	98%
	..	66%	..
	..	83%	..
Median wait time for treatment in emergency departments (minutes) ^{1,8}	..	11	..
Median wait time for elective surgery treatment (days) ²	..	25	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ⁹	\$5,576	\$5,993	\$6,084

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,10}			
• Category 1 (30 days)	230	278	288
• Category 2 (90 days) ³	..	181	..
• Category 3 (365 days) ³	..	95	..
Number of Telehealth outpatients service events ¹¹	6,076	5,142	5,795
Total weighted activity units (WAU) ¹²			
• Acute Inpatients	11,603	10,572	11,671
• Outpatients	3,130	2,987	3,201
• Sub-acute	1,385	1,204	1,534
• Emergency Department	7,052	7,256	7,083
• Mental Health	266	298	268
• Prevention and Primary Care	613	239	467
Ambulatory mental health service contact duration (hours) ¹³	>7,591	4,179	>7,591

Notes:

- Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2022 and 31 December 2022.
- Waiting within clinically recommended time is a point in time performance report. The 2022–23 Estimated Actual is as at 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Seen in time 2022–23 Estimated Actual is for the period 1 July 2022 to 30 April 2023.
- 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.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
- Telehealth 2022-23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023-24 Targets are generally set on the first six months of 2022-23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023-24 without the influences of COVID.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.
- Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	820	821	845

Income statement

North West Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	215,511	224,397	237,092
Grants and other contributions	3,663	4,263	4,498
Interest and distributions from managed funds	7	4	4
Other revenue	972	1,112	1,113
Gains on sale/revaluation of assets	..	..	..
Total income	220,153	229,776	242,707
EXPENSES			
Employee expenses	26,862	28,248	30,682
Supplies and Services:			
Other supplies and services	80,018	85,354	82,478
Department of Health contract staff	96,625	103,282	112,129
Grants and subsidies	1,200	973	423
Depreciation and amortisation	11,159	12,959	12,682
Finance/borrowing costs	..	..	..
Other expenses	4,033	3,998	4,051
Losses on sale/revaluation of assets	256	256	262
Total expenses	220,153	235,070	242,707
OPERATING SURPLUS/(DEFICIT)	..	(5,294)	..

Balance sheet

North West Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	15,904	(1,338)	1,149
Receivables	2,231	2,267	2,269
Other financial assets	..	..	..
Inventories	1,193	1,589	1,676
Other	500	834	833
Non-financial assets held for sale	..	..	..
Total current assets	19,828	3,352	5,927
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	115,267	137,414	129,597
Intangibles	..	..	..
Other	..	300	300
Total non-current assets	115,267	137,714	129,897
TOTAL ASSETS	135,095	141,066	135,824
CURRENT LIABILITIES			
Payables	26,617	17,227	18,745
Accrued employee benefits	371	334	363
Interest bearing liabilities and derivatives	791	2,852	2,852
Provisions	..	..	..
Other	534	862	862
Total current liabilities	28,313	21,275	22,822
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	422	1,130	871
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	422	1,130	871
TOTAL LIABILITIES	28,735	22,405	23,693
NET ASSETS/(LIABILITIES)	106,360	118,661	112,131
EQUITY			
TOTAL EQUITY	106,360	118,661	112,131

Cash flow statement

North West Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	215,311	224,679	236,887
Grants and other contributions	2,237	2,697	3,037
Interest and distribution from managed funds received	7	4	4
Other	5,203	5,343	5,344
Outflows:			
Employee costs	(26,845)	(28,231)	(30,653)
Supplies and services	(175,072)	(189,809)	(197,463)
Grants and subsidies	(1,200)	(973)	(423)
Borrowing costs	..	..	..
Other	(2,607)	(2,692)	(2,590)
Net cash provided by or used in operating activities	17,034	11,018	14,143
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(2)	(2)	(2)
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	(1,343)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(2)	(1,345)	(2)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	746	1,622	1,287
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(746)	(746)	(259)
Equity withdrawals	(11,159)	(12,959)	(12,682)
Net cash provided by or used in financing activities	(11,159)	(12,083)	(11,654)
Net increase/(decrease) in cash held	5,873	(2,410)	2,487
Cash at the beginning of financial year	10,031	1,072	(1,338)
Cash transfers from restructure	..	..	..
Cash at the end of financial year	15,904	(1,338)	1,149

South West Hospital and Health Service

Overview

Serving an estimated resident population of 23,907 across 319,000 square kilometres - or 17 per cent of Queensland - the vision of the South West Hospital and Health Service (HHS) is to be a trusted and valued leader in the delivery of health services to rural and remote communities. Our purpose is to provide safe, effective, responsible and sustainable rural and remote health services that people trust and value.

Contribution to the government's objectives for the community

The agency supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the South West HHS aligns with the following agency objectives:

HHS's objectives	HHS's service area
Close the gap on health inequalities for all Enable strong primary care services with a preventative care approach Deliver care that is safe, trusted and as close to home as possible Strengthen local collaborative partnerships.	South West Hospital and Health Service To deliver public hospital and health services for the South West Queensland community.

Key deliverables

In 2023–24, South West HHS will:

- sustainably increase scope of clinical service capability based on current and future population health needs, including preventative care approaches and primary care services
- design and implement responsive workforce models that optimise scope of practice, capacity and workforce quality to deliver care to our communities
- promote continued improvement in health outcomes and equity measures for First Nations peoples and communities, as detailed within *Our Way - Together*, the South West HHS Health Equity Strategy 2022–2025.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Performance statement

South West Hospital and Health Service

Objective

To deliver public hospital and health services for the South West Queensland community.

Description

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

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	100%	80%
	75%	98%	75%
	70%	98%	70%
	70%	100%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	90%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	97%	>98%
	..	97%	..
	..	97%	..
Median wait time for treatment in emergency departments (minutes) ^{1,4}	..	2	..
Median wait time for elective surgery treatment (days) ²	..	98	..
Efficiency measure			
Not identified	..	..	..
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,5}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	200	126	127
	..	188	..
	..	653	..
Number of Telehealth outpatients service events ⁶	4,234	5,780	5,534
Total weighted activity units (WAU) ⁷			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	3,561	5,798	5,338
	1,385	1,994	1,883
	620	1,182	1,029
	2,534	3,275	3,834
	63	113	96
	419	606	406
Ambulatory mental health service contact duration (hours) ⁸	>5,410	3,671	>5,410

Notes:

1. Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
2. In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
3. Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
4. 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.
5. Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
6. Telehealth 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023–24 Targets are generally set on the first six months of 2022–23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023–24 without the influences of COVID.
7. The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.
8. Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalent (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	825	833	843

Income statement

South West Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	173,781	181,653	190,847
Grants and other contributions	7,190	9,891	7,491
Interest and distributions from managed funds	20	20	20
Other revenue	341	372	372
Gains on sale/revaluation of assets	..	..	..
Total income	181,332	191,936	198,730
EXPENSES			
Employee expenses	15,556	16,541	18,672
Supplies and Services:			
Other supplies and services	51,711	53,500	48,536
Department of Health contract staff	99,540	105,288	115,304
Grants and subsidies	..	..	..
Depreciation and amortisation	12,211	12,710	14,401
Finance/borrowing costs	..	..	..
Other expenses	2,172	2,235	1,676
Losses on sale/revaluation of assets	142	142	141
Total expenses	181,332	190,416	198,730
OPERATING SURPLUS/(DEFICIT)	..	1,520	..

