

SERVICE DELIVERY STATEMENTS

Queensland Health

Queensland Budget 2026-27

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Service Delivery Statements

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**Queensland
Government**

Health Portfolio

Portfolio overview

Minister for Health and Ambulance Services

The Honourable Timothy Nicholls MP

**Assistant Minister for Mental Health, Drug and Alcohol Treatment, Families and
Seniors and Central Queensland**

Donna Kirkland MP

Department of Health

Director-General: David Rosengren

Queensland Ambulance Services

Commissioner: Craig Emery ASM

The Minister for Health and Ambulance Services 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: Lisa Blackler

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 PSM

Gold Coast Hospital and Health Service

Chief Executive Officer: Ron Calvert

Mackay Hospital and Health Service

Chief Executive Officer: Sean Birgan

Metro North Hospital and Health Service

Chief Executive Officer: Nick Steele

Metro South Hospital and Health Service

Chief Executive Officer: Noelle Cridland

North West Hospital and Health Service

Chief Executive Officer: Andrew Quabba

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: Rex O'Rourke

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

A/Director and Chief Executive Officer: Grant Ramm

Queensland Mental Health Commission

Commissioner: Ivan Frkovic

Office of the Health Ombudsman

Health Ombudsman: Janet Anderson PSM

Health and Wellbeing Queensland

Chief Executive Officer: Robyn Littlewood

Additional information about these agencies can be sourced from:

health.qld.gov.au

ambulance.qld.gov.au

qimrb.edu.au

qmhc.qld.gov.au

oho.qld.gov.au

hw.qld.gov.au

Queensland Health

Overview

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.

Queensland Health is delivering the *Easier Access to Health Services Plan* (the Health Plan) which is focused on delivering reforms to ease the pressure on Queensland's hospitals and resource the health system to meet the needs of Queenslanders into the future. The Health Plan was developed in conjunction with clinicians and patients and is diagnosing, treating, and curing systemic historical issues across the health system. The Health Plan is focused on delivering health services, closer to Queenslanders, including reducing ambulance ramping and stabilising elective surgery waitlists.

The approach to implementing the Health Plan is underpinned by the core portfolio values:

- Deliver a world-class health system for all Queenslanders, no matter where they live
- Foster an environment of empowerment across the portfolio so that frontline staff feel encouraged to advance local health solutions to local health problems
- De-centralise resources and decision-making where it is clinically safe to do so to ensure frontline staff are able to implement local health solutions for their local community
- A strong, well-functioning health system is underpinned by a workforce that is expertly trained, valued and respected. Queensland's health workforce across all disciplines must grow to ensure the viability of the health system now, and into the future.

Queensland Health contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them* by delivering transparent and targeted investment under the Health Plan through the following seven priorities:

- driving down ambulance ramping and elective surgery waitlists
- empowering local decision-making
- providing more healthcare professionals through retention and attraction
- delivering the projects outlined in the Hospital Rescue Plan
- improving hospital performance through real-time data
- delivering better access to health services in regional Queensland
- reopening maternity services in regional Queensland.

The Health Plan works towards delivering a total of 46,000 additional health workers by 2032, including 34,200 extra clinicians, by continuing the current pipeline and striving to return the attrition rate to historical averages.

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

The Government is continuing the delivery of the *Hospital Rescue Plan* following the independent review of the former government's failed Capacity Expansion Program. The *Hospital Rescue Plan* is delivering new and expanded hospitals across the State, including more than 2,600 new beds and health services when Queenslanders need them most. Key milestones achieved in 2025-26 included the release of six master plans including the Cairns Hospital Master Plan, final stages of early works at the new Toowoomba Hospital and 20 business cases approved to progress projects to the next phase of the *Building Rural and Remote Health Program*.

Following appropriate planning, several *Hospital Rescue Plan* projects will open their doors to patients in 2026-27. This includes additional beds and services at the Hervey Bay Hospital Expansion, Stage 1 of the Cairns Hospital Expansion, the Ripley Health Services expansion, the Gold Coast sub-acute facility (H-Block), Chemotherapy Chairs at Logan Hospital, expanded Cardiac Catheter Laboratory services at Rockhampton Hospital, and an additional 34 interim care beds in the Wide Bay Hospital and Health Service.

In 2025-26, the Government's \$1.752 billion uplift to stabilise the elective surgery waitlist continued to deliver on the commitment and provide more free surgeries for Queenslanders. This investment delivered 12% more elective surgeries than the prior financial year – over 148,300 life-changing procedures across Queensland. With additional investment in 2025-26, the Government has delivered 5,600 more procedures, with 4,300 through the Surgery Connect program, to restore health services for Queenslanders, where previously these waitlists had ballooned, leaving more patients waiting.

In April 2026, Mater Springfield Hospital opened, with \$638.4 million provided in 2025-26 over four years for the delivery of public health services. This includes emergency care, maternity services, intensive care, surgery, paediatrics and specialist outpatient services. These services will meet the region's current healthcare needs, while ensuring it is future proofed to cater for growing demand.

Budget highlights

In the 2026-27 Queensland Budget, the Government is providing:

- an uplift to Queensland Health's operating funding of \$750 million in 2026-27 to support *Easier Access to Health Services* across Queensland, directed towards Hospital and Health Services to deliver care, including emergency and elective surgery services and to operationalise new or ongoing capacity expansions, through the recruitment of a highly specialised health workforce
- *Easier Access to Health Services* will support the operationalisation of new capacity delivered through the *Hospital Rescue Plan*, including:
 - \$16.7 million to enable increased overnight bed capacity as part of the Hervey Bay Hospital Expansion, including 25 additional inpatient and intensive care beds to support care closer to home
 - \$37.6 million to increase overnight bed capacity by 32 beds as part of the Stage 1 Cairns Hospital Expansion, making it easier for Queenslanders to get the care they need in Far North Queensland's only major referral hospital
 - \$37.1 million to enable the full commissioning of the Ripley Satellite Health Centre Sub-Acute Expansion. This funding will enable ongoing access to the facility's 90 overnight beds in the West Moreton region
 - \$17.6 million to support the full commissioning of the Gold Coast sub-acute facility, enabling access to up to 70 overnight beds and supporting specialised Geriatric, Complex and Acute Cognitive services
 - \$14.5 million to enable the full commissioning of 13 Chemotherapy Chairs at Logan Hospital, improving access to critical cancer treatments
 - \$8 million to support the expansion of Cardiac Catheter Laboratory services at Rockhampton Hospital, enabling Central Queenslanders access to enhanced cardiac services closer to home

- \$11.6 million to enable access to an additional 34 interim care beds in the Wide Bay Hospital and Health Service, aimed at supporting improved patient flow and reducing delayed discharge.
- an uplift of \$11.7 million in 2026-27 to improve affordability for patients and families travelling under the Patient Travel Subsidy Scheme. Funding will permanently raise the mileage subsidy rate from 34 cents per kilometre to 45 cents per kilometre and support Queensland patients, particularly in regional areas, to better access specialist care by increasing assistance with travel costs
- additional funding of \$394.4 million over four years from 2026-27, and \$104.7 million per annum ongoing from the Queensland Mental Health Levy, to deliver priority mental health, alcohol and other drug services across Queensland. This includes:
 - \$153.9 million over four years from 2026-27 and \$42.8 million per annum ongoing for more than 30 additional perinatal mental health beds across Queensland, announced but unfunded by the former government. New beds will be delivered in Brisbane, Cairns, Townsville, Sunshine Coast, Logan and Ipswich
 - \$93.1 million over four years from 2026-27 and \$28.5 million per annum ongoing to streamline the delivery of mental health care in Emergency Departments.

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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Effectiveness measures			
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ¹	≤1.0	0.7	≤1.0
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	84.3%	>98%
• Category 2 (90 days)	>95%	74.4%	>95%
• Category 3 (365 days)	>95%	83.2%	>95%
Median wait time for elective surgery treatment (days) ^{2,3}			
• Category 1 (30 days)	..	18	..
• Category 2 (90 days)	..	66	..
• Category 3 (365 days)	..	242	..
• All categories	..	41	..
Percentage of admitted patients discharged against medical advice ⁴			
• Non-Aboriginal and Torres Strait Islander patients	0.8%	1.4%	0.8%
• Aboriginal and Torres Strait Islander patients	1.0%	3.5%	1.0%
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ⁵	\$6,203	\$6,223	\$6,548
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,6}			
• Category 1 (30 days)	60,211	54,770	56,993
• Category 2 (90 days)	52,513	44,432	49,002
• Category 3 (365 days)	26,679	26,273	27,261
Total weighted activity units (WAU) - Acute Inpatients ⁷	1,686,827	1,686,318	1,746,646

Notes:

1. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2025 and 31 December 2025.
2. Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
3. There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
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% and approaching 4%, there has been an improvement. The 2025-26 Estimated Actual is based on admitted patient data for the period 1 July 2025 to 31 March 2026.
5. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in Queensland Weighted Activity Unit (QWAWU) Phase Q28. 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026. The 2025-26 Target/Estimate does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
6. Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
7. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAWU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Effectiveness measures			
Percentage of specialist outpatients waiting within clinically recommended times ¹			
• Category 1 (30 days)	65%	55.7%	65%
• Category 2 (90 days) ²	..	40.0%	..
• Category 3 (365 days) ²	..	74.0%	..
Percentage of specialist outpatients seen within clinically recommended times ³			
• Category 1 (30 days)	83%	76.0%	83%
• Category 2 (90 days) ²	..	46.4%	..
• Category 3 (365 days) ²	..	69.6%	..
Efficiency measure			
Not identified			
Other measures			
Number of Telehealth outpatients service events ⁴	388,440	411,233	419,672
Total weighted activity units (WAU) - Outpatients ⁵	553,224	569,785	566,075

Notes:

1. Waiting within clinically recommended time is a point in time performance measure. 2025-26 Estimated Actual is as at 30 April 2026.
2. Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2025-26 Target/Estimates and 2026-27 Target/Estimates for category 2 and 3 patients are not applicable.
3. Seen in time 2025-26 Estimated Actual is for the period 1 July 2025 to 30 April 2026.
4. The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
5. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Effectiveness measures			
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	56.4%	>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%	100%	100%
	80%	71%	80%
	75%	66%	75%
	70%	77%	70%
	70%	94%	70%
Percentage of patients transferred off stretcher within 30 minutes ²	90%	64.0%	90%
Median wait time for treatment in emergency departments (minutes) ^{1,3}	..	15	..
Efficiency measure			
Not identified			
Other measure			
Total weighted activity units (WAU) - Emergency Department ⁴	403,064	410,271	406,860

Notes:

- Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
- Patient off stretcher 2025-26 Estimated Actual is for the period 1 July 2025 to 30 April 2026. Includes all in scope facilities.
- 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 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Effectiveness measures			
Number of delayed discharge patients ^{1,2}			
• Older Patients ³	New Measure	1,072	..
• Younger Patients ⁴	New Measure	353	..
Median non-acute length of stay (days) for delayed discharge patients ^{1,2,5}			
• Older Patients ³	New Measure	27	..
• Younger Patients ⁴	New Measure	37	..
Percentage of occupied beds, used by delayed discharge patients ^{1,2}			
• Older Patients ³	New Measure	9.0%	..
• Younger Patients ⁴	New Measure	2.9%	..
Efficiency measure			
Not identified			
Other measure			
Total weighted activity units (WAU) - Sub-acute ⁶	217,870	249,884	216,167

Notes:

1. A delayed discharge patient refers to a patient who is clinically fit for discharge but remains in hospital. Delayed discharge patient 2025-26 Estimated Actuals are as at 9 February 2026. This data excludes delayed discharge patients in interim care facilities.
2. No target is set for these service standards, as prolonged hospital stays are primarily influenced by delayed access to suitable discharge options, such as Commonwealth-funded residential aged care, which fall outside Queensland Health's control. This measure is intended for long-term monitoring, with progress expected over time rather than through annual targets.
3. Delayed discharge older patients are aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander patients) and typically await Commonwealth Aged Care supports, such as home-based care services or residential aged care placements.
4. Delayed discharge younger patients are generally under the age of 65 years and are typically waiting for National Disability Insurance Scheme supports to enable discharge.
5. Non-acute length of stay is calculated from date of clinically fit for discharge to census date (9 February 2026) only.
6. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Effectiveness measures			
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ¹			
• Non-Aboriginal and Torres Strait Islander	<12%	8.4%	<12%
• Aboriginal and Torres Strait Islander	<12%	10.1%	<12%
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ²			
• Non- Aboriginal and Torres Strait Islander	>65%	64.8%	>65%
• Aboriginal and Torres Strait Islander	>65%	59.6%	>65%
Efficiency measure			
Not identified			
Other measures			
Proportion of population accessing public specialised mental health services. ³	>2.1%	2.1%	>2.1%
Ambulatory mental health service contact duration (hours) ⁴	956,988	846,986	956,988
Queensland suicide rate (number of deaths by suicide/100,000 population) ⁵	..	14.2	..
Total weighted activity units (WAU) - Mental Health ⁶	333,401	284,923	308,832

Notes:

1. Mental Health readmissions 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
2. Previous analysis has shown similar rates of follow up for both Aboriginal and Torres Strait Islander and Non- Aboriginal and Torres Strait Islander Queenslanders are evident, but trends are impacted by a smaller number of separations for Aboriginal and Torres Strait Islander Queenslanders. Mental Health rate of community follow up 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
3. Percentage of the population receiving clinical mental health care measure 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026. The calculation methodology has not changed.
4. Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

5. Queensland suicide rate is the most recently available revised data (2023 calendar year) age standardised rate per 100,000 population data from the Australian Bureau of Statistics (ABS) Website. The number of deaths reported as being due to suicide increased across the revisions process as coronial investigations progressed and more complete information was made available to the ABS. Please note, data is counted per registration year, so may not be directly comparable to previous submissions which were determined by reference year and presented as a 5 year rolling average. No annual targets for this target were set as progress is expected over the long term.
6. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.

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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Effectiveness measures			
Percentage of the Queensland adult population who consume alcohol at risky levels (2020 guidelines) ^{1,2,3}			
• Persons	35.3%	34.8%	33.8%
• Male	47.4%	45.8%	44.4%
• Female	23.8%	24.2%	23.5%
Percentage of the Queensland adult population who smoke daily ^{1,3}			
• Persons	8.6%	9.0%	8.6%
• Male	9.5%	10.2%	9.5%
• Female	7.9%	7.8%	7.6%
Percentage of the Queensland adult population who were sunburnt in the last 12 months ^{1,3}			
• Persons	43.3%	44.6%	43.3%
• Male	47.4%	48.9%	47.4%
• Female	39.3%	40.5%	39.3%
Annual notification rate of HIV infection ⁴	<3.0	2.9	<3.0
Vaccination rates at designed milestones for children 1-5 years ⁵			
• all children 1 year	95%	89.1%	95%
• all children 2 years	95%	87.6%	95%
• all children 5 years	95%	91.7%	95%
Percentage of target population screened for ⁶			
• breast cancer	52.1%	51.7%	53.0%
• cervical cancer	67.6%	78.0%	70.0%
• bowel cancer	42.5%	39.3%	42.5%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter ^{7,8}			
	59.6%	57.6%	57.0%

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Ratio of potentially preventable hospitalisations (PPH) - rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non- Aboriginal and Torres Strait Islander hospitalisations ⁸	1.65	1.71	1.65
Percentage of women who, during their pregnancy, were smoking after 20 weeks ^{9,10} <ul style="list-style-type: none"> Non- Aboriginal and Torres Strait Islander women Aboriginal and Torres Strait Islander women¹⁰ 	5.0% 28.0%	4.1% 28.9%	4.0% 28.0%
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation ⁹ <ul style="list-style-type: none"> Non- Aboriginal and Torres Strait Islander women Aboriginal and Torres Strait Islander women 	98.0% 93.0%	97.5% 93.1%	98.0% 94.0%
Percentage of babies born of low birth weight to ⁹ <ul style="list-style-type: none"> Non- Aboriginal and Torres Strait Islander women Aboriginal and Torres Strait Islander women 	4.6% 7.3%	4.6% 8.7%	4.6% 7.3%
Percentage of public general dental care patients waiting within the recommended timeframe of two years ¹¹	85%	99.5%	85%
Percentage of oral health Weighted Occasions of Service which are preventative ¹²	15%	18.5%	15%
Efficiency measure			
Not identified			
Other measures			
Number of rapid HIV tests performed ¹³	7,000	7,870	7,000
Number of adult oral health Weighted Occasions of Service (ages 16+) ¹⁴	2,736,000	2,956,000	2,936,000
Number of children and adolescent oral health Weighted Occasions of Service (0-15 years) ^{14,15}	1,200,000	966,000	1,000,000
Total weighted activity units (WAU) - Prevention and Primary Care ¹⁶	39,390	49,902	39,750

Notes:

1. The survey service standards are population measures from a representative survey sample, and as such there is a year-to-year variation. Point estimates such as these are not indicative of statistical trends. The word "adult" has been added to the name of the measure to clarify definition.
2. Risky alcohol consumption is based on the 2020 NHMRC alcohol guidelines. The 2020 guidelines recommend healthy adults consume no more than 10 standard drinks per week and no more than 4 standard drinks on any one day.
3. The most recent results for adult daily smoking and risky alcohol consumption are from 2024-25. The most recent results for adult population sunburnt in the past 12 months are from 2023-24.
4. The annual notification rate of HIV infection (per 100,000 population) 2025-26 Estimated Actual is based on the data during the period 1 January - 31 December 2025.
5. The Vaccination Rates 2025-26 Estimated Actual is an estimate based on the coverage during the period 1 April 2025 to 31 March 2026.

6. The *BreastScreen Queensland Strategic Plan 2025-2032* has a participation rate goal of 60%. For breast and bowel cancer screening participation, 2025-26 Estimated Actual performance is based on the number of clients attending over a two-year period. Participation in each two-year period is attributed to a financial year (i.e. the 2023-2024 biennial period (the most recent data available) is reported as the estimated actual participation rate for 2025-26 financial year). This approach ensures the most up to date data is published. For cervical screening, estimates are based on five years with 2020-2024 participation estimates used for the 2025-26 financial year.
7. There is significant random variation in the size of cancer detected from year to year and therefore a three-year average is used to calculate this measure. The 2025-26 Estimated Actual is based on the 3-year average for financial years 2021-22 to 2023-24. The 2026-27 Target Estimate is calculated based on the 3-year average for financial years 2022-23 to 2025-26.
8. The 2025-26 Target/Estimate is based on a trajectory to achieve Potentially Preventable Hospitalisations (PPH) parity with other Queenslanders by 2033. The 2025-26 Estimated Actual is based on admitted patient data for the period 1 July 2025 to 31 March 2026.
9. Antenatal services, smoking and low birth weight Estimated Actuals for 2025-26 are based on perinatal data for the period 1 July 2025 to 31 March 2026.
10. Percentages 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%, representing an average decrease of approximately one percentage point per annum.
11. General dental care patients waiting within recommended timeframe 2025-26 Estimated Actual is as at 30 April 2026.
12. Oral Health 2025-26 Estimated Actual is based on actual performance from 1 July 2025 to 30 April 2026.
13. The HIV rapid test 2025-26 Estimated Actual is based on the data during the period 1 January 2025 to 31 December 2025.
14. Oral Health 2025-26 Estimated Actual is a 12-month projection based on actual performance from 1 July 2025 to 30 April 2026. 2026-27 Target/Estimate has been adjusted to reflect changes in Hospital and Health Service delivery models and access to free dental care for children in the private sector under through the Child Dental Benefits Schedule.
15. The Estimated Actual for children and adolescents for 2025-26 is lower than the Target/Estimate due to changes in service delivery models, workforce shortages and the availability of free dental care in the private sector through the Child Dental Benefits Schedule.
16. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.

Departmental budget summary

The table below shows the total resources available in 2026-27 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	2025-26 Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CONTROLLED			
Income			
Appropriation revenue	19,133,126	20,132,885	19,719,123
Other revenue	10,307,814	10,564,151	11,766,595
Total income	29,440,940	30,697,036	31,485,718
Expenses			
Inpatient Care	13,058,243	13,581,683	13,729,702
Outpatient Care	3,810,304	4,133,555	4,178,605
Emergency Care	3,079,305	3,247,793	3,283,190
Sub and Non-Acute Care	1,648,566	1,771,524	1,790,831
Mental Health and Alcohol and Other Drug Services	3,121,764	3,247,793	3,283,190
Prevention, Primary and Community Care	3,202,819	3,543,047	3,581,662
Ambulance Services	1,519,940	1,534,247	1,638,538
Total expenses	29,440,940	31,059,642	31,485,718
Operating surplus/deficit	..	(362,606)	..
Net assets	21,888,090	19,931,151	22,916,516
ADMINISTERED			
Revenue			
Commonwealth revenue	..	..	..
Appropriation revenue	62,995	84,517	85,213
Other administered revenue	4	4	4
Total revenue	62,999	84,521	85,217
Expenses			
Transfers to government	..	..	..
Administered expenses	62,999	84,521	85,217
Total expenses	62,999	84,521	85,217
Net assets	..	..	..

Note:

1. Includes state and Federal Government funding.
2. The 2025-26 Estimated Actual forecast operating deficit relates to increased demand for health services, escalating cost pressures, and inherited structural shortfalls

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 Service	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	119,438	120,160	121,477

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.

Capital program

The Queensland Health capital program funds essential infrastructure and digital technologies to enable the delivery of safe, high-quality healthcare services across the state.

The Government is committed to ensuring every Queenslanders can access health services when they need them. *The Hospital Rescue Plan* represents a significant investment in the future of the health system, providing more than 2,600 additional beds across metropolitan, rural and regional Queensland.

In 2026-27, the total capital investment for Queensland Health, including the Hospital Rescue Plan, is \$4.040 billion, and the highlights include:

- \$2.206 billion for new hospitals in each of Bundaberg, Coomera and Toowoomba, the Queensland Cancer Plan, and major hospital expansions at ten sites across Queensland including Cairns, Hervey Bay, Ipswich, Logan, Mackay, Redcliffe, Townsville, the Queen Elizabeth II Jubilee Hospital, Princess Alexandra Hospital and The Prince Charles Hospital. Several major hospital projects with main construction contracts awarded have had an uplift in funding to address significant historical design flaws, for example, a \$70 million shortfall for high voltage works at the Queen Elizabeth II Jubilee Hospital
- \$696.1 million towards the multi-billion Timely Investment Infrastructure Maintenance program, supporting the maintenance, replacement, and refurbishment of Queensland Health's existing assets. This investment ensures that our hospitals and health providers can continue to deliver high-quality services in a safe and functional environment
- \$386 million as part of the total \$1.368 billion Hospital Car Parking Program, providing safe, affordable and accessible parking for patients, carers, visitors, and hospital staff at new and existing public hospitals across the state
- \$135.5 million to continue the Government's \$360.8 million commitment towards *Easier Access to Health Services*, delivering health services for Queenslanders when they need them. This includes:
 - \$128.7 million for the installation of new medical imaging machines at 11 sites: Ayr, Beaudesert, Brighton, Cairns, Charleville, Dalby, Eight Mile Plains, Gatton, Hervey Bay, Redland and Southport
 - initiatives to improve patient flows, including seven-day discharge, regional GP access to specialist advice and reinstating maternity services.

- \$79.8 million for Rural and Remote Health Care to improve critical health service infrastructure in rural and remote communities across the state, including:
 - \$60.3 million towards the Building Rural and Remote Health Program for planning and enhancement of ageing health facilities to ensure all Queenslanders have access to high-quality services, incorporating \$35.3 million in 2026-27 to provide secure and fit-for-purpose accommodation to attract essential front-line government workers to these areas;
 - \$13.5 million for renal dialysis chairs at Emerald Hospital and improved parking for Yarrabah Hospital and precinct to increase safety for patients and staff
 - \$6 million to complete the \$17.2 million Moura Multipurpose Healthcare Service, delivering an additional seven residential aged care beds, increasing capacity to eight beds.
- \$93.2 million to expand mental health facilities and treatment spaces for individuals most severely impacted by mental illness and/or problematic alcohol and other drug use, primarily funded by the Mental Health Levy. The program delivers a range of initiatives to support the community including:
 - \$49.6 million for works to advance healthcare for people experiencing mental illness, problematic alcohol and other drug use and mental health crisis and suicidality. This program includes funding for 30 new Mother and Baby Mental Health beds providing acute mental health care for mothers experiencing severe perinatal mental health conditions.
 - \$11.9 million of a total \$38.5 million for new Youth Step Up Step Down facilities in Rockhampton and Townsville.

In 2026-27, the QAS is investing \$137.9 million in enabling critical infrastructure to support essential frontline services and enable timely, quality and appropriate patient-focused pre-hospital emergency and non-emergency services to the community.

The \$250 million four-year base capital uplift committed by the Government in 2025-26 empowers the ambulance service to appropriately commission critical infrastructure, including Ambulance Stations and Triple Zero (000) Operations Centre fleet, equipment and information and communication technology systems.

Queensland Ambulance Service (QAS) program highlights include:

- \$52 million to commission 200 new and replacement ambulances
- \$26.8 million investment in medium and minor capital works to deliver ambulance station upgrades and relief accommodation for operational staff in regional and remote locations and to undertake works at various existing stations
- \$20 million as part of a total \$29 million to complete construction of the Far North Operations Centre and Cairns Regional Office, nine years after it was announced and seven years after the original practical completion date
- \$14.9 million in operational equipment to support frontline services
- \$11.5 million for the acquisition of strategically located land to accommodate future expansion of services aligned with identified growth areas
- \$7 million as part of a total \$37.5 million to commence construction on new ambulance stations at Beenleigh Central and Southport East
- \$2 million to progress the planning, design, and early works for the \$25 million new South West Operations Centre
- \$0.5 million as part of a total \$5.5 million to commence the planning stage of the Pimpama Station Redevelopment.

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

	2025-26 Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
Total capital outlays	3,666,960	2,419,382	4,040,272

Notes:

1. The 2025-26 Budget includes a provision for both capital and non-capital components. The total estimated actual in 2025-26 does not include non-capital components.
2. Capital investment for the Council of the Queensland Institute of Medical Research (QIMR) includes:
 - Budget in 2025-26 of \$8.7 million
 - Estimated actual expenditure in 2025-26 of \$9.2 million
 - Total capital investment in 2026-27 of \$9.7 million.

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 and the Hospital and Health Services, is provided below.

Departmental income statement

In 2026-27, total expenses are estimated to be \$31.486 billion, an increase of \$2.045 billion or 6.9% from the 2025-26 budget.

Departmental balance sheet

In 2026-27, Queensland Health's major assets are in property, plant and equipment (\$23.785 billion), whilst its main liabilities relate to employee benefits (\$1.343 billion) and payables of an operating nature (\$1.392 billion).

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	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
Appropriation revenue	19,133,126	20,132,885	19,719,123
Taxes	..	..	..
User charges and fees	2,093,548	2,260,225	2,251,583
Royalties and land rents	..	..	..
Grants and other contributions	8,086,484	8,109,518	9,367,215
Interest and distributions from managed funds	8,948	10,675	8,671
Other revenue	116,959	181,681	137,359
Gains on sale/revaluation of assets	1,875	2,052	1,767
Total income	29,440,940	30,697,036	31,485,718
EXPENSES			
Employee expenses	19,701,869	19,978,599	21,042,817
Supplies and services	7,730,211	9,068,470	8,407,611
Grants and subsidies	109,686	108,506	110,640
Depreciation and amortisation	1,503,120	1,503,120	1,517,463
Finance/borrowing costs	48,659	49,437	48,292
Other expenses	315,367	312,349	320,112
Losses on sale/revaluation of assets	32,028	39,161	38,783
Total expenses	29,440,940	31,059,642	31,485,718
OPERATING SURPLUS/(DEFICIT)	..	(362,606)	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Reporting entity balance sheet

Queensland Health and Hospital and Health Services	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	1,559,949	1,117,628	568,766
Receivables	1,111,824	1,177,218	1,257,749
Other financial assets	..	..	..
Inventories	365,032	369,984	377,718
Other	137,972	177,482	180,432
Non-financial assets held for sale	..	..	..
Total current assets	3,174,777	2,842,312	2,384,665
NON-CURRENT ASSETS			
Receivables	92,247	101,907	95,018
Other financial assets	72,307	80,488	80,488
Property, plant and equipment	22,341,530	20,816,976	23,784,594
Intangibles	238,210	271,380	284,598
Other	260	31,631	32,083
Total non-current assets	22,744,554	21,302,382	24,276,781
TOTAL ASSETS	25,919,331	24,144,694	26,661,446
CURRENT LIABILITIES			
Payables	1,221,294	1,266,810	1,391,926
Accrued employee benefits	1,773,140	1,880,094	1,342,730
Interest bearing liabilities and derivatives	66,419	65,269	63,689
Provisions	152	152	152
Other	21,146	25,731	26,250
Total current liabilities	3,082,151	3,238,056	2,824,747
NON-CURRENT LIABILITIES			
Payables	267	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	843,322	873,230	821,590
Provisions	..	..	..
Other	105,501	102,257	98,593
Total non-current liabilities	949,090	975,487	920,183
TOTAL LIABILITIES	4,031,241	4,213,543	3,744,930
NET ASSETS/(LIABILITIES)	21,888,090	19,931,151	22,916,516
EQUITY			
TOTAL EQUITY	21,888,090	19,931,151	22,916,516

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Reporting entity cash flow statement

Queensland Health and Hospital and Health Services	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	19,133,126	19,651,830	19,719,123
User charges and fees	2,065,621	2,213,156	2,177,250
Royalties and land rent receipts	..	..	..
Grants and other contributions	7,956,258	7,994,132	9,232,084
Interest and distribution from managed funds received	8,948	10,675	8,671
Taxes	..	..	..
Other	109,032	677,304	633,019
Outflows:			
Employee costs	(19,620,782)	(19,858,066)	(21,598,898)
Supplies and services	(7,602,222)	(9,365,120)	(8,671,087)
Grants and subsidies	(109,763)	(108,650)	(110,636)
Borrowing costs	(48,471)	(49,249)	(48,161)
Other	(306,682)	(319,317)	(326,903)
Net cash provided by or used in operating activities	1,585,065	846,695	1,014,462
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	1,761	2,172	1,521
Investments redeemed	..	..	..
Loans and advances redeemed	4,309	4,356	4,227
Outflows:			
Payments for non-financial assets	(3,658,272)	(2,398,375)	(4,030,561)
Payments for investments	..	..	..
Loans and advances made	..	1,530	..
Net cash provided by or used in investing activities	(3,652,202)	(2,390,317)	(4,024,813)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	3,547,545	1,564,831	3,874,429
Appropriated equity injections	3,547,545	1,564,831	3,874,429
Non-appropriated equity injections	..	..	..
Outflows:			
Borrowing redemptions	(13,668)	(13,668)	(14,814)
Finance lease payments	(44,173)	(45,497)	(40,009)
Equity withdrawals	(1,343,774)	(1,297,283)	(1,358,117)
Appropriated equity withdrawals	(1,343,774)	(1,297,283)	(1,358,117)
Non-appropriated equity withdrawals	..	..	..
Net cash provided by or used in financing activities	2,145,930	208,383	2,461,489
Net increase/(decrease) in cash held	78,793	(1,335,239)	(548,862)
Cash at the beginning of financial year	1,481,156	2,452,867	1,117,628
Cash transfers from restructure	..	..	..
Cash at the end of financial year	1,559,949	1,117,628	568,766

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Department of Health

Overview

The vision of the Department of Health (the department) is to support a dynamic and responsive Queensland public health system where our workforce is valued and empowered to provide world-class healthcare to all Queenslanders. The department's purpose is to provide highly effective health system leadership.

The department delivers expert health system governance, workforce strategy and planning, statewide clinical health support services, information and communication technologies, health promotion and disease prevention strategy, health infrastructure planning and corporate support services for over 130,000 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.

The department's strategic objectives include:

- Support and maintain a well-trained, engaged, safe workforce capable of delivering effective healthcare safely and productively
- Grow the health workforce for the future including embracing new pipelines and adapting to new ways of delivery
- Drive a sustainable model of healthcare to ensure an efficient, equitable and quality service for patients
- Promote a consumer-centric healthcare system that recognises the impact of increasing demand and complexities of services
- Enable an innovative, evolving health system that enhances efficiency without compromising the quality of care to patients
- Develop and maintain fit-for-purpose infrastructure to meet consumer expectations within an ever-changing environment.

The department contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them* by:

- driving down ambulance ramping and elective surgery waitlists
- empowering local decision-making
- providing more healthcare professionals through retention and attraction
- delivering the projects outlined in the *Hospital Rescue Plan*
- improving hospital performance through real-time data
- delivering better access to health services in regional Queensland
- reopening maternity services in regional Queensland.

Key deliverables

In 2026-27, the department will:

- lead the implementation of the Health Plan working closely with the HHSs, Queensland Ambulance Service, clinicians, consumers, and other stakeholders

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

- work to deliver a total of 46,000 additional health workers by 2032, including 34,200 extra clinicians by 2032, by addressing identified existing and future gaps across Queensland so that the health system can meet the needs of our growing and ageing population
- deliver easier access to health services through the *Hospital Rescue Plan*, which includes establishing one new and nine expanded transit lounges for patients awaiting discharge; installation of new medical imaging machines in 11 public hospital and health facilities and other key initiatives to improve hospital flow
- accelerate the implementation of new models of care between Emergency Departments and Mental Health Units to ensure patients presenting to hospital with mental illness are triaged and treated promptly
- work constructively with Federal Government counterparts and other states and territories to implement health funding through the signed National Health Reform Agreement and other national agreements
- work with relevant agencies across the Queensland Government, and with community leaders, to drive improvements in health outcomes and healthcare access for Aboriginal communities and Torres Strait Islander communities, particularly in rural and remote locations
- improve access to specialist medical advice for regional and rural Queenslanders.

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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Effectiveness measures			
Percentage of Wide Area Network (WAN) availability across the state ¹			
• Metro	99.8%	99.94%	99.8%
• Regional	95.7%	99.88%	95.7%
• Remote	92.0%	98.97%	92.0%
Percentage of major ICT incidents resolved within specified timeframes ²			
• Priority 1 (resolution within 2 hours) ³	80%	0%	80%
• Priority 2 (resolution within 8 hours) ⁴	80%	53%	80%
Efficiency measures			
Percentage of capital infrastructure construction projects delivered within 5% of budget and considered on time and to scope at the time of publication. ⁵	95%	95%	95%
Percentage of correct on time pays ⁶	98%	99.5%	98%
Percentage of calls to 13 HEALTH answered within 20 seconds ⁷	80%	82.2%	80%
Other measures			
Percentage of initiatives with a status reported as "action required" (Red) ^{8,9}	<15%	6%	<15%

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
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 ¹⁰	100%	100%	100%

Notes:

1. The Wide Area Network (WAN) 2025-26 Estimated Actual represents average monthly availability across the period from 1 July 2025 to 31 March 2026. The increased in WAN availability across remote is reflective of the improvements introduced by the satellite backup program.
2. The major ICT incidents resolved in 2025-26 Estimated Actual result is calculated across the period 1 July 2025 to 14 May 2026. The service standard wording has been changed from "high-level ICT incidents" to "major ICT incidents" to more accurately reflect the terminology used within Queensland Health and industry standards. The data source and calculation methodology have not changed. Overall compared to the same period for the 2024-2025 financial year, as of 14 May 2026, there has been a significant reduction by 35% of digital disruption from 123 to 80 total major ICT Incidents reported. This indicates increased stability across Queensland Health ICT services.
3. A Priority 1 Major ICT Incident target resolution time is within 2 hours. The three Priority 1 Major ICT Incidents reported in this period relate to clinical applications: integrated electronic Medical Record (ieMR) (a nationwide issue with ieMR vendor prevented system access; SLA missed due to incident resolution complexity) and AUSLAB (the first system memory issue, and second a system master process issue; both were resolved marginally beyond resolution timeframes, owing to system stability checks and master process failure). For all Priority 1 incidents, the root cause was identified and remediated by the vendor. None of the incidents were resolved within the target timeframe owing to incident resolution complexity or the need to perform system stability checks.
4. A Priority 2 major ICT Incident target resolution time is within 8 hours. There were 77 Priority 2 Major ICT Incidents. The Priority 2 major ICT Incidents are a combination of application, network and telecommunications related incidents. The overall Priority 2 outcome has improved compared to the previous year as a result of the successful completion of the Rural and Remote Baseline Backup Links Project. By reducing or eliminating the impact of network outages, the backup technology ensures facilities remain connected to critical systems that support patient care even during severe weather or infrastructure disruptions. For the remaining incidents, resolution timeframes have improved overall from the previous year (From 1 July 2024 to 30 June 2025, 33% of the Priority 2 Major Incidents were resolved within 8 hours). Of the 77 Priority 2 Major ICT incidents, 53% were resolved within the target resolution timeframe. Reasons for delayed incident resolution include incident resolution complexity, system management practices and third-party vendor processes.
5. The service standard was renamed from "Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5% unfavourable tolerance" to more accurately reflect the measure and its calculation. The 2025-26 Estimated Actual is based on data as at 1 May 2026. The calculation methodology has not changed.
6. Payroll Transactional Services reports the service standard by pay period. The current actual percentage is based on pay periods 09 July 2025 to 18 May 2026.
7. The 13 HEALTH service standard has been moved from Queensland Ambulance Service to Corporate and Clinical Support. There has been no change to the definition. The 2025-26 Estimated Actual is based on the period 1 July 2025 to 30 April 2026.
8. 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 is desirable and is a proxy indicator of sound portfolio performance.
9. The 2025-26 Estimated Actual percentage is based on the October 2025 Queensland Government Digital Projects Dashboard update.
10. 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 Areas	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Department of Health	10,282	10,282	10,282
Queensland Ambulance Service	6,178	6,179	6,404
Total FTEs	16,460	16,461	16,686

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	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
Appropriation revenue	19,133,126	20,132,885	19,719,123
Taxes	..	..	..
User charges and fees	16,554,962	17,356,905	17,671,311
Royalties and land rents	..	..	..
Grants and other contributions	7,779,965	7,776,941	9,033,634
Interest and distributions from managed funds	2,382	3,409	1,429
Other revenue	24,379	66,941	26,389
Gains on sale/revaluation of assets	913	1,212	909
Total income	43,495,727	45,338,293	46,452,795
EXPENSES			
Employee expenses	16,796,326	17,535,591	17,869,855
Supplies and services	26,361,706	27,649,668	28,293,157
Grants and subsidies	86,875	89,263	91,705
Depreciation and amortisation	193,309	147,514	136,824
Finance/borrowing costs	3,333	3,127	3,188
Other expenses	49,852	52,304	53,834
Losses on sale/revaluation of assets	4,326	4,326	4,232
Total expenses	43,495,727	45,481,793	46,452,795
OPERATING SURPLUS/(DEFICIT)	..	(143,500)	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Controlled balance sheet

Queensland Health	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	702,275	256,697	184,902
Receivables	2,059,012	2,125,334	1,632,043
Other financial assets	..	..	..
Inventories	223,815	223,458	230,172
Other	131,280	117,572	119,359
Non-financial assets held for sale	..	..	..
Total current assets	3,116,382	2,723,061	2,166,476
NON-CURRENT ASSETS			
Receivables	92,461	101,907	95,018
Other financial assets	72,307	80,488	80,488
Property, plant and equipment	5,710,606	4,009,482	5,738,144
Intangibles	228,605	259,536	274,215
Other	..	30,814	31,266
Total non-current assets	6,103,979	4,482,227	6,219,131
TOTAL ASSETS	9,220,361	7,205,288	8,385,607
CURRENT LIABILITIES			
Payables	762,171	778,833	797,775
Accrued employee benefits	1,694,164	1,788,253	1,243,586
Interest bearing liabilities and derivatives	4,552	3,300	2,787
Provisions	..	..	..
Other	2,877	3,178	3,424
Total current liabilities	2,463,764	2,573,564	2,047,572
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	53,244	56,339	54,187
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	53,244	56,339	54,187
TOTAL LIABILITIES	2,517,008	2,629,903	2,101,759
NET ASSETS/(LIABILITIES)	6,703,353	4,575,385	6,283,848
EQUITY			
TOTAL EQUITY	6,703,353	4,575,385	6,283,848

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Controlled cash flow statement

Queensland Health	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	19,133,126	19,651,830	19,719,123
User charges and fees	16,485,855	17,322,394	18,197,326
Royalties and land rent receipts	..	..	..
Grants and other contributions	7,650,363	7,664,474	8,899,050
Interest and distribution from managed funds received	2,382	3,409	1,429
Taxes	..	..	..
Other	19,745	573,673	526,058
Outflows:			
Employee costs	(16,725,361)	(17,429,313)	(18,433,239)
Supplies and services	(26,233,786)	(27,991,933)	(28,656,317)
Grants and subsidies	(86,875)	(89,263)	(91,705)
Borrowing costs	(3,333)	(3,127)	(3,188)
Other	(42,439)	(68,711)	(61,101)
Net cash provided by or used in operating activities	199,677	(366,567)	97,436
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	1,663	1,962	1,659
Investments redeemed	..	..	..
Loans and advances redeemed	4,309	4,356	4,227
Outflows:			
Payments for non-financial assets	(3,645,763)	(2,384,438)	(4,017,724)
Payments for investments	..	..	..
Loans and advances made	..	1,530	..
Net cash provided by or used in investing activities	(3,639,791)	(2,376,590)	(4,011,838)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	4,857,356	2,920,437	5,255,068
Appropriated equity injections	3,547,545	1,564,831	3,874,429
Non-appropriated equity injections	1,309,811	1,355,606	1,380,639
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(2,394)	(2,463)	(2,665)
Equity withdrawals	(1,394,089)	(1,442,700)	(1,409,796)
Appropriated equity withdrawals	(1,343,774)	(1,297,283)	(1,358,117)
Non-appropriated equity withdrawals	(50,315)	(145,417)	(51,679)
Net cash provided by or used in financing activities	3,460,873	1,475,274	3,842,607
Net increase/(decrease) in cash held	20,759	(1,267,883)	(71,795)
Cash at the beginning of financial year	681,516	1,524,580	256,697
Cash transfers from restructure	..	..	..
Cash at the end of financial year	702,275	256,697	184,902

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Administered income statement

Queensland Health	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
Appropriation revenue	62,995	84,517	85,213
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	62,999	84,521	85,217
EXPENSES			
Employee expenses	..	..	..
Supplies and services	..	..	..
Grants and subsidies	62,999	84,521	85,217
Depreciation and amortisation	..	..	..
Finance/borrowing costs	..	..	..
Other expenses	..	..	..
Losses on sale/revaluation of assets	..	..	..
Administered revenue transferred to Government	..	..	..
Total expenses	62,999	84,521	85,217
OPERATING SURPLUS/(DEFICIT)	..	..	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Administered balance sheet

Queensland Health	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	153	308	308
Receivables	..	..	..
Other financial assets	..	..	..
Inventories	..	..	..
Other	..	..	..
Non-financial assets held for sale	..	..	..
Total current assets	153	308	308
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	..	..	..
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	..	..	..
TOTAL ASSETS	153	308	308
CURRENT LIABILITIES			
Payables	..	..	..
Transfers to Government payable	153	308	308
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	153	308	308
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	153	308	308
NET ASSETS/(LIABILITIES)	..	..	..
EQUITY			
TOTAL EQUITY	..	..	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Administered cash flow statement

Queensland Health	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	62,995	84,517	85,213
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	(62,999)	(84,521)	(85,217)
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	..	..	..
Appropriated equity injections	..	..	..
Non-appropriated equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
Appropriated equity withdrawals	..	..	..
Non-appropriated equity withdrawals	..	..	..
Net cash provided by or used in financing activities	..	..	..
Net increase/(decrease) in cash held	..	..	..
Cash at the beginning of financial year	153	308	308
Cash transfers from restructure	..	..	..
Cash at the end of financial year	153	308	308

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

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 healthcare sector in Queensland with a vision for Excellence in Ambulance Services.

The QAS delivers ambulance services from 313 response locations, coordinates aeromedical retrieval services, and provides virtual health assessment and information services across Queensland.