Balance sheet

South West Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	22,256	26,433	21,771
Receivables	4,011	3,962	4,002
Other financial assets	..	..	..
Inventories	1,742	1,938	1,942
Other	658	824	826
Non-financial assets held for sale	..	..	..
Total current assets	28,667	33,157	28,541
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	235,889	275,895	322,580
Intangibles	..	(2)	(2)
Other	..	..	..
Total non-current assets	235,889	275,893	322,578
TOTAL ASSETS	264,556	309,050	351,119
CURRENT LIABILITIES			
Payables	17,573	15,929	16,469
Accrued employee benefits	138	173	173
Interest bearing liabilities and derivatives	203	110	110
Provisions	..	..	..
Other	92	1,909	109
Total current liabilities	18,006	18,121	16,861
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	765	179	151
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	765	179	151
TOTAL LIABILITIES	18,771	18,300	17,012
NET ASSETS/(LIABILITIES)	245,785	290,750	334,107
EQUITY			
TOTAL EQUITY	245,785	290,750	334,107

Cash flow statement

South West Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	173,691	181,563	190,757
Grants and other contributions	7,190	9,891	5,691
Interest and distribution from managed funds received	20	20	20
Other	5,036	5,067	5,067
Outflows:			
Employee costs	(15,556)	(16,541)	(18,672)
Supplies and services	(155,744)	(163,281)	(168,332)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(1,932)	(1,995)	(1,436)
Net cash provided by or used in operating activities	12,705	14,724	13,095
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	(3,556)	(3,356)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	(3,556)	(3,356)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	51	51	28
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(51)	(51)	(28)
Equity withdrawals	(12,211)	(12,710)	(14,401)
Net cash provided by or used in financing activities	(12,211)	(12,710)	(14,401)
Net increase/(decrease) in cash held	494	(1,542)	(4,662)
Cash at the beginning of financial year	21,762	27,975	26,433
Cash transfers from restructure	..	..	..
Cash at the end of financial year	22,256	26,433	21,771

Sunshine Coast Hospital and Health Service

Overview

Sunshine Coast Hospital and Health Service’s (SCHHS) vision is for health and wellbeing through person-centred care. Our purpose is to provide high-quality, cost effective, innovative healthcare in collaboration with our communities and partners.

The SCHHS provides healthcare to a rapidly growing population. There has been significant investment in services over the past few years, in particular the establishment of the Sunshine Coast University Hospital and the Nambour General Hospital redevelopment.

Contribution to the government’s objectives for the community

The agency supports the government’s objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the Sunshine Coast HHS aligns with the following agency objectives:

HHS’s objectives	HHS’s service area
We provide high-quality, equitable, accessible, person-centred care We manage our financial, physical, and environmental resources responsibly We improve and prepare for the future through research, education, and innovation	Sunshine Coast Hospital and Health Service To deliver public hospital and health services for the Sunshine Coast and Gympie communities.

Key deliverables

In 2023–24, Sunshine Coast HHS will:

- complete the \$86 million redevelopment of Nambour General Hospital
- meet the implementation milestones for the Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy
- commence ieMR expansion to our paper-based locations at Gympie, Caloundra and Maleny
- open the Sunshine Coast University Hospital Command Centre.

¹ To find out more, go to www.qld.gov.au and search “Government’s objectives for the community.”

Performance statement

Sunshine Coast Hospital and Health Service

Objective

To deliver public hospital and health services for the Sunshine Coast and Gympie communities.

Description

The Sunshine Coast HHS is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	71%	80%
	75%	72%	75%
	70%	76%	70%
	70%	93%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	65%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	69%	>98%
	..	65%	..
	..	72%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.7	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁵	>65%	64.1%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	8.2%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	80%	65%	80%
	..	42%	..
	..	68%	..
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	82%	82%	82%
	..	48%	..
	..	70%	..
Median wait time for treatment in emergency departments (minutes) ^{1,10}	..	16	..
Median wait time for elective surgery treatment (days) ²	..	48	..

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,232	\$5,435	\$5,380
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	3,156	3,182	4,310
• Category 2 (90 days) ³	..	2,624	..
• Category 3 (365 days) ³	..	1,855	..
Number of Telehealth outpatients service events ¹³	15,655	15,502	17,446
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	119,369	113,657	125,761
• Outpatients	29,521	32,475	31,794
• Sub-acute	10,199	13,693	10,882
• Emergency Department	29,060	27,047	30,308
• Mental Health	10,403	9,303	10,812
• Prevention and Primary Care	5,249	4,563	4,647
Ambulatory mental health service contact duration (hours) ¹⁵	>64,184	56,616	>64,184

Notes:

- Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2022 and 31 December 2022.
- Mental Health rate of community follow up 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Mental Health readmissions 2022–23 Estimated Actuals are for the period 1 July 2022 to 28 February 2023.
- Waiting within clinically recommended time is a point in time performance report. The 2022–23 Estimated Actual is as at 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Seen in time 2022–23 Estimated Actual is for the period 1 July 2022 to 30 April 2023.
- 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.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
- Telehealth 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023–24 Targets are generally set on the first six months of 2022–23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023–24 without the influences of COVID.

14. The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.
15. Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalentents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	6,692	6,692	6,692

Income statement

Sunshine Coast Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	1,419,271	1,534,419	1,570,580
Grants and other contributions	22,113	22,357	22,537
Interest and distributions from managed funds	107	332	338
Other revenue	12,679	16,050	14,944
Gains on sale/revaluation of assets	..	..	..
Total income	1,454,170	1,573,158	1,608,399
EXPENSES			
Employee expenses	166,400	177,593	195,273
Supplies and Services:			
Other supplies and services	317,858	360,896	339,563
Department of Health contract staff	769,566	840,310	856,587
Grants and subsidies	..	..	..
Depreciation and amortisation	129,957	143,866	147,371
Finance/borrowing costs	39,594	39,594	38,676
Other expenses	28,173	29,116	29,302
Losses on sale/revaluation of assets	2,622	1,627	1,627
Total expenses	1,454,170	1,593,002	1,608,399
OPERATING SURPLUS/(DEFICIT)	..	(19,844)	..

Balance sheet

Sunshine Coast Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	3,306	6,747	12,618
Receivables	27,595	27,891	28,469
Other financial assets	..	..	..
Inventories	6,043	6,534	6,675
Other	3,589	3,794	3,856
Non-financial assets held for sale	..	..	..
Total current assets	40,533	44,966	51,618
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,837,555	1,965,283	1,931,161
Intangibles	2,248	7,648	10,344
Other	..	..	..
Total non-current assets	1,839,803	1,972,931	1,941,505
TOTAL ASSETS	1,880,336	2,017,897	1,993,123
CURRENT LIABILITIES			
Payables	130,800	151,121	161,013
Accrued employee benefits	5,645	2,844	4,281
Interest bearing liabilities and derivatives	11,792	11,990	12,956
Provisions	..	..	..
Other	7,215	4,537	4,537
Total current liabilities	155,452	170,492	182,787
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	471,914	471,899	459,288
Provisions	..	..	..
Other	67,482	69,524	65,786
Total non-current liabilities	539,396	541,423	525,074
TOTAL LIABILITIES	694,848	711,915	707,861
NET ASSETS/(LIABILITIES)	1,185,488	1,305,982	1,285,262
EQUITY			
TOTAL EQUITY	1,185,488	1,305,982	1,285,262

Cash flow statement

Sunshine Coast Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,419,298	1,534,686	1,571,427
Grants and other contributions	11,741	10,246	11,284
Interest and distribution from managed funds received	107	332	338
Other	41,370	54,389	43,635
Outflows:			
Employee costs	(163,243)	(177,287)	(193,836)
Supplies and services	(1,111,196)	(1,213,342)	(1,215,412)
Grants and subsidies	..	..	..
Borrowing costs	(39,812)	(39,812)	(38,912)
Other	(24,032)	(53,037)	(24,280)
Net cash provided by or used in operating activities	134,233	116,175	154,244
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(6,025)	(4,200)	(12)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(6,025)	(4,200)	(12)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	9,882	9,882	10,655
Outflows:			
Borrowing redemptions	(10,737)	(10,737)	(11,636)
Finance lease payments	(49)	(49)	(9)
Equity withdrawals	(129,957)	(143,866)	(147,371)
Net cash provided by or used in financing activities	(130,861)	(144,770)	(148,361)
Net increase/(decrease) in cash held	(2,653)	(32,795)	5,871
Cash at the beginning of financial year	5,959	39,542	6,747
Cash transfers from restructure	..	..	..
Cash at the end of financial year	3,306	6,747	12,618

Torres and Cape Hospital and Health Service

Overview

Torres and Cape Hospital and Health Service's (HHS) vision is healthy lives, lived well. This is supported by 5 strategic pillars:

1. Strengthen primary and public healthcare services
2. Enhance health and development services to support the first 2,000 days of life
3. Develop our workforce and promote wellbeing and safety
4. Provide services that embody healthy minds and support consumers with addictions
5. Provide care closer to home.

Our purpose is working together, quality and respectful care, close to home.