Statewide ambulance services are coordinated through operations centres (OpCens). There are eight OpCens throughout Queensland that are responsible for emergency call taking, operational deployment and dispatch, and the coordination of non-urgent patient transport services.

The QAS contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them* by fulfilling its purpose to deliver timely, quality, and appropriate, patient-focussed ambulance services to the Queensland community.

Key deliverables

In 2026-27, the QAS will:

- recruit an additional 225 ambulance personnel to provide the Queensland community with increased frontline ambulance services and greater access to emergency healthcare
- commission 200 new and replacement ambulance vehicles
- complete construction of the Far North Operations Centre and Cairns Regional Office, nine years after it was announced and seven years after the original practical completion date
- commence construction of the new Beenleigh Central Ambulance Station and new Southport East Ambulance Station
- progress the planning, design, and early works for the new South West Operations Centre
- continue to invest in information and communication technology, for critical communications equipment and systems to enhance patient care and service delivery.

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

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 the 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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Effectiveness measures			
Time within which code 1 incidents are attended - 50th percentile response time (minutes) ¹			
• Code 1A	8.2	8.6	8.2
• Code 1B	8.2	11.8	8.2
• Code 1C	8.2	14.1	8.2
Time within which code 1 incidents are attended - 90th percentile response time (minutes) ¹			
• Code 1A	16.5	17.5	16.5
• Code 1B	16.5	23.5	16.5
• Code 1C	16.5	27.3	16.5
Percentage of Triple Zero (000) calls answered within 10 seconds ¹	90%	93.1%	90%
Percentage of non-urgent incidents attended to by the appointment time ¹	70%	76.9%	70%
Percentage of patients who report a clinically meaningful pain reduction ¹	85%	75.8%	85%
Patient experience ²	97%	98%	97%
Efficiency measures			
Gross cost per incident ³	\$1,101	\$1,132	\$1,182

Notes:

1. The 2025-26 Estimated Actuals for the service standards are for the period 1 July 2025 to April 2026.
2. The 2025-26 Estimated Actual figure for the patient experience percentage is reported from the 2024-25 performance in the Council of Ambulance Authorities (CAA) Report released in September 2025.
3. The variance between the 2025-26 Estimated Actual and the 2025-26 Target/Estimate reflects revised projected incident numbers for 2025-26. The increase in the target gross cost per incident from the 2025-26 to 2026-27 reporting periods is approximately 7.3% and is due to inflationary pressures on supplies and services.

Controlled income statement

Queensland Ambulance Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
Appropriation revenue	1,439,848	1,443,175	1,558,165
Taxes	..	..	..
User charges and fees	45,111	42,840	44,579
Royalties and land rents	..	..	..
Grants and other contributions	33,250	34,809	33,856
Interest and distributions from managed funds	..	..	..
Other revenue	822	12,514	1,029
Gains on sale/revaluation of assets	909	909	909
Total income	1,519,940	1,534,247	1,638,538
EXPENSES			
Employee expenses	1,189,957	1,212,960	1,288,236
Supplies and services	267,801	259,114	287,929
Grants and subsidies	475	475	475
Depreciation and amortisation	47,177	47,177	47,177
Finance/borrowing costs	71	71	48
Other expenses	10,133	10,124	10,441
Losses on sale/revaluation of assets	4,326	4,326	4,232
Total expenses	1,519,940	1,534,247	1,638,538
OPERATING SURPLUS/(DEFICIT)	..	..	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Controlled balance sheet

Queensland Ambulance Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	99,523	115,421	98,284
Receivables	43,308	44,123	44,879
Other financial assets	..	..	..
Inventories	..	..	..
Other	3,469	5,627	5,627
Non-financial assets held for sale	..	..	..
Total current assets	146,300	165,171	148,790
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	883,671	918,824	1,001,938
Intangibles	6,469	5,251	8,185
Other	..	..	..
Total non-current assets	890,140	924,075	1,010,123
TOTAL ASSETS	1,036,440	1,089,246	1,158,913
CURRENT LIABILITIES			
Payables	50,256	53,957	53,957
Accrued employee benefits	57,556	61,884	62,905
Interest bearing liabilities and derivatives	437	437	476
Provisions	..	..	..
Other	1,041	21	21
Total current liabilities	109,290	116,299	117,359
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	686	686	210
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	686	686	210
TOTAL LIABILITIES	109,976	116,985	117,569
NET ASSETS/(LIABILITIES)	926,464	972,261	1,041,344
EQUITY			
TOTAL EQUITY	926,464	972,261	1,041,344

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Controlled cash flow statement

Queensland Ambulance Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	1,439,848	1,423,950	1,558,165
User charges and fees	45,111	38,514	40,347
Royalties and land rent receipts	..	..	..
Grants and other contributions	25,525	27,084	26,024
Interest and distribution from managed funds received	..	..	..
Taxes	..	..	..
Other	(3,504)	12,514	1,029
Outflows:			
Employee costs	(1,186,388)	(1,209,391)	(1,287,971)
Supplies and services	(267,801)	(259,114)	(287,929)
Grants and subsidies	(475)	(475)	(475)
Borrowing costs	(71)	(71)	(48)
Other	(2,408)	(2,399)	(2,609)
Net cash provided by or used in operating activities	49,837	30,612	46,533
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	1,659	1,659	1,659
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(116,324)	(116,324)	(137,930)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(114,665)	(114,665)	(136,271)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	128,250	139,460	121,787
Appropriated equity injections	128,250	139,460	121,787
Non-appropriated equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(400)	(406)	(437)
Equity withdrawals	(48,749)	(47,524)	(48,749)
Appropriated equity withdrawals	(48,749)	(47,524)	(48,749)
Non-appropriated equity withdrawals	..	..	..
Net cash provided by or used in financing activities	79,101	91,530	72,601
Net increase/(decrease) in cash held	14,273	7,477	(17,137)
Cash at the beginning of financial year	85,250	107,944	115,421
Cash transfers from restructure	..	..	..
Cash at the end of financial year	99,523	115,421	98,284

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

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 high quality care that improves health outcomes and equity for our communities.

The objectives of Cairns and Hinterland HHS are:

- Our care - we work to enable safe and equitable healthcare delivered closer to home through our partnerships and together with communities
- First Peoples health - 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
- Our sustainability - with our people, our places and our technology, we will deliver efficient and sustainable healthcare and services.

The Cairns and Hinterland HHS contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them*. This includes through restoring health services when Queenslanders need them most, using transparent and targeted investment with real-time data, boosting frontline health services, driving resources where they're needed most, improving our Emergency Departments, fast-tracking access to elective surgeries, and helping patients to be seen faster.

Key deliverables

In 2026-27, Cairns and Hinterland HHS will:

- embed workforce planning, training pipelines, workforce attraction and retention to continue to develop the workforce and models of care needed to support future healthcare demands of the community
- in partnership with Health Infrastructure Queensland, progress the Government's investment in health infrastructure in the region through the *Hospital Rescue Plan* which includes delivering a new rooftop helipad at Cairns Hospital, and opening two additional wards by 2027 as part of the Cairns Hospital Expansion Project, progressing Stage 1 of the *Cairns Hospital Master Plan* including a new health innovation and surgical centre, a health management hub, and a multistorey staff car park
- provide connected and innovative services to achieve sustainable solutions to deliver safe, quality and cost-effective healthcare, including models that provide care closer to home
- progress planning and delivery of four perinatal mental health beds, funded by the Mental Health Levy
- continue the implementation of the *Cairns and Hinterland HHS First Peoples Health Equity Strategy* and ensure that priorities are evident and embedded throughout services
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government's priorities
- work to restore a balanced long-term financial position.

¹ To find out more, go to 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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	81%	80%
• Category 3 (within 30 minutes)	75%	76%	75%
• Category 4 (within 60 minutes)	70%	80%	70%
• Category 5 (within 120 minutes)	70%	91%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	64%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	91%	>98%
• Category 2 (90 days)	>95%	75%	>95%
• Category 3 (365 days)	>95%	81%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	0.5	≤1.0
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁴	>65%	58.1%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	10.8%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁶			
• Category 1 (30 days)	83%	55%	83%
• Category 2 (90 days) ⁷	..	27%	..
• Category 3 (365 days) ⁷	..	63%	..

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Percentage of specialist outpatients seen within clinically recommended times ⁸			
• Category 1 (30 days)	77%	70%	77%
• Category 2 (90 days) ⁷	..	48%	..
• Category 3 (365 days) ⁷	..	71%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	13	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	30	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,916	\$5,973	\$6,313
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	3,784	3,806	3,807
• Category 2 (90 days)	2,164	2,132	2,132
• Category 3 (365 days)	914	960	960
Number of Telehealth outpatients service events ¹³	12,222	11,386	11,707
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	111,375	108,640	111,356
• Outpatients	30,398	31,814	31,147
• Sub-acute	15,959	17,030	15,768
• Emergency Department	26,535	27,956	26,125
• Mental Health	24,334	20,556	21,624
• Prevention and Primary Care	2,831	3,212	2,835
Ambulatory mental health service contact duration (hours) ¹⁵	>72,247	42,208	>72,247

Notes:

- Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
- Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2025 and 31 December 2025.
- Mental Health rate of community follow up 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Mental Health readmissions 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Waiting within clinically recommended time is a point in time performance measure. 2025-26 Estimated Actual is as at 30 April 2026.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2025-26 Target/Estimates and 2026-27 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2025-26 Estimated Actual is for the period 1 July 2025 to 30 April 2026.
- 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.

10. There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
11. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. 2025-26 Estimated Actuals is based on data for the period 1 July 2025 to 31 March 2026. The 2025-26 Target/Estimate does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
12. Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
13. The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
14. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
15. Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	6,100	6,383	6,383

Income statement

Cairns and Hinterland Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	1,537,834	1,600,327	1,614,104
Grants and other contributions	16,871	16,727	16,978
Interest and distributions from managed funds	121	32	32
Other revenue	7,592	7,894	8,013
Gains on sale/revaluation of assets	..	..	..
Total income	1,562,418	1,624,980	1,639,127
EXPENSES			
Employee expenses	178,507	184,293	189,206
Supplies and Services:			
Other supplies and services	382,457	411,372	448,120
Department of Health contract staff	881,607	930,443	878,016
Grants and subsidies	..	..	..
Depreciation and amortisation	97,372	98,900	104,520
Finance/borrowing costs	675	675	625
Other expenses	19,626	15,423	16,400
Losses on sale/revaluation of assets	2,174	2,174	2,240
Total expenses	1,562,418	1,643,280	1,639,127
OPERATING SURPLUS/(DEFICIT)	..	(18,300)	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Cairns and Hinterland Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	7,931	1,442	4,909
Receivables	41,305	37,207	37,910
Other financial assets	..	..	..
Inventories	3,166	6,739	6,679
Other	2,539	1,957	1,991
Non-financial assets held for sale	..	..	..
Total current assets	54,941	47,345	51,489
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,374,782	1,374,329	1,513,974
Intangibles	..	6	6
Other	..	..	..
Total non-current assets	1,374,782	1,374,335	1,513,980
TOTAL ASSETS	1,429,723	1,421,680	1,565,469
CURRENT LIABILITIES			
Payables	115,196	101,434	107,154
Accrued employee benefits	2,786	3,778	1,744
Interest bearing liabilities and derivatives	1,008	867	928
Provisions	..	..	..
Other	869	1,025	1,029
Total current liabilities	119,859	107,104	110,855
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	1,569	2,077	580
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	1,569	2,077	580
TOTAL LIABILITIES	121,428	109,181	111,435
NET ASSETS/(LIABILITIES)	1,308,295	1,312,499	1,454,034
EQUITY			
TOTAL EQUITY	1,308,295	1,312,499	1,454,034

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Cairns and Hinterland Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,535,398	1,597,891	1,611,625
Grants and other contributions	16,871	16,727	16,978
Interest and distribution from managed funds received	121	32	32
Other	7,907	8,209	8,328
Outflows:			
Employee costs	(178,458)	(183,928)	(191,240)
Supplies and services	(1,263,372)	(1,351,015)	(1,320,870)
Grants and subsidies	..	..	..
Borrowing costs	(231)	(231)	(238)
Other	(19,626)	(15,423)	(16,400)
Net cash provided by or used in operating activities	98,610	72,262	108,215
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(286)	(286)	(295)
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	(286)	(286)	(295)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,827	19,827	1,890
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,763)	(1,763)	(1,823)
Equity withdrawals	(97,372)	(98,900)	(104,520)
Net cash provided by or used in financing activities	(97,308)	(80,836)	(104,453)
Net increase/(decrease) in cash held	1,016	(8,860)	3,467
Cash at the beginning of financial year	6,915	10,302	1,442
Cash transfers from restructure	..	..	..
Cash at the end of financial year	7,931	1,442	4,909

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Central Queensland Hospital and Health Service

Overview

The Central Queensland Hospital and Health Service's (HHS) vision is to deliver *Great Care for Central Queenslanders* by providing safe, high-quality and sustainable public health services.

Our purpose is great people, delivering quality care and improving health, reflected in a continued focus on providing care close to home, strengthening capability through learning, research and partnerships, and managing services responsibly to ensure long-term sustainability.

Our strategic objectives are:

- Great Care, Great Experience - safe, compassionate care, delivered to the highest standards, close to home, with consumers at the heart of all we do
- Great Partnerships - working collaboratively with our partners to deliver great care and improve the health of Central Queenslanders
- Sustainable Future - securing the future of great healthcare with efficient, effective, affordable and sustainable services.

The Central Queensland HHS contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them*. This includes strengthening frontline capacity to improve access to emergency, planned and specialist care. Investment in hospital services is increasing Emergency Department and inpatient capability, reducing elective surgery waiting times, and expanding community-based and home-based models of care. These efforts are improving access to timely care while easing demand on acute hospital services.

Key deliverables

In 2026-27, Central Queensland HHS will:

- in partnership with Health Infrastructure Queensland, deliver priority hospital infrastructure projects under the *Hospital Rescue Plan*, including the Rockhampton Emergency Department expansion, expanded Rockhampton Hospital Transit Lounge, major mental health and cardiac facilities in Rockhampton, additional inpatient capacity through the Gladstone Hospital modular expansion, and a new purpose-built renal dialysis unit at Emerald Hospital
- progress rural and remote hospital upgrades, including upgrades to the Biloela Hospital to support safe and equitable access to care, in partnership with Health Infrastructure Queensland
- reduce elective surgery, outpatient and diagnostic backlogs through planned care redesign, increased specialist capacity, and expanded use of Surgery Connect and rapid access models
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government's priorities
- expand mental health services across inpatient and community-based settings, including additional capacity and planning for Step-Up Step-Down services
- shift care closer to home by expanding Hospital in the Home, care-at-home and integrated chronic disease services
- strengthen services for older people through expanded home-based, sub-acute and aged care transition support

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

- improve outcomes for priority populations through culturally safe care for Aboriginal and Torres Strait Islander peoples and expanded paediatric and child health services
- build system capability and sustainability through investment in workforce initiatives, digital and virtual care, research and innovation.

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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
<i>Effectiveness measures</i>			
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%	63%	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%	64%	>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) Category 3 (365 days) 	>98%	77%	>98%
	>95%	33%	>95%
	>95%	30%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	0.9	≤1.0
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁴	>65%	59.9%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	9.0%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁶			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	98%	51%	98%
	..	26%	..
	..	53%	..

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Percentage of specialist outpatients seen within clinically recommended times ⁸			
• Category 1 (30 days)	98%	73%	98%
• Category 2 (90 days) ⁷	..	37%	..
• Category 3 (365 days) ⁷	..	56%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	16	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	41	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$6,065	\$6,249	\$6,525
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	1,810	1,522	1,522
• Category 2 (90 days)	797	486	486
• Category 3 (365 days)	112	162	162
Number of Telehealth outpatients service events ¹³	22,135	21,349	24,385
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	55,849	58,303	58,727
• Outpatients	14,633	15,281	15,381
• Sub-acute	9,839	12,239	8,489
• Emergency Department	22,642	21,413	22,049
• Mental Health	12,672	10,177	10,561
• Prevention and Primary Care	2,355	2,928	2,394
Ambulatory mental health service contact duration (hours) ¹⁵	>38,352	32,852	>38,352

Notes:

- Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
- Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2025 and 31 December 2025.
- Mental Health rate of community follow up 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Mental Health readmissions 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Waiting within clinically recommended time is a point in time performance measure. 2025-26 Estimated Actual is as at 30 April 2026.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2025-26 Target/Estimates and 2026-27 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2025-26 Estimated Actual is for the period 1 July 2025 to 30 April 2026.
- 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.

10. There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
11. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. 2025-26 Estimated Actuals is based on data for the period 1 July 2025 to 31 March 2026. The 2025-26 Target/Estimate does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
12. Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
13. The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
14. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
15. Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	3,736	4,093	4,093

Income statement

Central Queensland Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	937,200	1,016,562	1,004,930
Grants and other contributions	32,169	34,665	34,665
Interest and distributions from managed funds	4	5	5
Other revenue	2,539	3,183	3,183
Gains on sale/revaluation of assets	48	..	..
Total income	971,960	1,054,415	1,042,783
EXPENSES			
Employee expenses	106,188	103,676	106,267
Supplies and Services:			
Other supplies and services	290,946	264,285	229,839
Department of Health contract staff	504,424	607,653	622,844
Grants and subsidies	928	925	948
Depreciation and amortisation	52,977	79,141	64,701
Finance/borrowing costs	16	6	..
Other expenses	15,104	17,484	17,727
Losses on sale/revaluation of assets	1,377	1,096	457
Total expenses	971,960	1,074,266	1,042,783
OPERATING SURPLUS/(DEFICIT)	..	(19,851)	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Central Queensland Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	1,348	10,014	2,622
Receivables	19,372	21,240	21,006
Other financial assets	..	..	..
Inventories	6,013	6,094	6,122
Other	879	1,357	1,411
Non-financial assets held for sale	..	..	..
Total current assets	27,612	38,705	31,161
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	554,506	583,022	716,211
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	554,506	583,022	716,211
TOTAL ASSETS	582,118	621,727	747,372
CURRENT LIABILITIES			
Payables	91,536	72,509	63,797
Accrued employee benefits	1,465	2,061	2,092
Interest bearing liabilities and derivatives	2,999	5,288	5,288
Provisions	..	..	..
Other	1,343	350	350
Total current liabilities	97,343	80,208	71,527
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	235	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	235	..	..
TOTAL LIABILITIES	97,578	80,208	71,527
NET ASSETS/(LIABILITIES)	484,540	541,519	675,845
EQUITY			
TOTAL EQUITY	484,540	541,519	675,845

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Central Queensland Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	937,163	1,016,525	1,004,893
Grants and other contributions	26,279	26,891	26,891
Interest and distribution from managed funds received	4	5	5
Other	1,748	2,543	3,111
Outflows:			
Employee costs	(106,157)	(103,645)	(106,236)
Supplies and services	(796,854)	(873,322)	(861,549)
Grants and subsidies	(928)	(925)	(948)
Borrowing costs	(16)	(6)	..
Other	(9,225)	(9,721)	(9,964)
Net cash provided by or used in operating activities	52,014	58,345	56,203
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	119	101	71
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	119	101	71
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,035	28,239	1,035
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(52,977)	(79,141)	(64,701)
Net cash provided by or used in financing activities	(51,942)	(50,902)	(63,666)
Net increase/(decrease) in cash held	191	7,544	(7,392)
Cash at the beginning of financial year	1,157	2,470	10,014
Cash transfers from restructure	..	..	..
Cash at the end of financial year	1,348	10,014	2,622

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Central West Hospital and Health Service

Overview

Central West Hospital and Health Service's (HHS) vision is to be a trusted, resourceful and dependable provider of quality, far-reaching healthcare across our widespread, diverse communities.

Our purpose is to improve health and wellbeing across our remote communities through timely access to reliable health services.

Our strategic objectives are:

- Services - Delivering comprehensive and integrated healthcare services, ensuring accessible, equitable and high-quality care which encourages optimal health outcomes
- Systems - Promoting continuous improvement in delivering safe, high-quality, consumer-focused healthcare services, through effective sustainable support systems.

Central West HHS contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them*, by meeting community needs and improve timely access to primary and outpatient services through the effective management of demand, flow and service coordination.

Key deliverables

In 2026-27, Central West HHS will:

- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the government's priorities
- refurbish the Central West HHS office at Glasson House in Longreach in line with modern workspace and safety expectations
- in partnership with Health Infrastructure Queensland:
 - complete Staff Accommodation projects in Longreach and Winton
 - replace air conditioning chillers at Longreach Hospital
 - upgrade the water treatment plant at Winton Multipurpose Health Service
- improve staff safety systems at Muttaborra Primary Health Centre
- publish and implement the new *Consumer and Community Engagement Strategy*, the *Staff Engagement Strategy* and the *Aboriginal and Torres Strait Islander Workforce and Community Health Plan*.

¹ To find out more, go to 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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 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%	94%	75%
	70%	94%	70%
	70%	98%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	89%	>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) Category 3 (365 days) 	>98%	74%	>98%
	>95%	88%	>95%
	>95%	94%	>95%
Median wait time for treatment in emergency departments (minutes) ^{1,3}	..	4	..
Median wait time for elective surgery treatment (days) ^{2,4}	..	90	..
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) Category 3 (365 days) 	41	20	41
	41	53	41
	112	107	112
Number of Telehealth outpatients service events ⁶	4,725	4,640	4,591

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Total weighted activity units (WAU) ⁷			
• Acute Inpatients	3,173	3,066	2,871
• Outpatients	2,571	2,709	2,938
• Sub-acute	285	310	299
• Emergency Department	1,807	1,804	1,708
• Mental Health	729	665	762
• Prevention and Primary Care	114	244	114
Ambulatory mental health service contact duration (hours) ⁸	>2,016	2,199	>2,016

Notes:

- Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
- Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
- 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.
- There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
- Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
- The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
- The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
- Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	456	456	478

Income statement

Central West Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	120,478	126,349	126,612
Grants and other contributions	4,415	4,431	4,550
Interest and distributions from managed funds	16	17	17
Other revenue	418	591	600
Gains on sale/revaluation of assets	..	..	..
Total income	125,327	131,388	131,779
EXPENSES			
Employee expenses	15,780	16,253	16,549
Supplies and Services:			
Other supplies and services	37,925	37,969	39,112
Department of Health contract staff	60,566	63,221	64,231
Grants and subsidies	..	..	..
Depreciation and amortisation	8,723	9,280	9,456
Finance/borrowing costs	70	70	53
Other expenses	2,155	2,187	2,269
Losses on sale/revaluation of assets	108	108	109
Total expenses	125,327	129,088	131,779
OPERATING SURPLUS/(DEFICIT)	..	2,300	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Central West Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	8,045	13,941	11,594
Receivables	1,998	1,227	1,229
Other financial assets	..	..	..
Inventories	585	532	551
Other	256	267	275
Non-financial assets held for sale	..	..	..
Total current assets	10,884	15,967	13,649
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	134,927	133,605	132,297
Intangibles	..	96	55
Other	..	..	..
Total non-current assets	134,927	133,701	132,352
TOTAL ASSETS	145,811	149,668	146,001
CURRENT LIABILITIES			
Payables	10,408	10,440	8,340
Accrued employee benefits	683	936	718
Interest bearing liabilities and derivatives	423	49	..
Provisions	..	..	..
Other	52	..	..
Total current liabilities	11,566	11,425	9,058
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	585	913	550
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	585	913	550
TOTAL LIABILITIES	12,151	12,338	9,608
NET ASSETS/(LIABILITIES)	133,660	137,330	136,393
EQUITY			
TOTAL EQUITY	133,660	137,330	136,393

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Central West Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	120,463	126,553	126,596
Grants and other contributions	3,384	3,400	3,487
Interest and distribution from managed funds received	16	17	17
Other	416	589	598
Outflows:			
Employee costs	(15,707)	(16,180)	(16,767)
Supplies and services	(98,083)	(98,322)	(105,563)
Grants and subsidies	..	..	..
Borrowing costs	(70)	(70)	(53)
Other	(1,124)	(2,610)	(1,206)
Net cash provided by or used in operating activities	9,295	13,377	7,109
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	423	423	412
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(423)	(423)	(412)
Equity withdrawals	(8,723)	(9,280)	(9,456)
Net cash provided by or used in financing activities	(8,723)	(9,280)	(9,456)
Net increase/(decrease) in cash held	572	4,097	(2,347)
Cash at the beginning of financial year	7,473	9,844	13,941
Cash transfers from restructure	..	..	..
Cash at the end of financial year	8,045	13,941	11,594

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Children’s Health Queensland Hospital and Health Service

Overview

Children’s Health Queensland (CHQ) is a specialist statewide paediatric quaternary and tertiary level hospital and health service committed to putting Queensland’s ‘children and young people first’. To realise this vision, CHQ remains focused on its purpose, to continue to empower future generations through trusted healthcare.

The CHQ strategic objectives are:

- Sustainable futures - Accelerate sustainable high-value care through integration, innovation and transformation
- Networked care - Advance the statewide paediatric and adolescent health system through partnership
- Strong communities - Support prevention, promotion and early intervention that helps keep children and young people healthy in their communities.

CHQ contributes to the *Government’s objectives for the community*¹ by working to provide *Health services when you need them*. This includes delivering statewide and networked models of care that improve access to the best possible care, closer to home; expanding the paediatric workforce to support rural and regional families; expanding virtual hospital and telehealth models that support greater access to leading healthcare; and, embedding clinical excellence as a foundation of all that we do.

Key deliverables

In 2026-27, CHQ will:

- strengthen networked care to improve access, equity, and sustainability through a defined paediatric service model that meets the needs of children and young people across the state. This work will be informed by the *CHQ Clinical Services Plan* which will commence implementation by 31 December 2026
- improve timely access to Queensland Children’s Hospital (QCH) through investment in future capacity design and expansion projects, including acute inpatient beds, operating theatres, and specialist outpatients
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government’s priorities
- deliver the *Health Equity Strategy and Implementation Plan 2025-2028* including the adoption of a new Health Equity Framework designed to assess and identify health equity improvement priorities across clinical services
- expand statewide access to early childhood health and development supports through collaboration, capability building and service expansions. In 2026-27, the focus will be on consolidating CHQ’s statewide leadership through completion of program roll-out and uplift in workforce across Child Development Services, Child & Family Health, Community Hearing Screening, Sustained Health Home Visiting, and Connecting2U
- strengthen technical infrastructure and digital ecosystems to provide reliable, accessible and trusted care
- prioritise sustainable replacement, upgrades and optimisation of core digital solutions alongside transformation of clinical and administrative workflows that deliver greater effectiveness.

¹ To find out more, go to 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 Hospital and Health Service (HHS) provides the following services:

- secondary, tertiary and quaternary paediatric services at the Queensland Children's Hospital
- statewide paediatric service coordination 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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
<i>Effectiveness measures</i>			
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%	78%	75%
	70%	86%	70%
	70%	97%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	66%	>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) • Category 3 (365 days) 	>98%	98%	>98%
	>95%	79%	>95%
	>95%	89%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	2.0	≤1.0

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁴	>65%	64.3%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	5.5%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁶			
• Category 1 (30 days)	98%	66%	98%
• Category 2 (90 days) ⁷	..	62%	..
• Category 3 (365 days) ⁷	..	91%	..
Percentage of specialist outpatients seen within clinically recommended times ⁸			
• Category 1 (30 days)	98%	82%	98%
• Category 2 (90 days) ⁷	..	50%	..
• Category 3 (365 days) ⁷	..	65%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	13	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	50	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$6,845	\$6,536	\$7,541
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	1,910	1,990	1,910
• Category 2 (90 days)	4,401	3,696	4,401
• Category 3 (365 days)	2,354	2,400	2,354
Number of Telehealth outpatients service events ¹³	16,171	24,317	25,341
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients			
• Outpatients	71,593	67,046	73,486
• Sub-acute	24,866	26,762	25,500
• Emergency Department	1,837	2,115	1,799
• Mental Health	10,005	9,716	9,861
• Prevention and Primary Care	19,247	11,860	11,879
Ambulatory mental health service contact duration (hours) ¹⁵	>65,767	62,315	>65,767

Notes:

1. Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
2. Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.

3. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2025 and 31 December 2025.
4. Mental Health rate of community follow up 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
5. Mental Health readmissions 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
6. Waiting within clinically recommended time is a point in time performance measure. 2025-26 Estimated Actual is as at 30 April 2026.
7. Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2025-26 Target/Estimates and 2026-27 Target/Estimates for category 2 and 3 patients are not applicable.
8. Seen in time 2025-26 Estimated Actual is for the period 1 July 2025 to 30 April 2026.
9. 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.
10. There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
11. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. 2025-26 Estimated Actuals is based on data for the period 1 July 2025 to 31 March 2026. The 2025-26 Target/Estimate does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
12. Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
13. The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
14. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
15. Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	4,756	4,828	4,835

Income statement

Children's Health Queensland Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	1,160,308	1,212,857	1,224,915
Grants and other contributions	10,612	13,022	12,590
Interest and distributions from managed funds	32	382	392
Other revenue	6,218	6,272	6,302
Gains on sale/revaluation of assets	45	45	46
Total income	1,177,215	1,232,578	1,244,245
EXPENSES			
Employee expenses	175,960	175,960	179,479
Supplies and Services:			
Other supplies and services	254,508	281,452	270,896
Department of Health contract staff	632,025	656,150	669,273
Grants and subsidies	3,602	3,602	3,710
Depreciation and amortisation	92,734	99,458	101,362
Finance/borrowing costs	..	..	..
Other expenses	17,433	18,003	18,543
Losses on sale/revaluation of assets	953	953	982
Total expenses	1,177,215	1,235,578	1,244,245
OPERATING SURPLUS/(DEFICIT)	..	(3,000)	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Children's Health Queensland Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	58,758	63,619	38,047
Receivables	18,770	25,771	24,077
Other financial assets	..	..	..
Inventories	7,481	7,588	7,627
Other	3,376	3,958	3,974
Non-financial assets held for sale	..	..	..
Total current assets	88,385	100,936	73,725
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,119,451	1,202,467	1,142,477
Intangibles	4,210	4,274	3,692
Other	..	..	..
Total non-current assets	1,123,661	1,206,741	1,146,169
TOTAL ASSETS	1,212,046	1,307,677	1,219,894
CURRENT LIABILITIES			
Payables	83,165	102,188	74,800
Accrued employee benefits	4,057	3,659	3,836
Interest bearing liabilities and derivatives	23	11	11
Provisions	..	..	..
Other	4,547	5,985	5,985
Total current liabilities	91,792	111,843	84,632
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	91,792	111,843	84,632
NET ASSETS/(LIABILITIES)	1,120,254	1,195,834	1,135,262
EQUITY			
TOTAL EQUITY	1,120,254	1,195,834	1,135,262

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Children's Health Queensland Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,161,174	1,213,723	1,225,755
Grants and other contributions	3,418	5,089	5,216
Interest and distribution from managed funds received	32	382	392
Other	6,215	6,269	6,299
Outflows:			
Employee costs	(175,783)	(175,783)	(179,302)
Supplies and services	(885,860)	(936,929)	(967,737)
Grants and subsidies	(3,602)	(3,602)	(3,710)
Borrowing costs	..	..	..
Other	(10,239)	(10,070)	(11,169)
Net cash provided by or used in operating activities	95,355	99,079	75,744
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	45	45	46
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	(1,494)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	45	(1,449)	46
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	650	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(92,734)	(99,458)	(101,362)
Net cash provided by or used in financing activities	(92,734)	(98,808)	(101,362)
Net increase/(decrease) in cash held	2,666	(1,178)	(25,572)
Cash at the beginning of financial year	56,092	64,797	63,619
Cash transfers from restructure	..	..	..
Cash at the end of financial year	58,758	63,619	38,047

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

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 accessible and sustainable care no matter where you live in our region.

The Darling Downs HHS strategic objectives are:

- Person-centred care - Delivering care that is focused, compassionate, and accessible
- Authentic partnerships and collaboration - Strategic, meaningful partnerships
- Lead beyond today - A future-ready health service evolving and delivering care that meets the needs of the region.

Darling Downs HHS contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them*. This includes through restoring health services when Queenslanders need them most through transparent and targeted investment with real-time data, boosting frontline health services, driving resources where they're needed most, improving our Emergency Departments, fast tracking access to elective surgeries, and helping patients to be seen sooner.

Key deliverables

In 2026-27, Darling Downs HHS will:

- focus on HHS operational readiness and commissioning planning as it works with Health Infrastructure Queensland to continue delivering the new Toowoomba Hospital as part of the *Hospital Rescue Plan*
- invest in priority regional talent pipelines and implement a recruitment and attraction strategy to grow a skilled workforce that reflects and meets the needs of the Darling Downs community
- contribute to planning activities being undertaken by Health Infrastructure Queensland for rural facility uplifts at Warwick, Dalby, Chinchilla, Jandowae and Murgon as identified in the *Building Rural and Remote Health Program*
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government's priorities
- undertake an infrastructure and technology uplift to enable the digital transformation necessary for increased informatics, and innovative models of care
- enhance the resilience and performance of Darling Downs HHS through increased health service capability and self-sufficiency, maintained financial sustainability, disaster and emergency preparedness, and the delivery of the *Darling Downs HHS Sustainability Strategy*
- work to improve the consumer experience through refreshed engagement mechanisms and a new strategy, *Engaging our communities 2026-2029*.

¹ To find out more, go to 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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 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%	55%	80%
	75%	59%	75%
	70%	77%	70%
	70%	95%	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) Category 3 (365 days) 	>98%	96%	>98%
	>95%	84%	>95%
	>95%	88%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	0.5	≤1.0
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁴	>65%	64.3%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	11.0%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁶			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	98%	70%	98%
	..	47%	..
	..	69%	..

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Percentage of specialist outpatients seen within clinically recommended times ⁸			
• Category 1 (30 days)	98%	86%	98%
• Category 2 (90 days) ⁷	..	51%	..
• Category 3 (365 days) ⁷	..	44%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	17	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	41	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$6,075	\$6,261	\$6,503
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	2,408	2,353	2,408
• Category 2 (90 days)	2,595	2,405	2,595
• Category 3 (365 days)	789	760	789
Number of Telehealth outpatients service events ¹³	28,500	29,870	32,151
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	75,108	74,428	75,680
• Outpatients	20,420	21,088	20,679
• Sub-acute	13,644	16,168	13,356
• Emergency Department	29,157	28,518	28,273
• Mental Health	26,918	21,971	20,462
• Prevention and Primary Care	2,406	3,025	2,428
Ambulatory mental health service contact duration (hours) ¹⁵	>72,612	51,648	>72,612

Notes:

- Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
- Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2025 and 31 December 2025.
- Mental Health rate of community follow up 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Mental Health readmissions 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Waiting within clinically recommended time is a point in time performance measure. 2025-26 Estimated Actual is as at 30 April 2026.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2025-26 Target/Estimates and 2026-27 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2025-26 Estimated Actual is for the period 1 July 2025 to 30 April 2026.
- 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.

10. There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
11. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. 2025-26 Estimated Actuals is based on data for the period 1 July 2025 to 31 March 2026. The 2025-26 Target/Estimate does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
12. Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
13. The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
14. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification. Relocation of services from the Ridley Secure Mental Health Unit has contributed to variance in the Mental Health stream.
15. Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	5,797	6,029	6,029

Income statement

Darling Downs Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	1,301,134	1,325,473	1,346,943
Grants and other contributions	66,833	73,309	73,123
Interest and distributions from managed funds	1,630	1,487	1,515
Other revenue	2,596	3,673	3,466
Gains on sale/revaluation of assets	..	..	..
Total income	1,372,193	1,403,942	1,425,047
EXPENSES			
Employee expenses	166,259	178,854	182,614
Supplies and Services:			
Other supplies and services	315,683	320,576	311,633
Department of Health contract staff	785,411	806,197	822,862
Grants and subsidies	8,570	3,913	3,874
Depreciation and amortisation	70,236	76,184	75,111
Finance/borrowing costs	203	197	193
Other expenses	23,893	25,314	25,740
Losses on sale/revaluation of assets	1,938	2,507	3,020
Total expenses	1,372,193	1,413,742	1,425,047
OPERATING SURPLUS/(DEFICIT)	..	(9,800)	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Darling Downs Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	68,171	76,433	33,897
Receivables	10,703	8,046	8,258
Other financial assets	..	..	..
Inventories	10,848	11,034	11,310
Other	6,952	6,582	6,745
Non-financial assets held for sale	..	..	..
Total current assets	96,674	102,095	60,210
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	736,537	785,730	811,517
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	736,537	785,730	811,517
TOTAL ASSETS	833,211	887,825	871,727
CURRENT LIABILITIES			
Payables	117,869	133,015	90,414
Accrued employee benefits	4,672	4,536	5,227
Interest bearing liabilities and derivatives	1,642	2,347	918
Provisions	..	..	..
Other	272	808	833
Total current liabilities	124,455	140,706	97,392
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	1,561	2,118	1,200
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	1,561	2,118	1,200
TOTAL LIABILITIES	126,016	142,824	98,592
NET ASSETS/(LIABILITIES)	707,195	745,001	773,135
EQUITY			
TOTAL EQUITY	707,195	745,001	773,135

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Darling Downs Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,299,299	1,322,749	1,344,860
Grants and other contributions	56,262	62,265	61,920
Interest and distribution from managed funds received	1,630	1,487	1,515
Other	2,591	5,665	4,975
Outflows:			
Employee costs	(165,637)	(178,015)	(181,923)
Supplies and services	(1,096,509)	(1,098,749)	(1,179,424)
Grants and subsidies	(8,564)	(3,964)	(3,871)
Borrowing costs	(203)	(197)	(193)
Other	(13,321)	(15,018)	(15,084)
Net cash provided by or used in operating activities	75,548	96,223	32,775
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(200)	(200)	(200)
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(3)	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(203)	(200)	(200)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	2,318	4,858	2,347
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(2,318)	(4,858)	(2,347)
Equity withdrawals	(70,236)	(76,184)	(75,111)
Net cash provided by or used in financing activities	(70,236)	(76,184)	(75,111)
Net increase/(decrease) in cash held	5,109	19,839	(42,536)
Cash at the beginning of financial year	63,062	56,594	76,433
Cash transfers from restructure	..	..	..
Cash at the end of financial year	68,171	76,433	33,897

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Gold Coast Hospital and Health Service

Overview

The Gold Coast Hospital and Health Service's (HHS) vision is excellent people, excellent care. Our purpose is to contribute to the health of our community via timely, high-quality care, in collaboration with our partners.

The Gold Coast HHS strategic objectives are:

- Deliver Excellent Care
- Build our Capacity
- Drive Strategic Partnerships.

The Gold Coast HHS contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them* by restoring health services when Queenslanders need them most through transparent and targeted investment with real-time data, boosting frontline health services, driving resources where they're needed most, improving our Emergency Departments, fast-tracking access to elective surgeries, and helping patients to be seen sooner.

Key deliverables

In 2026-27, Gold Coast HHS will:

- in partnership with Health Infrastructure Queensland, continue delivering the new Coomera Hospital under the *Hospital Rescue Plan* consisting of at least 600 new overnight beds across a range of emergency and elective medical and surgical, intensive care, maternity, paediatric and mental health services
- carry out planning and building works in partnership with Health Infrastructure Queensland to prepare for enhanced access to new diagnostic imaging technology (MRI machine and CT scanner) at Southport Health Precinct as part of the *Hospital Rescue Plan - Easier Access to Health Services*
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government's priorities
- establish sustainable and alternative talent pipelines, partnering with education providers to build work-ready talent, promote career pathways and support long-term workforce capability
- continue to develop and embed an ambitious and robust transformation agenda to support organisational sustainability aligned with Queensland Health's reform agenda
- collaborate across sectors, providers, and stakeholders to achieve a system-based approach to healthcare and service delivery
- continue to work towards greater health equity for First Nations Gold Coast residents in line with the key priority areas of our First Nations Health Equity Strategy.

¹ To find out more, go to 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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 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%	69%	80%
	75%	72%	75%
	70%	81%	70%
	70%	91%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	45%	>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) Category 3 (365 days) 	>98%	98%	>98%
	>95%	97%	>95%
	>95%	98%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	0.6	≤1.0
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁴	>65%	66.1%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	8.7%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁶			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	66%	72%	66%
	..	36%	..
	..	73%	..

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Percentage of specialist outpatients seen within clinically recommended times ⁸			
• Category 1 (30 days)	84%	73%	84%
• Category 2 (90 days) ⁷	..	42%	..
• Category 3 (365 days) ⁷	..	52%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	12	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	29	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$6,429	\$6,651	\$6,792
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	7,262	7,967	7,262
• Category 2 (90 days)	7,059	7,561	7,059
• Category 3 (365 days)	3,012	3,270	3,012
Number of Telehealth outpatients service events ¹³	20,845	20,824	21,315
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	180,424	176,656	183,911
• Outpatients	63,255	60,374	62,328
• Sub-acute	20,802	26,348	23,551
• Emergency Department	37,391	38,330	37,996
• Mental Health	36,402	30,537	32,529
• Prevention and Primary Care	3,192	3,641	3,298
Ambulatory mental health service contact duration (hours) ¹⁵	>90,125	84,796	>90,125

Notes:

- Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
- Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2025 and 31 December 2025.
- Mental Health rate of community follow up 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Mental Health readmissions 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Waiting within clinically recommended time is a point in time performance measure. 2025-26 Estimated Actual is as at 30 April 2026.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2025-26 Target/Estimates and 2026-27 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2025-26 Estimated Actual is for the period 1 July 2025 to 30 April 2026.
- 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.

10. There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
11. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. 2025-26 Estimated Actuals is based on data for the period 1 July 2025 to 31 March 2026. The 2025-26 Target/Estimate does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
12. Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
13. The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
14. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
15. Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	10,733	10,950	11,059

Income statement

Gold Coast Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	2,585,903	2,672,697	2,724,816
Grants and other contributions	31,115	34,805	35,676
Interest and distributions from managed funds	315	315	323
Other revenue	16,100	20,544	21,057
Gains on sale/revaluation of assets	705	705	722
Total income	2,634,138	2,729,066	2,782,594
EXPENSES			
Employee expenses	287,026	305,701	313,343
Supplies and Services:			
Other supplies and services	593,973	589,030	567,406
Department of Health contract staff	1,571,930	1,647,735	1,708,860
Grants and subsidies	..	..	..
Depreciation and amortisation	134,055	138,428	142,915
Finance/borrowing costs	..	..	..
Other expenses	40,919	41,937	43,835
Losses on sale/revaluation of assets	6,235	6,235	6,235
Total expenses	2,634,138	2,729,066	2,782,594
OPERATING SURPLUS/(DEFICIT)	..	..	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Gold Coast Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	140,576	154,551	85,853
Receivables	52,863	55,085	55,441
Other financial assets	..	..	..
Inventories	16,090	16,494	16,583
Other	7,039	7,991	8,258
Non-financial assets held for sale	..	..	..
Total current assets	216,568	234,121	166,135
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	2,034,764	2,057,242	1,993,678
Intangibles	3	71	56
Other	..	..	..
Total non-current assets	2,034,767	2,057,313	1,993,734
TOTAL ASSETS	2,251,335	2,291,434	2,159,869
CURRENT LIABILITIES			
Payables	184,726	197,115	129,135
Accrued employee benefits	4,561	6,055	6,049
Interest bearing liabilities and derivatives	727	421	421
Provisions	..	..	..
Other	5,656	3,659	3,659
Total current liabilities	195,670	207,250	139,264
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	64	695	695
Provisions	..	..	..
Other	32,350	32,350	30,336
Total non-current liabilities	32,414	33,045	31,031
TOTAL LIABILITIES	228,084	240,295	170,295
NET ASSETS/(LIABILITIES)	2,023,251	2,051,139	1,989,574
EQUITY			
TOTAL EQUITY	2,023,251	2,051,139	1,989,574

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Gold Coast Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	2,579,552	2,666,346	2,718,465
Grants and other contributions	15,224	16,991	17,417
Interest and distribution from managed funds received	315	315	323
Other	14,130	18,574	19,038
Outflows:			
Employee costs	(287,020)	(305,695)	(313,349)
Supplies and services	(2,163,871)	(2,234,733)	(2,344,752)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(25,224)	(24,123)	(25,576)
Net cash provided by or used in operating activities	133,106	137,675	71,566
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	620	620	637
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	620	620	637
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(132,090)	(136,463)	(140,901)
Net cash provided by or used in financing activities	(132,090)	(136,463)	(140,901)
Net increase/(decrease) in cash held	1,636	1,832	(68,698)
Cash at the beginning of financial year	138,940	152,719	154,551
Cash transfers from restructure	..	..	..
Cash at the end of financial year	140,576	154,551	85,853

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Mackay Hospital and Health Service

Overview

The Mackay Hospital and Health Service's (HHS) vision is healthy, empowered and connected communities.