Contribution to the government's objectives for the community

The agency supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service areas

The service area within the Torres and Cape HHS aligns with the following agency objectives:

HHS's objectives	HHS's service area
<p>Provide integrated primary and public healthcare to prevent avoidable disease and improve quality of life through the management of chronic conditions</p> <p>Invest in the early years to give the best possible start to life</p> <p>Nurture the healthy minds and wellbeing of those that access our services</p> <p>Increase self-sufficiency, service capability and capacity</p> <p>Health Equity and community engagement are key enablers for the Torres and Cape HHS objectives and service areas</p>	<p>Torres and Cape Hospital and Health Service</p> <p>To deliver public hospital and health services for the Torres and Cape community.</p>

Key deliverables

In 2023–24, Torres and Cape HHS will:

- implement the *Health Equity Strategy 2022–25*
- implement the *Workforce Strategy 2021–26*
- embed Our Guiding Principles
- deliver a single primary health care electronic medical record
- progress the redevelopment of Thursday Island Hospital.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Performance statement

Torres and Cape Hospital and Health Service

Objective

To deliver public hospital and health services for the Torres and Cape community.

Description

The Torres and Cape HHS is responsible for providing a wide range of health services, including emergency care, general surgery, medical imaging, primary health care, chronic disease management, obstetric and birthing services, maternal and child health services, oral health, mental health, allied health, post-acute rehabilitation, aged care, palliative and respite services, visiting specialist services, general home and community care services, and family support.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	91%	80%
	75%	87%	75%
	70%	86%	70%
	70%	96%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	94%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	100%	>98%
	..	96%	..
	..	100%	..
Median wait time for treatment in emergency departments (minutes) ^{1,4}	..	14	..
Median wait time for elective surgery treatment (days) ²	..	1	..
Efficiency measure			
Not identified	..	..	..
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,5}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	64	28	27
	..	86	..
	..	132	..
Number of Telehealth outpatients service events ⁶	2,251	2,621	2,739

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Total weighted activity units (WAU) ⁷			
• Acute Inpatients	6,975	5,454	7,053
• Outpatients	2,325	4,355	2,617
• Sub-acute	147	104	148
• Emergency Department	1,845	2,995	1,844
• Mental Health	57	104	58
• Prevention and Primary Care	852	751	821
Ambulatory mental health service contact duration (hours) ⁸	>8,116	7,795	>8,116

Notes:

- Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- 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.
- Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
- Telehealth 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023–24 Targets are generally set on the first six months of 2022–23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023–24 without the influences of COVID.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.
- Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalent (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	1,106	1,158	1,175

Income statement

Torres and Cape Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	255,277	278,794	287,769
Grants and other contributions	20,176	22,467	26,305
Interest and distributions from managed funds	3	3	3
Other revenue	1,433	1,406	1,441
Gains on sale/revaluation of assets	..	..	..
Total income	276,889	302,670	315,518
EXPENSES			
Employee expenses	29,487	31,182	32,499
Supplies and Services:			
Other supplies and services	85,878	88,542	98,205
Department of Health contract staff	136,387	149,542	153,627
Grants and subsidies	..	..	..
Depreciation and amortisation	20,273	26,665	25,387
Finance/borrowing costs	..	300	300
Other expenses	4,854	5,340	5,490
Losses on sale/revaluation of assets	10	11	10
Total expenses	276,889	301,582	315,518
OPERATING SURPLUS/(DEFICIT)	..	1,088	..

Balance sheet

Torres and Cape Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	34,256	29,667	32,065
Receivables	6,091	2,551	2,578
Other financial assets	..	..	..
Inventories	607	629	640
Other	1,315	460	460
Non-financial assets held for sale	..	..	..
Total current assets	42,269	33,307	35,743
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	214,221	260,825	313,969
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	214,221	260,825	313,969
TOTAL ASSETS	256,490	294,132	349,712
CURRENT LIABILITIES			
Payables	29,188	19,052	19,922
Accrued employee benefits	1,428	1,762	1,942
Interest bearing liabilities and derivatives	2,288	2,959	2,918
Provisions	..	..	..
Other	779	6	6
Total current liabilities	33,683	23,779	24,788
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	3,461	8,421	8,421
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	3,461	8,421	8,421
TOTAL LIABILITIES	37,144	32,200	33,209
NET ASSETS/(LIABILITIES)	219,346	261,932	316,503
EQUITY			
TOTAL EQUITY	219,346	261,932	316,503

Cash flow statement

Torres and Cape Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	255,245	277,730	287,758
Grants and other contributions	18,225	20,419	24,206
Interest and distribution from managed funds received	3	3	3
Other	6,816	10,762	6,824
Outflows:			
Employee costs	(29,477)	(30,842)	(32,319)
Supplies and services	(227,351)	(242,594)	(256,505)
Grants and subsidies	..	(1,242)	..
Borrowing costs	..	(300)	(300)
Other	(2,832)	(13,281)	(3,268)
Net cash provided by or used in operating activities	20,629	20,655	26,399
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	(2,201)	(240)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	(2,201)	(240)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,480	4,237	1,667
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(59)	(59)	(41)
Equity withdrawals	(20,273)	(26,665)	(25,387)
Net cash provided by or used in financing activities	(18,852)	(22,487)	(23,761)
Net increase/(decrease) in cash held	1,777	(4,033)	2,398
Cash at the beginning of financial year	32,479	33,700	29,667
Cash transfers from restructure	..	..	..
Cash at the end of financial year	34,256	29,667	32,065

Townsville Hospital and Health Service

Overview

The Townsville Hospital and Health Service's (HHS) vision is world-class healthcare for northern Queensland. Our purpose is great care every day.

Contribution to the government's objectives for the community

The agency supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the Townsville HHS aligns with the following agency objectives:

HHS's objectives	HHS's service area
Improve patient experience Enhance patient outcomes Better value care	Townsville Hospital and Health Service To deliver public hospital and health services for the Townsville community.

Key deliverables

In 2023–24, the Townsville HHS will:

- commission new beds to increase hospital capacity
- substantially progress a new state-of-the-art hybrid operating theatre within the Townsville University Hospital ahead of August 2024 completion
- complete works for a CT Scanner in Charters Towers
- expand the delivery of maternal foetal medicine services for high-risk pregnancies
- work with our partners on the planning, design and delivery for the expansion of Townsville University Hospital.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Performance statement

Townsville Hospital and Health Service

Objective

To deliver public hospital and health services for the Townsville community.

Description

The Townsville HHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	82%	80%
	75%	79%	75%
	70%	86%	70%
	70%	98%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	69%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	74%	>98%
	..	51%	..
	..	52%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	0.8	<=1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁵	>65%	71.6%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	12.6%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	89%	98%
	..	52%	..
	..	81%	..
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	89%	98%
	..	51%	..
	..	70%	..
Median wait time for treatment in emergency departments (minutes) ^{1,10}	..	11	..
Median wait time for elective surgery treatment (days) ²	..	47	..

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,341	\$5,836	\$5,594
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	3,633	2,796	3,512
• Category 2 (90 days) ³	..	1,476	..
• Category 3 (365 days) ³	..	700	..
Number of Telehealth outpatients service events ¹³	13,774	12,480	13,322
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	99,852	98,281	104,373
• Outpatients	25,861	26,899	25,571
• Sub-acute	11,738	11,747	12,242
• Emergency Department	18,430	19,339	18,020
• Mental Health	9,459	7,253	9,571
• Prevention and Primary Care	2,565	2,514	2,446
Ambulatory mental health service contact duration (hours) ¹⁵	>68,647	43,599	>68,647

Notes:

- Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2022 and 31 December 2022.
- Mental Health rate of community follow up 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Mental Health readmissions 2022–23 Estimated Actuals are for the period 1 July 2022 to 28 February 2023
- Waiting within clinically recommended time is a point in time performance report. The 2022–23 Estimated Actual is as at 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Seen in time 2022–23 Estimated Actual is for the period 1 July 2022 to 30 April 2023.
- 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.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
- Telehealth 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023–24 Targets are generally set on the first six months of 2022–23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023–24 without the influences of COVID.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.

15. Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	5,632	5,632	5,656

Income statement

Townsville Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	1,166,830	1,226,456	1,272,307
Grants and other contributions	32,517	32,122	32,350
Interest and distributions from managed funds	250	200	200
Other revenue	3,335	2,866	2,866
Gains on sale/revaluation of assets	20	20	20
Total income	1,202,952	1,261,664	1,307,743
EXPENSES			
Employee expenses	166,355	171,838	179,096
Supplies and Services:			
Other supplies and services	267,902	263,686	263,271
Department of Health contract staff	685,300	727,408	770,680
Grants and subsidies	226	1	..
Depreciation and amortisation	60,796	69,362	71,577
Finance/borrowing costs	(58)	73	73
Other expenses	21,337	22,204	21,831
Losses on sale/revaluation of assets	1,094	1,258	1,215
Total expenses	1,202,952	1,255,830	1,307,743
OPERATING SURPLUS/(DEFICIT)	..	5,834	..

Balance sheet

Townsville Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	65,623	77,520	79,302
Receivables	21,722	16,607	16,924
Other financial assets	..	..	..
Inventories	9,888	10,098	10,223
Other	4,964	3,467	3,526
Non-financial assets held for sale	..	..	..
Total current assets	102,197	107,692	109,975
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	772,537	824,069	823,357
Intangibles	..	36	6
Other	..	..	..
Total non-current assets	772,537	824,105	823,363
TOTAL ASSETS	874,734	931,797	933,338
CURRENT LIABILITIES			
Payables	66,745	76,270	78,124
Accrued employee benefits	4,773	3,201	3,903
Interest bearing liabilities and derivatives	(78)	609	611
Provisions	..	..	..
Other	6,782	1,500	1,500
Total current liabilities	78,222	81,580	84,138
NON-CURRENT LIABILITIES			
Payables	..	807	267
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	3,122	2,857	2,281
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	3,122	3,664	2,548
TOTAL LIABILITIES	81,344	85,244	86,686
NET ASSETS/(LIABILITIES)	793,390	846,553	846,652
EQUITY			
TOTAL EQUITY	793,390	846,553	846,652

Cash flow statement

Townsville Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,165,502	1,220,105	1,270,859
Grants and other contributions	23,413	23,018	23,018
Interest and distribution from managed funds received	250	200	200
Other	19,286	30,317	18,817
Outflows:			
Employee costs	(166,355)	(171,136)	(178,394)
Supplies and services	(967,180)	(1,006,261)	(1,048,856)
Grants and subsidies	(226)	(1)	..
Borrowing costs	58	(73)	(73)
Other	(12,233)	(13,100)	(12,499)
Net cash provided by or used in operating activities	62,515	83,069	73,072
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	20	(128)	20
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	(2,461)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	20	(2,589)	20
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	725	901	841
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(761)	(761)	(574)
Equity withdrawals	(60,796)	(69,362)	(71,577)
Net cash provided by or used in financing activities	(60,832)	(69,222)	(71,310)
Net increase/(decrease) in cash held	1,703	11,258	1,782
Cash at the beginning of financial year	63,920	66,262	77,520
Cash transfers from restructure	..	..	..
Cash at the end of financial year	65,623	77,520	79,302

West Moreton Hospital and Health Service

Overview

The vision of the West Moreton Hospital and Health Service (HHS) is for a thriving West Moreton community in which people achieve their best possible health and wellbeing. Our purpose is to provide safe, quality care for the West Moreton community.

Contribution to the government's objectives for the community

The agency supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the West Moreton HHS aligns with the following agency objectives:

HHS's objectives	HHS's service area
Enhance the health of our communities by focusing on health promotion and disease prevention. Remove systemic barriers to equitable health care through advocacy, collaboration, and co-design. Enable safe, quality, compassionate care for our communities. Shape a sustainable health service.	West Moreton Hospital and Health Service To deliver public hospital and health services for the West Moreton community.

Key deliverables

In 2023–24, West Moreton HHS will:

- open a 64-bed mental health facility as the final component of Stage 1A of the Ipswich Hospital Expansion
- open the Ripley Satellite Hospital
- work with our partners on the planning, design and delivery for Stage 2 of the Ipswich Hospital Expansion
- progress the implementation of its First Nations Health Equity Strategy
- deliver better care in hospital when it is needed and more care in our communities
- review and reform our systems of clinical governance to ensure the continued delivery of safe, quality care
- increase capability and excellence in research
- increase levels of consumer engagement across all service improvement initiatives
- increase rates of immunisation and participation in screening programs in line with state benchmarks.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Performance statement

West Moreton Hospital and Health Service

Objective

To deliver public hospital and health services for the West Moreton community.

Description

The West Moreton HHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care, sub-acute and clinical support services.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	46%	80%
	75%	57%	75%
	70%	77%	70%
	70%	93%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	55%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	97%	>98%
	..	85%	..
	..	77%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	1.2	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁵	>65%	69.7%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	12.9%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	63%	98%
	..	33%	..
	..	80%	..
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	75%	98%
	..	29%	..
	..	70%	..
Median wait time for treatment in emergency departments (minutes) ^{1,10}	..	18	..
Median wait time for elective surgery treatment (days) ²	..	30	..

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,139	\$5,756	\$5,445
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	1,666	1,735	1,756
• Category 2 (90 days) ³	..	1,139	..
• Category 3 (365 days) ³	..	550	..
Number of Telehealth outpatients service events ¹³	10,982	10,720	11,500
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	58,370	54,178	58,913
• Outpatients	14,255	12,573	17,553
• Sub-acute	5,292	6,014	5,735
• Emergency Department	16,332	15,050	16,416
• Mental Health	14,599	12,496	14,624
• Prevention and Primary Care	3,508	3,780	3,251
Ambulatory mental health service contact duration (hours) ¹⁵	>52,691	55,709	>52,691

Notes:

- Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2022 and 31 December 2022.
- Mental Health rate of community follow up 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Mental Health readmissions 2022–23 Estimated Actuals are for the period 1 July 2022 to 28 February 2023.
- Waiting within clinically recommended time is a point in time performance report. The 2022–23 Estimated Actual is as at 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Seen in time 2022–23 Estimated Actual is for the period 1 July 2022 to 30 April 2023.
- 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.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
- Telehealth 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023–24 Targets are generally set on the first six months of 2022-23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023–24 without the influences of COVID.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.

15. Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	3,802	4,085	4,182

Income statement

West Moreton Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	805,290	879,798	904,038
Grants and other contributions	9,600	9,608	9,771
Interest and distributions from managed funds	10	6	16
Other revenue	2,120	2,194	1,836
Gains on sale/revaluation of assets	..	..	..
Total income	817,020	891,606	915,661
EXPENSES			
Employee expenses	87,759	92,158	97,066
Supplies and Services:			
Other supplies and services	173,692	202,733	178,636
Department of Health contract staff	509,966	546,307	585,828
Grants and subsidies	335	385	385
Depreciation and amortisation	27,651	31,757	35,418
Finance/borrowing costs	..	..	..
Other expenses	15,816	16,544	16,620
Losses on sale/revaluation of assets	1,801	1,722	1,708
Total expenses	817,020	891,606	915,661
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

West Moreton Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	26,311	33,310	38,870
Receivables	13,457	6,347	6,959
Other financial assets	..	..	..
Inventories	5,065	7,746	7,746
Other	2,973	1,979	1,979
Non-financial assets held for sale	..	..	..
Total current assets	47,806	49,382	55,554
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	272,866	372,752	403,220
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	272,866	372,752	403,220
TOTAL ASSETS	320,672	422,134	458,774
CURRENT LIABILITIES			
Payables	63,959	66,329	71,788
Accrued employee benefits	1,779	1,761	2,474
Interest bearing liabilities and derivatives	..	..	..
Provisions	184	134	134
Other	260	479	479
Total current liabilities	66,182	68,703	74,875
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	66,182	68,703	74,875
NET ASSETS/(LIABILITIES)	254,490	353,431	383,899
EQUITY			
TOTAL EQUITY	254,490	353,431	383,899

Cash flow statement

West Moreton Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	804,003	872,091	901,830
Grants and other contributions	3,096	3,104	3,104
Interest and distribution from managed funds received	10	6	16
Other	3,911	13,986	3,624
Outflows:			
Employee costs	(87,456)	(91,769)	(96,353)
Supplies and services	(684,033)	(764,040)	(760,925)
Grants and subsidies	(335)	(385)	(385)
Borrowing costs	..	..	..
Other	(9,292)	(15,557)	(9,933)
Net cash provided by or used in operating activities	29,904	17,436	40,978
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	..	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	52	52	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(27,651)	(31,757)	(35,418)
Net cash provided by or used in financing activities	(27,599)	(31,705)	(35,418)
Net increase/(decrease) in cash held	2,305	(14,269)	5,560
Cash at the beginning of financial year	24,006	47,579	33,310
Cash transfers from restructure	..	..	..
Cash at the end of financial year	26,311	33,310	38,870

Wide Bay Hospital and Health Service

Overview

The vision of the Wide Bay Hospital and Health Service (HHS) is “Care, connection, compassion for all”. Our purpose is to compassionately care and connect with the Wide Bay community and our staff to provide excellence in regional health services.