The Mackay HHS purpose is 'together, we deliver high quality, safe and equitable patient-centred care, locally', enabled by our strategic objectives:

- Quality Care - excellent, person-centred, compassionate care for all
- Empowered People a respectful, inclusive, empowering and caring place to work, learn and grow. Healthy Communities - informed, engaged and connected communities
- Sustainable Organisation a responsible, resilient and proactive organisation.

The Mackay HHS contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them* through transparent and targeted investment with real-time data, boosting frontline health services, driving resources where they're needed most, improving our Emergency Departments, fast-tracking access to elective surgeries, and helping patients to be seen sooner.

Key deliverables

In 2026-27, Mackay HHS will:

- in partnership with Health Infrastructure Queensland, progress projects under the *Hospital Rescue Plan*, including the Mackay Base Hospital Expansion, Mackay Base Hospital helipad and temporary fleet carpark
- progress the Mackay community mental health refurbishment, a new Transit Lounge at Mackay Base Hospital, the Sarina maintenance care facility project and progress in partnership with Health Infrastructure Queensland, a business case to upgrade Proserpine Hospital
- progress implementation of the *Health Equity Strategy 2025-2028*, in collaboration with First Nations community and partners
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government's priorities
- deliver priority workforce initiatives to improve attraction, retention, engagement and workforce sustainability
- continue to progress restoration of the sustainable long-term financial position.

¹ To find out more, go to 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 outpatients' clinics, mental health, critical care and clinical support services.

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	93%	80%
• Category 3 (within 30 minutes)	75%	71%	75%
• Category 4 (within 60 minutes)	70%	83%	70%
• Category 5 (within 120 minutes)	70%	96%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	66%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	49%	>98%
• Category 2 (90 days)	>95%	32%	>95%
• Category 3 (365 days)	>95%	30%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	1.1	≤1.0
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁴	>65%	67.1%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	11.8%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁶			
• Category 1 (30 days)	70%	62%	70%
• Category 2 (90 days) ⁷	..	31%	..
• Category 3 (365 days) ⁷	..	57%	..

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Percentage of specialist outpatients seen within clinically recommended times ⁸			
• Category 1 (30 days)	81%	61%	81%
• Category 2 (90 days) ⁷	..	39%	..
• Category 3 (365 days) ⁷	..	77%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	14	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	44	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,922	\$6,032	\$6,105
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	1,345	858	1,345
• Category 2 (90 days)	915	341	915
• Category 3 (365 days)	146	100	146
Number of Telehealth outpatients service events ¹³	24,716	27,337	27,775
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	52,371	50,374	51,121
• Outpatients	14,484	16,257	16,215
• Sub-acute	7,499	7,680	6,706
• Emergency Department	16,616	17,248	16,497
• Mental Health	8,536	8,829	8,748
• Prevention and Primary Care	1,408	1,666	1,448
Ambulatory mental health service contact duration (hours) ¹⁵	>27,854	29,300	>27,854

Notes:

- Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
- Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2025 and 31 December 2025.
- Mental Health rate of community follow up 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Mental Health readmissions 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Waiting within clinically recommended time is a point in time performance measure. 2025-26 Estimated Actual is as at 30 April 2026.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2025-26 Target/Estimates and 2026-27 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2025-26 Estimated Actual is for the period 1 July 2025 to 30 April 2026.
- 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.

10. There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
11. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. 2025-26 Estimated Actuals is based on data for the period 1 July 2025 to 31 March 2026. The 2025-26 Target/Estimate does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
12. Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
13. The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
14. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
15. Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	2,995	3,088	3,150

Income statement

Mackay Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	729,696	756,096	764,146
Grants and other contributions	16,854	20,360	20,484
Interest and distributions from managed funds	..	201	201
Other revenue	4,630	6,134	6,134
Gains on sale/revaluation of assets	1	..	..
Total income	751,181	782,791	790,965
EXPENSES			
Employee expenses	93,201	82,636	85,115
Supplies and Services:			
Other supplies and services	181,450	221,022	190,089
Department of Health contract staff	419,051	434,147	448,672
Grants and subsidies	10	1	..
Depreciation and amortisation	43,473	46,944	50,707
Finance/borrowing costs	..	178	178
Other expenses	13,682	15,421	15,289
Losses on sale/revaluation of assets	314	1,409	915
Total expenses	751,181	801,758	790,965
OPERATING SURPLUS/(DEFICIT)	..	(18,967)	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Mackay Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	2,224	3,716	5,562
Receivables	25,671	13,939	14,845
Other financial assets	..	..	..
Inventories	4,811	5,127	5,227
Other	1,994	2,299	2,309
Non-financial assets held for sale	..	..	..
Total current assets	34,700	25,081	27,943
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	514,307	509,240	665,052
Intangibles	4	4	..
Other	..	..	..
Total non-current assets	514,311	509,244	665,052
TOTAL ASSETS	549,011	534,325	692,995
CURRENT LIABILITIES			
Payables	70,077	74,683	75,518
Accrued employee benefits	2,469	2,121	2,262
Interest bearing liabilities and derivatives	931	737	..
Provisions	..	..	..
Other	6,881	5,969	5,969
Total current liabilities	80,358	83,510	83,749
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	680	1,910	1,192
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	680	1,910	1,192
TOTAL LIABILITIES	81,038	85,420	84,941
NET ASSETS/(LIABILITIES)	467,973	448,905	608,054
EQUITY			
TOTAL EQUITY	467,973	448,905	608,054

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Mackay Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	729,429	755,269	763,555
Grants and other contributions	11,906	15,199	15,199
Interest and distribution from managed funds received	..	201	201
Other	3,661	5,165	5,165
Outflows:			
Employee costs	(93,060)	(82,495)	(84,974)
Supplies and services	(599,600)	(640,254)	(638,078)
Grants and subsidies	(10)	(1)	..
Borrowing costs	..	(178)	(178)
Other	(8,692)	(10,486)	(10,256)
Net cash provided by or used in operating activities	43,634	42,420	50,634
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	309	109	208
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	(1,168)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	309	(1,059)	208
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,255	2,928	3,166
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,396)	(1,396)	(1,455)
Equity withdrawals	(43,473)	(46,944)	(50,707)
Net cash provided by or used in financing activities	(43,614)	(45,412)	(48,996)
Net increase/(decrease) in cash held	329	(4,051)	1,846
Cash at the beginning of financial year	1,895	7,767	3,716
Cash transfers from restructure	..	..	..
Cash at the end of financial year	2,224	3,716	5,562

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Metro North Hospital and Health Service

Overview

The Metro North Health Hospital and Health Service's (HHS) vision is *Creating healthier futures together-where innovation and research meets compassionate care and community voices shape our services*. Together, with our community and partners, our purpose is to deliver accessible, equitable and sustainable healthcare for everyone.

Metro North HHS's strategic objectives are:

- Research and innovation shaping the future of health
- A connected care system
- Health equity
- Delivering exceptional care.

The Metro North HHS contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them* by strengthening health services when Queenslanders need them most through transparent and targeted investment with real-time data, boosting frontline health services, driving resources where they're needed most, improving our Emergency Departments, fast-tracking access to elective surgeries, and helping patients to be seen faster.

Key deliverables

In 2026-27, Metro North HHS will:

- continue to improve and optimise patient access and flow through hospitals and across settings including improved access to Emergency Departments and improving transition from hospital to subacute services including the expansion of transit lounges at Royal Brisbane and Women's Hospital and The Prince Charles Hospital
- rollout the Integrated Electronic Medical Record at the Royal Brisbane and Women's Hospital and The Prince Charles Hospital, establishing Metro North Health as a fully digital health service
- partner with Health Infrastructure Queensland and other partners, to progress the delivery of the Redcliffe Hospital Expansion with at least 210 new beds, The Prince Charles Hospital Expansion with at least 93 additional beds and the Queensland Cancer Centre of Excellence
- complete the development of new Mental Health Intensive Care Beds at the Caboolture Hospital
- progress development of medical imaging capability at the Brighton Health Campus
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government's priorities
- continue to support digital innovation health care initiatives, patient flow and patient experience as well as delivering digital solutions which support statewide services, including Cardiovascular Imaging Systems, Virtual Emergency and Telestroke
- continue to work towards closing the gap for Aboriginal and Torres Strait Islander peoples, through the implementation of the *Metro North Health Equity Strategy 2025-2028*
- continue to drive innovation in health services through research, new approaches and partnerships driven through the newly developed *Future Metro North: Reimagining Healthcare 2026-2041*
- work with the community and partners to connect care and improve patient outcomes and experience
- work to restore balanced long-term financial positions.

¹ To find out more, go to 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 and clinical support services.

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 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%	71%	70%
	70%	89%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	46%	>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) Category 3 (365 days) 	>98%	80%	>98%
	>95%	75%	>95%
	>95%	90%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	0.8	≤1.0
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁴	>65%	61.6%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	7.4%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁶			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	56%	67%	56%
	..	44%	..
	..	78%	..

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Percentage of specialist outpatients seen within clinically recommended times ⁸			
• Category 1 (30 days)	81%	72%	81%
• Category 2 (90 days) ⁷	..	43%	..
• Category 3 (365 days) ⁷	..	79%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	19	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	49	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$6,189	\$6,298	\$6,504
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	12,154	9,985	9,985
• Category 2 (90 days)	10,688	9,545	9,545
• Category 3 (365 days)	5,868	7,558	7,557
Number of Telehealth outpatients service events ¹³	108,900	113,471	111,000
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	350,140	339,303	341,407
• Outpatients	126,115	124,202	126,911
• Sub-acute	39,403	41,042	39,039
• Emergency Department	65,750	66,209	65,300
• Mental Health	62,959	52,495	64,243
• Prevention and Primary Care	7,625	9,499	7,657
Ambulatory mental health service contact duration (hours) ¹⁵	>171,919	145,471	>171,919

Notes:

- Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
- Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2025 and 31 December 2025.
- Mental Health rate of community follow up 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Mental Health readmissions 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Waiting within clinically recommended time is a point in time performance measure. 2025-26 Estimated Actual is as at 30 April 2026.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2025-26 Target/Estimates and 2026-27 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2025-26 Estimated Actual is for the period 1 July 2025 to 30 April 2026.
- 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.

10. There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
11. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. 2025-26 Estimated Actuals is based on data for the period 1 July 2025 to 31 March 2026. The 2025-26 Target/Estimate does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
12. Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
13. The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
14. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
15. Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	21,681	21,681	21,830

Income statement

Metro North Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	4,733,894	4,869,546	4,902,336
Grants and other contributions	64,132	72,478	72,592
Interest and distributions from managed funds	2,254	2,670	2,570
Other revenue	6,245	10,976	7,268
Gains on sale/revaluation of assets	11	4	4
Total income	4,806,536	4,955,674	4,984,770
EXPENSES			
Employee expenses	576,444	565,427	574,233
Supplies and Services:			
Other supplies and services	1,006,347	1,122,240	1,038,809
Department of Health contract staff	2,907,601	2,987,706	3,034,224
Grants and subsidies	5,412	6,503	6,698
Depreciation and amortisation	211,643	217,819	222,569
Finance/borrowing costs	6,635	6,658	6,857
Other expenses	83,250	87,014	89,624
Losses on sale/revaluation of assets	9,204	11,007	11,756
Total expenses	4,806,536	5,004,374	4,984,770
OPERATING SURPLUS/(DEFICIT)	..	(48,700)	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Metro North Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	242,189	214,431	68,233
Receivables	120,793	85,290	83,251
Other financial assets	..	..	..
Inventories	29,122	30,102	30,307
Other	16,208	19,899	20,185
Non-financial assets held for sale	..	..	..
Total current assets	408,312	349,722	201,976
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	2,367,285	2,479,317	2,268,082
Intangibles	2,970	4,388	3,858
Other	232	788	788
Total non-current assets	2,370,487	2,484,493	2,272,728
TOTAL ASSETS	2,778,799	2,834,215	2,474,704
CURRENT LIABILITIES			
Payables	363,160	352,075	217,051
Accrued employee benefits	27,604	32,095	37,553
Interest bearing liabilities and derivatives	25,169	20,464	20,464
Provisions	..	..	..
Other	49,927	4,681	4,681
Total current liabilities	465,860	409,315	279,749
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	328,694	341,166	314,218
Provisions	..	..	..
Other	1,955	1,358	1,358
Total non-current liabilities	330,649	342,524	315,576
TOTAL LIABILITIES	796,509	751,839	595,325
NET ASSETS/(LIABILITIES)	1,982,290	2,082,376	1,879,379
EQUITY			
TOTAL EQUITY	1,982,290	2,082,376	1,879,379

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Metro North Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	4,727,945	4,847,804	4,893,957
Grants and other contributions	30,664	35,382	34,501
Interest and distribution from managed funds received	2,254	2,670	2,570
Other	6,219	10,950	7,242
Outflows:			
Employee costs	(571,307)	(560,290)	(568,775)
Supplies and services	(3,900,815)	(4,115,975)	(4,209,166)
Grants and subsidies	(5,412)	(6,503)	(6,698)
Borrowing costs	(6,635)	(6,658)	(6,857)
Other	(49,943)	(50,114)	(51,654)
Net cash provided by or used in operating activities	232,970	157,266	95,120
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(661)	(264)	(690)
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(11,265)	(1,395)	(10,683)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(11,926)	(1,659)	(11,373)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	18,859	18,859	19,572
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(26,948)	(26,948)	(26,948)
Equity withdrawals	(211,643)	(217,819)	(222,569)
Net cash provided by or used in financing activities	(219,732)	(225,908)	(229,945)
Net increase/(decrease) in cash held	1,312	(70,301)	(146,198)
Cash at the beginning of financial year	240,877	284,732	214,431
Cash transfers from restructure	..	..	..
Cash at the end of financial year	242,189	214,431	68,233

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Metro South Hospital and Health Service

Overview

The Metro South Hospital and Health Service's (HHS) vision is to create Australia's healthiest community together. Metro South HHS's purpose is to deliver better lives through better health.

This is supported by five strategic objectives:

- We improve health equity for our community
- Harnessing digital health to improve access, insights and results
- Our care delivers great experiences and great outcomes
- Research and innovation, improving the future of healthcare today
- Protecting our future through sustainability.

The Metro South HHS contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them* by restoring health services when Queenslanders need them most through transparent and targeted investment with real-time data, boosting frontline health services, driving resources where they're needed most, improving our Emergency Departments, fast-tracking access to elective surgeries, and helping patients to be seen faster.

Key deliverables

In 2026-27, Metro South HHS will:

- in partnership with Health Infrastructure Queensland, continue delivering the *Hospital Rescue Plan* projects including the expansions of the Princess Alexandra (249 beds), Queen Elizabeth II Jubilee (112 beds) and Logan (112 beds) hospitals, an expanded Transit Care Hub and a new MRI machine for Redland Hospital, new MRI and CT machines for Eight Mile Plains Satellite Health Centre, and a new CT machine for Beaudesert Hospital
- continue to implement specific initiatives that target performance improvements in Emergency Departments, elective surgery, gastrointestinal endoscopy and outpatient services
- implement plans established by Metro South Health's clinical networks: cancer care, diabetes and endocrinology, emergency departments, gastroenterology, older persons health and surgery
- continue to strengthen and explore further opportunities to work with other HHSs to implement networked health services for the benefit of all Queenslanders
- progress planning and delivery of four perinatal mental health beds, funded by the Mental Health Levy
- increase access to telehealth services to improve the patient experience
- implement the new *First Nations Health Equity Strategy 2025-2028* to improve outcomes for Aboriginal and Torres Strait Islander peoples
- implement the new *Research and Innovation Strategy 2025-2028* to drive health research and its translation into clinical outcomes
- continue to implement occupational violence prevention initiatives to protect the safety of patients and staff
- implement new digital health technologies including exploring the safe and effective use of artificial intelligence to improve patient outcomes

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

- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government's priorities
- work to restore balanced long-term financial positions.

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 and outpatient clinics, mental health, critical care and clinical support services.

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	67%	80%
• Category 3 (within 30 minutes)	75%	63%	75%
• Category 4 (within 60 minutes)	70%	75%	70%
• Category 5 (within 120 minutes)	70%	91%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	42%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	81%	>98%
• Category 2 (90 days)	>95%	72%	>95%
• Category 3 (365 days)	>95%	77%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	0.7	≤1.0
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁴	>65%	62.7%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	8.3%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁶			
• Category 1 (30 days)	45%	37%	45%
• Category 2 (90 days) ⁷	..	37%	..
• Category 3 (365 days) ⁷	..	74%	..

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Percentage of specialist outpatients seen within clinically recommended times ⁸			
• Category 1 (30 days)	75%	70%	75%
• Category 2 (90 days) ⁷	..	39%	..
• Category 3 (365 days) ⁷	..	62%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	14	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	36	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$6,166	\$5,915	\$6,499
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	11,748	10,352	11,748
• Category 2 (90 days)	8,306	6,974	8,306
• Category 3 (365 days)	4,135	3,262	4,135
Number of Telehealth outpatients service events ¹³	52,000	44,551	46,164
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	285,822	281,648	284,752
• Outpatients	102,890	104,355	103,367
• Sub-acute	46,720	53,954	46,531
• Emergency Department	66,336	69,464	66,271
• Mental Health	55,647	49,741	47,404
• Prevention and Primary Care	7,600	9,703	7,606
Ambulatory mental health service contact duration (hours) ¹⁵	>174,933	134,594	>174,933

Notes:

- Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
- Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2025 and 31 December 2025.
- Mental Health rate of community follow up 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Mental Health readmissions 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Waiting within clinically recommended time is a point in time performance measure. 2025-26 Estimated Actual is as at 30 April 2026.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2025-26 Target/Estimates and 2026-27 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2025-26 Estimated Actual is for the period 1 July 2025 to 30 April 2026.
- 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.

10. There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
11. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. 2025-26 Estimated Actuals is based on data for the period 1 July 2025 to 31 March 2026. The 2025-26 Target/Estimate does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
12. Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
13. The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
14. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
15. Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	17,779	18,467	18,517

Income statement

Metro South Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	4,020,258	4,071,258	4,147,422
Grants and other contributions	66,782	71,693	71,693
Interest and distributions from managed funds	450	410	410
Other revenue	14,662	15,333	15,333
Gains on sale/revaluation of assets	82	16	16
Total income	4,102,234	4,158,710	4,234,874
EXPENSES			
Employee expenses	472,245	472,245	471,152
Supplies and Services:			
Other supplies and services	941,955	907,287	913,838
Department of Health contract staff	2,453,121	2,573,126	2,600,447
Grants and subsidies	3,136	3,136	3,128
Depreciation and amortisation	158,824	154,406	166,531
Finance/borrowing costs	199	684	624
Other expenses	71,041	75,413	77,441
Losses on sale/revaluation of assets	1,713	1,713	1,713
Total expenses	4,102,234	4,188,010	4,234,874
OPERATING SURPLUS/(DEFICIT)	..	(29,300)	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Metro South Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	113,312	105,583	1,752
Receivables	91,320	88,531	89,538
Other financial assets	..	..	..
Inventories	24,558	26,315	26,460
Other	8,960	10,233	10,233
Non-financial assets held for sale	..	..	..
Total current assets	238,150	230,662	127,983
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	2,177,465	2,139,594	2,942,817
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	2,177,465	2,139,594	2,942,817
TOTAL ASSETS	2,415,615	2,370,256	3,070,800
CURRENT LIABILITIES			
Payables	285,990	315,427	210,453
Accrued employee benefits	12,941	10,306	12,065
Interest bearing liabilities and derivatives	1,148	2,097	1,904
Provisions	..	..	..
Other	1,163	1,163	1,163
Total current liabilities	301,242	328,993	225,585
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	4,448	12,715	11,424
Provisions	..	..	..
Other	6,345	6,592	5,429
Total non-current liabilities	10,793	19,307	16,853
TOTAL LIABILITIES	312,035	348,300	242,438
NET ASSETS/(LIABILITIES)	2,103,580	2,021,956	2,828,362
EQUITY			
TOTAL EQUITY	2,103,580	2,021,956	2,828,362

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Metro South Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	4,018,564	4,062,961	4,145,657
Grants and other contributions	40,231	39,701	41,155
Interest and distribution from managed funds received	450	410	410
Other	13,053	13,733	13,668
Outflows:			
Employee costs	(470,576)	(470,580)	(469,393)
Supplies and services	(3,379,110)	(3,450,276)	(3,619,375)
Grants and subsidies	(3,136)	(3,136)	(3,128)
Borrowing costs	(199)	(684)	(624)
Other	(44,466)	(44,779)	(46,804)
Net cash provided by or used in operating activities	174,811	147,350	61,566
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	82	16	16
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	(3,851)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	82	(3,835)	16
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,418	1,742	1,484
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,219)	(1,742)	(1,484)
Equity withdrawals	(157,583)	(153,288)	(165,413)
Net cash provided by or used in financing activities	(157,384)	(153,288)	(165,413)
Net increase/(decrease) in cash held	17,509	(9,773)	(103,831)
Cash at the beginning of financial year	95,803	115,356	105,583
Cash transfers from restructure	..	..	..
Cash at the end of financial year	113,312	105,583	1,752

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

North West Hospital and Health Service

Overview

The North West Hospital and Health Service's (HHS) vision is to deliver trusted, connected, quality healthcare for all. To provide this, North West HHS's purpose is to be kind, inclusive and deliver safe health services across our region in partnership with the communities we serve.

Service delivery in the North West HHS aligns with the following strategic objectives:

- Focusing on health
- Focusing on First Nations
- Focusing on improvement
- Focusing on working together.

The North West HHS contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them* through restoring health services when Queenslanders need them most through transparent and targeted investment with real-time data, boosting frontline health services, driving resources where they're needed most, improving our Emergency Departments, fast-tracking access to elective surgeries, and helping patients to be seen faster.

Key deliverables

In 2026-27, North West HHS will:

- in partnership with Health Infrastructure Queensland, progress the Government's investment in health infrastructure in the region through the *Hospital Rescue Plan*, including delivery of the detailed design and planning for the Yellagundgimarra Hospital Doomadgee replacement
- in partnership with Health Infrastructure Queensland, continue to progress work on a new mental health step-up step-down unit in addition to expansion of the Mount Isa Hospital Emergency Department to incorporate a Psychiatric Emergency Care Unit
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government's priorities
- focus on improved health outcomes and provide increased services closer to our communities
- advance the refreshed North West HHS *Health Equity Strategy 2025-2028*, focusing on access to culturally safe services, aligned with community priorities for health and wellbeing
- strengthen First Nations workforce pathways and leadership through dedicated workforce programs, including the Deadly Start school-based traineeships, tertiary cadetships, and the Allied Health Early Graduate Program
- expand on country renal dialysis services with a satellite dialysis site at the new Normanton Hospital
- expand Child Development Services through the establishment of a dedicated service in the region
- work to restore balanced long-term financial positions.

¹ To find out more, go to 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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
<i>Effectiveness measures</i>			
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%	84%	70%
	70%	98%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	87%	>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) Category 3 (365 days) 	>98%	95%	>98%
	>95%	92%	>95%
	>95%	91%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	0.6	≤1.0
Percentage of specialist outpatients waiting within clinically recommended times ⁴			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁵ Category 3 (365 days)⁵ 	98%	56%	98%
	..	69%	..
	..	86%	..
Percentage of specialist outpatients seen within clinically recommended times ⁶			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁵ Category 3 (365 days)⁵ 	98%	76%	98%
	..	76%	..
	..	93%	..
Median wait time for treatment in emergency departments (minutes) ^{1,7}	..	11	..

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Median wait time for elective surgery treatment (days) ^{2,8}	..	29	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ⁹	\$7,102	\$7,215	\$7,434
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,10}			
• Category 1 (30 days)	203	221	221
• Category 2 (90 days)	189	203	203
• Category 3 (365 days)	146	238	238
Number of Telehealth outpatients service events ¹¹	6,000	6,857	7,400
Total weighted activity units (WAU) ¹²			
• Acute Inpatients	10,794	11,254	10,743
• Outpatients	4,332	4,490	4,814
• Sub-acute	1,494	1,292	1,644
• Emergency Department	10,550	10,044	10,016
• Mental Health	1,359	1,702	1,407
• Prevention and Primary Care	284	355	284
Ambulatory mental health service contact duration (hours) ¹³	>7,591	5,893	>7,591

Notes:

- Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
- Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2025 and 31 December 2025.
- Waiting within clinically recommended time is a point in time performance measure. 2025-26 Estimated Actual is as at 30 April 2026.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2025-26 Target/Estimates and 2026-27 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2025-26 Estimated Actual is for the period 1 July 2025 to 30 April 2026.
- 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.
- There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
- The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. 2025-26 Estimated Actuals is based on data for the period 1 July 2025 to 31 March 2026. The 2025-26 Target/Estimate does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
- Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
- The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

12. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
13. Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	926	922	936

Income statement

North West Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	298,961	308,093	313,788
Grants and other contributions	6,320	7,191	7,195
Interest and distributions from managed funds	37	37	37
Other revenue	1,985	2,115	2,115
Gains on sale/revaluation of assets	..	..	..
Total income	307,303	317,436	323,135
EXPENSES			
Employee expenses	34,309	35,765	56,144
Supplies and Services:			
Other supplies and services	112,113	114,729	102,849
Department of Health contract staff	135,998	138,998	138,998
Grants and subsidies	768	768	182
Depreciation and amortisation	19,079	18,608	19,582
Finance/borrowing costs	..	..	..
Other expenses	5,036	5,038	5,380
Losses on sale/revaluation of assets	..	..	..
Total expenses	307,303	313,906	323,135
OPERATING SURPLUS/(DEFICIT)	..	3,530	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

North West Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	1,200	10,234	4,552
Receivables	7,107	3,992	4,575
Other financial assets	..	..	..
Inventories	1,574	1,820	1,820
Other	353	480	480
Non-financial assets held for sale	..	..	..
Total current assets	10,234	16,526	11,427
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	219,469	216,110	205,719
Intangibles	..	69	54
Other	28	29	29
Total non-current assets	219,497	216,208	205,802
TOTAL ASSETS	229,731	232,734	217,229
CURRENT LIABILITIES			
Payables	27,092	23,742	18,198
Accrued employee benefits	517	806	400
Interest bearing liabilities and derivatives	991	892	1,099
Provisions	..	..	..
Other	14	100	100
Total current liabilities	28,614	25,540	19,797
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	2,986	3,529	3,322
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	2,986	3,529	3,322
TOTAL LIABILITIES	31,600	29,069	23,119
NET ASSETS/(LIABILITIES)	198,131	203,665	194,110
EQUITY			
TOTAL EQUITY	198,131	203,665	194,110

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

North West Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	298,961	310,558	313,729
Grants and other contributions	4,785	4,800	5,545
Interest and distribution from managed funds received	37	37	37
Other	1,461	1,591	1,591
Outflows:			
Employee costs	(34,309)	(35,641)	(56,550)
Supplies and services	(246,852)	(253,982)	(247,391)
Grants and subsidies	(768)	(768)	(182)
Borrowing costs	..	..	..
Other	(3,501)	(3,438)	(3,776)
Net cash provided by or used in operating activities	19,814	23,157	13,003
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	1,083	1,728	897
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,083)	(1,083)	..
Equity withdrawals	(19,079)	(18,608)	(19,582)
Net cash provided by or used in financing activities	(19,079)	(17,963)	(18,685)
Net increase/(decrease) in cash held	735	5,194	(5,682)
Cash at the beginning of financial year	465	5,040	10,234
Cash transfers from restructure	..	..	..
Cash at the end of financial year	1,200	10,234	4,552

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

South West Hospital and Health Service

Overview

The South West Hospital and Health Service (HHS) vision is better health, together.

The South West HHS's purpose is to deliver high-quality, culturally safe, reliable and integrated healthcare by growing the local workforce and forging strong community partnerships to ensure equitable health outcomes for all - and, alongside partners and the communities we collectively serve, achieving our vision for better health, together.

The South West HHS's strategic objectives are focused around:

- Our people - our staff, and the people we care for, are at the heart of all we do
- Our places - promoting safe spaces and providing effective care closer to home
- Our partners - we are stronger together
- Our performance - holding ourselves to the highest standards
- Our future- planning and innovating for tomorrow.

The South West HHS contributes to the *Government's objectives for the community*¹ by providing *Health services when you need them* through transparent and targeted investment supported by real-time data, boosting frontline health services, driving resources where they're needed most, improving our Emergency Departments, fast-tracking access to elective surgeries, and helping patients to be seen faster.

Key deliverables

In 2026-27, South West HHS will:

- work in partnership to design and implement responsive workforce models that optimise scope of practice and workforce capacity - in addition to further growing our own local workforce to deliver care that meets the needs of our communities
- in partnership with Health Infrastructure Queensland, continue to progress planning, through the *Hospital Rescue Plan*, for a new Computed Tomography (CT) scanner and Central Sterilising and Operating Theatre refurbishment for Charleville Hospital and additional staff accommodation for Charleville and St George
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government's priorities
- continue to deliver clinical services, and infrastructure improvements, to meet current and future population health and service needs - focusing on preventative care that addresses the burden of disease, and primary care solutions that support care closer to home
- continue to implement programs, alongside Aboriginal Community Controlled Health Organisations and other community partners, to target improving health outcomes and equity measures that ensure culturally safe care for First Nations peoples and communities.

¹ To find out more, go to 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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	100%	80%
• Category 3 (within 30 minutes)	75%	96%	75%
• Category 4 (within 60 minutes)	70%	96%	70%
• Category 5 (within 120 minutes)	70%	99%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	85%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	80%	>98%
• Category 2 (90 days)	>95%	90%	>95%
• Category 3 (365 days)	>95%	97%	>95%
Median wait time for treatment in emergency departments (minutes) ^{1,3}	..	5	..
Median wait time for elective surgery treatment (days) ^{2,4}	..	75	..
<i>Efficiency measure</i>			
Average cost per weighted activity unit for Activity Based Funding facilities ⁵	\$7,275	\$7,036	\$7,899
<i>Other measures</i>			
Number of elective surgery patients treated within clinically recommended times ^{2,6}			
• Category 1 (30 days)	149	176	149
• Category 2 (90 days)	245	216	245
• Category 3 (365 days)	547	650	547
Number of Telehealth outpatients service events ⁷	4,481	5,938	4,929

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Total weighted activity units (WAU) ⁸			
• Acute Inpatients	6,269	6,866	6,386
• Outpatients	2,366	2,569	3,052
• Sub-acute	1,091	1,060	992
• Emergency Department	4,512	4,688	4,523
• Mental Health	1,164	1,145	1,371
• Prevention and Primary Care	341	473	341
Ambulatory mental health service contact duration (hours) ⁹	>5,410	4,443	>5,410

Notes:

- Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
- Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
- 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.
- There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
- The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. 2025-26 Estimated Actuals is based on data for the period 1 July 2025 to 31 March 2026. The 2025-26 Target/Estimate does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
- Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
- The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
- The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
- Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	885	923	923

Income statement

South West Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	226,980	237,219	243,893
Grants and other contributions	10,327	11,310	11,310
Interest and distributions from managed funds	..	..	..
Other revenue	467	460	460
Gains on sale/revaluation of assets	..	..	..
Total income	237,774	248,989	255,663
EXPENSES			
Employee expenses	25,220	26,627	26,627
Supplies and Services:			
Other supplies and services	59,397	61,729	60,405
Department of Health contract staff	133,078	143,024	147,930
Grants and subsidies	..	..	..
Depreciation and amortisation	18,202	18,328	18,649
Finance/borrowing costs	..	..	..
Other expenses	1,807	2,101	1,912
Losses on sale/revaluation of assets	70	140	140
Total expenses	237,774	251,949	255,663
OPERATING SURPLUS/(DEFICIT)	..	(2,960)	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

South West Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	32,091	27,505	22,489
Receivables	7,318	6,555	6,595
Other financial assets	..	..	..
Inventories	2,890	2,416	2,420
Other	677	575	577
Non-financial assets held for sale	..	..	..
Total current assets	42,976	37,051	32,081
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	303,070	309,913	298,324
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	303,070	309,913	298,324
TOTAL ASSETS	346,046	346,964	330,405
CURRENT LIABILITIES			
Payables	20,182	21,858	16,859
Accrued employee benefits	264	325	325
Interest bearing liabilities and derivatives	50	94	121
Provisions	..	..	..
Other	50	2	2
Total current liabilities	20,546	22,279	17,307
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	21	56	29
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	21	56	29
TOTAL LIABILITIES	20,567	22,335	17,336
NET ASSETS/(LIABILITIES)	325,479	324,629	313,069
EQUITY			
TOTAL EQUITY	325,479	324,629	313,069

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

South West Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	226,916	237,182	243,856
Grants and other contributions	10,327	11,310	11,310
Interest and distribution from managed funds received	..	..	..
Other	464	402	402
Outflows:			
Employee costs	(25,220)	(26,627)	(26,627)
Supplies and services	(192,224)	(204,168)	(213,665)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(1,567)	(1,861)	(1,672)
Net cash provided by or used in operating activities	18,696	16,238	13,604
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	(3,229)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	(3,229)	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	29	29	29
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(18,202)	(18,328)	(18,649)
Net cash provided by or used in financing activities	(18,173)	(18,299)	(18,620)
Net increase/(decrease) in cash held	523	(5,290)	(5,016)
Cash at the beginning of financial year	31,568	32,795	27,505
Cash transfers from restructure	..	..	..
Cash at the end of financial year	32,091	27,505	22,489

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Sunshine Coast Hospital and Health Service

Overview

The Sunshine Coast Hospital and Health Service's (HHS) vision is 'We are Healthier here'. Our purpose is for our people to deliver trusted, high value care, working closely with local communities and partners.

The Sunshine Coast HHS's strategic objectives include:

- Provide safe, accessible, equitable person-centred care
- Manage our financial, physical and environmental resources responsibly and maximise use of safe out of hospital care
- Prioritise innovation and research to improve our care delivery and services.

The Sunshine Coast HHS contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them* through improving access to a growing range of services across an optimised network of facilities, for all consumers. We are committed to ensuring equitable access to services that are culturally safe for Aboriginal and Torres Strait Islander peoples, and inclusive for people with disabilities, special needs and their carers. To further support timely and accessible care, we are strengthening our digital capabilities and increasing the use of virtual consultations.

Key deliverables

In 2026-27, Sunshine Coast HHS will:

- continue Gympie Hospital redevelopment master planning as part of the *Hospital Rescue Plan* in partnership with Health Infrastructure Queensland
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government's priorities
- deliver the actions in the *Health Equity Strategy Implementation Plan (2026-2028)*
- deliver the actions in the *Sunshine Coast Health Disability Service Plan (2025-2030)*
- continue the phased implementation plan of cardiothoracic and neurosurgery services at Sunshine Coast University Hospital
- progress delivering eight new perinatal mental health beds, funded by the Mental Health Levy
- continue to plan for the Secure Mental Health Rehabilitation Unit at Nambour General Hospital
- continue to expand service models that provide out of hospital care (for example Hospital in the Home models, Virtual Acute Care Services, outpatient telehealth, and partnerships with other health service providers)
- continue to progress to a balanced long-term financial position.

¹ To find out more, go to 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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	83%	80%
• Category 3 (within 30 minutes)	75%	75%	75%
• Category 4 (within 60 minutes)	70%	76%	70%
• Category 5 (within 120 minutes)	70%	95%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	60%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
• Category 1 (30 days)	>98%	80%	>98%
• Category 2 (90 days)	>95%	63%	>95%
• Category 3 (365 days)	>95%	70%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	0.5	≤1.0
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁴	>65%	65.4%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	7.7%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁶			
• Category 1 (30 days)	80%	62%	80%
• Category 2 (90 days) ⁷	..	47%	..
• Category 3 (365 days) ⁷	..	75%	..

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Percentage of specialist outpatients seen within clinically recommended times ⁸			
• Category 1 (30 days)	82%	85%	82%
• Category 2 (90 days) ⁷	..	49%	..
• Category 3 (365 days) ⁷	..	75%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	13	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	40	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$6,372	\$6,081	\$6,659
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	5,998	5,495	5,495
• Category 2 (90 days)	4,368	3,322	3,322
• Category 3 (365 days)	2,693	2,035	2,035
Number of Telehealth outpatients service events ¹³	17,446	27,554	27,405
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	134,712	133,526	135,364
• Outpatients	45,887	46,606	46,116
• Sub-acute	15,511	18,175	16,017
• Emergency Department	33,563	34,586	33,278
• Mental Health	24,527	23,341	26,061
• Prevention and Primary Care	3,582	4,366	3,594
Ambulatory mental health service contact duration (hours) ¹⁵	>64,184	67,365	>64,184

Notes:

1. Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
2. Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
3. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2025 and 31 December 2025.
4. Mental Health rate of community follow up 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
5. Mental Health readmissions 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
6. Waiting within clinically recommended time is a point in time performance measure. 2025-26 Estimated Actual is as at 30 April 2026.
7. Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2025-26 Target/Estimates and 2026-27 Target/Estimates for category 2 and 3 patients are not applicable.
8. Seen in time 2025-26 Estimated Actual is for the period 1 July 2025 to 30 April 2026.
9. 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.

10. There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
11. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. 2025-26 Estimated Actuals is based on data for the period 1 July 2025 to 31 March 2026. The 2025-26 Target/Estimate does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
12. Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
13. The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
14. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
15. Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	7,892	8,142	8,305

Income statement

Sunshine Coast Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	1,972,954	2,018,320	2,038,059
Grants and other contributions	27,679	29,078	29,366
Interest and distributions from managed funds	1,006	1,003	1,033
Other revenue	14,701	18,675	19,123
Gains on sale/revaluation of assets	..	..	..
Total income	2,016,340	2,067,076	2,087,581
EXPENSES			
Employee expenses	237,640	241,450	241,450
Supplies and Services:			
Other supplies and services	440,592	442,723	442,723
Department of Health contract staff	1,058,076	1,141,895	1,145,435
Grants and subsidies	..	10	10
Depreciation and amortisation	202,646	182,332	179,062
Finance/borrowing costs	36,585	36,585	35,416
Other expenses	40,233	40,540	40,540
Losses on sale/revaluation of assets	568	2,945	2,945
Total expenses	2,016,340	2,088,480	2,087,581
OPERATING SURPLUS/(DEFICIT)	..	(21,404)	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Sunshine Coast Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	27,462	39,422	21,703
Receivables	27,177	29,629	30,175
Other financial assets	..	..	..
Inventories	9,058	5,810	5,951
Other	5,176	5,927	5,989
Non-financial assets held for sale	..	..	..
Total current assets	68,873	80,788	63,818
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	2,791,321	2,729,742	2,862,157
Intangibles	266	980	1,419
Other	..	..	..
Total non-current assets	2,791,587	2,730,722	2,863,576
TOTAL ASSETS	2,860,460	2,811,510	2,927,394
CURRENT LIABILITIES			
Payables	187,633	154,638	143,660
Accrued employee benefits	6,967	7,066	7,291
Interest bearing liabilities and derivatives	14,950	14,929	16,170
Provisions	..	..	..
Other	4,920	5,160	5,160
Total current liabilities	214,470	181,793	172,281
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	430,434	430,320	414,265
Provisions	..	..	..
Other	58,349	58,706	54,968
Total non-current liabilities	488,783	489,026	469,233
TOTAL LIABILITIES	703,253	670,819	641,514
NET ASSETS/(LIABILITIES)	2,157,207	2,140,691	2,285,880
EQUITY			
TOTAL EQUITY	2,157,207	2,140,691	2,285,880

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Sunshine Coast Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,968,499	2,027,694	2,031,895
Grants and other contributions	15,024	15,480	15,763
Interest and distribution from managed funds received	1,006	1,003	1,033
Other	14,701	27,564	19,123
Outflows:			
Employee costs	(236,474)	(240,284)	(241,225)
Supplies and services	(1,485,660)	(1,576,700)	(1,600,011)
Grants and subsidies	..	(10)	(10)
Borrowing costs	(36,841)	(36,841)	(35,672)
Other	(27,762)	(34,147)	(27,126)
Net cash provided by or used in operating activities	212,493	183,759	163,770
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	12,387	12,387	12,387
Outflows:			
Borrowing redemptions	(13,668)	(13,668)	(14,814)
Finance lease payments	..	..	..
Equity withdrawals	(202,646)	(182,332)	(179,062)
Net cash provided by or used in financing activities	(203,927)	(183,613)	(181,489)
Net increase/(decrease) in cash held	8,566	146	(17,719)
Cash at the beginning of financial year	18,896	39,276	39,422
Cash transfers from restructure	..	..	..
Cash at the end of financial year	27,462	39,422	21,703

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Torres and Cape Hospital and Health Service

Overview

The Torres and Cape Hospital and Health Service's (HHS) vision is healthy lives, lived well. Our purpose is 'Working together; quality and respectful care, close to home'.

The strategic objectives of the Torres and Cape HHS are:

- Provide healthcare to better prevent disease, promote fair health outcomes, and improve quality of life
- Build a workplace where safety, wellbeing, and fairness are key, and give our employees the chance to learn and develop
- Work closely with our community and partners to plan and provide health services together in a community-led way.

Torres and Cape HHS contributes to the *Government's objectives for the community*¹ by providing *Health services when you need them* through progressing investment in fit-for-purpose, culturally responsive infrastructure and clinical services that improve health equity and deliver care close to home for Aboriginal and Torres Strait Islander communities. These outcomes are achieved through comprehensive service planning and delivery, strong partnerships with community and key stakeholders, and transformation, optimisation and growth of clinical services tailored to local needs.

Key deliverables

In 2026-27, Torres and Cape HHS will:

- continue delivering the Cooktown Hospital redevelopment, in partnership with Health Infrastructure Queensland, to support culturally safe, contemporary models of care for the Cooktown region, including eight new beds
- in partnership with Health Infrastructure Queensland, upgrade Primary Health Care Centres (PHCC) in six locations through business case development and the construction of a new PHCC in Pormpuraaw
- in partnership with Health Infrastructure Queensland, continue to plan and progress the Thursday Island Hospital Facility upgrade
- expand access to care closer to home by returning birthing to Cooktown - re-establishing Cooktown birthing services through safe and sustainable workforce and models of care
- work to stabilise elective surgery waiting lists in accordance with the Government's priorities
- implement system-wide health equity reform- progressing the *Health Equity Strategy 2025-2028* to embed Aboriginal and Torres Strait Islander leadership, perspectives, and decision-making across service design and delivery
- sustain a capable and culturally responsive workforce by strengthening workforce supply, capability and retention through targeted pathways, professional development and wellbeing initiatives.