Contribution to the government’s objectives for the community

The agency supports the government’s objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the Wide Bay HHS aligns with the following agency objectives:

HHS’s objectives	HHS’s service area
Optimise and transform - enhance and transform health services to improve patient outcomes Equity and access - services delivered are equitable and accessible to the community Embed technology - increase access to virtual care through embedded technology Foster partnerships - partner with diverse stakeholders to better serve the community	Wide Bay Hospital and Health Service To deliver public hospital and health services for the Wide Bay community.

Key deliverables

In 2023–24, Wide Bay HHS will:

- continue with the construction of a new 22-bed acute inpatient Mental Health Unit at Hervey Bay Hospital and refurbishment of Maryborough Hospital Mental Health Unit to create a 10-bed inpatient unit focused on the needs of older persons
- commence construction of the Hervey Bay Hospital Expansion to deliver 35 additional beds
- implement Straight to Review - Emergency Avoidance Methods (STREAM) - the Billabong Way, at Bundaberg
- construct and implement the Lighthouse Crisis Support Space at Bundaberg Hospital.

¹ To find out more, go to www.qld.gov.au and search “Government’s objectives for the community.”

Performance statement

Wide Bay Hospital and Health Service

Objective

To deliver public hospital and health services for the Wide Bay community.

Description

The Wide Bay HHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	62%	80%
	75%	48%	75%
	70%	60%	70%
	70%	90%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	55%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ 	>98%	91%	>98%
	..	61%	..
	..	61%	..
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴	<2	1.2	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁵	>65%	70.7%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶	<12%	8.2%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁷			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	72%	98%
	..	63%	..
	..	64%	..
Percentage of specialist outpatients seen within clinically recommended times ⁹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ 	98%	89%	98%
	..	55%	..
	..	75%	..
Median wait time for treatment in emergency departments (minutes) ^{1,10}	..	27	..
Median wait time for elective surgery treatment (days) ²	..	28	..

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,094	\$5,740	\$5,300
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	2,145	1,954	2,065
• Category 2 (90 days) ³	..	744	..
• Category 3 (365 days) ³	..	377	..
Number of Telehealth outpatients service events ¹³	8,569	7,456	7,940
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	63,716	58,683	65,850
• Outpatients	15,291	16,224	15,945
• Sub-acute	8,683	8,655	8,691
• Emergency Department	20,022	17,436	21,954
• Mental Health	5,296	4,032	5,394
• Prevention and Primary Care	4,018	3,615	3,502
Ambulatory mental health service contact duration (hours) ¹⁵	>34,523	33,872	>34,523

Notes:

- Emergency department measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Elective surgery measures 2022–23 Estimated Actuals are for the period 1 July 2022 to 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2022 and 31 December 2022.
- Mental Health rate of community follow up 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Mental Health readmissions 2022–23 Estimated Actuals are for the period 1 July 2022 to 28 February 2023
- Waiting within clinically recommended time is a point in time performance report. The 2022–23 Estimated Actual is as at 30 April 2023.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time Target/Estimates for category 2 and 3 patients are not applicable for 2022–23 and 2023–24.
- In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from a period of temporary suspension of routine planned care services during 2021–22 and subsequent increased cancellations resulting from patient illness and staff furloughing due to illness and isolation policies. Seen in time 2022–23 Estimated Actual is for the period 1 July 2022 to 30 April 2023.
- 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.
- The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAW Phase Q25. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2022–23 Estimated Actuals are for the period 1 July 2022 to 31 March 2023.
- Elective surgery performed in public hospitals treated volume 2022–23 Estimated Actual is a 12-month projection based on the period 1 July 2022 to 30 April 2023.
- Telehealth 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023. 2023–24 Targets are generally set on the first six months of 2022–23 actuals. Due to COVID, actuals seen in the first half of the year were over-inflated, and as the trend did not continue HHSs have been given a lower target which better represents what is expected in 2023–24 without the influences of COVID.

14. The 2022–23 Target/Estimate varies from the published 2022–23 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q25. The 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 31 March 2023. 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/Estimate can occur.
15. Ambulatory Mental Health service contact duration 2022–23 Estimated Actual is a 12-month projection based on data for the period 1 July 2022 to 30 April 2023.

Budgeted summary

Staffing

The table below shows the Full Time Equivalentents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	3,512	3,705	3,803

Income statement

Wide Bay Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	753,615	783,334	828,803
Grants and other contributions	10,895	10,895	12,548
Interest and distributions from managed funds	21	21	21
Other revenue	7,395	7,395	7,822
Gains on sale/revaluation of assets	10	10	10
Total income	771,936	801,655	849,204
EXPENSES			
Employee expenses	71,913	102,644	103,431
Supplies and Services:			
Other supplies and services	222,506	220,380	186,603
Department of Health contract staff	438,436	454,643	505,942
Grants and subsidies	..	..	..
Depreciation and amortisation	25,114	27,681	28,837
Finance/borrowing costs	..	253	251
Other expenses	13,464	32,187	23,918
Losses on sale/revaluation of assets	503	223	222
Total expenses	771,936	838,011	849,204
OPERATING SURPLUS/(DEFICIT)	..	(36,356)	..

Balance sheet

Wide Bay Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	43,949	3,172	4,872
Receivables	9,809	18,463	18,605
Other financial assets	..	..	..
Inventories	5,571	5,921	5,955
Other	2,163	1,442	1,475
Non-financial assets held for sale	..	..	..
Total current assets	61,492	28,998	30,907
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	321,851	340,112	364,940
Intangibles	..	216	150
Other	..	..	..
Total non-current assets	321,851	340,328	365,090
TOTAL ASSETS	383,343	369,326	395,997
CURRENT LIABILITIES			
Payables	49,965	55,622	56,875
Accrued employee benefits	710	1,020	1,020
Interest bearing liabilities and derivatives	1,377	1,686	1,591
Provisions	..	..	..
Other	2,174	2,682	2,682
Total current liabilities	54,226	61,010	62,168
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	5,296	6,669	5,589
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	5,296	6,669	5,589
TOTAL LIABILITIES	59,522	67,679	67,757
NET ASSETS/(LIABILITIES)	323,821	301,647	328,240
EQUITY			
TOTAL EQUITY	323,821	301,647	328,240

Cash flow statement

Wide Bay Hospital and Health Service	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	753,309	783,200	828,669
Grants and other contributions	4,946	4,946	6,283
Interest and distribution from managed funds received	21	21	21
Other	21,386	21,386	21,813
Outflows:			
Employee costs	(71,913)	(102,644)	(103,431)
Supplies and services	(674,086)	(688,059)	(705,580)
Grants and subsidies	..	..	..
Borrowing costs	..	(253)	(251)
Other	(7,515)	(26,238)	(17,653)
Net cash provided by or used in operating activities	26,148	(7,641)	29,871
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	10	10	10
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	10	10	10
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,778	2,013	1,831
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,433)	(1,433)	(1,175)
Equity withdrawals	(25,114)	(27,681)	(28,837)
Net cash provided by or used in financing activities	(24,769)	(27,101)	(28,181)
Net increase/(decrease) in cash held	1,389	(34,732)	1,700
Cash at the beginning of financial year	42,560	37,904	3,172
Cash transfers from restructure	..	..	..
Cash at the end of financial year	43,949	3,172	4,872

The Council of the Queensland Institute of Medical Research

Overview

The Council of the Queensland Institute of Medical Research, known as QIMR Berghofer Medical Research Institute (QIMR Berghofer) is a world-leading medical research institute, with a purpose to achieve better health through impactful medical research and a vision to lead the way to significant innovation in health - nationally and globally.