¹ To find out more, go to 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 healthcare, 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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 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%	85%	80%
	75%	83%	75%
	70%	85%	70%
	70%	96%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	89%	>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) Category 3 (365 days) 	>98%	97%	>98%
	>95%	99%	>95%
	>95%	100%	>95%
Median wait time for treatment in emergency departments (minutes) ^{1,3}	..	13	..
Median wait time for elective surgery treatment (days) ^{2,4}	..	6	..
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) Category 3 (365 days) 	42	35	42
	65	79	65
	277	208	277
Number of Telehealth outpatients service events ⁶	2,940	2,780	3,091

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Total weighted activity units (WAU) ⁷			
• Acute Inpatients	5,550	5,627	5,013
• Outpatients	4,881	5,083	4,877
• Sub-acute	128	354	287
• Emergency Department	4,685	4,852	4,353
• Mental Health	2,206	2,101	2,208
• Prevention and Primary Care	682	729	682
Ambulatory mental health service contact duration (hours) ⁸	>8,116	10,119	>8,116

Notes:

1. Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
2. Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
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. There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
5. Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
6. The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
7. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
8. Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	1,314	1,343	1,344

Income statement

Torres and Cape Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	360,360	371,005	378,699
Grants and other contributions	26,904	28,189	28,665
Interest and distributions from managed funds	3	3	3
Other revenue	1,435	1,678	1,683
Gains on sale/revaluation of assets	..	..	..
Total income	388,702	400,875	409,050
EXPENSES			
Employee expenses	37,887	37,887	38,816
Supplies and Services:			
Other supplies and services	115,550	116,694	126,119
Department of Health contract staff	201,031	209,422	207,373
Grants and subsidies	..	..	..
Depreciation and amortisation	27,877	30,252	29,986
Finance/borrowing costs	600	800	815
Other expenses	5,747	5,620	5,931
Losses on sale/revaluation of assets	10	200	10
Total expenses	388,702	400,875	409,050
OPERATING SURPLUS/(DEFICIT)	..	..	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Torres and Cape Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	29,545	24,052	27,890
Receivables	1,856	7,865	8,068
Other financial assets	..	..	..
Inventories	449	470	470
Other	3,161	4,243	4,243
Non-financial assets held for sale	..	..	..
Total current assets	35,011	36,630	40,671
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	309,391	283,976	333,375
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	309,391	283,976	333,375
TOTAL ASSETS	344,402	320,606	374,046
CURRENT LIABILITIES			
Payables	23,882	15,799	16,175
Accrued employee benefits	1,849	5,655	6,434
Interest bearing liabilities and derivatives	4,364	6,264	6,452
Provisions	..	..	..
Other	1	171	171
Total current liabilities	30,096	27,889	29,232
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	12,652	14,364	14,795
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	12,652	14,364	14,795
TOTAL LIABILITIES	42,748	42,253	44,027
NET ASSETS/(LIABILITIES)	301,654	278,353	330,019
EQUITY			
TOTAL EQUITY	301,654	278,353	330,019

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Torres and Cape Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	360,323	370,989	378,682
Grants and other contributions	24,872	26,110	26,534
Interest and distribution from managed funds received	3	3	3
Other	1,385	1,678	1,497
Outflows:			
Employee costs	(37,707)	(33,170)	(38,037)
Supplies and services	(316,167)	(346,093)	(333,249)
Grants and subsidies	(83)	(83)	..
Borrowing costs	(600)	(800)	(815)
Other	(3,592)	(3,418)	(3,677)
Net cash provided by or used in operating activities	28,434	15,216	30,938
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(1,241)	(2,800)	(2,154)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(1,241)	(2,800)	(2,154)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	4,090	5,936	4,421
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,897)	(1,001)	619
Equity withdrawals	(27,877)	(30,252)	(29,986)
Net cash provided by or used in financing activities	(25,684)	(25,317)	(24,946)
Net increase/(decrease) in cash held	1,509	(12,901)	3,838
Cash at the beginning of financial year	28,036	36,953	24,052
Cash transfers from restructure	..	..	..
Cash at the end of financial year	29,545	24,052	27,890

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Townsville Hospital and Health Service

Overview

The Townsville Hospital and Health Service's (HHS) vision is world-class care, closer to home, across northern Queensland and our purpose is quality care, for every person, every time.

The Townsville HHS strategic objectives are:

- Smarter sustainable services - harness innovation to make the best use of resources
- Equity for First Nations peoples - take deliberate steps to close the gap in health outcomes for First Nations peoples
- Right care, right time - deliver safe, high-quality care when and where people need it
- Exceptional patient experience - provide compassionate person-centred care shaped by our community.

The Townsville HHS contributes to the *Government's objectives for the community*¹ to provide *health service when you need them*. It does this by delivering the full spectrum of health services, from primary care to highly specialised services to hundreds of thousands of patients each year. As the tertiary referral hub for northern Queensland, Townsville University Hospital plays a critical role in ensuring that patients don't have to travel to Brisbane to access the care they need.

Key deliverables

In 2026-27, Townsville HHS will:

- deliver priority workforce initiatives to improve attraction, retention, engagement and workforce sustainability
- progress capital expansion of Townsville University Hospital under the *Hospital Rescue Plan*, which will include the delivery of an additional 165 beds
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government's priorities
- commission maternity and dental services at the new Kirwan Health Campus
- in partnership with Health Infrastructure Queensland, progress business cases for the redevelopment of rural facilities in Hughenden, Richmond and Home Hill health services
- progress delivering eight perinatal mental health beds, funded by the Mental Health Levy
- complete design and progress the delivery of the Youth Step Up, Step Down facility in partnership with Health Infrastructure Queensland
- in partnership with Health Infrastructure Queensland, commence construction of the Townsville University Hospital multistorey car park
- commission additional theatre capacity to fast-track elective surgery access.

¹ To find out more, go to 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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
<i>Effectiveness measures</i>			
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%	78%	80%
	75%	70%	75%
	70%	80%	70%
	70%	96%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	61%	>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) Category 3 (365 days) 	>98%	71%	>98%
	>95%	49%	>95%
	>95%	53%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	0.8	≤1.0
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁴	>65%	73.5%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	10.6%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁶			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	98%	63%	98%
	..	32%	..
	..	75%	..

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Percentage of specialist outpatients seen within clinically recommended times ⁸			
• Category 1 (30 days)	98%	82%	98%
• Category 2 (90 days) ⁷	..	49%	..
• Category 3 (365 days) ⁷	..	75%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	15	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	41	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$6,149	\$6,316	\$6,465
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	3,885	3,120	3,885
• Category 2 (90 days)	2,763	1,553	2,763
• Category 3 (365 days)	1,184	614	1,184
Number of Telehealth outpatients service events ¹³	16,966	18,275	19,015
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	113,989	113,623	115,859
• Outpatients	33,872	33,034	34,897
• Sub-acute	16,109	17,431	16,272
• Emergency Department	22,394	22,273	21,597
• Mental Health	18,144	14,889	16,718
• Prevention and Primary Care	2,021	2,486	2,023
Ambulatory mental health service contact duration (hours) ¹⁵	>68,647	46,651	>68,647

Notes:

- Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
- Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2025 and 31 December 2025.
- Mental Health rate of community follow up 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Mental Health readmissions 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Waiting within clinically recommended time is a point in time performance measure. 2025-26 Estimated Actual is as at 30 April 2026.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2025-26 Target/Estimates and 2026-27 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2025-26 Estimated Actual is for the period 1 July 2025 to 30 April 2026.
- 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.

10. There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
11. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. 2025-26 Estimated Actuals is based on data for the period 1 July 2025 to 31 March 2026. The 2025-26 Target/Estimate does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
12. Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
13. The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
14. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
15. Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	6,378	6,437	6,531

Income statement

Townsville Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	1,559,955	1,620,054	1,641,665
Grants and other contributions	45,877	49,806	50,852
Interest and distributions from managed funds	550	550	550
Other revenue	3,772	4,990	4,740
Gains on sale/revaluation of assets	20	20	20
Total income	1,610,174	1,675,420	1,697,827
EXPENSES			
Employee expenses	199,798	206,204	216,509
Supplies and Services:			
Other supplies and services	359,232	361,997	337,448
Department of Health contract staff	939,369	978,889	1,017,933
Grants and subsidies	..	..	..
Depreciation and amortisation	87,772	98,546	100,723
Finance/borrowing costs	73	187	73
Other expenses	22,830	27,787	24,041
Losses on sale/revaluation of assets	1,100	1,419	1,100
Total expenses	1,610,174	1,675,029	1,697,827
OPERATING SURPLUS/(DEFICIT)	..	391	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Townsville Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	72,885	87,184	51,247
Receivables	42,741	39,693	39,704
Other financial assets	..	..	..
Inventories	12,078	13,015	13,015
Other	3,085	3,643	3,702
Non-financial assets held for sale	..	..	..
Total current assets	130,789	143,535	107,668
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	905,073	929,354	941,704
Intangibles	2,134	1,939	1,243
Other	..	..	..
Total non-current assets	907,207	931,293	942,947
TOTAL ASSETS	1,037,996	1,074,828	1,050,615
CURRENT LIABILITIES			
Payables	120,935	143,302	106,923
Accrued employee benefits	3,043	3,044	3,044
Interest bearing liabilities and derivatives	2,303	1,422	1,396
Provisions	..	..	..
Other	3,171	1,525	1,525
Total current liabilities	129,452	149,293	112,888
NON-CURRENT LIABILITIES			
Payables	267	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	3,054	3,734	3,564
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	3,321	3,734	3,564
TOTAL LIABILITIES	132,773	153,027	116,452
NET ASSETS/(LIABILITIES)	905,223	921,801	934,163
EQUITY			
TOTAL EQUITY	905,223	921,801	934,163

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Townsville Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,558,928	1,620,054	1,641,665
Grants and other contributions	36,545	39,475	40,263
Interest and distribution from managed funds received	550	550	550
Other	3,761	3,931	3,702
Outflows:			
Employee costs	(199,798)	(207,261)	(216,509)
Supplies and services	(1,292,323)	(1,334,906)	(1,391,892)
Grants and subsidies	..	..	..
Borrowing costs	(73)	(187)	(73)
Other	(13,498)	(17,456)	(13,452)
Net cash provided by or used in operating activities	94,092	104,200	64,254
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	20	20	20
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	20	20	20
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,073	693	708
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(214)	(214)	(196)
Equity withdrawals	(87,772)	(98,546)	(100,723)
Net cash provided by or used in financing activities	(86,913)	(98,067)	(100,211)
Net increase/(decrease) in cash held	7,199	6,153	(35,937)
Cash at the beginning of financial year	65,686	81,031	87,184
Cash transfers from restructure	..	..	..
Cash at the end of financial year	72,885	87,184	51,247

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

West Moreton Hospital and Health Service

Overview

The West Moreton Hospital and Health Service's (HHS) vision is 'West Moreton, where everyone's health matters'.

Our purpose is creating healthier communities through connected, compassionate care.

Our strategic objectives are:

- With communities, for communities - We're working together with our communities and partners to build a healthier future
- Reducing barriers, improving care - We're making healthcare easy and connected - no matter who you are or where you're from.

The West Moreton HHS contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them* through transparent and targeted investment with real-time data, boosting frontline health services, driving resources where they're needed most, improving our emergency departments, reopening regional maternity wards, fast-tracking access to elective surgeries, and helping patients to be seen faster.

Key deliverables

In 2026-27, West Moreton HHS will:

- work with partners to progress the Stage 2 Ipswich Hospital Expansion and multi-storey car park planned for Ipswich Hospital under the *Hospital Rescue Plan*
- work with Health Infrastructure Queensland, to progress planning for facility upgrades for the Boonah, Laidley and Lockyer Valley communities
- deliver a Transit Care Centre at Ipswich Hospital to help ease pressure on the Ipswich Hospital emergency department and free up critical inpatient beds for emergency care
- deliver a new computed tomography (CT) scanner, new ultrasound and reconfigured X-ray facilities at Gatton Hospital to reduce travel and waiting times as part of *Easier Access to Health Services Plan*
- advance health equity by delivering accessible trauma-informed, culturally safe models of care and strengthening coordinated care for priority groups, including First Nations people, older adults, and people with mental illness and/or disabilities
- progress planning and delivery of four perinatal mental health beds, funded by the Mental Health Levy
- improve access to child health and preventive services through community partnerships
- expand access for prisoners within correctional health facilities with evidence-informed care
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government's priorities
- work to restore balanced long-term financial positions.

¹ To find out more, go to 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 care and clinical support services.

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
<i>Effectiveness measures</i>			
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%	59%	80%
	75%	66%	75%
	70%	83%	70%
	70%	96%	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) Category 3 (365 days) 	>98%	79%	>98%
	>95%	62%	>95%
	>95%	71%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	0.3	≤1.0
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁴	>65%	70.1%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	10.7%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁶			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	98%	73%	98%
	..	54%	..
	..	84%	..

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Percentage of specialist outpatients seen within clinically recommended times ⁸			
• Category 1 (30 days)	98%	83%	98%
• Category 2 (90 days) ⁷	..	38%	..
• Category 3 (365 days) ⁷	..	69%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	14	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	47	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,997	\$6,385	\$6,286
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	1,959	1,640	1,959
• Category 2 (90 days)	1,385	985	1,385
• Category 3 (365 days)	524	595	524
Number of Telehealth outpatients service events ¹³	8,400	8,567	8,560
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	66,362	62,569	69,772
• Outpatients	20,210	19,137	19,492
• Sub-acute	13,040	14,407	9,306
• Emergency Department	19,677	20,438	20,455
• Mental Health	23,240	20,922	28,459
• Prevention and Primary Care	2,324	4,094	2,383
Ambulatory mental health service contact duration (hours) ¹⁵	>52,691	74,500	>52,691

Notes:

- Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
- Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2025 and 31 December 2025.
- Mental Health rate of community follow up 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Mental Health readmissions 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Waiting within clinically recommended time is a point in time performance measure. 2025-26 Estimated Actual is as at 30 April 2026.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2025-26 Target/Estimates and 2026-27 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2025-26 Estimated Actual is for the period 1 July 2025 to 30 April 2026.
- 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.

10. There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
11. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. 2025-26 Estimated Actuals is based on data for the period 1 July 2025 to 31 March 2026. The 2025-26 Target/Estimate does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
12. Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
13. The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
14. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
15. Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	5,170	5,591	5,591

Income statement

West Moreton Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	1,167,204	1,219,269	1,243,607
Grants and other contributions	11,592	11,564	11,775
Interest and distributions from managed funds	48	54	54
Other revenue	2,701	3,587	2,794
Gains on sale/revaluation of assets	..	..	..
Total income	1,181,545	1,234,474	1,258,230
EXPENSES			
Employee expenses	126,151	140,535	144,048
Supplies and Services:			
Other supplies and services	265,537	278,660	241,063
Department of Health contract staff	719,465	773,860	793,207
Grants and subsidies	385	385	385
Depreciation and amortisation	48,926	49,683	55,811
Finance/borrowing costs	..	..	..
Other expenses	19,373	19,163	22,008
Losses on sale/revaluation of assets	1,708	1,708	1,708
Total expenses	1,181,545	1,263,994	1,258,230
OPERATING SURPLUS/(DEFICIT)	..	(29,520)	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

West Moreton Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	45,172	5,478	566
Receivables	7,168	21,582	22,200
Other financial assets	..	..	..
Inventories	6,371	5,771	5,771
Other	1,199	1,826	1,826
Non-financial assets held for sale	..	..	..
Total current assets	59,910	34,657	30,363
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	640,005	636,380	719,119
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	640,005	636,380	719,119
TOTAL ASSETS	699,915	671,037	749,482
CURRENT LIABILITIES			
Payables	96,893	99,720	94,720
Accrued employee benefits	3,371	7,218	7,924
Interest bearing liabilities and derivatives	846	2,258	1,410
Provisions	152	152	152
Other	63	141	141
Total current liabilities	101,325	109,489	104,347
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	2,252	107	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	2,252	107	..
TOTAL LIABILITIES	103,577	109,596	104,347
NET ASSETS/(LIABILITIES)	596,338	561,441	645,135
EQUITY			
TOTAL EQUITY	596,338	561,441	645,135

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

West Moreton Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,165,016	1,218,769	1,243,107
Grants and other contributions	4,249	4,221	4,249
Interest and distribution from managed funds received	48	54	54
Other	2,583	1,781	988
Outflows:			
Employee costs	(125,280)	(139,664)	(143,342)
Supplies and services	(980,470)	(1,047,988)	(1,039,290)
Grants and subsidies	(385)	(385)	(385)
Borrowing costs	..	..	..
Other	(12,030)	(11,820)	(14,482)
Net cash provided by or used in operating activities	53,731	24,968	50,899
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	913	13,913	955
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(913)	(913)	(955)
Equity withdrawals	(48,926)	(49,683)	(55,811)
Net cash provided by or used in financing activities	(48,926)	(36,683)	(55,811)
Net increase/(decrease) in cash held	4,805	(11,715)	(4,912)
Cash at the beginning of financial year	40,367	17,193	5,478
Cash transfers from restructure	..	..	..
Cash at the end of financial year	45,172	5,478	566

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Wide Bay Hospital and Health Service

Overview

The Wide Bay Hospital and Health Service's (HHS) vision 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.

The Wide Bay HHS's strategic objectives are:

- 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.

The Wide Bay HHS contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them* through restoring health services when Queenslanders need them most through transparent and targeted investment with real-time data, boosting frontline health services, driving resources where they're needed most, improving our Emergency Departments, fast-tracking access to elective surgeries, and helping patients to be seen faster.

Key deliverables

In 2026-27, Wide Bay HHS will:

- continue working on the new Bundaberg Hospital project, in conjunction with Health Infrastructure Queensland, to deliver at least 410 bed and bed alternatives as part of the *Hospital Rescue Plan*
- implement new models of care to improve patient flow including SAFEST medical discharge initiative, Residential Aged Care Support Services (RaSS), expansion of ultrasound services and the Emergency Department fast track at Hervey Bay and Bundaberg Hospitals
- commission Palm Lakes as a Short Stay Transition Ward (34 bed) for delayed discharge patients in Bundaberg
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government's priorities
- implement a new Acute Care of the Elderly Unit at Hervey Bay Hospital
- open the 25 bed Medical Ward and ten bed intensive care unit at Hervey Bay Hospital delivered as part of the Hospital Rescue Plan
- progress the development of the concept and schematic design for the MRI at Hervey Bay Hospital as part of *Easier Access to Health Services Plan*
- implement Nurse Practitioner Mental Health Emergency Department roles at Hervey Bay and Bundaberg Hospitals.

¹ To find out more, go to 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	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
<i>Effectiveness measures</i>			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	78%	80%
• Category 3 (within 30 minutes)	75%	46%	75%
• Category 4 (within 60 minutes)	70%	60%	70%
• Category 5 (within 120 minutes)	70%	92%	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			
• Category 1 (30 days)	>98%	95%	>98%
• Category 2 (90 days)	>95%	82%	>95%
• Category 3 (365 days)	>95%	83%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	0.6	≤1.0
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁴	>65%	67.4%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	5.2%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁶			
• Category 1 (30 days)	98%	40%	98%
• Category 2 (90 days) ⁷	..	45%	..
• Category 3 (365 days) ⁷	..	72%	..

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Percentage of specialist outpatients seen within clinically recommended times ⁸			
• Category 1 (30 days)	98%	86%	98%
• Category 2 (90 days) ⁷	..	48%	..
• Category 3 (365 days) ⁷	..	67%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	23	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	28	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$6,041	\$6,055	\$6,328
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	2,163	1,927	2,163
• Category 2 (90 days)	1,742	1,163	1,742
• Category 3 (365 days)	766	515	766
Number of Telehealth outpatients service events ¹³	8,940	11,225	11,796
Total weighted activity units (WAU) ¹⁴			
• Acute Inpatients	78,011	74,012	78,804
• Outpatients	18,786	20,788	18,798
• Sub-acute	10,086	14,677	11,578
• Emergency Department	21,910	20,704	21,221
• Mental Health	13,387	13,134	13,194
• Prevention and Primary Care	2,624	3,483	2,663
Ambulatory mental health service contact duration (hours) ¹⁵	>34,523	44,189	>34,523

Notes:

- Emergency department 2025-26 Estimated Actuals are based on data for the period 1 July 2025 to 30 April 2026.
- Elective surgery 2025-26 Estimated Actuals are for the period 1 July 2025 to 30 April 2026.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2025 and 31 December 2025.
- Mental Health rate of community follow up 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Mental Health readmissions 2025-26 Estimated Actuals are for the period 1 July 2025 to 31 March 2026.
- Waiting within clinically recommended time is a point in time performance measure. 2025-26 Estimated Actual is as at 30 April 2026.
- Given the system's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2025-26 Target/Estimates and 2026-27 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2025-26 Estimated Actual is for the period 1 July 2025 to 30 April 2026.
- 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.

10. There are no targets for median wait times as performance is determined through the percentage of elective surgery patients treated within the clinically recommended time for their respective category.
11. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. 2025-26 Estimated Actuals is based on data for the period 1 July 2025 to 28 February 2026. The 2025-26 Target/Estimate does not include funding adjustments made during the year, including those for Enterprise Bargaining or reproductive leave, which impact the actual results.
12. Elective surgery performed in public hospitals. Treated volume 2025-26 Estimated Actual is a 12-month projection based on the period 1 July 2025 to 30 April 2026.
13. The Telehealth 2025-26 Estimated Actual represents a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.
14. The 2025-26 Target/Estimate varies from the published 2025-26 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q28. The 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 31 March 2026. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. Variances in the Mental Health stream are the result of ongoing refinement and maturing of the new national Mental Health classification.
15. Ambulatory Mental Health service contact duration 2025-26 Estimated Actual is a 12-month projection based on data for the period 1 July 2025 to 30 April 2026.

Budget summary

Staffing

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

Service area	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	4,022	4,366	4,487

Income statement

Wide Bay Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
User charges and fees	1,031,428	1,069,931	1,091,531
Grants and other contributions	12,250	13,977	14,161
Interest and distributions from managed funds	100	100	100
Other revenue	9,770	11,763	11,876
Gains on sale/revaluation of assets	50	50	50
Total income	1,053,598	1,095,821	1,117,718
EXPENSES			
Employee expenses	117,417	143,669	151,003
Supplies and Services:			
Other supplies and services	262,465	276,523	254,506
Department of Health contract staff	607,139	635,655	646,940
Grants and subsidies	..	..	..
Depreciation and amortisation	38,478	40,380	42,086
Finance/borrowing costs	270	270	270
Other expenses	27,599	21,628	21,692
Losses on sale/revaluation of assets	230	1,221	1,221
Total expenses	1,053,598	1,119,346	1,117,718
OPERATING SURPLUS/(DEFICIT)	..	(23,525)	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Wide Bay Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	6,765	23,326	2,948
Receivables	21,870	22,843	22,737
Other financial assets	..	..	..
Inventories	6,123	7,199	7,233
Other	1,302	1,203	1,236
Non-financial assets held for sale	..	..	..
Total current assets	36,060	54,571	34,154
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	442,159	434,267	493,535
Intangibles	18	17	..
Other	..	..	..
Total non-current assets	442,177	434,284	493,535
TOTAL ASSETS	478,237	488,855	527,689
CURRENT LIABILITIES			
Payables	99,312	86,813	65,180
Accrued employee benefits	1,727	2,180	2,180
Interest bearing liabilities and derivatives	4,293	3,829	4,320
Provisions	..	..	..
Other	2,395	4,252	4,252
Total current liabilities	107,727	97,074	75,932
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	843	3,187	1,569
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	843	3,187	1,569
TOTAL LIABILITIES	108,570	100,261	77,501
NET ASSETS/(LIABILITIES)	369,667	388,594	450,188
EQUITY			
TOTAL EQUITY	369,667	388,594	450,188

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Wide Bay Hospital and Health Service	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,031,294	1,069,052	1,090,652
Grants and other contributions	5,853	6,606	6,606
Interest and distribution from managed funds received	100	100	100
Other	9,761	11,754	11,867
Outflows:			
Employee costs	(117,417)	(143,669)	(151,003)
Supplies and services	(865,334)	(907,556)	(922,156)
Grants and subsidies	..	..	..
Borrowing costs	(270)	(270)	(270)
Other	(21,202)	(14,257)	(14,137)
Net cash provided by or used in operating activities	42,785	21,760	21,659
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	50	49	49
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	50	49	49
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	3,605	33,172	2,343
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(3,605)	(2,693)	(2,343)
Equity withdrawals	(38,478)	(40,380)	(42,086)
Net cash provided by or used in financing activities	(38,478)	(9,901)	(42,086)
Net increase/(decrease) in cash held	4,357	11,908	(20,378)
Cash at the beginning of financial year	2,408	11,418	23,326
Cash transfers from restructure	..	..	..
Cash at the end of financial year	6,765	23,326	2,948

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

The Council of the Queensland Institute of Medical Research

Overview

The Council of the Queensland Institute of Medical Research, known as QIMR Berghofer, proudly serves the people of Queensland by advancing better health and wellbeing through impactful medical research.