Contribution to the government's objectives for the community

The agency supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

QIMR Berghofer's strategic objectives are:

- support ground-breaking research discoveries
- promote a world-class, collaborative and sustainable research environment
- achieve impactful medical research.

Key deliverables

In 2023–24, QIMR will:

- implement the QIMR Berghofer 2022–2025 Strategic Plan which outlines 4 key research priorities: cancer research, infection and inflammation, mental health and neuroscience, and population health
- implement initiatives to promote supportive leadership, teamwork and transparent decision making
- strengthen governance and risk processes including a Research Integrity Framework, and a new Performance Management Framework to uplift talent and drive research quality and success
- continue ground-breaking COVID-19 research, including in the prevention of COVID-related heart problems, and cellular therapies to treat immunocompromised patients with COVID-19
- provide critically ill patients access to potentially lifesaving cell therapies as one of the only manufacturers in Australia, and as an approved provider under the Therapeutic Goods Administration's special access scheme
- increase research translation and commercialisation opportunities through Q-Gen Cell Therapeutics, specifically the development and manufacture of cell therapy products
- progress world leading research into the causes, prevention, early diagnosis and treatment of cancer, including reactivating the immune system to target cancer cells in difficult to treat cancers
- develop new therapeutics for chronic disease underpinned by inflammation, including an experimental vaccine against cytomegalovirus, a condition which can cause severe disability in unborn babies
- develop treatments, identify causes and preventions for mental health and neurological conditions and conduct Australia's largest genetic studies of depression, bipolar disorder and Parkinson's disease
- identify factors influencing the health and wellbeing of Australians including optimising survivorship for cancer patients and understanding sunscreen's effect on vitamin D production
- deliver research outcomes that translate to improvement in the health and wellbeing of First Nations Australians.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Budgeted summary

Staffing

The table below shows the Full Time Equivalents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	602	575	595

Income statement

Council of the Queensland Institute of Medical Research	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	40,816	28,045	33,364
Grants and other contributions	74,092	74,223	77,598
Interest and distributions from managed funds	9,987	8,650	7,604
Other revenue	1,230	147	1,230
Gains on sale/revaluation of assets	9,602	10,216	6,494
Total income	135,727	121,281	126,290
EXPENSES			
Employee expenses	77,485	71,827	77,474
Supplies and services	44,314	36,832	43,302
Grants and subsidies	..	..	..
Depreciation and amortisation	10,381	15,397	15,430
Finance/borrowing costs	..	..	..
Other expenses	10,468	7,361	8,383
Losses on sale/revaluation of assets	5	..	..
Total expenses	142,653	131,417	144,589
OPERATING SURPLUS/(DEFICIT)	(6,926)	(10,136)	(18,299)

Balance sheet

Council of the Queensland Institute of Medical Research	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	13,513	14,678	15,955
Receivables	5,475	4,068	5,317
Other financial assets	34,000	32,500	28,000
Inventories	1,063	935	935
Other	408	1,267	1,267
Non-financial assets held for sale	..	..	..
Total current assets	54,459	53,448	51,474
NON-CURRENT ASSETS			
Receivables	1,986	2,300	2,359
Other financial assets	212,253	187,980	183,292
Property, plant and equipment	249,001	285,657	277,947
Intangibles	118	249	204
Other	..	..	..
Total non-current assets	463,358	476,186	463,802
TOTAL ASSETS	517,817	529,634	515,276
CURRENT LIABILITIES			
Payables	13,871	6,406	10,347
Accrued employee benefits	6,359	6,449	6,449
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	45,944	43,877	43,877
Total current liabilities	66,174	56,732	60,673
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	66,174	56,732	60,673
NET ASSETS/(LIABILITIES)	451,643	472,902	454,603
EQUITY			
TOTAL EQUITY	451,643	472,902	454,603

Cash flow statement

Council of the Queensland Institute of Medical Research	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	43,816	31,817	33,090
Grants and other contributions	73,948	71,954	77,598
Interest and distribution from managed funds received	9,713	8,190	7,384
Taxes	..	..	..
Other	3,723	6,036	255
Outflows:			
Employee costs	(77,594)	(73,050)	(77,474)
Supplies and services	(52,389)	(58,235)	(47,135)
Grants and subsidies	145	..	..
Borrowing costs	..	..	..
Other	(11,646)	(13,047)	(6,266)
Net cash provided by or used in operating activities	(10,284)	(26,335)	(12,548)
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	2	..	..
Investments redeemed	21,000	17,802	32,500
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(5,110)	(6,870)	(7,675)
Payments for investments	(19,894)	(11,500)	(11,000)
Loans and advances made	(434)	..	..
Net cash provided by or used in investing activities	(4,436)	(568)	13,825
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
Net cash provided by or used in financing activities	..	..	..
Net increase/(decrease) in cash held	(14,720)	(26,903)	1,277
Cash at the beginning of financial year	28,233	41,581	14,678
Cash transfers from restructure	..	..	..
Cash at the end of financial year	13,513	14,678	15,955

Queensland Mental Health Commission

Overview

The Queensland Mental Health Commission (the Commission) vision is Queenslanders working together to improve mental health and wellbeing.

The Commission's purpose is to drive ongoing reform toward a more integrated, evidence based, recovery orientated mental health, alcohol and other drugs and suicide prevention system in Queensland.

Contribution to the government's objectives for the community

The agency supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the Commission aligns with the following agency objectives:

Agency's objectives	Agency's service area
<p>The wellbeing of Queenslanders is promoted and supported</p> <p>System reform is supported and advanced</p> <p>Policy and practice are grounded in evidence and best practice</p> <p>Lived and living experience, and First Nation's expertise drives system reform</p>	<p>Queensland Mental Health Commission</p> <p>The Commission aims to improve the mental health and wellbeing of Queenslanders by driving reform towards a more integrated, evidence-based, recovery-oriented mental health, alcohol and other drug system in Queensland.</p>

Key deliverables

In 2023-24, the Commission will:

- progress renewal and implementation of *Shifting Minds: The Queensland Mental Health, Alcohol and Other Drugs (AOD) Strategic Plan 2018-2023* and *Every Life - Phase two: suicide prevention Strategic Plan 2023-2028* - through increasing mental health literacy and health promotion activities; and increasing the capacity and capability of the lived experience workforce particularly in rural and remote, First Nations and AOD sectors
- progress implementation of *Achieving Balance: The Queensland Alcohol and Other Drugs Plan 2023-2028* priorities including implementing alcohol and other drug awareness and prevention programs; progressing early intervention and youth engagement programs for vulnerable children, young people and their families; and enhancing diversionary social support measures to improve AOD outcomes for people who have contact with the criminal justice system
- progress implementation of *Every Life: The Queensland Suicide Prevention Plan Phase Two 2023-2028* priorities including improving the Queensland Suicide Surveillance system by implementing the recommendations of the review; and implementing activities to address the findings from the systemic review of male suicides
- progress implementation of the recommendations from the Parliamentary Inquiry into opportunities to improve the mental health of Queenslanders including the development of a whole of government Trauma Strategy and a public health campaign to address stigma and discrimination; and working with Health and Wellbeing Queensland to develop a Mental Health and Wellbeing Strategy.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Performance statement

Queensland Mental Health Commission

Objective

The Commission aims to improve the mental health and wellbeing of Queenslanders by driving reform towards a more integrated, evidence-based, recovery-oriented mental health, alcohol and other drug system in Queensland.

Description

The Commission's functions are to:

- develop and review the whole-of-government strategic plans for mental health, alcohol and other drugs and suicide prevention, and facilitate, monitor and report on its implementation
- identify barriers, issues and gaps across mental health, AOD, suicide prevention and related systems, co-design systemic solutions, and enable and build capacity for systemic reform
- drive and support mental health and wellbeing, mental illness prevention and early intervention
- embed lived, living and First Nations experience in governance, decision making, design and implementation.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Stakeholder satisfaction with:			
<ul style="list-style-type: none"> • opportunities to provide those with lived experience, support person and provider perspectives on mental health and substance misuse issues 	60%	46%	50%
<ul style="list-style-type: none"> • extent to which those with lived experience and provider perspectives are represented in strategic directions articulated by the Commission to improve the system 	65%	66%	65%
<ul style="list-style-type: none"> • the range of stakeholders involved in developing and implementing reform 	60%	44%	50%
Efficiency measure			
Not identified	..	..	..