QIMR Berghofer's vision is to lead the way to significant innovation in health - nationally and globally through our advancement of medical science.

QIMR Berghofer's objectives and strategies are:

- Support ground-breaking research discoveries
- Promote a world-class, collaborative and sustainable research environment
- Make a positive impact on the health of Queenslanders and beyond.

QIMR Berghofer contributes to the *Government's objectives for the community*¹ by working to provide:

- *Health services when you need them* - Collaborating with the health workforce to develop innovations that will support clinicians to deliver care when, where, and how it is needed, and supporting attraction and retention of the health workforce through our Clinician Researcher Academy
- *A better lifestyle through a stronger economy* - Delivering a six-fold return on investment made by the Queensland Government, supporting a growing science and medical research sector by providing high-skilled science, technology, engineering and mathematics jobs for Queenslanders and attracting top talent to Queensland, and translating and commercialising our innovations for real-world health impact and the development of the Queensland biomedical industry sector
- *A plan for Queensland's future* - Contributing to the knowledge economy through quality medical research, fostering community engagement with the Herston Health Precinct, mitigating risks of a changing climate through research into the control of tropical disease, and protecting Queenslanders through early detection and intervention.

Key deliverables

In 2026-27, QIMR Berghofer will:

- continue to invest in the maintenance and modernisation of critical systems and infrastructure such as fit-for-purpose technology, facilities, safety and wellbeing, privacy protection, cyber security, research ethics, and governance
- continue to attract and retain world-class researchers, boost grant success, diversify funding sources, increase funding market share, and grow commercialisation opportunities
- support and sustain two research centres, the Centre for Tropical Health and Emerging Diseases and the National Centre for Spatial Tissue and AI Research
- embed QIMR Berghofer Innovations processes and policies to accelerate biomedical innovations, strengthen Queensland's biotechnology industry and create high-value jobs
- continue to consult, engage and support rural and remote communities across Queensland, including Aboriginal and Torres Strait Islander peoples.

¹ To find out more, go to 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.

The Council of the Queensland Institute of Medical Research	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	613	633	631

Income statement

Council of the Queensland Institute of Medical Research	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	28,721	20,110	24,750
Grants and other contributions	77,161	82,377	79,859
Interest and distributions from managed funds	7,705	2,853	16,183
Other revenue	5,231	715	702
Gains on sale/revaluation of assets	..	..	..
Total income	118,818	106,055	121,494
EXPENSES			
Employee expenses	76,576	83,049	81,836
Supplies and services	52,633	37,653	44,125
Grants and subsidies	..	..	..
Depreciation and amortisation	18,045	18,253	19,527
Finance/borrowing costs	..	..	..
Other expenses	2,442	2,510	2,230
Losses on sale/revaluation of assets	..	..	..
Total expenses	149,696	141,465	147,718
OPERATING SURPLUS/(DEFICIT)	(30,878)	(35,410)	(26,224)

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Council of the Queensland Institute of Medical Research	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	35,462	35,682	35,385
Receivables	15,857	18,792	18,642
Other financial assets	15,000	27,000	31,000
Inventories	1,300	801	801
Other	995	1,341	1,341
Non-financial assets held for sale	..	..	..
Total current assets	68,614	83,616	87,169
NON-CURRENT ASSETS			
Receivables	570	187	337
Other financial assets	157,829	168,392	147,823
Property, plant and equipment	335,054	318,812	325,523
Intangibles	509	599	599
Other	230	293	205
Total non-current assets	494,192	488,283	474,487
TOTAL ASSETS	562,806	571,899	561,656
CURRENT LIABILITIES			
Payables	4,137	4,284	4,688
Accrued employee benefits	8,708	9,786	9,936
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	35,398	31,469	31,469
Total current liabilities	48,243	45,539	46,093
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	48,243	45,539	46,093
NET ASSETS/(LIABILITIES)	514,563	526,360	515,563
EQUITY			
TOTAL EQUITY	514,563	526,360	515,563

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Council of the Queensland Institute of Medical Research	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	27,120	19,271	24,750
Grants and other contributions	77,161	82,377	79,859
Interest and distribution from managed funds received	7,705	2,853	16,183
Taxes	..	..	..
Other	4,931	415	702
Outflows:			
Employee costs	(76,476)	(82,471)	(81,686)
Supplies and services	(64,236)	(43,541)	(50,387)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(2,802)	(2,410)	(1,926)
Net cash provided by or used in operating activities	(26,597)	(23,506)	(12,505)
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	16,121	..
Investments redeemed	67,000	58,473	46,123
Loans and advances redeemed	1,000	1,000	..
Outflows:			
Payments for non-financial assets	(8,691)	(9,231)	(9,711)
Payments for investments	(32,500)	(41,706)	(24,204)
Loans and advances made	..	(1,000)	..
Net cash provided by or used in investing activities	26,809	23,657	12,208
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	212	151	(297)
Cash at the beginning of financial year	35,250	35,531	35,682
Cash transfers from restructure	..	..	..
Cash at the end of financial year	35,462	35,682	35,385

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Queensland Mental Health Commission

Overview

The Queensland Mental Health Commission's (the Commission) vision is 'Working together to improve mental health and wellbeing so all Queenslanders can thrive'. The Commission's purpose is to drive evidence-informed reform across systems that influence mental health, alcohol and other drugs, and suicide prevention systems.

The Commission's strategic objectives are:

- Mental wellbeing - Collective leadership and accountability to promote and support the mental wellbeing
- System reform - Advancing reform across mental health, alcohol and other drugs and suicide prevention
- Evidence and knowledge - System reform is informed by evidence, research and data
- Lived-living experience - Reform is shaped and strengthened by lived-living experience.

The Commission contributes to the *Government's objectives for the community*¹ by working to provide:

- *Safety where you live*, through promoting prevention and early intervention initiatives that contribute to system change
- *Health services when you need them*, by driving system reform that reduces service demand and improves outcomes
- *A better lifestyle through a stronger economy*, by supporting and promoting initiatives across the state that address the social and economic determinants of health
- *A plan for Queensland's future*, by identifying and implementing reforms that strengthen systems; and promoting prevention and early intervention, including a focus on the needs of children and young people.

Key deliverables

In 2026-27, the Queensland Mental Health Commission will:

- drive implementation of *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs and Suicide Prevention Strategic Plan 2023-2029*, and its sub-plans, strengthening cross government leadership, measures for success and accountability for reform
- strengthen suicide prevention through publication of the suicide related data and enhancements to real-time surveillance and data systems
- build capacity of the community based lived-living experience (peer) workforce, with a focus on regional, rural and First Nations communities
- advance trauma-informed approaches across priority Queensland Government services
- improve outcomes for Queenslanders through strengthening prevention and early intervention initiatives across communities and government.

¹ To find out more, go to 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 ongoing reform to create a system in which mental health, alcohol and other drugs, and suicide prevention is integrated and based in evidence and recovery.

Description

The Commission leads whole-of-government mental health, alcohol and other drugs and suicide prevention system reform through strategic planning, monitoring and reporting. It identifies system gaps and opportunities, supports prevention and early intervention, and partners with stakeholders, including people with lived-living experience, to inform policy, improve service responses and strengthen outcomes for Queenslanders.

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
<i>Effectiveness measures</i>			
Stakeholder satisfaction with:			
<ul style="list-style-type: none"> opportunities to provide those with Lived-Living Experience, support person and provider perspectives on mental health, problematic alcohol and other drug use and suicide prevention 	65%	75%	75%
<ul style="list-style-type: none"> extent to which those with Lived-Living Experience and provider perspectives are represented in strategic directions articulated by the Commission to improve the system 	65%	75%	75%
<ul style="list-style-type: none"> the range of stakeholders involved in developing and implementing reform. 	50%	60%	60%
<i>Efficiency measure</i>			
Not identified			

Budgeted summary

Staffing

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

Queensland Mental Health Commission	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	46	63	52

Income statement

Queensland Mental Health Commission	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	..	..	..
Grants and other contributions	8,858	30,637	8,858
Interest and distributions from managed funds	50	2,000	2,000
Other revenue	..	..	..
Gains on sale/revaluation of assets	..	..	..
Total income	8,908	32,637	10,858
EXPENSES			
Employee expenses	6,764	12,008	12,082
Supplies and services	913	11,969	13,014
Grants and subsidies	876	4,913	3,030
Depreciation and amortisation	20	20	20
Finance/borrowing costs	..	..	..
Other expenses	335	728	728
Losses on sale/revaluation of assets	..	..	..
Total expenses	8,908	29,638	28,874
OPERATING SURPLUS/(DEFICIT)	..	2,999	(18,016)

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

The forecast 2026-27 deficit reflects a temporary variance in the timing of revenue and expenditure recognition. It does not represent a structural funding shortfall

Balance sheet

Queensland Mental Health Commission	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	32,857	50,037	32,041
Receivables	166	4,246	4,246
Other financial assets	..	..	..
Inventories	..	..	..
Other	..	..	..
Non-financial assets held for sale	..	..	..
Total current assets	33,023	54,283	36,287
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	(40)	(20)	(40)
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	(40)	(20)	(40)
TOTAL ASSETS	32,983	54,263	36,247
CURRENT LIABILITIES			
Payables	1,012	1,749	1,749
Accrued employee benefits	160	242	242
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	1,172	1,991	1,991
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	1,172	1,991	1,991
NET ASSETS/(LIABILITIES)	31,811	52,272	34,256
EQUITY			
TOTAL EQUITY	31,811	52,272	34,256

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Queensland Mental Health Commission	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	..	..	..
Grants and other contributions	8,858	30,637	8,858
Interest and distribution from managed funds received	50	2,000	2,000
Taxes	..	..	..
Other	..	..	..
Outflows:			
Employee costs	(6,764)	(12,008)	(12,082)
Supplies and services	(913)	(11,969)	(13,014)
Grants and subsidies	(876)	(4,913)	(3,030)
Borrowing costs	..	..	..
Other	(335)	(728)	(728)
Net cash provided by or used in operating activities	20	3,019	(17,996)
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	3,019	(17,996)
Cash at the beginning of financial year	32,837	47,018	50,037
Cash transfers from restructure	..	..	..
Cash at the end of financial year	32,857	50,037	32,041

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

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 handling processes and regulatory action, driving positive change and confidence in the health system.

This vision and purpose are achieved through the OHO's strategic objectives of:

- Care - optimising experiences and outcomes, building confidence regarding our services as being accessible, responsive and safe
- Transformation - transforming our systems, processes and data to drive performance and influence change
- Impact - driving improvements in health service safety, quality and complaints processes
- Integration - ensuring the effectiveness and integration of our regulatory and complaint management functions.

Key deliverables

In 2026-27, the OHO will:

- implement refined regulatory processes to bolster the efficiency and productivity of the entire complaints management cycle
- continue to implement early resolution complaint approaches to achieve efficiencies and foster positive stakeholder experiences
- promote continuous improvement across the health sector by sharing information on systemic issues identified in complaints and other matters relating to the delivery of health services and the regulation of registered and unregistered health practitioners.

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, assesses, resolves and investigates complaints about Queensland 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 or engages in privileged conciliation processes
- monitors decisions and actions of the Australian Health Practitioner Regulation Agency and National Boards relating to the health, conduct and performance of Queensland registered practitioners.

Service standards	2025-26 Target/Est.	2025-26 Est. Actual ¹	2026-27 Target/Est.
Effectiveness measures			
Percentage of decisions made within 7 days of receiving complaint	90%	96.6%	90%
Percentage of complaints assessed within timeframes ¹	90%	88.5%	90%
Percentage of complaints resolved within timeframes ¹	100%	100%	100%
Percentage of investigations finalised within 12 months ^{1,2}	75%	35.5%	75%
Percentage of disciplinary matters in which the Queensland Civil and Administrative Tribunal (QCAT) decides there is a case to answer ¹	90%	100%	90%
Percentage of immediate action decisions upheld in QCAT at review hearings	90%	100%	90%
Efficiency measure			
Not identified			

Notes:

- The 2025-26 Estimated Actual is based on data from the period 1 July 2025 to 31 March 2026.
- The variance between the 2025-26 Target/Estimate and the 2025-26 Estimated Actual is due to the significant increase in volume and complexity of new investigations. While the number of investigations closed each year has risen (239 closed in 2024-25 compared with 180 closed in 2023-24), there has been a much larger increase in the number of investigations commenced and underway (from 272 on 31 March 2024 to 475 on 31 March 2026). The rise in serious complaints has driven the increase in investigations and while efforts are underway to address this, cases can exceed 12 months due to their complexity or external factors.

Budgeted summary

Staffing

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

Office of the Health Ombudsman	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	160	160	160

Income statement

Office of the Health Ombudsman	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	..	..	..
Grants and other contributions	32,468	32,468	32,468
Interest and distributions from managed funds	350	500	350
Other revenue	5	5	5
Gains on sale/revaluation of assets	..	..	..
Total income	32,823	32,973	32,823
EXPENSES			
Employee expenses	27,014	27,014	27,689
Supplies and services	5,754	5,894	5,067
Grants and subsidies	..	..	..
Depreciation and amortisation	20	20	20
Finance/borrowing costs	..	..	..
Other expenses	35	45	47
Losses on sale/revaluation of assets	..	..	..
Total expenses	32,823	32,973	32,823
OPERATING SURPLUS/(DEFICIT)	..	..	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Office of the Health Ombudsman	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	1,574	4,490	4,491
Receivables	911	775	775
Other financial assets	..	..	..
Inventories	..	..	..
Other	239	262	262
Non-financial assets held for sale	..	..	..
Total current assets	2,724	5,527	5,528
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	136	101	81
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	136	101	81
TOTAL ASSETS	2,860	5,628	5,609
CURRENT LIABILITIES			
Payables	611	629	629
Accrued employee benefits	681	790	790
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	1,292	1,419	1,419
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	1,292	1,419	1,419
NET ASSETS/(LIABILITIES)	1,568	4,209	4,190
EQUITY			
TOTAL EQUITY	1,568	4,209	4,190

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Office of the Health Ombudsman	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	..	..	..
Grants and other contributions	32,468	32,468	32,468
Interest and distribution from managed funds received	350	500	350
Taxes	..	..	..
Other	5	5	5
Outflows:			
Employee costs	(27,014)	(27,014)	(27,689)
Supplies and services	(5,773)	(5,913)	(5,086)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(35)	(45)	(47)
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	1,573	4,489	4,490
Cash transfers from restructure	..	..	..
Cash at the end of financial year	1,574	4,490	4,491

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Health and Wellbeing Queensland

Overview

Health and Wellbeing Queensland (HWQld) is a statutory body within the Health portfolio and is the state's prevention agency charged with improving the health and wellbeing of the Queensland population. HWQld's focus is on the chronic disease risk factors of poor nutrition, physical inactivity and obesity and reducing health inequity.

HWQld is committed to its vision of making healthy happen for Queensland. HWQld's purpose is to address the risk factors for chronic disease, to ease pressure on the health system and create a healthier Queensland.

HWQld's strategic objectives include:

- Make a healthier Queensland: implement innovative solutions to improve all Queenslanders' health and wellbeing
- Commit to impact: We will generate and harness evidence and innovation to deliver measurable impact.

HWQld contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them* through evidence-based, high quality preventive health services in every region across Queensland, aiding in the reduction of demand for acute healthcare.

The agency also contributes to *A plan for Queensland's future* by delivering preventive health policy and initiatives that help keep Queenslanders healthier for longer. Leveraging the delivery of a world-class Olympic and Paralympic Games (the Games), HWQld aims to capitalise on this momentum to ensure a lasting positive health legacy for Queenslanders. This is achieved by working in partnership across government, communities and other sectors to address the underlying factors that drive chronic ill-health through collaborative, evidence-based and community-focused education and action.

Key deliverables

In 2026-27, HWQld will:

- deliver statewide prevention programs and initiatives to Queensland communities, ensuring that regional and remote areas remain a priority
- use the integrated care model, deliver evidence-backed initiatives with Hospital and Health Services to reduce the burden of chronic disease and hospital demand
- continue to lead the Queensland response to food security in remote Aboriginal and Torres Strait Islander communities, focusing on affordable, fresh and healthy food
- develop and deliver credible campaigns, content and initiatives to improve health literacy to drive informed behaviour change across different demographics
- work with partners and communities to assist the Government in delivering a strong health legacy for the Games
- link preventive health to productivity gains, benefiting the Queensland workforce and economy
- consider the future digital capability of the agency, generating efficiencies and supporting a modern approach to working.

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

Performance statement

Health and Wellbeing Queensland

Objective

To address health inequity and chronic disease by targeting risk factors, including obesity, poor nutrition and physical inactivity.

Description

HWQld works through programs and partnerships with communities, the private sector, and government agencies to drive change that will prevent chronic disease and reduce pressure on the Queensland health system.

Service standards	2025-26 Target/Est.	2025-26 Est. Actual	2026-27 Target/Est.
Effectiveness measures			
Percentage of the Queensland population who consume recommended amounts of ^{1,2}			
<ul style="list-style-type: none"> Fruit Vegetables 	47.1% 6.0%	45.7% 5.8%	47.1% 6.0%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit ^{1,2}			
<ul style="list-style-type: none"> Persons Males Females 	57.2% 60.8% 53.7%	55.5% 59.0% 52.1%	57.2% 60.8% 53.7%
Percentage of adults and children with a body mass index (BMI) in the normal weight category ¹			
<ul style="list-style-type: none"> Adults³ Children⁴ 	30.1% 60.0%	29.2% 58.3%	29.2% 58.3%
Efficiency measure			
Not identified			

Notes:

- These survey service standards are population measures from a representative survey sample, and as such there is a year-to-year variation. Point estimates such as these are not indicative of statistical trends.
- The most recent available data for adults (18+ years) is from 2023-24.
- The most recent available data for adults (18+ years) based on age-standardised measured BMI is from the ABS 2022 National Health Survey.
- The most recent available data for children (5-17 years) based on measured BMI is from the ABS 2022 National Health Survey.

Budgeted summary

Staffing

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

Health and Wellbeing Queensland	2025-26 Budget	2025-26 Est. Actual	2026-27 Budget
Total FTEs	69	69	69

Income statement

Health and Wellbeing Queensland	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	..	..	..
Grants and other contributions	44,686	45,024	44,486
Interest and distributions from managed funds	1,000	1,500	1,200
Other revenue	5	19	5
Gains on sale/revaluation of assets	..	..	..
Total income	45,691	46,543	45,691
EXPENSES			
Employee expenses	13,188	13,203	13,086
Supplies and services	29,306	29,123	28,552
Grants and subsidies	2,000	2,014	2,000
Depreciation and amortisation	680	680	680
Finance/borrowing costs	..	..	..
Other expenses	517	1,523	1,373
Losses on sale/revaluation of assets	..	..	..
Total expenses	45,691	46,543	45,691
OPERATING SURPLUS/(DEFICIT)	..	..	..

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Balance sheet

Health and Wellbeing Queensland	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CURRENT ASSETS			
Cash assets	10,787	20,859	21,539
Receivables	560	530	530
Other financial assets	..	..	..
Inventories	..	..	..
Other	2,867	21	21
Non-financial assets held for sale	..	..	..
Total current assets	14,214	21,410	22,090
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	173	190	150
Intangibles	441	440	(200)
Other	..	..	..
Total non-current assets	614	630	(50)
TOTAL ASSETS	14,828	22,040	22,040
CURRENT LIABILITIES			
Payables	898	634	634
Accrued employee benefits	314	403	403
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	1,431	827	827
Total current liabilities	2,643	1,864	1,864
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	2,643	1,864	1,864
NET ASSETS/(LIABILITIES)	12,185	20,176	20,176
EQUITY			
TOTAL EQUITY	12,185	20,176	20,176

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

Cash flow statement

Health and Wellbeing Queensland	2025-26 Adjusted Budget \$'000	2025-26 Est. Actual \$'000	2026-27 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	..	..	..
Grants and other contributions	44,686	45,024	44,486
Interest and distribution from managed funds received	1,000	1,500	1,200
Taxes	..	..	..
Other	5	19	5
Outflows:			
Employee costs	(13,188)	(13,203)	(13,086)
Supplies and services	(29,306)	(29,123)	(28,552)
Grants and subsidies	(2,000)	(2,014)	(2,000)
Borrowing costs	..	..	..
Other	(517)	(1,523)	(1,373)
Net cash provided by or used in operating activities	680	680	680
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	680	680	680
Cash at the beginning of financial year	10,107	20,179	20,859
Cash transfers from restructure	..	..	..
Cash at the end of financial year	10,787	20,859	21,539

As a result of the adoption of a new Whole of Government chart of accounts this year, there may be some re-allocations between categories in these SDS financial statements.

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 Federal 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.