Budgeted summary

Staffing

The table below shows the Full Time Equivalents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	23	27	27

Income statement

Queensland Mental Health Commission	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	..	..	..
Grants and other contributions	8,847	8,847	8,847
Interest and distributions from managed funds	50	50	50
Other revenue	..	..	..
Gains on sale/revaluation of assets	..	..	..
Total income	8,897	8,897	8,897
EXPENSES			
Employee expenses	3,650	3,650	3,724
Supplies and services	2,711	2,711	2,637
Grants and subsidies	2,367	2,367	2,367
Depreciation and amortisation	20	20	20
Finance/borrowing costs	..	..	..
Other expenses	149	149	149
Losses on sale/revaluation of assets	..	..	..
Total expenses	8,897	8,897	8,897
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Queensland Mental Health Commission	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	3,755	5,414	5,434
Receivables	98	166	166
Other financial assets	..	..	..
Inventories	..	..	..
Other	..	10	10
Non-financial assets held for sale	..	..	..
Total current assets	3,853	5,590	5,610
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	(16)	(15)	(35)
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	(16)	(15)	(35)
TOTAL ASSETS	3,837	5,575	5,575
CURRENT LIABILITIES			
Payables	251	1,492	1,492
Accrued employee benefits	179	90	90
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	430	1,582	1,582
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	430	1,582	1,582
NET ASSETS/(LIABILITIES)	3,407	3,993	3,993
EQUITY			
TOTAL EQUITY	3,407	3,993	3,993

Cash flow statement

Queensland Mental Health Commission	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	..	..	..
Grants and other contributions	8,847	8,847	8,847
Interest and distribution from managed funds received	50	50	50
Taxes	..	..	..
Other	..	..	..
Outflows:			
Employee costs	(3,650)	(3,650)	(3,724)
Supplies and services	(2,711)	(2,711)	(2,637)
Grants and subsidies	(2,367)	(2,367)	(2,367)
Borrowing costs	..	..	..
Other	(149)	(149)	(149)
Net cash provided by or used in operating activities	20	20	20
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	..	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
Net cash provided by or used in financing activities	..	..	..
Net increase/(decrease) in cash held	20	20	20
Cash at the beginning of financial year	3,735	5,394	5,414
Cash transfers from restructure	..	..	..
Cash at the end of financial year	3,755	5,414	5,434

Office of the Health Ombudsman

Overview

The Office of the Health Ombudsman’s (OHO) vision is to be a world class and trusted leader in health complaints management and regulation, driving safety and quality in health services.

The OHO’s purpose is to protect and support the community through responsive complaints processes and regulatory action, driving positive change and confidence in the health system.

Contribution to the government’s objectives for the community

The agency supports the government’s objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the OHO aligns with the following agency objectives:

Agency’s objectives	Agency’s service area
<p>Care – Optimising experiences and outcomes, building confidence in our services as being accessible, responsive and safe</p> <p>Transformation - Transforming our systems, processes and data to drive performance and influence change</p> <p>Impact - Driving improvements in health service safety, quality and complaints processes</p>	<p>Office of the Health Ombudsman</p> <p>To provide a transparent, accountable and fair system for effectively dealing with complaints and other healthcare matters in Queensland in a timely manner</p>

Key deliverables

In 2023–24, the OHO will:

- implement practices to improve client service and the accessibility and responsiveness of OHO’s processes
- track the level of demand and engagement with its services, with a focus on population groups and communities which may experience barriers in raising health service complaints
- develop data analytic capabilities to identify and share information on systemic issues and trends identified in complaints and other matters relating to the delivery of health services and the regulation of health practitioners.

¹ To find out more, go to www.qld.gov.au and search “Government’s objectives for the community.”

Performance statement

Office of the Health Ombudsman

Objective

To provide a transparent, accountable and fair system for effectively dealing with complaints and other healthcare matters in Queensland in a timely manner.

Description

The Office of the Health Ombudsman:

- receives and investigates complaints about health services and health service providers, including registered and unregistered health practitioners.
- decides what action to take in relation to those complaints and, in certain instances, takes immediate action to protect the safety of the public.
- monitors the health, conduct and performance functions of the Australian Health Practitioner Regulation Agency and national health practitioner boards.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of complaints received and accepted or not accepted within 7 days ^{1,2}	90%	97%	90%
Percentage of complaints assessed within timeframes ¹	90%	87%	90%
Percentage of complaints resolved within timeframes ¹	100%	99%	100%
Percentage of investigations finalised within 12 months ¹	75%	70%	75%
Percentage of disciplinary matters in which Queensland Civil and Administrative Tribunal (QCAT) decides there is a case to answer ¹	90%	100%	90%
Percentage of immediate action decisions upheld by QCAT at review hearings ³	90%	100%	90%
Efficiency measure			
Not identified	..	..	..

Notes:

1. The 2022–23 Estimated Actual is based on data from 1 July 2022 to 31 March 2023.
2. The wording of this service standard has been amended to reflect amendments to s35A *Health Ombudsman Act 2013* in March 2020 to Percentage of complaints received and accepted or not accepted within 7 days. No changes have been made to the calculation methodology.
3. Between 1 July 2022 and 31 March 2023 there were 7 immediate action reviews lodged in Queensland Civil and Administrative Tribunal (QCAT). Of these, one matter was heard and not upheld by QCAT. However, the decision was overturned by the Court of Appeal and remitted back to the Tribunal for determination. A further 2 matters were withdrawn by the practitioner, and 5 remain ongoing.

Budgeted summary

Staffing

The table below shows the Full Time Equivalents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	140	140	140

Income statement

Office of the Health Ombudsman	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
User charges and fees	..	..	..
Grants and other contributions	23,976	24,178	24,873
Interest and distributions from managed funds	50	380	380
Other revenue	5	5	5
Gains on sale/revaluation of assets	..	..	..
Total income	24,031	24,563	25,258
EXPENSES			
Employee expenses	20,439	20,641	21,471
Supplies and Services:			
Other supplies and services	3,545	3,875	3,739
Department of Health contract staff	..	..	..
Grants and subsidies	..	..	..
Depreciation and amortisation	20	20	20
Finance/borrowing costs	..	..	..
Other expenses	27	27	28
Losses on sale/revaluation of assets	..	..	..
Total expenses	24,031	24,563	25,258
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Office of the Health Ombudsman	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	769	1,752	1,753
Receivables	566	498	498
Other financial assets	..	..	..
Inventories	..	..	..
Other	354	261	261
Non-financial assets held for sale	..	..	..
Total current assets	1,689	2,511	2,512
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	70	(8)	(28)
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	70	(8)	(28)
TOTAL ASSETS	1,759	2,503	2,484
CURRENT LIABILITIES			
Payables	450	766	766
Accrued employee benefits	522	446	446
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	972	1,212	1,212
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	972	1,212	1,212
NET ASSETS/(LIABILITIES)	787	1,291	1,272
EQUITY			
TOTAL EQUITY	787	1,291	1,272

Cash flow statement

Office of the Health Ombudsman	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	(19)	(19)	(19)
Grants and other contributions	23,976	24,178	24,873
Interest and distribution from managed funds received	50	380	380
Other	5	5	5
Outflows:			
Employee costs	(20,439)	(20,641)	(21,471)
Supplies and services	(3,545)	(3,875)	(3,739)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(27)	(27)	(28)
Net cash provided by or used in operating activities	1	1	1
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	..	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
Net cash provided by or used in financing activities	..	..	..
Net increase/(decrease) in cash held	1	1	1
Cash at the beginning of financial year	768	1,751	1,752
Cash transfers from restructure	..	..	..
Cash at the end of financial year	769	1,752	1,753

Health and Wellbeing Queensland

Overview

Health and Wellbeing Queensland's (HWQld) is the state's prevention agency, committed to achieving the vision of improved health and wellbeing of future generations. Its purpose is to drive system change that addresses the preventable burden of disease, for a healthier and fairer Queensland.

Contribution to the government's objectives for the community

The agency supports the government's objectives for the community¹:

- Good jobs: Good, secure jobs in our traditional and emerging industries.
- Better services: Deliver even better services right across Queensland.
- Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

Agency service area

The service area within the HWQld aligns with the following agency objectives:

Agency's objectives	Agency's service area
<p>To drive change that addresses the preventable burden of disease, for a healthier and fairer Queensland by:</p> <ul style="list-style-type: none">• Enabling collective wellbeing• Championing prevention• Driving systems change• Committing to impact• Thriving together.	<p>Health and Wellbeing Queensland</p> <p>To reduce health inequity and tackle Queensland's high obesity and chronic disease rates.</p>

Key deliverables

In 2023–24, HWQld will:

- create a generational shift towards a healthier and fairer future, through release of an evidence and sector informed Queensland Equity Framework for shared action in creating equitable conditions for all
- lead implementation of the Queensland response to the *National Obesity Strategy 2022–2032*
- partner with community leaders, indigenous councils and government agencies to address food insecurity in remote First Nations communities through development of the Gather + Grow Queensland Remote Food Security Strategy 2023–2032 and initial Action Plan 2023–2026, with solutions to communities' concerns related to freight, local food production and housing
- lead the development of a Clinical Prevention Strategy to support integration of obesity and chronic disease prevention across the health system through innovative models of care, digital integration, education and training
- invest over \$20 million in evidence-based prevention programs to provide free and low-cost health and wellbeing support to communities across Queensland.

¹ To find out more, go to www.qld.gov.au and search "Government's objectives for the community."

Performance statement

Health and Wellbeing Queensland

Objective

To reduce health inequity and tackle Queensland's high obesity and chronic disease rates.

Description

HWQld works in partnership with communities, public and private sector and government agencies to drive population change that will prevent chronic disease.

Service standards	2022–23 Target/Est.	2022–23 Est. Actual	2023–24 Target/Est.
Effectiveness measures			
Percentage of the Queensland population who consume recommended amounts of ^{1,2}			
<ul style="list-style-type: none"> Fruits Vegetables 	48.9% 7.6%	47.5% 7.4%	48.9% 7.6%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit ^{1,2}			
<ul style="list-style-type: none"> Persons Male Female 	58.3% 60.7% 56.1%	56.6% 58.9% 54.5%	58.3% 60.7% 56.1%
Percentage of adults and children with a body mass index (BMI) in the normal weight category ³			
<ul style="list-style-type: none"> Adults Children 	33.3% 67.5%	32.3% 65.5%	33.3% 67.5%
Efficiency measure			
Not identified	..	..	..

Notes:

1. These survey measures 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. The data for fruit and vegetable consumption and physical activity is from 2021 Preventive Health Survey for persons aged 18 years and over. This means the fruit and vegetable consumption and physical activity 2021–22 targets are the same as the 2022–23 Target/Estimate for fruit and vegetable consumption and physical activity targets presented in the *Service Delivery Statements* (SDS).
3. The most recent available published data for BMI based on measured BMI is from 2017–18 National Health Survey. This means the 2023–24 BMI targets are the same as the 2022–23 SDS BMI targets. Due to the COVID-19 pandemic, the 2020–21 National Health Survey did not produce state and territory results and is a break in time series due to a different data collection methodology.

Budgeted summary

Staffing

The table below shows the Full Time Equivalents (FTEs) as at the 30 June in the respective years.

Service area	2022–23 Budget	2022–23 Est. Actual	2023–24 Budget
Total FTEs	59	69	69

Income statement

Health and Wellbeing Queensland	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	..	..	..
Grants and other contributions	38,655	38,905	38,251
Interest and distributions from managed funds	150	150	150
Other revenue	..	..	..
Gains on sale/revaluation of assets	..	..	..
Total income	38,805	39,055	38,401
EXPENSES			
Employee expenses	8,260	8,260	8,260
Supplies and services	30,255	30,505	29,851
Grants and subsidies	250	250	250
Depreciation and amortisation	40	40	40
Finance/borrowing costs	..	..	..
Other expenses	..	..	..
Losses on sale/revaluation of assets	..	..	..
Total expenses	38,805	39,055	38,401
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Health and Wellbeing Queensland	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CURRENT ASSETS			
Cash assets	6,819	7,469	7,509
Receivables	142	385	385
Other financial assets	..	..	..
Inventories	..	..	..
Other	47	146	146
Non-financial assets held for sale	..	..	..
Total current assets	7,008	8,000	8,040
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	280	282	242
Intangibles	..	969	969
Other	..	..	..
Total non-current assets	280	1,251	1,211
TOTAL ASSETS	7,288	9,251	9,251
CURRENT LIABILITIES			
Payables	1,689	902	902
Accrued employee benefits	195	219	219
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	1,884	1,121	1,121
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	1,884	1,121	1,121
NET ASSETS/(LIABILITIES)	5,404	8,130	8,130
EQUITY			
TOTAL EQUITY	5,404	8,130	8,130

Cash flow statement

Health and Wellbeing Queensland	2022–23 Budget \$'000	2022–23 Est. Actual \$'000	2023–24 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	..	..	..
Grants and other contributions	38,655	38,905	38,251
Interest and distribution from managed funds received	150	150	150
Taxes	..	..	..
Other	..	..	..
Outflows:			
Employee costs	(8,260)	(8,260)	(8,260)
Supplies and services	(30,255)	(30,505)	(29,851)
Grants and subsidies	(250)	(250)	(250)
Borrowing costs	..	..	..
Other	..	..	..
Net cash provided by or used in operating activities	40	40	40
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	..	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
Net cash provided by or used in financing activities	..	..	..
Net increase/(decrease) in cash held	40	40	40
Cash at the beginning of financial year	6,779	7,429	7,469
Cash transfers from restructure	..	..	..
Cash at the end of financial year	6,819	7,469	7,509

Glossary of terms

Accrual accounting	Recognition of economic events and other financial transactions involving revenue, expenses, assets, liabilities and equity as they occur and reporting in financial statements in the period to which they relate, rather than when a flow of cash occurs.
Administered items	Assets, liabilities, revenues and expenses an entity administers, without discretion, on behalf of the government.
Agency/entity	Used generically to refer to the various organisational units within government that deliver services or otherwise service government objectives. The term can include departments, commercialised business units, statutory bodies or other organisations established by Executive decision.
Appropriation	Funds issued by the Treasurer, under Parliamentary authority, to departments during a financial year for: <ul style="list-style-type: none"> • delivery of agreed services • administered items • adjustment of the government's equity in agencies, including acquiring of capital.
Balance sheet	A financial statement that reports the assets, liabilities and equity of an entity as at a particular date.
Capital	A term used to refer to an entity's stock of assets and the capital grants it makes to other agencies. Assets include property, plant and equipment, intangible items and inventories that an entity owns/controls and uses in the delivery of services.
Cash flow statement	A financial statement reporting the cash inflows and outflows for an entity's operating, investing and financing activities in a particular period.
Controlled Items	Assets, liabilities, revenues and expenses that are controlled by departments. These relate directly to the departmental operational objectives and arise at the discretion and direction of that department.
Depreciation	The periodic allocation of the cost of physical assets, representing the amount of the asset consumed during a specified time.
Equity	Equity is the residual interest in the assets of the entity after deduction of its liabilities. It usually comprises the entity's accumulated surpluses/losses, capital injections and any reserves.
Equity injection	An increase in the investment of the government in a public sector agency.
Financial statements	Collective description of the income statement, the balance sheet and the cash flow statement for an entity's controlled and administered activities.
Income statement	A financial statement highlighting the accounting surplus or deficit of an entity. It provides an indication of whether the entity has sufficient revenue to meet expenses in the current year, including non-cash costs such as depreciation.
Outcomes	Whole-of-government outcomes are intended to cover all dimensions of community wellbeing. They express the current needs and future aspirations of communities, within a social, economic and environment context.
Own-source revenue	Revenue that is generated by an agency, generally through the sale of goods and services, but it may also include some Commonwealth funding.
Priorities	Key policy areas that will be the focus of government activity.
Services	The actions or activities (including policy development) of an agency which contribute to the achievement of the agency's objectives.
Service area	Related services grouped into a high level service area for communicating the broad types of services delivered by an agency.
Service standard	Define a level of performance that is expected to be achieved appropriate for the service area or service. Service standards are measures of efficiency or effectiveness.



Queensland Budget 2023–24
Service Delivery Statements
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'Rich history, thriving future.' artwork
by David Williams of Gilimbaa.

